

WSR 22-11-004

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed May 5, 2022, 10:03 a.m., effective June 5, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The agency is making housekeeping changes only. WAC 182-505-0100(1) contains an out-of-date hyperlink to federal poverty level income standards. The agency is editing the rule to include the correct hyperlink, which is <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>.

Citation of Rules Affected by this Order: Amending WAC 182-505-0100.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Adopted under notice filed as WSR 22-06-048 on February 24, 2022.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: May 5, 2022.

Wendy Barcus
Rules Coordinator

OTS-3254.1

AMENDATORY SECTION (Amending WSR 17-12-018, filed 5/30/17, effective 6/30/17)

WAC 182-505-0100 Monthly income standards for MAGI-based programs. (1) Each year, the federal government publishes new federal poverty level (FPL) income standards in the Federal Register found at (~~<http://aspe.hhs.gov/poverty/index.shtml>~~) <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>.

(a) The income standards for the following Washington apple health programs change on the first day of April every year based on the new FPL, except for subsections (2) and (3) of this section.

(b) The agency determines income eligibility by comparing countable income as determined of the person's medical assistance unit (MAU), as determined under WAC 182-506-0010 and 182-506-0012, to the applicable income standard. Rules for determining countable income are in chapter 182-509 WAC.

(2) Parents and caretaker relatives under WAC 182-505-0240 must have countable income equal to or below the following standards:

Medical Assistance Unit Size	1	2	3	4	5	6	7	8	9	10	11+
Income Standard	\$511	\$658	\$820	\$972	\$1,127	\$1,284	\$1,471	\$1,631	\$1,792	\$1,951	\$1,951

(3) Parents and caretaker relatives with earned income above the limits in subsection (2) of this section are the only people who may be eligible for the transitional medical program described in WAC 182-523-0100.

(4) Adults described in WAC 182-505-0250 who are not eligible under subsection (2) or (3) of this section must have countable income equal to or below one hundred thirty-three percent of the FPL.

(5) Pregnant people described in WAC 182-505-0115 must have countable income equal to or below one hundred ninety-three percent of the FPL.

(6) Children with countable income:

(a) Equal to or below two hundred ten percent of the FPL as described in WAC 182-505-0210 (3)(a)(i) receive coverage at no cost.

(b) Greater than two hundred ten percent but equal to or less than three hundred twelve percent as described in WAC 182-505-0210 (3)(a)(ii) receive premium-based coverage. Premium amounts are described in WAC 182-505-0225.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-12-018, § 182-505-0100, filed 5/30/17, effective 6/30/17. Statutory Authority: RCW 41.05.021, 41.05.160, Public Law 111-148, 42 C.F.R. § 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-16-052, § 182-505-0100, filed 7/29/14, effective 8/29/14. WSR 11-23-091, recodified as § 182-505-0100, filed 11/17/11, effective 11/21/11. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.402, 74.09.470, and 2008 session law. WSR 09-07-086, § 388-478-0075, filed 3/17/09, effective 4/17/09. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.530, 74.09.700, and 2007 c 5. WSR 08-05-018, § 388-478-0075, filed 2/12/08, effective 3/14/08. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.500 and 42 U.S.C. 9902(2). WSR 06-16-026, § 388-478-0075, filed 7/24/06, effective 8/24/06. Statutory Authority: RCW 74.08.090, 74.09.415, 74.09.530 and 2005 c 279. WSR 06-03-080, § 388-478-0075, filed 1/12/06, effective 2/12/06. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.500, and 42 U.S.C. 9902(2). WSR 05-17-157, § 388-478-0075, filed 8/22/05, effective 9/22/05. Statutory Authority: RCW 74.08.090, 74.04.057, 74.04.050, and 74.09.530. WSR 04-15-092, § 388-478-0075, filed 7/16/04, effective 8/16/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.09.530, and 42 U.S.C. 9902(2). WSR 03-15-088, § 388-478-0075, filed 7/17/03, effective 7/17/03. Statutory Authority: RCW 74.08.090, 74.08A.100, 74.09.080, and 74.09.415. WSR 02-17-030, § 388-478-0075, filed 8/12/02, effective 9/12/02. Statutory Authority: RCW 74.04.050, 74.08.090, 74.09.500, 74.09.510, and Section 1902 (a)(10)(A)(ii)(XV) and (XVI) of the Social Security Act. WSR 02-07-090, § 388-478-0075, filed 3/19/02, effective 4/1/02. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.09.530, and Section 673(2) (42 U.S.C. 9902(2)). WSR 01-18-056, § 388-478-0075, filed 8/30/01, effective 9/30/01; WSR 00-17-085, § 388-478-0075, filed 8/14/00, effective 9/14/00; WSR 99-19-005, § 388-478-0075, filed 9/3/99, effective

10/4/99. Statutory Authority: RCW 74.04.050, 74.04.055, 74.04.057 and 74.08.090. WSR 98-16-044, § 388-478-0075, filed 7/31/98, effective 9/1/98. Formerly WAC 388-507-0805, 388-508-0810, 388-509-0910, 388-509-0920, 388-509-0940 and 388-509-0960.]

WSR 22-11-008

PERMANENT RULES

BOARD OF TAX APPEALS

[Filed May 6, 2022, 8:34 a.m., effective June 6, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The purpose of this change is to remove the one provision in this section to chapter 456-09 WAC, Formal hearings; and chapter 456-10 WAC, Informal hearings, for clarity in the hearings process.

Citation of Rules Affected by this Order: Repealing WAC 456-11-015.

Statutory Authority for Adoption: RCW 82.03.170.

Adopted under notice filed as WSR 21-22-058 [22-01-156] on April 21, 2022 [December 15, 2021].

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 1.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: May 6, 2022.

Andrea Vingo
Review Officer

OTS-3407.1

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 456-11-015 Record evidence.

WSR 22-11-012

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed May 9, 2022, 10:32 a.m., effective July 1, 2022]

Effective Date of Rule: July 1, 2022.

Purpose: WAC 246-836A-990 Colon hydrotherapist fees and renewal cycle. The department of health (department) is adopting a new set of rules as required to specify the fees for colon hydrotherapists, as well as to ensure clarity and consistency of fees that are standard across all professions. SB 5124 (chapter 179, Laws of 2021) creates a new certified profession, colon hydrotherapist. RCW 43.70.250 requires that the costs of licensing each profession be fully borne by the members of that profession. Rule making is required to ensure the department is in line with RCW 43.70.250 and the fees set are sufficient to cover the costs of licensing the profession. Professions need to maintain a reserve that is based on level of risk, including revenue stability, disciplinary trends, and size of the profession, in order to cover unanticipated costs. Additionally, this rule reflects the office of financial management requirement that agencies maintain a reasonable working capital reserve. The other aspects of the colon hydrotherapist rules are established in a separate rule project under the board of naturopathy's authority.

Citation of Rules Affected by this Order: New WAC 246-836A-990.

Statutory Authority for Adoption: RCW 18.36A.060, 18.36A.140, 43.70.110, 43.70.250, 43.70.280; and SB 5124 (chapter 179, Laws of 2021).

Adopted under notice filed as WSR 22-06-090 on March 2, 2022.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 1, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 1, Amended 0, Repealed 0.

Date Adopted: May 9, 2022.

Kristin Peterson, JD
Deputy Secretary
Policy and Planning
for Umair A. Shah, MD, MPH
Secretary

OTS-3599.3

NEW SECTION

WAC 246-836A-990 Colon hydrotherapist fees and renewal cycle.

(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application-Original license	\$215.00
License renewal	
Renewal	215.00
Late renewal penalty	110.00
Expired license reissuance	65.00
Duplicate license	10.00
Verification of license	25.00

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WSR 22-11-013

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed May 9, 2022, 10:35 a.m., effective July 1, 2022]

Effective Date of Rule: July 1, 2022.

Purpose: Chapter 246-928 WAC, Respiratory care practitioners. The department of health (department) is amending, repealing, and creating new rule sections to implement SHB 1383 (chapter 114, Laws of 2021), which made changes to the respiratory care profession. SHB 1383 adds disease prevention to respiratory care practitioners' scope of practice, as well as authorization to perform extracorporeal membrane oxygenation, perform cardiopulmonary stress testing, and administer nitrous oxide for analgesia, and other statutory changes.

The department's amendments to chapter 246-928 WAC implement SHB 1383, including but not limited to: (1) Expanding the scope of practice to align with statutory amendments under SHB 1383; (2) expanding the list of organizations whose trainings are accepted as continuing education; (3) updating minimum education requirements; (4) raising examination requirements; (5) repealing a rule allowing new graduates to practice prior to licensure; (6) creating rules regulating training related to specific medical procedures; and (7) making other changes to update, clarify, and streamline the chapter. These amendments align the chapter with the statute, raising the qualifications of respiratory care practitioners in Washington and raising the standard of care that they will be able to provide their patients.

Citation of Rules Affected by this Order: New WAC 246-928-580 and 246-928-590; repealing WAC 246-928-310, 246-928-440, 246-928-510, 246-928-530, 246-928-720, 246-928-730, 246-928-740, 246-928-750 and 246-928-760; and amending WAC 246-928-320, 246-928-410, 246-928-420, 246-928-430, 246-928-442, 246-928-443, 246-928-450, 246-928-520, 246-928-540, 246-928-560, 246-928-570, 246-928-710, and 246-928-990.

Statutory Authority for Adoption: RCW 18.89.050.

Other Authority: SHB 1383 (chapter 114, Laws of 2021).

Adopted under notice filed as WSR 22-07-024 on March 9, 2022.

A final cost-benefit analysis is available by contacting Ted Dale, Office of Health Professions, P.O. Box 47852, Olympia, WA 98504, phone 360-236-2991, TTY 711, email ted.dale@doh.wa.gov, website www.doh.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 2, Amended 5, Repealed 1.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 8, Repealed 8.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 8, Repealed 8.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 2, Amended 13, Repealed 9.

Date Adopted: May 9, 2022.

Kristin Peterson, JD
Deputy Secretary
Policy and Planning
for Umair A. Shah, MD, MPH

OTS-3610.2

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-320 General definitions. ((This section defines terms used in the rules contained in this chapter.

(1) "~~Respiratory care practitioner~~" means a person licensed by the department of health, who is authorized under chapter 18.89 RCW and these rules to practice respiratory therapy. ~~WAC 246-928-410 explains who must be licensed as a respiratory care practitioner.~~) The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Analgesia" means providing pain relief or loss of physical sensation without the total loss of consciousness or physical movement, and which allows the patient to respond to verbal commands and tactile stimulation.

(2) "Applicant" means a person whose application for licensure as a respiratory care practitioner is being submitted to the department (~~of health~~).

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

(4) "Respiratory care practitioner" means a person licensed by the department, who is authorized under chapter 18.89 RCW and these rules to practice respiratory therapy. WAC 246-928-410 explains who must be licensed as a respiratory care practitioner.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-320, filed 5/23/01, effective 6/23/01.]

~~((PART I
DEFINITIONS AND PROCEDURES FOR LICENSING AS A RESPIRATORY CARE PRACTITIONER))~~

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-410 ((Who must be licensed as)) Licensure requirements for a respiratory care practitioner ((with the department)).

This section identifies who must be licensed as a respiratory care practitioner with the department and who is exempt from licensure.

(1) Any person performing or offering to perform the functions authorized in RCW 18.89.040 must be licensed as a respiratory care practitioner. A certification, registration or other credential issued

by a professional organization does not substitute for licensure as a respiratory care practitioner in Washington state.

(2) The following individuals are exempt from licensure as a respiratory care practitioner (~~(with the department)~~):

(a) Any person performing or offering to perform the functions authorized in RCW 18.89.040, (~~(if that person already holds a current licensure, certification or registration that authorizes these functions)~~) who is either registered, certified, licensed, or similarly regulated under the laws of this state and is performing services within the person's authorized scope of practice;

(b) Any person employed by the United States government who is practicing respiratory care as a performance of the duties prescribed for him or her by the laws of and rules of the United States;

(c) Any person who is pursuing a supervised course of study leading to a degree or certificate in respiratory care, if the person is designated by a title that clearly indicates (~~(his or her)~~) their status as a student or trainee and limited to the extent of demonstrated proficiency of completed curriculum, and under direct supervision;

(d) Any person who is licensed as a registered nurse under chapter 18.79 RCW;

(e) Any person who is practicing respiratory care without compensation for a family member.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-410, filed 5/23/01, effective 6/23/01.]

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-420 (~~(How to become licensed as a)~~) **Respiratory care practitioner application requirements.** (~~(This section explains how a person may become licensed as a respiratory care practitioner with the department.~~

~~(1) The department shall provide forms for use by an applicant for licensure as a respiratory care practitioner. All applications for licensure must be submitted on these forms, with the appropriate fee required in WAC 246-928-990. The specific requirements and process for licensure is set forth in WAC 246-12-020.~~

~~(2) The applicant shall certify that all information on the application forms is accurate. The applicant is subject to investigation and discipline by the department for any apparent violation of chapters 18.130 and 18.89 RCW, or this chapter.)~~ To become licensed as a respiratory care practitioner, an applicant shall:

(1) Submit to the department:

(a) A completed application as provided by the department;

(b) Proof of meeting the education requirements in WAC 246-928-520;

(c) The appropriate fee required in WAC 246-928-990; and

(d) Any other information determined necessary by the department;

and

(2) Comply with the examination requirements in WAC 246-928-540.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-420, filed 5/23/01, effective 6/23/01.]

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-430 (~~(How and when to renew a)~~) **Respiratory care practitioner license renewal.** (~~(This section explains how and when to renew a respiratory care practitioner license.)~~)

(1) (~~(Applications for renewal of the license for)~~) To renew a license a respiratory care practitioner shall (~~(be submitted on forms)~~) submit a renewal form provided by the department, with the appropriate fee required in WAC 246-928-990.

(2) The specific requirements and process for renewal of a license are (~~(set forth)~~) in WAC 246-12-030.

(~~(2)~~) (3) Renewal fees must be postmarked on or before the renewal date or the department will charge a late renewal penalty fee and licensure reissuance fee.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-430, filed 5/23/01, effective 6/23/01.]

AMENDATORY SECTION (Amending WSR 15-24-095, filed 11/30/15, effective 12/31/15)

WAC 246-928-442 Continuing education. (~~(All licensed)~~) To renew a respiratory care practitioner (~~(s seeking to renew their)~~) license, the licensee shall acquire (~~(thirty)~~) 30 credit hours of continuing respiratory care education every two years as required in RCW 18.89.140. Licensees shall meet the continuing education requirement outlined in this section and report such continuing education as required in (~~(chapter 246-12 WAC, Part 7)~~) WAC 246-12-170 through 246-12-240.

(1) The following are categories of (~~(acceptable)~~) accepted continuing education activities for licensed respiratory care practitioners:

(a) A minimum of (~~(ten)~~) 10 credit hours of continuing education during each two-year reporting cycle must be earned in courses approved by the American Association for Respiratory Care (AARC).

(b) The remaining (~~(twenty)~~) 20 hours of continuing education during each two-year reporting cycle may be in any of the following areas:

(i) Sponsored courses. Courses sponsored or approved by the:

- (A) American Academy of Pediatrics;
- (B) American Academy of Physician Assistants;
- (C) American Association of Critical Care Nurses;
- (D) American Association of Respiratory Care;
- (E) American College of Chest Physicians;
- (F) American College of Emergency Physicians;
- (G) American College of Physicians;
- (H) American Medical Association;
- (I) American Nurses Association;
- (J) American Osteopathic Association;
- (K) American Thoracic Society;
- (L) Society of Critical Care Medicine;
- (M) Washington academy of physician assistants;
- (N) Washington osteopathic medicine association;
- (O) Washington state medical association; (~~(or)~~)

- (P) Washington state nurses association;
- (Q) Extracorporeal life support organization; or
- (R) American Society of Extracorporeal Technology.

(ii) ~~Certifications/examinations ((. Licensees shall only claim credit hours in this category that were obtained during the current reporting cycle))~~ valid for continuing education credit.

(A) Ten credit hours each may be claimed for the following initial or renewal certifications:

(I) Advanced cardiac life support (also known as ACLS);

(II) Neonatal advanced life support (also known as NALS, or neonatal resuscitation program or NRP);

(III) Pediatric advanced life support (also known as PALS).

(B) Five credit hours may be claimed for initial or renewal certification in basic life support (also known as BLS).

(C) Ten credit hours each may be claimed for passing either of the following National Board of Respiratory Care (NBRC) advanced practitioner examinations:

(I) The NBRC therapist multiple-choice examination combined with the clinical simulation examination that awards NBRC registration (~~((formerly known as the registered respiratory therapist, or "RRT," examination))~~); or

(II) Registered pulmonary function technologist.

(D) Five credit hours each may be claimed for passing any of the following:

(I) The NBRC therapist multiple-choice examination that awards NBRC certification (~~((formerly known as the entry level, or "CRT," examination))~~);

(II) Any NBRC specialty examination;

(III) The NBRC self-assessment competency examination with a minimum score of (~~(seventy-five))~~ 75; or

(IV) National Asthma Educator Certification Board certified asthma educator examination.

(iii) Educational settings.

(A) A licensee may claim courses completed at a regionally accredited college, university, or institute of higher education. Such courses must focus on the clinical practice of respiratory care or education related to the cardiopulmonary system. Credit hours for such courses may be claimed as either:

(I) Actual semester contact hours (such as (~~(fifteen))~~ 15 semester contact hours shall be equal to (~~(fifteen))~~ 15 continuing education credits); or

(II) An academic credit formula that multiplies the academic credits by a factor of three (such as four academic credits shall be equal to (~~(twelve))~~ 12 continuing education credits).

(B) A licensee may claim respiratory care educational offerings provided by hospitals or health organizations.

(C) A licensee may claim continuing education credit hours for serving as an instructor of educational offerings in respiratory care provided by hospitals or health organizations; or at a regionally accredited college, university, or institute of higher education. Such educational offerings must include learning objectives. The number of credit hours claimed for serving as an instructor shall be the same number as those earned by attendees. The credit hours for presenting a specific topic, lecture, or education course may only be used for continuing education once during each reporting cycle.

(c) No more than ~~((ten))~~ 10 credit hours of continuing education during a two-year reporting cycle may be in any of the following areas:

(i) Self-study. Journal reading of publications related to respiratory care;

(ii) Practice related topics. Formal, internet-based, or video-format courses offered by organizations not listed in (b) of this subsection including, but not limited to, the American Association of Cardiovascular and Pulmonary Rehabilitation, the Association for the Treatment of Tobacco Use and Dependence, or the Council for Tobacco Treatment Training Programs; or

(iii) Nonclinical practice topics. Courses or activities including, but not limited to, health promotion, health care cost management, mandatory reporting, professional ethics, and regulatory affairs.

(2) Documentation. ~~((Licensees are))~~ A licensee is responsible for acquiring and maintaining all acceptable documentation of their continuing education activities, as required in ~~((chapter 246-12 WAC, Part 7))~~ WAC 246-12-170 through 246-12-240. Acceptable documentation ~~((shall))~~ must include transcripts, letters from course instructors, or certificates of completion or other formal certifications provided by hospitals, course instructors, and health organizations. In all cases other than transcripts, the documentation must show the participant's name, activity title, number of continuing education credit hours, date(s) of activity, instructor's name(s) and degree and the signature of the verifying individual program sponsor.

[Statutory Authority: RCW 18.89.050 and 19.89.140 [18.89.140]. WSR 15-24-095, § 246-928-442, filed 11/30/15, effective 12/31/15. Statutory Authority: RCW 18.89.050(1) and 18.89.140. WSR 01-21-136, § 246-928-442, filed 10/24/01, effective 11/24/01.]

AMENDATORY SECTION (Amending WSR 01-21-136, filed 10/24/01, effective 11/24/01)

WAC 246-928-443 Verification of continuing education. (1) The licensee shall:

(a) Verify on renewal forms provided by the department, that the minimum continuing education has been completed within the two-year renewal cycle prior to the licensee's renewal date; and

(b) Keep records for four years as required in ~~((chapter 246-12 WAC, Part 7))~~ WAC 246-12-200.

(2) ~~((Audits.))~~ The department may conduct random compliance audits of continuing education records ~~((, as described in chapter 246-12 WAC, Part 7))~~ in compliance with WAC 246-12-170 through 246-12-240.

(3) ~~((Exemptions.))~~ In certain emergency situations, the department may excuse all or part of the continuing education requirement ~~((as described in chapter 246-12 WAC, Part 7))~~ in compliance with WAC 246-12-210. The department may require verification of the emergency.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. WSR 01-21-136, § 246-928-443, filed 10/24/01, effective 11/24/01.]

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-450 ((How to reinstate an)) Expired respiratory care practitioner license. ((This section explains the process for reinstatement of an expired respiratory care practitioner license. Applications for reinstatement of an expired license may be submitted on forms provided by the department, with the appropriate fee required in WAC 246-928-990. The specific requirements and process for reinstatement of an expired license is set forth in)) To return an expired license to active status, the applicant shall meet the requirements in WAC 246-12-040.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-450, filed 5/23/01, effective 6/23/01.]

~~((PART II
REQUIREMENTS FOR LICENSURE AS A RESPIRATORY CARE PRACTITIONER))~~

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-520 Minimum educational qualifications for licensure as a respiratory care practitioner. ((This section provides the minimum educational qualifications for licensure as a respiratory care practitioner.))

(1) To meet the educational requirements required by RCW 18.89.090, an applicant must be a graduate of at least a two-year respiratory therapy educational program. ((Programs)) The program must be accredited by:

((Accredited by)) (a) The Committee on Accreditation for Respiratory Care ((COARC) or accredited by) (CoARC);

(b) The American Medical Association's (AMA) Committee on Allied Health Education and Accreditation (CAHEA) ((, or its successor,)); or

(c) The Commission on Accreditation of Allied Health Education Program (CAAHEP).

(2) An official transcript indicating completion of at least a two-year program must be provided as evidence of fulfillment of the required education.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-520, filed 5/23/01, effective 6/23/01.]

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-540 Examination requirements for licensure as a respiratory care practitioner. ((This section provides the minimum examination requirements for licensure as a respiratory care practitioner.))

(1) An applicant who has taken and passed both the therapist multiple choice examination and the clinical simulation examination for the registered respiratory therapist credential provided by the National Board for Respiratory Care (NBRC) ((entry level examination)), has met the minimum examination requirements of RCW 18.89.090 (1)(b). Applicants shall request the NBRC ((to)) verify to the department that the applicant has successfully passed the NBRC examinations.

(2) An active registered respiratory therapist credential with NBRC is considered proof of meeting the minimum examination requirements.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-540, filed 5/23/01, effective 6/23/01.]

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-560 ((How to apply for)) Licensure for persons credentialed out-of-state. ((This section explains how a person holding a license in another state or jurisdiction may apply for licensure.

~~(1))~~ An applicant who is currently or was previously credentialed in another state or jurisdiction may qualify for licensure in Washington state. ((Applicants must submit the following documentation)) To be considered for licensure:

(1) The applicant shall submit to the department:

(a) ((An)) A completed application on forms provided by the department;

(b) Proof of meeting the education requirements in WAC 246-928-520 or subsection (4) of this section; and

(c) A fee ((and forms)) as specified in WAC ((246-928-420 and)) 246-928-990 ((; and

~~(b) Written).~~

(2) The applicant shall comply with the examination requirements in WAC 246-928-540 or subsection (4) of this section.

(3) The applicant shall request written verification directly from all states in which the applicant is or was credentialed, attesting that the applicant has or had a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment ((; and

~~(c) Verification of completion of the required education and examination as specified in WAC 246-928-520)).~~

((2)) (4) Applicants who have completed at least a two-year program recognized by the Canadian Society of Respiratory Therapists (CSRT) in their current list, or any previous lists, and ~~((are eligible to sit for))~~ have passed the CSRT registry examination; or have been issued a registration by the CSRT are considered to have met the educational and examination requirements in this chapter. Canadian applicants are required to submit verification directly from CSRT, as

well as all of the information listed above for applicants licensed in another jurisdiction.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-560, filed 5/23/01, effective 6/23/01.]

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-570 ((How to apply for)) Temporary practice permits for ((persons)) applicants credentialed out-of-state. ((This section explains how a person holding a license in another state or jurisdiction may apply for a temporary practice permit.))

(1) An applicant who is currently or was previously credentialed in another state or jurisdiction may qualify for licensure in Washington state. Applicants must submit the following documentation to be considered for a temporary practice permit:

(a) A completed application on forms provided by the department with the request for a temporary practice permit indicated;

(b) An application fee and a temporary practice permit fee as specified in WAC 246-928-990;

(c) Written verification directly from all states or jurisdictions in which the applicant is or was licensed, attesting that the applicant has or had a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Verification of completion of the required education and examination as specified in WAC 246-928-520.

(2) The department shall issue a one-time-only temporary practice permit unless the department determines a basis for denial of the license or issuance of a conditional license.

(3) The temporary permit shall expire upon the issuance of a license by the department, or within ((three months)) 90 days, whichever occurs first. The permit shall not be extended beyond the expiration date.

(4) Issuance of a temporary practice permit does not ensure that the department will grant a full license. Temporary permit holders are subject to the same education and examination requirements as set forth in WAC 246-928-520 and 246-928-550.

(5) The following situations are not considered substantially equal for Washington state licensure:

(a) Certification of persons credentialed out-of-state through a state-constructed examination; or

(b) ((Grandfathering)) Legacy provisions where proof of education and examination was not required.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-570, filed 5/23/01, effective 6/23/01.]

