# AX CA ESSENTIAL RECORDS

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| **DOCUMENT TYPE:** (Required Field) | Manual |
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| **TOPIC:** (Required Field) | Manual Revision |
| **DOCUMENT TITLE:** | Manual G<br>Chapter: 6 |
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06/06/2017

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

SS Manual - 1421
David v.

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-178
Issued: January 25, 1984

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:

SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: VOLUNTARY TERMINATION OF CHILD CARE AGENCY LICENSES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-178 was entered.

## I. BACKGROUND

Licensors have been unclear about whether or not they may legally refuse to accept a license which the licensee chooses to surrender during the course of an action leading to the revocation of that license. While such a voluntary termination is generally considered a favorable outcome, it may be problematic in some cases because the licensee may reapply for a new license with another DSHS office or child placing agency (if he/she is seeking a foster family home license).

According to a recent memo from the Attorney General's Office, the department may refuse the voluntary surrender of the license and go to a fair hearing on the revocation, if necessary.

## II. ACTION REQUIRED

1. A licensee may voluntarily terminate a license prior to its expiration.

2. The department shall accept such a surrender of a license except that if it has determined that there are grounds for a revocation, it may insist that the licensee admit to the specific grounds for the termination. Should the licensee refuse to admit these specific grounds, the department may proceed with the revocation.

3. A determination of whether to accept the voluntary termination or to revoke the license should be on a case-by-case basis after consultation with the Attorney General's Office.

4. If a licensee voluntarily surrenders a license and subsequently reapplies, all the issues associated with the termination could be raised in support of a denial of a new license.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-174
Issued: December 29, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUALS PRODUCTION UNIT OB-16

SUBJECT: CRIMINAL/ARREST RECORD CHECK ON APPLICANTS FOR LICENSURE AND ON EMPLOYEES OF CHILD CARE FACILITIES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-174 was entered.

BACKGROUND

Although RCW 74.15 was revised in 1980 to authorize criminal justice agencies to provide the department with criminal arrest record information on child care agencies and persons employed or under contract to an agency, the mechanism to access the criminal records information system was not developed at that time.

The department subsequently obtained access to the Washington State Patrol (WSP) Identification Section for Child Protective Services (CPS) purposes and worked out a procedure to accomplish this. This revision will enable the department to use essentially the same procedure to access the system for licensing purposes.

PROCEDURE

Each CSO or Regional Office wishing to do a criminal/arrest record check on an applicant for a child care license, a licensee, or employee of such agency, may do so by using the DSHS 0-35 Criminal/Arrest History Request. Instructions for completing the form are located in Manual G, 26.99 (although the conditions outlined in the cross-referenced 26.34B are not to be applied when using the form for licensing purposes).

Requests are to be screened by the Regional Administrator or his/her designee for requests originating at that level, and by the CSO Administrator or his/her designee for requests originating at the local office level. Persons currently designated to clear such requests for CPS may also serve this function for licensing.

For licensing purposes, justification for referral includes, but is not limited to:

(a) Admission on application of a criminal record;

(b) Suggestion or statement by person giving reference for applicant, licensee or employee;

(c) Other indications which derive from interviews with applicant, licensee or employee;

(d) Concerns which make such a record search necessary for the protection of children.

Rather than mailing the DSHS 0-35 to the WSP Identification Section, some CSOs or Regional Offices may find it more expedient to request this information through a local law enforcement agency if that agency has access to the WSP Identification Section's information system and will provide information on arrests, convictions, and pending charges.

In addition, where there is concern that the applicant/licensee or employee may have a criminal/arrest history in another state or states, the department may require that the applicant/licensee or employee provide a rolled set of fingerprints, to be obtained from a local law enforcement agency at the applicant's expense. These fingerprints should be forwarded to the Criminal Identification Section along with the completed DSHS 0-35 and a memo requesting an FBI criminal history check. The fingerprints and the memo must be accompanied by the applicant's check for twelve dollars made out to the Washington State Patrol.

Information gained will be subject to protections of the DSHS Public Disclosure Policy, 43.43 RCW, and 10.97 RCW.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-172
Issued: December 19, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: LICENSING FEE CHECKS REJECTED BY BANKS

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-172 was entered.

BACKGROUND

The department collects licensing fees annually from approximately 7,000 family day care homes and 875 day care centers and mini-day care centers. Regional offices have asked for a procedure for checks which have been rejected by banks.

Since the rejection of an application or the suspension and possible revocation of a license may result from payment with a rejected check, it is essential that we have a fairly uniform, equitable, and defensible procedure.

PROCEDURE

A. Office of Financial Recovery Responsibility

When a check submitted by a day care applicant or licensee in payment of the licensing fee is dishonored (NSF, stop payment, stale date, post-dated, etc.), it will be returned to the Office of Financial Recovery by the bank. Upon receipt, the Office of Financial Recovery will document and prepare a reversing entry; the dishonored check and a copy of the transmittal will be sent to the regional office or CSO, as appropriate.

B. Region or CSO Responsibilities

(1) Where the check had been submitted with an application, either an initial application or one for renewal of a license, the applicant/licensee should be informed by the CSO or Regional Office that the check was rejected by the bank and that the application is not valid until the fee has been paid by cashier's check, or money order. The application and rejected check should be returned to the applicant/licensee.

(2) If the check had been submitted as a yearly payment when relicensing was not due, the CSO or Regional Office should notify the licensee (Certified Mail, Receipt Requested) that the check had been rejected by the bank, that they should replace the rejected check immediately with a new personal check, a cashier's check, or money order, and that their license will be suspended thirty days following receipt of this letter if such payment is not received before that time. The rejected check should be returned to the licensee.

When received, the new cashier's check or money order should be processed similar to a new license except that it would be referenced to the original transmittal number.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-228
ISSUED: 8/29/85

FROM: Bruce Ferguson, Assistant Secretary
COMMUNITY SERVICES MS OB-44

SECTIONS REVISED:
06.46 B and C

EFFECTIVE: On Receipt
FOR INFORMATION CALL:
Dorothy Jeffries
SCAN 234-1249 or
Non-SCAN 753-1249

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: DUAL LICENSING OF FOSTER HOMES FOR BOTH CHILDREN AND ADULTS

Insert this notice in front of Chapter 6 of the Manual G and note on the Green Notice Control Sheet the date Notice No. G-228 was entered.

A. Background

Prior to the separation of children's services from the Division of Community Services, local office administrators were the determining authority in respect to granting waivers for foster family homes to receive dual licensing for both children and adults.

B. Action Required

Section 06.46 B - Delete the last sentence beginning "Except that..."

Section 06.46 C is revised to read: "Waivers of WAC 388-73-028 which do not also request a waiver to capacity limitation specified therein, shall be granted only when there is approval by both the area office manager for DCFS and the CSO administrator."

Waivers to the capacity limitation of WAC 388-73-028 must be approved at both the DCFS center level and the Regional Office level.

For adult family homes such waivers to capacity limitation shall not exceed ninety days and must show that such waiver will not jeopardize care of the residents.

# CHAPTER 06
# LICENSING/CERTIFICATION

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# CHAPTER 06
# LICENSING/CERTIFICATION

## 06.00 PROGRAM AUTHORITY

A. Statutes governing licensing functions of Regional Offices (RO) and Community Services Offices (CSO).

1. Child Welfare Agencies Licensing Act -- Chapter 74.15 RCW

2. Administrative Procedure Act -- Chapter 34.04 RCW

3. Personal Care and Supervision of Adults -- RCW 74.08.044

B. Location of DSHS Licensing and Certification Responsibilities for Various Types of Agencies.

The term "agency," by statutory definition, refers to any facility subject to licensing, including a foster family, day care home or an adult family home. Responsibilities listed for offices other than the Bureau of Children's Services and the Bureau of Aging and Adult Services are given for informational purposes only The remaining parts of this chapter relate primarily and specifically to the licensing programs of these two bureaus as implemented by ROs and CSOs.

| Primary Responsibility | Type of Agency | Statutory and Regulatory Base | Comments |
|---|---|---|---|
| Community Services Office (CSO) | 1 CSO supervised foster family homes for children (including homes licensed as crisis residential centers) | Chap. 74.15 RCW; WAC 388-73 | ----- |
| | 2. Adult family homes (AFH) for up to four persons who are developmentally disabled or otherwise in need of protection | Chap 74.15 RCW, RCW 74.08.044; WAC 388-73 | Homes for 5 or more adults are licensed by Division of Health Services as boarding homes. |
| | 3. Family day care homes for children and mini-day care programs in family homes | Chap. 74.15 RCW, WAC 388-73 | Fire Marshal and Div. of Health Services certifications required for mini-centers |
| | 4. Congregate care facilities CSO approves for payment rather than licenses (see Chap. 46, Residential Services for Adults) | RCW 18.20 WAC 388-15-560/568 | Licensed by Division of Health Services as boarding homes or as alcoholism treatment centers. |

| Primary Responsibility | Type of Agency | Statutory and Regulatory Base | Comments |
|---|---|---|---|
| Regional Office (RO) Lic. Staff | 1. Family foster homes for children, for homes certified by licensed child placing agencies | RCW 74.15.040; WAC 388-73 | ----- |
| | 2. Child placing agencies | Chap. 74.15 RCW WAC 388-73 | ----- |
| | 3. Group care facilities for children, group care crisis residential centers and juvenile detention facilities. | Chap. 74.15 RCW; WAC 388-73; RCW 74.13.032-035 | Fire Marshal and Division of Health cert. required |
| | 4. Day care centers, mini day care centers in facilities other than private family residences and day treatment prog. | Chap. 74.15 RCW; WAC 388-73 | Fire Marshal and Division of Health cert. required |
| | 5. Maternity services, inc. maternity homes | Chap. 18.46 RCW; WAC 388-73 | Fire Marshal and Division of Health cert. required for maternity homes |
| Bureaus of Children's Services and Bureau of Aging and Adult Serv. | State Office (SO) is responsible for developing licensing requirements and procedures for the guidance of RO and CSO licensing staff for licensing of the preceding categories of care. All facilities subject to the provisions of Chap. 74.15 RCW are to be licensed whether or not the department purchases care from them. | | |
| SO Bureau of Aging and Adult Services | Adult Day Health Programs (Geriatric Day Services) | RCW 34.04; WAC 388-17-200(2) | Certification (Approved for payment, rather than licensed). |
| SO Bureau of Alcohol and Substance Abuse | Alcoholism treatment programs | RCW 70.96 and 96A; WAC 275-15 and 25; RCW 71.12; WAC 248-22 (Inpatient Care) | Accredits and/or approves for payment. Div. of Health licenses. |
| SO Division of Developmental Disabilities | 1. Certifies "group homes" for purchase of care for DDD clients. | RCW 72.33.850 | Fire inspections req. Facilities for children are licensed by RO licensing staff. Facilities for adults are licensed by Division of Health. |
| | 2. Certifies group training homes (exempt from licensing as child care agencies) for DDD clients | RCW 72.33.810 | |
| | 3. Certifies day training centers (developmental centers) for DDD clients. | RCW 72.33.860; WAC 275-25-525 | |

| Primary Responsibility | Type of Agency | Statutory and Regulatory Base | Comments |
|---|---|---|---|
| Licensing and Development Section - Div. of Health (LDS - DOH) | 1. Boarding homes for the aged and infirm. | RCW 18.20; WAC 248-16 | Fire Marshal inspects licensed facilities. LDS-DOH also certifies group care facilities, day care centers, mini-centers and maternity homes licensed by RO or by CSO (mini-centers). CSOs may develop congregate care facility (CCF) contracts with licensed boarding homes and alcoholism treatment centers. |
| | 2. Private establishments (private psychiatric hospitals and alcoholism treatment centers) Private alcoholism hosp. Residential treatment facilities for psychiatric impaired children and youth | RCW 71.12; WAC 248-22 WAC 248-23 | |
| | 3. General hospitals Hospice care centers | RCW 70.41; WAC 248-18 WAC 248-21 | |
| | 4. Abortion clinics | RCW 9.02; WAC 248-140 | |
| | 5. Physical therapists in independent practice Rehabilitation Centers Rural Health Clinics Home Health Agencies Renal disease centers (certified for receipt of federal funds) | Code of Fed. Regs. 405.2140 | |
| | 6. Child Birth Centers | RCW 18.46; WAC 248-29 | |
| | 7. Shelters for Victims of Domestic Violence | RCW 70.123; WAC 248-554 | |
| Bureau of Nursing Home Affairs | 1. Nursing homes. | RCW 18.51; WAC 248-14 | Facilities are inspected by the Fire Marshal. |
| | 2. Day care programs for the aged located in nursing homes. | RCW 18.51; WAC 248-14 | |
| | 3. Certification of licensed nursing homes as intermediate care facilities. | Code of Fed. Regs. 249.12 and 249.13 | |
| SO Division of Mental Health | Certification of community mental health centers receiving state funds. | RCW 71.24 WAC 275-25 & ff | ---------- |
| SO Division of Vocational Rehabilitation | Certification of sheltered workshops for handicapped persons for state purchase of service. | RCW 28A.10.080 | Local fire officials inspection required. |

| Primary Responsibility | Type of Agency | Statutory and Regulatory Base | Comments |
|---|---|---|---|
| SO Bureau of Alcohol and Substance Abuse | Certification of drug treatment programs which receive state funds | WAC 275-14 & ff. | ---------- |

## 06.10 POLICY

### 06.11 Purpose of Service

The general purposes of licensing within the department are as follows:

A. To safeguard the well-being of children, expectant mothers, developmentally disabled persons and adults in need of protection who receive care away from their own homes.

B. To provide consultation to applicants/licensees by interpreting licensing requirements and procedures, providing information and alternatives for attaining and maintaining compliance with licensing requirements, and keeping licensees informed about changes in licensing requirements and procedures.

C. To refer applicants/licensees to other services for training opportunities, in-depth consultation for program improvement and for information regarding payment from and contracts with the department. (See subsection F below.)

D. To assure the users of licensed agencies, their relatives, the community at large and the licensees themselves that adequate minimum standards are maintained by all licensed agencies.

E. To certify as meeting licensing requirements those agencies which are exempt from licensing to enable them to receive payment. (See WAC 388-73-020.)

F. RCW 74.15.010 lists the following three additional purposes of the Child Welfare Agencies Licensing Act:

1. To strengthen and encourage family unity and to sustain parental rights and responsibilities to the end that foster care is provided only when a child's family, through the use of all available resources, is unable to provide necessary care.

   a. This responsibility is implemented in licensing by the adoption of regulations which:

      1) Require that licensees (except providers of family home care and day care) provide social services to parents;



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2) Restrict foster care facility admissions to children whose need for care is clearly justified by a social study.

b. The provision of direct services to children and families by the department is accomplished by staff other than licensing staff.

2. To provide consultation to agencies (licensees) in order to help them improve their methods of and facilities for care (beyond the level established by licensing requirements). To the extent possible, after meeting the required primary regulatory and monitoring functions, the licensor may provide consultation regarding:

a. The development of guidelines for and providing information to licensees for the improvement of programs beyond the level required for a license.

b. Providing education about specialized methods of working with particular types of children or with individual children.

c. Orientation, training, and technical support to licensees and their staff.

3. To promote the development of a sufficient number and variety of licensed facilities to meet the public's need through the cooperative efforts of public and private agencies and other interested parties.

## 06.12 Service Description

A. Licensing is the exercise of the police powers of the state as reflected in specific statutes for the regulation of certain activities affecting the safety and welfare of its citizens.

B. The department's licensing program is mandated by RCW 74.15 and RCW 74.-08.044. These RCWs regulate the care and supervision of: children, expectant mothers; developmentally disabled persons, and other particularly vulnerable/dependent adults who reside away from the protection of their own families or homes. They also regulate the placement or the arranging of placement of such persons into such care or the placement of children for adoption.

C. A license is the formal permission granted by the state to a person or organization to perform the regulated activity. The performance of a licensable activity without a license is illegal and constitutes a misdemeanor. However, licensing statutes frequently exempt certain classes of individuals and organizations from licensure (see RCW 74.15.020 and WAC 388-73-018).

D. Licensing staff evaluate an applicant's character, financial circumstances (see 06.15 C.), proposed methods of care, number and qualification of staff (employees), and physical facilities compared to formally adopted licensing requirements.

E. Information regarding the applicant and his/her program is secured primarily from the applicant. Information secured on an application form is supplemented by:

1. Face-to-face interviews with the applicant and members of his/her staff or in the case of foster family homes, adult family homes, and family day care homes, his/her family.

2. On-site inspections of the premises to be used for the program to be licensed, and

3. Information secured from references.

F. In addition to visits by licensing staff, certain categories of care (e.g., mini day care centers, group care facilities) require inspection and approval of the premises by fire and health authorities (see table in 06.00).

G. Licensing staff may make such additional investigation of the character and reputation of the applicant as they deem advisable, including contact with former employers, physicians, law enforcement personnel, etc. (See Sec. 06.37 B. regarding criminal offender record information.) When deemed appropriate, a psychiatric evaluation may also be required.

H. Following issuance of a license, licensing staff visits licensee to follow complaints to assess continued compliance with licensing requirements. After due notice, failure to correct noted deficiencies and to provide care consistent with licensing requirements results in revocation of license.

I. A person who is denied a license or whose license is revoked has a right to a fair hearing. (See Chapter 01, Social Service Policy and Administration and RCW 74.15.130.)

J. Certification simply means the department has reviewed the applicant's program or facility and certifies that the applicant meets certain standards. No license is issued.

## 06.13 General Policies Related to this Service

A. Licensing is regulatory in nature. Facilities shall be licensed or licenses shall be denied or revoked as required by statute and in accordance with derivative rules and regulations (licensing requirements).

B. The primary goal of the licensing activities of DSHS shall be to provide equal protection to every facility and user of licensed services by ensuring that designated minimum standards are uniformly applied and maintained statewide. To accomplish this, the following policies shall be given full force and effect:

1. The Primary Focus of the Licensing Role Shall be Regulatory in Nature

The definition of the licensing role shall be:

a. To license agencies known to be in compliance with standards;

b. To investigate complaints;

c. To provide information to assist agencies in attaining and maintaining compliance;

d. To take negative action in the form of denials of and revocations of licenses from agencies that do not meet, or that fall below, minimum standards;

e. To provide information related to changes in licensing regulations or procedures to licensed facilities.

2. The Regulatory Aspects of the Licensing Functon Should be Distinct and Separate From Other Program Activities

a. In-depth consultation and program development activities should be provided by staff who do not have a licensing function. The licensing role should not include activities related to:

1) Program advocacy;

2) Program development beyond minimum standards;

3) In-depth involvement in consultation;

4) Needs assessment;

5) Placement of individual clients;

6) Referrals endorsing specific providers.

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b. Placement and resource development concerns inherently conflict with the equitable and uniform application of licensing standards. When these activities are intertwined with licensing functions, priorities may become reversed and licensing standards may be manipulated to meet other needs. For these reasons, the licensing function shall be isolated as much as possible from other program duties.

3. Minimum Standards Shall, in Fact, be Minimum and Licensers Shall Enforce Them

a. Development of standards that represent clear and enforceable minimums is essential to effective licensing. Once developed, all standards must be interpreted and enforced consistently by all licensers to ensure equity to facilities and at least the minimal level of protection to users.

b. If individual licensers are free to interpret rules differently and to informally waive various requirements, an inequitable system results. For these reasons, the waiving of requirements shall occur only through a formalized process subject to administrative review.

4. Effective Licensing Requires Consistent, Strong Supervisory Controls

A centralized authority shall exist to ensure uniform application of standards and procedures statewide. The state office licensing program manager shall: develop policy and procedures; provide technical assistance and support; monitor licensing decisions; and provide consultation in denial and revocation actions.

C. It is essential that licensing staff be fully knowledgeable of both statutory law (Revised Code of Washington (RCW)), and administrative law, (Washington Administrative Code (WAC)) on minimum licensing requirements (sometimes also referred to as licensing rules and/or regulations) for the categories of facilities for which they have licensing responsibility.

D. The department purchases care from only licensed, certified or approved facilities. Facilities which are not subject to licensing, may not be licensed, but may be certified as meeting appropriate licensing requirements. Except for foster family homes for children and family day care homes, DSHS payments are made only to agencies having valid written contracts with the department.

E. Licensing per se does not obligate the department to make referrals or payment to a program or facility; additional requirements may be imposed for such purposes. Conversely, a licensee is not obligated to accept referrals from nor enter into contractual relationships with the department.

F. Purchase of service contracts with licensed agencies cannot waive or alter licensing requirements; they may, however, expand upon or add to those requirements. (See WAC 388-73-020.)

G. Licensing is a protective service for the community at large, and is not restricted to facilities from which the department purchases services.

H. The basic purpose of licensing is to protect and promote the welfare of persons in the care of licensed facilities. At the same time, the rights of licensees must be respected. In cases in which there is conflict between these two interests, the department will opt for the best interests of the person in care. (Licensees have a right to a hearing concerning departmental decisions which affect them adversely.)

I. A license is issued to an individual or specific organization to conduct business at a specific location and is not transferable to another person or place. It must designate the specific category of care being authorized.

J. The policies outlined in Chapter 01.04, Indian Policy Statement, will be followed when licensing activities involve or have an effect on Indian persons.

## 06.14 Priorities Related to this Service

In the allocation of their time, licensing staff shall give priority to the following matters in the order listed:

A. Receipt and investigation of a complaint about a licensee's treatment of persons in care. This activity receives top priority and must be followed up immediately. (See 06.53 and 06.56 C.5.)

B. Revocation of licenses of licensees not in compliance with minimum licensing requirements. (See 06.48.)

C. Processing of inquiries and new applications for license. (See 06.48.)

D. Regular visitation of provisionally licensed agencies and agencies having a history of providing questionable or marginal care.

E. Renewal of licenses prior to expiration.

F. Provision of requested consultation to licensees.

G. Recruitment of licensees.

## 06.15 Eligibility

A. All persons who submit an application (with the appropriate fee) and whose program, staff, and facilities are found (upon investigation) to be in compliance with minimum licensing requirements (MLR) for the category of care they propose to render, are entitled to a license.

B. Conversely, a license shall not be issued when applicable licensing requirements are not met. Exceptions for good cause must be formally waived in writing. (See 06.44 through 06.44 for issuance of provisional licenses and 06.46 regarding procedures for the waiver of licensing requirements.)

C. There are no financial eligibility criteria for being licensed except that facilities shall demonstrate that there is sufficient financial reserve to operate their program and foster parents shall not be dependent on foster care payments for sole source of income.

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## 06.16 Payment Rates

A. The licensing requirements described in this chapter do not regulate fees charged by licensees nor set the department's rates of payment for services purchased from licensed facilities/programs.

B. For the department's rates of payment for various categories of purchased care/services, see the following chapters:

1. Chapter 28, Day Care Services for Children

2. Chapter 31, Crisis Residential Care

3. Chapter 32, Child Foster Family Care

4. Chapter 34, Private Agency/Child Group Care

5. Chapter 46, Residential Services for Adults

6. Maternity Care - Manual F, Sec. 14.70 and 14.05; WAC 388-29-135.

## 06.20 PROGRAM STANDARDS

### 06.21 Program Expectations/Response Time

A. Licensing staff will respond to all inquiries (phone, in-person, mail) within 10 working days by providing preliminary information and/or setting up an appointment.

B. Within 30 days of receipt of an inquiry, licensing staff shall:

1. Conduct group orientations for prospective licensees --- present and review orientation packets and conduct a discussion period. An orientation packet consists of a copy of the licensing statute, a copy of the appropriate MLR and an application for license. (See also 06.32, Inquiries/Orientation.)

2. If the number of prospective licensees does not warrant group orientations, conduct individual interviews reviewing orientation packets and discussing minimum requirements.

3. If neither one or two are feasible, mail orientation packet to prospective licensees. (See also 06.32.)

C. At least one on-site visit to premises to be licensed is mandatory in all cases, prior to the issuance (or renewal) of a license. It is desirable (but not mandatory) that the on-site visits be made after receipt of a signed application and all attachments called for in the instructions. Applications must be reviewed for completeness.

D. All applications for licenses (except for child foster family home care) must be processed and action taken to issue or deny a license within 90 calendar days of receipt of application (see RCW 74.15.100). Home or agency studies must be completed within 90 days (see 06.36). Withdrawals should be confirmed in writing.

E. The applicant will be notified in writing within 5 days of completion of the licensing study, whether the facility is approved (enclosing license) or the application has been denied. If denied, the reasons for denial must be listed. RCW 74.15.130. (See also 06.48.)

F. Licensing staff will:

1. Conduct on-site visits in the event of a complaint, at the request of the licensee, or to assure correction of previously noted deficiencies.

2. Conduct an on-site visit of licensed agencies within a 60-day period immediately prior to renewal of a license or 30 days prior to the expiration of a provisional license.

3. Maintain a current, accurate record of contacts with licensee;

4. Provide monthly statistical report of activities, new facilities, closures, etc., as may be prescribed by SO and/or RO.

## 06.22 Appropriate Program/Service Outcomes

A. Issuance of a license
B. Denial of a license
C. Voluntary withdrawal of application
D. Voluntary closure of a facility
E. Revocation or suspension of a license
F. Resolution of a complaint regarding a licensed agency
G. Improved service resulting from consultation

## 06.30 SERVICE PROCEDURES

## 06.31 Recruitment (Homefinding)

A. CSO will periodically advertise the requirement that child foster family care, adult family, child day care homes, mini day care centers, day care centers, and child-placing programs be licensed.

B. Licensing staff will actively recruit homes in various geographic areas and recruit homes to serve particular groups (e.g., teenagers, handicapped adults, children of minority races, etc.).

C. Recruitment methods include:

1. Posting notices in strategic places (e.g., shopping centers, churches, banks, housing projects, and other public places).

2. Securing from current licensees the names of their friends and relatives who might be interested in providing care.

3. Talking to various community groups and organizations: Indian tribal councils, church groups, organizations of foster parents and day care mothers, service clubs, professional organizations, etc. Chambers of Commerce and local United Way Fund offices are a source for obtaining lists of local organizations.

4. Using public media (newspapers, radio and TV): Feature stories, want ads, public service announcements, community event calendars, panel shows, and talk programs.

5. Developing and distributing brochures. (See pamphlets listed in Section 06.80 and Chapter 99).

6. Using pictures and slides to supplement talks or other publicity. The signed permission of anyone appearing in a picture, or in the case of a child, the signed permission of his/her parent or guardian, must be obtained. If custody of the child has been awarded to an agency by a court, permission of the court must be obtained.

## 06.32 Inquiries/Orientation

A. Inquiries received from potential licensees will be referred to CSO or regional licensing staff responsible for licensing that type of care.

1. Regional staff license:

   a. Licensed Child Placing Agencies (LCPA).
   b. LCPA Foster Parents.
   c. Child Group Care Facilities.
   d. Crisis Residential Centers.
   e. Juvenile Detention Centers.
   f. Day Care Centers.
   g. Mini Day Care Centers Not in the Home of the Provider.
   h. Maternity Homes.
   i. Day Treatment Programs.

2. Local (CSO) office staff license:

   a. Family Day Care Home.
   b. Mini-Day Care Centers in the Home of the Provider.
   c. Adult Family Homes.
   d. Foster Family Homes for Children.
   e. Receiving Homes.
   f. Family Crisis Residential Centers.

B. When the volume of inquiries is large, the CSO should schedule group orientation sessions at regular intervals. Upon receipt of an inquiry, the licensor, by phone or letter, will invite the potential licensee to a group orientation session or make an appointment for an individual interview.

C. The purposes of the orientation interview are to:

1. Inform the inquirer about the licensing statute and licensing requirements.

2. Outline procedures for obtaining a license, and subsequent monitoring of licensees.

3. Clarify the inquirer's ideas of the type of client he/she is best suited to serve (preschool-age children, retarded adults, psychiatrically disoriented children or adults, etc.).

4. Inform the inquirer that facilities which accept unrelated persons for care must be licensed whether or not they receive payment from the department.

5. Assure that applicants are referred to a worker who will explain payment procedures.

## 06.33 Application for License

A. If after orientation the inquirer wishes to proceed with an application for a license, the licensor shall provide him/her with DSHS 10-11(X), Application for Family Home Care License, or a DSHS 10-08(X), Application for Child Care Agency License or Certification, instructions for completion of the form, a copy of the MLR appropriate to the type of care the inquirer wishes to provide, and a copy of the licensing statute.

B. If licensing staff believes that a would-be applicant is obviously unsuitable for providing care, an attempt shall be made to dissuade him/her from proceeding with an application. However, if the would-be applicant persists, he/she shall be provided an application and a copy of the MLR.

C. Applicants applying to provide foster family care for children should be advised that if they are not requesting to be licensed for an age group or type of child for which the CSO is seeking placement and there is not otherwise a specific child seeking placement in their home, their application would not be processed until a need to use the home arises. The licensor may collect references, water sample test reports, etc., but interviews and evaluations need not be completed until use of the home is imminent.

Should such a foster family home application be kept in abeyance for a year without being activated, it shall be considered withdrawn and shall be closed. The applicant shall be informed by mail that the application is being closed, but he or she may reapply. The file may then be forwarded to the Records Reference Center.

D. Where distances would not reasonably allow for an in-office orientation interview prior to providing an inquirer with an application and the minimum licensing requirements, or where it may be helpful to view the site of a new facility, etc., application and minimum licensing requirements may be mailed and/or the site may be visited.

E. If the department has knowledge that an applicant for a foster home license certified by a licensed child-placing agency actually does not meet applicable requirements, the license may be denied. Under the provisions of WAC 388-73-022, the department may require such additional information or perform such corollary investigations as it deems necessary.

1. Such a corollary investigation may be conducted either by appropriate Regional office staff or CSO staff. It may include reviews of the actual application completed by the applicant and of the home study done by the agency. It may also include clearing the central registry of Child Protective Services or a check with the CSOs to see if they have any information on the applicant.

2. If the department questions whether a certified home meets licensing requirements, department staff may make a site visit to the agency foster home and may interview the applicant or licensee.

3. The department may require the child-placing agency to provide additional information in those cases where the application, etc., leaves doubt about the applicant's ability to meet the licensing requirement.

4. A denial, when one is necessary, should be based on the department's own investigation or documented evidence which will be supported in the event of a fair hearing.

## 06.34 License Fee for Day Care Facilities

A. The department charges a fee for licenses for day care centers, mini-day care centers, and family day care homes. These fees are adopted under authority of Chapter 43.20A RCW and WAC 440-44-025.

B. The schedule of licensing fees shall be as follows:

1. For day care centers and mini-day care centers, the fee shall be forty-eight dollars per year plus four dollars per year for each unit of licensed capacity above twelve.

2. The fee for family day care homes is $24 per year or $72 for a three-year license.

C. Fees are due with applications for initial license or renewal. The department will not proceed on applications until required fees are paid.

D. Fee payments shall be by check, draft, or money orders made payable to the Department of Social and Health Services. Licensors in the field will not accept payments.

E. Fees received at CSO and Regional offices shall be forwarded using the DSHS 18-320(X) transmittal form to:

Department of Social and Health Services
Office of Financial Recovery OB 21
P.O. Box 9501
Olympia, Washington 98504

(See Manual E, Chapter 30, for complete procedure including receipt and logging procedures.)

F. Except as otherwise provided in WAC 440-44, fees shall be paid for a minimum of one year.

1. Fees for provisional licenses issued for less than a yearly period shall be prorated based on the annual fee.

2. When an applicant has submitted a fee for a one, two or three-year period and a provisional license for a period of less than a year is issued, the prorated remainder of the fee paid shall be refunded to the applicant or held as a credit toward a full license. The full license, when issued, shall commence from the date that the provisional is issued.

3. When the department issues a license for more than one year, fees may be paid for the entire licensing period at the rate in effect at the time the application was submitted. If the licensee does not pay the entire multi-year license fee within 30 days of issuance, annual fees due 30 days prior to the annual anniversary date of the license will be charged at the annual fee rate in effect at the time such fee is paid.

G. The license fee for a seasonal day care facility which operated only a few months during the year shall be prorated to cover only that part of the year for which the center is in operation.

H. Except as otherwise provided in WAC 440-44, if an application is withdrawn prior to issuance or denial, one-half the fee shall be refunded.

I. If there is a change by the licensee which requires a new license, fees paid for the period beyond the next annual anniversary date shall be refunded or credited toward a new license. However, changes requiring a new license shall require a new application and payment of the appropriate fee.

J. 1. A licensee due for relicensing shall be instructed to submit, at least one hundred and twenty days prior to the expiration of the license, the fee with the application for renewal so as to be received by the licensing office at least ninety days prior to the expiration of that license per RCW 74.15.110. (See suggested format for notice of fee renewal.)

2. Where a fee is due, but relicensing is not, the licensee shall be informed by the regional office or CSO at least sixty days prior to the license anniversary date that an additional fee is due thirty days before that annual date. (See suggested format for notice of fee renewal.)

K. Should an agency in the middle of a licensing period increase its capacity and this action requires additional inspections by the licensor and/or Health Services surveyor, an additional prorated fee shall be charged. Conversely, should the licensee reduce the number for which the facility is to be licensed, there would be no refund as the facility has already been licensed for that period and diminishing the numbers would have little impact on the work required at that point.

L. Where the licensee/applicant has the choice of either receiving a refund or a credit, his/her preference should be stated in writing and the document will be included in the agency's file.

M. Fee Refund Procedures

Requests by memo for refund of a fee (to an applicant/licensee), authorized by a CSO or Regional Office should be forwarded to the Office of Financial Recovery. There may be an occasional fee credit due, if feasible, which can be applied as a credit to a future licensing period. If not, an actual refund of the fee can be handled as follows:

CSO or Regional Office:

1. Obtain necessary authorization. The authorizing person at the Regional Office level shall be the business manager or accountant. For requests forwarded by CSOs, it shall be the clerical supervisor.

2. Send memo to Financial Recovery stating payee name, current address, amount to be refunded and transmittal number original fee was processed on. Memo must be signed and dated.

Upon receipt of the refund request memo, Financial Recovery will prepare any necessary accounting adjustments and will initiate the refund process. The refund warrant will be mailed directly to the payee.

N. Should clients request a receipt or should the Regional Office or CSO perceive a need to issue a receipt, the DSHS 19-24 should be used.

O. Regional Offices and those CSOs licensing day care facilities (including family day care homes) are responsible for the billing and collection of the licensing fees.

As a minimum, each office should have a manual filing system which will enable it to track the dates when fees were paid, the amount paid, the due date for subsequent payments, the amount due, refunds made (if any), and in general, a tickler system to assure appropriately billing licensees.

P. Denial, Revocation, Suspension and Reinstatement

1. If a license is denied, revoked or suspended, fees shall not be refunded.

2. Application for license after denial or revocation must include payment of appropriate fees as provided for in these rules.

3. Failure to pay fees when due may result in suspension of the license.

4. Suspension Procedures

a. A facility which has not submitted a fee thirty days prior to the expiration of the previous fee period, but has not come to the end of its licensing period, shall be informed by certified mail that its license will be suspended as of the day after the expiration of the period covered by its previous payment. (Licensors should consult with Attorney General's Office prior to mailing a notice of suspension.)

The letter should further inform the licensee that should they continue to operate when their license is suspended, they would be in violation of RCW 74.15.140 and RCW 74.15.150. (See suggested format for notice of intent to suspend day care license for failure to pay license fee.)

b. Should a licensee due for relicensing fail to pay the fee thirty days prior to the expiration date of the license, he or she should be informed the license will not be renewed. (See suggested format for intent to not renew day care license.) (If an application has not been submitted, the licensee would not be entitled to a fair hearing. Where an application has been submitted without a fee, a fair hearing may be requested by the applicant.)

c. Should an agency fail to pay the amount due by the end of the previous payment period, licensing staff shall inform the agency by certified mail, return receipt requested, that pursuant to WAC 440-44-015, its license has been suspended or will not be renewed, as the case may be, and that continued operation is in violation of RCW 74.15.150 which prescribes the penalty for operating without a license. (See suggested format for notice of suspension or nonrenewal of day care license.)

d. If it is subsequently ascertained that the facility is continuing to operate without a license, a referral shall be made to the Attorney General's Office requesting an injunction and/or other relief as may seem appropriate. (Licensors shall collect the suspended license.)

e. Upon subsequent payment, a license shall be reinstated.

f. An expired license will require an application and fee.

Q. Office of Financial Recovery Procedures

The Office of Financial Recovery is currently providing centralized cashier service in respect to day care licensing as follows:

1. Fees (with corresponding transmittal form DSHS 18-320) are received through campus mail from CSO's and regional offices.

2. The money items are recorded when received.

3. Transmittals are verified.

4. Money items are deposited daily with the State Treasurer, to the appropriate revenue source code.

5. An acknowledged copy of each transmittal is returned to the applicable CSO or regional office.

6. A monthly report will be prepared and sent to BCS and each of the six regional offices.

## 06.35 Application for Health and Fire Safety Inspections

A. Upon the receipt of an application for a license for a facility other than a family home, child-placing agency or maternity service not providing group residential care, and when it is clear that the inquirer intends to proceed with the application process, the CSO or RO will send SFM 224, Request for Inspection, to the Office of the State Fire Marshal. Instructions are on the back of the form. Supplies of SFM 224 may be ordered from:

Residential Inspection Section
Office of the State Fire Marshal
Insurance Building
Olympia, Washington 98504

B. DSHS 10-37(X), Request for Health Inspection of Child Care Agency, will be submitted at the same time to Division of Health Services. (See 06.80 for instructions.)

## 06.36 Home or Agency Study

A. Upon receipt of a completed application, licensor will make an appointment to visit the applicant at his/her residence or proposed place of business, except that for foster family homes, as noted in Section 06.33, where the applicant is not applying to be licensed to care for a type of child for which placements are needed or for a specific child, an appointment for an interview and site visit need not be scheduled.

B. The purpose of the visit is to evaluate applicant's ability to provide care of the type for which he/she is seeking a license and to ascertain whether or not the applicant, proposed methods of care, and the physical facilities meet MLR.

C. A checklist shall be used for this site visit. Use the checklist appropriate for the specific license application (see 06.80 C.).

D. For adoptions see Chapter 36, Adoption Services. Also note that adoptive homes are not subject to licensing (WAC 388-73-018).

E. The study shall be conducted as expeditiously as possible and shall consist of a combination of as many on-site and office visits as may be necessary to determine the applicant's compliance with MLR.

F. Within 90 calendar days of receipt of an application, the study must be completed, a license issued or denied, or the application withdrawn by the applicant. For foster family home applications held in abeyance for non-need, the study and subsequent action shall be completed within ninety days from the time that the application is reactivated. (See RCW 74.15.100.)

G. For family home licenses, all members of the applicant's household shall be seen during the study.

H. For family homes where the checklist does not provide for recording information regarding the applicants which would be necessary in considering placements subsequent to licensing, such information derived from interviews with the applicant should be recorded on a DSHS 2-205(X), Service Episode Record. Such information may include:

1. Marital history of applicants,

2. Description of the applicants,

3. Their experience with children,

4. Their relationship with their own children,

5. Type of child the applicant desires, etc.

## 06.37 References - Record Information

A. References

1. References furnished by the applicant shall be used to supplement information obtained by interviews with and observation of the applicant and family members.

2. At least three references shall be contacted regarding their opinions as to applicant's character and ability to provide care of the type for which a license is sought. For applicants indicating a desire to provide care for American Indian persons, references from the Indian community shall be requested.

3. Character references furnished by the applicant may be contacted by mail, telephone or in person. Licensor may contact additional references as he/she deems necessary.

B. Record Check

1. Applicant's name shall be checked against the master file of CSOs and/or regional offices within whose jurisdiction the applicant is living. Summaries of any pertinent information from service or licensing records shall be made part of the licensing study.

2. a. The names of applicants for a foster family home license (either for homes licensed by CSOs or those certified by a licensed child placing agency) and the names of staff listed in applications for group care facilities shall be referred to the CSO closest to the person's residence, to be checked against the central registry of child abuse and the CSO's listings and files.

   b. The names of new staff of group care facilities as they become available shall also be routinely checked against the central registry and appropriate CSO listings.

   c. Prior to relicensing of a foster family or group care facility, a check of the central registry and CSO listings shall be made for all applicants and staff not previously cleared.

3. If applicant is known or suspected by any source to have a police record, a request shall be made to the appropriate police department for a summary of that record. (Note: Application form requires that applicant provide information concerning any criminal history).

4. When the department contemplates checking an applicant with law enforcement officials, the applicant should be informed first and, if he/she so desires, be given the opportunity to withdraw the application. Police checks should be made only after the receipt of the <u>signed</u> application.

C. Previous Licensing History

If applicant has been licensed previously, or has had a license denied or revoked by another state or by a private agency in any state, such state or agency shall be requested to provide an evaluation. Failure of an applicant to provide licensing history information on the application constitutes misrepresentation and is grounds to deny a license (see WAC 388-73-036).

D. Additional Information Required

1. In order to ensure that the minimum licensing requirements will be met or that individual exceptions to these requirements should be granted, the department has the authority to require that the applicant provide extensive information, including a psychiatric or psychological evaluation of himself/herself.

2. The department may require the applicant to supply the information at the applicant's expense.

3. This authority should not be abused and this special information should be requested only when it is deemed necessary to assure that minimum licensing requirements will be met by the applicant.

## 06.38 Issuance of License

A. If it is determined on the basis of the study that the applicant meets MLRs applicable to the type of operation proposed by the applicant, the licensor shall issue a license appropriate for the type of care to be provided.

1. DSHS 10-06(X), Children's Agency License, will be used for all agencies other than family homes.

2. DSHS 10-10(X), Foster Home License, will be used for foster family homes for children or expectant mothers and for adult family homes, as well as for cases of dual licenses.

3. DSHS 10-92(X), Family Day Care Home License, will be used for all family day care.

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B. Licenses shall:

1. Indicate the name and address of the facility, the name of the person licensed, and the type of care authorized.

2. Indicate the sex(es), maximum number of persons, and the age range of persons the licensee is authorized to care for, and the expiration date of the license.

3. Be issued for three-year periods. (See WAC 388-73-016 for exceptions. See also 06.44 for duration of provisional licenses.)

4. Be signed by the CSO administrator for licenses issued by CSOs, and by the Regional Director for licenses issued by the Region.

C. Except for a mini center in a family home, provisional licenses shall not be issued for a family home. (See 06.41 - 06.45.)

D. Dual Licenses

1. Licenses should generally not be issued to an applicant for both day care and full-time care, nor for both children and adults in the same facility.

2. The CSO may grant waivers only if it is clearly evident that care of one category of client does not interfere with the quality of care to be provided to the other categories of clients. In such circumstances, the total number of clients in all categories shall not exceed the number permitted by the most stringent numerical limitation of the categories concerned. (See WAC 388-73-028.)

3. For example, rules for foster family homes used as receiving homes permit a maximum of 6 children; rules for adult family homes permit a maximum of 4 persons. Therefore, a home could be licensed for a maximum of 4 children and adults in combination, and then only on an exceptional basis.

E. Seasonal Day Care Centers

1. Where a day care center is in operation for part of the year (i.e., seasonal), closes for a while, and then reopens in the same facility with the same program and essentially the same staff, the center should be issued a three-year license.

2. For such centers, it is generally NOT necessary to issue a provisional license each year and NOT necessary to request new health and fire inspections.

3. The letter to the vendor accompanying the three-year license should state our understanding that the facility will operate for specific but limited periods during the year.

F. Non-Traditional Facilities.

1. Applications for a license to maintain a foster family, adult family or day care home submitted by unmarried persons who are cohabiting or by others whose style of living is of such a nature as to arouse serious question or criticism from the community, shall be reviewed by the CSO or voluntary agency administrator and the Regional Administrator or his/her designee.

2. Prior to finalization of licensing and/or placement of a child/adult, these applications shall have administrative review and approval by the Regional Administrator or his/her designee.

3. It is expected that prior to placement of a child in such a home, the child's parents and/or the court will be advised of the nontraditional nature of the placement. Psychiatric or other professional evaluation of the possible effects of such a placement on the child to be placed may also be required.

4. Requests for approval to license such a facility should include a copy of the home study and/or a summary outlining the relevant facts.

5. Copies of such requests and approvals of foster family or day care homes shall be forwarded to the Bureau of Children's Services. For adult family homes, they shall be forwarded to the Bureau of Aging and Adult Services.

## 06.39 Change in License

A. A new license must be issued when a change in the operation of the facility would negate the existing license or render it inadequate. Examples of such changes include:

1. A change in location,

2. A change in owners,

3. A change in number and type of individuals cared for to the extent that different equipment and procedures (program, health, fire) may be required.

B. An existing license may simply be amended when changes are made which do not negate the existing license or require inspections and re-evaluations. Such changes would include (but not be limited to):

1. Changes in the age group served,

2. Changes in personnel.

## 06.40 RENEWAL OF LICENSE (SEE 06.41 FOR RENEWAL OF A PROVISIONAL LICENSE)

A. One hundred twenty days prior to the expiration of a full license, licensing staff shall:

1. Notify the licensee of the date their current license expires.

2. Provide him/her with a new DSHS 10-08(X), Application for Child Care Agency License, or DSHS 10-11(X), Application for Family Home Care License, and

3. Inform him/her that a new state fire marshal or health department inspection may be needed.

4. Inform him/her that if application for renewal, including licensing fee if indicated (see 06.34), is not received prior to the expiration date of the current license, continued provision of care is illegal.

B. If application for renewal is received prior to the expiration of a current license, that license (regardless of the date thereon) shall remain in effect until such time as the department takes action on the application for renewal (see RCW 74.15.110 and RCW 34.04.170).

C. During the three-month period prior to the expiration date of a license, unless it becomes known that the licensee does not intend to seek renewal of license, licensing staff shall conduct a complete review of licensee's conformance with licensing requirements. The review should be done in much the same manner as for issuance of an initial license, except references need not be contacted.

D. It is advisable to consult with placement staff regarding their experience in the use of the facility. Every effort shall be made to complete the reevaluation study prior to the expiration date of the current license.

E. Provided that a timely application for renewal is received, and unless the expiration date has already passed, the beginning date of the renewed license shall be the same as the expiration date of the previous license When the expiration date has passed, the new issuance date shall be used and the old license considered to have remained in effect during the interim period. Licenses may not be backdated.

F. If an application for renewal is received after the expiration date of a current license, the renewal license shall be dated effective as of the date issued and shall not be back dated. (A valid license is not in force during the interim period.)

## 06.41 Provisional Licenses (Facilities other than Family Homes)

A. The licensing statute (see RCW 74.15.120) provides that provisional licenses may be issued for certain categories of agencies at the discretion of the department for a period not to exceed six months to allow an agency reasonable time to become eligible for full license.

B. If licensing staff are unable to determine whether an agency will fully comply with licensing requirements without a period of operation, a provisional license may be issued.

C. The issuance of a provisional license does not constitute a final action on an application and the application remains pending until further action is taken upon it. Final action on an application is either a denial of the application or the issuance of a full license.

D. The statute provides that while an application is pending, a provisional license may be renewed for additional periods not to exceed a total of two years. However, by departmental policy, a provisional license will be issued only once (and only for new agencies) and shall not be renewed except with the approval of the State Office licensing program manager.

E. In those instances where renewal of a provisional license will be given consideration, it is not necessary for the applicant to submit a new application since the original application is still pending. In appropriate circumstances, the department may require additional information to supplement the original application.

F. The statute also provides that a provisional license shall not be granted to any foster family home, family day care home or family home for adults.

G. Except for facilities which do not require certificates of compliance, full licenses may not be issued prior to the receipt of "certificates of compliance" from the Office of the State Fire Marshal and from the Division of Health Services.

## 06.42 Fire Marshal's Consent

A. This section does not apply to:

1. Family homes.

2. Child-placing agencies.

3. Non-residential maternity services.

B. Although the licensing statute permits the issuance (or renewal) of provisional licenses without certificates of compliance from fire safety and health authorities (see RCW 74.15.050 and .060), as a matter of policy, provisional licenses will not be issued without the consent of the State Fire Marshal.

C. The State Fire Marshal may consent to the issuance of a provisional license but may not provide a certificate of compliance upon which the issuance of a full license is contingent. When verbal consent is given and a written report from the fire marshal is not immediately forthcoming, licensing staff will confirm this fact in writing to the State Fire Marshal, specifying the date and conditions under which consent was given and the name of the fire marshal's representative giving the verbal consent.

D. If a fire marshal's report permits operation contingent upon the correction of specified deficiencies by a certain date, the date of expiration of a provisional license shall not be beyond that date specified by a fire marshal.

E. Except for facilities which do not require a fire marshal's certificate of compliance, when a license is revoked or a facility is closed, the CSO or regional office issuing the license will send a photocopy of the initial license and subsequent renewals with a DSHS 2-306(X), Communication/Referral, to:

Residential Inspection Section
Office of State Fire Marshal, Insurance Bldg.
MS AQ-21
Olympia, Washington 98504

## 06.43 Division of Health Consent

A. This section does not apply to:

1. Family homes

2. Child-placing agencies

3. Nonresidential maternity services

B. The Division of Health frequently recommends a provisional license for the initial licensing period of a new agency. Consequently it does not issue a certificate of compliance for such agencies. This is to permit observation of the health-related practices of the agency.

C. If obvious health and safety hazards exist, health services will recommend against issuance of even provisional license - for example:

1. The water supply is unsafe. This situation generally occurs when water is obtained from a private source, i.e., other than a public utility.

2. When an adequate sewage-disposal system is not fully operational. This situation also generally occurs in rural areas not served by a public sewage system and involves drain fields and septic tanks.

3. Necessary kitchen equipment is not in place and operational.

4. The premises are not safe for children, e.g., a mini center caring for preschool age children is located on a busy street, the play yard is not fenced, or there is an unguarded irrigation ditch, swimming pool, etc.

D. Except for child-placing agencies, foster family homes, family day care homes and adult family homes, when a license is revoked or a facility is closed, the CSO or Regional Office issuing the license will send a photocopy of the initial license and subsequent renewals with a DSHS 2-306(X), Communication/Referral, to:

Division of Health MS LM-13
Licensing and Development Section
Olympia, Washington 98504

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## 06.44 Issuance of Provisional License

A. A provisional license shall not be issued until each of the following conditions have been met:

1. Fire safety and health authorities have issued certificates of compliance or have given their consent, as described above.

2. A fully completed application for license is on file and the fee has been received.

3. An on-site inspection of all facilities for the housing of persons to be cared for has been completed by the licensor responsible for issuance of the license.

4. Where there are deficiencies, the applicant provides a suitable written plan for full compliance with MLRs within a reasonable period of time.

5. Licensor has evaluated applicant's qualifications, program, and staffing plans.

B. The issuance of a provisional license, or the reissuance of a provisional license, instead of issuing a full license, is a decision adverse to the applicant and gives the applicant a right to review that decision by the administrative fair hearing process.

C. The cover letter issuing the provisional license must meet the same technical requirements as a letter for license denial or revocation. (See 06.48.)

D. In those cases where the applicant has requested the issuance of a provisional license pending full license compliance, or where the applicant has otherwise indicated that the issuance of a provisional license is satisfactory at that time, the cover letter should contain the following language with respect to the applicant's right to an administrative fair hearing:

"Even though you believe that this decision to issue you a provisional license at this time for a period of months, rather than a full license for a period of three years, is correct, Washington State law requires that we advise you that you nevertheless have a right to request an administrative fair hearing."

E. Each successive renewal of a provisional license constitutes a decision adverse to the applicant, giving the right to review by the administrative fair hearing process. Consequently, in each such instance, the same formal notice provisions must be met.

F. If the department elects not to renew a provisional license, such a decision constitutes a denial of the pending application and is a final action upon it. Such a decision is adverse to the applicant, raises a right to review in an administrative fair hearing, and the applicant must be so notified according to the formal notice provisions.

## 06.45 Duration of Provisional License

A. Provisional licenses will not be issued routinely for a six-month period but rather the time limit will be determined on a case by case basis in relation to the nature of deficiencies to be corrected and on evaluation of the reasonable time necessary to make such corrections.

B. The cover letter for a provisional license must specify the particular rules for which additional time for compliance is granted. To the extent that a provisional license is dependent upon the findings of the Fire Marshal or Division of Health, reference may be made to their specific dated reports without repeating the content thereof.

C. Within the maximum six month provisional period, different time limits may be established for the correction of different deficiency items. The duration of the provisional license shall not exceed maximum time limits established by the Fire Marshal and the Health Services Division, but the duration may be less than those limits at the discretion of the licensing authority as dictated by staff and program considerations.

## 06.46 Waiver of Licensing Requirements

A. A waiver is any approved variance from the licensing requirements.

B. Requests for waivers of licensing requirements for all classes of agencies and facilities, including approval of nontraditional homes, shall be granted or denied by the Regional Administrator or his/her immediate designee. Except that approval of waivers for an adult family home to provide care for more than four adults may be granted only and by the Bureau of Aging and Adult Services.

C. Waivers of WAC 388-73-028 which do not also request a waiver to the capacity limitation specified therein, shall continue to be granted or denied at the CSO level Those that do request a waiver to the capacity limitation, other than for adult family homes, shall be granted or denied at the Regional Office level

D. All requests for waivers, except those from voluntary agencies, shall utilize the DSHS 10-153(X), Request for Waiver to Licensing Requirements.

E. A copy of all waivers granted (whether on the DSHS 10-153(X) or not) shall be forwarded to:

Licensing Program Manager
Bureau of Children's Services MS OB-41
Department of Social and Health Services
Olympia, WA 98504

In Addition, a copy of all waivers granted to adult family homes (whether on DSHS 10-153(X) or not) shall be forwarded to:

Adult Family Home Program Manager
Bureau of Aging and Adult Services
OB-43G
Department of Social and Health Services
Olympia, WA 98504

E. Copies of all waivers granted shall be given to the applicant or licensee for their files.

## 06.47 Failure of Licensed Agency to Conform to Minimum Licensing Requirements

A. When as a result of an on-site visit or a complaint the department has found that a licensed agency no longer meets one or more of the minimum licensing requirements, and provided that the violation is not of such a nature as to imminently endanger persons in care and require a summary suspension of the license, the licensor shall inform the licensee by certified mail about the concerns in writing, using a list of deficiencies.

B. This list of deficiencies should include:

1. The specific requirement (by WAC number) being violated.

2. The evidence (observations or tangible items) which substantiate such findings.

3. The specific actions which the licensee is expected to take in order to again be in compliance.

4. Time limits for the correction of deficiencies.

   Time limits for the different items may vary but in no case may they exceed six months. Whenever possible, deadlines should be set with the concurrence of the licensee.

C. It is not appropriate to issue a provisional license to a fully licensed agency during the period covered in the written notice of deficiencies. If the licensee fails to correct the deficiencies noted within the time limits stated, a letter of intent to revoke shall be issued (see 06.48 D.).

D. If MLR compliance is re-established, a new application is not needed to grant a full-status license or the extension of a provisional license. However, the licensee may be required to submit appropriate updated information and State Office approval is needed for renewal or extension of a provisional license.

E. A revocation, suspension, or modification of a license will not be pursued (except in the instance of a summary suspension) unless, prior to the institution of departmental proceedings, the licensee was given:

1. Written notice of the department's intentions and the facts or conduct which warrant the intended action, and

2. The licensee was given reasonable opportunity to show compliance with all lawful requirements for the retention of the license, except that a revocation based on a conviction of a crime involving harm to another person or a finding of substantiated abuse to a child or adult shall not require that the licensee be given additional opportunities. (See RCW 34.04.170 (2).)

## 06.48 Denial and Revocation of License (See also: WAC 388-73-036)

A. An agency may be denied a license, or a license may be suspended, revoked, or not renewed upon proof that:

1. The agency (applicant or licensee) has failed or refused to comply with the licensing statute (see RCW 74.15) or the requirements promulgated pursuant thereto, or

2. The conditions required for the issuance of a license have ceased to exist.

B. Before a CSO or Regional office informs a licensee or applicant of the department's intent to revoke or deny a license, Regional office or CSO staff shall contact the Attorney General's Office to ascertain that:

1. Sufficient grounds exist for a denial or revocation, and

2. There is included in the denial or revocation letter specific findings sufficient to make the action defensible in a fair hearing and/or court hearing.

C. While the Attorney General's Office is not responsible to determine policy (i.e., whether or not the department should seek to revoke or deny a license), the department should, as a rule, pursue only those cases in which the Attorney General's Office advises that the probability of an outcome favorable to the department is likely.

D. Whenever reasonable grounds exist, after the licensee has been notified of deficiencies and after being given a reasonable time to make corrections the department shall inform the agency in writing and by certified mail of its intent to revoke, suspend or modify and the grounds on which such action is based.

1. The letter will be signed by the CSO administrator for family home agencies and by the Regional Director for all others (e.g., day care).

2. The letter shall make specific reference (by WAC number) to each rule which is being violated and the evidence which substantiates such findings. For example:

   a. "WAC 388-73-102 requires that premises be maintained free of hazards. Broken glass litters the play field and the broken front porch railing has remained unrepaired for a six-month period."

   b. "WAC 388-73-030 requires that licensee and all members of the household be of good character and that care givers have the ability to meet the needs of the children in care. Lack of compliance with this requirement is evidenced by:

      (1) Licensee's own children are unmanageable, engage in frequent delinquent acts and exert a bad influence on foster children;

      (2) Licensee permitted the commission of illegal acts on the licensed premises (provided illegal drugs to children);

      (3) Licensee misrepresented facts (denied past criminal acts).

      (4) Adult boarder indulges in excessive use of alcohol and sets a poor example for foster children,

      (5) Foster children have been left unsupervised,

      (6) Foster mother is immature as evidenced by temper tantrums, inability to budget time and money, prepare proper meals, and to serve meals on time or otherwise provide a stable atmosphere in which to care for foster children."

E. Findings will generally already be a matter of record. letters to licensee or applicant outlining deficiencies and agreements as to methods and timing of corrective actions; fire marshal reports; Division of Health Services reports, etc.

F. If the basis for denial includes the findings of the Fire Marshal or of the Division of Health and copies of their reports are in the possession of the licensee, the letter of intent may make reference to those reports without repeating the detail thereof.

G. Letters of intent to deny or to revoke a license should list all deficiencies, not just a major problem which may have precipitated the decision to take drastic action. Generally it is important to establish the existence of a pattern of refusal or inability of licensee to maintain a program consistent with MLR.

H. If a licensee against whom revocation of license proceedings are instituted has a contract with the department, the appropriate SO program manager should also be notified so that consideration can be given to cancellation of the contract. Once a license is revoked, the contract must be cancelled and alternative plans made for the persons in care (see 06.51).

I. The original issuance, and subsequent renewal of a provisional license, must be based on minimum licensing requirements that are expected to be met, or which must be monitored, and the licensee is entitled to a review by administrative fair hearing of those requirements. It is conceivable that successive renewals of a provisional license as well as a final denial of the application, may be based upon identical minimum licensing requirements. Each time that this occurs a licensee has the right to administrative review

J. Revocation of Foster Home Licenses Certified by Licensed Child-Placing Agencies.

1. The revocation of a foster home license issued as a result of certification by a voluntary child-placing agency is the responsibility of the department as the issuing authority. The revocation should be based on the department's own investigation (CPS or otherwise) as it may be necessary for the department to document the reason for the revocation at a fair hearing should one follow. It is the responsibility of the department to ascertain that the reason for the revocation can be substantiated.

2. In some instances, a voluntary agency may decline to continue using and supervising a foster family home which was licensed based on a certification from that agency (or the agency may state, in effect, it can no longer certify that home meets the licensing requirements for a foster family home). If there does not appear to be sufficient grounds to revoke the foster home license, the existing license shall be terminated (since it was licensed only for the use of that agency), and the licensee shall be informed he/she may apply directly to the department for a new license.

3. Where a community services office or regional office is aware of any circumstance which would cause a foster family home or applicant in that office's area to be unlicensable and the home is certified or to be certified by a voluntary agency licensed statewide, that office shall inform the regional office issuing the license of the circumstances. (The CSO may transmit the information via its own regional office.)

4. Voluntary agency foster home licenses can be denied, revoked, or suspended only for the same reasons the department would deny, revoke, or suspend the application or license of an applicant or licensee having applied to or been licensed by the department directly.

5 A licensee or applicant may request a fair hearing to appeal an action or proposed acton being taken by the department. There is no provision for an appeal on actions taken by a voluntary agency.

## 06.49 Fair Hearing (See also: Manual A (WAC) Chapter 388-08 and 388-09 WAC)

A. Letters of intent should notify the applicant/licensee:

1. Of his/her right to a hearing, provided he/she requests the same by certified mail within 30 days of receipt of the notice

2. If such request is not made, the license shall be deemed to be denied, suspended, revoked, or not renewed, and the licensee should arrange for appropriate alternative placement of the persons in care.

B. Lacking a timely request for a hearing, if the licensee continues to care for children or adults, the matter should be referred for further advice and action to the Assistant Attorney General serving the appropriate CSO or regional office

C. If the licensee requests a hearing, he/she may continue to care for children or adults (except in the case of summary suspension of a license, see 06.50) until the findings and order of the hearings officer are issued.

D. The hearing may not be scheduled until at least 35 days have elapsed from the receipt of the request for a hearing. The appellant must be notified of the decision to schedule a hearing within 30 days after the date of the request for a hearing.

E. Applicants for an initial license who are being denied, as distinguished from licensees where license is being revoked, may not take children or adults into care pending a hearing.

## 06.50 SUMMARY SUSPENSION OF LICENSE

A If the department finds that public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in its notice (letter of intent to revoke a license), summary suspension of a license may be ordered pending proceedings for revocation or other action.

B. In such cases the letter of intent should inform the licensee that arrangements must be made immediately for alternative placement of persons in care. It should also inform the licensee of department's intent to revoke license as specified in 06.48.

C Examples of conditions which imperatively require emergency action are:

1 The State Fire Marshal declares in writing the existence of extreme fire hazards which cannot be immediately removed.

2. There is evidence that children/adults are abused, and the licensee does not immediately discharge the offending staff member; or the licensee condones such treatment or is unable to present convincing assurances that such conditions will not recur.

D Prior to either the revocation or suspension of a license, the matter should be discussed by licensing staff with his/her supervisor and a representative from the Office of the Attorney General, who, in the event of a hearing, will assist in the preparation of the case or may seek additional remedies, such as a court injunction.

## 06.51 Planning for Relocation of Persons in Care

A. When revocation or suspension is anticipated, the placement agencies concerned (CSOs, Division of Developmental Disabilities (DDD), juvenile courts, etc.) should be notified as quickly as possible of the intended action to enable them to make plans for the replacement of the persons in care.

B. For residential facilities, it is the responsibility of the licensee to arrange for the return home or relocation of persons in care, who were placed directly by responsible relatives or guardian, (without the benefit of the services of a placement agency). However, if necessary, CSO service staff could, upon request, assist in the process.

C. Parents and persons standing in loco parentis to a child (i.e., agencies having legal custody of a child) may remove a child from a facility at any time they are dissatisfied with the care being provided, regardless of the action taken by licensing staff or pending hearings.

D. The Indian Child Welfare Advisory Committee (ICWAC) or Office of Indian Affairs (OIA) shall be consulted when American Indian persons are to be relocated. Parental release of information must be obtained prior to ICWAC or OIA consultation on a child. (See 01.04 for American Indian Policy Statement.) (This policy does not apply to day care and adult family home placements.)

E. For day care facilities, it is generally the responsibility of the licensee to inform the parents of children in care of the summary suspensions. If he/she should fail to do so, the licensor may inspect agency files to obtain names and telephone numbers, etc., for the parents and inform them of the summary suspensions.



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## 06.52 On-Site Visits of Licensed Agencies - Consultation

A. On-site visits after licensing may occur prior to relicensing or the expiration of a provisional license upon receipt of a complaint or at the request of the licensee.

1 Periodically inspect licensed facilities to determine whether or not they comply with the licensing statute and the requirements adopted thereunder, and

2. To consult with public and private agencies (including family homes) to help them improve their methods and facilities for the care of:

a. Children,

b. Expectant mothers,

c. Adult retarded persons, or

d. Other adults in need of protection.

B. All licensed agencies must accord the department the right of entrance and access to and inspection of records for the purpose of determining whether or not there is compliance with licensing requirements (RCW 74.15.080). The department has the right to interview licensee's staff and clients (WAC 388-73-036(2)(i)).

C. On-site inspections and consultation are crucial parts of the licensing process for protecting persons living away from their own homes. A newly licensed agency's plan for care is tested with the actual placement of individuals.

D. The licensing staff must have a clear concept of the intent of each of the MLR, be skilled in observation, be informed of the conditions that must prevail, and encourage the licensee to achieve the intent of the various MLR. The licensing worker must identify deficiencies in an agency's program and offer alternative ways in which a requirement may be fulfilled

E. It is the department's responsibility to encourage and assist agencies to upgrade their services beyond the MLR. At the same time, the licensing worker must clearly distinguish between minimum licensing standards and the "ideal" level of care toward which most agencies should and generally do aspire.

F. In providing consultation, the licensing worker will, in addition to providing information and suggestions based upon his/her own knowledge and experience, refer licensees to other resources for guidance, including: professional organizations, colleges and universities, nutritionists, health and fire authorities, etc. (See 06.13 F. 2 for limitation of licensor's role in consultation.)

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G. If observations made by departmental staff during on-site visits or consultation lead to negative findings which could form the basis for revocation or non-renewal of license:

1. The licensee must be so informed,

2. A plan must be established for correction of deficiencies within a reasonable time; or

3. Steps taken to revoke the license. (See Section 06.48.)

H. Each required on-site visit shall include a tour of the premises.

I. All agencies will receive an on-site visit within a 60-day period immediately prior to renewal of a license or 30 days prior to the expiration of a provisional license.

J. Agencies wherein licensing deficiencies have been noted shall be visited until

1. Deficiencies are corrected or

2. Agreements are reached as to under what conditions license will be continued or

3. A decision is made to revoke the license.

## 06.53 Complaints Against a Licensed Facility

A. The investigation of complaints against a licensed facility is to be given top priority (See 06.14).

1. Allegations of abuse or neglect of persons in care are to be referred to child protective services or to adult protective services for immediate investigation. Licensing staff and protective services staff shall consult each other as to mutual responsibilities in such cases (See 06.47 and Chapters 02, 26 and 44).

2. Incident reports are to be completed on all reports of alleged child abuse in foster family homes, adult family homes, day care facilities, group homes and institutions (See Chapter 26).

3. Copies of the incident report are to be sent immediately to the appropriate DSHS State Office through Regional administration.

4. Where a CPS complaint is received involving a group child-caring facility, day care center, or mini day care center, licensed or certified as meeting licensing requirements, notice is to be given to:

a. The administrator or director of that facility,



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b. To the CSO administrator and

c. CSO CPS staff

5. If the CPS/APS complaint against the facility is substantiated (see Chapter 26.39(B)(2)), the following persons must be notified

a. The parents of the child, unless deprived

b. The juvenile court having jurisdiction.

c. All six Region Directors and

d. The appropriate Bureau of Children's Services or Bureau of Aging and Adult Services Program Manager.

6. CPS staff have primary responsibility for the entry and continuing service related to the CPS problem. (See Chapter 34, Private Agency/Child Group Care, and Chapter 26, Child Protective Services.)

7. With complaints involving another (non-DSHS) agency's foster or adoptive family care, the agency supervising the child and foster or adoptive home must be notified. The CSO administrator and RD must be notified of the complaint at the time the complaint is received. Although CPS investigates the child abuse and neglect aspects of the case, this is done cooperatively with staff from the other agency. The parents, unless deprived, and the juvenile court having jurisdiction must also be informed.

8. A complaint alleging abuse or neglect by a DSHS supervised foster care or adoptive family or family day care provider must be brought to the attention of CPS the child's worker, the licensing worker, and the CSO administrator.

a. A case conference must be held to decide the appropriate actions and responsibilities. The situation may also require action on behalf of other children in the home and in relation to licensing.

b. Unless they have been deprived, the child's own parents must be fully informed.

c. If the complaint involves an adoptive family and is substantiated, the other CSO involved and the State Office adoption program manager must be notified. If the child is under the jurisdiction of the juvenile court, the court must be informed. (See Chapter 32, Child Foster Family Care and Chapter 36 Adoption )

9 Where it is found that the applicant/licensee has been permitting, aiding or abetting the abuse, neglect, exploitation or cruel or indifferent care to persons under care, the license shall be denied, suspended, revoked or not renewed.

B. For complaints of a non-CPS nature (e.g., violation of other licensing requirements), see the procedure outlined in Sections 06.48 B., C., and D.

## 06.54 Action Against Unlicensed Agencies

A. It is illegal for an agency subject to licensing to operate without a license.

B. When licensing staff become aware of an unlicensed facility, they shall write the person operating the facility, informing him/her that the provision of service without a valid license is a violation of the Revised Code of Washington. An application should be attached.

C. In any circumstances where the facility is other than a family day care home, foster family home or adult family home, the licensor should confer with the Attorney General's Office and/or licensing program manager.

D. For all types of facilities where it appears that continued operation of the facility would be threatening to the health and/or safety of the children or adults in care the advisability of seeking an immediate injunction should be explored with the Attorney General's Office

E. For family day care, foster family care or adult family home care if an unlicensed person does not submit an application within 15 days of being notified (per B above) and subsequently receive a license but continues to provide care, or if a person whose license has been denied or revoked continues to provide care, CSO licensing staff (after consultation with the regional licensor) shall:

1. Send a second letter citing RCW 74.15.140 and RCW 74.15.150, advising the person to comply with the law by getting a license and informing them that if they do not respond within 30 days a referral will be made to the appropriate county prosecuting attorney and to the State Attorney General's Office for legal action

2. If a response is not received within the allotted 30 days, letters to the appropriate county prosecutor and to the Attorney General's Office should be sent informing them of the person's noncompliance, enclosing copies of correspondence with the person, and informing them of who to contact for additional information.

3. The Attorney General's Office will inform the unlicensed provider of the department's powers under the licensing statutes and specify that civil action for an injunction could be a prospect.

4. When, if the person had applied, the facility would be unlicensable or when licensing staff feel that there are particularly compelling reasons for seeking an injunction, licensing staff should present such facts to the Attorney General's Office so that there is a basis for further legal action.

F. For other classes of agencies the licenser will generally proceed according to recommendations of the Attorney General's Office or licensing program manager.

## 06.55 Certification

A. Persons and organizations providing out-of-home child care services may not receive funds from the department unless they are licensed or certified.

B. Those legally exempt from licensing (Chapter 74.15 RCW and WAC 388-73-018) may request certification to enable them to be eligible for receipt of DSHS funds or for other legitimate purposes.

C. Upon receipt of a request for certification, licensing staff will investigate to determine that the applicant meets the appropriate MLRs and any other pertinent requirements for that particular type of agency or service.

D. The CSO administrator or Regional Director will issue a letter to the applicant certifying that the agency has met the MLRs or inform the agency of deficiencies to be corrected before certification will be granted.

E. Licensing/certification does not obligate the department to make referrals or payment to an agency, additional requirements may be imposed for such purpose

F. Unless otherwise clearly evident from this chapter's text, requirements and procedures for licensing and monitoring apply equally for certification.

## 06.56 Licensing Records - Content

An official licensing record will be maintained for each licensed agency. See Chapter 02 for composition of service records. Documents contained in the three parts of the record are as follows:

A. Narrative Section (Chronological order with most recent on bottom)

1. The DSHS 10-11(X), Application for Family Home Care License, or DSHS 10-08(X), Application for Child Care Agency License or Certification, will be used as a face sheet for this section.

   a. Cross references to other agency records concerning the applicant/licensee should be noted by "See also _____" on the top of the application form above the box "#3, Applicant" on the DSHS 10-11(X) and above #1, "Name of Agency or Parent Organization If Any" on the DSHS 10-08(X).

b. Subsequent applications for relicense or reopening will become the new face sheet and be filed on top of the preceding application.

c. All other material will be filed behind the face sheet (application) in chronological order with most recent on the bottom.

2. All checklists appropriate to the licensing request, should be filed in this section including:

a. DSHS 10-51A(X), Checklist for Licensing Family Care.

b. DSHS 10-51B(X), Checklist for Licensing or Certification of Group Care Facilities.

c. DSHS 10-51C(X), Checklist for Licensing or Certification of Day Treatment Program.

d. DSHS 10-51D(X), Checklist for Licensing of Maternity Services.

e. DSHS 10-51E(X), Checklist for Licensing or Certification of Child Placing Agency

f. DSHS 10-51F(X), Checklist for Licensing or Certification of Day Care Center or Mini-Day Care Center.

3. Any other specific evaluation or monitoring guides used during licensing/monitoring procedure.

4. Narrative recording form DSHS 2-305(X), Service Episode Record (SER), will be used by licensing staff as a tool to record home study, relicensing, review and monitoring activity. The SER along with the application and checklist forms, serve as the specific verification that the licensee is in compliance with MLR (see 06 36). Areas which may be recorded are:

a. Monitoring reviews and visits;

b. Compliance with MLR,

c. Deficiency to MLR;

d. Complaints,

e. Agreements for improving care or upgrading standards;

f. Relicense evaluation;

g. Written explanation of any waiver of requirements or exceptions granted;

h. References to any pertinent information in the document section,

i. Any other pertinent information.

B. Authorizing Documentation

1. For family care the most recent copy (single sheet) of the transmitted DSHS 10-20(X), Licensing and Approval of Homes, will be filed on top.

2. The corrected DSHS 10-20(X) (double sheet) is left in the service file folder, unattached.

C. Documents and Correspondence Section (Most recent document on top).

1. Attachments to Application for License (when applicable)

a. TB test reports.
b. Water test reports.
c. DSHS 10-47A(X), Family Day Care Home Requirement Agreement (when applicable).
d. Licensee's discipline policy.
e. Certificates of compliance from fire and health authorities.
f. Floor plan of child care facility.

2. Copies of licenses issued and cover letter.

3. Copies of any letters written to licensee granting a waiver of requirements or exceptions to licensing rules.

4. Reports to licensees following visits. Each visit or short series of visits to an applicant or licensee will result in a written report to that person summarizing significant findings, conclusions and agreements reached. Except that for a family home, where no deficiencies are observed, no written report shall be necessary.

5. Reports on complaints about a licensed agency. The report shall include identification of the source of the complaint (if available), the nature of the problem, action taken and agreements reached. The report shall be in writing and shall be addressed to the licensee. It may be shared with the complainant upon request. However, copies of CPS forms should not be in the licensing file (see Chapter 26).

6. Incident reports, if any and subsequent reports indicating action taken.

7. Letter(s), if any have been written, informing licensee of failure to conform to MLR.

8. Miscellaneous correspondence between DSHS and the applicant/licensee. (Appointment letters, if noted on other forms or reports, may be discarded).

9. Final operations review reports, if any, and responses thereto.

10. DSHS 2-306(X), Communication/Referrals, from placement workers evaluating type of care being provided.

## 06.57 Retention of Records

Licensing records are to be retained for 4 years from date of closure in accordance with departmental records retention requirements. Records of closed agencies should be retained for 1 year in the CSO and transferred to the Records Reference Center for 3 years retention prior to destruction.

Note: Records of agencies having had a license revoked or of an applicant whose application was denied, should be retained indefinitely at the regional or CSO rather than being transferred to the Records Reference Center.

## 06.58 Access to Records - Names of Licensees

A. Licensing files are generally disclosable to anyone requesting disclosure except that the identity of third-party complainants should be protected to the extent that such disclosure would violate the right to privacy of the individual concerned. Other identifying details affecting the right to privacy and vital governmental functions must be deleted.

1. Specifically, the following types of materials from a typical licensing file are disclosable.

a. Application for license (exclusive of personal data, i.e., names of third parties to the extent that such disclosure would violate the right to privacy of the individual concerned).

b. Inspections, i.e., Fire Marshal, health services, licensing, etc.

c. Letters of reference (upon approval of originator).

d. Substantiated complaints (exclusive of identity of persons to the extent that such disclosure would violate the right to privacy of the individual concerned).

e. Present status of license, at time of request for disclosure including whether the license has been issued, denied, suspended, or revoked; and whether the department has issued a letter of intention to deny, suspend, or revoke the license.

f. Policies and documents required by the terms of the license.

2. The following are NOT disclosable:

a. Identity of complainants - disclosure of the identity of persons who file complaints is not permissible to the extent that such disclosure would violate the right to privacy of the individual concerned, unless at the time the complaint is filed, the complainant consents to disclosure.

b. Materials which in any way identify patients, residents, clients or staff of licensed facilities including incidents and/or conduct of patients, residents, clients or staff of licensed facilities to the extent that such disclosure would violate the right to privacy of the individual concerned.

c. All preliminary draft material assembled by the department prior to the final decision of the department in a licensing matter, i.e., issuance of a license, revocation of a license, denial of a license is deliberative in nature and is nondisclosable. Revocation letters are not disclosable.

d. The contents of a licensing file, including notes, investigative findings, letters, references, etc., which are under consideration pending a final departmental decision as to appropriate action relating to the issuance, reinstatement or termination of a license. This material is nondisclosable as investigative material.

When a decision has been reached, the licensee informed of that decision and afforded an opportunity to exercise all administrative hearing rights, then this material, exclusive of third-party identification to the extent that such disclosure would violate the right to privacy of the individual concerned, may be disclosed.

e. Child or Adult Protective Services investigative reports provided in relation to the alleged abuse and/or neglect of a child or adult under care of a child care agency, when such investigative findings could have an effect on the licensing status of the agency, would be nondisclosable.

(1) During the investigative process, such files would be considered both "intra agency memoranda" and "investigative findings of a state agency vested with the responsibility to discipline members of any profession," i.e., the child or adult care provider (RCW 42.17.310 (1)(d).)

(2) When the investigation has been completed and the final departmental decision announced regarding the licensing status of the child care agency or adult care provider, then the findings of the CPS investigation are disclosable; however, no information identifiable to persons whose right of privacy would be jeopardized should be disclosed.

B. When a disclosure request is received, which is questionable, the department's Public Disclosure Officer should be contacted prior to release via whatever process the Regional Office determines appropriate. The department's Public Disclosure Officer is:

Troyce Warner
Office of Administrative Regulations MS OB-33D
Department of Social and Health Services
Olympia, WA 98504

C. Names and addresses of licensees may be furnished to persons seeking placement resources, to other units of government, and to other persons having a legitimate interest in such information However, the department shall not give, sell, or provide access to lists of individuals requested for commercial purposes. (See RCW 42.17.260-(5).)

D. Licensors shall not endorse specific licensees. They may, however, provide information concerning a facility's licensing status: Provisional license issued, limitations on license (e.g., age range and sex of persons to be served), etc.

## 06.97 Interface With Other DSHS Services

A. Relationships with CSO placement staff

1. Although explanation of payment policies is not a licensing function, most applicants for license will desire this information. This may be accomplished by including a service worker in orientations for applicants, by referring applicants to appropriate service workers and/or giving to the applicant any printed material prepared by department staff related to the payment process (see Chapter 04, SSPS).

2. After licensing, the placement worker will provide the licensee with copies of agreements or forms which the particular program (i.e., day care, foster care, etc.) requires to be completed between the agency and the licensee or licensee and client. These forms may be distributed to licensees by the licensor though this is essentially not a licensing/regulatory function. (See Chapters 28 and 46 for samples.)

3. Where it is necessary to obtain social information from an applicant or licensed home in order to determine its suitability for a particular placement or type of placement, it is the responsibility of the placement worker to obtain that information. Licensing staff will maintain information on the DSHS 10-07(X), Family Home Card, for placement staff use.

4. Placement staff in turn are obligated to keep licensing staff informed of their observations of the maintenance of licensing requirements and the treatment of persons placed. This will be done by the use of the DSHS 2-306(X), Communication/Referral, or by memo

B. Relationships with other departmental placement staff.

1. Licensing staff must develop close working relationships with Division of Juvenile Rehabilitation (DJR) and Division of Developmental Disabilities (DDD) and Area Agency on Aging staff responsible for referral or placement of children and adults DJR and DDD staff should be made aware of the names, addresses and capacity of licensed facilities, the type of care they provide and changes in licensing status.

2. Each region and CSO should develop a procedure to keep these other units informed.

C. Relationships with CSO protective service staff

Licensing staff must refer complaints alleging abuse of children and/or adults in care of a licensed facility to CPS or APS staff for investigation. Protective service staff should discuss their findings with licensing staff so that the latter may take appropriate licensing action. (See 06.53 Complaints.)

D. Relationships with American Indian and Minority Community Workers/ Advisory Committees

Licensing staff may utilize all Indian/minority resources of the department in seeking homes to be licensed for minority persons. These resources may also be used on a consultative basis to help minority families with the licensing process.

## 06.98 Interface With Non-DSHS Services

A. Fire and health authorities

1. Licensing staff must develop working relationship with the field representatives of the Office of the State Fire Marshal and the Division of Health (DOH).

2. In the case of mini centers, day care centers, group care facilities, maternity homes and other maternity services which provide residential care, day treatment programs, regional Crisis Residential Centers (CRCs) and juvenile detention facilities, copies of all licenses issued to such facilities shall be sent to the Office of the State Fire Marshal and to the DOH.

3. These offices shall also be informed when such facilities are closed and when applications which require fire and health inspections have been withdrawn.

B. Local community

1. Lists of licensees and names of applicants may be furnished to local units of government for their information in the enforcement of local ordinances.

2. Department offices responsible for licensing day care centers, mini day care centers (either in-home or outside the home), group care facilities, maternity homes or services, day treatment programs, and child placing agencies shall inform local planning authorities of receipt of an application by forwarding to each appropriate local agency a copy of theform DSHS 15-165(X), "Receipt of Application to Provide Child Care."

   Following this chapter (06) is a listing of county and city planning agencies to which notices may be forwarded. Notices may also be sent to other local governmental planning agencies requesting such notification.

3. At the time of application, applicants should be advised that there are specific local agencies that they should contact regarding local requirements and that the department will be notifying local authorities of the receipt of their applications.

## 06.99 Required Forms and Instructions

A. See Ch 99, General Forms, for general instructions on these generic forms.

| | |
|---|---|
| DSHS 2-305(X) | Service Episode Record (Rev. 12/79) |
| DSHS 2-306(X) | Communication/Referral (Rev. 9/78) |

B. The following numbered publications (see Chapter 99 and Forms Stock List) are used routinely in licensing, but are not included in this section because of their bulk They may be ordered from the state office stock room. (MLR means: Minimum Licensing Requirements.)

| | |
|---|---|
| DSHS 22-04(X) | MLR for Day Care Centers for Children (Rev 1/81) |
| DSHS 22-05(X) | MLR for Mini-Day Care Programs for Children (Rev 1/81) |
| DSHS 22-06(X) | MLR for Family Day Care Homes for Children (Rev. 1/81) |
| DSHS 22-07(X) | MLR for Day Treatment Programs for Children (Rev 1/81) |
| DSHS 22-08(X) | MLR for Maternity Services (Rev. 1/81) |
| DSHS 22-10(X) | MLR for Child-Placing Agencies (Rev. 1/81) |



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David v.

Dick

MANUAL G: CHAPTER 06 -- LICENSING/CERTIFICATION

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-247
Issued: 4/25/86

FROM: Thelma Struck, Asst. Secretary
COMMUNITY SERVICES MS OB-44

SECTIONS REVISED:
06.99 DSHS 10-06(X)

EFFECTIVE: Upon Receipt
FOR INFORMATION CALL:
Dorothy Jeffries
SCAN 234-1249 or
Non-SCAN 753-1249

IF NOT DELIVERABLE RETURN TO: WP/MANUAL SECTION MS OB-16

SUBJECT: NEW ADULT FAMILY HOME (AFH) LICENSE (DSHS 10-173)
NEW ADULT FAMILY HOME (AFH) SPONSOR CARD (DSHS 3-209)

Place this notice in front of Manual G, Chapter 06, and note on the Green Notice Control Sheet the date Notice No. G-247 was entered.

I. BACKGROUND - Appropriate credentials are needed by licensed AFH sponsors.

A. Up to now the AFH license has been issued on DSHS 10-06(X), Children's Agency License. That license did not adequately represent an AFH.

B. ID cards for AFH sponsors have not been uniform or have not been issued at all.

II. ACTION REQUIRED

A. Complete and issue a DSHS 10-173 to an AFH at time of licensure or relicensure. A DSHS 10-173 and instructions are attached.

B. Complete and issue a DSHS 3-209 to each AFH sponsor at time of licensure or relicensure. A DSHS 3-209 and instructions are attached.

C. An initial supply of these new forms is being sent under separate cover to each region for distribution to the CSOs.

Reorders are to be handled by the Stockroom through standard procedure.

SS Manual - 1475
David v.

DSHS 10-173 (10/85), ADULT FAMILY HOME (AFH) LICENSE

Instructions

DSHS 10-173 is issued to an AFH at the time of licensure or relicensure when it has been determined that minimum licensing requirements (MLR) for an AFH have been met.

DSHS 10-173 must be reissued if the sponsor(s) and resident(s) move to another address which meets MLR for an AFH.

A license is issued for a three-year period. A provisional license is not issued to an AFH.

The form is completed as follows:

1. Licensee: After the phrase "a license is hereby granted to," enter surname of the sponsor(s) followed by given names. If a sponsor is an LPN or RN, enter it in parentheses immediately following the given name. EXAMPLE: Smith, Walter and Mary (RN).

2. Address: After "to conduct and maintain at," enter the sponsor's address (number and street or box and route number) the name of the city, zip code, and county of residence.

3. Type of care and number of adults:

   a. After "non-health related (HR) . . . for no more than," enter total number of adults the AFH is licensed to care for at one time (cannot exceed 4);

   b. After "health related . . . for no more than," enter 1 or 2 whichever the sponsor wants and has room for providing the sponsor:

      (1) Is qualified and able to provide any of the first four HR services; or

      (2) Is a licensed practical nurse (LPN) or registered nurse (RN) in Washington State if more than the first four HR services are to be provided.

4. Special Terms: No entry should be made in this space until special instructions or a new or revised Chapter 6 Manual G is published. There can be no provisional licenses for an AFH home. To avoid confusion, this section may be deleted later.

5. Effective date of license: After "This license shall be in force from the," enter date the license is issued and after "to and including," enter the expiration date three years hence.

6. Date and Signature: After "DATED AT," enter name of city/town in which the CSO is located and the date of issuance.

   DSHS 10-173 is to be signed by the service worker and by the CSO administrator as the licensing authority.

NOTE: The next printing of the license will have a space in the upper right-hand corner for the license number. The license number is the same number as the case number on the DSHS 10-20, line 01.