NEW SECTION

WAC 246-928-580 Education and training requirements for extracorporeal membrane oxygenation (ECMO) and extracorporeal life support

(ECLS). (1) In order to provide extracorporeal membrane oxygenation (ECMO) and extracorporeal life support (ECLS), a respiratory care practitioner shall first complete education and hands-on experience specific to this treatment. The education must meet the guidelines in the 2010 Extracorporeal Life Support Organization (ELSO) Guidelines for Training and Continuing Education of ECMO Specialists and must include:

- (a) Didactic sessions of at least 24 hours;
- (b) Hands-on proficiencies, also known as water drills, including:
 - (i) Basic session with a discussion and demonstration of the equipment; and
 - (ii) Emergency session to address failure of the equipment and corrections;
- (c) High-fidelity simulation or animal sessions; and
- (d) Preceptor training, also known as bedside training, of at least 16 hours.

(2) An ECMO or ECLS training program which meets the standards set by ELSO meets the training requirements of this section. This includes, but is not limited to, institutes and facilities that employ respiratory care practitioners.

(3) A respiratory care practitioner who provides ECMO or ECLS shall meet any annual training and certification requirements of their institute or facility, which may include, but are not limited to, examinations, evaluations, or continuing education requirements.

[]

NEW SECTION

WAC 246-928-590 Training requirements for the administration of nitrous oxide. (1) A respiratory care practitioner shall follow the training requirements and protocols of the hospital or facility in which they are employed when providing nitrous oxide for analgesia.

(2) To provide nitrous oxide for analgesia, a respiratory care practitioner shall complete training that includes, but is not limited to, the following components:

- (a) Nitrous oxide training which provides education specific to administering nitrous oxide for analgesia;
- (b) In-service competency which includes hands-on proficiency in the administration of nitrous oxide for analgesia; and
- (c) Observed competency requirement of at least one successful, independent administration of nitrous oxide observed by a licensed individual currently qualified to provide this treatment.

(3) Respiratory care practitioners may only administer nitrous oxide for analgesia under direct supervision of a health care practitioner as defined in RCW 18.89.020 who is on-site and physically present in the treatment operatory.

[]

~~((PART III
REQUIREMENTS FOR REPORTING UNPROFESSIONAL CONDUCT))~~

AMENDATORY SECTION (Amending WSR 01-11-165, filed 5/23/01, effective 6/23/01)

WAC 246-928-710 Mandatory reporting. ~~((1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.~~
~~(2) A report should contain the following information if known:~~
~~(a) The name, address, and telephone number of the person making the report.~~
~~(b) The name, address, and telephone numbers of the respiratory care practitioner being reported.~~
~~(c) The case number of any patient whose treatment is a subject of the report.~~
~~(d) A brief description or summary of the facts which prompted the issuance of the report, including dates of occurrences.~~
~~(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.~~
~~(f) Any further information which would aid in the evaluation of the report.~~
~~(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.~~
~~(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.)~~ Individuals and other entities must report unprofessional conduct in compliance with the Uniform Disciplinary Act in chapter 18.130 RCW and the standards of professional conduct in chapter 246-16 WAC.

[Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-710, filed 5/23/01, effective 6/23/01.]

~~((PART IV
RESPIRATORY CARE PRACTITIONER LICENSING AND RENEWAL FEES))~~

AMENDATORY SECTION (Amending WSR 15-19-149, filed 9/22/15, effective 1/1/16)

WAC 246-928-990 Respiratory care fees and renewal cycle. (1)

Licenses must be renewed every two years on the practitioner's birthday as provided in (~~chapter 246-12 WAC, Part 2~~) WAC 246-12-030.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$140.00
Temporary practice permit	50.00
Duplicate license	15.00
Verification of licensure	15.00
Renewal	110.00
Late renewal penalty	55.00
Expired license reissuance	65.00

[Statutory Authority: 43.70.280. WSR 15-19-149, § 246-928-990, filed 9/22/15, effective 1/1/16. Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. WSR 10-19-071, § 246-928-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. WSR 08-16-008, § 246-928-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-928-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.89.050(1). WSR 01-11-165, § 246-928-990, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 43.70.250. WSR 99-08-101, § 246-928-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-928-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.89 RCW and RCW 43.70.040. WSR 95-18-019, § 246-928-990, filed 8/24/95, effective 9/24/95. Statutory Authority: RCW 43.70.250. WSR 92-15-032 (Order 285), § 246-928-990, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 18.89.050 and 43.70.250. WSR 92-02-018 (Order 224), § 246-928-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-928-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. WSR 88-17-099 (Order PM 741), § 308-195-110, filed 8/23/88.]

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-928-310	Introduction.
WAC 246-928-440	Continuing education requirements.
WAC 246-928-510	Overview of the qualifications required for licensure as a respiratory care practitioner.
WAC 246-928-530	How new graduates may qualify for temporary practice and what is required.

WAC 246-928-720	Health care institutions.
WAC 246-928-730	Respiratory care practitioner associations or societies.
WAC 246-928-740	Professional liability carriers.
WAC 246-928-750	Courts.
WAC 246-928-760	State and federal agencies.

WSR 22-11-015

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed May 9, 2022, 11:46 a.m., effective June 9, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: WAC 246-72-010, 246-72-030, 246-72-050, 246-72-080, 246-72-090, 246-72-100, 246-72-110, and 246-72-120, medical marijuana consultant certification. The department of health is adopting amendments to various sections within chapter 246-72 WAC to enhance and clarify training program requirements, education and other requirements of an instructor; continuing education, practice parameters of a medical marijuana certified consultant, and other housekeeping amendments. Specific changes include a continuing education training to be provided by the department, the addition of a self-study option of continuing education, and the allowance of other types of training instructors such as professional teachers, consultant practice parameters regarding free samples, and open consumption.

The adopted rule will provide certified consultants with a solid understanding of their role and knowledge of industry regulations, rules, and laws to ensure accurate information is being shared on the front end with the qualifying patients, designated providers, and consumers they are assisting. The revisions will clarify inconsistencies and knowledge gaps in medical marijuana consultant training per chapter 69.51A RCW by clearly defining expected training standards, necessary certification requirements, and practice parameters for consultants in chapter 246-72 WAC.

Citation of Rules Affected by this Order: Amending WAC 246-72-010, 246-72-030, 246-72-050, 246-72-080, 246-72-090, 246-72-100, 246-72-110, and 246-72-120.

Statutory Authority for Adoption: RCW 69.51A.290.

Adopted under notice filed as WSR 22-03-054 on January 14, 2022.

Changes Other than Editing from Proposed to Adopted Version: WAC 246-72-110 (1)(a)(i)(C) was amended to insert the phrase "for recreational and compliant marijuana products" as a clarification of intended training requirements, but does not change to [the] effect of the rule.

A final cost-benefit analysis is available by contacting Shannon Angell, P.O. Box 47850, Olympia, WA 98504, phone 360-236-2820, fax 360-236-2901, TTY 711, email shannon.angell@doh.wa.gov, website medicalmarijuana@doh.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 8, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 8, Repealed 0.

Date Adopted: May 5, 2022.

Kristin Peterson, JD
Deputy Secretary

Policy and Planning
for Umair A. Shah, MD, MPH
Secretary

OTS-3141.6

AMENDATORY SECTION (Amending WSR 16-07-086, filed 3/17/16, effective 3/18/16)

WAC 246-72-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Approved training program" means a school, college, or program approved by the secretary that meets the requirements of this chapter.

(2) "Certificate holder" means a person holding a valid medical marijuana consultant certificate issued by the secretary under chapter 69.51A RCW and this chapter.

(3) "Customer" means any patron of a retail outlet licensed under RCW 69.50.354 and holding a medical endorsement under RCW 69.50.375.

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

(5) "Designated provider" means the same as defined in RCW 69.51A.010.

(6) "Marijuana product" means marijuana, marijuana concentrates, usable marijuana, and marijuana-infused products as defined in RCW 69.50.101.

~~((+6))~~ (7) "Qualifying patient" or "patient" means the same as defined in RCW 69.51A.010.

(8) "Secretary" means the secretary of the department of health or the secretary's designee.

[Statutory Authority: RCW 69.51A.290. WSR 16-07-086, § 246-72-010, filed 3/17/16, effective 3/18/16.]

AMENDATORY SECTION (Amending WSR 18-07-030, filed 3/12/18, effective 4/12/18)

WAC 246-72-030 Practice parameters. (1) A certificate holder may only provide services when acting in the capacity of an owner, employee, or volunteer of a retail outlet licensed under RCW 69.50.354 and holding a medical endorsement under RCW 69.50.375.

(2) A certificate holder may:

(a) Perform regular job duties and business functions including, but not limited to, assisting a customer with the selection of marijuana product and other items sold at the retail outlet;

(b) Assist a ~~((customer))~~ qualifying patient or designated provider with the following:

(i) Selection of marijuana products and other items sold at the retail outlet that may benefit the ~~((customer's))~~ qualifying patient's terminal or debilitating medical condition;

~~((b) Describe)~~ (ii) Understanding the risks and benefits of marijuana products and other items sold at the retail outlet;

~~((e) Describe)~~ (iii) Understanding the risks and benefits of methods of administration of marijuana products sold at the retail outlet. Whenever practicable, a certificate holder shall encourage methods of administration other than smoking;

~~((d) Advise a customer)~~ (iv) Advice about the safe handling and storage of marijuana products, including strategies to reduce access by minors; ~~(and~~

~~(e) Provide)~~ (v) Instruction and demonstration ~~((to a customer))~~ about proper use and application of marijuana products ~~((. However, nothing in this section allows a certificate holder to:~~

~~(i) Provide free samples of a marijuana product to a customer except pursuant to RCW 69.50.375;~~

~~(ii) Open or allow a customer to open a marijuana product on the premises;~~

~~(iii) Consume or allow a customer to consume a marijuana product on the premises); and~~

(vi) Processing the medical marijuana authorization form for the purpose of adding the qualifying patient or designated provider to the database according to WAC 246-71-020.

(3) When discussing a marijuana product with a ~~((customer))~~ qualifying patient or their designated provider, a certificate holder shall refer to the product using the cannabinoid profile labeling required by the Washington state liquor and cannabis board in addition to the represented strain name.

(4) A certificate holder shall not:

(a) Offer or undertake to diagnose or cure any human or animal disease, ailment, injury, infirmity, deformity, pain, or other condition, physical or mental, real or imaginary, by use of marijuana products or any other means or instrumentality;

(b) Recommend or suggest modification or elimination of any course of treatment that does not involve the medical use of marijuana products;

(c) Solicit or accept any form of remuneration directly or indirectly, overtly or covertly, in cash or any other form in return for recommending a certain product, producer, processor, clinic, or health care practitioner;

~~(d) ((Provide medical marijuana consultant services in any capacity other than as an owner, employee, or volunteer of retail outlets licensed under RCW 69.50.354 and holding a medical endorsement under RCW 69.50.375;~~

~~(e)) Provide medical marijuana consultant services at any location other than at retail outlets licensed under RCW 69.50.354 and holding a medical endorsement under RCW 69.50.375 for which the certificate holder serves as an owner, employee, or volunteer; ((or~~

~~(f)) (e) Create ((his or her)) their own recognition card pursuant to chapter 246-71 WAC;~~

(f) Provide free samples of a marijuana product to a customer except pursuant to RCW 69.50.375;

(g) Open or allow a customer, including qualifying patients and designated providers to open a marijuana product on the premises; or

(h) Consume or allow a customer, including qualifying patients and designated providers, to consume any marijuana product on the premises.

[Statutory Authority: RCW 69.51A.230. WSR 18-07-030, § 246-72-030, filed 3/12/18, effective 4/12/18. Statutory Authority: RCW 69.51A.290. WSR 16-07-086, § 246-72-030, filed 3/17/16, effective 3/18/16.]

AMENDATORY SECTION (Amending WSR 16-07-086, filed 3/17/16, effective 3/18/16)

WAC 246-72-050 Cooperation with investigation. (1) The secretary will notify an applicant or credential holder upon receipt of a complaint, except when the notification would impede an effective investigation. Upon request by the secretary, the applicant or credential holder shall submit a written statement about that complaint.

(2) An applicant or certificate holder must produce documents, records, or other items that are within ~~((his or her))~~ their possession or control within ~~((twenty-one))~~ 21 calendar days of service of a request by the secretary. If the ~~((twenty-one))~~ 21 calendar day limit results in a hardship upon the applicant or credential holder, ~~((he or she))~~ they may request, for good cause, an extension not to exceed ~~((thirty))~~ 30 additional calendar days.

(3) Failure to submit a full and complete written statement explaining the matter contained in a complaint pursuant to subsection (1) of this section or to comply with a request made pursuant to subsection (2) of this section may result in action by the secretary to refuse the application or revoke or suspend the certificate.

[Statutory Authority: RCW 69.51A.290. WSR 16-07-086, § 246-72-050, filed 3/17/16, effective 3/18/16.]

AMENDATORY SECTION (Amending WSR 18-07-030, filed 3/12/18, effective 4/12/18)

WAC 246-72-080 Renewals and updating license information. (1) Certificates must be renewed every year on the certificate holder's birthday. Initial certificates issued within ~~((ninety))~~ 90 days of the certificate holder's birthday do not expire until the person's next birthday.

(2) Renewals:

(a) Prior to the certificate expiration date, courtesy renewal notices are mailed to the address on file. Certificate holders must return the renewal notice when renewing their credential. Failure to receive a courtesy renewal notice does not relieve or exempt the renewal requirement.

(b) The certificate holder must attest to completion of annual certification requirements, including current CPR certification as outlined in WAC 246-72-020.

(c) Renewal fees are accepted by the department no sooner than ~~((ninety))~~ 90 days prior to the expiration date.

(3) Duplicate certificate: A certificate holder may obtain a duplicate certificate by submitting a written request to the department and paying the fee as required in WAC 246-72-990.

(4) Name changes: It is the responsibility of each certificate holder to maintain ~~((his or her))~~ their correct name on file with the

department. Requests for name changes must be submitted in writing to the department along with documentation showing the name was legally changed.

(5) Address changes: It is the responsibility of each certificate holder to maintain (~~his or her~~) their current address on file with the department. Requests for address changes must be made in writing. The mailing address on file with the department will be used for mailing of all official matters to the certificate holder.

[Statutory Authority: RCW 69.51A.230. WSR 18-07-030, § 246-72-080, filed 3/12/18, effective 4/12/18. Statutory Authority: RCW 69.51A.290. WSR 16-07-086, § 246-72-080, filed 3/17/16, effective 3/18/16.]

AMENDATORY SECTION (Amending WSR 18-07-030, filed 3/12/18, effective 4/12/18)

WAC 246-72-090 Expired certificate. (1) A certificate holder may not practice at any time while (~~his or her~~) their certificate is expired. The certificate is expired if the certificate holder does not renew on or before the expiration date. Any renewal that is postmarked or presented to the department after midnight on the expiration date is expired and is subject to a late renewal penalty fee.

(2) If the certificate has been expired for more than three months and less than three years, the certificate holder must:

- (a) Complete a late renewal application form;
- (b) Pay the renewal fee;
- (c) Pay the late renewal penalty fee;
- (d) Pay the expired certificate reissuance fee;
- (e) If requested by the secretary, provide proof of successful completion of required continuing education (~~under~~) as defined in WAC 246-72-100;
- (f) Provide proof of current CPR certification as defined in WAC 246-72-020; and
- (g) Provide any other documentation required by the secretary.

(3) If the certificate has been expired for three years or more, the certificate holder must:

- (a) Complete an initial application form;
- (b) Pay the current application fee;
- (c) Retake and provide proof of successful completion of (~~an approved~~) a training program approved under WAC 246-72-110 within the prior six months;
- (d) Provide proof of current CPR certification; and
- (e) Provide any other documentation required by the secretary.

[Statutory Authority: RCW 69.51A.230. WSR 18-07-030, § 246-72-090, filed 3/12/18, effective 4/12/18. Statutory Authority: RCW 69.51A.290. WSR 16-07-086, § 246-72-090, filed 3/17/16, effective 3/18/16.]

AMENDATORY SECTION (Amending WSR 16-07-086, filed 3/17/16, effective 3/18/16)

WAC 246-72-100 Continuing education. (1) A certificate holder ~~((s))~~ must complete a minimum of ~~((ten))~~ 10 hours of continuing education each year in order to renew the certificate.

(2) Two of the 10 hours must be successful completion of a two-hour continuing education course offered by the department.

(3) Eight of the 10 continuing education hours may be earned through seminars, lectures, workshops, and professional conferences. Continuing education credits may be earned through in-person ~~((or))~~, distance learning, or self-study.

(a) Distance learning includes correspondence courses, webinars, audio/video broadcasting, audio/video teleconferencing e-learning, or webcasts.

(b) Self-study includes the use of multimedia devices or the study of books, research materials, marijuana industry tours or other publications. To receive credit for self-study, the credential holder shall draft and provide a one page, single spaced, 12-point font synopsis of what was learned. The time spent writing the synopsis is not reportable. Two hours of credit is allowed per report, and no more than one report may be submitted per reporting period.

(4) (a) Acceptable continuing education topics ~~((are))~~ for the hours required in subsection (3) of this section include:

~~((a))~~ (i) Washington state laws and rules relating to marijuana;

~~((b) Science-based)~~ (ii) Scientific research, studies, or similar information about marijuana;

~~((e))~~ (iii) Addiction and substance abuse;

~~((d))~~ (iv) Patient communication skills;

~~((e))~~ (v) Professional ethics and values;

(vi) Pesticides and chemicals in the context of marijuana agriculture; or

(vii) Qualifying medical conditions.

~~((3))~~ (b) Continuing education topics may not include:

~~((a))~~ (i) Business and management courses;

~~((b))~~ (ii) Health care training unrelated to marijuana; or

~~((e))~~ (iii) Any topic unrelated to the practice parameters of a medical marijuana consultant.

~~((4))~~ (5) Continuing education hours ~~((will))~~ may not be carried over from one reporting period to another.

~~((5))~~ (6) A certificate holder ~~((must))~~ shall provide acceptable documentation of completion of continuing education hours upon request of the secretary or an audit. Acceptable forms of documentation ~~((are))~~ include:

(a) Transcripts;

(b) Certificate of completion; ~~((or))~~

(c) If applicable for self-study, a type-written essay in accordance with subsection (3)(b) of this section; or

(d) Other formal documentation, which include ~~((s))~~ the following:

(i) Participant's name;

(ii) Course title;

(iii) Course content;

(iv) Date(s) of course;

(v) ~~((Provider's))~~ Course provider's or instructor's name(s); and

(vi) Signature of the program sponsor or course instructor. Distance learning courses and self-study activities outlined in subsection (3)(b) of this section are exempt from the signature requirement.

~~((+6))~~ (7) A certificate holder ~~((must))~~ shall verify compliance by submitting a signed declaration of compliance.

~~((+7))~~ (8) At the secretary's discretion, up to ~~((twenty-five))~~ 25 percent of certificate holders ~~((are))~~ may be randomly audited for continuing education compliance after ~~((the))~~ a credential is renewed. If identified for an audit, it is the certificate holder's responsibility to submit documentation of completed continuing education activities at the time of the audit. Failure to comply with the audit documentation request or failure to supply acceptable documentation within ~~((sixty))~~ 60 days may result in licensing action, up to and including suspension or revocation of the certificate.

~~((+8))~~ (9) A certificate holder must maintain records of continuing education completion for at least four years.

[Statutory Authority: RCW 69.51A.290. WSR 16-07-086, § 246-72-100, filed 3/17/16, effective 3/18/16.]

AMENDATORY SECTION (Amending WSR 18-07-030, filed 3/12/18, effective 4/12/18)

WAC 246-72-110 Training program requirements. (1) A training program~~((s))~~ must include:

(a) A minimum of ~~((twenty))~~ 20 total instruction hours in the following subjects:

(i) A minimum of five hours ~~((about))~~ of instruction on Washington state laws and rules relating to marijuana to include, but not be limited to, the following topics:

(A) Qualifying patient and designated provider cannabis home grow laws;

(B) Patient and designated provider marijuana purchase and possession limits;

(C) Marijuana product compliance, quality assurance testing, and labeling requirements for recreational and compliant marijuana products, including pesticide labeling as defined under chapter 246-70 WAC;

(D) Pesticide use on cannabis products; and

(E) The medical marijuana authorization process;

(ii) A minimum of two hours ~~((about))~~ on qualifying conditions and the common symptoms of each;

(iii) A minimum of two hours ~~((about))~~ on the short- and long-term positive and negative effects of cannabinoids;

(iv) A minimum of five hours ~~((about))~~ on products that may benefit qualifying patients based on the patient's condition, any potential contraindications and the risks and benefits of various routes of administration;

(v) A minimum of two hours ~~((about))~~ on safe handling of marijuana products, including strategies to reduce access by minors;

(vi) A minimum of two hours ~~((about))~~ on ethics and ~~((customer))~~ patient privacy and rights; and

(vii) A minimum of two hours ~~((about))~~ on the risks and warning signs of overuse, abuse and addiction.

(b) An examination comprised of at least five questions for each hour of instruction must be given for each subject. The applicant must pass the examination for each subject with a minimum score of (~~seventy~~) 70 percent. Questions must be randomly selected from a sufficient supply of questions to ensure the validity of the examination. The secretary reserves the right to approve or deny individual questions and answers.

(2) Training may be provided in-person or electronically. If the training is provided electronically, students must have real-time access to the instructor during at least half of the instruction hours for each subject.

(3) Instructors must have demonstrated knowledge and experience related to marijuana and to the subject matter, and hold:

(a) An active license to practice as a health care professional as defined in RCW 69.51A.010(5). A licensee whose credential is placed under a disciplinary order must request review and secretary approval to begin or continue as an instructor for the approved training program;

(b) An active license to practice law in the state of Washington;

(c) A bachelor's degree or higher from an accredited college or university in:

(i) Agriculture, botany, or horticulture; (~~or~~

~~(d) A bachelor's degree or higher in~~) (ii) Nursing ((and)), provided the instructor also holds an active license to practice as a registered nurse under chapter 18.79 RCW; or

(iii) Any other discipline, provided the intended instructor also submits a curriculum vitae with a written statement which demonstrates at least seven years of experience in the regulated cannabis industry.

(4) An owner, agent, principal, or instructor of a training program shall not have a direct or indirect financial interest in a marijuana business licensed by the Washington state liquor and cannabis board under chapter 69.50 RCW.

[Statutory Authority: RCW 69.51A.230. WSR 18-07-030, § 246-72-110, filed 3/12/18, effective 4/12/18. Statutory Authority: RCW 69.51A.290. WSR 16-07-086, § 246-72-110, filed 3/17/16, effective 3/18/16.]

AMENDATORY SECTION (Amending WSR 18-07-030, filed 3/12/18, effective 4/12/18)

WAC 246-72-120 Approval of training program. The secretary will consider for approval any training program which meets the requirements as outlined in this chapter.

(1) The authorized representative of the training program shall request approval on an application provided by the department.

(2) The application for approval of a training program must include, but is not limited to, documentation required by the secretary (~~(pertaining))~~ related to:

(a) Detailed syllabus;

(b) Identification and qualifications of instructors;

(c) Training locations and facilities;

(d) Outline of curriculum plan specifying all subjects, and the length in hours each subject is taught;

(e) Class objectives;

- (f) Whether the training will be provided in-person or electronically;
- (g) Methods of evaluating the course and instructors by the training program and training participants;
- (h) Policies and procedures for maintaining training and testing records; and
- (i) A sample of the training program's certificate of successful completion. At minimum, the certificate must contain the following information:
- (i) Name and license number of the training program;
 - (ii) Name of the student; and
 - (iii) Date the student successfully completed the program.
- (3) Any training program that is required to be licensed by private vocational education under chapter 28C.10 RCW or Title 28B RCW, or any other statute, must complete these requirements before being considered by the secretary for approval.
- (4) The secretary will evaluate the application and may conduct a site inspection of the training program prior to granting approval.
- (5) Upon the evaluation of a complete application, the secretary will grant or deny approval.
- (6) If the secretary notifies the training program of the secretary's intent to deny an application, the training program, through its authorized representative, may request an adjudicative proceeding. A request for an adjudicative proceeding must be in writing, state the basis for contesting the adverse action, include a copy of the adverse notice and be served on and received by the department within (~~twenty-eight~~) 28 days of the applicant's receipt of the adverse notice. The authorized representative of the training program may submit a new application for the secretary's consideration.
- (7) Training and testing records must be kept for a minimum of three years. The secretary may audit the records at any time.
- (8) The authorized representative of an approved training program shall notify the secretary in writing of all changes with respect to information provided in the application, including changes in instructors or the instructor's credential status, within (~~thirty~~) 30 days of such changes.
- (9) The secretary may inspect, audit or review an approved training program at reasonable intervals for compliance or to investigate a complaint. The secretary may withdraw approval if the secretary finds failure to comply with the requirements of statute, administrative rules, or representations in the application.
- (10) If the secretary notifies an approved training program of the secretary's intent to revoke approval, the training program, through its authorized representative, may request an adjudicative proceeding. A request for an adjudicative proceeding must be in writing, state the basis for contesting the adverse action, include a copy of the adverse notice and be served on and received by the department within (~~twenty-eight~~) 28 days of the applicant's or license holder's receipt of the adverse notice. If a request for adjudicative proceeding is not received by the department within (~~twenty-eight~~) 28 days of the date of the training program's receipt of the adverse notice, the secretary's decision is final. The authorized representative of the training program must provide proof that the deficiencies which resulted in withdrawal of the secretary's approval have been corrected before requesting reapproval. Training programs seeking reapproval shall follow the requirements outlined in this section.

[Statutory Authority: RCW 69.51A.230. WSR 18-07-030, § 246-72-120, filed 3/12/18, effective 4/12/18. Statutory Authority: RCW 69.51A.290. WSR 16-07-086, § 246-72-120, filed 3/17/16, effective 3/18/16.]