# The State of Washington

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

# Adult Family Home License

*In compliance with and pursuant to the laws of the State of Washington and the Minimum Licensing Requirements of the Department of Social and Health Services a license is hereby granted*

*to* _____

*to conduct and maintain at* _____

*city of* _____ *zip code* _____ *county of* _____,
*State of Washington, an Adult Family Home for the care and supervision of adults as follows:*

| TYPE OF CARE | NUMBER OF ADULTS |
|---|---|
| *24-hour non-health related family care for no more than* | _____ *adults* |
| *24-hour health related family care for no more than* | _____ *of the above number of adults* |

*Special Terms* _____

*This license shall be in force from the* _____ *day of* _____, *19* ___,
*to and including the* _____ *day of* _____, *19* ___, *subject to revocation for due cause.*

**DATED AT** _____ **WASHINGTON, THIS** _____ **WORKER**

_____ **DAY OF** _____, **19** ___ _____ **LICENSING AUTHORITY**

NOTE: This license is not transferable, and is valid only for use by the individual(s) to whom it is issued and at the location above described.
Issued by Authority of Chapter 172, Laws of 1967.

DSHS 10-173 (10/85) QX A-214

SS Manual - 1478
David v.

## DSHS 3-209 (2/86), ADULT FAMILY HOME (AFH) SPONSOR CARD

### Instructions

DSHS 3-209 is an ID card to be issued to the AFH sponsor(s) at the time of licensure. Complete the form as follows:

1. Name of sponsor(s): On this line enter the given name(s) followed by the surname of the licensed sponsor(s). EXAMPLES: (1) Mary Smith (single sponsor); (2) Walter and Mary Smith (two sponsors).

2. ID #: Enter the license number appearing on the license. The license number is the same number as the case number on the DSHS 10-20, line 01.

3. Date: Enter date license issued/effective.

4. Authorized Signature: Each sponsor receives a card and one sponsor should sign on this line. In the case of a single sponsor, only one card is issued. In a two-sponsor AFH, two cards are issued -- one for each sponsor.

5. Expiration Date: Enter the date the license will expire. If an AFH is closed prior to expiration date, request that the card(s) be returned. Note on a returned card the date of closure and file.

DSHS 3-209 (2/86), ADULT FAMILY HOME (AFH) SPONSOR CARD

**State of Washington**

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

*THIS CERTIFIES THAT*

NAME OF SPONSOR(S)

**IS AN ADULT FAMILY HOME SPONSOR**
**LICENSED BY THE STATE OF WASHINGTON**
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

I.D. # DATE

AUTHORIZED SIGNATURE EXPIRATION DATE

DSHS 3-209 (2/86) OX A-228

| | |
|---|---|
| DSHS 22-11(X) | Minimum Requirements for Licensing or Certification of Group Care Facilities for Children (Rev. 1/81)<br><br>(Includes Regional Crisis Residential Centers, Other Group Care Crisis Residential Centers, Juvenile Detention Facilities) |
| DSHS 22-12(X) | MLR for Foster Family Homes for Children, Expectant Mothers Developmentally Disabled Adults and Other Adults in Need of Protection (Rev. 1/81)<br><br>(Includes Foster Family Homes Serving as Crisis Residential Centers) |
| DSHS 22-13(X) | MLR for Child Care Agencies - Adult Family Homes (Rev. 6/79)<br><br>(Chapter 388-73 WAC - The content of this publication appears in its entirety in Manual A and is the document from which the individual sets of MLR listed above are derived). |
| DSHS 22-60(X) | Billing Instructions for Day Care Centers, Mini-Day Care Centers and Family Day Care Centers (9/81) |
| DSHS 22-101(X) | Licensing of Facilities Statutes - Chapter 74.15 RCW and Selected Extracts from other state statutes related to licensing and purchase of service (to be given to each applicant for license along with application form and appropriate set of MLR) (5/81) |

C. The following licensing specific forms, instructions, and suggested outlines are included in the remainder of this chapter:

| | |
|---|---|
| DSHS 10-06(X) | Children's Agency License (Rev 10/80) |
| DSHS 10-07(X) | Family Home Card (Rev. 9/78) |
| DSHS 10-08(X) | Application for Child Care Agency License or Certification (Rev. 6/80) |
| DSHS 10-10(X) | Foster Home License (3/73) |
| DSHS 10-11(X) | Application for Family Home Care License (Rev. 9/78) |
| DSHS 10-16(X) | Certification of Foster Home for License (Rev 9/83) |
| DSHS 10-17(X) | Termination of Foster Home License (10/72) |
| DSHS 10-20 | Licensing and Approval of Homes (Rev. 12/71) |

| | |
|---|---|
| DSHS 10-37(X) | Request for Health Inspection of Child Care Agency (Rev. 8/80) |
| DSHS 10-47A(X) | Family Day Care Home Requirement Agreement (Rev. 5/75) |
| DSHS 10-51A(X) | Checklist for Licensing Family Care (Rev. 12/81) |
| DSHS 10-51B | Checklist for Licensing or Certification of: Group Care Facilities (Rev. 12/81) |
| DSHS 10-51C | Day Treatment Program (Rev. 12/81) |
| DSHS 10-51D | Maternity Services (Rev. 12/81) |
| DSHS 10-51E | Child-Placing Agency (Rev. 12/81) |
| DSHS 10-51F(X) | Day Care Center or Mini-Day Care Center (Rev 7/81) |
| DSHS 10-92(X) | Family Day Care Home License (7/74) |
| DSHS 10-153 | Request for Waiver to Licensing Requirements (4/82) |
| DSHS 15-165(X) | Receipt of Application to Provide Child Care (new 11/82) |
| SFM 224 | Request for Inspection (State Fire Marshal) (Rev. 11/80) |
| | Suggested Format for Notice of Fee Renewal Day Care License |
| | Suggested Format for Notice of Intent to Suspend Day Care License for Failure to Pay Licensing Fee |
| | Suggested Format for Notice of Intent to Not Renew Day Care License for Failure to Pay Licensing Fee |
| | Suggested Format for Notice of Suspension or Non-renewal of Day Care License for Failure to Pay Licensing Fee |

DSHS 10-06(X) (Rev. 10/80), CHILDREN'S AGENCY LICENSE

The State of Washington

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

# Children's Agency License

***The Secretary of the Department of Social and Health Services Does Certify:***

*That a license is hereby granted to*

.....

.....

*to conduct and maintain at*.....

*city of*....., *county of*....., *State of Washington.*

.....

*(a) for the care of children,*.....*sex, between the ages of*.....*and*.....,

*inclusive, but not to exceed*.....*children; (and)*.....

*in the State of Washington in compliance with and pursuant to the laws of the State of Washington and the Rules and Regulations of the State Department of Social and Health Services.*

*This license shall be in force from the*.....*day of*.....*, 19*.....

*to and including the*.....*day of*.....*, 19*.....*, subject to revocation for due cause.*

**DATED AT OLYMPIA, WASHINGTON, THIS** .....

*Secretary*

.....**DAY OF**.....**, 19**.....

*Supervisor, Bureau of Children's Services*

**NOTE:** This license is not transferable; and is valid only for use by the individual or agency to whom it is issued and at the location above described.

Issued by Authority of Chapter 74.15 Revised Code of Washington.

DSHS 10-06 (X) 9-79 (Rev. 10-80)

DSHS 10-07(X) (Rev. 9/78), FAMILY HOME CARD

SS Manual - 1484
David v.

Instructions

A DSHS 10-07(X) is prepared for each day care foster, adult family home and adoptive home (application, licensed home and home awaiting licensing) known to the CSO

DSHS 10-07(X) is used by the worker as a desk card. Identifying family information and licensing data are entered on the front of the card Placement information may be entered on the back of the card for information or control.

FACE OF CARD

MONTHS - This section is used by the worker to indicate month in which the license will expire, or to flag the date of other needed action.

CASE NUMBER - Self-explanatory.

NAME AND ADDRESS - Enter the surname of the family, the exact mailing and street address (if different).

TELEPHONE - If the telephone number given is not that of the family, indicate that it is a neighbor's or relative's, etc.

MAN -- WOMAN - Enter the given name, year of birth, race, religion, and nationality.

LICENSE - Enter the date on which the license will expire Record the number and sex of persons for whom the home is licensed. Indicate "adult" or the age range of children.

OTHER MEMBERS OF HOUSEHOLD - List the names of the foster parent's own children who are in the home and the full name of all other persons in the home Enter the year of birth and relationship of all persons listed.

ACTION - Enter the date and type of action taken as reported in Section E or I of DSHS 10-20, as applicable.

NEAREST SCHOOLS AND DISTANCE - Enter name and approximate distance to each of the schools or bus stops.

OTHER - Enter names of other facilities in the area, i e., colleges, vocational training schools, sheltered workshops, etc.

NEAREST PUBLIC TRANSPORTATION - Enter the walking distance to nearest bus stop, etc.

REMARKS - This section is used to record additional information which will be useful to the worker.

DSHS 10-07(X) (Rev. 9/78), FAMILY HOME CARD (cont.)

REVERSE OF CARD

The reverse side of the card is used by the licenser/coordinator to maintain a control of who is placed in the home.

NAME OF CHILD/ADULT - Enter the given and surname of every person placed in the home.

CASE NUMBER - Self-explanatory.

BIRTH DATE - Enter month, day and year of birth, i.e., 12-20-45.

DATE PAYMENT INITIATED - Enter the date that the CSO assumed responsibility for payment of care or the date the person entered the home if DSHS is not responsible for payment

DATE PAYMENT TERMINATED - Enter the date that the person was moved from the home or the CSO discontinued payment for care.

RATE PAYMENT - Enter a notation if a special rate has been authorized or payment is made from a private source.

WORKER/REMARKS - Enter name of service worker responsible for person in placement or any other pertinent information about the placement.

DSHS 10-07(X) (Rev. 9/78), FAMILY HOME CARD

| JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|

**FAMILY HOME CARD**

CASE NO.

PHONE NO.

SURNAME

ADDRESS

| | BIRTH DATE | RACE | RELIGION |
|---|---|---|---|
| MAN | | | |
| WOMAN | | | |

LICENSE

| EXPIRATION DATE | NUMBER OF ADULTS/ CHILDREN | AGE |
|---|---|---|
| | | |
| | | |

OTHER MEMBERS OF HOUSEHOLD

| NAME | BIRTH DATE | RELATIONSHIP |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

ACTION

| DATE | TYPE OF ACTION TAKEN |
|---|---|
| | |
| | |
| | |
| | |
| | |

NAME OF AND DISTANCE TO NEAREST SCHOOLS

GRADE:

MIDDLE:

HIGH:

OTHER:

NEAREST PUBLIC TRANSPORTATION:

REMARKS:

DSHS 10-07(X)(REV. 9-78)

| NAME OF CHILD/ADULT | PLACEMENT INFORMATION | | | | RATE PAY | WORKER/ REMARKS |
|---|---|---|---|---|---|---|
| | CASE NUMBER | BIRTH DATE | DATE PAY. INIT. | DATE PAY. TERM. | | |
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DSHS 10-07BACK(X)REV. 9-78)

DSHS 10-08(X) (Rev. 6/80), APPLICATION FOR CHILD CARE AGENCY LICENSE OR CERTIFICATION

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

## APPLICATION FOR CHILD CARE AGENCY
### LICENSE OR CERTIFICATION

1. NAME OF AGENCY OR PARENT ORGANIZATION, IF ANY:

2. ADDRESS OF AGENCY OR PARENT ORGANIZATION, IF ANY:

3. NAME OF AGENCY BRANCH OR SUBDIVISION OF AGENCY, IF ANY, OR NAME BY WHICH AGENCY DOES BUSINESS:

4. ADDRESS OF PRINCIPLE BUILDING(S) OF THE AGENCY BRANCH OR SUBDIVISION: NUMBER STREET CITY OR TOWN ZIP CODE

5. MAILING ADDRESS IF DIFFERENT THAN ABOVE: NUMBER STREET CITY OR TOWN ZIP CODE

6. TELEPHONE NUMBER AT FACILITY:

7. TELEPHONE NO. OF AGENCY (If different from facility):

8. LICENSING RECORD:
- ☐ FIRST
- ☐ OTHER
- ☐ RENEWAL
- ☐ CERTIFICATION

9. CLIENTELE PREFERRED:
- ☐ MALE
- ☐ FEMALE
- ☐ EITHER SEX
- ☐ EXPECTANT MOTHERS
- NUMBER ____ FROM ____ TO ____
- ☐ NO AGE LIMIT

10. TYPE OF LICENSE SOUGHT:
- ☐ CHILD PLACING AGENCY
- ☐ GROUP CARE FACILITY
- ☐ GROUP / CRISIS RESIDENTIAL CENTER
- ☐ REGIONAL CRISIS RESIDENTIAL CENTER
- ☐ DAY TREATMENT PROGRAM
- ☐ DAY CARE CENTER
- ☐ MINI DAY CARE CENTER
- ☐ JUVENILE DETENTION CENTER
- ☐ MATERNITY HOME
- ☐ MATERNITY SERVICES
- ☐ OTHER (Specify) _____

11. COMMENTS:

12. TYPE OF ORGANIZATION (Check appropriate square)
- ☐ INDIVIDUAL
- ☐ NON-PROFIT CORPORATION
- ☐ PARTNERSHIP or NON-INCORPORATED ASSOCIATION
- ☐ PROPRIETARY CORPORATION
- ☐ GOVERNMENTAL AGENCY
- ☐ INDIAN TRIBE

DSHS 10-08(X) (Rev. 6/80) -183-

## DSHS 10-08(X) (Rev. 6/80), APPLICATION FOR CHILD CARE AGENCY LICENSE OR CERTIFICATION (cont.)

13. CHARACTER REFERENCES (for initial license only) FOR PERSON(S) CHARGED WITH ACTIVE MANAGEMENT OF THE AGENCY:

| | NAME | ADDRESS | TELEPHONE | |
|---|---|---|---|---|
| 1. | | | Area Code | |
| 2. | | | Area Code | |
| 3. | | | Area Code | |

14. HAS APPLICANT OR ANY OTHER STAFF MEMBER:

1. EVER BEEN CONVICTED OF ANY CRIME? ☐ YES ☐ NO
2. HAD A SERIOUS INJURY OR ILLNESS OR HAS BEEN HOSPITALIZED DURING THE PAST YEAR, OR IS CURRENTLY UNDER MEDICATION, OR HAS A HISTORY OF MENTAL OR PHYSICAL LIMITATIONS? ☐ YES ☐ NO
3. BEEN FOUND TO BE A PERPETRATOR OF SUBSTANTIATED CHILD ABUSE? ☐ YES ☐ NO

NOTE: ATTACH A STATEMENT OF EXPLANATION FOR ANY "YES" ANSWER.

15. HAS APPLICANT OR CHIEF EXECUTIVE OFFICER:

1. ENGAGED IN THE ILLEGAL USE OF DRUGS OR ☐ YES ☐ NO
2. EXCESSIVE USE OF ALCOHOL? ☐ YES ☐ NO
3. BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO
4. BEEN RELEASED FROM PRISON IN THE PAST SEVEN YEARS? ☐ YES ☐ NO
5. BEEN DENIED A LICENSE TO CARE FOR CHILDEN OR ADULTS? ☐ YES ☐ NO
6. HAD A LICENSE TO CARE FOR CHILDREN OR ADULTS SUSPENDED OR REVOKED? ☐ YES ☐ NO

NOTE: ATTACH A STATEMENT OF EXPLANATION FOR ANY "YES" ANSWER.

16. I HEREBY CERTIFY THAT I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 74.15 OF THE RCW (Child Care Agency Licensing Statute) OR, IN THE CARE OF NON-RETARDED ADULTS IN NEED OF DOMICILIARY CARE, RCW 74.08.044, AND WITH THE PROVISIONS OF CHAPTER 388-73 OF THE WAC (Minimum Licensing Requirements). I (WE) HEREBY FURTHER CERTIFY THAT THE ABOVE INFORMATION AND REQUIRED ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND GIVE PERMISSION FOR THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES TO CONTACT REFERENCES AND PAST EMPLOYERS.

SIGNATURE

TITLE

DATE

DSHS 10-08(X) (Rev. 6/80) - 188P3-

## DSHS 10-08(X) (Rev. 6/80), APPLICATION FOR CHILD CARE AGENCY LICENSE OR CERTIFICATION (cont.)

17. ATTACH TO THIS APPLICATION ANY OF THE DOCUMENTS LISTED BELOW WHICH PERTAIN TO YOUR AGENCY. WAC OR RCW REFERENCES ARE INDICATED FOR EASY REFERRAL TO REQUIREMENTS. PLEASE DATE ALL WRITTEN INFORMATION AND FORMS.

| | |
|---|---|
| A. ARTICLES OF INCORPORATION | RCW 74.15.070 |
| B. LIST OF STAFF (FORM PROVIDED) | WAC 388-73-022 |
| C. BUDGET (FORM PROVIDED) | WAC 388-73-036 |
| D. DISCIPLINE STATEMENT | WAC 388-73-046 |
| E. PERSONNEL POLICIES (for agencies employing 5 or more persons) | WAC 388-73-068 |
| F. FORMS USED FOR CLIENT RECORDS AND INFORMATION | WAC 388-73-054 |
| G. TRANSPORTATION INSURANCE . . . LIABILITY AND MEDICAL (INCLUDE NAME OF COMPANY AND POLICY NUMBERS.) | WAC 388-73-062 |
| H. IN SERVICE TRAINING PROGRAM. (For agencies employing 5 or more persons) | WAC 388-73-070 |
| I. MINI DAY CARE CENTERS AND DAY CARE CENTERS: WRITTEN INFORMATION TO PARENTS | WAC 388-73-410 |
| J. GROUP CARE FACILITIES, AND MATERNITY SERVICES: A DETAILED WRITTEN PROGAM DESCRIPTION FOR DEPARTMENTAL APPROVAL OUTLINING THE EDUCATIONAL, RECREATIONAL AND THERAPEUTIC SERVICES (IF ANY) TO BE PROVIDED TO THE CHILD AND HIS FAMILY, A SCHEDULE OF TYPICAL DAILY ACTIVITIES FOR PERSONS IN CARE AND A STATEMENT OF RELIGIOUS PRACTICES IF ANY. | WAC 388-73-604 |
| K. MINI DAY CARE CENTERS AND DAY CARE CENTER PROGRAM DESCRIPTION: A DETAILED WRITTEN DESCRIPTION INCLUDING CULTURAL AND INDIVIDUAL NEEDS CONSIDERED, ORGANIZED ACTIVITIES AND FREE PLAY, DAILY OUTDOOR PLAY (WEATHER PERMITTING), WRITTEN DAILY SCHEDULE, ETC. | WAC 388-73-604 |
| L. A FLOOR PLAN OF THE FACILITY DRAWN TO SCALE (GROUP CARE, DAY CARE CENTERS, MINI DAY CARE CENTERS, DAY TREATMENT PROGRAMS.) | WAC 388-73-108<br>WAC 388-73-440<br>WAC 388-73-460<br>and<br>WAC 388-73-512 |

18. PROVIDE THE FOLLOWING DOCUMENTS TO HEALTH SERVICES DIVISION AT THE TIME OF THEIR INSPECTION. WAC REFERENCES ARE INDICATED FOR EASY REFERRAL TO REQUIREMENTS.

| | |
|---|---|
| A. WATER TEST REPORT IF WATER SUPPLY IS FROM A PRIVATE SOURCE. | WAC 388-73-126 |
| B. TB SKIN TEST REPORTS AND/OR X-RAY REPORTS PRESCRIBED BY LICENSING REQUIREMENTS. IF TEST IS POSITIVE, INCLUDE A PHYSICIAN'S STATEMENT REGARDING COMMUNICABILITY OF CONDITIONS. | WAC 388-73-142 |
| C. WRITTEN PLAN FOR HEALTH SUPERVISION AND PLAN OF ACTION TO BE TAKEN IN MEDICAL EMERGENCIES. | WAC 388-73-132 |
| D. EVIDENCE OF APPLICANT'S/STAFF FIRST AID TRAINING AND CARDIO-PULMONARY RESUSCITATION e.g. RED CROSS CERTIFICATE. | WAC 388-73-134 |
| E. FOOD AND BEVERAGE SERVICE WORKER'S PERMIT. | WAC 388-73-112<br>and<br>WAC 248-84-020 |

DSHS 10-08(X) (Rev. 6/80) -153P>

DSHS 10-08(X) (Rev. 6/80), APPLICATION FOR CHILD CARE AGENCY LICENSE OR CERTIFICATION (cont.)

## BUDGET GUIDE

DATE: From _____ To _____

| 19. SOURCE OF FUNDS FOR CURRENT FISCAL YEAR TO OPERATE AGENCY: | ESTIMATED OR | ACTUAL |
|---|---|---|
| A. COMMUNITY CHEST, UGN, UC, ETC. | | |
| B. FEES FOR CHILD CARE (PRIVATE) | | |
| C. FEES FOR CHILD CARE (STATE) | | |
| D. OTHER: (Specify) | | |
| E. _____ | | |
| TOTAL | | |

| 20. EXPENSES FOR CURRENT FISCAL YEAR TO OPERATE AGENCY: | | |
|---|---|---|
| A. RENT OR MORTGAGE PAYMENTS | | |
| B. UTILITIES | | |
| C. WAGES OR SALARIES AND BENEFITS | | |
| D. OTHER PROFESSIONAL FEES | | |
| E. FOOD | | |
| F. SUPPLIES (Household) | | |
| G. SUPPLIES (Program) | | |
| H. MAINTENANCE AND REPAIRS | | |
| I. EQUIPMENT | | |
| J. INSURANCE | | |
| K. TAXES | | |
| L. VEHICLE AND TRANSPORTATION | | |
| M. GENERAL OPERATIONS (Telephone, postage, professional dues) | | |
| N. OTHER (Specify) | | |
| O. | | |
| P. | | |
| Q. | | |
| R. | | |
| TOTAL | | |

DSHS 10-08(X) (Rev. 6/80) - 163P4-

DSHS 10-08(X) (Rev. 6/80), APPLICATION FOR CHILD CARE AGENCY LICENSE OR CERTIFICATION (cont.)

21. **STAFFING**

| 1. POSITION TITLE | 2. EMPLOYEE'S NAME | 3. QUALIFYING EXPERIENCE FOR THIS POSITION | | 4. EDUCATION | | | | 5. DATE EMPLOYED | 6. MONTHLY SALARY | 7. HOURS PER WEEK |
|---|---|---|---|---|---|---|---|---|---|---|
| | | YEARS | TYPE | NO. YEARS H.S. | NO. YEARS COLL. | DEGREE | AREA OF SPECIALIZATION | | | |
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DSHS 10-08(X) (Rev. 6/80) 115P5

DSHS 10-08(X) (Rev. 5/81), APPLICATION FOR CHILD CARE AGENCY LICENSE OR CERTIFICATION

## APPLICATION FOR CHILD CARE AGENCY
### LICENSE OR CERTIFICATION

### INSTRUCTIONS

DSHS 10-08(X) is an application for the following classes of facilities:

A. Child placing agencies

B. Group care facilities

C. Day treatment programs

D. Day care centers

E. Mini day care centers

F. Juvenile detention centers

G. Maternity homes

H. Maternity services

I. Regional crisis residential centers

J. Crisis/group residential centers

Application is to be made to the Regional Office of the Department of Social and Health Services

1. & 2. If Applicant agency is not a branch or subdivision of another agency, the name of the applying agency as it appears in its articles of incorporation, should be entered, or the incorporated name of any applicant.

3. If the applicant is a branch or subdivision of an agency, its name should be entered, and/or the name, or names, by which the applicant agency does business, or is commonly known, or has recently been known.

4. This should be the address at which the agency being licensed does business.

5. If a post office box is used, or if mail for branches is received at the parent organization, notation should be made here.

6. Include area code, e.g., (206) 753-0204. If other arrangement for communication is allowed, it should be noted here.

7. Indicate at which office or agency this number is located.

8. Licensing Record—Enter X in appropriate box, i.e., indicate whether this is applicant's first application for a license in this state or whether this is an application for renewal of a current license (licensees should request renewal of license 3 months prior to the expiration of a current license).

   Place an "X" in "Other" if applicant does not have a current license from the office or agency to which application is now being made, and the applicant is or has been licensed previously by another office or agency in this state or was licensed in another state. If "Other" is checked an explanation should be attached.

9. Clientele Preferred—Place an "X" in the appropriate box to indicate the sex of persons applicant would prefer to care for; after "number" enter the maximum number applicant desires to care for in the space provided, indicate the range of ages of persons for whom applicant would like to care, or place an "X" in the box labeled "No Age Preference".

10. Type of License Sought—Enter "X" in the appropriate box(es). Maternity service should list the specific services provided in the comment section (11) and facilities licensed as Crisis/Group Residential Centers should indicate there how many beds in the facility will be devoted to each type of care.

## DSHS 10-08(X) (Rev. 6/80) APPLICATION FOR CHILD CARE AGENCY LICENSE OR CERTIFICATION (cont.)

11. See No. 10 above.

12. Check appropriate square.

13. Character References (not needed for renewal of license)—List names, addresses and phone number of three persons who know applicant well and who can testify to applicant's character and ability to provide care to other persons. Do not list more than one relative. The department may make such additional inquiries as it deems necessary. References should be obtained for each of the applicants and the executive officer of the agency if they are charged with active management of the agency.

14. 1, 2 and 3—Place an "X" in appropriate boxes. If "Yes" is marked, an explanatory statement should be attached.

15. 1, 2, 3, 4, 5 and 6—Place an "X" in appropriate boxes. If "Yes" is marked, an explanatory statement should be attached.

16. Application is to be signed by chairman of the board if the agency is board sponsored; otherwise, by owner of the agency.

17. Attachments—In addition to explanatory statements if any items in Nos. 14 and 15 were checked "Yes", the documents listed in No. 17 must all be submitted as required for the different particular class of license requested before an application can be considered complete. With an application for renewal of a license, it is not necessary to resubmit the following documents unless there has been a significant change which would make those submitted at the time of the initial application inaccurate or obsolete:

    Articles of Incorporation
    Discipline Statement
    Personnel Policies
    Forms Used for Client Records and Information
    In-service Training Program
    Written Information to Parents
    Program Description
    Floor Plan

18. TB tests are required of the licensee, employees, and adult volunteers.

19. & 20. Sufficient information should be provided so that consideration of the estimated income and expenditures may be used to determine if the agency has the financial ability to comply with the minimum requirements.

21. Staff—Complete all columns for each employee. This should be a complete list of staff. (Add additional pages as necessary). For staff working less than full time (40 hour week), indicate in Column 7 number of hours employed per week by reporting agency. Institutions, for example, should include as part-time staff social workers supplied by a parent agency (or other agency) when such workers also have duties and caseloads not related specifically to the institution. Even though staff have not been hired, positions which you contemplate filling for the number of children to be served should be listed.

    For day care facilities completion of required credit hours for program supervisor should be noted.

DSHS 10-10(X) (3/73), FOSTER HOME LICENSE

Instructions

DSHS 10-10(X) is issued to a foster home when the foster home study is completed and it is determined that minimum requirements of the department applying to a foster family home have been met.

DSHS 10-10(X) must be reissued if the foster family changes address and when a current license expires.

A license is issued for a two-year period. A provisional license is not issued to a foster home.

The form is completed as follows:

1 Licensee: After the phrase "a license is hereby granted to," enter surname of the foster parents followed by their given names. EXAMPLE. Smith, Walter and Mary.

2. Address: After "to conduct and maintain at," enter the foster family's address (number and street or box and route number) the name of the city zip code and county of residence.

3. Number, age and sex of children, expectant mothers or adult retarded/ dependent persons for which home is licensed. Complete the appropriate line(s) by entering an "X" or numbers in the appropriate places and dashes in all others.

4. Effective Date of License. After "This license shall be in force from the _____," enter date the license is issued and the date of expiration two years hence.

5. Date and Signature: After "DATED AT" enter name of city in which CSO is located and the date of issuance.

DSHS 10-10(X) is to be signed by the service worker and the CSO administrator as the licensing authority.

DSHS 10-10(X) (3/73), FOSTER HOME LICENSE

# The State of Washington

## DEPARTMENT OF SOCIAL AND HEALTH SERVICES

# Foster Home License

*In compliance with and pursuant to the laws of the State of Washington and the Minimum Licensing Requirements of the Department of Social and Health Services a license is hereby granted*

to_____

*to conduct and maintain at* _____

*city of* _____ *zip code* _____ *county of* _____

*State of Washington, a foster family home for the care of children, expectant mothers, or adult retarded persons as follows:*

| TYPE OF CARE | NUMBER | SEX | | AGES OF FOSTER CHILDREN | | |
|---|---|---|---|---|---|---|
| *24-hour child care* | | *Male* | *Female* | *from* | *thru* | *years of age* |
| *Day care of children* | | *Male* | *Female* | *from* | *thru* | *years of age* |
| *Expectant mothers* | | | | | | |
| *Adult retarded persons* | | *Male* | *Female* | | | |

*This license shall be in force from the* _____ *day of* _____, *19*____,

*to and including the* _____ *day of* _____, *19*____, *subject to revocation for due cause.*

**DATED AT** _____ **WASHINGTON, THIS** _____

Worker

_____ **DAY OF** _____, 19____

Licensing Authority

**NOTE:** This license is not transferable, and is valid only for use by the individual(s) to whom it is issued and at the location above described.

Issued by Authority of Chapter 178, Laws of 1967.

DSHS 10-10 (X) 3-73

## DSHS 10-11(X) (Rev. 9/78), APPLICATION FOR FAMILY HOME CARE LICENSE

### Instructions

DSHS 10-11(X) is to be given to and completed by all persons initially applying to provide family home care and those applying for license renewal. Instructions for completion are on the form. For new applications the most current completed DSHS 10-11(X) becomes the face sheet for the narrative section of the service record. DSHS 10-11(X) is an application for both an initial family home license and for renewal of a license.

## DSHS 10-11(X) (Rev. 9/78), APPLICATION FOR FAMILY HOME CARE LICENSE

Department of Social & Health Services

**APPLICATION FOR FAMILY HOME CARE LICENSE**

1. BASIC NO. (FOR DSHS USE ONLY)

2. NAME OF PRIVATE AGENCY (IF ANY) THROUGH WHOM APPLICATION IS BEING MADE

3. APPLICANT(S)
1ST (LAST NAME – FIRST NAME – MIDDLE NAME)
2ND (LAST NAME – FIRST NAME – MIDDLE NAME)

4. TELEPHONE (A.C.: ) PREFIX — OR: ☐ NO PHONE

5. ADDRESS: (NUMBER STREET, CITY TOWN, ZIP CODE)

6. DIRECTIONS FOR REACHING HOME:

7. LICENSING RECORD
☐ FIRST
☐ RENEWAL
☐ OTHER (EXPLAIN)

8. TYPE OF LICENSE SOUGHT (CHECK ONE)
☐ FOSTER FAMILY HOME FOR CHILDREN
☐ FOSTER FAMILY HOME FOR EXPECTANT MOTHERS
☐ FAMILY DAY CARE HOME FOR CHILDREN
☐ FAMILY HOME FOR ADULTS
☐ MINI DAY CARE CENTER FOR CHILDREN

9. CLIENTELE PREFERRED
☐ MALE ☐ FEMALE ☐ EITHER SEX
NUMBER
AGES FROM TO OR ☐ NO AGE PREFERENCE
REMARKS

10. NEAREST SCHOOLS
ELEMENTARY JR. HIGH HIGH

11. NEAREST PUBLIC TRANSPORTATION:
TYPE LOCATION

12. PERSONS LIVING IN HOUSEHOLD (INCLUDING SELF)

| | NAME | BIRTHDATE | RELATIONSHIP TO APPLICANT | | NAME | BIRTHDATE | RELATIONSHIP TO APPLICANT |
|---|---|---|---|---|---|---|---|
| 1. | | | | 5. | | | |
| 2. | | | | 6. | | | |
| 3. | | | | 7. | | | |
| 4. | | | | 8. | | | |

13. CHARACTER REFERENCES (FOR INITIAL LICENSE ONLY)

| | NAME | ADDRESS (INCLUDE ZIP CODE) | TELPHONE |
|---|---|---|---|
| 1. | | | AREA CODE |
| 2. | | | AREA CODE |
| 3. | | | AREA CODE |

14. HAS APPLICANT OR A MEMBER OF HIS/HER HOUSEHOLD EVER BEEN CONVICTED OF A FELONY OR OF CHILD ABUSE OR NEGLECT?
☐ NO. ☐ YES. ATTACH A STATEMENT OF EXPLANATION

15. HAS APPLICANT EVER BEEN DEPRIVED OF CUSTODY OF OWN CHILDREN BY COURT ACTION?
☐ NO ☐ YES. ATTACH A STATEMENT OF EXPLANATION

16. LIABILITY INSURANCE

| TYPE | NAME OF COMPANY | AMOUNT |
|---|---|---|
| HOUSE | | $ |
| AUTOMOBILE | | $ |

17. SOCIO - ECONOMIC BACKGROUND

| | RACE | RELIGION | 1-OCCUPATION / 2-EDUCATION (HIGHEST GRADE COMPLETED) | ANNUAL INCOME |
|---|---|---|---|---|
| 1st APPLICANT | | | 1 / 2 | |
| 2nd APPLICANT | | | 1 / 2 | |
| | | | TOTAL ▶ | |

DSHS 10—11(X) (REV. 9-78)
COMBINES & REPLACES
DSHS 10-15(X) & 10-84(X)

CONTINUED ON FOLLOWING PAGES

DSHS 10-11(X) (Rev. 9/78), APPLICATION FOR FAMILY HOME CARE LICENSE (Cont.)

18 HAS APPLICANT APPLIED TO ADOPT A CHILD? ☐ YES, ▶ TO WHAT AGENCY? ☐ NO

19. ATTACH TO THIS APPLICATION ANY OF THE DOCUMENTS LISTED BELOW AS APPROPRIATE.

A WATER TEST REPORT, IF WATER SUPPLY IS FROM A PRIVATE SOURCE

B TB SKIN TEST REPORTS AND/OR X-RAY REPORTS PRESCRIBED BY LICENSING REQUIREMENTS IF TEST IS POSITIVE, INCLUDE A PHYSICIAN'S STATEMENT REGARDING COMMUNICABILITY OF CONDITION

C WRITTEN STATEMENT OF POLICY ON DISCIPLINE OF CHILDREN

D WRITTEN STATEMENT OF MEDICAL POLICY AND PLAN OF ACTION TO BE TAKEN IN MEDICAL EMERGENCIES

E EVIDENCE OF APPLICANT'S FIRST AID TRAINING, IF ANY, E.G., RED CROSS CERTIFICATE

F IF APPLICANT OR A MEMBER OF THE HOUSEHOLD HAS HAD A SERIOUS INJURY OR ILLNESS OR HAS BEEN HOSPITALIZED DURING THE PAST YEAR, OR IS CURRENTLY UNDER MEDICATION OR HAS A HISTORY OF MENTAL OR PHYSICAL LIMITATIONS, ATTACH A STATEMENT DESCRIBING THE CONDITION AND CIRCUMSTANCES (A PHYSICIAN'S STATEMENT MAY BE REQUESTED)

☐ NONE OF THE DESCRIBED CONDITIONS EXIST

20. I hereby certify that I have received, read, understand and agree to comply with the provisions of Chapter 74.15 of the RCW (child care agency licensing statute) or, in the case of non-retarded adults in need of domicilliary care, RCW 74.08.044, and with the provisions of Chapter 388—73 of the WAC (minimum licensing requirements). I (we) hereby further certify that the above information and required attachments are true and complete to the best of my (our) knowledge.

▶ _____ _____ ▶ _____ _____
1ST APPLICANT SIGNATURE DATE 2ND APPLICANT SIGNATURE DATE

## DSHS 10-11(X) APPLICATION FOR FAMILY HOME CARE LICENSE— INSTRUCTIONS

DSHS 10-11(X) is an application for both an initial license and for renewal of a license to maintain in applicant's family residence:

A. A foster family home for children;

B. A foster family home for expectant mothers;

C. A family day care home for children;

D. A mini day care program for children;

E. A family home for developmentally or functionally disabled adults.

This form is to be used both for application directly to the Department of Social and Health Services (local Community Services Office) and for application to a licensed child placing agency from which applicant wishes to receive children. Application should be made to one or the other and not to both simultaneously.

1. Basic No. — For departmental use only.

2. Name of Private Agency (If any) — If applicant is applying to a licensed child-placing agency for the care of children to be placed by that agency, enter name of that agency. Skip this section if application is made directly to a local office of the Department.

3. Applicant(s) Name(s) — Enter complete name(s) of applicant(s), last name, first, followed by middle name(s) and/or initial(s). Application for foster family homes for children or expectant mothers and family homes for adults must be made by both husband and wife who are living together in the family home. Application for family day care home or mini day care program need be made only by the person who will be providing care (e.g., husband need not sign unless he will be assisting his wife in child care). Applications by single persons are acceptable. Enter only names of person(s) applying. Names of spouses and other members of the household who are not applicants should be entered in section 12 (persons living in household).

   In the case of unmarried adults living together, e.g., two sisters, mother and adult daughter, etc. both of whom will share equally in the care of children or handicapped adults, both should be listed as applicants. In like manner, in a partnership situation for the operation of a mini day care program in the home of one of the business partners, both should be listed as applicants and the address in section 5 should be that of the home in which care will be given.

4. Telephone Number — Enter telephone number of person in whose home care will be given; include Area Code, (A.C.), e.g., (206) 753-7160. If applicant has no phone, place an "X" in space provided.

## DSHS 10-11(X) (Rev. 9/78), APPLICATION FOR FAMILY HOME CARE LICENSE (Cont.)

5. Address — Enter address of home in which care will be given.

6. Directions for Reaching Home — If home is hard to find or in a rural area, give instructions, e.g., proceed south out of Seattle on highway X to highway Y and turn left; at second traffic light on highway Y turn left onto Cherry Lane - second house (green) on left.

7. Licensing Record — Enter X in appropriate box, i.e., indicate whether this is applicant's first application for a license to provide foster care or day care in this state or elsewhere, or whether this is an application for renewal of a current license (licensees should request renewal of license 3 months prior to the expiration of a current license).

   Place an "X" in "Other" if applicant does not have a current license from the office or agency to which application is now being made and:

   a. Applicant is or has been licensed previously by another office or agency in this state or in another state; or

   b. Applicant has had a license suspended, denied or revoked in this state or in another state

   If "Other" is marked, briefly explain the circumstances in the following space. For example "Was licensed five years ago by the ABC Child Placing Agency in Anywhere, California, but moved and quit foster care" — or "My license for ABC County, Washington, was denied because my house was too small and my husband and I were on the verge of divorce."

8. Type of license sought —Enter "X" in the appropriate box. A license will not be issued for more than one type of care except at the discretion of the department.

9. Clientele Preferred — Place an "X" in the appropriate box to indicate the sex of persons applicant would prefer to care for; after "number" enter the maximum number (exclusive of applicant's own family members) applicant desires to care for. In the space provided, indicate the range of ages of persons for whom applicant would like to care or place an "X" in the box labeled "No Age Preference".

   Remarks — Describe the type of clientele you feel most comfortable or competent in dealing with, e.g., infants, mentally retarded children, retarded adults under the age of 60; non-smokers; school-age girls and boys, non-delinquent teenage girls, aged men, etc.

10. Nearest School — Enter name and approximate distance of schools from applicant's home (e.g., 3 blocks; 1½ miles). For homes for adults, enter NA (not applicable).

11. Nearest Public Transportation — Indicate type and distance from home, e.g., city bus - 3 blocks; school bus comes to the door, etc.

12. Persons Living in Household (including self) — Enter names and birthdates of all persons living in applicant's household, applicant(s)' name(s) first, followed by name of spouse (if any) and all other persons in the household and their relationship to the first named appliant, (e.g., spouse, son, daughter, mother, foster child, boarder, etc.) Attach additional listing if necessary because of lack of space on form. If the second person listed is also an applicant, in the relationship column enter both "applicant" and the relationship to the first person (e.g., "applicant, spouse").

13. Character References (not needed for renewal of license) — List names, addresses and phone numbers of three persons who know applicant well and who can testify to applicant's character and ability to provide care to other persons. Do not list more than one relative. The department may make such additional inquiries as it deems necessary.

14. Criminal Convictions — Place an "X" in the appropriate box. If "Yes" is marked, attach an explanatory statement to your application.

15. Deprivation of Custody of Own Children — Place an "X" in the appropriate box. If "Yes" is marked, attach an explanatory statement to your application.

16. Liability insurance on licensee's home is recommended; liability insurance is required for vehicles used in transporting persons placed in licensee's care.

17. Socio-Economic Background — The Department will not discriminate in the issuance of licenses because of race or religion of an applicant. However, we are particularly interested in recruiting homes from ethnic minorities. We seek to place clients in homes having cultural backgrounds compatible with that of the persons needing care. Although entries for "race" and "religion" are optional, we would appreciate applicant's completion of these two sections as follows. For race, enter: Caucasian, Black, Indian, Chicano, Asiatic, Vietnamese, or other entry that applicant believes best describes his or her racial background. For religion, enter: Catholic, Protestant, Jewish, Buddhist, or such entry that best describes applicant's religion in either specific or general terms (Methodist, Pentecostal, none, etc.)

DSHS 10-11(X) (Rev. 9/78), APPLICATION FOR FAMILY HOME CARE LICENSE (Cont )

In the "occupation-education" column in space numbered 1 enter name of applicant's occupation and in space numbered 2 enter highest grade completed or academic degree received, e.g., 8th grade; 12th grade; 2 years of college; BA degree, etc. In the last column enter each applicant's approximate annual income and their combined income after "total." If one has no income other than shared income from the other, enter a dash in income space.

18. Application for Adoption — Place an "X" in the appropriate box. If the answer is "yes," enter in space provided the name of the local office of the Department, or the name of the private agency or other organization with which the application is on file.

19. Attachments — In addition to explanatory statements if answers to questions 14 and 15 above are yes, attach statements or documents required by section 19. TB test reports, written disciplinary policies, and written medical policies and evidence of first aid training are required by all applicants. Water test is required if water is obtained from a private well or source other than a public water supply system. All applicants must answer item F either by attaching an explanatory statement or by entering "X" in space at end of section to indicate that none of the described conditions exist.

20. Signature — Application to be signed by applicant or applicants. See instructions for Section 3 above as to who is an applicant.

DSHS 10-16(X) (Rev. 9/83), CERTIFICATION OF FOSTER HOME FOR LICENSE

| JAN. | FEB. | MAR. | APRIL | MAY | JUNE | JULY | AUG. | SEPT. | OCT. | NOV. | DEC. |
|---|---|---|---|---|---|---|---|---|---|---|---|

## CERTIFICATION OF FOSTER HOME FOR LICENSE

☐ NEW ☐ RENEWAL ☐ AMEND _____ _____ (Effective Date of License)

The _____ (Name of Private Agency) of _____ (City), Washington recommends that a foster home license be issued to:

Mr. _____ (Last Name) _____ (First Name) _____ (Birthdate) _____ (Race)

Mrs. _____ (Last Name) _____ (First Name) _____ (Birthdate) _____ (Race)

who reside at _____ (Number or Box) _____ (Street) _____ (City) _____ (County) _____ (Zip Code)

for the care of children or expectant mothers as follows:

| Type of Care | Number | Sex | Age of Foster Children |
|---|---|---|---|
| Full time Foster Care | _____ | ☐ Male ☐ Female | from _____ thru _____ years |
| Care of Expectant Mothers | _____ | | |

*If any of "own" children in home are handicapped briefly describe specifics in comment section on reverse side of this card.*

**Number of "Own" Children in Home**

_____ from 0 to 2 years of age
_____ from 2 to 6 years of age
_____ from 6 to 12 years of age
_____ from 12 to 18 years of age
_____ TOTAL

DSHS 10-16 (X) (Rev. 9/83) -703-

(SEE REVERSE)

COMMENTS:

APPLICATION RECEIVED _____ (Date) HOME VISIT _____ (Date) HOME STUDY COMPLETED _____ (Date)

☐ I HEREBY CERTIFY THAT THE ABOVE NAMED HOME COMPLIES WITH MINIMUM LICENSING REQUIREMENTS FOR FOSTER HOMES.