WSR 22-11-017

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed May 9, 2022, 12:02 p.m., effective July 1, 2022]

Effective Date of Rule: July 1, 2022.

Purpose: New chapter 246-836A WAC, Colon hydrotherapists; and new WAC 246-836-300 and 246-836-310, naturopathic physicians. The board of naturopathy (board) adopted new rule sections to implement SB 5124, (chapter 179, Laws of 2021) which created the new profession colon hydrotherapists in the state of Washington. The adopted rules establish the new profession's education and examination requirements, standards for affiliation relationships between colon hydrotherapists and naturopathic physicians, and certification requirements.

Citation of Rules Affected by this Order: New WAC 246-836A-010, 246-836A-020, 246-836A-030, 246-836A-040, 246-836A-050, 246-836A-060, 246-836A-070, 246-836A-080, 246-836A-100, 246-836A-110, 246-836-300, and 246-836-310.

Statutory Authority for Adoption: RCW 18.36A.160 and 18.36A.095.

Other Authority: SB 5124 (chapter 179, Laws of 2021).

Adopted under notice filed as WSR 22-06-025 on February 23, 2022.

Changes Other than Editing from Proposed to Adopted Version: The board adopted changes that clarify when notification of affiliation relationship termination occurs. The board also made changes to when national certification, registration, or other credentials qualify an individual for certification in this state.

A final cost-benefit analysis is available by contacting Susan Gragg, P.O. Box 47852, Olympia, WA 98504-7852, phone 360-490-2587, fax 360-236-2901, TTY 711, email naturopathy@doh.wa.gov, website www.doh.wa.gov/Naturopathy.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 12, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 12, Amended 0, Repealed 0.

Date Adopted: April 8, 2022.

Chad Aschtgen, ND
Chair

OTS-3512.3

NEW SECTION

WAC 246-836-300 Affiliation relationships for colon hydrotherapy. (1) A naturopathic physician must establish an affiliation rela-

tionship with a colon hydrotherapist to allow the colon hydrotherapist to perform colon hydrotherapy on a patient of the naturopathic physician. Such affiliation relationships must be registered with the board on forms provided by the board and will remain in effect until rescinded by either practitioner.

(2) A naturopathic physician who has a registered affiliation relationship with a colon hydrotherapist and desires to terminate such relationship must provide a minimum of 60 days' notice to the colon hydrotherapist prior to submitting documentation to the board rescinding that relationship. If a colon hydrotherapist employee or naturopathic physician employee within a practice is terminated from employment, then any affiliation relationship with that terminated employee is immediately suspended and rescission is effective once documentation is submitted to the board.

(3) A naturopathic physician may enter into registered affiliation relationships with up to a maximum of 20 colon hydrotherapists but may petition the board for a waiver of this limit.

(4) Affiliation relationships must be fully documented, signed by both practitioners with copies maintained by each practitioner, and available upon request by the board or its designee. Such affiliation relationship documentation must include, at a minimum:

(a) Communication of a patient's plan of care to include the methods and process for shared documentation of treatment;

(b) Standards for patient referral, to include an expiration date of the referral or the total number of colon hydrotherapy treatments to be provided within a specified time frame. Unless otherwise stated, such referral shall not exceed 24 treatments within six months;

(c) Policy and procedures for transfer of patient care in the event a higher level is indicated;

(d) Acknowledgment that contraindications for a patient prohibit performing colon hydrotherapy including, but not limited to:

(i) Gastrointestinal cancer;

(ii) Acute or severe abdominal pain;

(iii) Gastrointestinal bleed within the past six weeks;

(iv) Surgery within the previous six weeks of the following

types:

(A) Abdominal;

(B) Gastrointestinal;

(C) Colon;

(v) History of gastrointestinal hemorrhage or perforation;

(vi) Complicated abdominal hernia;

(vii) Severe anemia;

(viii) Acute diverticulitis;

(ix) Severe or painful hemorrhoids;

(x) Severe or painful fissures or fistula;

(xi) Acute ulcerative colitis;

(xii) Acute Crohn's disease;

(xiii) Recent myocardial infarction;

(xiv) Congestive heart failure;

(xv) Uncontrolled hypertension;

(xvi) Vascular or aortic aneurysm;

(xvii) Kidney failure or renal insufficiency;

(xviii) Acute cirrhosis; and

(xix) Pregnancy that is:

(A) First trimester;

(B) Third trimester;

(C) Complicated; or

(D) High risk; and

(e) A plan for inspection and maintenance of the colon hydrotherapy equipment, which must be registered FDA equipment and utilize disposable rectal nozzles or speculae. However, if the equipment utilizes reusable materials, such materials must be cleaned and sterilized within manufacturer's specifications. Any disposable materials shall not be reused or repurposed.

[]

NEW SECTION

WAC 246-836-310 Training affiliation relationships for colon hydrotherapy. (1) A supervising naturopathic physician providing a colon hydrotherapy training program must establish a training affiliation relationship with a colon hydrotherapist trainee. Such training affiliation relationships must:

(a) Be registered with the board on forms provided by the board; and

(b) Include a training schedule for the trainee to complete a colon hydrotherapy practicum component. The trainee must successfully complete a minimum of 30 colon hydrotherapy procedures within six months. If the colon hydrotherapist trainee is unable to successfully complete the full training program requirements within six months, the training is null and void and a new training affiliation relationship must be initiated and registered with the board. The supervising naturopathic physician shall be allowed to register the same colon hydrotherapy trainee for a total of two training programs.

(2) The supervising naturopathic physician is responsible for ensuring the competency of the trainee in the performance of colon hydrotherapy procedures. Such competency must also include successful completion of education in:

(a) The history, theory, and practice of colon hydrotherapy to include risks and contraindications;

(b) Anatomy and physiology, a portion of which must include the anatomy and physiology of the alimentary tract as well as the function and disfunction of intestinal health;

(c) Professional ethics and patient boundaries;

(d) Business ethics and office procedures; and

(e) Equipment safety, infection prevention and control, and the handling and disposal of used equipment.

(3) For purposes of this section, "licensed supervising naturopathic physicians" has the same meaning as that term is defined in WAC 246-836A-010.

[]

OTS-3513.4

**Chapter 246-836A WAC
COLON HYDROTHERAPIST**

NEW SECTION

WAC 246-836A-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Affiliation relationship" means documentation of affiliation between a colon hydrotherapist and a naturopathic physician as set forth in WAC 246-836-300.

(2) "Board" means the board of naturopathy.

(3) "Colon hydrotherapist" means a person certified under chapter 18.36A RCW and this chapter to perform colon hydrotherapy pursuant to an affiliation relationship with one or more naturopathic physicians.

(4) "Colon hydrotherapy" means the performance of enemas or colonic irrigation.

(5) "Department" means the department of health.

(6) "Direct visual supervision" means the supervising naturopathic physician is physically present and within visual range of the colon hydrotherapist.

(7) "GPACT" means the global professional association for colon hydrotherapy.

(8) "I-ACT" means the international association for colon hydrotherapy.

(9) "Licensed supervising naturopathic physicians" means a naturopathic physician licensed under chapter 18.36A RCW that enters into a training affiliation relationship with a colon hydrotherapist trainee for purposes of fulfilling the education and training requirements in WAC 246-836A-020.

(10) "NBCHT" means the national board for colon hydrotherapy.

[]

NEW SECTION**WAC 246-836A-020 Colon hydrotherapist—Education and training.**

An applicant for a colon hydrotherapy credential must successfully complete a colon hydrotherapy training program approved by the board.

(1) The colon hydrotherapy training program must be administered by a licensed supervising naturopathic physician under a training affiliation relationship. Such training affiliation relationship must also meet the requirements in WAC 246-836-310 (1)(a) through (c). The supervising naturopathic physician is responsible for verifying the content of the training and for ascertaining the proficiency of the trainee.

(a) The colon hydrotherapy training program must provide evaluation and assessment of knowledge and skills in the following areas:

(i) The history, theory, and practice of colon hydrotherapy to include risks and contraindications;

(ii) Anatomy and physiology, a portion of which must include the anatomy and physiology of the alimentary tract as well as the function and disfunction of intestinal health;

(iii) Professional ethics and patient boundaries;

(iv) Business ethics and office procedures; and

(v) Equipment safety, infection prevention and control, and the handling and disposal of used equipment.

(b) The colon hydrotherapy training program must include a colon hydrotherapy practicum component for which the supervising naturopathic physician shall provide direct visual supervision to the trainee. Such practicum must include at a minimum 30 colon hydrotherapy procedures performed by the trainee within six months.

(c) The supervising naturopathic physician is responsible for ensuring the competency of the trainee in the performance of colon hydrotherapy procedures.

(2) Documentation of all colon hydrotherapy training, duties, and responsibilities of the trainee must be completed, signed by the supervising naturopathic physician and the trainee, and placed in the trainee's file. Such documentation must be retained for two years.

(3) Training programs that meet the requirements described in subsection (1) of this section are approved by the board.

(4) A trainee must submit their completed application, with a copy of the documentation required in subsection (2) of this section, and all required fees, to the board within 90 days of completing the colon hydrotherapy training program to be approved to sit for the state colon hydrotherapy examination as set forth in WAC 246-836A-030.

(5) A colon hydrotherapist who is currently certified, registered, or has otherwise been credentialed by GPACT, I-ACT, or NBCHT is considered to have met the education and training requirements in this section.

[]

NEW SECTION

WAC 246-836A-030 Colon hydrotherapist—Examination. (1) Applicants for a colon hydrotherapist credential shall successfully pass the state board examination administered by the NBCHT, unless they are currently certified under subsection (3) of this section. Applicants taking the state examination must meet the education and training requirements in WAC 246-836A-020 and submit the application, supporting documentation, and application fee set in WAC 246-836A-990 to the department for approval prior to being authorized to take the examination. Once authorized, applicants then contact the NBCHT to be scheduled for the Washington state examination and pay the examination fee set by NBCHT directly to NBCHT. The examinations shall be conducted in accordance with the NBCHT security measures and contract.

(2) Examination candidates shall be advised of the results of their examination in writing by the NBCHT.

(3) A colon hydrotherapist who is currently certified, registered, or has otherwise been credentialed by GPACT, I-ACT, or NBCHT is considered to have met the examination requirement in this section.

[]

NEW SECTION

WAC 246-836A-040 Colon hydrotherapist—Application. An applicant for a colon hydrotherapist credential shall submit the following to the board:

- (1) Completed application on forms provided by the department;
- (2) Proof of successful completion of education, training, and examination required in WAC 246-836A-020;
- (3) Proof of an affiliation relationship with a naturopathic physician as required in WAC 246-836-300;
- (4) Proof of current certification in cardiopulmonary resuscitation (CPR);
- (5) Any fee required in WAC 246-836A-990;
- (6) Fingerprint cards for national fingerprint-based background check pursuant to RCW 18.130.064(2), if requested by the department; and
- (7) Any additional documentation or information requested by the board.

[]

NEW SECTION

WAC 246-836A-050 Colon hydrotherapist—Affiliation relationships. (1) A colon hydrotherapist may perform colon hydrotherapy only under an affiliation relationship with a naturopathic physician as required in WAC 246-836-300. Such affiliation relationships must be registered with the board before a colon hydrotherapist may perform colon hydrotherapy services on patients referred from that naturopathic physician. A registered affiliation relationship will remain in effect until rescinded by either practitioner.

(2) A colon hydrotherapist who has a registered affiliation relationship with a naturopathic physician and desires to terminate such relationship must provide a minimum of 60 days' notice to that naturopathic physician prior to submitting documentation to the board rescinding that relationship. If a colon hydrotherapist employee or naturopathic physician employee within a practice is terminated from employment, then any affiliation relationship with that terminated employee is immediately suspended and rescission is effective once documentation is submitted to the board.

(3) If a colon hydrotherapist desires to become affiliated with additional naturopathic physicians, he or she must enter into an additional affiliation relationship with each naturopathic physician as set forth in WAC 246-836-300. Such additional affiliation relationships must also be registered with the board before a colon hydrotherapist may perform colon hydrotherapy services on patients referred to them from the additional naturopathic physicians.

(4) There is no limit to the number of affiliation relationships a colon hydrotherapist may have with naturopathic physicians.

(5) A colon hydrotherapist's certification is considered inoperable when there is no registered affiliation relationship on file with the board.

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NEW SECTION

WAC 246-836A-060 Colon hydrotherapist—Activities allowed or prohibited. A colon hydrotherapist is authorized to perform colon hydrotherapy services. Such services shall only include the administration of substances ordered or prescribed by the referring naturopathic physician for the specific patient receiving the colon hydrotherapy procedure. A colon hydrotherapist is prohibited from administering any controlled substance or experimental medication.

[]

NEW SECTION

WAC 246-836A-070 Minimum standards of practice for colon hydrotherapy. (1) A colon hydrotherapist shall:

- (a) Allow a patient privacy to dress or undress except as may be necessary in emergencies or custodial situations; and
- (b) Always provide the patient a gown or draping except as may be necessary in emergencies.

(2) A colon hydrotherapist shall use safe, functional, and hygienic coverage and draping practices during the practice of colon hydrotherapy when the patient is disrobed. Safe, functional, and hygienic coverage and draping means:

- (a) The colon hydrotherapist explains and maintains coverage and draping boundaries; and
- (b) Movement of the body does not expose the patient's gluteal cleft and perineum beyond that needed to perform the colon hydrotherapy procedure.

(3) The colon hydrotherapist shall use hygienic, safe, and sanitary practices, including:

- (a) Wearing gloves during insertion of the speculae;
- (b) Using fresh gloves for every patient during insertion;
- (c) Being physically present with the patient during insertion;
- (d) Not reusing or repurposing disposable materials; and
- (e) Cleaning and sterilizing any reusable materials within manufacturer's specifications.

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NEW SECTION

WAC 246-836A-080 Recordkeeping and retention. (1) Documentation. A colon hydrotherapist providing colon hydrotherapy services to a patient must document services provided. Documentation should be in sufficient detail to support and enable anticipated continuity of care. The documentation must include:

- (a) Patient name and contact information or name and contact information of a parent or guardian if a patient is under 18 years of age;
- (b) Age of patient;
- (c) Date the colon hydrotherapy service is provided;

(d) Written informed consent to treat, which is considered valid for the duration of the treatment referral or one year unless revoked; and

(e) For colon hydrotherapy where the focus is on treating a health condition, the documentation must also include symptoms and expected outcome measures as reported by the referring naturopathic physician and the treatment plan for future sessions, if applicable.

(2) Patient records.

(a) Colon hydrotherapist records for patients shall comply with record retention requirements and be secured with properly limited access consistent with chapter 70.02 RCW and the Health Insurance Portability and Accountability Act (HIPAA).

(b) A colon hydrotherapist shall ensure the patient record is legible, permanent, and recorded within 24 hours of treatment. Documentation that is not recorded on the date of service must designate both the date of service and the date of the chart note entry.

(c) The colon hydrotherapist shall retain in the patient record correspondence relating to any referrals by a naturopathic physician concerning the diagnosis, evaluation, or treatment of the patient.

(d) Patient records should clearly identify the referring naturopathic physician and the colon hydrotherapist providing the colon hydrotherapy service.

(e) Records for clients or patients 18 years of age and older must be retained by or be otherwise accessible to the colon hydrotherapist for at least three years from the date of last treatment, or for patients under the age of 18 years old, at least three years after the patient reaches 18 years old.

(f) After the retention period, records may be disposed of pursuant to this subsection. Disposal must be done in a secure and confidential manner in compliance with chapter 70.02 RCW and HIPAA and must include, as appropriate:

(i) Shredding;

(ii) Deleting, erasing, or reformatting electronic media; or

(iii) Rendering other readable forms of media unusable or unreadable.

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NEW SECTION

WAC 246-836A-100 Mandatory reporting. Mandatory reporting requirements under chapter 246-16 WAC apply to a person who holds a colon hydrotherapist credential.

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NEW SECTION

WAC 246-836A-110 Sexual misconduct. The sexual misconduct rules under WAC 246-836-500 and 246-836-510 apply to a person who holds a colon hydrotherapist credential.

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WSR 22-11-019

PERMANENT RULES

WASHINGTON STATE LOTTERY

[Filed May 9, 2022, 12:21 p.m., effective June 9, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Amendments to chapter 315-20 WAC, Procedural rules—Contested cases—Petitions for declaratory ruling and rule making. The purpose of the new rule is to allow the agency to hold brief adjudicative proceedings for certain administrative cases. This will allow the agency to resolve those cases faster and at less cost to the parties.

Citation of Rules Affected by this Order: New WAC 315-20-125.

Statutory Authority for Adoption: RCW 67.70.040 (1) and (3).

Adopted under notice filed as WSR 22-06-087 on March 1, 2022.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 1, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 1, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 1, Amended 0, Repealed 0.

Date Adopted: May 9, 2022.

Kristi Weeks
Director of Legal Services

OTS-3629.1

NEW SECTION

WAC 315-20-125 Brief adjudicative proceedings. (1) Application of brief adjudicative proceedings.

(a) If an adjudicative proceeding is timely requested, a brief adjudicative proceeding will be conducted where the matter involves one or more of the following:

(i) Denial, conditional grant, suspension, or revocation of a license pursuant to chapter 315-04 WAC; or

(ii) Prize denials pursuant to WAC 315-06-120.

(b) If an adjudicative proceeding is requested in a matter not listed in (a) of this subsection, a brief adjudicative proceeding may be conducted in the sole discretion of the presiding officer when it appears that protection of the public interest does not require that the lottery provide notice and opportunity to participate to persons other than the parties and:

(i) Only legal issues exist; or

(ii) Both parties have agreed to a brief adjudicative proceeding.

(c) The presiding officer may, in their sole discretion, convert a brief adjudicative proceeding to a formal adjudicative proceeding whenever it appears that a brief adjudicative proceeding is insufficient to resolve the case.

(2) Conduct of brief adjudicative proceedings.

(a) Brief adjudicative proceedings shall be conducted by a presiding officer designated by the director. The presiding officer shall have agency expertise in the subject matter at hand but shall not have personally participated in the decision to issue the initiating document. For purposes of this section, "initiating document" means one or more documents that provide notice to the affected party of the lottery's action or decision.

(b) The parties may present written arguments, documentation, evidence, and declarations. The presiding officer shall designate the date(s) by which written materials must be submitted by the parties.

(c) The presiding officer may, in their sole discretion, entertain oral argument from the parties at a time and place designated by the presiding officer.

(d) No witnesses may testify.

(e) Depositions and interrogatories are not allowed.

(f) In addition to considering the preliminary record, the presiding officer may employ agency expertise as a basis for decision.

(g) The presiding officer shall issue a written initial order within 10 days of the date for final submission of written materials or oral argument, if any.

(3) Preliminary record. The presiding officer shall consider the preliminary record when issuing an initial order.

(a) The preliminary record with respect to decisions made under chapter 315-04 WAC shall consist of:

(i) The lottery licensing file including, but not limited to, the application and all associated materials, correspondence to or from the applicant or licensee, background check results, and any documents relied upon in proposing to deny, grant conditionally, suspend, or revoke the license;

(ii) The initiating document;

(iii) The request for an adjudicative proceeding;

(iv) Any written materials submitted to, or considered by, the presiding officer; and

(v) Transcripts or recordings of oral argument, if any.

(b) The preliminary record with respect to decisions made under WAC 315-06-120 shall consist of:

(i) The lottery prize claim file including, but not limited to, any investigation or reconstruction results, and correspondence to or from the claimant;

(ii) The ticket, or a legible copy of the ticket, that is in question;

(iii) The initiating document;

(iv) The request for an adjudicative proceeding;

(v) Any written materials submitted to, or considered by, the presiding officer; and

(vi) Transcripts or recordings of oral argument, if any.

(4) Effectiveness of orders on brief adjudicative proceedings. Initial orders on brief adjudicative proceedings become final 21 days after service of the initial order unless:

(a) Administrative review is requested pursuant to subsection (5) of this section; or

(b) On their own initiative, the director or designee determines to review the matter and, within 21 days of service of the initial order, provides notice to the parties of the date by which a determination will be made.

(5) Administrative review.

(a) Any party to a brief adjudicative proceeding may request review of the initial order by filing a written petition for review by the director or designee.

(b) The petition for review must be actually received by the director or designee within 21 days of service of the initial order. The petition for review must also be served on any other party to the case at the time it is filed with the director or designee.

(c) The petition for review must contain a concise statement of the issue(s) to be reviewed.

(d) Each party shall be provided an opportunity to provide their written statement on the matter.

(e) The director or designee shall consider the petition for review and response, if any, and issue a final order or convert the proceeding to a formal adjudicative hearing.

(f) The final order must be in writing, must include a brief statement of the reason(s) for the decision, and must be entered within 20 days after the date of the initial order or the request for review, whichever is later. The final order must contain a description of any further available administrative review or, if none is available, a notice that judicial review may be available.

(g) A request for administrative review is deemed to have been denied if the director or designee does not make a disposition within 20 days after the petition for review is submitted.

(6) Agency record of brief adjudicative proceedings. The agency record of a brief adjudicative proceeding shall consist of the preliminary record as set forth in subsection (3) of this section, and, if applicable, any materials considered during a review pursuant to subsection (5) of this section and the final order.

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**WSR 22-11-028
PERMANENT RULES
HEALTH CARE AUTHORITY**

[Filed May 11, 2022, 9:05 a.m., effective June 11, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Health care authority (HCA) is amending WAC 182-531-1400 to implement changes directed by the legislature in 2SHB 1325, section (2)(11), chapter 126, Laws of 2021. For mental health diagnostic assessment of children birth through age five, HCA is directed to reimburse providers for up to five sessions per assessment and for travel costs when a session is conducted in a home or community setting.

Citation of Rules Affected by this Order: Amending WAC 182-531-1400.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160; 2SHB 1325, section (2)(11), chapter 126, Laws of 2021.

Adopted under notice filed as WSR 22-07-090 on March 22, 2022.

Changes Other than Editing from Proposed to Adopted Version:

Proposed/Adopted	WAC Subsection	Reason
WAC 182-531-1400 (9)(a)		
Proposed	(a) <u>Diagnostic evaluations.</u> One psychiatric diagnostic evaluation, per provider, per client, per calendar year, unless significant change in the client's circumstances renders an additional evaluation medically necessary and is authorized by the agency. For clients 20 years of age and younger, additional evaluations may be covered if medically necessary and authorized by the agency, per WAC 182-501-0165. For clients five years of age and younger, the agency allows the following: (i) <u>Up to five sessions to complete a psychiatric diagnostic evaluation. Additional evaluations may be covered if medically necessary and authorized by the agency, per WAC 182-501-0165; and</u> (ii) <u>Evaluations in the home or community setting, including reimbursement for provider travel.</u>	Due to stakeholder comments, these revisions better articulate which services the agency pays for, depending on the age groups specified.
Adopted	(a) <u>Diagnostic evaluations.</u> One psychiatric diagnostic evaluation, per provider, per client, per calendar year, unless significant change in the client's circumstances renders an additional evaluation medically necessary and is authorized by the agency. (i) <u>For clients 20 years of age and younger, additional evaluations are paid for when medically necessary and authorized by the agency, per WAC 182-534-0100 and 182-501-0165.</u> (ii) <u>For clients five years of age and younger, the agency pays for the following without requiring prior authorization:</u> (A) <u>Up to five sessions to complete a psychiatric diagnostic evaluation; and</u> (B) <u>Evaluations in the home or community setting, including reimbursement for provider travel.</u> (iii) <u>For clients age five through age 20, the services in (a)(ii)(A) and (B) of this subsection are paid for when medically necessary and authorized by the agency.</u>	

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 1, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: May 11, 2022.

Wendy Barcus
Rules Coordinator

OTS-3611.3

AMENDATORY SECTION (Amending WSR 19-15-107, filed 7/22/19, effective 8/22/19)

WAC 182-531-1400 Psychiatric physician-related services and other professional mental health services. (1) The mental health services covered in this section are different from the mental health services covered under community mental health and involuntary treatment programs in chapter 182-538D WAC.

(2) Inpatient and outpatient mental health services not covered under chapter 182-538D WAC may be covered by the agency under this section.

Inpatient mental health services

(3) For hospital inpatient psychiatric admissions, providers must comply with chapter 182-538D WAC.

(4) The agency covers professional inpatient mental health services as follows:

(a) When provided by a psychiatrist, psychiatric advanced registered nurse practitioner (ARNP), psychiatric mental health nurse practitioner-board certified (PMHNP-BC), or psychologist in conjunction with the prescribing provider;

(b) The agency pays only for the total time spent on direct psychiatric client care during each visit, including services provided when making rounds. The agency considers services provided during rounds to be direct client care services and may include, but are not limited to:

(i) Individual psychotherapy up to one hour;

(ii) Family/group therapy; or

(iii) Electroconvulsive therapy.

(c) One electroconvulsive therapy or narcosynthesis per client, per day, and only when performed by a psychiatrist.

Outpatient mental health services

(5) The agency covers outpatient mental health services when provided by the following licensed health care professionals who are eligible providers under chapter 182-502 WAC:

(a) Psychiatrists;

(b) Psychologists;

(c) Psychiatric advanced registered nurse practitioners (ARNP);

(d) Psychiatric mental health nurse practitioners-board certified (PMHNP-BC);

(e) Mental health counselors;

(f) Independent clinical social workers;

(g) Advanced social workers; or

(h) Marriage and family therapists.

(6) With the exception of licensed psychiatrists and psychologists, qualified health care professionals who treat clients age ((eighteen)) 18 and younger must:

(a) Have a minimum of ((one hundred)) 100 actual hours of specialized study of child development and treatment and a minimum of one year of supervised experience in the diagnosis and treatment of clients age ((eighteen)) 18 and younger; or

(b) Be working under supervision of a professional who meets these criteria.

(7) The agency does not limit the total number of outpatient mental health visits a licensed health care professional can provide.

(8) The agency evaluates a request for covered outpatient mental health services in excess of the limitations in this section under WAC 182-501-0169.

(9) The agency covers outpatient mental health services with the following limitations:

(a) Diagnostic evaluations. One psychiatric diagnostic evaluation, per provider, per client, per calendar year, unless significant change in the client's circumstances renders an additional evaluation medically necessary and is authorized by the agency.

(i) For clients 20 years of age and younger, additional evaluations are paid for when medically necessary and authorized by the agency, per WAC 182-534-0100 and 182-501-0165.

(ii) For clients five years of age and younger, the agency pays for the following without requiring prior authorization:

(A) Up to five sessions to complete a psychiatric diagnostic evaluation; and

(B) Evaluations in the home or community setting, including reimbursement for provider travel.

(iii) For clients age five through age 20, the services in (a) (ii) (A) and (B) of this subsection are paid for when medically necessary and authorized by the agency.

(b) Psychotherapy. One or more individual or family/group psychotherapy visits, with or without the client, per day, per client, when medically necessary.

(c) Medication management. One psychiatric medication management service, per client, per day, in an outpatient setting when performed by one of the following:

(i) Psychiatrist;

(ii) Psychiatric advanced registered nurse practitioner (ARNP);

or

(iii) Psychiatric mental health nurse practitioner-board certified (PMHNP-BC).

~~((9))~~ (10) To receive payment for providing mental health services, providers must bill the agency using the agency's published billing instructions.

[Statutory Authority: RCW 41.05.021, 41.05.16 [41.05.160], and 2017 c 226. WSR 19-15-107, § 182-531-1400, filed 7/22/19, effective 8/22/19. Statutory Authority: RCW 41.05.021, 41.05.160, 2014 c 225. WSR 16-06-053, § 182-531-1400, filed 2/24/16, effective 4/1/16. Statutory Authority: RCW 41.05.021, 41.05.160. WSR 15-03-041, § 182-531-1400, filed 1/12/15, effective 2/12/15. WSR 11-14-075, recodified as § 182-531-1400, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.09.521. WSR 08-12-030, § 388-531-1400, filed 5/29/08, effective 7/1/08. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 01-01-012, § 388-531-1400, filed 12/6/00, effective 1/6/01.]

WSR 22-11-039

PERMANENT RULES

STATE BOARD OF HEALTH

[Filed May 11, 2022, 9:46 p.m., effective July 1, 2022]

Effective Date of Rule: July 1, 2022.

Purpose: Chapter 246-90 WAC, Local board of health membership. The state board of health (board) adopted a new chapter of rule which outlines requirements for the selection and appointment process for nonelected members of local boards of health. The purpose of the rule is to provide local governments with a standard process for such recruitment and ultimate appointment of nonelected members of local boards of health. The rule will reduce uncertainty on how local boards of health need to conduct candidate recruitment and selection and provide the public with an understanding of the process for how they may apply for nonelected member positions.

During the 2021 legislative session, the legislature passed E2SHB 1152. Among other changes, the bill made changes to the required composition of local boards of health by requiring an equal number of elected and nonelected members. The statute specifies groups of persons that must be represented on the local board of health. The legislation required the board to establish rules for the selection and appointment of these nonelected members in a manner that is fair and unbiased, and to the extent possible, ensure a balanced representation of elected and nonelected persons with a diversity of expertise and lived experience. These rules establish this process.

Citation of Rules Affected by this Order: New WAC 246-90-005, 246-90-010, 246-90-015, 246-90-020, 246-90-025, 246-90-030, and 246-90-035.

Statutory Authority for Adoption: E2SHB 1152 (chapter 205, Laws of 2021), codified as RCW 43.20.300.

Adopted under notice filed as WSR 22-06-063 on February 25, 2022.

Changes Other than Editing from Proposed to Adopted Version: WAC 246-90-015 was amended to strike language in reference to tribal representation on local boards of health and replace with direct citation to applicable provisions of law.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 7, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 7, Amended 0, Repealed 0.

Date Adopted: April 13, 2022.

Michelle A. Davis
Executive Director

OTS-3624.2

Chapter 246-90 WAC
LOCAL BOARD OF HEALTH MEMBERSHIP

NEW SECTION**WAC 246-90-005 Purpose, scope, and applicability of chapter.**

(1) The purpose of this chapter is to establish requirements for the recruitment, selection, and appointment process of nonelected members of local boards of health. The processes established in this chapter are intended to be fair, unbiased, and ensure to the extent practicable that the membership of local boards of health include a balanced representation of elected officials and nonelected people with a diversity of expertise and lived experience.

(2) The provisions of this chapter apply to the following:

(a) A county without a home rule charter in which the jurisdiction of the local board of health is coextensive with the boundaries of the county as established in RCW 70.05.030;

(b) A county with a home rule charter in which the jurisdiction of the local board of health is coextensive with the boundaries of the county as established in RCW 70.05.035;

(c) A health district consisting of two or more counties in which the jurisdiction of the district board of health is coextensive with the combined boundaries of the counties as established in RCW 70.46.020; and

(d) A health district consisting of one county in which the jurisdiction of the district board of health is coextensive with the boundary of the county as established in RCW 70.46.031.

(3) The provisions of this chapter apply only to the recruitment, selection and appointment of persons who are not elected officials who are identified in RCW 70.05.030 (1)(a), 70.05.035 (1)(a), 70.46.020 (1)(a), and 70.46.031 (1)(a).

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NEW SECTION

WAC 246-90-010 Definitions. The following definitions apply throughout this chapter unless the context clearly requires otherwise:

(1) "Board" means the Washington state board of health.

(2) "Consumers of public health" means the category of persons consisting of county or health district residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs.

(3) "Elected official" means any person elected at a general or special election to public office representing a city or county, and any person appointed to fill a vacancy in any such office.

(4) "Health agency" means a private or public business or organization that renders or connects persons to health services, insurance, or other benefits.

(5) "Health facility" means a facility, clinic, or other setting licensed under Title 18, 70, or 71 RCW in which behavioral or medical diagnosis, care, treatment, or services are provided.

(6) "Local board of health" means the county or district board of health as established under chapter 70.05 RCW.

(7) "Local health jurisdiction" or "LHJ" means a county health department under chapter 70.05 RCW or health district under chapter 70.46 RCW.

(8) "Nonelected member" or "nonelected position" means a person appointed to a local board of health who is not an elected official, and represents:

- (a) Public health, health care facilities, and providers;
- (b) Consumers of public health; or
- (c) Other community stakeholders.

(9) "Other community stakeholders" means the category of persons representing the following types of organizations located in the county or health district:

- (a) Community-based organizations or nonprofits that work with populations experiencing health inequities in the county;
- (b) Active, reserve, or retired armed services members;
- (c) The business community; or
- (d) The environmental public health regulated community.

(10) "Public health, health care facilities, and providers" means the category of persons practicing or employed in the county or health district who are:

- (a) Medical ethicists;
- (b) Epidemiologists;
- (c) Experienced in environmental public health;
- (d) Community health workers;
- (e) Holders of master's degrees or higher in public health or another field with an emphasis or concentration in health care, public health, or health policy;
- (f) Employees of a hospital located in the county; or
- (g) Any of the following providers holding an active or retired license in good standing under Title 18 RCW:
 - (i) Physicians or osteopathic physicians;
 - (ii) Advanced registered nurse practitioners;
 - (iii) Physician assistants;
 - (iv) Registered nurses;
 - (v) Dentists;
 - (vi) Naturopaths; or
 - (vii) Pharmacists.

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NEW SECTION

WAC 246-90-015 Local boards of health—Nonelected members. (1) The number of nonelected members, as defined in WAC 246-90-010, on a local board of health, including any tribal representative as described in subsection (2) of this section, must equal the number of elected officials on a local board of health. Elected members of the local board of health may not constitute a majority.

(2) Tribal representatives on local boards of health are selected and appointed following the applicable provisions of RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031. A tribal representative may serve

in any of the three nonelected member categories as defined in this chapter if the representative meets the requirements of the category.

(3) Any changes to local board of health composition must meet the requirements of this chapter.

(4) If a board of county commissioners or a county legislative authority chooses to adopt a resolution or ordinance or otherwise act to change the size or composition of the local board of health, the resolution, ordinance, or other document used must:

(a) Include provisions, which are comparable to those of elected members, for the appointment, term, including initial term, and, if applicable, compensation or reimbursement of expenses for nonelected members as defined in this chapter;

(b) Ensure elected officials do not constitute a majority of the total membership of the local board of health;

(c) Ensure recruitment, selection, and appointment of nonelected members of the local board of health conform with the requirements of this chapter;

(d) Identify nonelected members as voting members of the local board of health except as it pertains to any decision related to the setting or modification of permit, licensing, and application fees; and

(e) Identify the process for how a local board of health will refer successful applicants to the board of county commissioners for approval and appointment. If a county does not have a board of county commissioners, the local board of health will refer successful applicants to the county legislative authority for consideration for approval and appointment.

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NEW SECTION

WAC 246-90-020 Local boards of health—Nonelected members—Recruitment. (1) A local board of health must actively recruit applicants for nonelected member positions of the local board of health in a manner that solicits a broad pool of applicants that represent a diversity of expertise and lived experience.

(2) A local board of health must:

(a) Provide reasonable advance notice for applicants to apply for vacancies for positions representing nonelected members on a local board of health;

(b) Post vacancy announcements in public places, including the newspaper of record, in the county or district;

(c) Make available vacancy announcements in any language upon request;

(d) Post vacancy announcements in all geographic regions represented by the local board of health;

(e) Work with local community organizations to distribute vacancy notices; and

(f) Comply with applicable provisions of the Americans with Disabilities Act, Public Law Number 101-336 and chapter 49.60 RCW.

(3) A local board of health may:

(a) Require nonelected members serving in the other community stakeholder or public health, health care facilities, and providers

positions on the local board of health to reside within the county or local board of health's jurisdictional boundaries; and

(b) Work with local community organizations to identify potential applicants for nonelected positions.

(4) A local board of health may not require an applicant to provide their political affiliation or voting history.

(5) A local board of health may require an applicant to designate the specific category or categories they are applying for as identified in WAC 246-90-025(1) in their application materials. A local board of health may consider applicants for any position for which they are qualified.

(6) All applicants for nonelected positions shall be interviewed in a panel format by the local board of health subject to the following:

(a) All applicants shall be asked a standard set of questions;

(b) Follow up questions may be asked if necessary to understand the applicant's response to a standard question; and

(c) In the event of a substantial number of applicants, the local board of health may elect to interview a smaller number of applicants as long as the applicants interviewed include a diversity of expertise and lived experience.

(7) The recruitment process must be consistent with applicable provisions of chapter 42.30 RCW.

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NEW SECTION

WAC 246-90-025 Local boards of health—Nonelected members—Selection. (1) Nonelected members of a local board of health must be selected from the following categories:

(a) Public health, health care facilities, and providers;

(b) Consumers of public health; and

(c) Other community stakeholders.

(2) If the total number of nonelected members of a local board of health is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(3) There may be no more than one member selected from each category with the same background or position except under the following circumstances:

(a) If there are one or two nonelected members over the nearest multiple of three, those nonelected members may be selected from any of the three categories; and

(b) If, in a health district consisting of one county, there are two nonelected members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

(4) A local board of health shall assess the following when considering applicants for selection to a local board of health:

(a) Service, current or past, on other local boards or commissions;

(b) Whether the applicant's background meets the qualifications of the applicant's selected category or categories as defined in WAC 246-095-010;

- (c) Potential conflict of interest;
 - (d) The applicant's demonstrated commitment to public health;
 - (e) Whether the applicant represents a diversity of expertise and lived experience; and
 - (f) Whether the applicant represents the geographic diversity of the community.
- (5) A local board of health shall also assess whether the applicant identifies with a historically underrepresented community when being considered as a nonelected member representing consumers of public health.
- (6) Local board of health membership must include a balanced representation of elected officials and nonelected people with a diversity of expertise and lived experience.
- (7) Persons with a fiduciary obligation to a health facility or other health agency, or a material financial interest in the rendering of health services, may not be selected as a nonelected member of a local board of health representing consumers of public health.
- (8) Applicants must disclose any potential conflict of interest.
- (9) If a local board of health demonstrates that it attempted to recruit members from all three categories under subsection (1) of this section and was unable to do so, the local board of health may select members only from the other two categories.
- (10) The selection process must be consistent with applicable provisions of chapter 42.30 RCW.

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NEW SECTION

- WAC 246-90-030 Local boards of health—Nonelected members—Appointment.** (1) Nonelected members of a local board of health shall be approved and appointed by a majority vote of the board of county commissioners. If a county does not have a board of county commissioners, then the nonelected members of a local board of health shall be approved and appointed by a majority vote of the county legislative authority.
- (2) The appointment process must be consistent with applicable provisions of chapter 42.30 RCW.

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NEW SECTION

- WAC 246-90-035 Local boards of health—Nonelected members—Exceptions.** In accordance with RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031, the following exceptions apply to this chapter:
- (1) For counties with a home rule charter, counties without a home rule charter, health districts consisting of two or more counties, and health districts consisting of one county, a local board of health comprised solely of elected officials may retain its composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021.

By January 1, 2022, the public health advisory committee or board must have met the requirements established in RCW 70.46.140 for community health advisory boards.

(2) For local boards of health made up of three counties east of the Cascade mountains:

(a) If a local board of health is comprised solely of elected officials, it may retain its current composition if the local health jurisdiction has a public health advisory committee or board that meets the requirements established in RCW 70.46.140 for community health advisory boards by July 1, 2022.

(b) If the local board of health does not establish the required community health advisory board by July 1, 2022, it must comply with the requirements of this chapter.

(3) For local boards of health established under RCW 70.46.031, "other community stakeholders" as defined in this chapter does not include active, reserve, or retired armed services members. Active, reserve, or retired armed services members are not precluded from representing other categories of nonelected members as defined in WAC 246-90-010.

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WSR 22-11-040
PERMANENT RULES
DEPARTMENT OF
RETIREMENT SYSTEMS

[Filed May 12, 2022, 9:25 a.m., effective June 12, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: To clarify survivor options when a law enforcement officers' and firefighters' LEOFF Plan 2 member's disability status changes.

Citation of Rules Affected by this Order: Amending WAC 415-104-215 and 415-104-483.

Statutory Authority for Adoption: RCW 41.50.050.

Adopted under notice filed as WSR 22-08-108 on April 6, 2022.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 2, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 2, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: May 11, 2022.

Tracy Guerin
Director

OTS-3673.1

AMENDATORY SECTION (Amending WSR 22-01-061, filed 12/8/21, effective 1/8/22)

WAC 415-104-215 What are my LEOFF Plan 2 retirement benefit options? If you retire for service under RCW 41.26.430 or nonduty disability under RCW 41.26.470, or if you choose to receive a monthly benefit for duty disability under RCW 41.26.470, you must choose to have your monthly retirement benefit paid to you by one of the options described in this section.

(1) **Which option will pay my beneficiary a monthly benefit after my death?** Options described in subsection (2)(b) through (d) of this section will pay a monthly benefit to your survivor after your death. The person you name at the time of retirement to receive a monthly benefit after your death is referred to as your "survivor beneficiary." After your death, your survivor beneficiary will receive a monthly benefit for the duration of their life. Your monthly retirement benefit will be reduced to offset the cost of the survivor option. See WAC 415-02-380 for more information on how your monthly benefit will be affected if you choose a survivor option.

(2) **What are my benefit options?**

(a) **Option one: Standard benefit (nonsurvivor option).** The department will pay you a monthly retirement benefit throughout your lifetime. Your monthly benefit will cease upon your death.

(b) **Option two: Joint and 100 percent survivor benefit.** The department will pay you a reduced monthly retirement benefit throughout your lifetime. After your death, your survivor beneficiary will receive a gross monthly benefit equal to your gross monthly benefit.

(c) **Option three: Joint and 50 percent survivor benefit.** The department will pay you a reduced monthly retirement benefit throughout your lifetime. After your death, your survivor beneficiary will receive a gross monthly benefit equal to 50 percent of your gross monthly benefit.

(d) **Option four: Joint and two-thirds benefit.** The department will pay you a reduced monthly retirement benefit throughout your lifetime. After your death, your survivor beneficiary will receive a gross monthly benefit equal to two-thirds (66.667%) of your gross monthly benefit.

(3) **Do I need my spouse's consent on the option I choose?** The option you select will determine whether spousal consent is required.

(a) If you are married and select a nonsurvivor benefit option, you must provide your spouse's consent, verified by notarization or other means acceptable to the department. If you do not provide verified spousal consent, the department will pay you a monthly retirement benefit based on option three (joint and 50 percent benefit) with your spouse as the survivor beneficiary as required by RCW 41.26.460(2).

(b) If you are married and select a survivor benefit option for your spouse, spousal consent is not required. The department will pay you a monthly benefit based on the option you selected.

(c) If you are married and select a survivor benefit option for someone other than your spouse, verified spousal consent is required. If you do not provide spousal consent, verified by notarization or other means acceptable to the department, the department will pay you a monthly retirement benefit based on option three (joint and 50 percent benefit) with your spouse as the survivor beneficiary as required by RCW 41.26.460(2).

(d) If your survivor beneficiary has been designated by a dissolution order according to subsection (4) of this section, which was filed with the department at least 30 days before your retirement date, spousal consent is not required.

(4) **Can a dissolution order require that a former spouse be designated as a survivor beneficiary?** Yes. A dissolution order may require that a former spouse be designated as a survivor beneficiary. The department is required to pay survivor benefits to a former spouse pursuant to a dissolution order that complies with RCW 41.50.790.

(5) **What happens if I choose a benefit option with a survivor option and my survivor beneficiary dies before I do?** If your survivor beneficiary dies before you do, you may request to have your benefit increased as described in WAC 415-02-380.

(6) **May I change my benefit option after retirement?** Your choice of a benefit option is irrevocable with the following (~~four~~) five exceptions:

(a) **Return to membership.** If you retire and then return to membership, you may choose a different retirement option upon your subsequent retirement.

(b) **Postretirement marriage option.** If you select the standard benefit option at the time of retirement and marry after retirement,

you may select a benefit option with a survivor option and name your current spouse as survivor beneficiary, provided that:

(i) Your benefit is not subject to a property division obligation pursuant to a dissolution order. See WAC 415-02-500;

(ii) The selection is made during a one-year window, on or after the date of the first anniversary and before the second anniversary of your postretirement marriage;

(iii) You provide a copy of your certified marriage certificate to the department; and

(iv) You provide proof of your current spouse's birth date.

(c) **Removal of a nonspouse survivor option.** If you select a benefit option with a survivor option and name a nonspouse as survivor beneficiary at the time of retirement, you may remove that survivor beneficiary designation and have your benefit adjusted to a standard benefit. You may exercise this option one time only.

(d) **One-time change of survivor.** You may change your benefit option and/or designated survivor one time within 90 days from the date your first benefit payment is issued. Your change request must be in writing, and must comply with other requirements as described in this section. Your new benefit amount will be effective the first of the month following the receipt of your request by the department.

(e) Retirement type changes. If your retirement status changes due to the acceptance of a new retirement application from service retirement to a nonduty, duty or catastrophic retirement, or duty to catastrophic retirement, you may select a different survivor benefit option. Your benefit will be recalculated to reflect your new survivor option in accordance with WAC 415-104-483.

(7) Who will receive the balance of my accumulated contributions, if any, after my death?

(a) If you do not have a survivor beneficiary at the time of your death, and you die before the total of the retirement benefit paid equals the amount of your accumulated contributions at the time of retirement, the balance will be paid:

(i) To the person or entity (i.e., trust, organization, or estate) you have nominated by written designation, executed and filed with the department.

(ii) If you have not designated a beneficiary, or if the designated beneficiary is no longer living or in existence, then to your surviving spouse.

(iii) If not paid according to (a)(i) or (ii) of this subsection, then to your estate.

(b) If you have a survivor beneficiary at the time of your death, and your survivor beneficiary dies before the total of the retirement benefit paid equals the amount of your accumulated contributions at the time of retirement, the balance will be paid:

(i) To the person or entity (i.e., trust, organization, or estate) your survivor beneficiary has nominated by written designation, executed and filed with the department.

(ii) If your survivor beneficiary has not designated a beneficiary, or if the designated beneficiary is no longer living or in existence, then to your survivor beneficiary's spouse.

(iii) If not paid according to (b)(i) or (ii) of this subsection, then to your survivor beneficiary's estate.

(8) For more information, see RCW 41.26.460.

[Statutory Authority: RCW 41.50.050. WSR 22-01-061, § 415-104-215, filed 12/8/21, effective 1/8/22; WSR 20-13-065, § 415-104-215, filed

6/15/20, effective 7/16/20; WSR 20-06-040, § 415-104-215, filed 2/27/20, effective 3/29/20. Statutory Authority: RCW 41.50.050(5). WSR 13-18-034, § 415-104-215, filed 8/28/13, effective 10/1/13. Statutory Authority: RCW 41.50.050(5), 41.26.460. WSR 05-23-062, § 415-104-215, filed 11/14/05, effective 12/15/05; WSR 03-12-014, § 415-104-215, filed 5/27/03, effective 7/1/03. Statutory Authority: RCW 41.50.050(5), 41.26.460, 41.32.530, 41.32.785, 41.32.851, 41.35.220, 41.40.188, 41.40.660, 41.40.845. WSR 01-10-045, § 415-104-215, filed 4/26/01, effective 6/1/01. Statutory Authority: RCW 41.50.050. WSR 99-16-075, § 415-104-215, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 2.10.146, 41.26.460, 41.32.530, 41.50.050, 41.32.785, 41.40.188 and 41.40.660. WSR 96-01-047, § 415-104-215, filed 12/14/95, effective 1/14/96. Statutory Authority: RCW 34.05.050 and 1990 c 249. WSR 91-03-014, § 415-104-215, filed 1/7/91, effective 2/7/91.]

AMENDATORY SECTION (Amending WSR 18-13-078, filed 6/15/18, effective 7/16/18)

WAC 415-104-483 Is my disability benefit affected by choosing a survivor option? (1) If you choose a benefit option with a survivor feature at the time of retirement, your survivor beneficiary will receive an ongoing monthly disability benefit after your death. Your disability benefit will be actuarially reduced to offset the cost of providing payments over two lifetimes. The survivor options are further described in WAC 415-104-215. See WAC 415-02-380 for more information and examples on how the actuarial reduction is applied to your disability benefit.

(2) If your retirement status changes due to the acceptance of a new retirement application from service retirement to a nonduty, duty or catastrophic retirement, or duty to catastrophic retirement, you may select a different survivor benefit option. Your benefit will be recalculated to reflect your new survivor option.

Example 1: Pat retired with a duty disability retirement benefit with survivor option 3 (50%). Pat's condition worsened. Pat applied for and was granted a catastrophic duty disability retirement. Pat selected survivor option 2 (100%) on the catastrophic application. Pat's catastrophic retirement benefit will be calculated to reflect this survivor option.

Example 2: Pat retired with a duty disability retirement benefit with survivor option 2 (100%) for their spouse. Pat's condition worsened. Pat applied for and was granted a catastrophic duty disability retirement benefit. Pat selected survivor option 1 (no on-going survivor benefit after Pat's death). Pat's spouse will need to agree to this survivor option and the application will need to be notarized.

[Statutory Authority: RCW 41.50.050. WSR 18-13-078, § 415-104-483, filed 6/15/18, effective 7/16/18.]

WSR 22-11-041
PERMANENT RULES
DEPARTMENT OF
RETIREMENT SYSTEMS

[Filed May 12, 2022, 9:27 a.m., effective June 12, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: State pension plans limit a person from receiving more than one retirement service credit per month. This rule provides direction on how situations of excess service credit will be handled by the department.

Citation of Rules Affected by this Order: New WAC 415-113-067.

Statutory Authority for Adoption: RCW 41.50.050.

Adopted under notice filed as WSR 22-08-071 on April 5, 2022.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 1, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 1, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: May 11, 2022.

Tracy Guerin
Director

OTS-3668.2

NEW SECTION

WAC 415-113-067 As a dual member in a DRS administered retirement plan and a first class city retirement system can I earn service credit in both plans at the same time? (1) You may earn service credit in a DRS system and in a first class city (FCC) retirement system for the city of Seattle, Spokane, or Tacoma at the same time if:

(a) You work for a DRS employer and an employer covered by an FCC retirement system; and

(b) Your employer cannot report service for the FCC in the DRS system.

(2) If the combined months of service credit exceeds the months of overlapping work, the excess service credit will be removed from the DRS system using the following calculation to bring the total combined service credit to not more than one per month:

(a) DRS will determine the months of FCC service credit by obtaining the total hours worked at the city during the overlapping time period, and dividing those hours by 2,088 hours (the number of working hours in a year), and then multiplying that by 12 months.

(b) DRS will determine the amount of excess service credit, rounding down to the nearest quarter month, by taking the combined total of the months of DRS service credit during overlapping time period and the months of FCC service credit during overlapping time period, and subtracting the number of months in the overlapping period, not to exceed the total number of calendar months in the overlapping period.

Example 1:

A PERS 2 employee works full time between January 2005 and June 2010 for a PERS employer. Between July 2007 and February 2008 they work full time for a FCC, working a total of 1,566 hours during these eight months. The FCC service credit will be calculated as $(1,566/2,088) \times 12 = 9$ months of credit.

The excess service credit would be determined by adding the eight months of DRS credit earned with the nine months of FCC credit earned and subtracting the eight calendar months of overlapping time period. This leaves an excess of nine months of credit; however, since the overlapping time period is only eight months long, eight months of credit will be removed from PERS 2.