☐ THIS CERTIFICATION AND/OR HOME REQUIRES A WAIVER TO WAC 388-73_____ IN ORDER TO MEET ALL MINIMUM LICENSING REQUIREMENTS; REQUEST FOR WAIVER ATTACHED.

_____ (Agency Executive or Designee) _____ (Title) _____ (Date)

DSH 10-16 -703-

DSHS 10-17(X) (10/72), TERMINATION OF FOSTER HOME LICENSE

The _____ of _____, Washington
(Name of Private Agency) (City)

has terminated the use and supervision of the foster home of:

Mr. & Mrs. _____ _____
(Last Name) (Husband's First Name) (Wife's First Name)

who reside at _____
(Number or Box) (Street or Route) (City)

for the following reason(s):

- [ ] Foster Parents moved to new address
- [ ] Foster Parents gave inadequate care
- [ ] Foster Parents no longer wish to give foster care
- [ ] Home will be supervised by another agency
- [ ] Other - Specify:

_____
(Agency Executive or Designee)

_____
(Title) (Date)

## DSHS 10-20 (Rev. 12/71), LICENSING AND APPROVAL OF HOMES

### Instructions

DSHS 10-20 shall be used by the CSO to report:

A. All contacts regarding applications for:

1. Licensing of foster home, day care home, adult family homes for adult retarded/dependent persons, and

2. Approval of adoptive home

B. Requests from the court or other agencies for a home study or for adoptive home supervision.

C. Adoptive home approval and usage.

D. Licensing of foster family home, day care home, and adult family homes.

### GENERAL INSTRUCTIONS

DSHS 10-20 (original and duplicate) is prepared by the CSO. The original DSHS 10-20 is transmitted daily on DSHS 1-24 to SO OIS, the duplicate is sent to the appropriate CSO clerk and then filed by date in the document section of the case record.

The SO will process the original DSHS 10-20 and send the CSO a new DSHS 10-20 reflecting the information reported by the CSO. This information is printed in the shaded areas of the form. The new DSHS 10-20 is to be filed in the case record immediately on receipt.

Changes or reopening of a closed (including withdrawn, denied or license revoked) home must be recorded on the most recent machine printed DSHS 10-20. Only changed sections and LINE 09 are to be completed. Changes are recorded below the machine printed data. Do not strike machine printed entries in a shaded area.

### CASE TRANSFER

When a case is transferred from one CSO to another, the original CSO forwards the DSHS 10-20 immediately to the new CSO. The new CSO enters the changes on DSHS 10-20 including the new case number and transmits the original copy of DSHS 10-20 to the SO. The SO sends a new DSHS 10-20 to the new CSO and a single copy DSHS 10-20 to the original CSO.

DSHS 10-20 (Rev. 12/71), LICENSING AND APPROVAL OF HOMES (cont.)

LINE 01 NUMBER - NAME LINE 01

1. HOME NUMBER

County and basic numbers are assigned according to instructions. A change in the county and/or basic number is made by re-entering both items.

2. NAME

Print the last name, comma, first name, and middle initial of the head of the household.

3. TYPE OF HOME

One of the following home types will be machine printed in this Section:

| | | |
|---|---|---|
| FOSTER | DAY CARE | OTHER AGENCY |
| ADOPTIVE | ADULT PERS CARE | FOSTER/DAY CARE |
| FOSTER/ADOPTIVE | | |

LINE 02 ADDRESS LINE 02

This is the mailing address of the home. When changing any part of the address in Sections 2, 3, or 4 the address must be completed re-entered, except for ZIP code.

1. ZIP CODE

Post Office Zip Code

2. FIRST LINE OF ADDRESS

Limited to 25 spaces

3. SECOND LINE OF ADDRESS

Limited to 20 spaces

4. THIRD LINE OF ADDRESS

Limited to 20 spaces

DSHS 10-20 (Rev. 12/71), LICENSING AND APPROVAL OF HOMES (cont.)

LINE 03 FAMILY AND HOME DATA LINE 03

1. RACE CODES

1 - Caucasian 2 - Black 3 - Asian
4 - American Indian 5 - Other

The code is entered in Sections 4 and 6 for the race to which the foster parent(s) is normally considered to belong, e g., if the individual is normally considered to be White, use Code 1 even though he may have a mixed racial heritage.

2. APPROXIMATE FAMILY INCOME CODES

1 - $10,000 or more
2 - $7,500 to $9,999
3 - $5,000 to $7,499
4 - $2,500 to $4,999
5 - Under $2,500

The appropriate code is entered in Section 8. Although the CSO may not know the exact family income. the worker is to estimate annual taxable income of the family This estimation is to be based on such factors as occupation number of persons employed number and type of rental units approximate income from pensions, insurance. sale of farm produce, etc Income from AFDC or other public assistance is to be included. Do not include income from the care of foster children/adults. For the purposes of this section, "family" includes all members of the family unit living together in this household.

3. BIRTH YR. OF HUSBAND

Enter four digits of the birth year.

4. RACE OF HUSBAND

See instructions for Section 1 of this LINE for definitions and coding to be used.

5 BIRTH YR. OF WIFE

Enter four digits of birth year.

6. RACE OF WIFE

See instructions for Section 1 of this LINE for definitions and coding to be used.

DSHS 10-20 (Rev. 12/71), LICENSING AND APPROVAL OF HOMES (cont.)

LINE 03 (cont.) FAMILY AND HOME DATA LINE 03

7. NBR OWN CHILDREN IN HOME

For Day Care Homes enter only the number of children under 12 years of age in the home.

For all other homes enter the number of children, under the age of 17, who are related to these foster (or adoptive) parents, personal care sponsors or operators.

8. APPROXIMATE FAMILY INCOME

See instructions for Section 2 of this LINE for definitions and coding to be used.

9. WORKER

This is the most recent worker number reported to the SO either on DSHS 10-20 or DSHS 1-24.

10. TRANS. NUMBER

This is the DSHS 1-24 transmittal number on which the previous DSHS 10-20 was listed for transmittal to SO.

11. DATE PROCESSED IN SO

This is a control and reference date used by SO DPS.

LINE 04 LICENSING AND APPROVAL DATA LINE 04

1. SEX CODES

M - Male F - Female E - Either

The appropriate letter code is to be entered in Secton 5 and/or 8.

2. EXPIRATION DATE

This is the date on which the license expires. This date is computed by the SO from the information reported on LINE 04, Section 3, Class of Home, and LINE 07, Section 1, Effective Date. For licensed homes this date will be 2 years from the effective date.

3. CLASS OF HOME

Codes used are defined on LINE 05.

DSHS 10-20 (Rev. 12/71), LICENSING AND APPROVAL OF HOMES (cont.)

LINE 04 (cont.) LICENSING AND APPROVAL DATA LINE 04

4. - 7. NUMBER

Enter the number of children (other than day care) or adults for whom the home is licensed. See samples below.

5. - 8. SEX

Enter the appropriate letter from Section 1.

6. - 9. AGE RANGE

For children (other than day care) enter the age range in years, i.e., infancy through 1 years of age is designated as 0-1. See samples below.

10. TOTAL

Enter the total number of children/adults for whom this home is licensed or approved

11. DAY CARE NUMBER

Enter the total number of children for whom this home may provide day care services.

SAMPLE 1. Home licensed for two children of either sex from 6 through 9 years of age.

| LICENSING & APPROVAL DATA | | | | | | | |
|---|---|---|---|---|---|---|---|
| NUMBER SEX & AGES OF FOSTER CHILDREN OR ADULTS | | | | | | | 11 DAY CARE NUMBER |
| 4 NUMBER | 5 SEX | 6 AGE RANGE | 7 NUMBER | 8 SEX | 9 AGE RANGE | 10 TOTAL | |
| 2 | E | 6-9 | | | | 2 | |

SAMPLE 2. Home licensed for 1 girl under 6 years of age and 1 boy from 12 through 16 years.

| LICENSING & APPROVAL DATA | | | | | | | |
|---|---|---|---|---|---|---|---|
| NUMBER SEX & AGES OF FOSTER CHILDREN OR ADULTS | | | | | | | 11 DAY CARE NUMBER |
| 4 NUMBER | 5 SEX | 6 AGE RANGE | 7 NUMBER | 8 SEX | 9 AGE RANGE | 10 TOTAL | |
| 1 | F | 0-5 | 1 | M | 12-16 | 2 | |

DSHS 10-20 (Rev. 12/71), LICENSING AND APPROVAL OF HOMES (cont.)

LINE 04 (cont.) LICENSING AND APPROVAL DATA LINE 04

SAMPLE 3. Home licensed for 2 children of either sex from 3 through 5 years of age or 3 girls from 6 through 9 years of age.

| LICENSING & APPROVAL DATA | | | | | | | |
|---|---|---|---|---|---|---|---|
| NUMBER, SEX & AGES OF FOSTER CHILDREN OR ADULTS | | | | | | | 11. DAY CARE NUMBER |
| 4 NUMBER | 5 SEX | 6 AGE RANGE | 7 NUMBER | 8 SEX | 9. AGE RANGE | 10 TOTAL | |
| 2 | E | 3-5 | 3 | F | 6-9 | 3 | |

SAMPLE 4. Home licensed as a day care home to serve 4 children.

| LICENSING & APPROVAL DATA | | | | | | | |
|---|---|---|---|---|---|---|---|
| NUMBER, SEX & AGES OF FOSTER CHILDREN OR ADULTS | | | | | | | 11. DAY CARE NUMBER |
| 4 NUMBER | 5 SEX | 6 AGE RANGE | 7 NUMBER | 8 SEX | 9 AGE RANGE | 10 TOTAL | |
| | | | | | | | 4 |

SAMPLE 5. Home licensed for adult family home

| LICENSING & APPROVAL DATA | | | | | | | |
|---|---|---|---|---|---|---|---|
| NUMBER, SEX & AGES OF FOSTER CHILDREN OR ADULTS | | | | | | | 11 DAY CARE NUMBER |
| 4 NUMBER | 5 SEX | 6 AGE RANGE | 7 NUMBER | 8 SEX | 9 AGE RANGE | 10 TOTAL | |
| 3 | E | | | | | 3 | |

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LINE 05 CLASSIFICATION OF HOMES LINE 05

Use the codes from this LINE to complete classification of home on LINE 04, Section 3.

1. CLASSIFICATION OF FOSTER AND DAY CARE HOMES

| | |
|---|---|
| 10 - Full Time - CSO | - 24 hour care for children placed by CSO. |
| 11 - Receiving | - Temporary interim and/or emergency care to children awaiting placement or replacement. |
| 12 - Day Care | - Part-time care for any time during 24-hour day. |
| 13 - Full Time & Day Care | - Combination of full time (CSO or Independent) and day care |

DSHS 10-20 (Rev. 12/71) LICENSING AND APPROVAL OF HOMES (cont.)

LINE 05 (cont.) CLASSIFICATION OF HOMES LINE 05

14 - Group - A specialized full time family home.

15 - Full Time - Independent - 24 hour care for children not placed by the CSO.

2. CLASSIFICATION OF ADULT PERSONAL CARE HOMES

30 - Licensed Family Home

A home holding a current license from DSHS to provide family care on a 24-hour basis in lieu of their own home to not more than four adult retarded/dependent persons. Although the form indicates "2 or less" the home may be licensed for up to 4 adults.

31 - Approved Family Home

No longer applicable.

LINE 06 APPLICATION LINE 06

1. APPLICATION DATE (FOSTER DAY OR ADULT CARE)

Enter the date of initial exploration with the family regarding application for foster family, day care or adult family home.

For Home Studies and Adoptive Home Supervision enter the date the request is received by the CSO.

2. REASON (FOSTER, DAY OR ADULT CARE)

Enter the reason code as defined in Section 3 of this LINE.

3. REASON CODE DEFINITIONS (USED ON LINE 06, SECTION 2 and 5)

11 - Application for Foster, Day Care, Adoptive Home

12 - Application for Adult Personal Care

13 - Home Study for the Court

Appointment from the court for the next friend study and report

14 - Home Study for Other Agency

Request for a home study from an agency in another state or country

15 - Adoptive Home Supervision for Other Agency

DSHS 10-20 (Rev. 12/71), LICENSING AND APPROVAL OF HOMES (cont.)

LINE 06 (cont.) APPLICATION LINE 06

4. APPLICATION DATE (ADOPTIVE)

Enter the application date for an adoptive home.

5. REASON (ADOPTIVE)

Enter the reason code as defined in Section 3 of this LINE.

LINE 07 CHANGE LINE 07

1. EFFECTIVE DATE (FOSTER, DAY OR ADULT CARE)

Enter the effective date of the action code entered in Section 2 of this LINE.

2. ACTION (FOSTER, DAY OR ADULT CARE)

Enter the action code as defined in Section 3 of this LINE.

3. ACTION CODE DEFINITIONS (USED ON LINE 07, SECTIONS 2 AND 5)

21 - Home Approved (Adoptive)

Used when study sent to SO for Registration.

22 - Home in Use (Adoptive)

23 - Child Removed from Adoptive Home

24 - Home Licensed

25 - Home Relicensed

26 - Home Approved (Adult)
No longer applicable

LINE 08 CLOSING LINE 08

1. CLOSING DATE (FOSTER, DAY OR ADULT)

Enter the closing date.

2. REASON (FOSTER, DAY OR ADULT)

Enter closing reason code as defined in Section 3 of this LINE.

DSHS 10-20 (Rev. 12/71), LICENSING AND APPROVAL OF HOMES (cont.)

LINE 08 (cont.) CLOSING LINE 08

3. REASON CODE DEFINITIONS (USED ON LINE 08 SECTIONS 2 AND 5)

31 - Application withdrawn

32 - Application denied

33 - License revoked

34 - Home closed - Adoption completed

35 - Home closed

36 - Termination of services for other agencies - Includes termination of services for Home Study for the Court, Home Study for Other Agency and Adoptive Home Supervision for Other Agency.

LINE 09 SIGNATURE - TRANSMITTAL DATA LINE 09

1. COMMENTS

This space is for the convenience of the CSO to clarify information for SO DPS.

2. SIGNATURE

The worker completing the DSHS 10-20 enters his/her signature here.

3 WORKER

Enter two digit worker number This number will be machine printed on LINE 03, Section 9.

4. DATE

Month, day, year worker completes this DSHS 10-20.

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5. CLERK'S INITIAL

The clerk(s) enters his/her initials on the duplicate when information on DSHS 10-20 is processed and transferred to CSO records. This information is for CSO records only and is not to delay forwarding of the original to the SO.

6. TRANSMITTAL NUMBER

The number of the transmittal DSHS 1-24 on which the DSHS 10-20 is listed for transmittal to SO. County number is not considered a part of this number The transmittal number should be typed or stamped. This number will be machine printed on LINE 3-0, Section 10.

DSHS 10-20 (Rev. 12/71) LICENSING AND APPROVAL OF HOMES

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

**LICENSING & APPROVAL OF HOMES**

**FOSTER FAMILY - DAY CARE - ADOPTIVE - ADULT PERSONAL CARE**

01 — 1 HOME NUMBER (COUNTY, BASIC, H H H) | 2 NAME LAST FIRST INITIAL | 3 TYPE OF HOME

02 — 1 ZIP CODE | 2 FIRST LINE OF ADDRESS | 3 SECOND LINE OF ADDRESS | 4 THIRD LINE OF ADDRESS

03 — 1 RACE CODES USED IN SECTIONS 4 & 6
1 - WHITE
2 - NEGRO
3 - ORIENTAL
4 - AMERICAN INDIAN
5 - OTHER

2. APPROXIMATE FAMILY INCOME CODES USED IN SECTION 8
1 $10 000 OR MORE
2 - $ 7 500 TO $9 999
3 - $ 5 000 TO $7 499
4 $ 2 500 TO $4 999
5 UNDER $2 500

FAMILY & HOME DATA — HUSBAND (3 BIRTH DATE, 4 RACE) | WIFE (5 BIRTH DATE, 6 RACE) | 7 NBR OTHR CHILDREN IN HOME | 8 APPROX FAMILY INCOME | 9 WORK EP | 10 TRANS NUMBER | 11 DATE PROCESSED IN SO (MO DAY YR)

04 — 1 SEX CODES USED IN SECTIONS 5 & 6
M - MALE
F - FEMALE
E - EITHER

LICENSING & APPROVAL DATA — 2 EXPIRATION DATE (MO DAY YR) | 3 CLASS OF HOME | NUMBER SEX & AGES OF FOSTER CHILDREN OR ADULTS: 4 NUMBER, 5 SEX, 6 AGE RANGE, 7 NUMBER, 8 SEX, 9 AGE RANGE, 10 TOTAL | 11 DAY CARE NUMBER

05 — 1 CLASSIFICATION OF FOSTER AND DAY CARE HOMES
10 - FULL TIME - CO
11 - RECEIVING
12 - DAY CARE
13 - FULL TIME & DAY CARE
14 - GROUP
15 - FULL TIME - INDEPENDENT

2 CLASSIFICATION OF ADULT PERSONAL CARE HOMES
30 - LICENSED FAMILY HOME (ADULT RETARDED - 2 OR LESS)
31 - APPROVED FAMILY HOME (2 OR LESS)
32 LICENSED BOARDING HOME (3 OR MORE SDH LICENSE)

06 — APPLICATION — FOSTER DAY CARE OR ADULT PERS. CARE: 1 APPLICATION DATE (MO DAY YR) | 2 REASON | 3 REASON & ACTION CODES | ADOPTIVE: 4 APPLICATION DATE (MO DAY YR) | 5 REASON

11 - APPLICATION FOR FOSTER DAY CARE, ADOPTIVE
12 - APPLICATION FOR ADULT PERSONAL CARE
13 - HOME STUDY FOR THE COURT
14 - HOME STUDY FOR OTHER AGENCY
15 - ADOPTIVE HOME SUPERVISION FOR OTHER AGENCY

07 — CHANGE — 1 EFFECTIVE DATE (MO DAY YR) | 2 ACTION | 3 | 4 EFFECTIVE DATE (MO DAY YR) | 5 ACTION

21 - HOME APPROVED (ADOPTIVE)
22 - HOME IN USE (ADOPTIVE)
23 - CHILD REMOVED FROM ADOPTIVE HOME
24 HOME LICENSED
25 - HOME RE-LICENSED
26 - HOME APPROVED (ADULT)

08 — CLOSING — 1. CLOSING DATE (MO DAY YR) | 2 REASON | 3 | 4 CLOSING DATE (MO DAY YR) | 5 REASON

31 - APPLICATION WITHDRAWN
32 - APPLICATION DENIED
33 - LICENSE REVOKED
34 - HOME CLOSED ADOPTION COMPLETED
35 - HOME CLOSED
36 TERMINATION OF SERVICES FOR OTHER AGENCIES

09 — 1 COMMENTS | 2 SIGNATURE | 3 WORKER | 4 DATE (MO DAY YR) | 5 CLERK'S INITIAL | 6 TRANSMITTAL NUMBER

DSHS 10-20 (REV. 12/71)
(REV. 10 PA 20)

## DSHS 10-37(X) (Rev. 8/80), REQUEST FOR HEALTH INSPECTION OF CHILD CARE AGENCY

### Instructions

DSHS 10-37(X) is used by CSO and RO licensing staff to request inspection by Health Services personnel of mini day care programs, day care centers, group care facilities for children, maternity homes, and day treatment program facilities. Health Services inspections and subsequent issuance of a certificate of compliance or of a report listing deficiencies to be corrected are necessary before a license may be issued (not applicable to family day care homes, family foster homes, family homes for adults, nor for child placing agencies).

Health inspections are required both for initial licensing and for renewal of licenses.

This form should be mailed to the health surveyor who serves the area in which the facility to be licensed is located. The names, addresses and phone numbers of the health surveyors are available from Community Services Regional licensing staff or from:

Ted Reister
Licensing and Developmental Section
M.S. LM-13
Olympia, WA 98504
Phone: SCAN 234-5851

# DSHS 10-37(X) (Rev. 8/80), REQUEST FOR HEALTH INSPECTION OF CHILD CARE AGENCY

REQUEST FOR INSPECTION REPORT
OF
CHILD CARE AGENCY

HEALTH SERVICES DIVISION
LICENSING AND DEVELOPMENT SECTION
AIRDUSTRIAL PARK, LM-13
OLYMPIA, WASHINGTON 98504

1. PREMISES TO BE INSPECTED

NAME _____ STREET _____

CITY _____ ZIP _____ COUNTY _____

PERSON(S) TO CONTACT _____ PHONE _____

2. AGENCY REQUESTS LICENSURE/CERTIFICATION AS A

☐ MINI DAY CARE PROG. ☐ GROUP CARE FACILITY ☐ DAY TREATMENT PROGRAM
☐ DAY CARE CENTER ☐ CRISIS RESIDENTIAL CTR. ☐ OTHER _____
☐ MATERNITY HOME ☐ JUVENILE DETENTION FACILITY

3. TYPE OF LICENSURE/CERTIFICATION INSPECTION REQUESTED

☐ NEW ☐ OTHER—EXPLAIN _____
☐ RENEWAL CURRENT LICENSE EXPIRES ON: _____

4. REQUESTED OR LICENSED/CERTIFIED CAPACITY

_____ BOYS AND GIRLS FROM _____ THROUGH _____ YEARS OF AGE
_____ GIRLS FROM _____ THROUGH _____ YEARS OF AGE
_____ BOYS FROM _____ THROUGH _____ YEARS OF AGE

5. INSPECTION REQUESTED BY

NAME _____ PHONE _____ DATE _____

AGENCY _____ ADDRESS _____ CITY _____ ZIP _____

LICENSOR'S REMARKS:

CERTIFICATION AUTHORITY: CHAPTER 74.15 RCW AND WAC 388-73

NEW

☐ THE AGENCY IDENTIFIED ABOVE WAS IN COMPLIANCE WITH ALL HEALTH PROTECTION REQUIREMENTS THAT COULD BE ASSESSED PRIOR TO OPERATION OF THE AGENCY AND IS CERTIFIED.

☐ THE AGENCY IDENTIFIED ABOVE WAS NOT IN COMPLIANCE WITH THE HEALTH PROTECTION REQUIREMENTS THAT COULD BE ASSESSED PRIOR TO OPERATION AND IS NOT CERTIFIED.

RENEWAL

☐ THE AGENCY IDENTIFIED ABOVE WAS IN FULL COMPLIANCE WITH HEALTH PROTECTION REQUIREMENTS AND IS CERTIFIED.

☐ THE AGENCY IDENTIFIED ABOVE WAS IN COMPLIANCE WITH THE HEALTH PROTECTION REQUIREMENTS AND IS CERTIFIED SUBJECT TO IMPLEMENTATION OF THE PLAN OF CORRECTION AS SPECIFIED ON FORM DSHS 10-102 DATED _____/_____/_____ AND/OR THE CONDITIONS AS FOLLOWS:

_____

_____

☐ THE AGENCY IDENTIFIED ABOVE WAS NOT IN COMPLIANCE WITH THE HEALTH PROTECTION REQUIREMENTS AND IS NOT CERTIFIED BECAUSE THE AGENCY HAS FAILED OR REFUSED TO COMPLY WITH THE HEALTH PROTECTION REQUIREMENTS AS SPECIFIED ON FORM DSHS 10-102 DATED _____/_____/_____ AND/OR A LETTER TO THE AGENCY DATED _____/_____/_____.

SIGNATURE OF SURVEYOR _____ DATE _____

SURVEYOR'S REMARKS:

DSHS 10-37 (X) Rev 8/80

# ADULT FAMILY HOME - LICENSING

NAME _____ FULL CASE NUMBER _____

SPONSOR'S LEGAL NAME _____ TELEPHONE NUMBER _____

WIFE's MAIDEN NAME _____ PREVIOUS MARRIED NAME _____

SPONSOR'S ADDRESS/DIRECTIONS _____

PREVIOUS ADDRESS, IF AT CURRENT ADDRESS LESS THAN ONE YEAR _____

Number

Individuals in Home _____ Children - Ages & Sex _____

Individuals Unrelated _____ Type of pets in home _____

| | Employed Yes | Employed No | Occupation | Birth Date | Social Sec. # | Religion | Last Grade Completed |
|---|---|---|---|---|---|---|---|
| Husband | ☐ | ☐ | | | | | |
| Wife | ☐ | ☐ | | | | | |

Is sponsor a LPN? YES ☐ NO ☐ License No. _____ Lic. Date _____

Is sponsor a RN? YES ☐ NO ☐ License No. _____ Lic. Date _____

| Description | Eye Color | Height | Weight | Hair Color | Race |
|---|---|---|---|---|---|
| Husband | | | | | |
| Wife | | | | | |

Family Atmosphere and Relationships:

FAMILY AND HOME CHARACTERISTICS

Location (check those that apply)

☐ Rural ☐ Farm

☐ Other (Explain) _____

PHYSICAL ASPECTS OF HOME

Can resident walk to shopping? ☐ Yes ☐ NO

Is public transportation available? ☐ Yes ☐ NO

Will sponsor provide transportation? ☐ Yes ☐ NO

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Willing to Accept:
☐ 1 Adult ☐ 2 Adults
☐ 3 Adults ☐ 4 Adults

| Willing to Accept Yes | No | Uncertain | | If Experienced, Specify Amount of Time Yrs./Mos. | None |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | Female | | |
| ☐ | ☐ | ☐ | Male | | |
| ☐ | ☐ | ☐ | Young Adult | | |
| ☐ | ☐ | ☐ | Smoker | | |
| ☐ | ☐ | ☐ | Social Drinker | | |
| ☐ | ☐ | ☐ | Wheel Chair Patient ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Elderly ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Physically Disabled or Ill ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Mentally Retarded ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Ex-Mental Patient ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Blind ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Alcoholic ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Diabetic ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Epileptic ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Incontinent ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Former Drug User ..... | _____ | ☐ |
| ☐ | ☐ | ☐ | Other Disabilities (specify) ..... | _____ | ☐ |

PREFERENCES AND EXPERIENCE

Was sponsor previously licensed by other agency or other unit of DSHS ☐ Yes ☐ No
If yes, specify agency or unit of DSHS; give reason and date of change:

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| Yes | No | Unable to Determine | Does Sponsor Agree To: FULL CASE NUMBER _____ |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. Notify agency or guardian of plan for absence when on extended trip with sponsor's family? |
| ☐ | ☐ | ☐ | 2. Request service worker approval of client absence that exceeds 36 hours? |
| ☐ | ☐ | ☐ | 3. Share with agency difficulties encountered with client? |
| ☐ | ☐ | ☐ | 4. Notify agency if replacement of client becomes necessary? |
| ☐ | ☐ | ☐ | 5. Report serious illness, accident, disturbing behavior, injury, or death of client to agency? |
| ☐ | ☐ | ☐ | 6. Notify client's family in case of serious illness or accident? |
| ☐ | ☐ | ☐ | 7. Help client abide by medical regimen prescribed? |
| ☐ | ☐ | ☐ | 8. Help client toward increased independence? |
| ☐ | ☐ | ☐ | 9. Offer hospitality to client's family and friends? |
| ☐ | ☐ | ☐ | 10. Be interested without interfering in family affairs and relationships? |
| ☐ | ☐ | ☐ | 11. Accept adult from different social, ethnic, racial, or religious background? |
| ☐ | ☐ | ☐ | 12. Attend orientation and training sessions as required? |
| ☐ | ☐ | ☐ | 13. Respect privacy of client and maintain confidentiality? |
| | | | Does Sponsor Evidence: |
| ☐ | ☐ | ☐ | 14. Flexible attitude toward peculiarities and traits of others? |
| ☐ | ☐ | ☐ | 15. Warmth and Friendliness? |
| ☐ | ☐ | ☐ | 16. Understanding and concern for others? |
| ☐ | ☐ | ☐ | 17. Protective, but not controlling attitude? |
| ☐ | ☐ | ☐ | 18. Interest in social life of neighborhood and community? |
| ☐ | ☐ | ☐ | 19. An overall favorable attitude toward handicapped adults? |
| ☐ | ☐ | ☐ | 20. Not allow personal problems to interfere with treatment of resident? |

ATTITUDES OF FAMILY HOME SPONSOR

Do your observations satisfy you that the applicant's attitudes, methods of handling problems and motivations are consistent with good adult family home care?

☐ Yes ☐ No

Stated Methods of Handling Problems:

Talking With: ☐ Service Worker ☐ Physican ☐ Nurse ☐ Client ☐ Relatives ☐ Guardian ☐ Other (specify)

Reason for Wanting to Provide Care:

☐ Companianship ☐ Need for additional income ☐ Help others ☐ Keep busy ☐ Other (specify)

How Did Sponsor Learn of Program

☐ Newspaper ☐ Social agency ☐ Radio/TV ☐ Friends, Relatives ☐ Other (specify)

ACTIVITIES

~~Activities: Does Sponsor Agree to:~~

| | Yes | No |
|---|---|---|
| 1. Participate with residents in activities? | ☐ | ☐ |
| 2. Provide recreational activities in the home? | ☐ | ☐ |
| 3. Provide work activities in the home? | ☐ | ☐ |
| 4. Encourage activities in the community? | ☐ | ☐ |

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Who will be responsible if sponsor is temporarily unable to provide care?
Name/Address/Telephone _____

PLANNING AND RECORDS

Has the need for a register containing the following information been discussed? (Client's name; birthdate; date of admission to home; date of discharge, names, addresses, home and business phones of relative, guardian, friend, physician and other persons to notify in emergency.)

☐ Yes ☐ No

AGREEMENT

Record briefly any agreement/contract made between the family home sponsor and the worker relating to operation of the home, methods of handling problems, provision of services, activities, and planned progress toward other goals; i.e., making necessary safety improvements or completing required training.

EVALUATION

Homefinder's Evaluation of Home As A Potential Adult Family Home:

Licensing Requirement(s) Not Met: Date to be Corrected:

1.
2.
3.
4.

OTHER COMMENTS

Other Comments:

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FOR LICENSE HOMES

FULL CASE NUMBER _____

Application Received _____ (Date)

Home Visit(s) _____ (Dates)

|_| Withdrawn _____ (Date)

Reason(s) _____

|_| Licensed: From _____ (Date) TO _____

Number Licensed For _____

|_| Denied _____ (Date)

Reason(s) _____ (Refer to WAC)

Date Notification Letter Sent _____

Date DSHS 10-20(X) Submitted _____

_____ Service Worker's Signature, Classification, Unit

_____ Date

LICENSE RECOMMENDATION

FAIR HEARING

If Fair Hearing Applied For, Date _____

Fair Hearing Date _____

Date Decision Received _____

Denial Upheld _____ Date _____

Denial Reversed _____ Date _____

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## DSHS 10-47A(X) (Rev. 5/75), FAMILY DAY CARE HOME REQUIREMENT AGREEMENT

### Instructions

Form self-explanatory.

### FAMILY DAY CARE HOME REQUIREMENT AGREEMENT

PROVIDER'S NAME _____ TELEPHONE NO. _____

ADDRESS _____ ZIP _____

The following has been discussed and agreed upon with the day care provider:

| | | Check |
|---|---|---|
| 1. | Non-discrimination both in children accepted for care and those employed | ( ) |
| 2. | Nutritious snacks and meals will be provided | ( ) |
| 3. | All poisonous substances, cleaning fluids or powders are kept out of reach of children. Home will be free of hazards dangerous to children | ( ) |
| 4. | Any changes in circumstances will be reported to the local office | ( ) |
| 5. | Confidentiality of family information regarding children in care will be respected | ( ) |
| 6. | Business aspects of day care discussed: Fees charged, payment procedure if state paid child care, Social Security and Internal Revenue reporting, liability insurance | ( ) |
| 7. | Provider will advise Local Office when home has capacity number of children | ( ) |
| 8. | No more than two children under the age of two, including the provider's own children will be cared for in the home. | ( ) |
| 9. | Provider will maintain attendance record and registration information and have an emergency medical plan for each child in care. | ( ) |
| 10. | Provider will report any evidence of child abuse, neglect or abandonment to the local office. | ( ) |
| 11. | Provider has been furnished with summary of licensing requirements. | ( ) |
| 12. | Provider has a right to a Fair Hearing if license should be revoked. | ( ) |
| 13. | Periodic review of Day Care Facility by worker. | ( ) |

Day Care Provider's statement of discipline policy:

Indicate preference of age, range of children, number desired, and/or other preferences or limitations as to children accepted for care, interest in referral of children:

Record briefly any other agreement between day care provider and worker related to the operation of the home or care of children.

DAY CARE PROVIDER'S SIGNATURE (DATE) LICENSING WORKER'S SIGNATURE (DATE)

DSHS 10-47A(X) Rev. 5/75/GX

DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES

Instructions

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-022 For family care, see instruction 3 for DSHS 10-11(X), Application for Family Home License. The application should be completely filled in and be accompanied by all required attachments; otherwise, contact applicant for missing information. License may not be issued until the application is complete.

For a new application, references must be checked by licensor before issuance of a license.

Until further notice, enter N/A unless a local police check has been made in accord with current policy.

-026 Waivers or exceptions may be considered in some instances.

-028 Waivers may be approved by CSO administrators and a copy must be in the file at the home.

-030 Ability to provide suitable care may be rated Yes, No, or P depending on the demonstrable experience of the applicant and the licensor's evaluation of that experience.

A physical examination shall be required where the licensee's health may be questionable.

Lacking evidence to the contrary, presumed compliance may be assumed in respect to the applicant's mental health, history of criminal convictions, and history related to child abuse. The applicant's self report may be the only source of information.

-032 Where there is doubt about an applicant's age, a birth certificate, driver's license, or identification issued by the State Liquor Control Board should be required as verification.

-034 The license should be within easy view of a person registering or placing a child in the facility.

Responses should be limited to Yes or No for homes to be relicensed; may include P for agency seeking initial license. Does not apply to foster family homes for children, expectant mothers, developmentally disabled adults and adults in need of protection.

-036 If there is no evidence that the applicant uses illegal drugs or is alcoholic, a P for presumed compliance to this rule should be entered for these items.

Conviction of a felony and imprisonment within the previous seven year period may be determined from a police check.

DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

An applicant who has previously had a licensed denied, suspended or revoked may receive a license provided that they are able at the time of application to establish their ability to conform to the licensing requirements.

Refers to fraud or misrepresentation in the licensing process.

There is presumed compliance unless the licensee is shown to be aware of or involved in illegal act on the premises.

Refers to substantiated abuse, neglect or exploitation of a child or injury or illness resulting from negligence.

Repeatedly generally means two or more times; not applicable to new applicant.

Presume compliance for new applicant.

May include improper groupings in day care centers or inadequate attention to or control of children in other facilities.

Refusal to permit inspection of premises and records and clearly violates the licensing statutes.

Denial of access to clients or staff also represents a violation of the statutes.

-038 License may be issued for less than maximum permitted by the rules because of the ages and characteristics of persons being served, the physical accommodations of the facility, the numbers and skills of the licensee, staff, and family members.

-040 Licensee shall not refuse to serve members of specific racial, religious, or ethnic groups.

Licensee shall not refuse to employ members of specific racial, religious or ethnic groups, except that a religious corporation or association may limit their employees to members of that religious group.

-042 Clients shall have opportunities to attend services of their choice.

-044 A statement by the parents of an Indian child placed in care shall be in the child's file when those parents do not wish placement in an Indian foster home, etc.

A copy of an ancestry chart shall be in the file of nonenrolled Indian children (unless contrary to the parents' wishes).

Efforts to recruit Indian foster homes and place Indian children therein shall be documented in the children's files.

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DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

For agencies whose caseload consists of 10% or more of Indian children:

1. The written policy and procedures regarding the rights of Indian clients should be submitted with the application.

2. Use of Indian consultants to train staff and develop resources may be verified by the agency director.

-046 Disciplinary policy should be submitted with application; should prohibit corporal punishment except as permitted in WAC 388-73-048.

If a reasonable disciplinary policy is stated in writing, subsequent compliance is presumed unless otherwise indicated.

-048 Compliance is presumed unless otherwise indicated by observation, complaint, or statement of operators, etc.

-050 All suspected incidents of child abuse or neglect shall be referred to Child Protective Services.

-052 Provisions of the Interstate Compact on Children and the Interstate Compact on Juveniles will be applied when appropriate, with copies of required forms in appropriate case files.

-054 For applicants, familiarity with the requirement is necessary; future compliance may be presumed.

For licensed agencies, a periodic review of a significant sample of files should verify inclusion of required information.

-056 In the absence of an incident of noncompliance (nonreporting), compliance is presumed.

-057 Compliance is presumed unless an incident of nonreporting becomes apparent.

-058 Compliance shall be documented by a ledger or other appropriate record.

-060 Unpaid chores do not include those activities necessary for the basic maintenance of the facility, particularly if the facility is a working ranch. Unpaid chores will generally be limited to 2 1/2 hours per day.

-062 Licensors must inspect for the presence of seat belts and for appropriate child restraint devices for children 0-5 years.

-064 Licensors shall verify compliance by inspection.

-066 Compliance may be presumed for an applicant not currently caring for children.

-100 Visual inspection by the licensor should confirm substantial compliance.

DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

-102 Visual inspection by the licensor should confirm substantial compliance.

-104 Compliance to the requirement for adult supervision may be presumed if licensee or applicant is aware of the requirement.

Alternate methods of making weapons inaccessible may be considered.

-106 Compliance must be verified by a visual inspection.

-108 Bedrooms

Visual inspection should verify that unauthorized areas are not used as bedrooms.

Visual inspection should verify if a room is an outside room.

Visual inspection should verify that there are separate bedrooms for opposite sex of children over 6 years.

Measurements should be taken of occupancy area, bed width and space between beds.

Cleanliness of bedding and mattress, and waterproofing where required may be verified by visual inspection.

Weekly laundering may be presumed if bedding appears clean; bedding must be clean even if more frequent laundering is required.

Compliance to use of upper bunk may be verified by observation and information provided by licensee.

Visual inspection of sleeping arrangements should verify that adult is on same floor, etc., as child under 6 years and no child over one year shares room with adults.

-110 Special care room shall be visually inspected by the licensor to assure that a child placed there can be supervised and that toilet and lavatory facilities are readily accessible.

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-112 Kitchen Facilities

Supervision of preschooler may be verified by visual inspection or must be presumed if opportunity to observe does not occur.

Visual inspection should verify adequacy of kitchen in family homes.

-116 Visual inspection should verify that there are adequate laundry facilities and the temperature at which the heater is set.

-118 All requirements of WAC 388-73-118 shall be verified by visual inspection.

DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

-120 Measurement of footcandles is required only where visual inspection raises doubt about adequacy of lighting.

-122 If visual inspection or complaints do not indicate presence of pests, compliance may be presumed.

-124 For a family home, local health department inspection should be requested where a visual inspection by a licensor indicates a defect in a private system.

-126 Health department testing is required of private water sources.

-128 Compliance may be presumed unless there are complaints or licensor observes noncompliance.

-130 Compliance should be verified by visual inspection.

-134 Red Cross card or other certificate of completion verifies first aid and CPR training.

First aid equipment should be inspected.

-136 Inspection of medicine cabinets shall be made to verify compliance regarding storage and labeling.

Written approval to disburse medication should be reviewed.

Proper disposition of unused medication may be presumed unless observation indicates otherwise.

Except for foster family homes:

Inspection of record of medications administered should verify compliance.

-138 Where individual administers own medicine, licensor will visually inspect:

Written statement of patient's own ability

Storage of medication

-140 Compliance with this WAC should be apparent from a review of case files.

The physical examination should be at least the equivalent of an EPSDT screening.

A child's Immunization Status form should be in the child's file.

Written exceptions should be in file.

DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

-142 TB test results should be filed at time of application.

Test results and doctor's report should indicate whether or not staff has active TB.

-144 Presume compliance unless applicant reports otherwise or observations indicate noncompliance.

-144 (For Foster Homes)
May be observed if compliance visits are made at meal time.

-144 (For Day Care Homes)
Licensor may note the foods served when visits are made at meal or snack time.

-146 (Cribs for Infants)
A visual inspection by licensor is sufficient unless there is an apparent discrepancy.

-302 and 420
Attendance verified by attendance record of meetings.

-146(8)
Plan shall include suitable activities for infants.

Licensor shall inspect toys and equipment.

-310 and 426 Fire Safety

Licensor shall inspect all those items that are observable at the time of licensing.

Homes Other Than Day Care

-304 Capacity

Compare WAC 388-73-038; a home should be licensed at less than the levels permitted in this requirement when the licensor has questions about the applicant's capability to care for the number of children or adults request or permitted, particularly if they have characteristics which make their care more difficult than unusual.

-306 Written approval shall be in the foster home file.

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Income information shall be in the foster home file.

-058 Verification of allowance of child in foster family care shall be made by statement of foster parent or child.

Verification of allowance for child in group care shall be made by reference to ledger or other record maintained for this purpose.

DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

-308 (1) Permission for foster parents/sponsor to place child elsewhere shall be written.

(2) Permission for travel shall be written.

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Day Care Homes Only

-422 Capacity
Adherence to licensed capacity confirmed by monitoring visits, announced and unannounced.

-402 Visual inspection during compliance visits should confirm compliance with nap schedule and sleeping arrangements.

-404 Arrangement for ill children shall be reviewed at time of licensing and relicensing.

-406 Bedding, etc., should be visually inspected during licensing and monitoring visits.

-408 Compliance should be verified by visits made at the appropriate time of day.

-410 Applicant shall submit a copy of handout for parents at the time of application.

-412 Licensor should review schedule of activities for conformance to these requirements and monitor against that schedule during visits.

-424 (1) Licensor shall visually inspect outdoor and indoor play areas for presence of appropriate equipment.

(2) Licensor shall observe supervision during compliance visits. Provider should have written permission on file available for inspection.

(3) Licensor should review schedule of activities for conformance to these requirements and monitor against that schedule during visits.

(4) A fence is required to separate play areas from traffic or other potential hazards.

-402 (1) Compliance is presumed unless observation indicates otherwise.

(2) Declaration of the operator shall be accepted regarding provision of rest periods unless observations indicate otherwise.

(3) Verified by inspection of sleeping facilities.

-404 Compliance presumed unless observation indicates otherwise.

DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

-406 (1) Verified by inspection.

(2) Verified by inspection.

(3) Verified by inspection.

(4) Verified by inspection.

-408 (1) Meeting of physical needs observed, meeting of emotional needs presumed.

(2) Observed.

(3) Should be observed by licensor.

(4) Should be observed by licensor.

-410 A copy of this information should have been submitted with application.

-412 Should be described in program description submitted with application and verified by licensors observations.

Day Care Homes

-422 Adherence to capacity limitations verified by unannounced visits.

Copies of waivers or exceptions must be in the licensing file.

Presence or absence of assistant observed in unannounced visits.

-424 (1) Safety, suitability and adequacy of variety of play equipment and toys shall be estimated by licensor from physical inspection.

(2) Unannounced visits by licensors will verify adequacy of supervision.

Written parental permission must be available for children visiting friends, etc.

(3) Discuss with the day care parent and the licensor's observations during visits shall serve as criteria for compliance.

(4) Adequacy of play area is dependent on number and ages of children in care. A fence is required to separate the outdoor play area from traffic or any potential hazard.

## DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

CHECK LIST FOR
LICENSING FAMILY CARE

☐ Foster Family Home (for children ☐
(expectant mothers ☐
(to be used as a receiving home ☐

New ☐
Renewal ☐
Other Review ☐

☐ Family Crisis Residential Center (CRC)

☐ Family Day-Care Home

☐ Adult Family Home

Name and Address of Home _____

Date of Evaluation _____
Name of Evaluator _____
DSHS Office _____
Name of Certifying Private Agency, if any _____

Capacity _____; Age Range _____ thru _____ and sex _____ _____ of persons served.

Put Appropriate Entry In Column
√ = Rule is Met
X = Rule not Met
NA = Not Applicable
Uk = Unknown If Rule is Met
W = Waiver or Exception Granted (WAC 388-73-016)
P = Presumed Compliance (no evidence to contrary)

WAC 388-73-

____ 016 Licensee has copy of waiver, if any
____ 022 Proper person(s) signed application
____ Complete application on file
____ References checked
____ Law enforcement check made
____ 026 Licensee not directly involved in licensing/certification or authorizing payment or placement
____ 028 Only 1 category of care in facility
____ 030 Persons are of good character & have
____ Ability to provide suitable care
____ Good physical health
____ No history of mental illness
____ No criminal convictions
____ No substantiated child abuse
____ 032 Applicant at least 18 years old
____ 036 Applicant does not use
____ Illegal drugs
____ Is not alcoholic, and has not:
____ Been convicted of a felony
____ Been in prison within 7 years
____ Had a license denied, suspended or revoked
____ Committed fraud or misrepresentation
____ Permitted illegal acts on premises
____ Permitted abuse, neglect or indifferent care of clients
____ Repeatedly provided insufficient numbers of or unqualified staff
____ Misappropriated property of clients
____ Been fiscally irresponsible
____ Provided inadequate supervison
____ Refused to permit inspection of premises
____ Denied access to records
____ Denied access to clients
____ 038 Capacity Consistent with Regs.
(See-304, Foster Home;-422, Day Care)
____ 040 Licensee does not discriminate in
____ Admission policies
____ Employment Practices
____ 042 Freedom of religion facilitated
____ 046 Adequate written disciplinary policies
____ Disciplinary practices are reasonable
____ 048 Corporal punishment not used or only as last resort _____
____ 050 Clients protected from abuse, neglect & exploitation-no confirmed complaints
____ 054 Confidentiality of Records Protected
Client records include:
____ Names & Birthdates
____ Daily Attendance (day care)
____ Dates of Admission, Absences & Discharge (foster care)
____ Name, address, phone of parents &/or other emergency contacts
____ Dates of illness, accident medication & treatment, & time _____ & by whom given _____

## DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

Checklist for Licensing Family Care (Cont'd)

- ____ (NA to CRC) dates & type of immunization
- ____ (NA to CRC) other pertinent health information
- ____ Consent for medical care
- ____ Names of persons authorized to remove client from facility
- ____ Authorization for admission of client (for CRC-record of:
- ____ Time & date of placement
- ____ Reasons for placement)

____ 056 Following events properly reported:
- ____ Injury or death of client
- ____ Child abuse, neglect, abandonment
- ____ Food poisoning or communicable disease
- ____ Illness or exposure to communicable disease (day care only)
- ____ Serious injury, death or abandonment of an enrolled Indian child reported to tribal council (-044)

____ 057 Changes in circumstances reported:
- ____ Change of address or phone no.
- ____ Conforms to license specifications regarding numbers, ages, sex.
- ____ Reports fires and structural changes
- ____ Reports marriage, divorce, death & changes in household composition

____ 058 (Not applicable to day care)
- ____ E. .h child given regular allowance
- ____ Money & personal belongings given to client at discharge

____ 060 Work assignments are appropriate
- ____ Clients not responsible for basic maintenance

____ 062 Vehicles safe
- ____ Driver(s) properly licensed
- ____ Carries liability and medical insurance
- ____ Seat belts or other devise provided
- ____ 2nd adult if more than 6 preschoolers
- ____ Vehicle not over-crowded

____ 100 Facility on well-drained site
- ____ Premises are free of hazards
- ____ Accessible to other necessary facilities
- ____ At least one telephone on premises

____ 102 Facility clean and sanitary
- ____ Facility free of hazards
- ____ In good repair
- ____ Handrails provided as needed
- ____ Operable emergency lighting
- ____ For pre-school aged children-building & equipment free of flaking, lead-based paint

____ 104 Firearms used only under competent adult supervision
- ____ Firearms kept in locked storage

____ 108 Suitable storage space for:
- ____ Clothing & personal possessions
- ____ Play & teaching equipment & supplies (day care)
- ____ Records & files
- ____ Cots, mats & bedding (day-care)
- ____ Cleaning & toxic supplies inaccessible to pre-school age children

____ 112 Adequate facilities for storage, preparation & service of food
- ____ Preschoolers supervised in kitchen

____ 116 Adequate facilities for
- ____ Soiled linen
- ____ Clean linen
- ____ Laundry equipment
- ____ Drying equipment

(not required if commercial laundry services used, or if bedding & clothing provided by parents in a day-care setting)

____ 118 At least one indoor flush type toilet
- ____ At least one lavatory with hot & cold or tempered water
- ____ At least one tub or shower
- ____ Toilet & bathing facilities provide privacy for persons over 6 years of age
- ____ Toilets, urinals & sinks are of appropriate height for children
- ____ Proper equipment for toilet training toddlers
- ____ Toileting equipment is sanitary
- ____ Bathing facilities have grab bars or other approved safety measures
- ____ Pre-schoolers not left unattended in tub
- ____ Soap & individual towels provided



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## DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

Checklist for Licensing Family Care (Cont'd)

____ 120 Lighting fixtures are adequate
- ____ 30 Ft.-candles for study & food service areas
- ____ 15 Ft.-candles elsewhere

____ 122 Premises free of rodents, cockroaches, flies & other insects

____ 124 Sewage discharged into public system or approved pvt. system

____ 126 Public water supply or approved private system
- ____ Individual drinking cups or glasses

____ 128 Temperature at least 68° F. during waking hours
- ____ Temperature at least 60° F. during sleeping hours

____ 130 Home is adequately ventilated
- ____ Toilet & bath vented by window or by mechanical means

____ 132 Written plan of action for medical emergencies
- ____ Plan for health supervision

____ 134 Basic first aid training
- ____ For at least one foster parent or sponsor
- ____ Training includes CPR
- ____ or an approved plan for training
- ____ Adequate first aid supplies
- ____ Include syrup or ipecac
- ____ For day care home, always a trained person present

____ 136 Medications properly stored
- ____ External & internal medicines separated
- ____ Medicines in properly labeled original container
- ____ Access to medication controlled
- ____ Written parental or court permission to disburse medications
- ____ Doctor's approal (prescription label)
- ____ Unused medications properly disposed of

For family day-care homes:
- ____ Record kept of medicines given
- ____ Prior approval for "as needed" medications

____ 138 Self-administered medications:
- ____ Written statement of patient's ability to take own medicine
- ____ Individual's medications kept unavailable to others

____ 140 Health history, physical exams, immunizations:
- ____ Health history for each person in care
- ____ Child under regular medical supervision
- ____ or had physical within one year prior to admission
- ____ or physical within 30 days after admission
- ____ Yearly exams for child not under regular medical supervision
- ____ Children properly immunized and/or immunizations in process, or
- ____ Written exception to requirement

____ 142 Staff TB test results on file
- ____ Staff with active infectious disease not on duty

____ 144 Appropriate food served
- ____ Raw milk not served
- ____ Skim milk & reconstituted non-fat dry milk not served to children under 2-1/2 years
- ____ Reconstituted milk properly prepared

**For Foster Homes** (children or adults)
- ____ 3 meals provided per day
- ____ No more than 14 hours between evening meal & breakfast

**For Day Care Homes**
- ____ For children in care 5-10 hours one-third daily food needs provided
- ____ For children in care more than 10 hrs. one-half daily food needs met
- ____ Children arriving before 7 am receive breakfast (1/4 daily food needs)
- ____ All children receive adequate mid-am and pm snacks

____ 146 Cribs for infants
- ____ Firm, waterproof mattress
- ____ Made of wood, metal or approved plastic
- ____ Secure latching device
- ____ Maximum of 3/8" space between slats for infants under 6 months
- ____ Mattress fits snugly in crib

____ 302 & 420 Applicant/licensee attends orientation & training sessions provided, arranged or approved by the department

## DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

Checklist for Licensing Family Care (Cont'd)

____ 310 & 426 Fire Safety
- ____ Rooms used by clients have: 2 doors or 1 door exiting directly outside or a window suitable for exit
- ____ Exits from occupied areas not subject to blocking
- ____ Ladders, folding stairs & trap doors not used
- ____ Bathroom door locks can be opened from outside
- ____ Closet doors openable from inside
- ____ Stoves & heaters do not block escape routes
- ____ Poisons & flamables properly stored. Not near exits
- ____ Open flame & heating appliances not left unattended
- ____ Regular fire drills held
- ____ Proper fire extinguisher provided
- ____ Smoke detector near sleeping area
- ____ Local fire authority consulted in questionable cases

HOMES OTHER THAN DAY CARE

____ 304 **Capacity** — Children & Exp. Mothers
- ____ No more than 4 foster children
- ____ No more than 6 including own children
- ____ No more than 3 expectant mothers
- ____ No more than 2 persons require nursing care (licensee qualified_____)
- ____ No more than 2 children under 2 years
- ____ Numbers exceeded for care of one child or single family of children

RECEIVING HOME:
- ____ No more than 6 foster and/or own children

CRISIS RESIDENTIAL CENTER:
- ____ No more than 4 children (including own)
- ____ No more than 2 in crisis care

ADULT FAMILY HOME:
- ____ No more than 4 adults in care
- ____ No more than 2 persons require nursing care (licensee qualified _____)

____ 306 Written approval for outside employment
- ____ Adequate income to support own family

____ 308 Clients not placed elsewhere without proper consents
- ____ Suitable arrangements for client care during temporary absence of foster parent
- ____ Proper consents for clients to accompany foster parents on extended trips

____ 058 Children given regular allowance
- ____ Client given money & personal belongings at discharge

____ 106 Bedrooms
- ____ Only authorized areas used as bedrooms
- ____ Each bedroom is an outside room
- ____ Separate bedrooms for sexes over 6 years of age
- ____ Multiple occupancy bedrooms contain at least 50 square feet per occupant (exclusive of closets)
- ____ At least 30 inches latterly between beds
- ____ Single occupancy bedrooms at least 80 square feet
- ____ Each person has bed of his/her own
- ____ No more than 4 persons per bedroom
- ____ Bed at least 30" wide
- ____ Clean, firm mattress
- ____ Clean pillow, sheets, blankets
- ____ Waterproof mattress covers for incontinent persons
- ____ Waterproof or washable pillow cases
- ____ Upper bunk of doubledeck beds not used for preschoolers, expectant mothers or handicapped persons
- ____ Only one mother & infant per bedroom (100 square feet)
- ____ Sheets & pillow cases laundered weekly
- ____ Persons over one year of age do not sleep in same room as staff

CRIBS — see—146

## DSHS 10-51A(X) (Rev. 12/81), CHECKLIST FOR LICENSING FAMILY HOMES (cont.)

**DAY CARE HOMES ONLY**

____ 422 Capacity — Home is licensed for
- ____ No more than 6 children (less own children under 12 years of age)
- ____ No more than 2 under 2 years (including own)
- ____ Additional children in care for less than 3 hours
- ____ Never more than 10 (including own)

Assistant (age 16+) Present When:
- ____ More than 8 children present, or
- ____ more than 6 & any are under 2 years

____ 402 Child not normally in care in excess of 10 hours per day
- ____ Supervised rest periods for children under 5 years who are in care in excess of 6 hours & for others who show a need for rest
- ____ Children under 2-1/2 years nap separately from older children

____ 404 Child observed daily for illness
- ____ Ill, tired, upset children placed in supervised quiet rest area
- ____ Severely ill children properly attended until returned home

____ 406 Separate bed, cot, mat, etc. provided each child for whom rest period required
- ____ 30 inches latterly between beds, cots, etc.
- ____ Infants (under one year) provided cribs (see — 146)
- ____ Mats & mattresses encased in cleanable impervious material
- ____ Cots are cleanable
- ____ Adequate clean bedding for each napping child
- ____ Each child's bedding stored separately from that of other children

____ 408 Night-time programs adapted appropriately:
- ____ Child/staff ratios same as for day time care
- ____ Children always within visual or hearing distance of staff
- ____ Grouping such that sleeping children not disturbed by arrival or departure of others
- ____ Children provided dinner if not fed before arrival
- ____ Children provided a bedtime snack
- ____ Children provided breakfast if in care after usual breakfast hour

____ 410 Following written information given parents
- ____ Typical daily schedule
- ____ Admission requirements & procedures
- ____ Hours of operation
- ____ Meals & snacks served
- ____ Fees & payment plan
- ____ Care of sick children
- ____ Transportation arrangements
- ____ Field trips
- ____ Disciplinary policies
- ____ Religious activities, if any

____ 412 Program for preschoolers promotes
- ____ Large muscle development
- ____ Intellectual development
- ____ Social development
- ____ Good health habits

____ 424 Suitable play equipment for:
- ____ Climbing
- ____ Pushing — pulling
- ____ Riding

Variety of Indoor Play Equipment, Inc:
- ____ Art material
- ____ Musical material
- ____ Table top toys
- ____ Other
- ____ All equipment is safe

____ 424-2 Children are always under adult supervision
- ____ Competent adult substitute when day care parent absent
- Written parental permission if school-age child visits friends or participates in community activities

____ 424-3 Evidence of planned program
- ____ Both group & individual activity
- ____ Period of free play
- ____ Day-care parent active with children
- ____ Program promotes physical, mental & social skills of children

____ 424-4 Adequate space indoors and
- ____ Outdoors
- ____ Outdoor area fenced if conditions so require



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DSHS 10-51B (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF GROUP CARE FACILITIES

Instructions

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-016 Copies of waivers shall be in agency's licensing file.

-022 For family care, see instruction 3 for DSHS 10-11(X), Application for Family Home License. The application should be completely filled in and be accompanied by all required attachments; otherwise, contact applicant for missing information. License may not be issued until the application is complete.

For a new application, references must be checked by licensor before issuance of a license.

Until further notice, enter N/A unless a local police check has been made in accord with current policy.

-026 Waivers or exceptions may be considered in some instances.

-028 Enter "YES" or "NO" or "W" as appropriate. Enter "W" only if a written exception to policy has been granted and is on file.

-030 Ability to provide suitable care may be rated Yes, No, or P depending on the demonstrable experience of the applicant and the licensor's evaluation of that experience.

A physical examination shall be required where the licensee's health may be questionable.

Lacking evidence to the contrary, presumed compliance may be assumed in respect to the applicant's mental health, history of criminal convictions, and history related to child abuse. The applicant's self report may be the only source of information.

-032 Where there is doubt about an applicant's age, a birth certificate, driver's license, or identification issued by the State Liquor Control Board should be required as verification.

-034 The license should be within easy view of a person registering or placing a child in the facility.

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-036 If there is no evidence that the applicant uses illegal drugs or is alcoholic, a P for presumed compliance to this rule should be entered for these items.

Conviction of a felony and imprisonment within the previous seven-year period may be determined from a police check.

DSHS 10-51B (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF GROUP CARE FACILITIES (cont.)

Instructions (cont.)

An applicant who has previously had a licensed denied, suspended or revoked may receive a license provided that he/she is able at the time of application to establish his/her ability to conform to the licensing requirements.

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Presume compliance for new applicant.

May include improper groupings in day care centers or inadequate attention to or control of children in other facilities.

Refusal to permit inspection of premises and records and clearly violates the licensing statutes.

Denial of access to clients or staff also represents a violation of the statutes.

-038 License may be issued for less than maximum permitted by the rules because of the ages and characteristics of persons being served, the physical accommodations of the facility, the numbers and skills of the licensee, staff, and family members.

-040 Licensee shall not refuse to serve members of specific racial, religious, or ethnic groups.

Licensee shall not refuse to employ members of specific racial, religious or ethnic groups, except that a religious corporation or association may limit their employees to members of that religious group.

-042 Clients shall have opportunities to attend services of their choice.

-044 For agencies whose caseload consists of 10% or more of Indian children:

1. The written policy and procedures regarding the rights of Indian clients should be submitted with the application.

2. Use of Indian consultants to train staff and develop resources may be verified by the agency director.

DSHS 10-51B (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF GROUP CARE FACILITIES (cont.)

Instructions (cont.)

-046 Disciplinary policy should be submitted with application; should prohibit corporal punishment except as permitted in WAC 388-73-048.

If a reasonable disciplinary policy is stated in writing, subsequent compliance is presumed unless otherwise indicated.

-048 Compliance is presumed unless otherwise indicated by observation, complaint, or statement of operators, etc.

-050 All suspected incidents of child abuse or neglect shall be referred to Child Protective Services.

-052 Provisions of the Interstate Compact on Children and the Interstate Compact on Juveniles will be applied when appropriate, with copies of required forms in appropriate case files.

-054 For applicants, familiarity with the requirement is necessary; future compliance may be presumed.

For licensed agencies, a periodic review of a significant sample of files should verify inclusion of required information.

-056 In the absence of an incident of noncompliance (nonreporting), compliance is presumed.

-057 Compliance is presumed unless an incident of nonreporting becomes apparent.

-058 Compliance shall be documented by a ledger or other appropriate record.

-060 Unpaid chores do not include those activities necessary for the basic maintenance of the facility, particularly if the facility is a working ranch.

-062 Licensors must inspect for the presence of seat belts and for appropriate child restraint devices for children 0-5 years.

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-064 Licensors shall verify compliance by inspection.

-066 Compliance may be presumed for an applicant not currently caring for children.

-068 Personnel policies, etc., are to be submitted with the agency's application.

-070 For agencies employing five or more persons, a copy of the in-service training plan must be submitted at the time of application.

-072 Compliance may be presumed for new applicants. Case records should verify compliance for functioning agencies.

DSHS 10-51B (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF GROUP CARE FACILITIES (cont.)

Instructions (cont.)

-074 Copies of degrees may be used as verification.

Schedule of supervision should be provided.

Written agreement must be reviewed.

-076 The social study should be developed or assembled so that it is easily identified as a social study.

Sufficient school information should be available to and in placement and follow a child's progress.

Reports necessary for planning for the child should be available.

Sufficient personal and family history should be available to develop plans.

Goals and objectives shall be specific so that progress can be objectively received.

Progress reports should indicate verifiable progress toward planned objectives.

From Child Placement Guideline and referral material.

May include written agreement with other agency providing service to family.

-078 Estimated from staffing chart and completion of required reports and records.

-080 Compliance is presumed if the facility is maintained in good repair, nutritious meals are served and residents are not performing basic maintenance services.

-602 The child's need for group care is verified by the child placement guideline form.

-604 These services and activities must be included in the program description submitted with the agency's application. An application is incomplete without the inclusion of this statement.

-606 (1) The director's understanding of the role of the agency shall be attested to by the prepared statement of the agency program, reference letters, and past experience.

The director's age, if in doubt, should be verified by a document including birth certificate, driver's license, etc. College transcript or degree shall be submitted, or reference from facility at which previously employed, or letter of recommendation from licensing or supervising agency if previously a foster parent.

DSHS 10-51B (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF GROUP CARE FACILITIES (cont.)

Instructions (cont.)

(2) Ages of staff shall be verified by copy of driver's license, etc.

Educational attainment of staff shall be documented by copy of degree, diploma as school record in personnel file.

Provision of adequate supervision staff shall be attested by copy of shift schedule and licensor's observations.

-608 Compliance shall be documented in the plan for health supervision submitted with the application, by a review of client records, and by licensor's observations.

-610 Compliance to items 1 through 6 are ascertained by visual inspection by the licensor and review of the floor plan submitted with the agency's application.

-804 Compliance is presumed unless referring agencies indicate otherwise.

# DSHS 10-51B (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF GROUP CARE FACILITIES

CHECK LIST FOR
☐ LICENSING OR CERTIFICATION ☐
OF GROUP CARE FACILITIES

☐ Group Care Facility

☐ Juvenile Detention Facility (JDF)

☐ Regional Crisis Residential Center (RCRC)

☐ Other Group Care Crisis Residential Center (CRC)

New ☐
Renewal ☐
Other Review ☐

(CRCs means both types of Crisis Residential Centrs)

Name and Address of Facility _____

Date of Evaluation _____
Name of Evaluator _____
DSHS Office _____

Capacity _____: Age Range _____ thru _____ and sex _____ _____ of persons served.

| Put Appropriate Entry in Column | | |
|---|---|---|
| | ✓ = Rule is Met | uk = Unknown if Rule is Met |
| | X = Rule not Met | W = Waiver or Exception Granted (WAC 388-73-016) |
| | NA = Not Applicable | P = Presumed Compliance (no evidence to contrary) |

WAC 388-73-

____ 012 CRC's-Runaways are minimal
____ 016 Licensee has copy of waiver, if any
____ 022 Proper person(s) signed application
____ Complete application on file
____ References checked
____ Law enforcement check made
____ 030 Persons are of good character
____ Have ability to provide suitable care
____ Have good physical health
____ No history of mental illness
____ No criminal convictions
____ No substantiated child abuse
____ 032 Applicant at least 18 years old
____ 034 License is conspicuously posted
____ 036 Applicant and/or chief executive officer does not use
____ Illegal drugs
____ Is not alcoholic, and has not:
____ Been convicted of a felony
____ Been in prison within 7 years
____ Had a license denied, suspended or revoked
____ Committed fraud or misrepresentation
____ Permitted illegal acts on premises
____ Permited abuse, neglect or indifferent care of clients

036 Con't.

____ Repeatedly provided insufficient numbers of or unqualified staff
____ Misappropriated property of clients
____ Been fiscally irresponsible
____ Provided inadequate supervision
____ Refused to permit inspection of premises
____ Denied access to records
____ Denied access to clients
____ 038 Capacity Consistent with Regs.
____ 040 Licensee does not discriminate in
____ Admission policies
____ Employment practices
____ 042 Freedom of religion facilitated
____ 044 If 10% of clients are Indian, Indian consultants are used to:
____ Train staff and to
____ Develop resources to meet needs of Indian clients
____ 046 Adequate written disciplinary policies
____ Disciplinary practices are reasonable
____ 048 Corporal punishment not used or only as last resort ____
____ 050 Clients protected from abuse, neglect, exploitation — no confirmed complaints

## DSHS 10-51B (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF GROUP CARE FACILITIES (cont.)

Checklist for Licensing/Certification of Group Care Facilities (cont'd)

____ 052 Interstate placements conform to CH 26.34 RCW, or, for CRCs, to CH 13.24 RCW.

____ 054 Confidentiality of records protected
Client records include:
____ Name, address, phone of parents &/or other emergency contacts
____ Dates of illness, accident, medication & treatment, & time ____ and by whom given ____;
____ (NA to CRCs & JDF) dates and type of immunizations
____ (NA to CRCs & JDF) other pertinent health information
____ Consent for medical care
Names of persons authorized to remove client from facility
____ Authorization for admission of client (CRCs & JDF: record of time & date of placement
____ Person or org. making placement
____ Reasons for placement

____ 056 Following events properly reported:
____ Injury or death of client
____ Child abuse, neglect, abandonment
____ Food poisoning or communicable disease
____ Serious injury, death or abandonment of an enrolled Indian child reported to tribal council (-044)

____ 057 Changes in circumstances reported:
____ Change of address or phone no.
____ Conforms to license specifications regarding numbers, ages, sex
____ Reports major staff changes
____ Reports fires and structural changes
____ Reports change of agency name

____ 058 Not applicable to CRCs & JDF
____ Child given regular allowance
____ Ledger for allowance & earnings
____ Money and personnel belongings given to client at discharge

____ 060 Work assignments are appropriate
____ Clients not responsible for basic maintenance

____ 062 Vehicles safe
____ Driver(s) properly licensed
____ Carries liability and medical insurance
____ Seat belts or other device provided
____ 2nd adult if more than 6 preschoolers
____ Vehicle not over-crowded

____ 064 Suitable clothing provided

____ 066 Personal hygiene items provided

____ 068 Employers of 5 or more
____ Written personnel policies contain:
____ Staff duties and qualifications
____ Hours of work
____ Pay and fringe benefits

____ 070 Staff informed of agency's
____ Policies, procedures, licensing regs.
____ In-service training program in place (employers of 5 or more)

____ 072 (Not applicable to CRCs & JDF)
Education plan for each
____ Non-high school graduate
____ Written educational plan on file
____ Vocational training and job placement assistance provided as appropriate

____ 074 Social service staff (NA for JDF)
____ Minimum of one staff with MSW
____ Non-MSWs have suitable BA degree
____ and are supervised by an MSW a minimum of 2 hours per week
____ If social services are provided by another agency there is a written agreement
____ One full time social worker for every 15 children in care (1 to 5 for CRCs)

____ 076 A social study for each person in care, containing: (NA for JDF)
____ Justification of need for care
____ School records
____ Psychological and psychiatric reports (when appropriate)

# DSHS 10-51B (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF GROUP CARE FACILITIES (cont.)

Checklist for Licensing/Certification of Group Care Facilities (cont'd)

076 Con't.

____ Personal and family history
____ Written treatment plan for each person in care
____ Quarterly progress reports
____ Persons not inappropriately admitted or retained in care
____ Services provided to parents

____ 078 Sufficient clerical, accounting and administrative staff provided

____ 080 Sufficient staff for maintenance of facility and food service

____ 602 Serves only children needing group care

____ 604 Not applicable to JDF
____ Written program description includes:
____ Education services
____ Recreational services
____ Therapeutic services
____ Religious practices
____ Schedule of typical daily activities

____ 606 Required positions
____ **Director** is at least 21
____ Understands agency's role
____ Has BA in Social Sciences or allied field &
____ 2 years experience
____ **Child care staff** at least 18
____ Staff under 21 supervised at all times by someone 21 or older
____ For CRCs 1/2 of child care staff have 2 years college & 1 year experience, or 3 years experience, or BA in Behavioral or Social Sciences;
____ Rest have high school diploma and one year experience or two years of college
____ (NA to CRC & JDF) During waking hours one child care staff on duty for every eight children or major fraction of such number
____ (NA to CRC) whenever more than eight children, at least two adults on duty at night (includes staff sleeping near children)

606 Con't.

____ For JDF — during waking hours, one child care staff on duty for every 10 children
____ For RCRC — during waking hours one child care staff for every 2 children During sleeping hours 3 child care staff for every 8 children (do not count sleeping staff).
____ For other group CRC — during waking hours one child child care staff for every 3 children in crisis care. During sleeping hours one child care staff for every 5 such children (do not count sleeping staff)
____ For all facilities — whenever only one child care staff on duty, a 2nd person is on call
____ Department may require additional staff for particularly difficult children

____ 608 Required nursing service provided by facility whose major purpose is care of chronically ill or severely handicapped children

____ 610 Rooms are of adequate size and properly equipped
____ Living room (NA for JDF)
____ Dining area (NA for JDF)
____ Staff quarters separate from but near child bedrooms (NA for JDF)
____ Adequate administrative offices
____ Adequate social services offices (separate from administration office if 13 or more children in care)
____ Visiting area provides privacy

____ 804 All crisis residential centers — intake open 24 hours per day, 7 days per week

____ Fire marshal's certificate of approval on file

____ Health Services Division certificate of approval on file (Sections 100-146).

## DSHS 10-51C (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION DAY TREATMENT PROGRAM

### Instructions

-022 For family care, see instruction 3 for DSHS 10-11(X), Application for Family Home License. The application should be completely filled in and be accompanied by all required attachments; otherwise, contact applicant for missing information. License may not be issued until the application is complete.

For a new application, references must be checked by licensor before issuance of a license.

Until further notice, enter N/A unless a local police check has been made in accord with current policy.

-026 Waivers or exceptions may be considered in some instances.

-028 Enter "YES" or "NO" or "W" as appropriate. Enter "W" only if a written exception to policy has been granted and is on file.

-030 Ability to provide suitable care may be rated Yes, No, or P depending on the demonstrable experience of the applicant and the licensor's evaluation of that experience.

A physical examination shall be required where the licensee's health may be questionable.

Lacking evidence to the contrary, presumed compliance may be assumed in respect to the applicant's mental health, history of criminal convictions, and history related to child abuse. The applicant's self report may be the only source of information.

-032 Where there is doubt about an applicant's age, a birth certificate, driver's license, or identification issued by the State Liquor Control Board should be required as verification.

-034 The license should be within easy view of a person registering or placing a child in the facility.

Responses should be limited to Yes or No for homes to be relicensed, may include P for agency seeking initial license. Does not apply to foster family homes for children, expectant mothers, developmentally disabled adults and adults in need of protection.

-036 If there is no evidence that the applicant uses illegal drugs or is alcoholic, a P for presumed compliance to this rule should be entered for these items.

Conviction of a felony and imprisonment within the previous seven year period may be determined from a police check.

DSHS 10-51C (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION DAY TREATMENT PROGRAM (cont.)

Instructions (cont.)

An applicant who has previously had a license denied, suspended or revoked may receive a license provided that they are able at the time of application to establish their ability to conform to the licensing requirements.

Refers to fraud or misrepresentation in the licensing process.

There is presumed compliance unless the licensee is shown to be aware of or involved in illegal act on the premises.

Refers to substantiated abuse, neglect or exploitation of a child or injury or illness resulting from negligence.

Repeatedly generally means two or more times; not applicable to new applicant.

Presume compliance for new applicant.

May include improper groupings in day care centers or inadequate attention to or control of children in other facilities.

Refusal to permit inspection of premises and records and clearly violates the licensing statutes.

Denial of access to clients or staff also represents a violation of the statutes.

-038 License may be issued for less than maximum permitted by the rules because of the ages and characteristics of persons being served, the physical accommodations of the facility, the numbers and skills of the licensee, staff, and family members.

-040 Licensee shall not refuse to serve members of specific racial, religious, or ethnic groups.

Licensee shall not refuse to employ members of specific racial, religious or ethnic groups, except that a religious corporation or association may limit their employees to members of that religious group.

-042 Clients shall have opportunities to attend services of their choice.

-044 A statement by the parents of an Indian child placed in care shall be in the child's file when those parents do not wish placement in an Indian foster home, etc.

A copy of an ancestry chart shall be in the file of nonenrolled Indian children (unless contrary to the parents' wishes).

Efforts to recruit Indian foster homes and place Indian children therein shall be documented in the children's files.

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DSHS 10-51C (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION DAY TREATMENT PROGRAM (cont.)

Instructions (cont.)

For agencies whose caseload consists of 10% or more of Indian children:

1. The written policy and procedures regarding the rights of Indian clients should be submitted with the application.

2. Use of Indian consultants to train staff and develop resources may be verified by the agency director.

-046 Disciplinary policy should be submitted with application; should prohibit corporal punishment except as permitted in WAC 388-73-048.

If a reasonable disciplinary policy is stated in writing, subsequent compliance is presumed unless otherwise indicated.

-048 Compliance is presumed unless otherwise indicated by observation, complaint, or statement of operators, etc.

-050 All suspected incidents of child abuse or neglect shall be referred to Child Protective Services.

-052 Provisions of the Interstate Compact on Children and the Interstate Compact on Juveniles will be applied when appropriate, with copies of required forms in appropriate case files.

-054 For applicant's familiarity with the requirement is necessary; future compliance may be presumed.

For licensed agencies, a periodic review of a significant sample of files should verify inclusion of required information.

-056 In the absence of an incident of noncompliance (nonreporting), compliance is presumed.

-057 Compliance is presumed unless an incident of nonreporting becomes apparent.

-058 Compliance shall be documented by a ledger or other appropriate record.

-060 Unpaid chores do not include those activities necessary for the basic maintenance of the facility, particularly if the facility is a working ranch.

-062 Licensors must inspect for the presence of seat belts and for appropriate child restraint devices for children 0-5 years.

-066 Compliance may be presumed for an applicant not currently caring for children.

-068 Personnel policies, etc., are to be submitted with the agency's application.

DSHS 10-51C (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION DAY TREATMENT PROGRAM (cont.)

Instructions (cont.)

-070 For agencies employing five or more persons, a copy of the in-service training plan must be submitted at the time of application.

-072 Compliance may be presumed for new applicants. Case records should verify compliance for functioning agencies.

-074 Copies of degrees may be used as verification.

Schedule of supervision should be provided.

Written agreement must be reviewed.

-076 The social study should be developed or assembled so that it is easily identified as a social study.

Sufficient school information should be available to and in placement and follow a child's progress.

Reports necessary for planning for the child should be available.

Sufficient personal and family history should be available to develop plans.

Goals and objectives shall be specific so that progress can be objectively received.

Progress reports should indicate verifiable progress toward planned objectives.

From Child Placement Guideline and referral material.

May include written agreement with other agency providing service to family.

-078 Estimated from staffing chart and completion of required reports and records.

-080 Compliance is presumed if the facility is maintained in good repair, nutritious meals are served and residents are not performing basic maintenance services.

-504 The presence of the director or program supervisor should be noted during site visits.

The director's age, if in doubt, should be verified by a department including birth certificate, driver's license, etc. References and on the job performance shall be reviewed.

DSHS 10-51C (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION DAY TREATMENT PROGRAM (cont.)

Instructions (cont.)

The program supervisor's age may also be verified by birth certificate or driver's license, if necessary. College transcript or degree shall be submitted.

The provision of psychiatric consultation and psychological services can be verified by review of case records.

The provision of remedial education, if necessary, may be verified by a review of the qualifications and credentials of the teacher (if one is provided) or by knowledge of the public school program.

Child care staff's qualifications verified by review of reference letters or school transcripts, etc.

-506 Child staff ratio shall be ascertained by review of enrollment and shift schedule and by the licensor's observations.

-508 A written program description shall be submitted as part of the application and when applying for relicensing if there are changes in the program or as they occur, if the changes are major.

-510 (404) Arrangement for ill children shall be reviewed at time of licensing and relicensing.

-512 (440)

1. The outdoor play area shall be physically measured by the licensor.

2. The indoor play area shall also be physically measured by the licensor.

Fire Marshal's certificate of approval.

The Health Services Division's certificate of approval shall, as a minimum, note that the facility is substantially in compliance.

# DSHS 10-51C (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION DAY TREATMENT PROGRAM

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

☐ CHECK LIST FOR LICENSING OR CERTIFICATION ☐ OF DAY TREATMENT PROGRAM

New ☐
Renewal ☐
Other Review ☐

Name and Address of Facility _____

Date of Evaluation _____
Name of Evaluator _____
DSHS Office _____

Capacity _____: Age Range _____ thru _____ and sex _____ _____ of persons served.

Put Appropriate Entry in Column

√ = Rule is Met
X = Rule not Met
NA = Not Applicable
uk = Unknown if Rule is Met
W = Waiver or Exception Granted (WAC 388-73-016)
P = Presumed Compliance (no evidence to contrary)

WAC 388-73-

____ 016 Licensee has copy of waiver, if any
____ 022 Proper person(s) signed application
- ____ Complete application on file
- ____ References checked
- ____ Law enforcement check made

____ 028 Only 1 category of care in facility
____ 030 Persons are of good character
- ____ Have ability to care for children
- ____ Have good physical health
- ____ No history of mental illness
- ____ No criminal convictions
- ____ No substantiated child abuse

____ 032 Applicant at least 18 years old
____ 034 License is conspicuously posted
____ 036 Applicant and/or chief executive officer does not use
- ____ Illegal drugs
- ____ Is not alcoholic, **and has not:**
- ____ Been convicted of a felony
- ____ Been in prison within 7 years
- ____ Had a license denied, suspended or revoked
- ____ Committed fraud or misrepresentation
- ____ Permitted illegal acts on premises
- ____ Permitted abuse, neglect or indifferent care of clients
- ____ Repeatedly provided insufficient numbers of or unqualified staff
- ____ Misappropriated property of clients
- ____ Been fiscally irresponsible
- ____ Provided inadequate supervision
- ____ Refused to permit inspection of premises
- ____ Denied access to records
- ____ Denied access to clients

____ 038 Capacity consistent with regs.

____ 040 Licensee does not discriminate in
- ____ Admission policies
- ____ Employment practices

____ 042 Freedom of religion facilitated
____ 044 If 10% of clients are Indian, Indian consultants are used to:
- ____ Train staff and to
- ____ Develop resources to meet needs of Indian clients

____ 046 Adequate written disciplinary policies
- ____ Disciplinary practices are reasonable

____ 048 Corporal punishment not used or only as last resort
____ 050 Clients protected from abuse, neglect and exploitation
____ 054 Confidentiality of records protected

Client records include:
- ____ Names & birthdates of children
- ____ Daily attendance
- ____ Names, address, phone of parents and/or other emergency contacts
- ____ Dates of illness, accident, medication & treatment, & time _____ and by whom given _____
- ____ Dates & types of immunization
- ____ Other pertinent health information
- ____ Consent for medical care
- ____ Names of persons authorized to remove client from facility
- ____ Authorization for admission of client

____ 056 Following events properly reported:
- ____ Injury or death of client
- ____ Child abuse, neglect, abandonment
- ____ Food poisoning or communicable disease

## DSHS 10-51C (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION DAY TREATMENT PROGRAM (cont.)

Checklist for Licensing/Certification Day Treatment (con't)

056 Con't.

____ Illness or exposure to communicable disease
____ Serious injury, death or abandonment of an enrolled Indian child reported to tribal council (-044).

____ 057 Changes in circumstances reported:
____ Change of address or phone no.
____ Conforms to license specifications regarding numbers, ages, sex.
____ Reports major staff changes
____ Reports fires and structural changes
____ Reports change of agency name

____ 060 Work assignments are appropriate
____ Clients not responsible for basic maintenance

____ 062 Vehicles safe
____ Driver(s) properly licensed
____ Carries liability and medical insurance
____ Seat belts or other devise provided
____ 2nd adult if more than 6 preschoolers in vehicle
____ Vehicle not over-crowded

____ 066 Personal hygiene items provided

____ 068 Employers of 5 or more:
____ Written personnel policies contain:
____ Staff duties and qualifications
____ Hours of work
____ Pay and fringe benefits

____ 070 Staff informed of agency's
____ Policies, procedures, licensing, regs.
____ In-service training program in place (employers of 5 or more).

____ 072 Educational plan for each
____ non-hi school graduate in care
____ Written educational plan on file
____ Vocational training and job placement assistance provided as appropriate

____ 074 Social Service Staff
____ Minimum of one staff with MSW
____ Non-MSW's have suitable BA degree
____ and are supervised by an MSW a minimum of 2 hours per week.
____ If social services are provided by another agency there is a written agreement
____ One full-time social worker for every 15 children in care.

____ 076 A social study for each person in care, containing:
____ Justification of need for care
____ School records
____ Psychological and psychiatric reports (when appropriate)

076 Con't.

____ Personal and family history
____ Written treatment plan for each person in care
____ Quarterly progress reports
____ Persons not inappropriately admitted or retained in care.
____ Services provided to parents

____ 078 Sufficient clerical, accounting and administrative staff provided.

____ 080 Sufficient staff for maintenance of facility and food service.

____ 504 Staffing
____ The director or program supervisor is normally on the premises.
____ There is a competent director (at least 21 yrs. of age).
____ There is a professionally trained (appropriate post-grad degree) program supervisor (may also serve as director).
____ Regular consultation is provided by psychiatrist.
____ Specialized certified teachers are provided.
____ Group counselors (child care staff) are qualified by training or experience for the care of disturbed children.

____ 506 No more than 6 children are normally under the supervision of a counselor or teacher.

____ 508 Written program description and sample daily program are on file.

____ 510 (404) Child observed daily for illness
____ Ill/upset children provided rest in a quiet area
____ Severely ill children placed in supervised "isolation" until returned home.

____ 512 (440) Safe, adequately equipped outdoor play area:
____ 75 sq. ft. per child
____ Fenced if conditions require.
____ Adequate indoor play space:
____ 35 sq. ft. per child
____ 50 sq. ft. per child in rooms with cribs

____ Fire Marshal's certificate of approval on file.

____ Health Services Division certificate of approval on file. (Sections 100-146)



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DSHS 10-51D (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES

Instructions

-022 For family care, see instruction 3 for DSHS 10-11(X), Application for Family Home License. The application should be completely filled in and be accompanied by all required attachments; otherwise, contact applicant for missing information. License may not be issued until the application is complete.

For a new application, references must be checked by licensor before issuance of a license.

Until further notice, enter N/A unless a local police check has been made in accord with current policy.

-026 Waivers or exceptions may be considered in some instances.

-030 Ability to provide suitable care may be rated Yes, No, or P depending on the demonstrable experience of the applicant and the licensor's evaluation of that experience.

A physical examination shall be required where the licensee's health may be questionable.

Lacking evidence to the contrary, presumed compliance may be assumed in respect to the applicant's mental health, history of criminal convictions, and history related to child abuse. The applicant's self report may be the only source of information.

-032 Where there is doubt about an applicant's age, a birth certificate, driver's license, or identification issued by the State Liquor Control Board should be required as verification.

-034 The license should be within easy view of a person registering or placing a child in the facility.

Responses should be limited to Yes or No for homes to be relicensed, may include P for agency seeking initial license. Does not apply to foster family homes for children, expectant mothers, developmentally disabled adults and adults in need of protection.

-036 If there is no evidence that the applicant uses illegal drugs or is alcoholic, a P for presumed compliance to this rule should be entered for these items.

Conviction of a felony and imprisonment within the previous seven year period may be determined from a police check.

DSHS 10-51D (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES (cont.)

Instructions (cont.)

An applicant who has previously had a license denied, suspended or revoked may receive a license provided that they are able at the time of application to establish their ability to conform to the licensing requirements.

Refers to fraud or misrepresentation in the licensing process.

There is presumed compliance unless the licensee is shown to be aware of or involved in illegal act on the premises.

Refers to substantiated abuse, neglect or exploitation of a child or injury or illness resulting from negligence.

Repeatedly generally means two or more times; not applicable to new applicant.

Presume compliance for new applicant.

May include improper groupings in day care centers or inadequate attention to or control of children in other facilities.

Refusal to permit inspection of premises and records and clearly violates the licensing statutes.

Denial of access to clients or staff also represents a violation of the statutes.

-038 License may be issued for less than maximum permitted by the rules because of the ages and characteristics of persons being served, the physical accommodations of the facility, the numbers and skills of the licensee, staff, and family members.

-040 Licensee shall not refuse to serve members of specific racial, religious, or ethnic groups.

Licensee shall not refuse to employ members of specific racial, religious or ethnic groups, except that a religious corporation or association may limit their employees to members of that religious group.

-042 Clients shall have opportunities to attend services of their choice.