Prior to the removal the employee would have had eight months of PERS service credit between July 2007 and February 2008. After the removal they have no PERS service credit for this time period.

Example 2:

A SERS 3 employee works part time between September 2005 and August 2011 for a SERS employer, earning one-half of a month of service credit for each month. Between July 2007 and June 2008 they work full time for a FCC, working a total of 2,088 hours during these 12 months. The FCC service credit will be calculated as $(2,088/2,088) \times 12 = 12$ months of credit.

The excess service credit would be determined by adding the six months of DRS credit earned with the 12 months of FCC credit earned and subtracting the 12 calendar months of overlapping time period. This leaves an excess of six months of credit therefore six months will be removed from SERS 3.

Prior to the removal of the service credit this employee had six months of SERS service credit between July 2007 and June 2008. After the removal of service credit they are left with no SERS during this time period.

Example 3:

A PERS 3 employee works part time between March 2010 and November 2011 for a PERS employer, earning 13.5 months of service credit during this period. During the same time period, they work part time for a FCC, working a total of 2,500 hours during these 20 months. The FCC service credit will be calculated as $(2,500/2,088) \times 12 = 14.368$ months of credit.

The excess service credit would be determined by adding the 13.5 months of DRS credit earned with the 14.368 months of FCC credit earned and subtracting the 20 calendar months of overlapping time period. This leaves an excess of 7.868 months of credit therefore 7.75 months (rounding down to the nearest quarter credit) will be removed from PERS 3.

Prior to the removal of service credit this employee had 13.5 months of service credit in PERS between March 2010 and November 2011. After the removal of the excess service credit they will have 5.75 months of service credit for this time period.

Example 4:

A PERS 2 employee leaves their PERS employer on February 14th and begins working with a FCC on February 15th. They had worked 80 hours

for their PERS employer and earned one-half of a service credit for February. They worked 80 hours for the FCC in February so they earned .46 months of credit with the city $(80/2,088) \times 12$.

The excess service credit would be determined by adding the .5 months of DRS credit with the .46 months of credit from the FCC. Since this does not exceed one month of credit there is not an excess of service credit.

Example 5:

A PERS 2 employee leaves their PERS employer on March 14th and begins working with a FCC on March 15th. They had worked 80 hours for their PERS employer and earned one-half of a service credit for March. They worked 96 hours for the FCC in February so they earned .55 months of credit with the city $(96/2,088) \times 12$.

The excess service credit would be determined by adding the .5 months of DRS credit with the .55 months of credit from the FCC. The .05 of credit is excess; however, it rounds down to zero since it does not exceed a quarter credit of excess credit.

Example 6:

An FCC employee leaves their FCC employer on July 14th and begins working with a PERS 2 employer on July 15th. They had worked 80 hours for their FCC employer and earned .46 months of a service credit for July. They worked 96 hours for the PERS employer in July so they earned a full month of credit in PERS 2.

The excess service credit would be determined by adding the one months of DRS credit with the .46 months of credit from the FCC. The .46 months of credit is excess and rounds down to a quarter of service credit to be removed from PERS 2.

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WSR 22-11-056
PERMANENT RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Developmental Disabilities Administration)
[Filed May 16, 2022, 8:04 a.m., effective June 16, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: This new chapter is necessary to establish regulations for the developmental disabilities administration's (DDA) new provider of stabilization services - the stabilization, assessment, and intervention facility (SAIF). These rules establish eligibility criteria for admission to a SAIF and other service delivery requirements.

Citation of Rules Affected by this Order: New WAC 388-847-0010, 388-847-0020, 388-847-0030, 388-847-0040, 388-847-0050, 388-847-0060, 388-847-0070, 388-847-0080, 388-847-0090, 388-847-0100, 388-847-0110, 388-847-0120, 388-847-0130, 388-847-0140, 388-847-0150, 388-847-0160, 388-847-0170, 388-847-0180, 388-847-0190, 388-847-0200, 388-847-0210, 388-847-0220, 388-847-0230, 388-847-0240, 388-847-0250, and 388-847-0260.

Statutory Authority for Adoption: RCW 71A.12.030.

Other Authority: 2019-2021 Operating budget (ESHB 1109, section 203(j), chapter 415, Laws of 2019).

Adopted under notice filed as WSR 22-05-087 on February 15, 2022.

Changes Other than Editing from Proposed to Adopted Version: (1) DDA added "residential provider" to the definition of the "individualized team."

(2) DDA added a new subsection (1)(a) to WAC 388-847-0050 to emphasize that the service SAIF provides is stabilization services.

(3) DDA added a new subsection (1)(e) to WAC 388-847-0050 to describe the type of support that SAIF will offer to a client's identified residential services provider.

(4) DDA also added new subsections (6) and (7) to WAC 388-847-0120 to require direct support professionals to complete crisis intervention training and trauma-informed care training.

A final cost-benefit analysis is available by contacting Chantelle Diaz, P.O Box 45310, Olympia, WA 98504-5310, phone 360-407-1500, fax 360-407-0955, TTY 1-800-833-6388, email Chantelle.Diaz@dshs.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 26, Repealed 0.

Date Adopted: May 13, 2022.

Lisa N. H. Yanagida
Acting Chief of Staff

SHS-4903.7

Chapter 388-847 WAC
STABILIZATION, ASSESSMENT, AND INTERVENTION FACILITY

DEFINITIONS

NEW SECTION

WAC 388-847-0010 What definitions apply to this chapter? "**Acute care setting**" means a hospital, an evaluation and treatment (ENT) facility, or a psychiatric hospital.

"**Behavior support plan**" means a habilitation plan written by the stabilization, assessment, and intervention facility (SAIF) addressing target behaviors that do not meet the level of medical necessity as defined in WAC 182-500-0070, based on lack of diagnosis, or impact severity affecting a medical or behavioral health condition, for which the client receives professional treatment and is not eligible for state plan services.

"**Case manager**" means the developmental disabilities administration case resource manager or social worker assigned to a client.

"**Certification**" means a process used by the department to evaluate SAIF's compliance with the requirements of this chapter.

"**Client**" means a person who has a developmental disability as defined in RCW 71A.10.020(5) and who has been determined eligible by DDA to receive services under chapter 388-823 WAC.

"**DDA**" means the developmental disabilities administration.

"**DSHS**" or "**the department**" means the state of Washington department of social and health services and its employees and authorized agents.

"**Function**" means what a client gains, avoids, or satisfies by using a behavior.

"**Functional assessment**" means a process for identifying target behaviors and their functions by observing a client, reviewing information about the client, and collecting data to:

- Determine relationships between antecedents and behaviors;
- Identify reinforcing consequences; and
- Form a hypothesis about why a behavior continues to be used.

"**Legal representative**" means a parent of a client if the client is under age 18, a court-appointed guardian if a decision is within the scope of the guardianship order, or any other person authorized by law to act for the client.

"**Medication administration**" means the direct application of a medication or device by ingestion, inhalation, injection, or any other means, whether self-administered by a client, administered by a parent or guardian for a minor, or administered by an authorized healthcare provider.

"Medication assistance" means assistance with self-administration of medication rendered by a nonpractitioner to a client in accordance with chapter 69.41 RCW and chapter 246-888 WAC.

"Person-centered service plan" means a document that identifies a client's goals and assessed health and welfare needs. The person-centered service plan also indicates the paid services and natural supports that will assist the client to achieve their goals and address their assessed needs.

"Residential service provider" means an entity that will support the client after discharge from SAIF, such as a supported living agency or a facility-based community residential provider.

"Support" means assistance a client receives based on needs identified in the person-centered support plan.

"Target behavior" means a specific, observable, and measurable behavior that requires modification or replacement.

"Individualized team" means the group of people who work together to provide formal and informal supports to a client. A typical team includes the client, the client's family and legal representative, SAIF staff, the client's case resource manager, managed care organization care coordinators, the client's residential service provider, and any other service providers working with the client and family.

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PURPOSE

NEW SECTION

WAC 388-847-0020 What service does a stabilization, assessment, and intervention facility provider deliver? A stabilization, assessment, and intervention facility (SAIF) provider delivers stabilization services under chapter 388-845 WAC for up to 90 days to clients with complex behavioral health needs. Each community-based facility provides 24-hour support, including support for target behaviors, for up to six clients. SAIF is a short-term residential facility to prevent institutionalization or to facilitate deinstitutionalization.

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CLIENT ELIGIBILITY

NEW SECTION

WAC 388-847-0030 Who is eligible for admission to SAIF? A person is eligible for admission to a stabilization, assessment, and intervention facility (SAIF) if the person:

- (1) Is age 18 or older;
- (2) Is eligible for DDA services under chapter 388-823 WAC;
- (3) Is eligible for enrollment on a home and community-based services waiver under chapter 388-845 WAC;
- (4) Is eligible for stabilization services under WAC 388-845-1100;
- (5) Is eligible for discharge from an acute care setting or is at risk of admission to an acute care setting for nonmedical reasons;
- (6) Has an identified residential service provider;
- (7) Does not pose a risk to the health or safety of SAIF staff or other clients supported by SAIF and SAIF can safely meet the client's needs within available funding; and
- (8) Has frequent stabilization, assessment, and intervention needs as indicated by:
 - (a) A history of hospital admissions for behavioral health stabilization in the last year; or
 - (b) The regional clinical team's recommendation that behavioral health destabilization is likely to occur.

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NEW SECTION

WAC 388-847-0040 How does SAIF determine whether it can safely meet a client's needs? To determine whether it can safely meet a client's needs, the stabilization, assessment, and intervention facility reviews client information, such as:

- (1) The client's referral packet;
- (2) Interviews with the client or collateral contacts; and
- (3) Composition of clients currently supported by the provider.

[]

SERVICE DELIVERYNEW SECTION

WAC 388-847-0050 What does SAIF provide? (1) The stabilization, assessment, and intervention facility (SAIF) provides the following:

- (a) Stabilization services under WAC 388-845-1100;
- (b) Functional assessment under WAC 388-847-0080;

(c) The creation and implementation of a behavior support plan under WAC 388-847-0090;

(d) Services assigned to SAIF in the client's person-centered service plan;

(e) Opportunities for the client's residential provider to participate in individualized team meetings, discuss effective environmental strategies, collaborate on techniques for implementing the client's behavior support plan; and

(f) Medication administration and medication assistance as needed.

(2) SAIF must provide the following to clients:

(a) Three meals per day plus snacks;

(b) Toiletries and personal care items;

(c) Bedding and towels;

(d) Access to laundry facilities;

(e) Access to a telephone;

(f) Opportunities for accessing the community; and

(g) Transportation to necessary appointments or services.

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NEW SECTION

WAC 388-847-0060 What healthcare support does SAIF provide? The stabilization, assessment, and intervention facility must provide healthcare support by:

(1) If necessary, providing medication assistance under RCW 69.41.010;

(2) If necessary, performing delegated nursing tasks and medication administration under WAC 246-840-910 through WAC 246-840-970;

(3) Supporting the client to understand and follow their healthcare professional's instructions, referrals, and medication directions; and

(4) Assisting the client with medically necessary healthcare appointments, including scheduling, transporting, and participating when necessary.

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NEW SECTION

WAC 388-847-0070 How long may a client receive services from the SAIF provider? A client may receive services from a stabilization, assessment, and intervention facility for up to 90 consecutive days.

[]

NEW SECTION

WAC 388-847-0080 When is a functional assessment required? (1) Each client supported by a stabilization, assessment, and intervention

facility (SAIF) must receive a functional assessment for the target behavior that prevents the client from receiving residential services.

- (2) The client's functional assessment must:
 - (a) Be based on two or more of the following:
 - (i) Direct observation;
 - (ii) An interview with anyone who has personal knowledge of the client;
 - (iii) A questionnaire; or
 - (iv) A record review.
 - (b) Describe:
 - (i) The target behavior;
 - (ii) The target behavior's apparent function; and
 - (iii) Client history and antecedents pertinent to the target behavior.
 - (c) Exist:
 - (i) In draft form no more than seven days after the client's admission to SAIF; and
 - (ii) In final form no more than 14 days after the client's admission to SAIF.
- (3) A draft functional assessment must define the target behavior and its apparent function.

[]

NEW SECTION

- WAC 388-847-0090 What requirements must a behavior support plan meet?** (1) Each client supported by a stabilization, assessment, and intervention facility (SAIF) must have a behavior support plan that is based on the functional assessment in WAC 388-847-0080.
- (2) The client's behavior support plan must describe:
 - (a) The target behavior;
 - (b) Actions that may be taken to prevent the target behavior;
 - (c) Actions that may be taken in response to the target behavior;
 - (d) Actions that may be taken if the target behavior increases in frequency, duration, intensity, or impact;
 - (e) The replacement behavior that matches the target behavior's function;
 - (f) How to teach the replacement behavior;
 - (g) How to respond to the replacement behavior; and
 - (h) Benchmarks to evaluate the behavior support plan's effectiveness.
 - (3) SAIF may use an existing behavior support plan until a new plan is finalized.
 - (4) SAIF must collect data on the target behavior's:
 - (a) Frequency;
 - (b) Duration; and
 - (c) Impact.
 - (5) SAIF must collect data on the replacement behavior's:
 - (a) Frequency;
 - (b) Duration; and
 - (c) Impact.
 - (6) SAIF must analyze the data collected under subsections (4) and (5) of this section at least every 30 days to determine the effectiveness of the behavior support plan.

(7) If the analysis under subsection (6) of this section indicates the target behavior is not decreasing in frequency, duration, or impact, SAIF must:

- (a) Revise the behavior support plan; or
- (b) Document the reason revising the behavior support plan is not indicated.

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DISCHARGE

NEW SECTION

WAC 388-847-0100 What must SAIF provide to a client's residential provider upon discharge? Upon a client's discharge, the stabilization, assessment, and intervention facility must provide:

- (1) The client's behavior support plan;
- (2) The client's functional assessment;
- (3) A list of the client's medications; and
- (4) The client's property record.

[]

TERMINATION

NEW SECTION

WAC 388-847-0110 When may SAIF provide a termination notice prior to discharge and to whom must SAIF send the notice? (1) The stabilization, assessment, and intervention facility (SAIF) may provide termination notice prior to discharge if it determines and documents:

- (a) The client's behavior jeopardizes the client's health or safety; or
 - (b) The client's behavior jeopardizes the health or safety of staff or other clients SAIF supports.
- (2) The notice of termination must include:
- (a) The reason for termination; and
 - (b) The effective date of termination.
- (3) SAIF must provide the notice at least 72 hours before the effective date of the termination. SAIF must send the notice to:
- (a) The client;

- (b) The client's legal representative or necessary supplemental accommodation;
- (c) The client's DDA case manager; and
- (d) The SAIF program manager.

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PROVIDER QUALIFICATIONS

NEW SECTION

WAC 388-847-0120 Who is qualified to work in SAIF? To provide direct support to clients in a stabilization, assessment, and intervention facility, a person must:

- (1) Be age 18 or older;
- (2) Have a high school diploma or GED;
- (3) Have a valid food worker's card under chapter 246-217 WAC;
- (4) Have a nondisqualifying DSHS background check result under chapter 388-825 WAC at least every three years, or more frequently if requested by DSHS;
- (5) Complete the training required under chapter 388-829 WAC;
- (6) Complete crisis intervention training;
- (7) Complete trauma-informed care training; and
- (8) Comply with nurse delegation training requirements under chapter 246-888 WAC if the person provides medication administration to a client.

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MEDICATIONS

NEW SECTION

WAC 388-847-0130 What must SAIF do if a client refuses a prescribed medication? If a client refuses a prescribed medication, the stabilization, assessment, and intervention facility must:

- (1) Document the refusal, including the time, date, and medication refused;
- (2) Inform the client of the benefit of the medication;

(3) Consult a pharmacist or licensed medical provider with prescription authority to determine if the medication refusal could significantly harm the client;

(4) If recommended, continue to offer the medication following consultation in subsection (3) of this section; and

(5) Inform the client's legal representative.

[]

NEW SECTION

WAC 388-847-0140 How must SAIF store medication? (1) The stabilization, assessment, and intervention facility (SAIF) must store a client's medication:

(a) In a locked place, such as a locked room or locked box;

(b) Separate from food and toxic chemicals;

(c) Under proper conditions for sanitation, temperature, and ventilation; and

(d) In the original medication container with the pharmacist-prepared or manufacturer's label, which must include the:

(i) Name of the client for whom the medication is prescribed;

(ii) Name of the medication; and

(iii) Dosage and frequency.

(2) SAIF may store a client's medication in a medication organizer if the medication organizer was prepared by a pharmacist or registered nurse.

[]

NEW SECTION

WAC 388-847-0150 How must SAIF dispose of medications? (1) The stabilization, assessment, and intervention facility (SAIF) must dispose of all client medications that are discontinued, expired, or replaced by another.

(2) When disposing client medications, SAIF must list the:

(a) Medication;

(b) Amount; and

(c) Date that it was disposed.

(3) Two people, one of whom may be the client, must verify the disposal by signature.

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FACILITY REQUIREMENTSNEW SECTION**WAC 388-847-0160 What are the physical requirements for a SAIF?**

(1) The stabilization, assessment, and intervention facility's (SAIF's) fixtures, furnishings, exterior, and interior, including the client's bedroom, must be maintained in a safe manner and free from hazards.

(2) Each SAIF client's bedroom must have:

- (a) A bed, mattress, pillow, and linens;
- (b) A closet or other place for storing personal items;
- (c) A window or door that allows for emergency exit;
- (d) Unrestricted access to common areas; and
- (e) Space for a mobility aid, such as a wheelchair or walker.

[]

SAFETY PROCEDURESNEW SECTION**WAC 388-847-0170 What must SAIF do to prepare for emergencies?**

(1) The stabilization, assessment, and intervention facility (SAIF) must develop an emergency response plan.

(2) SAIF must complete a fire drill with clients at least once per month and document completion of the drill.

[]

NEW SECTION

WAC 388-847-0180 What water temperature safety measures must be met? (1) The stabilization, assessment, and intervention (SAIF) must regulate the facility's water temperature no higher than 120 degrees Fahrenheit.

(2) SAIF must complete and document monthly water temperature checks.

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NEW SECTION**WAC 388-847-0190 What fire safety requirements must be met? (1)**

The stabilization, assessment, and intervention facility (SAIF) must be located in an area with public fire protection.

(2) SAIF must have a working smoke detector and carbon monoxide detector installed:

- (a) In every client's bedroom; and
- (b) On every floor of the facility.

(3) Each smoke detector and carbon monoxide detector must:

- (a) Be in working condition; and
- (b) Address the needs of clients who are deaf or hard of hearing.

(4) SAIF must have fire extinguishers located throughout the facility as prescribed by the local fire marshal.

(5) SAIF must have the type and number of fire extinguishers as prescribed by the local fire marshal.

(6) Each fire extinguisher must be:

- (a) Installed according to manufacturer recommendations;
- (b) Annually replaced or inspected and serviced;
- (c) In working condition; and
- (d) Readily available for use.

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NEW SECTION

WAC 388-847-0200 Must SAIF secure cleaning supplies and other potentially hazardous substances? The stabilization, assessment, and intervention facility must have an area inaccessible to clients for storing cleaning supplies, flammables, and other combustible materials.

[]

RETENTION OF RECORDSNEW SECTION

WAC 388-847-0210 What records must SAIF retain? (1) The stabilization, assessment, and intervention facility (SAIF) must keep the following information in a client's record:

- (a) The client's name, address, and Social Security number;
- (b) The name, address, and telephone number of the client's legal representative;
- (c) Progress notes and incident reports involving the client;
- (d) The client's behavior support plan;
- (e) Copies of current medical and psychiatric diagnoses;

- (f) A list of the client's medications and indications for medications used;
 - (g) Allergies;
 - (h) Portable orders for life-sustaining treatment (if established); and
 - (i) A list of the client's current medical, behavioral, and hospital providers.
- (2) SAIF must keep the following administrative documents:
- (a) Employee training records;
 - (b) Fire drill records; and
 - (c) An emergency response plan.

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NEW SECTION

WAC 388-847-0220 How long must SAIF keep client records? The stabilization, assessment, and intervention facility must keep a client's records for six years from discharge date.

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NEW SECTION

WAC 388-847-0230 Must SAIF keep a record of a client's property?

(1) The stabilization, assessment, and intervention facility (SAIF) must maintain a property record for each client.

(2) The property record must include:

- (a) A descriptive list of items with a fair market value of \$75.00 or more that the client owned when entering the program;
- (b) A descriptive list of items with an original purchase price of \$75.00 or more that the client acquired while residing at SAIF; and
- (c) A date, explanation, and verification of notification to the client and the client's legal representative for any item with a fair market value of \$75.00 or more that is removed from the client's property record.

[]

REFUSAL OF SERVICES

NEW SECTION

WAC 388-847-0240 When must SAIF document a client's choice not to participate in supports? (1) The stabilization, assessment, and

intervention facility (SAIF) provider must document a client's choice not to participate in:

- (a) Monthly emergency fire drills; or
- (b) Healthcare support as described WAC 388-847-0060.

(2) If a client chooses not to participate in a fire drill or healthcare support, SAIF must document:

(a) Concerns expressed by the client in regard to not participating;

(b) Events related to the client's choice not to participate;

(c) That the client was informed of the benefits of the fire drill or healthcare support and the possible risks of choosing not to participate;

(d) SAIF's efforts to provide or acquire the support for the client; and

(e) Health or safety risks posed by the client's choice not to participate.

(3) If a client's health and safety is adversely affected by their choice not to participate in the fire drill or healthcare support, SAIF must send a written notice to the client's case manager, and legal representative if the client has one. The notice must:

(a) Describe SAIF's efforts to provide or acquire the support for the client; and

(b) Describe health or safety risks posed by the client's choice not to participate.

(4) SAIF must discuss the client's lack of participation during individualized team meetings.

[]

INFECTION CONTROL

NEW SECTION

WAC 388-847-0250 What infection control practices must SAIF implement? (1) The stabilization, assessment, and intervention facility (SAIF) must implement occupational safety and health administration (OSHA) universal precautions to limit the spread of infections when:

- (a) Providing client services;
- (b) Cleaning the facility;
- (c) Washing laundry; and
- (d) Managing infectious waste.

(2) SAIF must:

(a) Have an infection control policy;

(b) Provide staff with the supplies necessary for limiting the spread of infections;

(c) Restrict a staff person's contact with clients when the staff person has an illness that is likely to spread in the course of service delivery; and

(d) Report communicable diseases as required under chapter 246-100 WAC.

[]

CERTIFICATION EVALUATION

NEW SECTION

WAC 388-847-0260 Must SAIF be certified? (1) The stabilization, assessment, and intervention facility (SAIF) must be certified by DDA no more than 90 days after the first date of service delivery.

(2) DDA certifies SAIF through a certification evaluation.

(3) DDA-contracted evaluators conduct the certification evaluations.

(4) SAIF must participate in a certification evaluation at least once every 12 months.

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WSR 22-11-062

PERMANENT RULES

DEPARTMENT OF HEALTH

(Veterinary Board of Governors)

[Filed May 16, 2022, 11:58 a.m., effective June 16, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: [Amending] WAC 246-933-250; repealing WAC 246-933-285, 246-935-130 and 246-937-080; and creating new WAC 246-933-435 and 246-935-305. The veterinary board of governors (board) is amending, repealing, and adding new sections to address suicide prevention education, and HIV/AIDS prevention education for veterinarians, veterinary technicians, and veterinary medication clerks.

The adopted rule implements the section of ESHB 2411 (chapter 229, Laws of 2020) that was codified in RCW 18.92.280. The law amended chapter 18.92 RCW to require the board to develop a suicide prevention training program for veterinarians and veterinary technicians to take as part of their required continuing education. The adopted rule requires veterinarians and veterinary technicians to take a one-time, three-hour training. The training program must include content that covers mental health and well-being; suicide risk, prevention, and resourcing; and imminent harm by lethal means. The three hours of training may count toward existing required continuing education hours.

ESHB 1551 (chapter 76, Laws of 2020) removes the requirement for health care practitioners to take HIV/AIDS prevention training. HIV/AIDS prevention education has been removed from the adopted rule.

Citation of Rules Affected by this Order: New WAC 246-933-435 and 246-935-305; repealing WAC 246-933-285, 246-935-130 and 246-937-080; and amending WAC 246-933-250.

Statutory Authority for Adoption: RCW 18.92.030 and 18.92.280.

Other Authority: ESHB 2411 (chapter 229, Laws of 2020); ESHB 1551 (chapter 76, Laws of 2020).

Adopted under notice filed as WSR 22-04-085 on January 31, 2022.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 2, Amended 1, Repealed 3.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 2, Amended 1, Repealed 3.

Date Adopted: March 21, 2022.

Kim Morgan, LVT, Chair
Veterinary Board of Governors

OTS-3464.2

AMENDATORY SECTION (Amending WSR 19-23-007, filed 11/6/19, effective 12/7/19)

WAC 246-933-250 Examination and licensure requirements. To qualify for licensure in this state, a candidate must:

- (1) Successfully complete either the North American Veterinary Licensing Examination (NAVLE) or the National Board Examination for Veterinary Medical Licensure (NBE); ~~((and))~~
- (2) Successfully complete the Washington state jurisprudence examination; and
- (3) Be a graduate of a program that is accredited by the American Veterinary Medical Association. A person who is a graduate of a college of veterinary medicine not accredited by the American Veterinary Medical Association must:
 - (a) Successfully complete the American Veterinary Medical Association's Educational Commission for Foreign Veterinary Graduates program (ECFVG); or
 - (b) Successfully complete the American Association of Veterinary State Board's Program for the Assessment of Veterinary Education Equivalence (PAVE) ~~((and~~

~~(4) Complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8).~~

[Statutory Authority: RCW 18.92.030. WSR 19-23-007, § 246-933-250, filed 11/6/19, effective 12/7/19; WSR 07-20-036, § 246-933-250, filed 9/25/07, effective 10/26/07; WSR 01-02-066, § 246-933-250, filed 12/29/00, effective 1/29/01; WSR 92-17-076 (Order 299B), § 246-933-250, filed 8/19/92, effective 9/19/92; WSR 92-03-074 (Order 235B), § 246-933-250, filed 1/14/92, effective 2/14/92; WSR 91-02-060 (Order 108B), recodified as § 246-933-250, filed 12/28/90, effective 1/31/91; WSR 88-08-033 (Order PM 719), § 308-151-080, filed 4/1/88; WSR 85-03-085 (Order PL 509), § 308-151-080, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070. WSR 83-07-050 (Order PL 429), § 308-151-080, filed 3/18/83. Statutory Authority: RCW 18.92.030. WSR 80-05-032 (Order 340), § 308-151-080, filed 4/15/80.]

NEW SECTION

WAC 246-933-435 Veterinarian suicide prevention education. A licensed veterinarian or a retired active licensed veterinarian shall complete a board-approved, one-time training in suicide prevention that is at least three hours in length. Training must include suicide awareness and prevention, mental health and well-being, and imminent harm by lethal means.

- (1) This training must be completed by the end of the first full continuing education reporting period after July 1, 2022, or during the first full continuing education reporting period after initial licensure, whichever is later.
- (2) The board accepts only courses that are listed on the board's website.
- (3) Training completed between June 11, 2020, and June 30, 2022, that meets the requirements of subsection (2) of this section, is accepted as meeting the one-time training requirement of this section.

(4) The hours spent completing the training in suicide prevention under this section count toward meeting applicable continuing education requirements for veterinarian license renewal.

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REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 246-933-285 HIV/AIDS prevention and information
education requirements.

OTS-3463.2

NEW SECTION

WAC 246-935-305 Veterinary technician suicide prevention education. A licensed veterinary technician or a retired active licensed veterinary technician shall complete a board-approved, one-time training in suicide prevention that is at least three hours in length. Training must include suicide awareness and prevention, mental health and well-being, and imminent harm by lethal means.

(1) This training must be completed by the end of the first full continuing education reporting period after July 1, 2022, or during the first full continuing education reporting period after initial licensure, whichever is later.

(2) The board accepts only courses that are listed on the board's website.

(3) Training completed between June 11, 2020, and June 30, 2022, that meets the requirements of subsection (2) of this section, is accepted as meeting the one-time training requirement of this section.

(4) The hours spent completing the training in suicide prevention under this section count toward meeting applicable continuing education requirements for veterinary technician license renewal.

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REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 246-935-130 AIDS prevention and information
education requirements.

OTS-3498.1

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 246-937-080 HIV/AIDS prevention and information
education requirements.

WSR 22-11-063

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed May 16, 2022, 12:06 p.m., effective June 16, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Chapter 246-231 WAC, Packaging and transportation of radioactive material; chapter 246-236 WAC, Licenses and radiation safety requirements for irradiators; chapter 246-237 WAC, Radiation protection—Physical protection of category 1 and category 2 quantities of radioactive material; chapter 246-243 WAC, Radiation protection—Industrial radiography; and chapter 246-244 WAC, Radiation protection—Wireline services. Under the formal agreement between Washington and the United States Nuclear Regulatory Commission (NRC), the department of health (department) is required to remain compatible with NRC rules. This is done through rule amendments to make our state rules consistent with, and at-least-as-stringent-as, the NRC's rules. The adopted rule making amended five chapters of rules to adopt NRCs federally required rule changes without material change related to licensing radioactive materials. The department also made other nonsubstantive editorial and formatting changes.

Citation of Rules Affected by this Order: Amending WAC 246-231-060, 246-231-140, 246-231-150, 246-236-055, 246-237-010, 246-237-023, 246-237-027, 246-237-043, 246-237-077, 246-243-150, and 246-244-160.

Statutory Authority for Adoption: RCW 70A.388.040.

Other Authority: RCW 70A.388.110.

Adopted under notice filed as WSR 22-06-045 on February 24, 2022.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 11, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 11, Repealed 0.

Date Adopted: May 16, 2022.

Lauren Jenks
Assistant Secretary

OTS-3485.2

AMENDATORY SECTION (Amending WSR 17-01-034, filed 12/12/16, effective 1/12/17)

WAC 246-231-060 General license—NRC-approved package. (1) A general license is hereby issued to any licensee of the department,

NRC, or an agreement state, to transport, or to deliver to a carrier for transport, licensed material in a package for which a license, certificate of compliance, or other approval has been issued by the NRC.

(2) This general license applies only to a licensee who has a quality assurance program approved by NRC as satisfying the provisions of 10 C.F.R. 71 Subpart H.

(3) Each licensee issued a general license under this chapter shall:

(a) Maintain a copy of the certificate of compliance, or other approval of the package, and the drawings and other documents referenced in the approval relating to the use and maintenance of the packaging and to the actions to be taken before shipment;

(b) Comply with the terms and conditions of the license, certificate, or other approval, as applicable, and the applicable requirements of 10 C.F.R. 71 Subparts A, G, and H; and

(c) Before the licensee's first use of the package, submits in writing to: ~~ATTN: Document Control Desk, Director, Division of (Spent Fuel Storage and Transportation)~~ Fuel Management, Office of Nuclear Material Safety and Safeguards, using an appropriate method listed in 10 C.F.R. 71.1(a), the licensee's name and license number and the package identification number specified in the package approval.

(4) This general license applies only when the package approval authorizes use of the package under this general license.

(5) For a Type B or fissile material package, the design of which was approved by NRC before April 1, 1996, the general license is subject to the additional restrictions of 10 C.F.R. 71.19.

[Statutory Authority: RCW 70.98.050 and 70.98.110. WSR 17-01-034, § 246-231-060, filed 12/12/16, effective 1/12/17. Statutory Authority: RCW 70.98.050. WSR 14-09-017, § 246-231-060, filed 4/7/14, effective 5/8/14; WSR 08-09-093, § 246-231-060, filed 4/18/08, effective 5/19/08; WSR 99-15-105, § 246-231-060, filed 7/21/99, effective 8/21/99.]

AMENDATORY SECTION (Amending WSR 17-01-034, filed 12/12/16, effective 1/12/17)

WAC 246-231-140 Advance notification of shipment of irradiated reactor fuel and nuclear waste. (1) (a) As specified in subsections (2), (3), and (4) of this section, each licensee shall provide advance notification to the governor of a state, or the governor's designee, of the shipment of licensed material, within or across the boundary of the state, before the transport, or delivery to a carrier, for transport, of licensed material outside the confines of the licensee's plant or other place of use or storage.

(b) As specified in subsections (2), (3), and (4) of this section, after June 11, 2013, each licensee shall provide advance notification to the Tribal official of participating tribes referenced in subsection (3) (c) (iii) of this section, or the official's designee, of the shipment of licensed material within or across the boundary of the Tribe's reservation before the transport, or delivery to a carrier for transport, of licensed material outside the confines of the licensee's plant or other place of use or storage.

(2) Advance notification is required under this section for shipments of irradiated reactor fuel in quantities less than that subject to advance notification requirements of NRC regulations 10 C.F.R. 73.37(f). Advance notification is also required under this section for shipment of licensed material, other than irradiated fuel, meeting the following three conditions:

(a) The licensed material is required by this section to be in Type B packaging for transportation;

(b) The licensed material is being transported to or across a state boundary en route to a disposal facility or to a collection point for transport to a disposal facility; and

(c) The quantity of licensed material in a single package exceeds the least of the following:

(i) ~~((3000))~~ Three thousand times the A1 value of the radionuclides as specified in WAC 246-231-200, Table A-1 for special form radioactive material;

(ii) ~~((3000))~~ Three thousand times the A2 value of the radionuclides as specified in WAC 246-231-200, Table A-1 for normal form radioactive material; or

(iii) ~~((1000))~~ One thousand TBq (27,000 Ci).

(3) Procedures for submitting advance notification.

(a) The notification must be made in writing to the office of each appropriate governor or governor's designee, to the office of each appropriate Tribal official or Tribal official's designee, and to the Director, ~~((Division of Security Policy,))~~ Office of Nuclear Security and Incident Response.

(b) A notification delivered by mail must be postmarked at least seven days before the beginning of the seven-day period during which departure of the shipment is estimated to occur.

(c) A notification delivered by any other means than mail must reach the office of the governor or the governor's designee, or of the Tribal official or the Tribal official's designee, at least four days before the beginning of the seven-day period during which departure of the shipment is estimated to occur.

(i) A list of the names and mailing addresses of the governors' designees receiving advance notification of transportation of nuclear waste was published in the *Federal Register* on June 30, 1995, (60 FR 34306).

(ii) Contact information for each state, including telephone and mailing addresses of governors and governors' designees, and participating Tribes, including telephone and mailing addresses of Tribal officials and Tribal official's designees, is available on the NRC website at ~~((+))~~ <https://scp.nrc.gov/special/designee.pdf>.

(iii) A list of the names and mailing addresses of the governors' designees and Tribal officials' designees of participating Tribes is available on request from the Director, Division of ~~((Intergovernmental Liaison and Rulemaking, Office of Federal and State Materials and Environmental Management Programs, NRC))~~ Materials Safety, Security, State, and Tribal Programs, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001.

(d) The licensee shall retain a copy of the notification as a record for three years.

(4) Information to be furnished in advance notification of shipment. Each advance notification of shipment of irradiated reactor fuel or nuclear waste must contain the following information:

- (a) The name, address, and telephone number of the shipper, carrier, and receiver of the irradiated reactor fuel or nuclear waste shipment;
- (b) A description of the irradiated reactor fuel or nuclear waste contained in the shipment, as specified in the regulations of DOT in 49 C.F.R. 172.202 and 172.203(d);
- (c) The point of origin of the shipment and the seven-day period during which departure of the shipment is estimated to occur;
- (d) The seven-day period during which arrival of the shipment at state boundaries or Tribal reservation boundaries is estimated to occur;
- (e) The destination of the shipment, and the seven-day period during which arrival of the shipment is estimated to occur; and
- (f) A point of contact, with a telephone number, for current shipment information.
- (5) Revision notice. A licensee who finds that schedule information previously furnished to a governor or governor's designee, or a Tribal official or Tribal official's designee, in accordance with this section, will not be met, shall telephone a responsible individual in the office of the governor of the state or of the governor's designee or the Tribal official or the Tribal official's designee, and inform that individual of the extent of the delay beyond the schedule originally reported. The licensee shall maintain a record of the name of the individual contacted for three years.

(6) Cancellation notice.

(a) Each licensee who cancels an irradiated reactor fuel or nuclear waste shipment for which advance notification has been sent shall send a cancellation notice to the governor of each state or to the governor's designee previously notified, to each Tribal official or to the Tribal official's designee previously notified, and to the Director, (~~Division of Security Policy,~~) Office of Nuclear Security and Incident Response.

(b) The licensee shall state in the notice that it is a cancellation and identify the advance notification that is being canceled. The licensee shall retain a copy of the notice as a record for three years.

[Statutory Authority: RCW 70.98.050 and 70.98.110. WSR 17-01-034, § 246-231-140, filed 12/12/16, effective 1/12/17. Statutory Authority: RCW 70.98.050. WSR 14-09-017, § 246-231-140, filed 4/7/14, effective 5/8/14; WSR 08-09-093, § 246-231-140, filed 4/18/08, effective 5/19/08; WSR 99-15-105, § 246-231-140, filed 7/21/99, effective 8/21/99.]

AMENDATORY SECTION (Amending WSR 17-01-034, filed 12/12/16, effective 1/12/17)

WAC 246-231-150 Quality assurance requirements. (1) Purpose. This section describes quality assurance requirements that apply to design, purchase, fabrication, handling, shipping, storing, cleaning, assembly, inspection, testing, operation, maintenance, repair, and modification of components of packaging that are important to safety. As used in this chapter, "quality assurance" comprises all those planned and systematic actions necessary to provide adequate confidence that a system or component will perform satisfactorily in service.

Quality assurance includes quality control, which comprises those quality assurance actions related to control of the physical characteristics and quality of the material or component to predetermined requirements. Each licensee and applicant for a package approval is responsible for satisfying the quality assurance requirements that apply to design, fabrication, testing, and modification of packaging subject to this chapter. Each licensee is responsible for satisfying the quality assurance requirements that apply to its use of packaging for the shipment of licensed material subject to this chapter.

(2) Establishment of program. Each licensee, certificate holder, and applicant for a certificate of compliance shall establish, maintain, and execute a quality assurance program satisfying each of the applicable criteria in 10 C.F.R. 71.101 through 71.137 and satisfying any specific provisions that are applicable to the licensee's activities including procurement of packaging. The licensee, certificate holder, and applicant for a certificate of compliance shall execute the applicable criteria in a graded approach to an extent that is commensurate with the quality assurance requirement's importance to safety.

(3) Approval of program. Before the use of any package for the shipment of licensed material subject to this chapter, each licensee shall obtain ((NRC)) the department's approval of its quality assurance program. Using an appropriate method listed in 10 C.F.R. 71.1(a), each licensee shall file a description of its quality assurance program, including a discussion of which requirements of 10 C.F.R. 71 Subpart H are applicable and how they will be satisfied, by submitting the description to ((~~ATTN: Document Control Desk, Director, Division of Spent Fuel Management, Office of Nuclear Material Safety and Safeguards~~)) the department.

(4) Radiography containers. A program for transport container inspection and maintenance limited to radiographic exposure devices, source changers, or packages transporting these devices and meeting the requirements of WAC 246-243-120(2), 10 C.F.R. 34.31(b), or equivalent agreement state requirements, is deemed to satisfy the requirements of WAC 246-231-060(2) and 246-231-150(2).

[Statutory Authority: RCW 70.98.050 and 70.98.110. WSR 17-01-034, § 246-231-150, filed 12/12/16, effective 1/12/17. Statutory Authority: RCW 70.98.050. WSR 14-09-017, § 246-231-150, filed 4/7/14, effective 5/8/14; WSR 08-09-093, § 246-231-150, filed 4/18/08, effective 5/19/08.]

OTS-3486.2

AMENDATORY SECTION (Amending WSR 18-15-017, filed 7/9/18, effective 8/9/18)

WAC 246-236-055 Personnel monitoring. (1) Irradiator operators shall wear a personnel dosimeter ((~~that is processed and evaluated by an accredited national voluntary laboratory accreditation program processor~~)) while operating a panoramic or beam-type irradiator or while in the area around the pool of an underwater irradiator. The personnel dosimeter ((~~processor must be accredited for~~)) must be capable of de-

tecting high energy photons in the normal and accident dose ranges per WAC 246-221-090(3). Each personnel dosimeter must be assigned to and worn by only one individual. Film badges must be ~~((processed))~~ replaced at least monthly(~~(7))~~) and other personnel dosimeters that require replacement must be ~~((processed))~~ evaluated at least quarterly or promptly after replacement, whichever is more frequent.

(2) Other individuals who enter the radiation room of a panoramic or beam-type irradiator shall wear a dosimeter, which may be a pocket dosimeter. For groups of visitors, only two people who enter the radiation room are required to wear dosimeters. If pocket dosimeters are used to meet the requirements of this subsection, a check of their response to radiation must be done at least annually. Acceptable dosimeters must read within plus or minus (~~(thirty))~~) 30 percent of the true radiation dose.

[Statutory Authority: RCW 70.98.050, 70.98.110 and 58 F.R. 7728, 76 F.R. 56963, 77 F.R. 39906, 80 F.R. 54234. WSR 18-15-017, § 246-236-055, filed 7/9/18, effective 8/9/18.]

OTS-3487.4

AMENDATORY SECTION (Amending WSR 16-13-079, filed 6/14/16, effective 7/15/16)

WAC 246-237-010 Definitions, abbreviations, and acronyms. The definitions, abbreviations, and acronyms in this section and in WAC 246-220-010 apply throughout this chapter unless the context clearly indicates otherwise:

(1) "Access control" means a system for allowing only approved individuals to have unescorted access to the security zone and for ensuring that all other individuals are subject to escorted access.

(2) "Act" means the Atomic Energy Act of 1954, including any amendments thereto.

(3) "Aggregated" means accessible by the breach of a single physical barrier that would allow access to radioactive material in any form, including any devices that contain the radioactive material, when the total activity equals or exceeds a Category 2 quantity of radioactive material.

(4) "Agreement state" means any state with which the Atomic Energy Commission or the NRC has entered into an effective agreement under subsection 274b of the act. Nonagreement state means any other state.

(5) "Approved individual" means an individual whom the licensee has determined to be trustworthy and reliable for unescorted access in accordance with WAC 246-237-021 through 246-237-033 and who has completed the training required by WAC 246-237-043(3).

(6) "Background investigation" means the investigation conducted by a licensee or applicant to support the determination of trustworthiness and reliability.

(7) "Becquerel (Bq)" means the SI unit of activity. One becquerel is equal to 1 disintegration or transformation per second (s^{-1}).

(8) "By-product material" means:

(a) Any radioactive material (except special nuclear material) yielded in, or made radioactive by, exposure to the radiation incident to the process of producing or using special nuclear material;

(b) The tailings or wastes produced by the extraction or concentration of uranium or thorium from ore processed primarily for its source material content, including discrete surface wastes resulting from uranium solution extraction processes. Underground ore bodies depleted by these solution extraction operations do not constitute "by-product material" within this definition;

(c) (i) Any discrete source of radium-226 that is produced, extracted, or converted after extraction, before, on, or after August 8, 2005, for use for a commercial, medical, or research activity; or

(ii) Any material that:

(A) Has been made radioactive by use of a particle accelerator; and

(B) Is produced, extracted, or converted after extraction, before, on, or after August 8, 2005, for use for a commercial, medical, or research activity; and

(d) Any discrete source of naturally occurring radioactive material, other than source material, that:

(i) The NRC, in consultation with the Administrator of the Environmental Protection Agency, the Secretary of Energy, the Secretary of Homeland Security, and the head of any other appropriate federal agency, determines would pose a threat similar to the threat posed by a discrete source of radium-226 to the public health and safety or the common defense and security; and

(ii) Before, on, or after August 8, 2005, is extracted or converted after extraction for use in a commercial, medical, or research activity.

(9) "Carrier" means a person engaged in the transportation of passengers or property by land or water as a common, contract, or private carrier, or by civil aircraft.

(10) "Category 1 quantity of radioactive material" means a quantity of radioactive material meeting or exceeding the Category 1 threshold in Table 1 of WAC 246-237-900 Appendix A: Table 1—Category 1 and Category 2. This is determined by calculating the ratio of the total activity of each radionuclide to the Category 1 threshold for that radionuclide and adding the ratios together. If the sum equals or exceeds 1, the quantity would be considered a Category 1 quantity. Category 1 quantities of radioactive material do not include the radioactive material contained in any fuel assembly, subassembly, fuel rod, or fuel pellet.

(11) "Category 2 quantity of radioactive material" means a quantity of radioactive material meeting or exceeding the Category 2 threshold but less than the Category 1 threshold in Table 1 of WAC 246-237-900 Appendix A: Table 1—Category 1 and Category 2. This is determined by calculating the ratio of the total activity of each radionuclide to the Category 2 threshold for that radionuclide and adding the ratios together. If the sum equals or exceeds (\pm) one, the quantity would be considered a Category 2 quantity. Category 2 quantities of radioactive material do not include the radioactive material contained in any fuel assembly, subassembly, fuel rod, or fuel pellet.

(12) "Curie" means a unit of quantity of radioactivity. One curie (Ci) is that quantity of radioactive material which decays at the rate of 3.7×10^{10} transformations per second (tps).

(13) "Diversion" means the unauthorized movement of radioactive material subject to this chapter to a location different from the material's authorized destination inside or outside of the site at which the material is used or stored.

(14) "Escorted access" means accompaniment while in a security zone by an approved individual who maintains continuous direct visual surveillance at all times over an individual who is not approved for unescorted access.

(15) "FBI" means the federal bureau of investigation.

(16) "Fingerprint orders" means the orders issued by the NRC or the legally binding requirements issued by agreement states that require fingerprints and criminal history records checks for individuals with unescorted access to Category 1 and Category 2 quantities of radioactive material or safeguards information-modified handling.

(17) "Government agency" means any executive department, commission, independent establishment, corporation, wholly or partly owned by the United States of America which is an instrumentality of the United States, or any board, bureau, division, service, office, officer, authority, administration, or other establishment in the executive branch of the government.

(18) "License" means, except where otherwise specified, a license for radioactive material issued pursuant to the regulations in chapters 246-232, 246-233, 246-235, 246-240, 246-243, or 246-244 WAC.

(19) "License issuing authority" means the licensing agency (the department, NRC, or an agreement state) that issued the license.

(20) "LLEA (local law enforcement agency)" means a public or private organization that has been approved by a federal, state, or local government to carry firearms and make arrests, and is authorized and has the capability to provide an armed response in the jurisdiction where the licensed Category 1 or Category 2 quantity of radioactive material is used, stored, or transported.

(21) "Lost or missing licensed material" means licensed material whose location is unknown. It includes material that has been shipped but has not reached its destination and whose location cannot be readily traced in the transportation system.

(22) "Mobile device" means a piece of equipment containing licensed radioactive material that is either mounted on wheels or casters, or otherwise equipped for moving without a need for disassembly or dismounting; or designed to be hand carried. Mobile devices do not include stationary equipment installed in a fixed location.

(23) "Movement control center" means an operations center that is remote from transport activity and that maintains position information on the movement of radioactive material, receives reports of attempted attacks or thefts, provides a means for reporting these and other problems to appropriate agencies, and can request and coordinate appropriate aid.

(24) "No-later-than arrival time" means the date and time that the shipping licensee and receiving licensee have established as the time at which an investigation will be initiated if the shipment has not arrived at the receiving facility. The no-later-than arrival time may not be more than six hours after the estimated arrival time for shipments of Category 2 quantities of radioactive material.

(25) "NRC or commission" means the U.S. Nuclear Regulatory Commission.

(26) "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, government agency other than NRC or the Department of Energy,

any state or any political subdivision of, or any political entity within, a state, any foreign government or nation, or any political subdivision of any such government or nation, or other entity, and any legal successor, representative, agent or agency of the foregoing.

(27) "Reviewing official" means the individual who makes the trustworthiness and reliability determination of an individual to determine whether the individual may have, or continue to have, unescorted access to the Category 1 or Category 2 quantities of radioactive materials that are possessed by the licensee.

(28) "Sabotage" means deliberate damage, with malevolent intent, to a Category 1 or Category 2 quantity of radioactive material, a device that contains a Category 1 or Category 2 quantity of radioactive material, or the components of the security system.

(29) "Safe haven" means a readily recognizable and readily accessible site at which security is present or from which, in the event of an emergency, the transport crew can notify and wait for the local law enforcement authorities.

(30) "Security zone" means any temporary or permanent area determined and established by the licensee for the physical protection of Category 1 or Category 2 quantities of radioactive material.

(31) "State" means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(32) "Telemetric position monitoring system" means a data transfer system that captures information by instrumentation or measuring devices about the location and status of a transport vehicle or package between the departure and destination locations.

(33) "Trustworthiness and reliability" are characteristics of an individual considered dependable in judgment, character, and performance, such that unescorted access to Category 1 or Category 2 quantities of radioactive material by that individual does not constitute an unreasonable risk to the public health and safety or security. A determination of trustworthiness and reliability for this purpose is based upon the results from a background investigation.

(34) "Unescorted access" means solitary access to an aggregated Category 1 or Category 2 quantity of radioactive material or the devices that contain the material.

(35) "United States" means when used in a geographical sense includes Puerto Rico and all territories and possessions of the United States.

[Statutory Authority: RCW 70.98.050 and 70.98.110. WSR 16-13-079, § 246-237-010, filed 6/14/16, effective 7/15/16.]

AMENDATORY SECTION (Amending WSR 17-01-034, filed 12/12/16, effective 1/12/17)

WAC 246-237-023 Access authorization program requirements. (1) Granting unescorted access authorization.

(a) Licensees shall implement the requirements of this chapter for granting initial or reinstated unescorted access authorization.

(b) Individuals who have been determined to be trustworthy and reliable shall also complete the security training required by WAC 246-237-043(3) before being allowed unescorted access to Category 1 or Category 2 quantities of radioactive material.

(2) Reviewing officials. Reviewing officials are the only individuals who may make trustworthiness and reliability determinations that allow individuals to have unescorted access to Category 1 or Category 2 quantities of radioactive materials possessed by the licensee.

(a) Each licensee shall name one or more individuals to be reviewing officials. After completing the background investigation on the reviewing official, the licensee shall provide, under oath or affirmation, a certification that the reviewing official is deemed trustworthy and reliable by the licensee. Provide oath or affirmation certificates to the department. The fingerprints of the named reviewing official must be taken by a law enforcement agency, federal or state agencies that provide fingerprinting services to the public, or commercial fingerprinting services authorized by a state to take fingerprints. The licensee shall recertify that the reviewing official is deemed trustworthy and reliable every (~~ten~~) 10 years in accordance with WAC 246-237-025(3).

(b) Reviewing officials must be permitted to have unescorted access to Category 1 or Category 2 quantities of radioactive materials or access to safeguards information or safeguards information-modified handling, if the licensee possesses safeguards information or safeguards information-modified handling.

(c) Reviewing officials cannot approve other individuals to act as reviewing officials.

(d) A reviewing official does not need to undergo a new background investigation before being named by the licensee as the reviewing official if:

(i) The individual has undergone a background investigation that included fingerprinting and an FBI criminal history records check and has been determined to be trustworthy and reliable by the licensee; or

(ii) The individual is subject to a category listed in WAC 246-237-029(1).