-044 A statement by the parents of an Indian child placed in care shall be in the child's file when those parents do not wish placement in an Indian foster home, etc.

DSHS 10-51D (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES (cont.)

Instructions (cont.)

A copy of an ancestry chart shall be in the file of nonenrolled Indian children (unless contrary to the parents' wishes).

Efforts to recruit Indian foster homes and place Indian children therein shall be documented in the children's files.

For agencies whose caseload consists of 10% or more of Indian children:

1. The written policy and procedures regarding the rights of Indian clients should be submitted with the application.

2. Use of Indian consultants to train staff and develop resources may be verified by the agency director.

-046 Disciplinary policy should be submitted with application; should prohibit corporal punishment except as permitted in WAC 388-73-048.

If a reasonable disciplinary policy is stated in writing, subsequent compliance is presumed unless otherwise indicated.

-048 Compliance is presumed unless otherwise indicated by observation, complaint, or statement of operators, etc.

-050 All suspected incidents of child abuse or neglect shall be referred to Child Protective Services.

-054 For applicant's familiarity with the requirement is necessary; future compliance may be presumed

For licensed agencies, a periodic review of a significant sample of files should verify inclusion of required information.

-056 In the absence of an incident of noncompliance (nonreporting), compliance is presumed.

-057 Compliance is presumed unless an incident of nonreporting becomes apparent.

-058 Compliance shall be documented by a ledger or other appropriate record.

-060 Unpaid chores do not include those activities necessary for the basic maintenance of the facility, particularly if the facility is a working ranch.

-062 Licensors must inspect for the presence of seat belts and for appropriate child restraint devices for children 0-5 years.

DSHS 10-51D (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES (cont.)

Instructions (cont.)

-066 Compliance may be presumed for an applicant not currently caring for children.

-070 For agencies employing five or more persons, a copy of the in-service training plan must be submitted at the time of application.

-072 Compliance may be presumed for new applicants. Case records should verify compliance for functioning agencies.

-074 Copies of degrees may be used as verification.

Schedule of supervision should be provided.

Written agreement must be reviewed.

-076 The social study should be developed or assembled so that it is easily identified as a social study.

Sufficient school information should be available to and in placement and follow a child's progress.

Reports necessary for planning for the child should be available.

Sufficient personal and family history should be available to develop plans

Goals and objectives shall be specific so that progress can be objectively received.

Progress reports should indicate verifiable progress toward planned objectives.

From Child Placement Guideline and referral material.

May include written agreement with other agency providing service to family.

-078 Estimated from staffing chart and completion of required reports and records.

-080 Compliance is presumed if the facility is maintained in good repair, nutritious meals are served and residents are not performing basic maintenance services.

-704 The schedule of activities and program description shall be submitted with the application.

DSHS 10-51D (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES (cont.)

Instructions (cont.)

-706 (1) Clients should clearly be informed of this policy.

(2) Assistance in obtaining needed services (where not provided by the agency) should be substantial.

-708 (1) The director's understanding of the role of the agency shall be attested to by the prepared statement of the agency program, reference letters, and past experience.

The director's age, if in doubt, should be verified by a document including birth certificate, driver's license, etc. College transcript or degree shall be submitted, or reference from facility at which previously employed.

(2) Written agreements between agency and consultants should be reviewed.

The availability of sufficient staff may be ascertained by inspecting a shift chart and by noting the availability of staff during monitoring visits.

-710 The program description submitted with the agency's application should include the provision of services listing in this requirement. A review of case records should substantiate that they are provided.

-712 The credentials of the person or persons furnishing this instruction should verify that he or she has had appropriate training and/or teaching experience to deliver such instruction.

-714 See instructions for WAC 388-73-712 above.

-716 Licensors should inspect physical facility and program to determine availability of privacy, physical exercise, and leisure time for mothers apart from their children as well as time with their children.

-718 The child care arrangement shall be inspected by the licensor for conformity to day care licensing requirements if it is not already a licensed day care facility.

-720 Verifiable by review of medical reports in files. Where there is doubt, the Health Services Division can substantiate whether or not a hospital or birthing facility is approved.

-722 See instructions for WAC 388-73-610. Written approval of examination room by Health Services Division should be on file.

DSHS 10-51D (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

☐ CHECK LIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES ☐

New ☐
Renewal ☐
Other Review ☐

Date of Evaluation _____
Name of Evaluator _____
DSHS Office _____

WAC 388-73-702: Type(s) of service

☐ Day Program for Mothers
☐ Residential care for Mother and Child
☐ Maternity Home
☐ Placement of Expectant Mothers in Foster Care

Names and Address of Facility: _____

Capacity _____; Age Range _____ thru _____ and sex _____ _____ of persons served.

| Put Appropriate Entry in Column | | |
|---|---|---|
| √ = Rule is Met | Uk = Unknown if Rule is Met | |
| X = Rule not Met | W = Waiver or Exception Granted (WAC 388-73-016) | |
| NA = Not Applicable | P = Presumed Compliance (no evidence to contrary) | |

WAC 388-73-

____ 106 Licensee has copy of waiver, if any
____ 022 Proper person(s) signed application
____ Complete application on file
____ References checked
____ Law enforcement check made
____ 030 Persons are of good character
____ Have ability to provide suitable care
____ Have good physical health
____ No history of mental illness
____ No criminal convictions
____ No substantiated child abuse
____ 032 Applicant at least 18 years old
____ 034 License is conspicuously posted
____ 036 Applicant and/or chief executive officer does not use:
____ Illegal drugs
____ Is not alcoholic, and has not
____ Been convicted of a felony
____ Been in prison within 7 years
____ Had a license denied, suspended or revoked
____ Committed fraud or misrepresentation
____ Permitted illegal acts on premises
____ Permitted abuse, neglect or indifferent care of clients
____ Repeatedly provided insufficient numbers of or unqualified staff
____ Misappropriated property of clients
____ Been fiscally irresponsible
____ Provided inadequate supervision
____ Refused to permit inspection of premises
____ Denied access to records
____ Denied access to clients
____ 038 Capacity consistent with regs.
____ 040 Licensee does not discriminate in:
____ Admission policies
____ Employment practices
____ 042 Freedom of religion facilitated
____ 044 If 10% of clients are Indian, Indian consultants are used to:
____ Train staff and to
____ Develop resources to meet needs of Indian clients
____ 046 Adequate written disciplinary policies
____ Disciplinary practices are reasonable
____ 048 Corporal punishment not used or only as last resort ____
____ 050 Clients protected from abuse, neglect and exploitation
____ 054 Confidentiality of records protected

DSHS 10-51D (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES (cont.)

Check list for Licensing or Certification of Maternity Service (cont'd)

Client Records include:

____ Names and birthdates
____ Dates of admission, absences & discharge
____ Name, address, phone of parents &/or other emergency contacts
____ Dates of illness, accident, medication & treatment, & time ____ & by whom given ____
____ Dates & types of immunizations
____ Other pertinent health information
____ Consent for medical care
____ Names of persons authorized to remove client from facility
____ Authorization for admission of client

____ 056 Following events properly reported:
____ Injury or death of client
____ Child abuse, neglect, abandonment
____ Food poisoning or communicable disease
____ Serious injury, death, or abandonment of an enrolled Indian child reported to tribal council (-044)

____ 057 Changes in circumstances reported:
____ Change of address or phone no.
____ Conforms to license specifications regarding numbers, ages, sex
____ Reports major staff changes
____ Reports fires and structural changes
____ Reports change of agency name

____ 108 Residential facilities only
____ Regular allowances provided
____ Ledger for allowances & earnings
____ Client given money and personal belongings at discharge

____ 060 Work assignments are appropriate
____ Clients not responsible for basic maintenance

____ 062 Vehicles safe
____ Driver(s) properly licensed
____ Carries liability and medical insurance
____ Seat belts or other devise provided
____ 2nd adult if more than 6 pre-schoolers
____ Vehicle not over-crowded

____ 064 Full time care providers
____ Suitable clothing provided

____ 066 Personal hygiene items provided

____ 068 Employers of 5 or more:
____ Written personnel policies contain:
____ Staff duties & qualifications
____ Hours of work
____ Pay and fringe benefits

____ 070 Staff informed of agency's
____ Policies, procedures, licensing regulations
____ In-service training program in place (employers of 5 or more)

____ 072 Educational plan for each
____ Non-high school graduate
____ Written educational plan on file
____ Vocational training and job placement assistance provided as appropriate

For residential facilities:
____ Suitable study areas provided
____ Separate classrooms provided (if instructions given on premises)

____ 074 Social service staff
____ Minimum of one staff with MSW
____ Non-MSWs have suitable BA degree and are supervised by an MSW a minimum of 2 hours per week
____ If social services are provided by another agency there is a written agreement
____ One full time social worker for every 25 children in care

____ 076 A social study for each person in care, containing:
____ Justification of need for care
____ School records
____ Psychological and psychiatric reports (when appropriate)
____ Personal and family history
____ Written treatment plan for each person in care
____ Quarterly progress reports
____ Persons not inappropriately admitted or retained in care
____ Services provided to parents

____ 078 Sufficient clerical, accounting and administrative staff provided

____ 080 Sufficient staff for maintenance of facility and food service (not applicable to foster family care programs)

## DSHS 10-51D (Rev. 12/81), CHECKLIST FOR LICENSING OR CERTIFICATION OF MATERNITY SERVICES (cont.)

Check list for Licensing or Certification of Maternity Service (cont'd)

____ 074 Written program description, including education, recreation, therapy, and religious practices
____ Sample daily schedule on file
____ 706 Service not contingent on keeping or relinquishing child
____ Complete services provided or
____ Agreements for non-direct services
____ 708 Agency has qualified director. The following qualified specialists, under written agreement, are available as needed:
____ Mental health
____ Education
____ Religion
____ Law

For residential facilities:
____ Residential staff (houseparents)
____ On duty in ratio of one to 8 mothers or major fraction of such number
____ At least one houseparent and another adult on duty when more than 8 mothers on premises
____ For facilities for fewer than 10, always one staff on premises and a second on call
____ Sufficient relief staff to allow other staff 2 days off per week

____ 710 Information and referral service available to all applicants

Individual or group counseling available to all regarding:
____ Living arrangements
____ Medical care
____ Legal services
____ Vocational/education guidance
____ Plans for child
____ Financial problems
____ Emotional/psychological problems
____ Relationships with parents
____ Relationships with unwed father
____ Follow-up services

____ 712 Skilled instructions available for:
____ Post-natal & pediatric care
____ Contraception
____ Nutrition for mother & child
____ Child health and development
____ Hygiene of pregnancy
____ Preparation for child birth

____ 714 Classes in family life provided
____ 716 Residential facilities provide for:
____ Privacy when required
____ Physical exercise
____ Time for mothers apart from their children
____ 718 Licensed day care for child while mother works or in school
____ Maximum interaction between mother and child
____ 720 Mother & child are under a physician's supervision
____ Consultation from specialists available on physician's request
____ Deliveries are in a licensed hospital or approved birthing facility
____ Post-partum exams provided 6 weeks after delivery
____ Mother with infectious disease excluded from group care
____ 722 If agency has a medical clinic, (610) there is an adequately equipped:
____ Examination room (to be approved by health services division)

All Agencies Shall Provide:
____ Administrative offices
____ Suitable offices for social service staff (separate from administrative offices if more than 12 persons are in care)
____ Visiting area which provides privacy

MATERNITY HOMES AND RESIDENTIAL FACILITIES IN ADDITION SHALL PROVIDE:
____ Living room
____ Dining area
____ Staff quarters in proximity to sleeping quarters of persons in care
____ Separate recreational/educational area (if more than 12 persons are in care)

NOT APPLICABLE TO FAMILY FOSTER CARE PROGRAMS:
____ Fire Marshal's certificate of compliance on file
____ Health Services Division certificate
____ of approval on file (Sections 100-146)

## DSHS 10-51E (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION OF CHILD PLACING AGENCY

### Instructions

-022 For family care, see instruction 3 for DSHS 10-11(X), Application for Family Home License. The application should be completely filled in and be accompanied by all required attachments; otherwise, contact applicant for missing information. License may not be issued until the application is complete.

For a new application, references must be checked by licensor before issuance of a license.

Until further notice, enter N/A unless a local police check has been made in accord with current policy.

-030 Ability to provide suitable care may be rated Yes, No, or P depending on the demonstrable experience of the applicant and the licensor's evaluation of that experience.

A physical examination shall be required where the licensee's health may be questionable.

Lacking evidence to the contrary, presumed compliance may be assumed in respect to the applicant's mental health, history of criminal convictions, and history related to child abuse. The applicant's self report may be the only source of information.

-032 Where there is doubt about an applicant's age, a birth certificate, driver's license, or identification issued by the State Liquor Control Board should be required as verification.

-034 The license should be within easy view of a person registering or placing a child in the facility.

Responses should be limited to Yes or No for homes to be relicensed; may include P for agency seeking initial license. Does not apply to foster family homes for children, expectant mothers, developmentally disabled adults and adults in need of protection.

-036 If there is no evidence that the applicant uses illegal drugs or is alcoholic, a P for presumed compliance to this rule should be entered for these items.

Conviction of a felony and imprisonment within the previous seven year period may be determined from a police check.

DSHS 10-51E (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION OF CHILD PLACING AGENCY (cont.)

Instructions (cont.)

An applicant who has previously had a license denied, suspended or revoked may receive a license provided he/she is able at the time of application to establish his/her ability to conform to the licensing requirements.

Refers to fraud or misrepresentation in the licensing process.

There is presumed compliance unless the licensee is shown to be aware of or involved in illegal act on the premises.

Refers to substantiated abuse neglect or exploitation of a child or injury or illness resulting from negligence.

Repeatedly generally means two or more times; not applicable to new applicant.

Presume compliance for new applicant.

May include improper groupings in day care centers or inadequate attention to or control of children in other facilities.

Refusal to permit inspection of premises and records and clearly violates the licensing statutes.

Denial of access to clients or staff also represents a violation of the statutes.

-038 License may be issued for less than maximum permitted by the rules because of the ages and characteristics of persons being served, the physical accommodations of the facility, the numbers and skills of the licensee, staff, and family members.

-040 Licensee shall not refuse to employ members of specific racial religious or ethnic groups, except that a religious corporation or association may limit their employees to members of that religious group.

-042 Clients shall have opportunities to attend services of their choice.

-044 A statement by the parents of an Indian child placed in care shall be in the child's file when those parents do not wish placement in an Indian foster home, etc.

A copy of an ancestry chart shall be in the file of nonenrolled Indian children (unless contrary to the parents' wishes).

Efforts to recruit Indian foster homes and place Indian children therein shall be documented in the children's files.

DSHS 10-51E (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION OF CHILD PLACING AGENCY (cont.)

Instructions (cont.)

For agencies whose caseload consists of 10% or more of Indian children:

1. The written policy and procedures regarding the rights of Indian clients should be submitted with the application.

2. Use of Indian consultants to train staff and develop resources may be verified by the agency director.

-046 Disciplinary policy should be submitted with application; should prohibit corporal punishment except as permitted in WAC 388-73-048.

If a reasonable disciplinary policy is stated in writing, subsequent compliance is presumed unless otherwise indicated.

-048 Compliance is presumed unless otherwise indicated by observation, complaint, or statement of operators, etc.

-050 All suspected incidents of child abuse or neglect shall be referred to Child Protective Services.

-052 Provisions of the Interstate Compact on Children and the Interstate Compact on Juveniles will be applied when appropriate, with copies of required forms in appropriate case files.

-054 For applicants, familiarity with the requirement is necessary; future compliance may be presumed.

For licensed agencies, a periodic review of a significant sample of files should verify inclusion of required information.

-056 In the absence of an incident of noncompliance (nonreporting), compliance is presumed.

-057 Compliance is presumed unless an incident of nonreporting becomes apparent.

-062 Licensors must inspect for the presence of seat belts and for appropriate child restraint devices for children 0-5 years.

-066 Compliance may be presumed for an applicant not currently caring for children.

-132 A written medical plan, covering the elements listed, should be submitted at the time of application. The plan should be reviewed for changes when the agency is monitored.

DSHS 10-51E (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION OF CHILD PLACING AGENCY (cont.)

Instructions (cont.)

-140 Compliance with this WAC should be apparent from a review of case files.

The physical examination should be at least the equivalent of an EPSDT screening.

A child's Immunization Status form should be in the child's file.

Written exceptions should be in file.

-142 TB test results should be filed at time of application.

Test results and doctor's report should indicate whether or not staff has active TB.

-202 (1) The director's understanding of the role of the agency shall be attested to by the prepared statement of the agency program, reference letters, and past experience.

The qualifications of the director of a functioning agency may be judged, in part, by the effectiveness of that agency's service program and the adequacy of its's staff development program.

The director's age, if in doubt should be verified by a document including birth certificate, driver's license, etc. College transcript or degree shall be submitted, and/or reference from facility at which previously employed.

(2) Available means, at the minimum, that the facility has had contact with with specific practitioners who have agreed to serve the facility's clients who may need the practitioner's service.

(3) Equivalent academic training means courses teaching the counseling of family and individuals. Academic courses focused on experimental psychology, religious instruction, etc., are not equivalent.

-074 Credentials of social service staff should be on file.

The 1.25 ratio refers to active cases, minor variations may be allowed by exception for less active cases.

-204 Space should be adequate to separate functions and provide privacy for interviews.

DSHS 10-51E (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION OF CHILD PLACING AGENCY (cont.)

Instructions (cont.)

-206 Out-of-state and out-of-country agencies not licensed in Washington will normally place children through the interstate compact process. Out-of-state and out-of-country agencies shall provide the same protections to the child and follow essentially the same process.

-208 Copies of health histories should also be in the child's file.

-210 Inspection of foster home files will reveal if DSHS 10-11(X) and DSHS 10-51A(X) are used.

Private agency caseworkers can provide information regarding distribution of licensing requirements and statutes.

A review of foster home record, should verify compliance with WAC 388-73-212(5), 388-73-026, and 388-73-024.

-212 Items listed here should be noted when agency case files are reviewed.

-214 The agency should use DSHS, CWLA, APWA home study guidelines or equivalent. Their procedure should be explicitly stated.

-216 A review of adoptive case records should verify conformity to these items.

# DSHS 10-51E (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION OF CHILD PLACING AGENCY

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

CHECK LIST FOR
☐ LICENSING OR CERTIFICATION ☐
OF CHILD PLACING AGENCY

New ☐
Renewal ☐
Other Review ☐

Name and Address of Facility _____

Date of Evaluation _____
Name of Evaluator _____
DSHS Office _____

Capacity _____: Age Range _____ thru _____ and sex _____ _____ of persons served.

| Put Appropriate Entry In Column | | |
|---|---|---|
| √ = Rule is Met | V = Unknown if Rule Is Met | |
| X = Rule not Met | W = Waiver or Exception Granted (WAC 388-73-016) | |
| NA = Not Applicable | P = Presumed Compliance (no evidence to contrary) | |

WAC 388-73-

____ 016 Licensee has copy of waiver, if any
____ 022 Proper person(s) signed application
____ Complete application on file
____ References checked
____ Law enforcement check made
____ 030 Persons are of good character
____ Have ability to provide suitable care
____ Have good physical health
____ No history of mental illness
____ No criminal convictions
____ No substantiated child abuse
____ 032 Applicant at least 18 years old
____ 034 License is conspicuously posted
____ 036 Applicant and/or chief executive officer does not use
____ Illegal drugs
____ Is not alcoholic, **and has not:**
____ Been convicted of a felony
____ Been in prison within 7 years
____ Had a license denied, suspended or revoked
____ Committed fraud or misrepresentation
____ Permitted illegal acts on premises
____ Permitted abuse, neglect or indifferent care of clients
____ Repeatedly provided insufficient numbers of or unqualified staff
____ Misappropriated property of clients
____ Been fiscally irresponsible
____ Provided inadequate supervision
____ Refused to permit inspection of premises
____ Denied access to records
____ Denied access to clients
____ 038 Capacity consistent with regs.

____ 040 Licensee does not discriminate in
____ Admission policies
____ Employment practices
____ 042 Freedom of religion facilitated
____ 044 Placement of Indian children:
____ Placements based on tribal membership, culture & religion
____ or substantiated contrary wishes of child &/or parent(s).

For non-enrolled Indian child:
____ Family ancestry chart compiled if child in care 30 days
____ Steps taken to enroll child unless contrary to wishes of child &/or parent(s).

Except when contrary to wishes of child &/or parent(s):
____ Especially qualified placement facilities are recruited
____ Preference given to Indian homes
____ Non-Indian homes are specially trained
____ Adoptive placements are prioritized as follows:
____ Child's tribe, within 30 days
____ Similar Washington Indian family
____ Similar Indian family elsewhere
____ Any other suitiable home

When 10% of clients are Indian:
____ Indian consultants are used to:
____ Train staff and
____ Develop resources to meet special needs of Indian children
____ Writtern policies/procedures for legal practices to reflect Indian rights

## DSHS 10-51E (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION OF CHILD PLACING AGENCY (cont.)

Checklist for Licensing/Certification of Child Placing Agency (cont'd)

____ 046 Adequate written disciplinary policies
____ Disciplinary practices are reasonable
____ 048 Corporal punishment not used or only as last resourt _____
____ 050 Clients protected from abuse, neglect, exploitation-no confirmed complaints
____ 052 Interstate placements conform to CH 26.34 RCW
____ 054 Confidentiality of records protected
Records Include:
____ Proper identifying information
____ Proper list of emergency contacts
____ Proper health information
____ Consent for medical care
____ Names of persons authorized to remove client from facility
____ Authorization for admission of client
____ 056 Following events properly reported:
____ Injury or death of client
____ Child abuse, neglect, abandonment
____ Food poisoning or communicable disease
____ Serious injury, death or abandonment of an enrolled Indian child reported to tribal council (-044)
____ 057 Changes in circumstances reported:
____ Change of address or phone no.
____ Conforms to license specifications regarding numbers, ages, sex
____ Reports major staff changes
____ Reports fires and structural changes
____ Reports change of agency name
____ 062 Vehicles safe
____ Driver(s) properly licensed
____ Carries liability and medical insurance
____ Seat belts or other devise provided
____ 2nd adult if more than 6 pre-schoolers
____ Vehicle not over-crowded
____ 068 Employers of 5 or more:
Written personnel policies contain:
____ Staff duties & qualifications
____ Hours of work
____ Pay and Fringe benefits

____ 070 Staff informed of agency's
____ policies, procedures, licensing regs.
____ In-service training program in place (employers of 5 or more)
____ 072 Educational plan for each
____ Non-high school graduate in care
____ Written educational plan on file
____ Vocational training and job placement assistance provided as appropriate
____ 074 Social service staff (see also: -202-3)
____ Minimum of one staff with MSW
____ Non-MSW's have suitable BA degree
____ and are supervised by an MSW a minimum of 2 hours per week
____ If social services are provided by another agency there is a written agreement
____ One full time social worker for every 25 children in care
____ 076 A social study for each person in care containing:
____ Justification of need for care
____ School records
____ Psychological and psychiatric reports (when appropriate)
____ Personal and family history
____ Written treatment plan for each person in care
____ Quarterly progress reports
____ Persons not inappropriately admitted or retained in care
____ Services to parents provided
____ 078 Sufficient clerical, accounting and administrative staff provided
____ 132 Written medical policies contain:
____ Plan of action in emergencies
____ Emergency phone number is posted
____ Standing orders for first aid
____ General health supervision & practices
____ Infant care procedures
____ Arrangements for medical care
____ Advisory physician, assistant or RN assists in development & periodic review of health policies



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# DSHS 10-51E (Rev. 12/81), CHECKLIST FOR LICENSING/CERTIFICATION OF CHILD PLACING AGENCY (cont.)

Checklist for Licensing/Certification of Child Placing Agency (cont'd)

____ 140 Health history, physical exams, immunizations:
- ____ Health history for each person in care
- ____ Child under regular medical supervision
- ____ or had physical within one year prior to admission
- ____ or physical within 30 days after admission
- ____ Yearly exams for child not under regular medical supervision
- ____ Child properly immunized or
- ____ Immunization in process or
- ____ Written exception to requirement

____ 142 Staff TB test results on file
- ____ Staff with active infectious disease not on duty

____ 202-1 Agency has qualified director:
- ____ 21 years of age and mature
- ____ Especially trained & experienced
- ____ Understands program & demonstrates leadership & supervisory skills
- ____ Program is efficient & effective

____ 202-2 The following qualified specialists are available as needed:
- ____ Mental health ____ Law
- ____ Education ____ Religion

____ 202-3 A casework supervisor with/MSW or equivalent who is:
- ____ Skilled in foster care practices
- ____ Has teaching (supervisory) skills (see also: -074).

____ 204 There is adequate office space
- ____ Privacy provided for interviews

____ 206 (Obtain copy of any agreements with out-of-state placement agencies)

____ 208 Children's health histories provided to foster & adoptive parents

____ 210 Certification of foster homes:
- ____ DSHS 10-11(X)—Application is used
- ____ Foster family applicants are given:
- ____ DSHS 22-12(X)—Lic. Req.
- ____ DSHS 101(X)—Statute
- ____ All foster homes are licensed prior to use (—212-(5))
- ____ Foster parents are not directly involved in licensing/certification nor in authorizing placement or payment (-026)
- ____ Homes certified by agency take children only from agency (-024)

____ 212 Foster care placements — due consideration given to:
- ____ Child's right to own family
- ____ Professional help to parents
- ____ Child's particular needs & background
- ____ Placement most suited to meet child's needs
- ____ Prior department approval of placements likely to cause community concern (all homes licensed—see 210)

Except in emergency situations:
- ____ Written social study (see-076)
- ____ Child & parent prepared for placement
- ____ Written parental consent or court order for placement and for
- ____ Medical care or emergency surgery
- ____ Active foster homes visited quarterly
- ____ Discharges properly planned
- ____ Child released to proper person

____ 214 Adoptive procedures
- ____ Proper home study guidelines & procedures (DSHS, CWLA or private agency equivalent)

____ 216 Adoptive placements
- ____ Services to prevent unnecessary separation from natural parents
- ____ Child legally free before placement
- ____ Adoptive home studies adequate
- ____ Particular placement meets child's needs
- ____ Natural parents do not interfere
- ____ Pre-placement reports filed
- ____ Reasonable efforts to match child's religious & ethnic background, but
- ____ Placement not unduly delayed
- ____ Adoptive parents given child's medical history
- ____ Home provided service after placement
- ____ Next friend report prepared
- ____ Licensee provides proper care pending adoptive placement

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DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER

Instructions

-022 For family care, see instruction 3 for DSHS 10-11(X), Application for Family Home License. The application should be completely filled in and be accompanied by all required attachments; otherwise, contact applicant for missing information. License may not be issued until the application is complete.

For a new application, references must be checked by licensor before issuance of a license.

Until further notice enter N/A unless a local police check has been made in accord with current policy.

-028 Enter "YES" or "NO" or "W" as appropriate. Enter "W" only if a written exception to policy has been granted and is on file.

-030 Ability to provide suitable care may be rated Yes, No, or P depending on the demonstrable experience of the applicant and the licensor's evaluation of that experience.

A physical examination shall be required where the licensee's health may be questionable.

Lacking evidence to the contrary, presumed compliance may be assumed in respect to the applicant's mental health, history of criminal convictions, and history related to child abuse. The applicant's self report may be the only source of information.

-032 Where there is doubt about an applicant's age, a birth certificate, driver's license, or identification issued by the State Liquor Control Board should be required as verification.

-034 The license should be within easy view of a person registering or placing a child in the facility.

Responses should be limited to Yes or No for homes to be relicensed; may include P for agency seeking initial license.

-036 If there is no evidence that the applicant uses illegal drugs or is alcoholic, a P for presumed compliance to this rule should be entered for these items.

Conviction of a felony and imprisonment within the previous seven year period may be determined by checking with local police agency.

An applicant who has previously had a licensed denied, suspended or revoked may receive a license provided that they are able at the time of application to establish their ability to conform to the licensing requirements.

DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER (cont.)

Instructions (cont.)

Refers to fraud or misrepresentation in the licensing process.

There is presumed compliance unless the licensee is shown to be aware of or involved in illegal act on the premises.

Refers to substantiated abuse, neglect or exploitation of a child or injury or illness resulting from negligence

Repeatedly generally means two or more times; not applicable to new applicant.

Presume compliance for new applicant.

May include improper groupings in day care centers or inadequate attention to or control of children in other facilities.

Refusal to permit inspection of premises and records and clearly violates the licensing statutes.

Denial of access to clients or staff also represents a violation of the statutes.

-038 License may be issued for less than maximum permitted by the rules because of the ages and characteristics of persons being served, the physical accommodations of the facility, the numbers and skills of the licensee, staff, and family members.

-040 Licensee shall not refuse to serve members of specific racial, religious, or ethnic groups.

Licensee shall not refuse to employ members of specific racial, religious or ethnic groups, except that a religious corporation or association may limit their employees to members of that religious group.

-042 Clients shall have opportunities to attend services of their choice.

-044 For agencies whose caseload consists of 10% or more of Indian children:

1. The written policy and procedures regarding the rights of Indian clients should be submitted with the application.

2. Use of Indian consultants to train staff and develop resources may be verified by the agency director.

DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER (cont.)

Instructions (cont.)

-046 Disciplinary policy should be submitted with application, should prohibit corporal punishment except as permitted in WAC 388-73-048.

If a reasonable disciplinary policy is stated in writing, subsequent compliance is presumed unless otherwise indicated.

-048 Compliance is presumed unless otherwise indicated by observation, complaint, or statement of operators, etc.

-050 All suspected incidents of child abuse or neglect shall be referred to Child Protective Services.

-054 For applicant's familiarity with the requirement is necessary; future compliance may be presumed.

For licensed agencies, a periodic review of a significant sample of files should verify inclusion of required information.

-056 In the absence of an incident of noncompliance (nonreporting), compliance is presumed.

-057 Compliance is presumed unless an incident of nonreporting becomes apparent.

-062 Licensors must inspect for the presence of seat belts and for appropriate child restraint devices for children 0-5 years.

-066 Compliance may be presumed for an applicant not currently caring for children. For others, the licensor should verify by visual inspection.

-068 Personnel policies, etc., are to be submitted with the agency's application.

-070 For agencies employing five or more persons, a copy of the inservice training plan must be submitted at the time of application.

-078 Estimated from staffing information submitted with application and completion of required reports and records.

-080 Compliance is presumed if the facility is maintained in good repair, nutritious meals are served, children are not involved in maintenance staffing chart submitted with application indicates sufficient maintenance staff.

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-146 (Cribs for Infants)
A visual inspection by licensor is sufficient unless there is an apparent discrepancy.

DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER (cont.)

Instructions (cont.)

-302 and 420
Attendance verified by attendance record of meetings.

-146(8)
Plan shall include suitable activities for infants.

Licensor shall inspect toys and equipment.

-402 Visual inspection during compliance visits should confirm compliance with nap schedule and sleeping arrangements.

-404 Arrangement for ill children shall be reviewed at time of licensing and relicensing.

-406 Bedding, etc., should be visually inspected during licensing and monitoring visits.

-408 Compliance should be verified by visits made at the appropriate time of day.

-410 Applicant shall submit a copy of handout for parents at the time of application.

-412 Licensor should review schedule of activities for conformance to these requirements and monitor against that schedule during visits.

-440 1. The outdoor play area shall be physically measured by the licensor.

2. The indoor play area shall also be physically measured by the licensor.

Fire Marshal's certificate of approval.

The Health Services Division's certificate of approval shall, as a minimum, note that the facility is substantially in compliance.

-426 See 310.

Mini Day Care Program Only

-430 Capacity - Mini Day Care Centers

Compliance is verified by visits and observation.

-432 Compliance is verified by visits and observation.

-434 Compliance is verified by references, licensing file, or school transcript or certificate.

DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER (cont.)

Instructions (cont.)

-436 Birth certificate, driver's license, etc., should be required where there is doubt

-438 (1) Licensor shall verify separation of play areas by observation.

(2) Suitability and safety of play equipment should be verified by observation.

(3) Same.

(4) Adequacy of supervison should be checked through visits, announced and unannounced.

(5) Written permission should be in agency files.

(6) A description of the center's program must be submitted in writing at the time of application. Subsequent observations by the licensor should ascertain conformity to the program schedule and staff participation.

-440 (1) Licensor must observe outdoor play area and access to it to note their safety.

A fence is required to separate play area from traffic or any potential hazard.

Licensor should physically measure the size of the play area.

(2) The area shall be physically measured.

Day Care Centers Only

-450 (1) (a) The director's management and supervisory skills shall be attested to by references addressed to these specific points for new applicants, and by the licensor's observations for functioning centers, including inspection of records.

(b) The program supervisor's abilities and qualifications shall be verified by references attesting to adequate appropriate experience as specified by this requirement and school transcripts as certificate specifying the applicant's training.

(c) Noninterference can be assumed unless malfunctioning of management and supervisory roles is apparent.

DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER (cont.)

Instructions (cont.)

-450 (2) (a) Conformity to the requirement is determined by the number of children on the premises (not the number of children enrolled) and the number of children under the supervision of each staff person.

(b) Minimum staff on duty shall be verified by visits, announced and unannounced.

(2) (c) Verified by visits and proof of age if doubtful.

-452 Verified by visits, review of schedule, and interview with staff.

-454 Verified by visits, announced and unannounced

-458 (1) The licensor shall physically inspect equipment used.

(2) The licensor shall ascertain that the equipment is appropriate for the developmental level of the children and that there are sufficient toys and equipment for the number of children served.

-460 See 440.

DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

CHECK LIST FOR

☐ LICENSING OR CERTIFICATION ☐

OF DAY CARE CENTER OR MINI DAY CARE CENTER

New ☐
Renewal ☐
Other Review ☐

| NAME OF FACILITY | | | DATE OF EVALUATION |
|---|---|---|---|
| ADDRESS | | | NAME OF EVALUATOR |
| CITY | STATE | ZIP CODE | DSHS OFFICE |

CAPACITY _____ ; Age Range _____ thru _____ and sex _____ _____ of persons served.

| PUT APPROPRIATE ENTRY IN COLUMN | | |
|---|---|---|
| | √ = Rule is Met<br>X = Rule not Met<br>NA = Not Applicable | W = Waiver or Exception Granted (WAC 388-73-016)<br>P = Presumed Compliance (no evidence to contrary) |

WAC 388-73-

____ 016 Licensee has copy of waiver, if any
____ 019 Complies w/local ordinances
____ 022 Proper person(s) signed application
____ Complete application on file
____ References checked
____ Law enforcement check made
____ 028 Only 1 category of care in facility
____ 030 Persons are of good character
____ Have ability to care for children
____ Have good physical health
____ No history of mental illness
____ No criminal convictions
____ No substantiated child abuse
____ 032 Applicant at least 18 years old
____ 034 License is conspicuously posted
____ 036 Applicant and/or chief executive officer does not use
____ illegal drugs
____ is not alcoholic, and has not:
____ Been convicted of a felony
____ Been in prison within 7 years
____ Had a license denied, suspended or revoked
____ Committed fraud or misrepresentation
____ Permitted illegal acts on premises
____ Permitted abuse, neglect or indifferent care of clients
____ Repeatedly provided insufficient numbers of or unqualified staff
____ Misappropriated property of clients
____ Been fiscally irresponsible
____ Provided inadequate supervision
____ Refused to permit inspection of premises
____ Denied access to records
____ Denied access to clients
____ 038 Capacity consistent with regs.
____ 040 Licensee does not discriminate in
____ Admission policies
____ Employment practices
____ 042 Freedom of religion facilitated
____ 044 If 10% of clients are Indian, Indian consultants are used to:
____ Train staff and to
____ Develop resources to meet needs of Indian clients
____ 046 Adequate written disciplinary policies
____ Disciplinary practices are reasonable
____ 048 Corporal punishment not used or only as last resort
____ 050 Clients protected from abuse, neglect and exploitation
____ 054 Confidentiality of records protected
Client records include:
____ Names & birthdates of children
____ Daily attendance
____ Names, adress, phone of parents and/or other emergency contacts
____ Dates of illness, accident, medication & treatment, & time _____ and by whom given _____
____ Dates & types of immunization
____ Other pertinent health information
____ Consent for medical care
____ Names of persons authorized to remove client from facility
____ Authorization for admission of client
____ 056 Following events properly reported:
____ Injury or death of client
____ Child abuse, neglect, abandonment
____ Food poisoning or communicable disease

## DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER (cont.)

Checklist — Licensing/Certification Day Care Center or Mini Day Care Program (cont'd)

056 Cont'd.

**MINI DAY CARE PROGRAM ONLY**

____ Illness or exposure to communicable disease
____ Serious injury, death or abandonment of an enrolled Indian child reported to tribal council (-044).
____ 057 Changes in circumstances reported:
____ Change of address or phone no.
____ Conforms to license specifications regarding numbers, ages, sex.
____ Reports major staff changes and
____ Changes in household composition
____ Reports fires and structural changes
____ 062 Vehicles safe
____ Driver(s) properly licensed
____ Carries liability and medical insurance
____ Seat belts or other devise provided
____ 2nd adult if more than 6 preschoolers in vehicle
____ Vehicle not over-crowded
____ 066 Personal hygiene items provided
____ 068 Employers of 5 or more:
____ Written personnel policies contain:
____ Staff duties and qualifications
____ Hours of work
____ Pay and fringe benefits
____ 070 Staff informed of agency's
____ Policies, procedures, licensing regs.
____ In-service training program in place (employers of 5 or more).
____ 078 Sufficient clerical, accounting and administrative staff provided.
____ 080 Sufficient staff for maintenance of facility and food service.
____ 440-1 Outdoor play area (460) except for drop-in care.
____ Safe outdoor play area.
____ Adjoins facility or has safe access
____ Fenced if conditions require
____ 75 sq. ft. per child, or programmed usage justifies less
____ 441-2 Adequate indoor play areas (exclusive of bath, kitchen, hallways, closets)
____ 35 sq. ft. per child
____ 50 sq. ft. for infant crib/play area
____ Fire Marshal's certificate of approval on file.
____ Health Services Division certificate of approval on file (Sections 100-146)
____ 146-8 Appropriate activities for infants
____ Suitable toys and equipment

____ 430 Capacity—Facility licensed for
____ Maximum of 12 children — less own pre-school-aged children.
____ During evenings & vacation periods own school-aged children counted as part of licensed capacity.
____ Maximum of 4 children under 2 years of age (including own children).
____ An assistant is always available
____ 432 Two staff present when there are:
____ More than 2 infants (under 1 yr.)
____ More than 6 children any of whom are under 2 yrs. of age.
____ An assistant is always available.
____ 434 Applicant has 2 yrs. experience in family day care, or
____ 2 yrs. training in group care of preschool children, or
____ 2 yrs. training & experience, and
____ Has completed a course in early childhood development, or
____ Has a plan to take such a course.
____ 436 All staff at least 16 yrs. of age
____ No one under 18 in sole charge.
____ 438 Program & Equipment
____ Separate play areas for infants and older children.
Outdoor play equipment for:
____ climbing ____ Pushing
____ Riding ____ Pulling
____ Equipment is safe
Indoor play equipment includes:
____ Art materials ____ Table-top toys
____ Musical materials ____ Other
____ Hazardous toys unavailable to younger children.
____ Children are always under competent adult supervision.
____ Adult always in easy hearing range.
____ Written parental permission if child visits neighborhood friends or participates in community activities
____ Evidence of a planned program which promotes physical, mental & social skills. Program includes:
____ Both group & individual activities
____ Periods of free play.
____ Provider plays an active role with children.



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# DSHS 10-51F(X) (Rev. 7/81), CHECKLIST FOR DAY CARE CENTER OR MINI DAY CARE CENTER (cont.)

Checklist — Licensing/Certification Day Care Center or Mini Day Care Program (cont'd)

**DAY CARE CENTERS ONLY**

____ 450-1 Agency has following staff:
- ____ **Director** (21 yrs. old) who has:
- ____ Management & supervisory skills
- ____ Record-keeping skills
- ____ "Public relations" skills
- (____ References contacted).
- ____ **Program Supervisor** (21 yrs. old) who has:
- ____ Knowledge of child development
- ____ Techniques of guiding children
- ____ Program planning ability
- ____ 2 yrs. experience w/children, and
- ____ 45 college quarter credit hours in early childhood development/ education, or
- ____ Equivalent education or is a
- ____ Certified child development
- ____ associate, or
- ____ Has an approved plan to achieve required training.
- ____ (References contacted)

(Director and program supervisor may be same person if qualified and if all duties successfully fulfilled).

- ____ Director and/or program supervisor normally on the premises, and
- ____ Competent adult in charge during their absence.

____ 450-2-a **Child Care Staff**

| Child's Age | Staff Ratio | Group Size |
|---|---|---|
| 1-11 mos. | 1:5 | 10 |
| 12-29 mos. | 1:7 | 14 |
| 30-47 mos. | 1:10 | 20 |
| 48 mos. & Over | 1:10* | 20 |
| (-454) Toddlers & older children | 2:10 | 10 |

* or major fraction of such number

- ____ Above staff: child ratios maintained indoors & out and on field trips.
- ____ Children always under supervision (in visual or auditory range during naps)
- ____ Total required staff always present
- ____ Children are grouped by age: (Reasonable variations include: Early AM and late PM when few children are present; Nap periods (except for children under 2-1/2 (402-2)); Meal time (except infants (146-2); Occasional special events 454-Toddlers w/older children)

____ 450-2-(b) Minimum staff on duty
At least two staff present when:
- ____ More than 6 children, any of whom are under 2 yrs. of age
- ____ More than 8 children, any of whom are under 3 yrs. of age
- ____ More than 10 children.
- ____ Whenever only 1 staff, a 2nd is readily available

____ 450-2-(c) Child care staff are:
- ____ At least 18 yrs. of age
- ____ Staff under 18 not in sole charge of a group

____ 452 Program meets development needs of children served.
- ____ Cultural & individual needs considered.
- ____ Organized activities & free play
- ____ Individual & group activities
- ____ Staff active with children
- ____ Reasonably regular activities
- ____ Variety of special events
- ____ Daily outdoor play (weather permitting)
- ____ Written daily schedule
- ____ Periodic staff planning meetings

____ 454 See 450-2-a

____ 458 Furnishings and equipment
- ____ Furniture safe, durable and cleanable, and
- ____ Adapted to children's size and
- ____ Does not block exits
- ____ Equipment adequate in quantity and variety and promotes:
- ____ Physical and intellectual development and
- ____ Individual and group activities
- ____ The following materials are provided:
  - ____ Art supplies ____ Books
  - ____ Blocks ____ Housekeeping Toys
  - ____ Manipulative toys
- ____ Musical instruments
- ____ Science materials
- ____ Water play supplies
- ____ Props for dramatic play
- ____ Large muscle equipment

DSHS 10-92(X) (7/74), FAMILY DAY CARE HOME LICENSE

Instructions

Complete all lines with appropriate information, placing dashes where not applicable.

LICENSE NO. .....

The State of Washington

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

# Family Day Care Home License

*In compliance with and pursuant to the laws of the State of Washington in meeting Health Standards and the Minimum Licensing Requirements of the Department of Social and Health Services a license is hereby granted*

to.....

*to provide day care (less than 24 hours) for children at*.....

*city of*..... *zip code*..... *county of*.....,

*State of Washington, in a family home for not more than*.....

DAY CARE CHILDREN

| SEX | NUMBER | | FROM | THROUGH | YEARS OF AGE |
|---|---|---|---|---|---|
| Boy(s) | ..... | Ages: | ..... | ..... | |
| Girl(s) | ..... | Ages: | ..... | ..... | |

*This license shall be in force from the*.....*day of*.....,19.....,

*to and including the*.....*day of*.....,19.....*, subject to revocation for due cause.*

DATED AT.....WASHINGTON, THIS.....DAY OF.....,19.....

.....
Worker

.....
LO Administrator

NOTE: This license is not transferable, and is valid only for use by the individual(s) to whom it is issued and at the location above described.

DSHS 10-92(X) 7-74.

## DSHS 10-153 (4/82), REQUEST FOR WAIVER TO LICENSING REQUIREMENTS

### Instructions

A. The DSHS 10-153(X) is to be used for all requests for waivers of licensing requirements including those originating at the CSO level and those originating at the Regional Office level or with a licensed voluntary agency.

It is not to be used for requests to license a nontraditional agency.

B. The request is initiated by the local or Regional Office licensor. The Section related to the nature of the request and other basic information may be completed by private agency staff.

C. DSHS 10-153(X) is to be typed and completed as follows:

Identifying Information:
Licensor - DSHS staff responsible for licensing the home or agency.

Case Name or Agency - should be name that appears on the license.

Section 1:

Include all WAC rules to which a waiver is being requested. If there is no pertinent WAC reference, cite the Manual G reference.

Section 2:

Particulars of the request should be noted.

Section 3:

This information must be completed for requests related to the capacity of family homes and care of infants or handicapped children in family homes.

Section 4:

The competency of the provider does not represent sufficient justification for a waiver if health and fire safety are concerned, nor does a shortage of facilities for a particular type of child.

Section 5:

Where WAC pertains to health, safety, fire protection, etc., in a family home, alternate methods of meeting the intent of WAC should be described.

Section 6:

Anticipated consequences if waiver request is denied.

DSHS 10-153 (4/82), REQUEST FOR WAIVER TO LICENSING REQUIREMENTS (Cont.)

Section 7:

Indicate if provider or applicant has had any previously approved waivers.

Section 8:

A. Dates for which the requested waiver covers.

B. One-time or continuing basis.

Section 9:

A. Final approval of a waiver to WAC 388-73-028 may be made at the local office level if the request involves only mixing two categories of care. If permission to exceed "the most stringent capacity limit" is requested, the request must be forwarded to the Regional Office for approval regarding capacity. A copy of waivers approved by CSO Administrators shall be forwarded to the Bureau of Children's Services and the Bureau of Aging and Adult Services, as appropriate.

B. Endorses or does not endorse all other requests. Endorsed requests are forwarded to the Regional Office, other requests are not.

CSO Administrator signs and dates form and notifies CSO worker of decision.

Section 10:

A. Approves or denies requests for which the Regional Office is the approving authority.

B. Conditions of approval or reason for disapproval may be noted in comments.

C. Enters date the CSO was notified of the decision by telephone, enters signature, and date of decision.

D. Distribution

One copy of the waiver will be retained for the licensing file and a copy for each level of approving/endorsing authority. Copies shall also be given to the applicant/licensee and forwarded to:

Licensing Program Manager
Bureau of Children's Services OB 41
Olympia, WA 98504

When the waiver involves an adult family home, a copy shall also be sent to:

Adult Family Home Program Manager
Bureau of Aging and Adult Services OB 43G
Olympia, WA 98504

DSHS 10-153 (4/82), REQUEST FOR WAIVER TO LICENSING REQUIREMENTS

## REQUEST FOR WAIVER TO LICENSING REQUIREMENTS

| LOCAL OR REGIONAL OFFICE | SERVICE WORKER | |
|---|---|---|
| CASE NAME OR AGENCY | CASE NO. (If any) | DATE |

1. WAC REFERENCES: (Reference to which WAC waiver is requested)

2. SPECIFIC NATURE OF REQUEST:

3. FOR REQUESTS RELATED TO FAMILY HOME LICENSES: (names of adults and/or children)

| LAST NAME | FIRST | M.I. | BIRTHDATE | TRAINING OR EMPLOYMENT STATUS |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. JUSTIFICATION FOR REQUEST:

5. ALTERNATIVES EXPLORED:

DSHS 10-153 (4-82) -675-

DSHS 10-153 (4/82), REQUEST FOR WAIVER TO LICENSING REQUIREMENTS (Cont.)

6. CONSEQUENCES IF WAIVER IS DENIED:

_____

_____

_____

7. PREVIOUS WAIVERS:

ANY PREVIOUS WAIVERS? ☐ YES ☐ NO DATE _____

WHAT WAS THE WAIVER FOR? _____

_____
SIGNATURE OF WORKER

8. DATES FOR WHICH RULE WAIVER IS REQUESTED:

A. FROM _____ TO _____ B ☐ ONE-TIME, OR ☐ CONTINUING

9. TO BE COMPLETED BY CSO ADMINISTRATOR. (FOR REQUESTS ORIGINATING AT CSO LEVEL)

A. FOR REQUESTS FOR A WAIVER TO WAC 388-73-026 ☐ APPROVED ☐ DENIED

B. FOR REQUESTS FOR OTHER WAIVERS ☐ ENDORSED ☐ NOT ENDORSED

CSO ADMINISTRATOR'S SIGNATURE _____ DATE _____

10. REGIONAL OFFICE ACTION:

A. ☐ APPROVED ☐ DENIED

B. COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

C. DECISION TELEPHONED TO CSO OFFICE (FOR THOSE REQUESTS ORIGINATING THERE) > Date

APPROVING AUTHORITY SIGNATURE _____ DATE _____

DSHS 10-153 Back (4-82) -079-

## DSHS 15-165 (Rev. 11/82), RECEIPT OF APPLICATION TO PROVIDE CHILD CARE

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

TO:

FROM:

SUBJECT: RECEIPT OF APPLICATION TO PROVIDE CHILD CARE

This is to inform your office that we have received from:

_____
NAME

_____
STREET OR BOX NO.

_____
CITY ZIP CODE

an application to establish a

_____
TYPE OF FACILITY

at _____
STREET

_____
CITY ZIP CODE

We will be acting on this application within 90 days of receipt.

While this department does not assume any responsibility for the enforcement of local ordinances, including those pertaining to zoning, land use permits, etc., we have advised the applicant to contact your agency regarding your requirements.

If your office is not responsible for zoning, land use permits, building code, etc., please forward this notice to the appropriate agency.

**See Instructions on Reverse**

DSHS 15-165 (11-82) QX A-90

## DSHS 15-165 (Rev. 11/82), RECEIPT OF APPLICATION TO PROVIDE CHILD CARE (cont.)

Instructions for Originator

1. This form is to be used upon receipt of an application for a day care center, mini-day care center, or group care facility for children.

2. It is unnecessary to use this form for relicensing unless there is also a change of address for the facility.

3. One copy of the completed form shall be forwarded to the appropriate local planning/zoning agency, one to the applicant, and one copy shall be placed in the licensing file.

DSHS 15-165 (11/82) Back OX A-90

## SFM 224/DSHS 21-38 (Rev. 11/80), REQUEST FOR INSPECTION

### Instructions

A. See reverse side of form for general instructions.

B. Additional instructions:

1. Block 3, Type of Inspection Requested

   a. This block should be used for a feasibility study or for such inspections where licensee merely wishes an appraisal or opinion. Further explanation should be made in "Information Requested" block.

   b. Requested Occupant Load

      This block is to provide assurance that the facility is examined and approved consistent with standard code requirements.

2. Block 4, Information Requested

   This space should indicate request for specific action(s). For a new license inspection request, the block should contain language such as "Does the facility meet fire and life safety requirements for a mini day care center?" and for a license renewal, insert the phrase, "continue to meet." Do not enter information relative to the qualifications of the applicant or adequacy of the services, since this information is of no value in making the fire protection appraisal of the premises.

3. Block 6 and 8 are for Fire Marshal use.

4. Block 7 is addressed to the Residential Inspection Section.

## SFM 224/DSHS 21-38 (Rev. 11/80), REQUEST FOR INSPECTION

Office of State Fire Marshal

### REQUEST FOR INSPECTION

| PROPERTY TO BE INSPECTED | COUNTY: | INSPECTION REQUESTED BY |
|---|---|---|
| NAME: | | REQUESTOR NAME: |
| ADDRESS: | | AGENCY: |
| CITY: | ZIP CODE: | |
| ADMINISTRATOR: | | DATE: |
| OTHER PERSON TO CONTACT: | PHONE: | |

**TYPE INSPECTION REQUESTED**

| | | | | | |
|---|---|---|---|---|---|
| LICENSING INSPECTION | NEW | | REINSPECTION | | NUMBER OF LICENSED BEDS: |
| | RENEWAL | | SPECIAL INSPECTION | | |

| | |
|---|---|
| INSPECTION, OTHER: | INFORMATION REQUESTED |
| CURRENT LICENSE EXPIRES ON: / PLEASE REPLY BY: | |

**FACILITY TO BE LICENSED AS**

| | | |
|---|---|---|
| _____ NURSING HOME | _____ RESIDENTIAL PSYCHIATRIC TREATMENT FACILITY | _____ OTHER |
| _____ BOARDING HOME | _____ PSYCHIATRIC HOSPITAL | |
| _____ HOSPITAL | _____ ALCOHOLIC HOSPITAL | |
| _____ A.T.F. | _____ CHILDBIRTH CENTER | |

FORWARDED TO: DATE:

**FACILITY INSPECTION**

INSPECTOR NAME: INSPECTION DATE:

LOCAL FIRE DEPARTMENT CONTACTED? YES ☐ NO ☐ PERSON CONTACTED:

REINSPECTION REQUIRED? YES ☐ NO ☐ DATE REINSPECTION REQUIRED:

| | | |
|---|---|---|
| OCCUPANCY | | |
| TYPE CONSTRUCTION | | |

NUMBER STORIES: _____ BASEMENT OR CELLAR? _____ LOCAL FIRE DEPT. _____

| AUTOMATIC SPRINKLERS: | YES | NO | PARTIAL |
|---|---|---|---|
| | | | |

| AUTOMATIC DETECTION SYSTEM | YES | NO | FULL | PART |
|---|---|---|---|---|
| | | | | |

| MANUAL FIRE ALARM SYSTEM | YES | NO |
|---|---|---|
| | | |

| COMMERCIAL RANGE HOOD SYSTEM: | YES | NO |
|---|---|---|
| | | |

SQUARE FEET _____ YEAR BUILT _____

☐ APPROVED FOR LICENSING
☐ DISAPPROVED. See SFM 470
☐ APPROVED AS REQUESTED
☐ REQUEST DISAPPROVED

DATE: _____

**INITIAL INSPECTION**

☐ APPROVED FOR LICENSING
☐ DISAPPROVED. SEE SFM 470

**DISPOSITION BY FIRE MARSHAL**

REVIEWED BY: _____ DATE: _____
APPROVED BY: _____ DATE: _____
FORWARDED BY: _____ DATE: _____

SFM 224M—(Rev. 11/80)
DSHS 21-38 11/80—83—

SUGGESTED FORMAT FOR NOTICE OF FEE RENEWAL DAY CARE LICENSE

JOHN SPELLMAN
Governor

ALAN I. GIBBS
Secretary

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
*Olympia, Washington 98504*

**SUGGESTED FORMAT FOR**
**NOTICE OF FEE RENEWAL DAY CARE LICENSE**

**Re: Facility:** **Date:**

**Dear**

This letter is to inform you that a licensing fee for your day care facility is due by _____. The Department of Social and Health Services is authorized to charge this fee by 43.20A RCW (SSB 4418, Section 2 et sec.) and WAC 440-44-010.

WAC 440-44-010 provides that when the Department issues a license for more than one year, fees may be paid for the entire licensing period at the rate in effect at the time the application was submitted. Fees may instead be paid on a yearly basis. If the licensee does not pay the entire multi-year license fee within thirty days of license issuance, annual fees are due thirty days prior to the annual anniversary date of the license and will be charged at the annual rate in effect at the time such fee is paid.

The schedule of licensing fees is as follows:

1. For day care centers and mini day care centers, the fee is $48.00 per year plus $4.00 per year for each unit (child) of licensed capacity above 12.
2. The fee for family day care homes is $24.00 per year or $72.00 for a three-year license.

Fee payments shall be by check, draft, or money order made payable to the Department of Social and Health Services.

The annual anniversary date for the fee for your facility is _____. The annual fee for your facility is due each year no later than thirty days prior to this anniversary date.

Your facility is currently licensed for the care of ____ children; the licensing fee is $_____ for this number of children.

☐ You have a credit remaining of $_____, therefore, the fee due at this time is $_____.

Should you wish to be licensed for fewer or more children within the documented capacity, adjust the fee accordingly.

Failure to pay the fee when due may result in suspension or nonrenewal of your license, pursuant to WAC 44.44.015.

Should you have any question regarding this letter, or the fee now due, or if you have discontinued providing care, please call your licensor at _____.

Sincerely,

Administrator

(6 83) OX A-110

SUGGESTED FORMAT FOR NOTICE OF INTENT TO SUSPEND DAY CARE LICENSE FOR FAILURE TO PAY LICENSING FEE

JOHN SPELLMAN
Governor

ALAN J. GIBBS
Secretary

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
*Olympia, Washington 98504*

**SUGGESTED FORMAT FOR**
**NOTICE OF INTENT TO SUSPEND DAY CARE LICENSE**
**FOR FAILURE TO PAY LICENSING FEE**

Date:

Re: Facility:

Dear

This letter will constitute notice that it is the intent of the Department of Social and Health Services to suspend the day care license for the above captioned facility, effective _____, because of failure to pay a licensing fee when due. This action is taken under authority of Chapter 201, Laws of 1982, and Chapter 440-44 of the Washington Administrative Code (WAC).

WAC 440-44-010 requires that license fees are due with an application for initial license or renewal, or if paid on an annual basis, shall be due thirty (30) days prior to each annual anniversary date of the license.

The last payment received from your facility was for $_____, paid _____ for the period _____ to _____. We have not received a fee payment since that time.

If you decide to contest this decision you may do so by requesting an administrative Fair Hearing; however, you **must** make this request within thirty days of the date you receive this letter. The request for the hearing must be sent by certified mail and addressed to:

Office of Hearings
P.O. Box 2465
Olympia, WA 98504

Your failure to either 1) pay the fee due, or 2) request a hearing within thirty days, will automatically result in suspension of your license. The provision of child care during a period that a license is suspended constitutes the provision of unlicensed services; the provision of unlicensed day care center services thereafter will further render you subject to the civil and/or criminal penalties of RCW 74.15.140 and RCW 74.15.150.

Should you have any questions regarding this letter, please feel free to discuss them with either _____, licensor, at _____ or me at _____.

Sincerely,

Administrator

cc: Attorney General
Division of Health Services
State Fire Marshal
Bureau of Children's Services
Office of Financial Recovery

(5/83) QX A-140

SUGGESTED FORMAT FOR NOTICE OF INTENT TO NOT RENEW DAY CARE LICENSE FOR FAILURE TO PAY LICENSING FEE

JOHN SPELLMAN
Governor

ALAN I. GIBBS
Secretary

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
*Olympia, Washington 98504*

**SUGGESTED FORMAT FOR**
**NOTICE OF INTENT TO NOT RENEW DAY CARE LICENSE**
**FOR FAILURE TO PAY LICENSING FEE**

Re: Facility: Date:

Dear

This letter will constitute notice that it is the intent of the Department of Social and Health Services to not renew the day care license for the above captioned facility, effective _____, because of failure to pay a licensing fee when due. This action is taken under authority of Chapter 201, Laws of 1982, and Chapter 440-44 of the Washington Administrative Code (WAC).

WAC 440-44-010 requires that license fees are due with an application for initial license or renewal, or if paid on an annual basis, shall be due thirty (30) days prior to each annual anniversary date of the license.

The last payment received from your facility was for $_____, paid _____ for the period _____ to _____. We have not received a fee payment since that time.

Your failure to pay the fee due within thirty days, will automatically result in non-renewal of your license. The provision of child care during a period that a license is lapsed constitutes the provision of unlicensed services; the provision of unlicensed day care center services thereafter will further render you subject to the civil and/or criminal penalties of RCW 74.15.140 and RCW 74.15.150.

Should you have any questions regarding this letter, please feel free to discuss them with either _____, licensor, at _____ or me at _____.

Sincerely,

Administrator

cc: Attorney General
Division of Health Services
State Fire Marshal
Bureau of Children's Services
Office of Financial Recovery

(6 83) OX A 110

SUGGESTED FORMAT FOR NOTICE OF SUSPENSION OR NON RENEWAL OF DAY CARE LICENSE FOR FAILURE TO PAY LICENSING FEE

JOHN SPELLMAN
Governor

ALAN J. GIBBS
Secretary

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
*Olympia, Washington 98504*

**SUGGESTED FORMAT FOR**
**NOTICE OF SUSPENSION OR NON RENEWAL OF DAY CARE LICENSE**
**FOR FAILURE TO PAY LICENSING FEE**

Re: Facility: Date:

Dear Day Care Licensee:

This letter will constitute notice that ☐ the Department of Social and Health Services has suspended your day care license effective _____, ☐ your day care license expired _____. Your suspended license should be sent to this office promptly.

This suspension or non-renewal is being taken under authority of RCW 43.20A and WAC 440-44-015 due to the fact that the licensing fee of which you were advised by letter of _____ and certified letter of _____ has not been received, nor have you requested a fair hearing during the thirty day period permitted for making such requests.

The provision of child care during a period a license is suspended or a license has expired constitutes the provision of unlicensed services; the provision of unlicensed day care center services following the date you receive this letter, will render you subject to the civil and/or criminal penalties of RCW 74.15.140 and RCW 74.15.150, which we quote below:

> "Notwithstanding the existence or pursuit of any other remedy, the secretary may, in the manner provided by law, upon the advice of the attorney general, who shall represent the department in the proceeding, maintain an action in the name of the state for injunction or such other relief as he may deem advisable against any agency subject to licensing under the provisions of chapter 74.15 RCW and RCW 74.13.031 or against any such agency not having a license as heretofore provided in chapter 74.15 RCW and RCW 74.13.031." RCW 74.15.140

> "Any agency operating without a license shall be guilty of a misdemeanor. This section shall not be enforceable against an agency until sixty days after the effective date of new rules, applicable to such agency, have been adopted under chapter 74.15 RCW and 74.13.031." RCW 74.15.150

It is possible to have this suspension lifted by payment of the appropriate fee before _____. If the fee is not received by that time, action to revoke your day care license will be taken.

If your license has expired, it will be necessary for you to submit an application accompanied by the appropriate fee.

Should you have any questions regarding this suspension or non-renewal or the fee now past due, or if you are no longer providing child care services, please do not hesitate to contact _____ at _____.

Sincerely,

_____ Administrator

cc: Attorney General's Office
Division of Health Services
State Fire Marshal
Bureau of Children's Services
Office of Financial Recovery

(6-83) OX A-110

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-190
Issued: May 25, 1984

FROM: Bruce Ferguson, Assistant Secretary
Community Services

FOR INFORMATION CALL:
Jean Gregory
SCAN 234-7136 or
Non-SCAN 753-7136

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: SOCIAL SERVICE PAYMENT SYSTEM - INTERIM SOCIAL SERVICE OVERPAYMENT PROCEDURES

Place this notice in front of Chapter 05, Manual G, and note on Green Notice Control Sheet the date Notice No. G-190 was entered.

Chapter 05, Manual G, Social Service Overpayments, will be issued at a later date.

## INTRODUCTION

The Interim Social Service Vendor overpayment instructions will provide social service staff with a uniform procedure to handle overpayments as defined below. An overpayment is defined as a billing error mutually recognized by the Vendor and Department, but cannot be dealt with under SSPS by adjustment on future billings. The interim procedure will also provide notification to the Office of Financial Recovery to establish an accounts receivable for the overpayment.

For contracted vendors, see Administrative Policy No. 10.02. The interim vendor payment instructions do not supersede Administrative Policy No. 10.02 (see attached).

### A. Identification of Overpayment

The responsibility for verifying if a vendor has incurred a social service overpayment is determined by who authorizes the social service payment. This may be the Program Manager, Regional Office Staff, DDD Field Service Staff, or Community Service Office Social Service Staff. As necessary he/she will consult with staff who licenses and/or contracts with the Social Service Vendor. See attached list for Licensing, Contracting Responsibilities.

B. Setting Up Overpayment

When an overpayment has been identified, the responsible staff will:

1. Prepare an overpayment letter to send to the client/vendor. The overpayment letter (DSHS 18-398 or DSHS 18-399) (see attached) instructs the vendor or client payee to forward repayment directly to the Office of Financial Recovery (OFR), MS OB-21, not to the CSO/FSO. A copy of the overpayment letter must be retained in the client and the vendor's file.

2. Prepare an overpayment packet for OFR which will contain the following:

   a. DSHS 18-199C, Accounts Receivable Input Document for Vendor Overpayments, or a DSHS 18-199(X), Accounts Receivable Input Document, for a client payee overpayment. The DSHS 18-199(X) or DSHS 18-199C must include the SSPS service code, reason code and source of funds if applicable in the comments section. This enables OFR to properly credit any funds received to the appropriate source. (See Manual F, Chapter 99, for instructions.)

   b. The Overpayment Letter that was sent to the vendor (DSHS 18-399) or client payee (DSHS 18-398).

   c. Supporting documentation such as original payment invoices, a print from the SSPAY terminal screen, audit report or other documents as appropriate which verify that an overpayment has occurred.

C. Payment

The vendor must send the repayment directly to OFR. If a CSO/FSO should receive monies that are to be applied to a vendor overpayment, they must be transmitted to OFR on a Daily Funds Transmittal (DSHS 18-320(X)). This is done by the accounting section. The comment section of the DSHS 18-320(X) should indicate the nature of the overpayment. (See Manual E, Chapter 32.)

D. Unsolicited Payments

The Office of Financial Recovery periodically receives payments from vendors who are paid through the Social Service Payment System for whom they have not received an overpayment packet. In order for OFR to deposit and properly account for these payments, they must know if these payments are refunds of overpayments, or submitted to the department in error, or are a program donation. In order for OFR to obtain the information necessary to account for such payments, the following interim procedures will apply:

1. OFR, upon receipt of payment from a social service vendor for whom they have not received an Accounts Receivable Document (DSHS 18-199(X) or DSHS 18-199C), will send a request for clarification to the appropriate CSO/FSO, Program Manager, or regional office staff. The clarification will request a determination of the reason for the repayment (see attached example).

2. Responses from the responsible staff to OFR's request for clarification will be due within 30 days to allow OFR to credit accounts and/or refund in a timely manner.

3. If it is determined that an overpayment has occurred, the vendor overpayment procedures apply and an overpayment packet must be sent to OFR.

4. If it is determined that the payment or any portion was submitted in error, this information must be transmitted by memo to OFR. OFR will then initiate appropriate refunds to the vendor.

5. If the payment or any portion was a program donation, this information should be submitted to OFR including the identity of the program to which the donation was made in order to credit the proper account. OFR will then credit the account.

Attachments

## Community Services Licensing, Contracting Responsibilities

### Community Service Office

- CSO Foster Family Homes - licensing
- Family Day Care Homes - licensing
- Adult Foster Homes - licensing - contracting
- Day Care Mini Centers within family residence - licensing
- COPES Individual Provider - personal services contract
- CCF - contracting
- COPES Agency - contracts

### Regional Office

- Licensed Child Placing Agencies (who in turn license private agency foster homes)
- Day Care Centers - licensing
- Day Care Mini Centers - licensing (outside family residence)
- Juvenile Detention Centers - certification
- Group Homes - licensing
- CRCs - licensing

### State Office

- CCF (Regular, Mental Health, Alcohol, Drug) - Health Services license
- Chore contracts
- Group Homes - contracts
- FRS contracts
- Juvenile Detention Centers - contracts
- Day Care Centers - contracts
- All Day Care Mini Centers - contracts
- CRCs - contracts

Not subject to licensing or contracting: CSO is responsible for In-Home Day Care, IPP Chore providers.

### Division of Developmental Disabilities Contracting Responsibilities

- Group Homes
- IMR - Level E
- Tenant Support - Regular
  - Intensive
- Alternative Living - Individual
  - Agency
- Residential Skills
- Counties
- BOA - Provider Agreements (i.e., medical care, respite care)
- Personal Service (i.e., Group Home staff training)
- Contracts for Developmental Disabilities Planning Council

# CLIENT PAYEE SOCIAL SERVICE OVERPAYMENT

_____ LOCAL OFFICE _____

_____ CASE # _____

_____

We have determined that you received an overpayment of social service monies amounting to

$ _____ for the period(s) _____.

The service(s) for which you were overpaid are:

| Service Name | SSPS Code | Auth # | Invoice # | Provider # |
|---|---|---|---|---|
| | | | | |
| | | | | |

The reasons for this overpayment are: _____

_____

_____

_____

Funds for repayment must be sent directly to the Office of Financial Recovery, OB-21, Box 9501, Olympia, WA 98504. You may write to the Office of Financial Recovery to arrange a repayment schedule.

If you have questions regarding the amount or reasons for the overpayment you may contact me at telephone # _____.

If you disagree with this decision, you may request a fair hearing by writing the Office of Hearings, Department of Social and Health Services, Box 2465, Olympia, WA 98504, within ninety days of receipt of this letter.

Sincerely, _____

# SOCIAL SERVICE VENDOR OVER PAYMENT

_____ LOCAL OFFICE _____

_____ PROVIDER # _____

_____

We have determined that you received an overpayment of social service monies amounting to

$ _____ for the period(s) _____ .

The clients and service for which you were overpaid are:

| Client | SSPS Serv. Code | Auth # | Invoice # |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

The reason for this overpayment is: _____

_____

_____

Repayment should be made directly to the Office of Financial Recovery, OB-21, Box 9501, Olympia, WA 98504. You may write to the Office of Financial Recovery to arrange a repayment schedule.

You may also be liable for interest on overpayments per RCW 43.20A.435.

If you have questions regarding the amount or reasons for this overpayment you may contact me at telephone # _____ .

If you disagree with this decision, you may request a hearing by writing the Office of Hearings, Department of Social and Health Services, Box 2465, Olympia, WA 98504, within ninety days of receipt of this letter.

Sincerely, _____

DSHS 18-399 (5 84) OX A-193

# ADMINISTRATIVE POLICY

| SUBJECT: | POLICY NUMBER: |
|---|---|
| Vendor Overpayment Policy | 10.02 |
| **ORIGINATING UNIT:** | **ISSUANCE NUMBER:** |
| Division of Administration and Personnel | 83-5 |

| DATE | | | APPROVED: |
|---|---|---|---|
| Feb. | 10 | 1983 | Alan J. Gibbs |

| SUPERSEDES: | RELATED REFERENCES: |
|---|---|
| Collection of Medicaid Provider Overpayments Thomas, 5/8/78<br>Collection of Vendor Overpayments Thompson, 1-14-80 | Corrective Action Plans and Reports |

## I. PURPOSE

The purpose of this policy is to establish a uniform approach to the identification and recovery of vendor overpayments.

## II. SCOPE

This policy applies to all contractors/vendors receiving funds from the department and all organizations within the department except for cost reimbursement, long-term care programs funded under Title XIX -- SNF, ICF, ICF-MR.

This policy does not apply to processing of billing errors mutually recognized by the vendor and the department, which normally result in recoupment by adjusted payment on future billings.

## III. POLICY

Effective management of contracted services is a vital part of the department's overall mission to provide necessary social and health services for the citizens of this state. Since approximately two-thirds of the department's budget is expended through contracts, it is essential that vendor program and fiscal accountability be maintained.

Staff reviewing contracts/vendor invoices shall only approve payments when those invoices are in accordance with existing contract terms and obligations. Overpayments made by the department when the contractor/vendor has billed for services not provided, has billed in excess of a contractual limitation, or failed to meet the contractual performance requirements for which payment was made, shall be promptly recouped/collected.

The attached matrix describes the process by which the department will address vendor overpayment/nonperformance. The process provides for:

- Development of a consistent department position on draft audit findings.
- Vendor participation and input in each stage of the audit.
- The opportunity for a vendor who has participated in the audit process to receive an impartial dispute hearing if the vendor is not in agreement with the final audit report.
- The program manager as being the primary contact point with the vendor.
- An expedited recoupment/collection of overpayments including interest.
- Prompt initiation of necessary corrective action.

While the matrix focuses on vendor overpayments which are identified via the department's audit process, the Audit Division is not the sole organizatoin charged with monitoring vendor performance. Other staff assigned day-to-day monitoring, licensing, certification, etc., of vendors shall, when the vendor is not in compliance with the departmental contracts/standards, initiate corrective action. If those efforts are unsuccessful, assistance should be obtained from the Audit Division, Office of Contracts Management, Division of Administration and Personnel, and/or the Office of the Attorney General.

This policy and procedure supersedes "Policy for Collection of Vendor Overpayments" dated January 14, 1980, and "Collection of Medicaid Provider Overpayments" dated May 8, 1978.

Attachment

## VENDOR OVERPAYMENT/NONPERFORMANCE RESPONSIBILITY MATRIX

| Responsible Organization | Action | Comments |
|---|---|---|
| 1. Office of Operations Review | Initiate audit, notify vendor and program manager. | |
| 2. Office of Operations Review | Refer evidence of fraud/criminal conduct to Office of Special Investigation, or, in the case of a Medicaid provider, to the Medical Fraud Control Board. | Office of Special Investigation or appropriate unit investigates referral. |
| 3. Office of Operations Review | Conduct Exit Review with vendor to review audit findings. | Advises vendor of need to respond to Draft Audit to maintain appeal rights. |
| 4. Office of Operations Review | Issue Pre-Draft Audit Report to program manager for review and comment. | Program manager is division or bureau director. |
| 5. Program Manager | Review Pre-Draft Audit Report and provide written response to Operations Review within ten working days of receipt. | Program manager reviews report to determine if it is consistent with applicable program policies. Review is conducted prior to distribution to vendor and provides consistent department position. |
| 6. Operations Review/Program Manager | Attempt to resolve any areas of disagreement. | |
| 7. Office of Operations Review | (a) Schedule Pre-Draft Report for review by Audit Committee if there is no agreement, or | Audit Committee is composed of Deputy Secretary, Assistant Secretaries, Comptroller and Auditor. |
| | (b) distributes Draft Audit Report to vendor and program manager if there is agreement. | |
| 8. Audit Committee | Resolve differences and establishes department position on Draft Audit Report. | Operations Review and program manager presents views to Audit Committee. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 9. Office of Operations Review | Distribute Draft Audit Report to vendor and program manager. | Cover letter includes notice that vendor must respond to maintain further appeal rights. |
| 10. Vendor | Respond to Draft Audit within 30 working days. If vendor disagrees and wants an Audit Conference, the request must be made within ten working days to ensure completion within 30 days. | Request for extension of the 30-day response may be granted by the Auditor, Draft Audit Report is a working paper and receives limited distribution. |
| 11. Office of Operations Review | Schedule Audit Conference with vendor within five working days if vendor and Operations Review disagree on substantial matters that cannot be resolved. | Attendance at Audit Conference: Vendor, Operations Review, and program manager. If no program issues, program manager attendance is optional. |
| 12. Operations Review/ Program Manager | Attempt to resolve any areas of disagreement based on new evidence provided by vendor. | |
| 13. Office of Operations Review | (a) Schedule Draft Audit report for review by Audit Committee if there is no agreement, or | |
| | (b) distribute within ten working days after appropriate resolution of draft audit Final Audit Report to program manager<br>— when vendor has not responded, or<br>— when vendor responses have been considered for incorporation in the Final Audit Report and no further discussion is necessary, or<br>-- when Audit Conference has been completed and no further action is required, or<br>— Audit Committee has determined department position. | Copies of final audit report are sent to Office of Contracts Management and Office of Financial Recovery. Office of Financial Recovery establishes accounting record. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 14. Program Manager | Distribute within ten working days Final Audit Report to vendor with Corrective Action Cover Letter (sample provided by Operations Review). Letter includes: | Copies of cover letter are sent to Offices of Contracts Management, Financial Recovery, and Operations Review. |
| | (a) Notice to correct or develop plan to correct deficiencies. | |
| | (b) Methods of recovery. (Options include repayment/recoupment from future contract payments.) Recovery to include 1% per month interest beginning on 31st day; except for medical providers as provided in RCW 74.09.220. | For medical care providers, consider recommending the assessment of civil penalties if appropriate as provided for in RCW 74.09.210. |
| | (c) Need to respond to Final Audit in 20 days. | |
| | (d) Appeal rights. | |
| 15. Office of Financial Recovery | Adjust account balance and establish account receivable. Suspend file for 30 days. | Notifies program manager and Operations Review if no action is taken within 30 days. |
| 16. Vendor | Review and respond to Final Audit within 20 working days. | |
| 17. Office of Contracts Management | Schedule within ten days Dispute Hearing if vendor has met preconditions and disagrees with Final Audit (hearing is limited to issues of fact). Dispute hearing will be conducted within 30 days and a decision rendered within 15 days. Notify Office of Financial Recovery of all requests for a Dispute Hearing and the date of each hearing scheduled. | Extension of timeliness may be granted with concurrence of program manager and auditor. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 18. Office of Contracts Management | Notify Office of Financial Recovery, program manager and Operations Review of hearing decision. | |
| NOTE: Upon completion of the above steps, the program manager has the option to initiate recoupment/repayment as provided in steps 19 and 20 below, or to refer the matter to the Office of Financial Recovery for actions as provided in steps 21 and 22. If the program manager is unable to recoup or obtain repayment, the collection will be referred to the Office of Financial Recovery. | | |
| 19. Program Manager (See 21 below) | Initiate within ten working days recoupment/repayment of overpayments if vendor does not disagree with Final Audit Report or Dispute Hearing has been completed and Audit has been upheld. | Repayment/recoupment schedule over 90 days requires Assistant Secretary's approval. |
| | Notify Office of Financial Recovery of actions taken and planned. As each recoupment installment is completed, program manager or disbursing unit provides Office of Financial Recovery with data for credit adjustment. | |
| 20. Office of Financial Recovery | Process adjustment to reflect satisfaction in full. | Notifies program manager, Operations Review and Assistant Secretary if recoupment/repayment not accomplished in 90 days or in accordance with approved repayment plan. |
| OR | | |
| 21. Program Manager | Advise Office of Financial Recovery to collect and/or establish repay schedule. | Office of Financial Recovery is to be alerted if vendor is no longer receiving department funds or is going out of business. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 22. Office of Financial Recovery | Advise vendor of amount due including interest to date. Establish repay schedules if appropriate. | Account status is available to program manager. |
| | Initiate within 30 working days collection, legal action, etc. Recover overpayment if Audit is agreed to or upheld and recoupment is not available. Cost effectiveness of recovery will be coordinated with Attorney General. | Referral to Attorney General will be copied to program manager. |

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-190
Issued: May 25, 1984

FROM: Bruce Ferguson, Assistant Secretary
Community Services

FOR INFORMATION CALL:
Jean Gregory
SCAN 234-7136 or
Non-SCAN 753-7136

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: SOCIAL SERVICE PAYMENT SYSTEM - INTERIM SOCIAL SERVICE OVERPAYMENT PROCEDURES

Place this notice in front of Chapter 05, Manual G, and note on Green Notice Control Sheet the date Notice No. G-190 was entered.

Chapter 05, Manual G, Social Service Overpayments, will be issued at a later date.

## INTRODUCTION

The Interim Social Service Vendor overpayment instructions will provide social service staff with a uniform procedure to handle overpayments as defined below. An overpayment is defined as a billing error mutually recognized by the Vendor and Department, but cannot be dealt with under SSPS by adjustment on future billings. The interim procedure will also provide notification to the Office of Financial Recovery to establish an accounts receivable for the overpayment.

For contracted vendors, see Administrative Policy No. 10.02. The interim vendor payment instructions do not supersede Administrative Policy No. 10.02 (see attached).

### A. Identification of Overpayment

The responsibility for verifying if a vendor has incurred a social service overpayment is determined by who authorizes the social service payment. This may be the Program Manager, Regional Office Staff, DDD Field Service Staff, or Community Service Office Social Service Staff. As necessary he/she will consult with staff who licenses and/or contracts with the Social Service Vendor. See attached list for Licensing, Contracting Responsibilities.

B. Setting Up Overpayment

When an overpayment has been identified, the responsible staff will:

1. Prepare an overpayment letter to send to the client/vendor. The overpayment letter (DSHS 18-398 or DSHS 18-399) (see attached) instructs the vendor or client payee to forward repayment directly to the Office of Financial Recovery (OFR), MS OB-21, not to the CSO/FSO. A copy of the overpayment letter must be retained in the client and the vendor's file.

2. Prepare an overpayment packet for OFR which will contain the following:

   a. DSHS 18-199C, Accounts Receivable Input Document for Vendor Overpayments, or a DSHS 18-199(X), Accounts Receivable Input Document, for a client payee overpayment. The DSHS 18-199(X) or DSHS 18-199C must include the SSPS service code, reason code and source of funds if applicable in the comments section. This enables OFR to properly credit any funds received to the appropriate source. (See Manual F, Chapter 99, for instructions.)

   b. The Overpayment Letter that was sent to the vendor (DSHS 18-399) or client payee (DSHS 18-398).

   c. Supporting documentation such as original payment invoices, a print from the SSPAY terminal screen, audit report or other documents as appropriate which verify that an overpayment has occurred.

C. Payment

The vendor must send the repayment directly to OFR. If a CSO/FSO should receive monies that are to be applied to a vendor overpayment, they must be transmitted to OFR on a Daily Funds Transmittal (DSHS 18-320(X)). This is done by the accounting section. The comment section of the DSHS 18-320(X) should indicate the nature of the overpayment. (See Manual E, Chapter 32.)

D. Unsolicited Payments

The Office of Financial Recovery periodically receives payments from vendors who are paid through the Social Service Payment System for whom they have not received an overpayment packet. In order for OFR to deposit and properly account for these payments, they must know if these payments are refunds of overpayments, or submitted to the department in error, or are a program donation. In order for OFR to obtain the information necessary to account for such payments, the following interim procedures will apply:

1. OFR, upon receipt of payment from a social service vendor for whom they have not received an Accounts Receivable Document (DSHS 18-199(X) or DSHS 18-199C), will send a request for clarification to the appropriate CSO/FSO, Program Manager, or regional office staff. The clarification will request a determination of the reason for the repayment (see attached example).

2. Responses from the responsible staff to OFR's request for clarification will be due within 30 days to allow OFR to credit accounts and/or refund in a timely manner.

3. If it is determined that an overpayment has occurred, the vendor overpayment procedures apply and an overpayment packet must be sent to OFR.

4. If it is determined that the payment or any portion was submitted in error, this information must be transmitted by memo to OFR. OFR will then initiate appropriate refunds to the vendor.

5. If the payment or any portion was a program donation, this information should be submitted to OFR including the identity of the program to which the donation was made in order to credit the proper account. OFR will then credit the account.

Attachments

## Community Services Licensing, Contracting Responsibilities

### Community Service Office

- CSO Foster Family Homes - licensing
- Family Day Care Homes - licensing
- Adult Foster Homes - licensing - contracting
- Day Care Mini Centers within family residence - licensing
- COPES Individual Provider - personal services contract
- CCF - contracting
- COPES Agency - contracts

### Regional Office

- Licensed Child Placing Agencies (who in turn license private agency foster homes)
- Day Care Centers - licensing
- Day Care Mini Centers - licensing (outside family residence)
- Juvenile Detention Centers - certification
- Group Homes - licensing
- CRCs - licensing

### State Office

- CCF (Regular, Mental Health, Alcohol, Drug) - Health Services license
- Chore contracts
- Group Homes - contracts
- FRS contracts
- Juvenile Detention Centers - contracts
- Day Care Centers - contracts
- All Day Care Mini Centers - contracts
- CRCs - contracts

Not subject to licensing or contracting: CSO is responsible for In-Home Day Care, IPP Chore providers.

## Division of Developmental Disabilities Contracting Responsibilities

- Group Homes
- IMR - Level E
- Tenant Support - Regular
  - Intensive
- Alternative Living - Individual
  - Agency
- Residential Skills
- Counties
- BOA - Provider Agreements (i.e., medical care, respite care)
- Personal Service (i.e., Group Home staff training)
- Contracts for Developmental Disabilities Planning Council

# CLIENT PAYEE SOCIAL SERVICE OVERPAYMENT

_____ LOCAL OFFICE _____

_____ CASE # _____

_____

We have determined that you received an overpayment of social service monies amounting to

$ _____ for the period(s) _____ .

The service(s) for which you were overpaid are:

| Service Name | SSPS Code | Auth # | Invoice # | Provider # |
|---|---|---|---|---|
| | | | | |
| | | | | |

The reasons for this overpayment are: _____

_____

_____

_____

Funds for repayment must be sent directly to the Office of Financial Recovery, OB-21, Box 9501, Olympia, WA 98504. You may write to the Office of Financial Recovery to arrange a repayment schedule.

If you have questions regarding the amount or reasons for the overpayment you may contact me at telephone # _____ .

If you disagree with this decision, you may request a fair hearing by writing the Office of Hearings, Department of Social and Health Services, Box 2465, Olympia, WA 98504, within ninety days of receipt of this letter.

Sincerely, _____

# SOCIAL SERVICE VENDOR OVER PAYMENT

_____ LOCAL OFFICE _____

_____ PROVIDER # _____

_____

We have determined that you received an overpayment of social service monies amounting to

$ _____ for the period(s) _____ .

The clients and service for which you were overpaid are:

| Client | SSPS Serv. Code | Auth # | Invoice # |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

The reason for this overpayment is: _____

_____

_____

Repayment should be made directly to the Office of Financial Recovery, OB-21, Box 9501, Olympia, WA 98504. You may write to the Office of Financial Recovery to arrange a repayment schedule.

You may also be liable for interest on overpayments per RCW 43.20A.435.

If you have questions regarding the amount or reasons for this overpayment you may contact me at telephone # _____ .

If you disagree with this decision, you may request a hearing by writing the Office of Hearings, Department of Social and Health Services, Box 2465, Olympia, WA 98504, within ninety days of receipt of this letter.

Sincerely, _____

DSHS 18-399 (5 84) OX A-193

# ADMINISTRATIVE POLICY

| SUBJECT: Vendor Overpayment Policy | POLICY NUMBER: 10.02 |
|---|---|
| ORIGINATING UNIT: Division of Administration and Personnel | ISSUANCE NUMBER: 83-5 |
| DATE: Feb. 10 1983 | APPROVED: Ann J. Gibbs |
| SUPERSEDES: Collection of Medicaid Provider Overpayments Thomas, 5/8/78<br>Collection of Vendor Overpayments Thompson, 1-14-80 | RELATED REFERENCES: Corrective Action Plans and Reports |

## I. PURPOSE

The purpose of this policy is to establish a uniform approach to the identification and recovery of vendor overpayments.

## II. SCOPE

This policy applies to all contractors/vendors receiving funds from the department and all organizations within the department except for cost reimbursement, long-term care programs funded under Title XIX -- SNF, ICF, ICF-MR.

This policy does not apply to processing of billing errors mutually recognized by the vendor and the department, which normally result in recoupment by adjusted payment on future billings.