(3) Informed consent.

(a) Licensees may not initiate a background investigation without the informed and signed consent of the subject individual. This consent must include authorization to share personal information with other individuals or organizations as necessary to complete the background investigation. Before a final adverse determination, the licensee shall provide the individual with an opportunity to correct any inaccurate or incomplete information that is developed during the background investigation. Licensees do not need to obtain signed consent from those individuals who meet the requirements of WAC 246-237-025(2). A signed consent must be obtained prior to any reinvestigation.

(b) The subject individual may withdraw their consent at any time. Licensees shall inform the individual that:

(i) If an individual withdraws their consent, the licensee may not initiate any elements of the background investigation that were not in progress at the time the individual withdrew their consent; and

(ii) The withdrawal of consent for the background investigation is sufficient cause for denial or termination of unescorted access authorization.

(4) Personal history disclosure. Any individual who is applying for unescorted access authorization shall disclose the personal history information that is required by the licensee's access authorization program for the reviewing official to make a determination of the individual's trustworthiness and reliability. Refusal to provide, or the falsification of, any personal history information required by this

chapter is sufficient cause for denial or termination of unescorted access.

(5) Determination basis.

(a) The reviewing official shall determine whether to permit, deny, unfavorably terminate, maintain, or administratively withdraw an individual's unescorted access authorization based on an evaluation of all of the information collected to meet the requirements of this chapter.

(b) The reviewing official may not permit any individual to have unescorted access until the reviewing official has evaluated all of the information collected to meet the requirements of this chapter and determined that the individual is trustworthy and reliable. The reviewing official may deny unescorted access to any individual based on information obtained at any time during the background investigation.

(c) The licensee shall document the basis for concluding whether or not there is reasonable assurance that an individual is trustworthy and reliable.

(d) The reviewing official may terminate or administratively withdraw an individual's unescorted access authorization based on information obtained after the background investigation has been completed and the individual granted unescorted access authorization.

(e) Licensees shall maintain a list of persons currently approved for unescorted access authorization. When a licensee determines that a person no longer requires unescorted access or meets the access authorization requirement, the licensee shall remove the person from the approved list as soon as possible, but no later than seven working days, and take prompt measures to ensure that the individual is unable to have unescorted access to the material.

(6) Procedures. Licensees shall develop, implement, and maintain written procedures for implementing the access authorization program. The procedures must include provisions for the notification of individuals who are denied unescorted access. The procedures must include provisions for the review, at the request of the affected individual, of a denial or termination of unescorted access authorization. The procedures must contain a provision to ensure that the individual is informed of the grounds for the denial or termination of unescorted access authorization and allow the individual an opportunity to provide additional relevant information.

(7) Right to correct and complete information.

(a) Prior to any final adverse determination, licensees shall provide each individual subject to this chapter with the right to complete, correct, and explain information obtained as a result of the licensee's background investigation. Confirmation of receipt by the individual of this notification must be maintained by the licensee for a period of one year from the date of the notification.

(b) If, after reviewing their criminal history record, an individual believes that it is incorrect or incomplete in any respect and wishes to change, correct, update, or explain anything in the record, the individual may initiate challenge procedures. These procedures include direct application by the individual challenging the record to the law enforcement agency that contributed the questioned information or a direct challenge as to the accuracy or completeness of any entry on the criminal history record to the FBI, Criminal Justice Information Services Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306 as set forth in 28 C.F.R. 16.30 through 16.34. In the latter case, the FBI will forward the challenge to the agency that submitted the data, and will request that the agency verify or correct

the challenged entry. Upon receipt of an official communication directly from the agency that contributed the original information, the FBI Identification Division makes any changes necessary in accordance with the information supplied by that agency. Licensees must provide at least (~~ten~~) 10 days for an individual to initiate action to challenge the results of an FBI criminal history records check after the record being made available for their review. The licensee may make a final adverse determination based upon the criminal history records only after receipt of the FBI's confirmation or correction of the record.

(8) Records.

(a) The licensee shall retain documentation regarding the trustworthiness and reliability of individual employees for three years from the date the individual no longer requires unescorted access to Category 1 or Category 2 quantities of radioactive material.

(b) The licensee shall retain a copy of the current access authorization program procedures as a record for three years after the procedure is no longer needed. If any portion of the procedure is superseded, the licensee shall retain the superseded material for three years after the record is superseded.

(c) The licensee shall retain the list of persons approved for unescorted access authorization for three years after the list is superseded or replaced.

[Statutory Authority: RCW 70.98.050 and 70.98.110. WSR 17-01-034, § 246-237-023, filed 12/12/16, effective 1/12/17; WSR 16-13-079, § 246-237-023, filed 6/14/16, effective 7/15/16.]

AMENDATORY SECTION (Amending WSR 16-13-079, filed 6/14/16, effective 7/15/16)

WAC 246-237-027 Requirements for criminal history records checks of individuals granted unescorted access to Category 1 or Category 2 quantities of radioactive material. (1) General performance objective and requirements.

(a) Except for those individuals listed in WAC 246-237-029 and those individuals grandfathered under WAC 246-237-025(2), each licensee subject to the provisions of this chapter shall fingerprint each individual who is to be permitted unescorted access to Category 1 or Category 2 quantities of radioactive material. Licensees shall transmit all collected fingerprints to the NRC for transmission to the FBI. The licensee shall use the information received from the FBI as part of the required background investigation to determine whether to grant or deny further unescorted access to Category 1 or Category 2 quantities of radioactive materials for that individual.

(b) The licensee shall notify each affected individual that their fingerprints will be used to secure a review of their criminal history record, and shall inform them of the procedures for revising the record or adding explanations to the record.

(c) Fingerprinting is not required if a licensee is reinstating an individual's unescorted access authorization to Category 1 or Category 2 quantities of radioactive materials if:

(i) The individual returns to the same facility that granted unescorted access authorization within (~~three hundred sixty-five~~) 365 days of the termination of their unescorted access authorization; and

(ii) The previous access authorization was terminated under favorable conditions.

(d) Fingerprints do not need to be taken if an individual who is an employee of a licensee, contractor, manufacturer, or supplier has been granted unescorted access to Category 1 or Category 2 quantities of radioactive material, access to safeguards information, or safeguards information-modified handling by another licensee, based upon a background investigation conducted under this chapter, or the fingerprint orders, or 10 C.F.R. 73. An existing criminal history records check file may be transferred to the licensee asked to grant unescorted access in accordance with the provisions of WAC 246-237-031(3).

(e) Licensees shall use information obtained as part of a criminal history records check solely for the purpose of determining an individual's suitability for unescorted access authorization to Category 1 or Category 2 quantities of radioactive materials, access to safeguards information, or safeguards information-modified handling.

(2) Prohibitions.

(a) Licensees may not base a final determination to deny an individual unescorted access authorization to Category 1 or Category 2 quantities of radioactive material solely on the basis of information received from the FBI involving:

(i) An arrest more than one year old for which there is no information of the disposition of the case; or

(ii) An arrest which resulted in dismissal of the charge or an acquittal.

(b) Licensees may not use information received from a criminal history records check obtained under this chapter in a manner which would infringe upon the rights of any individual under the First Amendment to the Constitution of the United States, nor shall licensees use the information in any way that would discriminate among individuals on the basis of race, religion, national origin, gender, or age.

(3) Procedures for processing of fingerprint checks.

(a) For the purpose of complying with this chapter, licensees shall use an appropriate method to submit to the U.S. Nuclear Regulatory Commission, Director, Division of Facilities and Security, 11545 Rockville Pike, ATTN: Criminal History Program/Mail Stop (~~(TWB-05B32M)~~) T-07D04M, Rockville, MD 20852, one completed, legible standard fingerprint card (Form FD-258, ORIMDNRCOOZ), electronic fingerprint scan or, where practicable, other fingerprint record for each individual requiring unescorted access to Category 1 or Category 2 quantities of radioactive material. Copies of these forms may be obtained by (~~writing the Office of the Chief Information Officer, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001, by calling 1-630-829-9565, or by email to FORMS.Resource@nrc.gov~~) emailing MAILSVS.Resource@nrc.gov. Guidance on submitting electronic fingerprints can be found at (~~(http://www.nrc.gov/site-help/e-submittals.html)~~) https://www.nrc.gov/security/chp.html.

(b) Fees for the processing of fingerprint checks are due upon application. Licensees shall submit payment with the application for the processing of fingerprints through corporate check, certified check, cashier's check, money order, or electronic payment, made payable to "U.S. NRC." (For guidance on making electronic payments, contact the (~~Security Branch, Division of Facilities and Security at 301-415-7513~~) Division of Physical and Cyber Security Policy by emailing Crimhist.resource@nrc.gov.) Combined payment for multiple applications is acceptable. The (~~(NRC)~~) commission publishes the amount

of the fingerprint check application fee on the NRC's public website. (To find the current fee amount, go to the ~~((electronic submittals page at <http://www.nrc.gov/site-help/e-submittals.html>))~~ Licensee Criminal History Records Checks and Firearms Background Check information page at <https://www.nrc.gov/security/chp.html> and see the link for ~~((the Criminal History Program under Electronic Submission Systems.))~~ How do I determine how much to pay for the request?)

(c) The ~~((NRC))~~ commission will forward to the submitting licensee all data received from the FBI as a result of the licensee's application for criminal history records checks.

[Statutory Authority: RCW 70.98.050 and 70.98.110. WSR 16-13-079, § 246-237-027, filed 6/14/16, effective 7/15/16.]

AMENDATORY SECTION (Amending WSR 16-13-079, filed 6/14/16, effective 7/15/16)

WAC 246-237-043 General security program requirements. (1) Security plan.

(a) Each licensee identified in WAC 246-237-041(1) shall develop a written security plan specific to its facilities and operations. The purpose of the security plan is to establish the licensee's overall security strategy to ensure the integrated and effective functioning of the security program required by this chapter. The security plan must, at a minimum:

(i) Describe the measures and strategies used to implement the requirements of this chapter; and

(ii) Identify the security resources, equipment, and technology used to satisfy the requirements of this chapter.

(b) The security plan must be reviewed and approved by the individual with overall responsibility for the security program.

(c) A licensee shall revise its security plan as necessary to ensure the effective implementation of department requirements. The licensee shall ensure that:

(i) The revision has been reviewed and approved by the individual with overall responsibility for the security program; and

(ii) The affected individuals are instructed on the revised plan before the changes are implemented.

(d) The licensee shall retain a copy of the current security plan as a record for three years after the security plan is no longer required. If any portion of the plan is superseded, the licensee shall retain the superseded material for three years after the record is superseded.

(2) Implementing procedures.

(a) The licensee shall develop and maintain written procedures that document how the requirements of this chapter and the security plan will be met.

(b) The implementing procedures and revisions to these procedures must be approved in writing by the individual with overall responsibility for the security program.

(c) The licensee shall retain a copy of the current procedure as a record for three years after the procedure is no longer needed. Superseded portions of the procedure must be retained for three years after the record is superseded.

(3) Training.

(a) Each licensee shall conduct training to ensure those individuals implementing the security program possess and maintain the knowledge, skills, and abilities to carry out their assigned duties and responsibilities effectively. The training must include instruction in:

(i) The licensee's security program and procedures to secure Category 1 or Category 2 quantities of radioactive material, and in the purposes and functions of the security measures employed;

(ii) The responsibility to report promptly to the licensee any condition which causes or may cause a violation of department requirements;

(iii) The responsibility of the licensee to report promptly to the LLEA and licensee any actual or attempted theft, sabotage, or diversion of Category 1 or Category 2 quantities of radioactive material; and

(iv) The appropriate response to security alarms.

(b) In determining those individuals who shall be trained on the security program, the licensee shall consider each individual's assigned activities during authorized use and response to potential situations involving actual or attempted theft, diversion, or sabotage of Category 1 or Category 2 quantities of radioactive material. The extent of the training must be commensurate with the individual's potential involvement in the security of Category 1 or Category 2 quantities of radioactive material.

(c) Refresher training must be provided at a frequency not to exceed (~~twelve~~) 12 months and when significant changes have been made to the security program. This training must include:

(i) Review of the training requirements of this subsection and any changes made to the security program since the last training;

(ii) Reports on any relevant security issues, problems, and lessons learned;

(iii) Relevant results of department inspections; and

(iv) Relevant results of the licensee's program review and testing and maintenance.

(d) The licensee shall maintain records of the initial and refresher training for three years from the date of the training. The training records must include dates of the training, topics covered, a list of licensee personnel in attendance, and related information.

(4) Protection of information.

(a) Licensees authorized to possess Category 1 or Category 2 quantities of radioactive material shall limit access to, and unauthorized disclosure of, their security plan, implementing procedures, and the list of individuals who have been approved for unescorted access.

(b) Efforts to limit access shall include the development, implementation, and maintenance of written policies and procedures for controlling access to, and for proper handling and protection against unauthorized disclosure of, the security plan and implementing procedures, and the list of individuals that have been approved for unescorted access.

(c) Before granting an individual access to the security plan or implementing procedures, or the list of individuals that have been approved for unescorted access, licensees shall:

(i) Evaluate an individual's need to know the security plan or implementing procedures, or the list of individuals that have been approved for unescorted access; and

(ii) If the individual has not been authorized for unescorted access to Category 1 or Category 2 quantities of radioactive material,

safeguards information, or safeguards information-modified handling, the licensee must complete a background investigation to determine the individual's trustworthiness and reliability. A trustworthiness and reliability determination shall be conducted by the reviewing official and shall include the background investigation elements contained in WAC 246-237-025 (1)(b) through (g).

(d) Licensees need not subject the following individuals to the background investigation elements for protection of information:

(i) The categories of individuals listed in WAC 246-237-029 (1)(a) through (m); or

(ii) Security service provider employees, provided written verification that the employee has been determined to be trustworthy and reliable, by the required background investigation in WAC 246-237-025 (1)(b) through (g), has been provided by the security service provider.

(e) The licensee shall document the basis for concluding that an individual is trustworthy and reliable and should be granted access to the security plan ~~((~~☒~~))~~, implementing procedures, or the list of individuals that have been approved for unescorted access.

(f) Licensees shall maintain a list of persons currently approved for access to the security plan ~~((~~☒~~))~~, implementing procedures, or the list of individuals that have been approved for unescorted access. When a licensee determines that a person no longer needs access to the security plan ~~((~~☒~~))~~, implementing procedures, or the list of individuals that have been approved for unescorted access, or no longer meets the access authorization requirements for access to the information, the licensee shall remove the person from the approved list as soon as possible, but no later than seven working days, and take prompt measures to ensure that the individual is unable to obtain the security plan ~~((~~☒~~))~~, implementing procedures, or the list of individuals that have been approved for unescorted access.

(g) When not in use, the licensee shall store its security plan ~~((~~and~~))~~, implementing procedures, and the list of individuals that have been approved for unescorted access in a manner to prevent unauthorized access. Information stored in nonremovable electronic form must be password protected.

(h) The licensee shall retain as a record for three years after the document is no longer needed:

(i) A copy of the information protection procedures; and

(ii) The list of individuals approved for access to the security plan ~~((~~☒~~))~~, implementing procedures, or the list of individuals that have been approved for unescorted access.

[Statutory Authority: RCW 70.98.050 and 70.98.110. WSR 16-13-079, § 246-237-043, filed 6/14/16, effective 7/15/16.]

AMENDATORY SECTION (Amending WSR 17-01-034, filed 12/12/16, effective 1/12/17)

WAC 246-237-077 Advance notification of shipment of Category 1 quantities of radioactive material. As specified in subsections (1) and (2) of this section, each licensee shall provide advance notification to the department and the governor of a state, or the governor's designee, of the shipment of licensed material in a Category 1 quantity, through or across the boundary of the state, before transport, or

delivery to a carrier for transport, of the licensed material outside the confines of the licensee's facility or other place of use or storage.

(1) Procedures for submitting advance notification.

(a) The notification must be made to the department and to the office of each appropriate governor or governor's designee. The contact information, including telephone and mailing addresses, of governors and governors' designees, is available on the NRC's website at <https://scp.nrc.gov/special/designee.pdf>. A list of the contact information is also available upon request from the Director, Division of Material Safety, Security, State, and Tribal (~~and Rulemaking~~) Programs, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001. Notifications to the department must be made to the attention of the Director, Office of Radiation Protection.

(b) A notification delivered by mail must be postmarked at least seven days before transport of the shipment commences at the shipping facility.

(c) A notification delivered by any means other than mail must reach the department at least four days before transport of the shipment commences and must reach the office of the governor or the governor's designee at least four days before transport of a shipment within or through the state.

(2) Information to be furnished in advance notification of shipment. Each advance notification of shipment of Category 1 quantities of radioactive material must contain the following information, if available at the time of notification:

(a) The name, address, and telephone number of the shipper, carrier, and receiver of the Category 1 radioactive material;

(b) The license numbers of the shipper and receiver;

(c) A description of the radioactive material contained in the shipment, including the radionuclides and quantities;

(d) The point of origin of the shipment and the estimated time and date when shipment will commence;

(e) The estimated time and date the shipment is expected to enter each state along the route;

(f) The estimated time and date of arrival of the shipment at the destination; and

(g) A point of contact, with a telephone number, for current shipment information.

(3) Revision notice.

(a) The licensee shall provide any information not previously available at the time of the initial notification, as soon as the information becomes available but not later than commencement of the shipment, to the governor of the state or the governor's designee and to the department.

(b) A licensee shall promptly notify the governor of the state or the governor's designee of any changes to the information provided in accordance with subsections (2) and (3)(a) of this section. The licensee shall also immediately notify the department of any such changes.

(4) Cancellation notice. Each licensee who cancels a shipment for which advance notification has been sent shall send a cancellation notice to the department and to the governor of each state or to the governor's designee previously notified. The licensee shall send the cancellation notice before the shipment would have commenced or as soon thereafter as possible. The licensee shall state in the notice

that it is a cancellation and identify the advance notification which is being canceled.

(5) Records. The licensee shall retain a copy of the advance notification and any revision and cancellation notices as a record for three years.

(6) Protection of information. State officials, state employees, and other individuals, whether or not licensees of the department, NRC, or an agreement state who receive schedule information of the kind specified in subsection (2) of this section shall protect that information against unauthorized disclosure as specified in WAC 246-237-043(4).

[Statutory Authority: RCW 70.98.050 and 70.98.110. WSR 17-01-034, § 246-237-077, filed 12/12/16, effective 1/12/17; WSR 16-13-079, § 246-237-077, filed 6/14/16, effective 7/15/16.]

OTS-3488.2

AMENDATORY SECTION (Amending WSR 03-12-062, filed 6/2/03, effective 7/3/03)

WAC 246-243-150 Personnel monitoring control. (1) A licensee may not permit any individual to act as a radiographer or as a radiographer's assistant unless, at all times during radiographic operations, the individual wears a direct reading pocket dosimeter, an alarming rate meter, and a personnel dosimeter (~~(that is processed and evaluated by an accredited National Voluntary Laboratory Accreditation Program (NVLAP) processor)~~) on the trunk of the body. In permanent facilities where other appropriate alarming or warning devices are in routine use, the wearing of an alarming rate meter is not required.

(a) Pocket dosimeters must be capable of measuring exposures from zero to at least 200 milliroentgens. Electronic personal dosimeters may only be used in place of ion-chamber pocket dosimeters.

(b) Each personnel dosimeter shall be assigned to and worn by only one individual.

(c) Film badges must be replaced at periods not to exceed one month and other personnel dosimeters (~~(processed and evaluated by an accredited NVLAP processor)~~) that require replacement must be replaced at periods not to exceed three months. All personnel dosimeters must be evaluated at least quarterly or promptly after replacement, whichever is more frequent.

~~((d) After replacement, each personnel dosimeter must be processed as soon as possible.))~~

(2) (a) Direct reading dosimeters such as pocket dosimeters or electronic personal dosimeters shall be read and exposures recorded at the beginning and end of each shift. Pocket dosimeters shall be charged at the beginning of each shift. Pocket dosimeters shall be checked annually at periods not to exceed (~~(twelve)~~) 12 months for correct response to radiation. Acceptable dosimeters shall read within plus or minus (~~(twenty)~~) 20 percent of the true radiation exposure.

(b) Each alarming rate meter must:

(i) Be checked to ensure that the alarm functions properly (sounds) prior to use at the start of each shift;

- (ii) Be set to give an alarm signal at a maximum preset rate of 5 mSv/hr. (500 mR/hr.);
- (iii) Require special means to change the preset alarm functions; and
- (iv) Be calibrated annually at periods not to exceed (~~twelve~~) 12 months for correct response to radiation: Acceptable rate meters must alarm within plus or minus (~~twenty~~) 20 percent of the true radiation exposure rate.

(3) If an individual's pocket dosimeter is found to be off-scale, or if his or her electronic personal dosimeter reads greater than 2 millisieverts (200 millirems), and the possibility of radiation exposure cannot be ruled out as the cause, the individual's personnel dosimeter that require processing must be sent for processing and evaluation within (~~twenty-four~~) 24 hours. For personnel dosimeters that do not require processing, evaluation of the dosimeter must be started within 24 hours. In addition, the individual may not resume work associated with licensed material use until a determination of the individual's radiation exposure has been made. This determination shall be made by the RSO or the RSO's designee.

(4) If the personnel dosimeter required by this section is lost or damaged, the worker shall cease work immediately until a replacement personnel dosimeter is provided and the exposure is calculated for the time period from issuance to loss or damage of the personnel dosimeter.

(5) Each licensee shall maintain the following exposure records:

(a) Direct reading dosimeter readings and yearly operability checks required by subsection (2) of this section for three years after the record is made.

(b) Records of alarm rate meter calibrations for three years after the record is made.

(c) Reports (~~received from the~~) of personnel dosimeter (~~accredited NVLAP processor~~) until the department terminates the license.

(d) Records of estimates of exposures as a result of: Off-scale personal direct reading dosimeters, or lost or damaged personnel dosimeters(~~7~~) until the department terminates the license. The time period for which the personnel dosimeter was lost or damaged shall be included in the records.

[Statutory Authority: RCW 70.98.050. WSR 03-12-062, § 246-243-150, filed 6/2/03, effective 7/3/03; WSR 00-08-013, § 246-243-150, filed 3/24/00, effective 4/24/00; WSR 94-01-073, § 246-243-150, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 91-15-112 (Order 184), § 246-243-150, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-243-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. WSR 83-19-050 (Order 2026), § 402-36-120, filed 9/16/83. Statutory Authority: RCW 70.98.050. WSR 81-01-011 (Order 1570), § 402-36-120, filed 12/8/80; Order 1084, § 402-36-120, filed 1/14/76; Order 1, § 402-36-120, filed 1/8/69; Rules (part), filed 10/26/66.]

OTS-3489.1

AMENDATORY SECTION (Amending WSR 03-12-062, filed 6/2/03, effective 7/3/03)

WAC 246-244-160 Personnel monitoring. (1) The licensee may not permit an individual to act as a logging supervisor or logging assistant unless that person wears (~~(, at all times during the handling of licensed radioactive materials,)~~) a personnel dosimeter (~~((that is processed by an accredited National Voluntary Laboratory Accreditation Program (NVLAP) processor))~~) at all times during the handling of licensed radioactive materials. Each personnel dosimeter must be assigned to and worn by only one individual. The film badge must be (~~(exchanged and analyzed)~~) replaced at least monthly and other personnel dosimeters (~~(exchanged and analyzed)~~) that require replacement must be replaced at least every three months, whichever is more frequent. (~~(The licensee shall have each personnel dosimeter processed in a timely fashion.)~~)

(2) The licensee shall provide appropriate bioassay services to individuals using licensed materials (~~(for)~~) in subsurface tracer studies if required by the license.

(3) The licensee shall keep reports (~~(received from the accredited NVLAP personnel dosimeter processor)~~) of personnel dosimeter required by subsection (1) of this section and (~~(from the)~~) bioassay (~~(service laboratory)~~) results for inspection until the department authorizes disposition (~~(or terminates the license)~~) of the records.

(4) Personnel monitoring devices and equipment shall monitor for beta, gamma, and neutron radiation as appropriate.

(5) Each licensee shall adhere to the requirements of (~~(the department's)~~) NRC Regulatory Guide 8.20 (~~(Bioassay Program Criteria for I-125 and I-131)~~) Application of Bioassay for Radioiodine.

[Statutory Authority: RCW 70.98.050. WSR 03-12-062, § 246-244-160, filed 6/2/03, effective 7/3/03. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 91-15-112 (Order 184), § 246-244-160, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-244-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. WSR 87-01-031 (Order 2450), § 402-38-300, filed 12/11/86.]

WSR 22-11-091
PERMANENT RULES
DEPARTMENT OF

CHILDREN, YOUTH, AND FAMILIES

[Filed May 18, 2022, 9:38 a.m., effective June 18, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Recognize and define LGBTQIA+ terminology, reaffirm that foster care providers must comply with federal and state nondiscrimination laws, complete LGBTQIA+ culture training, and support and engage with all children in their care with dignity and respect regardless of actual or perceived race, ethnicity, culture, sex, or sexual orientation and gender identity. Additionally, the proposed rules update the standards for shared bedrooms based on a child's gender identity.

Require group care facilities, child placing agencies, and adoption services to electronically submit licensing applications and associated documents to the department by uploading them into the department's licensing provider portal.

Make nonsubstantive, technical corrections, including corrections necessary after the creation of the department of children, youth, and families and the associated decodification of chapter 388-148 WAC and its recodification to chapter 110-148 WAC.