## III. POLICY

Effective management of contracted services is a vital part of the department's overall mission to provide necessary social and health services for the citizens of this state. Since approximately two-thirds of the department's budget is expended through contracts, it is essential that vendor program and fiscal accountability be maintained.

Staff reviewing contracts/vendor invoices shall only approve payments when those invoices are in accordance with existing contract terms and obligations. Overpayments made by the department when the contractor/vendor has billed for services not provided, has billed in excess of a contractual limitation, or failed to meet the contractual performance requirements for which payment was made, shall be promptly recouped/collected.

The attached matrix describes the process by which the department will address vendor overpayment/nonperformance. The process provides for:

- Development of a consistent department position on draft audit findings.

- Vendor participation and input in each stage of the audit.

- The opportunity for a vendor who has participated in the audit process to receive an impartial dispute hearing if the vendor is not in agreement with the final audit report.

- The program manager as being the primary contact point with the vendor.

- An expedited recoupment/collection of overpayments including interest.

- Prompt initiation of necessary corrective action.

While the matrix focuses on vendor overpayments which are identified via the department's audit process, the Audit Division is not the sole organizatoin charged with monitoring vendor performance. Other staff assigned day-to-day monitoring, licensing, certification, etc., of vendors shall, when the vendor is not in compliance with the departmental contracts/standards, initiate corrective action. If those efforts are unsuccessful, assistance should be obtained from the Audit Division, Office of Contracts Management, Division of Administration and Personnel, and/or the Office of the Attorney General.

This policy and procedure supersedes "Policy for Collection of Vendor Overpayments" dated January 14, 1980, and "Collection of Medicaid Provider Overpayments" dated May 8, 1978.

Attachment

## VENDOR OVERPAYMENT/NONPERFORMANCE RESPONSIBILITY MATRIX

| Responsible Organization | Action | Comments |
|---|---|---|
| 1. Office of Operations Review | Initiate audit, notify vendor and program manager. | |
| 2. Office of Operations Review | Refer evidence of fraud/criminal conduct to Office of Special Investigation, or, in the case of a Medicaid provider, to the Medical Fraud Control Board. | Office of Special Investigation or appropriate unit investigates referral. |
| 3. Office of Operations Review | Conduct Exit Review with vendor to review audit findings. | Advises vendor of need to respond to Draft Audit to maintain appeal rights. |
| 4. Office of Operations Review | Issue Pre-Draft Audit Report to program manager for review and comment. | Program manager is division or bureau director. |
| 5. Program Manager | Review Pre-Draft Audit Report and provide written response to Operations Review within ten working days of receipt. | Program manager reviews report to determine if it is consistent with applicable program policies. Review is conducted prior to distribution to vendor and provides consistent department position. |
| 6. Operations Review/Program Manager | Attempt to resolve any areas of disagreement. | |
| 7. Office of Operations Review | (a) Schedule Pre-Draft Report for review by Audit Committee if there is no agreement, or | Audit Committee is composed of Deputy Secretary, Assistant Secretaries, Comptroller and Auditor. |
| | (b) distributes Draft Audit Report to vendor and program manager if there is agreement. | |
| 8. Audit Committee | Resolve differences and establishes department position on Draft Audit Report. | Operations Review and program manager presents views to Audit Committee. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 9. Office of Operations Review | Distribute Draft Audit Report to vendor and program manager. | Cover letter includes notice that vendor must respond to maintain further appeal rights. |
| 10. Vendor | Respond to Draft Audit within 30 working days. If vendor disagrees and wants an Audit Conference, the request must be made within ten working days to ensure completion within 30 days. | Request for extension of the 30-day response may be granted by the Auditor, Draft Audit Report is a working paper and receives limited distribution. |
| 11. Office of Operations Review | Schedule Audit Conference with vendor within five working days if vendor and Operations Review disagree on substantial matters that cannot be resolved. | Attendance at Audit Conference: Vendor, Operations Review, and program manager. If no program issues, program manager attendance is optional. |
| 12. Operations Review/ Program Manager | Attempt to resolve any areas of disagreement based on new evidence provided by vendor. | |
| 13. Office of Operations Review | (a) Schedule Draft Audit report for review by Audit Committee if there is no agreement, or | |
| | (b) distribute within ten working days after appropriate resolution of draft audit Final Audit Report to program manager<br>— when vendor has not responded, or<br>— when vendor responses have been considered for incorporation in the Final Audit Report and no further discussion is necessary, or<br>— when Audit Conference has been completed and no further action is required, or<br>— Audit Committee has determined department position. | Copies of final audit report are sent to Office of Contracts Management and Office of Financial Recovery. Office of Financial Recovery establishes accounting record. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 14. Program Manager | Distribute within ten working days Final Audit Report to vendor with Corrective Action Cover Letter (sample provided by Operations Review). Letter includes: | Copies of cover letter are sent to Offices of Contracts Management, Financial Recovery, and Operations Review. |
| | (a) Notice to correct or develop plan to correct deficiencies. | |
| | (b) Methods of recovery. (Options include repayment/recoupment from future contract payments.) Recovery to include 1% per month interest beginning on 31st day; except for medical providers as provided in RCW 74.09.220. | For medical care providers, consider recommending the assessment of civil penalties if appropriate as provided for in RCW 74.09.210. |
| | (c) Need to respond to Final Audit in 20 days. | |
| | (d) Appeal rights. | |
| 15. Office of Financial Recovery | Adjust account balance and establish account receivable. Suspend file for 30 days. | Notifies program manager and Operations Review if no action is taken within 30 days. |
| 16. Vendor | Review and respond to Final Audit within 20 working days. | |
| 17. Office of Contracts Management | Schedule within ten days Dispute Hearing if vendor has met preconditions and disagrees with Final Audit (hearing is limited to issues of fact). Dispute hearing will be conducted within 30 days and a decision rendered within 15 days. Notify Office of Financial Recovery of all requests for a Dispute Hearing and the date of each hearing scheduled. | Extension of timeliness may be granted with concurrence of program manager and auditor. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 18. Office of Contracts Management | Notify Office of Financial Recovery, program manager and Operations Review of hearing decision. | |
| NOTE: Upon completion of the above steps, the program manager has the option to initiate recoupment/repayment as provided in steps 19 and 20 below, or to refer the matter to the Office of Financial Recovery for actions as provided in steps 21 and 22. If the program manager is unable to recoup or obtain repayment, the collection will be referred to the Office of Financial Recovery. | | |
| 19. Program Manager (See 21 below) | Initiate within ten working days recoupment/repayment of overpayments if vendor does not disagree with Final Audit Report or Dispute Hearing has been completed and Audit has been upheld. | Repayment/recoupment schedule over 90 days requires Assistant Secretary's approval. |
| | Notify Office of Financial Recovery of actions taken and planned. As each recoupment installment is completed, program manager or disbursing unit provides Office of Financial Recovery with data for credit adjustment. | |
| 20. Office of Financial Recovery | Process adjustment to reflect satisfaction in full. | Notifies program manager, Operations Review and Assistant Secretary if recoupment/repayment not accomplished in 90 days or in accordance with approved repayment plan. |
| OR | | |
| 21. Program Manager | Advise Office of Financial Recovery to collect and/or establish repay schedule. | Office of Financial Recovery is to be alerted if vendor is no longer receiving department funds or is going out of business. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 22. Office of Financial Recovery | Advise vendor of amount due including interest to date. Establish repay schedules if appropriate. | Account status is available to program manager. |
| | Initiate within 30 working days collection, legal action, etc. Recover overpayment if Audit is agreed to or upheld and recoupment is not available. Cost effectiveness of recovery will be coordinated with Attorney General. | Referral to Attorney General will be copied to program manager. |

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

COMMUNITY SERVICES DIVISION
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-214
Issued: 1/4/85

FROM: Bruce Ferguson, Assistant Secretary
Community Services

SECTIONS REVISED:
N/A

EFFECTIVE: Upon Receipt
FOR INFORMATION CALL:
Jean Gregory
SCAN 234-7136 or
Non-SCAN 753-7136

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: SOCIAL SERVICE PAYMENT SYSTEM - INTERIM SOCIAL SERVICE OVERPAYMENT PROCEDURES

Place this notice in front of Chapter 05, Manual G, and note on Green Notice Control Sheet the date Notice No. G-214 was entered. Remove previous Notice No. G-190 and note on the Green Notice Control Sheet the date Notice No. G-190 was removed. Retain Administrative Policy No. 10.02.

Chapter 05, Manual G, Social Service Overpayments, will be issued at a later date.

## INTRODUCTION

The Interim Social Service overpayment instructions will provide social service staff with a uniform procedure to handle overpayments as defined below. An overpayment is defined as a billing error mutually recognized by the Vendor/Client and Department, but cannot be dealt with under SSPS by adjustment on future billings. The interim procedure will also provide notification to the Office of Financial Recovery to establish an accounts receivable for the overpayment.

For contracted vendors, see Administrative Policy No. 10.02. The interim vendor payment instructions do not supersede Administrative Policy No. 10.02 (see attached).

A. Identification of Overpayment

The responsibility for verifying if a client/vendor has incurred a social service overpayment is determined by who authorizes the social service payment. This may be the Program Manager, Regional Office Staff, DCFS center staff, DDD Field Service Staff, Community Service Office Social Service Staff, or DCFS Social Service Staff. As necessary he/she will consult with staff who licenses and/or contracts with the Social Service Vendor. See attached list for Licensing, Contracting Responsibilities.

B. Setting Up Overpayment

When an overpayment has been identified, the responsible staff will:

1. Prepare an overpayment letter to send to the client/vendor. The overpayment letter (DSHS 18-398 or DSHS 18-399) instructs the vendor or client payee to forward repayment directly to the Office of Financial Recovery (OFR), MS OB-21, not to the CSO, FSO or DCFS office. See Manual G, Chapter 99, for the forms and instructions on completion. A copy of the overpayment letter must be retained in the client and/or the vendor's file.

2. Prepare an overpayment packet for OFR which will contain the following:

   a. Client Payee Overpayment

      (1) DSHS 18-199(X), Accounts Receivable Input Document. Manual G, Chapter 99, contains the form and instructions for completion.

      (2) The OFR copy of the DSHS 18-398, Overpayment Letter, sent to the client payee.

      (3) A copy of the DSHS 14-154/159 authorization form that authorized the service.

      (4) Supporting documentation (see b.).

   b. Vendor Overpayment

      (1) The OFR copy of the DSHS 18-399, Overpayment Letter, sent to the vendor must include the SSPS service code, reason code, and source of funds (if available). The Accounts Receivable Input Document, DSHS 18-199C, is completed by OFR.

(2) A copy of the DSHS 14-154/159 authorization form that authorized the service.

(3) Supporting documentation such as a print from the invoice or authorization screen, audit reports or other documentation that verify that an overpayment has occurred.

C. Payment

The vendor or client must send the repayment directly to OFR. If a CSO/FSO should receive monies that are to be applied to a vendor overpayment, they must be transmitted to OFR on a Daily Funds Transmittal (DSHS 18-320(X)). This is done by the accounting section. The comment section of the DSHS 18-320(X) should indicate the nature of the overpayment. (See Manual E, Chapter 32.)

D. Unsolicited Payments

The Office of Financial Recovery periodically receives payments from vendors who are paid through the Social Service Payment System for whom they have not received an overpayment packet. In order for OFR to deposit and properly account for these payments, they must know if these payments are refunds of overpayments, or submitted to the department in error, or are a program donation. In order for OFR to obtain the information necessary to account for such payments, the following interim procedures will apply:

1. OFR, upon receipt of payment from a social service vendor for whom they have not received an overpayment packet, will send a request for clarification to the appropriate CSO/FSO, Program Manager, or regional office staff. The clarification will request a determination of the reason for the repayment (see attached example).

2. Responses from the responsible staff to OFR's request for clarification will be due within 30 days to allow OFR to credit accounts and/or refund in a timely manner.

3. If it is determined that an overpayment has occurred, the vendor overpayment procedures apply and an overpayment packet must be sent to OFR.

4. If it is determined that the payment or any portion was submitted in error, this information must be transmitted by memo to OFR. OFR will then initiate appropriate refunds to the vendor.

5. If the payment or any portion was a program donation, this information should be submitted to OFR including the identity of the program, i.e., Mental Health, Child and Family Services, Adult Services, to which the donation was made in order to credit the proper account. OFR will then credit the payment appropriately.

## Licensing and Contracting Responsibilities

Community Service Office

- Adult Foster Homes - licensing - contracting
- COPES Individual Provider - personal services contract
- CCF - contracting
- COPES Agency - contracts

DCFS

- Foster Family Home - licensing
- Family Day Care Home - licensing
- Day Care Mini Centers Within Family Residence - licensing

DCFS Centers

- Licensed Child Placing Agencies (who in turn license private agency foster homes)
- Day Care Centers - licensing
- Day Care Mini Centers - licensing (outside family residence)
- Juvenile Detention Centers - certification
- Group Homes - licensing
- CRCs - licensing

Community Service State Office

- CCF (Regular, Mental Health, Alcohol, Drug) - Health Services license
- Chore contracts
- DCFS State Office
- Group Homes - contracts
- FRS contracts
- Juvenile Detention Centers - contracts
- Day Care Centers - contracts
- All Day Care Mini Centers - contracts
- CRCs - contracts

Not subject to licensing or contracting: CSO or DCFS S.O. is responsible for In-Home Day Care, IPP Chore providers.

Division of Developmental Disabilities Contracting Responsibilities

- Group Homes
- IMR - Level E
- Tenant Support - Regular
  - Intensive
- Alternative Living - Individual
  - Agency
- Residential Skills
- Counties
- BOA - Provider Agreements (i.e., medical care, respite care)
- Personal Service (i.e., Group Home staff training)
- Contracts for Developmental Disabilities Planning Council

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504

TO: DATE:

FROM: Office of Financial Recovery, OB-21
By: _____

SUBJECT: PAYMENT FROM SOCIAL SERVICE VENDOR /__/ / CLIENT /__/

The Office of Financial Recovery (OFR) has received $_____ from

_____
(name)

_____
(addressee)

This office has no record of an account receivable established for this vendor/client.

This office requests clarification on the status of this payment. Please complete the appropriate action based on your determination.

A. Overpayment Refund

Please check appropriate subject box and submit packet as outlined in Manual G, Chapter 5, or DCFS Manual, Chapter 5, to OFR, Overpayment Accounts Receivable Unit, M.S. OB-21.

B. Payment in Error

By memo inform OFR, Cashiers Unit, MS OB-21, that the payment was received in error and is to be refunded to the vendor/client.

C. Program Donation

By memo inform OFR, Cashiers Unit, MS OB-21, that the payment is a donation and the program, i.e., Mental Health, Children and Family Services, Adult Services to which the donation was made. Attach a copy of this letter.

A response within 30 days of receipt of this memo is requested to allow OFR to credit the appropriate accounts.

SS Manual - 1413
David v.

# ADMINISTRATIVE POLICY

| SUBJECT: Vendor Overpayment Policy | POLICY NUMBER: 10.02 |
|---|---|
| ORIGINATING UNIT: Division of Administration and Personnel | ISSUANCE NUMBER: 83-5 |

| DATE | | | APPROVED: |
|---|---|---|---|
| Feb. | 10 | 1983 | Alan J. Gibbs |

| SUPERSEDES: | RELATED REFERENCES: |
|---|---|
| Collection of Medicaid Provider Overpayments Thomas, 5/8/78<br>Collection of Vendor Overpayments Thompson, 1-14-80 | Corrective Action Plans and Reports |

## I. PURPOSE

The purpose of this policy is to establish a uniform approach to the identification and recovery of vendor overpayments.

## II. SCOPE

This policy applies to all contractors/vendors receiving funds from the department and all organizations within the department except for cost reimbursement, long-term care programs funded under Title XIX -- SNF, ICF, ICF-MR.

This policy does not apply to processing of billing errors mutually recognized by the vendor and the department, which normally result in recoupment by adjusted payment on future billings.

## III. POLICY

Effective management of contracted services is a vital part of the department's overall mission to provide necessary social and health services for the citizens of this state. Since approximately two-thirds of the department's budget is expended through contracts, it is essential that vendor program and fiscal accountability be maintained.

Staff reviewing contracts/vendor invoices shall only approve payments when those invoices are in accordance with existing contract terms and obligations. Overpayments made by the department when the contractor/vendor has billed for services not provided, has billed in excess of a contractual limitation, or failed to meet the contractual performance requirements for which payment was made, shall be promptly recouped/collected.



DSHS 5-161 (10-82) -488-

The attached matrix describes the process by which the department will address vendor overpayment/nonperformance. The process provides for:

- Development of a consistent department position on draft audit findings.

- Vendor participation and input in each stage of the audit.

- The opportunity for a vendor who has participated in the audit process to receive an impartial dispute hearing if the vendor is not in agreement with the final audit report.

- The program manager as being the primary contact point with the vendor.

- An expedited recoupment/collection of overpayments including interest.

- Prompt initiation of necessary corrective action.

While the matrix focuses on vendor overpayments which are identified via the department's audit process, the Audit Division is not the sole organizatoin charged with monitoring vendor performance. Other staff assigned day-to-day monitoring, licensing, certification, etc., of vendors shall, when the vendor is not in compliance with the departmental contracts/standards, initiate corrective action. If those efforts are unsuccessful, assistance should be obtained from the Audit Division, Office of Contracts Management, Division of Administration and Personnel, and/or the Office of the Attorney General.

This policy and procedure supersedes "Policy for Collection of Vendor Overpayments" dated January 14, 1980, and "Collection of Medicaid Provider Overpayments" dated May 8, 1978.

Attachment

## VENDOR OVERPAYMENT/NONPERFORMANCE RESPONSIBILITY MATRIX

| Responsible Organization | Action | Comments |
|---|---|---|
| 1. Office of Operations Review | Initiate audit, notify vendor and program manager. | |
| 2. Office of Operations Review | Refer evidence of fraud/criminal conduct to Office of Special Investigation, or, in the case of a Medicaid provider, to the Medical Fraud Control Board. | Office of Special Investigation or appropriate unit investigates referral. |
| 3. Office of Operations Review | Conduct Exit Review with vendor to review audit findings. | Advises vendor of need to respond to Draft Audit to maintain appeal rights. |
| 4. Office of Operations Review | Issue Pre-Draft Audit Report to program manager for review and comment. | Program manager is division or bureau director. |
| 5. Program Manager | Review Pre-Draft Audit Report and provide written response to Operations Review within ten working days of receipt. | Program manager reviews report to determine if it is consistent with applicable program policies. Review is conducted prior to distribution to vendor and provides consistent department position. |
| 6. Operations Review/Program Manager | Attempt to resolve any areas of disagreement. | |
| 7. Office of Operations Review | (a) Schedule Pre-Draft Report for review by Audit Committee if there is no agreement, or | Audit Committee is composed of Deputy Secretary, Assistant Secretaries, Comptroller and Auditor. |
| | (b) distributes Draft Audit Report to vendor and program manager if there is agreement. | |
| 8. Audit Committee | Resolve differences and establishes department position on Draft Audit Report. | Operations Review and program manager presents views to Audit Committee. |

SS Manual - 1416
David v.

| Responsible Organization | Action | Comments |
|---|---|---|
| 9. Office of Operations Review | Distribute Draft Audit Report to vendor and program manager. | Cover letter includes notice that vendor must respond to maintain further appeal rights. |
| 10. Vendor | Respond to Draft Audit within 30 working days. If vendor disagrees and wants an Audit Conference, the request must be made within ten working days to ensure completion within 30 days. | Request for extension of the 30-day response may be granted by the Auditor, Draft Audit Report is a working paper and receives limited distribution. |
| 11. Office of Operations Review | Schedule Audit Conference with vendor within five working days if vendor and Operations Review disagree on substantial matters that cannot be resolved. | Attendance at Audit Conference: Vendor, Operations Review, and program manager. If no program issues, program manager attendance is optional. |
| 12. Operations Review/ Program Manager | Attempt to resolve any areas of disagreement based on new evidence provided by vendor. | |
| 13. Office of Operations Review | (a) Schedule Draft Audit report for review by Audit Committee if there is no agreement, or | |
| | (b) distribute within ten working days after appropriate resolution of draft audit Final Audit Report to program manager<br>— when vendor has not responded, or<br>— when vendor responses have been considered for incorporation in the Final Audit Report and no further discussion is necessary, or<br>— when Audit Conference has been completed and no further action is required, or<br>— Audit Committee has determined department position. | Copies of final audit report are sent to Office of Contracts Management and Office of Financial Recovery. Office of Financial Recovery establishes accounting record. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 14. Program Manager | Distribute within ten working days Final Audit Report to vendor with Corrective Action Cover Letter (sample provided by Operations Review). Letter includes: | Copies of cover letter are sent to Offices of Contracts Management, Financial Recovery, and Operations Review. |
| | (a) Notice to correct or develop plan to correct deficiencies. | |
| | (b) Methods of recovery. (Options include repayment/recoupment from future contract payments.) Recovery to include 1% per month interest beginning on 31st day; except for medical providers as provided in RCW 74.09.220. | For medical care providers, consider recommending the assessment of civil penalties if appropriate as provided for in RCW 74.09.210. |
| | (c) Need to respond to Final Audit in 20 days. | |
| | (d) Appeal rights. | |
| 15. Office of Financial Recovery | Adjust account balance and establish account receivable. Suspend file for 30 days. | Notifies program manager and Operations Review if no action is taken within 30 days. |
| 16. Vendor | Review and respond to Final Audit within 20 working days. | |
| 17. Office of Contracts Management | Schedule within ten days Dispute Hearing if vendor has met preconditions and disagrees with Final Audit (hearing is limited to issues of fact). Dispute hearing will be conducted within 30 days and a decision rendered within 15 days. Notify Office of Financial Recovery of all requests for a Dispute Hearing and the date of each hearing scheduled. | Extension of timeliness may be granted with concurrence of program manager and auditor. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 18. Office of Contracts Management | Notify Office of Financial Recovery, program manager and Operations Review of hearing decision. | |
| NOTE: Upon completion of the above steps, the program manager has the option to initiate recoupment/repayment as provided in steps 19 and 20 below, or to refer the matter to the Office of Financial Recovery for actions as provided in steps 21 and 22. If the program manager is unable to recoup or obtain repayment, the collection will be referred to the Office of Financial Recovery. | | |
| 19. Program Manager (See 21 below) | Initiate within ten working days recoupment/repayment of overpayments if vendor does not disagree with Final Audit Report or Dispute Hearing has been completed and Audit has been upheld. | Repayment/recoupment schedule over 90 days requires Assistant Secretary's approval. |
| | Notify Office of Financial Recovery of actions taken and planned. As each recoupment installment is completed, program manager or disbursing unit provides Office of Financial Recovery with data for credit adjustment. | |
| 20. Office of Financial Recovery | Process adjustment to reflect satisfaction in full. | Notifies program manager, Operations Review and Assistant Secretary if recoupment/repayment not accomplished in 90 days or in accordance with approved repayment plan. |
| OR | | |
| 21. Program Manager | Advise Office of Financial Recovery to collect and/or establish repay schedule. | Office of Financial Recovery is to be alerted if vendor is no longer receiving department funds or is going out of business. |

| Responsible Organization | Action | Comments |
|---|---|---|
| 22. Office of Financial Recovery | Advise vendor of amount due including interest to date. Establish repay schedules if appropriate. | Account status is available to program manager. |
| | Initiate within 30 working days collection, legal action, etc. Recover overpayment if Audit is agreed to or upheld and recoupment is not available. Cost effectiveness of recovery will be coordinated with Attorney General. | Referral to Attorney General will be copied to program manager. |

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-178
Issued: January 25, 1984

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:

SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: VOLUNTARY TERMINATION OF CHILD CARE AGENCY LICENSES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-178 was entered.

## I. BACKGROUND

Licensors have been unclear about whether or not they may legally refuse to accept a license which the licensee chooses to surrender during the course of an action leading to the revocation of that license. While such a voluntary termination is generally considered a favorable outcome, it may be problematic in some cases because the licensee may reapply for a new license with another DSHS office or child placing agency (if he/she is seeking a foster family home license).

According to a recent memo from the Attorney General's Office, the department may refuse the voluntary surrender of the license and go to a fair hearing on the revocation, if necessary.

## II. ACTION REQUIRED

1. A licensee may voluntarily terminate a license prior to its expiration.

2. The department shall accept such a surrender of a license except that if it has determined that there are grounds for a revocation, it may insist that the licensee admit to the specific grounds for the termination. Should the licensee refuse to admit these specific grounds, the department may proceed with the revocation.

3. A determination of whether to accept the voluntary termination or to revoke the license should be on a case-by-case basis after consultation with the Attorney General's Office.

4. If a licensee voluntarily surrenders a license and subsequently reapplies, all the issues associated with the termination could be raised in support of a denial of a new license.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-174
Issued: December 29, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUALS PRODUCTION UNIT OB-16

SUBJECT: CRIMINAL/ARREST RECORD CHECK ON APPLICANTS FOR LICENSURE AND ON EMPLOYEES OF CHILD CARE FACILITIES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-174 was entered.

## BACKGROUND

Although RCW 74.15 was revised in 1980 to authorize criminal justice agencies to provide the department with criminal arrest record information on child care agencies and persons employed or under contract to an agency, the mechanism to access the criminal records information system was not developed at that time.

The department subsequently obtained access to the Washington State Patrol (WSP) Identification Section for Child Protective Services (CPS) purposes and worked out a procedure to accomplish this. This revision will enable the department to use essentially the same procedure to access the system for licensing purposes.

## PROCEDURE

Each CSO or Regional Office wishing to do a criminal/arrest record check on an applicant for a child care license, a licensee, or employee of such agency, may do so by using the DSHS 0-35 Criminal/Arrest History Request. Instructions for completing the form are located in Manual G, 26.99 (although the conditions outlined in the cross-referenced 26.34B are not to be applied when using the form for licensing purposes).

Requests are to be screened by the Regional Administrator or his/her designee for requests originating at that level, and by the CSO Administrator or his/her designee for requests originating at the local office level. Persons currently designated to clear such requests for CPS may also serve this function for licensing.

For licensing purposes, justification for referral includes, but is not limited to:

(a) Admission on application of a criminal record;

(b) Suggestion or statement by person giving reference for applicant, licensee or employee;

(c) Other indications which derive from interviews with applicant, licensee or employee;

(d) Concerns which make such a record search necessary for the protection of children.

Rather than mailing the DSHS 0-35 to the WSP Identification Section, some CSOs or Regional Offices may find it more expedient to request this information through a local law enforcement agency if that agency has access to the WSP Identification Section's information system and will provide information on arrests, convictions, and pending charges.

In addition, where there is concern that the applicant/licensee or employee may have a criminal/arrest history in another state or states, the department may require that the applicant/licensee or employee provide a rolled set of fingerprints, to be obtained from a local law enforcement agency at the applicant's expense. These fingerprints should be forwarded to the Criminal Identification Section along with the completed DSHS 0-35 and a memo requesting an FBI criminal history check. The fingerprints and the memo must be accompanied by the applicant's check for twelve dollars made out to the Washington State Patrol.

Information gained will be subject to protections of the DSHS Public Disclosure Policy, 43.43 RCW, and 10.97 RCW.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-172
Issued: December 19, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: LICENSING FEE CHECKS REJECTED BY BANKS

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-172 was entered.

BACKGROUND

The department collects licensing fees annually from approximately 7,000 family day care homes and 875 day care centers and mini-day care centers. Regional offices have asked for a procedure for checks which have been rejected by banks.

Since the rejection of an application or the suspension and possible revocation of a license may result from payment with a rejected check, it is essential that we have a fairly uniform, equitable, and defensible procedure.

PROCEDURE

A. Office of Financial Recovery Responsibility

When a check submitted by a day care applicant or licensee in payment of the licensing fee is dishonored (NSF, stop payment, stale date, post-dated, etc.), it will be returned to the Office of Financial Recovery by the bank. Upon receipt, the Office of Financial Recovery will document and prepare a reversing entry; the dishonored check and a copy of the transmittal will be sent to the regional office or CSO, as appropriate.

B. Region or CSO Responsibilities

(1) Where the check had been submitted with an application, either an initial application or one for renewal of a license, the applicant/licensee should be informed by the CSO or Regional Office that the check was rejected by the bank and that the application is not valid until the fee has been paid by cashier's check, or money order. The application and rejected check should be returned to the applicant/licensee.

(2) If the check had been submitted as a yearly payment when relicensing was not due, the CSO or Regional Office should notify the licensee (Certified Mail, Receipt Requested) that the check had been rejected by the bank, that they should replace the rejected check immediately with a new personal check, a cashier's check, or money order, and that their license will be suspended thirty days following receipt of this letter if such payment is not received before that time. The rejected check should be returned to the licensee.

When received, the new cashier's check or money order should be processed similar to a new license except that it would be referenced to the original transmittal number.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-178
Issued: January 25, 1984

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:

SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: VOLUNTARY TERMINATION OF CHILD CARE AGENCY LICENSES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-178 was entered.

## I. BACKGROUND

Licensors have been unclear about whether or not they may legally refuse to accept a license which the licensee chooses to surrender during the course of an action leading to the revocation of that license. While such a voluntary termination is generally considered a favorable outcome, it may be problematic in some cases because the licensee may reapply for a new license with another DSHS office or child placing agency (if he/she is seeking a foster family home license).

According to a recent memo from the Attorney General's Office, the department may refuse the voluntary surrender of the license and go to a fair hearing on the revocation, if necessary.

## II. ACTION REQUIRED

1. A licensee may voluntarily terminate a license prior to its expiration.

2. The department shall accept such a surrender of a license except that if it has determined that there are grounds for a revocation, it may insist that the licensee admit to the specific grounds for the termination. Should the licensee refuse to admit these specific grounds, the department may proceed with the revocation.

3. A determination of whether to accept the voluntary termination or to revoke the license should be on a case-by-case basis after consultation with the Attorney General's Office.

4. If a licensee voluntarily surrenders a license and subsequently reapplies, all the issues associated with the termination could be raised in support of a denial of a new license.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-174
Issued: December 29, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUALS PRODUCTION UNIT OB-16

SUBJECT: CRIMINAL/ARREST RECORD CHECK ON APPLICANTS FOR LICENSURE AND ON EMPLOYEES OF CHILD CARE FACILITIES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-174 was entered.

BACKGROUND

Although RCW 74.15 was revised in 1980 to authorize criminal justice agencies to provide the department with criminal arrest record information on child care agencies and persons employed or under contract to an agency, the mechanism to access the criminal records information system was not developed at that time.

The department subsequently obtained access to the Washington State Patrol (WSP) Identification Section for Child Protective Services (CPS) purposes and worked out a procedure to accomplish this. This revision will enable the department to use essentially the same procedure to access the system for licensing purposes.

PROCEDURE

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Requests are to be screened by the Regional Administrator or his/her designee for requests originating at that level, and by the CSO Administrator or his/her designee for requests originating at the local office level. Persons currently designated to clear such requests for CPS may also serve this function for licensing.

For licensing purposes, justification for referral includes, but is not limited to:

(a) Admission on application of a criminal record;

(b) Suggestion or statement by person giving reference for applicant, licensee or employee;

(c) Other indications which derive from interviews with applicant, licensee or employee;

(d) Concerns which make such a record search necessary for the protection of children.

Rather than mailing the DSHS 0-35 to the WSP Identification Section, some CSOs or Regional Offices may find it more expedient to request this information through a local law enforcement agency if that agency has access to the WSP Identification Section's information system and will provide information on arrests, convictions, and pending charges.

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Information gained will be subject to protections of the DSHS Public Disclosure Policy, 43.43 RCW, and 10.97 RCW.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-172
Issued: December 19, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: LICENSING FEE CHECKS REJECTED BY BANKS

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-172 was entered.

BACKGROUND

The department collects licensing fees annually from approximately 7,000 family day care homes and 875 day care centers and mini-day care centers. Regional offices have asked for a procedure for checks which have been rejected by banks.

Since the rejection of an application or the suspension and possible revocation of a license may result from payment with a rejected check, it is essential that we have a fairly uniform, equitable, and defensible procedure.

PROCEDURE

A. Office of Financial Recovery Responsibility

When a check submitted by a day care applicant or licensee in payment of the licensing fee is dishonored (NSF, stop payment, stale date, post-dated, etc.), it will be returned to the Office of Financial Recovery by the bank. Upon receipt, the Office of Financial Recovery will document and prepare a reversing entry; the dishonored check and a copy of the transmittal will be sent to the regional office or CSO, as appropriate.

B. Region or CSO Responsibilities

(1) Where the check had been submitted with an application, either an initial application or one for renewal of a license, the applicant/licensee should be informed by the CSO or Regional Office that the check was rejected by the bank and that the application is not valid until the fee has been paid by cashier's check, or money order. The application and rejected check should be returned to the applicant/licensee.

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When received, the new cashier's check or money order should be processed similar to a new license except that it would be referenced to the original transmittal number.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-178
Issued: January 25, 1984

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:

SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: VOLUNTARY TERMINATION OF CHILD CARE AGENCY LICENSES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-178 was entered.

## I. BACKGROUND

Licensors have been unclear about whether or not they may legally refuse to accept a license which the licensee chooses to surrender during the course of an action leading to the revocation of that license. While such a voluntary termination is generally considered a favorable outcome, it may be problematic in some cases because the licensee may reapply for a new license with another DSHS office or child placing agency (if he/she is seeking a foster family home license).

According to a recent memo from the Attorney General's Office, the department may refuse the voluntary surrender of the license and go to a fair hearing on the revocation, if necessary.

## II. ACTION REQUIRED

1. A licensee may voluntarily terminate a license prior to its expiration.

2. The department shall accept such a surrender of a license except that if it has determined that there are grounds for a revocation, it may insist that the licensee admit to the specific grounds for the termination. Should the licensee refuse to admit these specific grounds, the department may proceed with the revocation.

3. A determination of whether to accept the voluntary termination or to revoke the license should be on a case-by-case basis after consultation with the Attorney General's Office.

4. If a licensee voluntarily surrenders a license and subsequently reapplies, all the issues associated with the termination could be raised in support of a denial of a new license.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-174
Issued: December 29, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUALS PRODUCTION UNIT OB-16

SUBJECT: CRIMINAL/ARREST RECORD CHECK ON APPLICANTS FOR LICENSURE AND ON EMPLOYEES OF CHILD CARE FACILITIES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-174 was entered.

## BACKGROUND

Although RCW 74.15 was revised in 1980 to authorize criminal justice agencies to provide the department with criminal arrest record information on child care agencies and persons employed or under contract to an agency, the mechanism to access the criminal records information system was not developed at that time.

The department subsequently obtained access to the Washington State Patrol (WSP) Identification Section for Child Protective Services (CPS) purposes and worked out a procedure to accomplish this. This revision will enable the department to use essentially the same procedure to access the system for licensing purposes.

## PROCEDURE

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For licensing purposes, justification for referral includes, but is not limited to:

(a) Admission on application of a criminal record;

(b) Suggestion or statement by person giving reference for applicant, licensee or employee;

(c) Other indications which derive from interviews with applicant, licensee or employee;

(d) Concerns which make such a record search necessary for the protection of children.

Rather than mailing the DSHS 0-35 to the WSP Identification Section, some CSOs or Regional Offices may find it more expedient to request this information through a local law enforcement agency if that agency has access to the WSP Identification Section's information system and will provide information on arrests, convictions, and pending charges.

In addition, where there is concern that the applicant/licensee or employee may have a criminal/arrest history in another state or states, the department may require that the applicant/licensee or employee provide a rolled set of fingerprints, to be obtained from a local law enforcement agency at the applicant's expense. These fingerprints should be forwarded to the Criminal Identification Section along with the completed DSHS 0-35 and a memo requesting an FBI criminal history check. The fingerprints and the memo must be accompanied by the applicant's check for twelve dollars made out to the Washington State Patrol.

Information gained will be subject to protections of the DSHS Public Disclosure Policy, 43.43 RCW, and 10.97 RCW.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-172
Issued: December 19, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: LICENSING FEE CHECKS REJECTED BY BANKS

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-172 was entered.

BACKGROUND

The department collects licensing fees annually from approximately 7,000 family day care homes and 875 day care centers and mini-day care centers. Regional offices have asked for a procedure for checks which have been rejected by banks.

Since the rejection of an application or the suspension and possible revocation of a license may result from payment with a rejected check, it is essential that we have a fairly uniform, equitable, and defensible procedure.

PROCEDURE

A. Office of Financial Recovery Responsibility

When a check submitted by a day care applicant or licensee in payment of the licensing fee is dishonored (NSF, stop payment, stale date, post-dated, etc.), it will be returned to the Office of Financial Recovery by the bank. Upon receipt, the Office of Financial Recovery will document and prepare a reversing entry; the dishonored check and a copy of the transmittal will be sent to the regional office or CSO, as appropriate.

B. Region or CSO Responsibilities

(1) Where the check had been submitted with an application, either an initial application or one for renewal of a license, the applicant/licensee should be informed by the CSO or Regional Office that the check was rejected by the bank and that the application is not valid until the fee has been paid by cashier's check, or money order. The application and rejected check should be returned to the applicant/licensee.

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When received, the new cashier's check or money order should be processed similar to a new license except that it would be referenced to the original transmittal number.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-178
Issued: January 25, 1984

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:

SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: VOLUNTARY TERMINATION OF CHILD CARE AGENCY LICENSES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-178 was entered.

## I. BACKGROUND

Licensors have been unclear about whether or not they may legally refuse to accept a license which the licensee chooses to surrender during the course of an action leading to the revocation of that license. While such a voluntary termination is generally considered a favorable outcome, it may be problematic in some cases because the licensee may reapply for a new license with another DSHS office or child placing agency (if he/she is seeking a foster family home license).

According to a recent memo from the Attorney General's Office, the department may refuse the voluntary surrender of the license and go to a fair hearing on the revocation, if necessary.

## II. ACTION REQUIRED

1. A licensee may voluntarily terminate a license prior to its expiration.

2. The department shall accept such a surrender of a license except that if it has determined that there are grounds for a revocation, it may insist that the licensee admit to the specific grounds for the termination. Should the licensee refuse to admit these specific grounds, the department may proceed with the revocation.

3. A determination of whether to accept the voluntary termination or to revoke the license should be on a case-by-case basis after consultation with the Attorney General's Office.

4. If a licensee voluntarily surrenders a license and subsequently reapplies, all the issues associated with the termination could be raised in support of a denial of a new license.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-174
Issued: December 29, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUALS PRODUCTION UNIT OB-16

SUBJECT: CRIMINAL/ARREST RECORD CHECK ON APPLICANTS FOR LICENSURE AND ON EMPLOYEES OF CHILD CARE FACILITIES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-174 was entered.

## BACKGROUND

Although RCW 74.15 was revised in 1980 to authorize criminal justice agencies to provide the department with criminal arrest record information on child care agencies and persons employed or under contract to an agency, the mechanism to access the criminal records information system was not developed at that time.

The department subsequently obtained access to the Washington State Patrol (WSP) Identification Section for Child Protective Services (CPS) purposes and worked out a procedure to accomplish this. This revision will enable the department to use essentially the same procedure to access the system for licensing purposes.

## PROCEDURE

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(b) Suggestion or statement by person giving reference for applicant, licensee or employee;

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Information gained will be subject to protections of the DSHS Public Disclosure Policy, 43.43 RCW, and 10.97 RCW.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-172
Issued: December 19, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: LICENSING FEE CHECKS REJECTED BY BANKS

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-172 was entered.

BACKGROUND

The department collects licensing fees annually from approximately 7,000 family day care homes and 875 day care centers and mini-day care centers. Regional offices have asked for a procedure for checks which have been rejected by banks.

Since the rejection of an application or the suspension and possible revocation of a license may result from payment with a rejected check, it is essential that we have a fairly uniform, equitable, and defensible procedure.

PROCEDURE

A. Office of Financial Recovery Responsibility

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-172
Issued: December 19, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: LICENSING FEE CHECKS REJECTED BY BANKS

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-174
Issued: December 29, 1983

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:
Barry Fibel
SCAN 234-0204 or
non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUALS PRODUCTION UNIT OB-16

SUBJECT: CRIMINAL/ARREST RECORD CHECK ON APPLICANTS FOR LICENSURE AND ON EMPLOYEES OF CHILD CARE FACILITIES

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(c) Other indications which derive from interviews with applicant, licensee or employee;

(d) Concerns which make such a record search necessary for the protection of children.

Rather than mailing the DSHS 0-35 to the WSP Identification Section, some CSOs or Regional Offices may find it more expedient to request this information through a local law enforcement agency if that agency has access to the WSP Identification Section's information system and will provide information on arrests, convictions, and pending charges.

In addition, where there is concern that the applicant/licensee or employee may have a criminal/arrest history in another state or states, the department may require that the applicant/licensee or employee provide a rolled set of fingerprints, to be obtained from a local law enforcement agency at the applicant's expense. These fingerprints should be forwarded to the Criminal Identification Section along with the completed DSHS 0-35 and a memo requesting an FBI criminal history check. The fingerprints and the memo must be accompanied by the applicant's check for twelve dollars made out to the Washington State Patrol.

Information gained will be subject to protections of the DSHS Public Disclosure Policy, 43.43 RCW, and 10.97 RCW.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-178
Issued: January 25, 1984

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

For Information Call:

SCAN 234-0204 or
Non-SCAN 753-0204

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: VOLUNTARY TERMINATION OF CHILD CARE AGENCY LICENSES

Place this notice in front of Chapter 06, Manual G, and note on Green Notice Control Sheet the date Notice G-178 was entered.

## I. BACKGROUND

Licensors have been unclear about whether or not they may legally refuse to accept a license which the licensee chooses to surrender during the course of an action leading to the revocation of that license. While such a voluntary termination is generally considered a favorable outcome, it may be problematic in some cases because the licensee may reapply for a new license with another DSHS office or child placing agency (if he/she is seeking a foster family home license).

According to a recent memo from the Attorney General's Office, the department may refuse the voluntary surrender of the license and go to a fair hearing on the revocation, if necessary.

## II. ACTION REQUIRED

1. A licensee may voluntarily terminate a license prior to its expiration.

2. The department shall accept such a surrender of a license except that if it has determined that there are grounds for a revocation, it may insist that the licensee admit to the specific grounds for the termination. Should the licensee refuse to admit these specific grounds, the department may proceed with the revocation.

3. A determination of whether to accept the voluntary termination or to revoke the license should be on a case-by-case basis after consultation with the Attorney General's Office.

4. If a licensee voluntarily surrenders a license and subsequently reapplies, all the issues associated with the termination could be raised in support of a denial of a new license.

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## 26.30 GATHERING RESOURCE INFORMATION

It shall be part of the duties of the service worker assigned to the I&R function to become familiar with all resources in the community which could be of benefit to inquiring individuals. This information will be shared with other service workers as needed to carry out I&R services to their active service recipients.

## 26.34 RECORDING

1. No service record or basic statistical data file will be established for clients receiving I&R services unless another Title XX service need is discovered and service initiated during the process of providing I&R. Therefore, the DSHS 14-139(X) Social Service Application, the DSHS 140(X) Primary Recipient form, and the DSHS 14-141(X) Social Services Record will not ordinarily be made out.

2. Information and referral services provided to individuals who are not or do not become active service clients will be recorded on a daily information and referral log sheet and transmitted to the SO on a monthly basis, or oftener as is most convenient to the ESSO, on a log report. See Chapter 99 for further instructions regarding the use of these log forms.