Citation of Rules Affected by this Order: New WAC 110-147-1443; and amending WAC 110-145-1300, 110-145-1305, 110-145-1315,

- 110-145-1325, 110-145-1330, 110-145-1335, 110-145-1340, 110-145-1380,
- 110-145-1385, 110-145-1410, 110-145-1480, 110-145-1490, 110-145-1495,
- 110-145-1510, 110-145-1520, 110-145-1530, 110-145-1535, 110-145-1540,
- 110-145-1545, 110-145-1555, 110-145-1600, 110-145-1605, 110-145-1610,
- 110-145-1625, 110-145-1630, 110-145-1660, 110-145-1665, 110-145-1700,
- 110-145-1710, 110-145-1730, 110-145-1740, 110-145-1750, 110-145-1760,
- 110-145-1775, 110-145-1795, 110-145-1800, 110-145-1805, 110-145-1815,
- 110-145-1820, 110-145-1825, 110-145-1830, 110-145-1835, 110-145-1840,
- 110-145-1845, 110-145-1855, 110-145-1875, 110-145-1880, 110-145-1885,
- 110-145-1915, 110-145-1930, 110-145-1960, 110-145-2000, 110-145-2060,
- 110-145-2065, 110-145-2070, 110-145-2095, 110-145-2100, 110-145-2145,
- 110-145-2070, 110-145-2095, 110-145-2100, 110-145-2145, 110-145-2180,
- 110-147-1300, 110-147-1305, 110-147-1315, 110-147-1325, 110-147-1330,
- 110-147-1335, 110-147-1340, 110-147-1345, 110-147-1350, 110-147-1375,
- 110-147-1420, 110-147-1430, 110-147-1490, 110-147-1500, 110-147-1505,
- 110-147-1515, 110-147-1520, 110-147-1525, 110-147-1530, 110-147-1535,
- 110-147-1540, 110-147-1545, 110-147-1550, 110-147-1555, 110-147-1595,
- 110-147-1610, 110-147-1615, 110-147-1620, 110-147-1630, 110-147-1635,
- 110-147-1640, 110-147-1645, 110-147-1650, 110-147-1660, 110-147-1690,
- 110-147-1720, 110-148-1300, 110-148-1305, 110-148-1315, 110-148-1320,
- 110-148-1330, 110-148-1340, 110-148-1350, 110-148-1355, 110-148-1365,
- 110-148-1375, 110-148-1380, 110-148-1385, 110-148-1390, 110-148-1395,
- 110-148-1405, 110-148-1410, 110-148-1415, 110-148-1420, 110-148-1425,
- 110-148-1430, 110-148-1435, 110-148-1440, 110-148-1445, 110-148-1455,
- 110-148-1470, 110-148-1475, 110-148-1480, 110-148-1495, 110-148-1500,
- 110-148-1515, 110-148-1520, 110-148-1525, 110-148-1530, 110-148-1535,
- 110-148-1540, 110-148-1545, 110-148-1550, 110-148-1555, 110-148-1565,
- 110-148-1570, 110-148-1575, 110-148-1580, 110-148-1590, 110-148-1595,
- 110-148-1600, 110-148-1605, 110-148-1610, 110-148-1615, 110-148-1620,
- 110-148-1625, 110-148-1635, 110-148-1645, and 110-148-1650.

Statutory Authority for Adoption: RCW 74.15.030.

Adopted under notice filed as WSR 22-01-208 on December 21, 2021.

Changes Other than Editing from Proposed to Adopted Version:

"Gender" removed from the definition of capacity in WAC 110-145-1305; WAC 110-145-1330, 110-145-1490, 110-147-1330, and 110-147-1500 revised to include interns; WAC 110-147-1340(4) deleted; WAC 110-148-1320(5) revised to better clarify that the subpart applies only to resident children who do not receive out-of-home care; WAC 110-148-1340's courtesy license renewal notice period changed from 120 to 90 days; reference to child-placing agencies removed from WAC 110-148-1405 (1)(o); cleaning requirements removed from WAC 110-148-1440; recycling requirement removed from WAC 110-148-1445; "approved by the caseworker" inserted at end of WAC 110-148-1475(5); "separate" removed from WAC 110-148-1480(5); and "health care provider" inserted in WAC 110-148-1580 (1)(b).

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 1, Amended 152, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 20, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: May 18, 2022.

Brenda Villarreal
Rules Coordinator

OTS-1222.17

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1300 What is the purpose of this chapter? (1) This chapter contains licensing requirements for generalized group care facilities, group homes, crisis residential centers, emergency respite centers, group receiving centers, overnight youth shelters, staffed residential homes, and resource and assessment centers. These licensing regulations are designed to ensure children in group care facilities are safe, healthy, and protected from all forms of child abuse and neglect according to RCW 26.44.020(1) and chapter ((388-15)) 110-30 WAC.

(2) These separately licensed programs may provide specialized services such as day treatment services, services to pregnant and parenting youth (maternity services), HOPE beds, responsible living skills programs, and services to medically fragile children, and children with intellectual and developmental disabilities. You must hold a group care license to provide the specialized services outlined in this chapter. These services can be provided through your own program or by using community resources.

[WSR 18-14-078, recodified as § 110-145-1300, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1300, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-05-024, filed 2/7/20, effective 3/9/20)

WAC 110-145-1305 What definitions do I need to know to understand this chapter? The following words and terms are for the purpose of this chapter and are important to understand these requirements:

"Abuse or neglect" means the injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child as defined in RCW 26.44.020.

"Adult" means a person ((eighteen)) 18 years old or older, not in the care of the department.

"Agency" is defined in RCW 74.15.020(1).

"Asexual" means the lack of a sexual attraction or desire for other individuals.

"Assessment" means the appraisal or evaluation of a child's physical, mental, social and emotional condition.

"Bisexual" means individuals who have an emotional or physical attraction to individuals of the same and different genders.

"Business hours" means hours during the day in which state business is commonly conducted. Typically, the hours between 9 a.m. and 5 p.m. on weekdays are considered to be standard hours of operation.

"Capacity" means the age range(~~(, gender,)~~) and maximum number of children on your current license.

"Care provider" means any person who is licensed or authorized to provide care for children and cleared to have unsupervised access to children under the authority of a license.

"Case manager" means a facility employee who coordinates the planning efforts of all the persons working on behalf of a child.

"Case plan" means a written document adhered to and followed by a foster child's parents, foster parents, the department, and all other caregivers. A case plan may include, but is not limited to:

(a) A description of the type of home or facility in which a child is to be placed, including a discussion of the safety and appropriateness of the placement and how the department plans to carry out the voluntary placement agreement entered into or judicial determination made with respect to the child;

(b) A plan for assuring that the child receives safe and proper care and that services are provided to the child, parents or guardians, and foster parents in order to improve the conditions in the parents' home, facilitate returning the child to their own home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan;

(c) The health and education records of the child, including the most recent information available regarding:

(i) The names and addresses of the child's health and educational providers;

(ii) The child's grade level performance;

(iii) The child's school records;
 (iv) A record of the child's immunizations;
 (v) The child's known medical conditions;
 (vi) The child's medications; and
 (vii) Any other relevant health and education information concerning the child determined to be appropriate by the department;
 (d) Relevant professional assessments of the child;
 (e) Court orders concerning the child; and
 (f) Any other relevant plan, assessment, knowledge, material, or information concerning the child determined to be appropriate by the department.

"Chapter" means chapter 110-145 WAC.

"Child," "children," or "youth" for this chapter, means a person who is one of the following:

- (a) Under ~~((eighteen))~~ 18 years old;
- (b) Up to ~~((twenty-one))~~ 21 years of age and enrolled in services through the department of social and health services developmental disabilities administration (DDA) the day prior to their ~~((eighteenth))~~ 18th birthday and pursuing either a high school or equivalency course of study ~~((GED/HSEC))~~, such as a GED or HSEC, or vocational program;
- (c) Up to ~~((twenty-one))~~ 21 years of age and participates in the extended foster care program;
- (d) Up to ~~((twenty-one))~~ 21 years of age with intellectual and developmental disabilities;
- (e) Up to ~~((twenty-five))~~ 25 years of age and under the custody of juvenile rehabilitation.

"Child placing agency (~~("or")~~) (CPA)" means an agency licensed to place children for temporary care, continued care, or adoption.

"Compliance agreement" means a written improvement plan to address the changes needed to meet licensing requirements.

~~("Crisis residential center (secure)" means a licensed facility open twenty-four hours a day, seven days a week that provides temporary residential placement, assessment and services in a secure facility to prevent youth from leaving the facility without permission per RCW 13.32A.030(15).)~~

~~"Crisis residential center (semi-secure)" means a licensed facility open twenty-four hours a day, seven days a week that provides temporary residential placement, assessment and services for runaway youth and youth in conflict with their family or in need of emergency placement.)~~

"CW" means the division of child welfare within DCYF. CW provides case management to children and families involved in the child welfare system.

"Day treatment" is a specialized service that provides educational and therapeutic group experiences for emotionally disturbed children.

"DDA" means the developmental disabilities administration in the department of social and health services. DDA provides services and case management to children and adults who meet the eligibility criteria.

"Deescalation" means strategies used to defuse a volatile situation, to assist a child to regain behavior control, and to avoid a physical restraint or other behavioral intervention.

"Department" (~~("or" "DCYF")~~) means the department of children, youth, and families (DCYF).

"Developmental disability" is a disability as defined in RCW 71A.10.020.

"Direct care" means direct, hands-on personal care and supervision to group care children (~~and youth~~).

"DOH" means the department of health.

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

"Emergency respite center (ERC)" means a licensed facility that may be commonly known as a crisis nursery, which provides emergency or crisis care for nondependent children birth through (~~seventeen~~) 17 years for up to (~~seventy-two~~) 72 hours to prevent child abuse or neglect per RCW 74.15.020(d). ERCs may choose to be open up to (~~twenty-four~~) 24 hours a day, seven days a week. Facilities may also provide family assessment, family support services, and referrals to community services.

"FBI" means the Federal Bureau of Investigation.

"Full-time" as used throughout this chapter when describing work experience means a minimum of 1,664 work hours in a calendar year or the equivalent of 32 work hours per week.

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

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

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

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

"Group care" is a general term for a licensed facility that is maintained and operated for a group of children on a (~~twenty-four-hour~~) 24-hour basis to provide a safe and healthy living environment that meets the developmental needs of the children in care, per RCW 74.15.020 (1)(f).

"Group home" is a specific license for residential care that provides care and supervision for children (~~or youth~~).

"Group receiving center" means a licensed facility that provides the basic needs of food, shelter, and supervision for children placed by the department, generally for (~~thirty~~) 30 or fewer days.

"Guardian" has the same meaning in this chapter as defined in RCW 26.33.020(11).

"Guns or weapons" means any device intended to shoot projectiles under pressure or that can be used to attack. These include, but are not limited to, BB guns, pellet guns, air rifles, stun guns, antique guns, handguns, rifles, shotguns, and archery equipment.

"Health care staff" means anyone providing qualified medical consultation to your staff or medical care to the children (~~and youth~~) in your care.

"Hearing" means the administrative review process conducted by an administrative law judge.

"I, my, you, and your" refers to an applicant for a license issued under this chapter, and to any party holding a license under this chapter.

"Infant" means a child less than (~~twelve~~) 12 months of age.

"Intellectual and developmental disability" means children with deficits in general mental abilities and impairment in everyday adaptive functioning.

"Interim facility" means an overnight youth shelter, emergency respite center or a resource and assessment center.

(~~"LD" means the licensing division of DCYF. LD licenses and monitors foster homes, child placing agencies, and licensed group care facilities.~~)

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

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

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

"License" means a permit issued by us that your facility meets the licensing standards established in this chapter.

"Licensed health care provider" means an MD (medical doctor), DO (doctor of osteopathy), ND (doctor of naturopathy), PA (physician's assistant), or an ARNP (advanced registered nurse practitioner).

"Licensing division (LD)" means the division within DCYF that licenses and monitors foster homes, child placing agencies, and licensed group care facilities.

"Licensing provider portal" means the internet connected provider application system used by the department and agencies to securely store digital employment and licensing documents and data.

"Local fire authority" means your local fire inspection authority having jurisdiction in the area where your facility is located.

"Maternity service" as defined in RCW 74.15.020. These are also referred to as pregnant and parenting youth programs.

"Medically fragile" means the condition of a child who requires the availability of (~~twenty-four-hour~~) 24-hour skilled care from a health care professional or specially trained staff or volunteers in a group care setting. These conditions may be present all the time or frequently occurring. If the technology, support, and services being received by the medically fragile children are interrupted or denied, the child may, without immediate health care intervention, experience death.

"Missing child" means any child less than (~~eighteen~~) 18 years of age in licensed care or under the care, custody, and authority of DCYF and the child's whereabouts are unknown, the child has left care without the permission of the child's caregiver or DCYF, or both. This does not include children in a dependency guardianship.

"Multidisciplinary teams (MDT)" means groups formed to assist children who are considered (~~at risk youth or~~) at-risk children in need of services, and their parents.

"Negative action" means a court order, court judgment, or adverse action taken by an agency, in any state, federal, local, tribal, or foreign jurisdiction, that results in a finding against the applicant reasonably related to the individual's suitability, and competence to

care for or have unsupervised access to children in out-of-home care. This may include, but is not limited to:

- (a) A decision issued by an administrative law judge;
- (b) A final determination, decision, or finding made by an agency following an investigation;
- (c) An adverse licensing action, including termination, revocation, or denial of a license or certification, or if there is a pending adverse action, the voluntary surrender of a license, certification, or contract in lieu of an adverse action;
- (d) A revocation, denial, or restriction placed on any professional license; or
- (e) A final decision of a disciplinary board.

"Nonambulatory" means not able to walk or exit to safety without the physical assistance of another individual.

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

"Out-of-home placement" means a child's placement in a home or facility other than the child's parent, guardian, or legal custodian.

"Overnight youth shelter" means a licensed nonprofit agency that provides overnight shelter to homeless or runaway youth in need of emergency sleeping arrangements.

"Parent" has the same meaning in this chapter as defined in RCW 26.26A.010(15).

"Probationary license" means a license issued as part of a corrective action to an individual or agency that has previously been issued a full license but is out of compliance with minimum licensing requirements and has entered into an agreement aimed at correcting deficiencies.

"Property or premises" means a facility's buildings and adjoining grounds that are managed by a person or agency in charge.

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

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

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

"Relative" means a person who is related to a child (~~(per)~~) under RCW 74.15.020.

"Resource and assessment center" means an agency that provides short-term emergency and crisis care for a period up to (~~(seventy-two)~~) 72 hours, (excluding Saturdays, Sundays, and holidays) to children who have been removed from their parent's or guardian's care by child protective services or law enforcement.

"Secure crisis residential center" means a licensed facility open 24 hours a day, seven days a week that provides temporary residential placement, assessment and services in a secure facility to prevent youth from leaving the facility without permission, per RCW 13.32A.030(15).

"Semi-secure crisis residential center" means a licensed facility open 24 hours a day, seven days a week that provides temporary resi-

dential placement, assessment and services for runaway youth and youth in conflict with their family or in need of emergency placement.

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

"SOGIE" is an acronym for sexual orientation, gender identity, and expression which are distinct identifiers everyone has. LGBTQIA+ is a subdistinction within SOGIE self-identifiers. SOGIE includes LGBTQIA+ as well as heterosexual, cisgender, and nonquestioning individuals.

"Staff" or "staff member" means a person who provides services for your facility and is paid by your facility. The definition of staff member includes paid interns.

"Staffed residential home" means a licensed facility that provides (~~twenty-four hour~~) 24-hour care to six or fewer children who require more supervision than can be provided in a foster home.

"Transgender" is an umbrella term for individuals whose gender identity or expression is different from cultural expectations based on the sex they were assigned at birth. Gender-affirming medical care is not a prerequisite to identify as transgender. Being transgender does not imply any specific sexual orientation.

"Treatment plan" means individual plans that identify the service needs of the child, including the child's parent or guardian, and identifies the treatment goals and strategies for achieving those goals.

"Two-Spirit" means a modern, pan-indigenous, umbrella term used by some indigenous North Americans to describe Native people in their communities who fulfill a traditional third-gender or other gender-variant, ceremonial, and social role in their cultures. Being Two-Spirit does not imply any specific sexual orientation.

"Volunteer" means a person who provides services for your facility without compensation.

"Washington state patrol fire protection bureau (~~"or"~~) (WSP/FPB)" means the state fire marshal.

"We, our, and us" refers to DCYF and its staff.

"Young child" refers to a child age (~~twelve~~) 12 months through eight years old.

[Statutory Authority: RCW 43.43.832, 74.13.031, 74.15.030 and P.L. 115-12. WSR 20-05-024, § 110-145-1305, filed 2/7/20, effective 3/9/20. WSR 18-14-078, recodified as § 110-145-1305, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-145-1305, filed 5/23/18, effective 6/23/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-145-1305, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1305, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1315 When will the department grant me a license?

(1) We issue you a group care license to care for children on a

((~~twenty-four~~)) 24 hour basis when you, your staff, and volunteers, property, and premises meet the licensing regulations contained in this chapter((~~7~~)) and all required documents are in the department's licensing file. Documents required under this section must be submitted to the department through the licensing provider portal.

(2) Additional requirements specific to your program can be found in WAC ((~~388-145-1890 to 388-145-2200~~)) 110-145-1890 through 110-145-2200.

[WSR 18-14-078, recodified as § 110-145-1315, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1315, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-05-024, filed 2/7/20, effective 3/9/20)

WAC 110-145-1325 What is required to apply for a group care facility license? (1) You, the person responsible for the license, must submit a ((~~completed~~)) complete application ((~~which is available from the DCYF LD~~)) using the licensing provider portal.

(2) You must submit a completed background authorization form for your executive director, agency staff, including those not directly working with children, consultants, volunteers, and anyone paid by the facility per chapter 110-04 WAC.

(3) You must ensure that all paid agency staff and any other paid adults working at your facility, including those not directly working with children, complete a FBI fingerprint check and a child abuse and neglect history check of every state in which the individual has lived in the preceding five years prior to conducting the background check.

(4) You must ensure that agency volunteers who provide direct care complete a FBI fingerprint check and a child abuse and neglect history check of every state in which the individual has lived in the preceding five years prior to conducting the background check.

(5) You must ensure that agency volunteers who do not provide direct care and have lived outside of Washington state during any portion of the previous three years complete a FBI fingerprint check.

(6) You must ensure all staff, volunteers, or subcontractors meet the requirements in chapter 110-04 WAC. An individual is not authorized to work in the facility until DCYF issues a background check clearance authorization for the individual.

(7) If you have both a license issued by LD and a contract with the department, you must adhere to the most stringent background check requirement.

[Statutory Authority: RCW 43.43.832, 74.13.031, 74.15.030 and P.L. 115-12. WSR 20-05-024, § 110-145-1325, filed 2/7/20, effective 3/9/20. WSR 18-14-078, recodified as § 110-145-1325, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832, and 2017 c 20 § 4. WSR 18-05-037, § 388-145-1325, filed 2/13/18, effective 3/16/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031. WSR 16-06-041, § 388-145-1325, filed 2/24/16, effective 3/26/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2),

74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1325, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-05-024, filed 2/7/20, effective 3/9/20)

WAC 110-145-1330 How does the department determine my suitability to become a licensed provider, or a staff member, intern, or volunteer of a licensed provider? (1) The department determines your suitability as a licensed provider after receiving:

(a) Your application((~~r~~)) submitted through the licensing provider portal;

(b) Background authorizations for ((~~those~~)) the persons listed in WAC 110-145-1325((~~r~~)); and

(c) All ((~~required~~)) documentation ((~~outlined in~~)) required under this chapter.

(2) The department determines the suitability of a licensee, staff member, intern, or volunteer after receiving their background authorization referenced in subsection (1) of this section.

(3) You, your staff members, interns, and volunteers must not have had a license or contract denied or revoked from an agency that regulates the care of children or vulnerable adults, unless the department determines that you do not pose a risk to a child's safety, well-being, and long-term stability.

(4) You, your staff members, interns, and volunteers must not have been found to have committed abuse or neglect of a child or vulnerable adult, unless the department determines that you do not pose a risk to a child's safety, well-being, and long-term stability.

(5) You must demonstrate that you, your staff members, interns, and volunteers have:

(a) The understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, cultural, and social needs of the children under your care; and

(b) The ability to furnish children with a nurturing, respectful, and supportive environment regardless of the child's actual or perceived race, ethnicity, religion, or SOGIE.

(6) At any time, we may require you, your staff members, interns, and volunteers to give us additional information. We may also require an evaluation of your facility or property, or of a staff member, intern, or volunteer working for your facility or agency, by an evaluator we recommend. Any evaluation requested by the department will be at your expense. The evaluator must be given written permission to share information with us prior to and throughout the evaluation process.

(7) Any staff member, intern, or volunteer who is found to have misrepresented or provided fraudulent information may be disqualified.

(8) Before granting or renewing a license, your licenser will assess your ability to provide a safe environment for children and to provide the quality of care needed by children placed in your care. Your licenser will also determine that you meet training requirements.

[Statutory Authority: RCW 43.43.832, 74.13.031, 74.15.030 and P.L. 115-12. WSR 20-05-024, § 110-145-1330, filed 2/7/20, effective 3/9/20. WSR 18-14-078, recodified as § 110-145-1330, filed 6/29/18, effective

7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-145-1330, filed 5/23/18, effective 6/23/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1330, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1335 What additional steps must I complete prior to licensing? (1) You must submit (~~to your licensor~~), through the licensing provider portal, a detailed written program description for (~~DLR~~) LD approval. (~~It~~) The description (~~you~~) must outline:

- (a) Your mission and goals;
- (b) A description of the services you will provide to children and their families;
- (c) Your written policies covering qualifications, duties, and ongoing training for developing and upgrading staff skills; and
- (d) A description of your agency's policies and procedures.
- (e) For staffed residential facilities in family homes, you must provide a written plan to the child's (~~DSHS worker~~) DCYF caseworker for the supervision of children in your care if you work outside of your staffed residential home.

(2) You must have a site inspection by your (~~DLR~~) LD licensor or someone designated by (~~DLR~~) LD who can verify that your premises have:

- (a) Adequate storage for staff and client files;
 - (b) A landline working telephone;
 - (c) Adequate space for privacy when interviewing parents and children;
 - (d) Room or area used for administrative purposes;
 - (e) Adequate space for visitation;
 - (f) Appropriate furnishings for the children in your facility;
- and
- (g) Your license clearly posted (if inspection is for a renewal license).

(3) All facilities described in this chapter, (except for staffed residential homes for five or fewer children), are required to meet the health requirements to receive a certificate of compliance from the (~~Washington state department of health (DOH)~~) DOH and the fire safety requirements from the (~~Washington state patrol fire protection bureau (WSP/FPB)~~) WSP/FPB.

(4) You, your employees, and volunteers are required to submit, through the licensing provider portal, a negative tuberculosis (TB) test or an X-ray, unless you provide documentation of a negative TB test in the previous twelve months. If there is a positive TB test, then the individual must submit a physician's statement identifying that there is no active TB or risk of contagion to children in care.

(a) We may grant an exception to the TB test requirement, in consultation with a licensed health care provider.

(b) This exception would require a statement from a licensed health care provider (MD, DO, ND, PA or ARNP) indicating that a valid medical reason exists for not having a TB test.

(5) If you are being licensed to care for children under the age of two, you, your employees, and volunteers working in the facility caring for children under the age of two are required to provide, through the licensing provider portal, documentation verifying you have current pertussis and influenza vaccinations. The department may license you to serve children under the age of two even though you, your employees, or volunteers are unable to obtain an influenza vaccination for medical reasons. In this case, a licensed health care provider's statement is required noting that the influenza vaccination would result in severe medical consequences to the person and that there is no other form of the influenza vaccine that would not cause severe medical consequences. All other employees or volunteers must still be vaccinated. We recommend, ~~((+))~~ but do not require ~~((+))~~, these immunizations for you, your employees, and volunteers when you serve children age two and older.

(6) You must ~~((have))~~ submit, through the licensing provider portal, proof of current immunizations for any children living on the premises, not in out-of-home care. We may, in consultation with a licensed health care provider, grant exceptions to this requirement if you have a statement from a licensed health care provider ~~((+))~~, e.g., MD, DO, ND, PA or ARNP((+)).

[WSR 18-14-078, recodified as § 110-145-1335, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-145-1335, filed 8/19/16, effective 9/19/16. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, and 74.13.031. WSR 16-01-121, § 388-145-1335, filed 12/18/15, effective 1/18/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1335, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1340 How long do I have to complete the licensing application process? (1) You must complete your licensing application ~~((and submit))~~ by submitting all ~~((DLR))~~ required documents within ninety days of submitting the application through the licensing provider portal and background authorization forms to the department.

(2) If you do not meet this ~~((ninety-day))~~ 90-day deadline, your licensor may withdraw your application.

(3) As a courtesy, a renewal notification and renewal materials will be sent ~~((one hundred and twenty))~~ 120 days prior to your license expiration date. If you do not receive this renewal notice it is your responsibility to contact your licensor.

(4) You must send the renewal application and all required background authorization forms to your licensor at least ~~((ninety))~~ 90 days prior to the expiration of your current license.

[WSR 18-14-078, recodified as § 110-145-1340, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020,

13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1340, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1380 May a group care facility be issued more than one type of license? (1) A group care facility may not be licensed by ((DLR)) LD for more than one type of license in the same building (a group care facility and a CPA for example), unless the department determines that care of one type of client does not interfere with the care of another type of client, and you have approval from the ((DLR)) LD administrator. We may require separation of resident populations between the programs. You must meet the requirements for both licenses.

(2) If you have multiple licenses from different agencies in the same location, you must obtain approval from ((DLR)) LD prior to providing services and accepting placements.

[WSR 18-14-078, recodified as § 110-145-1380, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1380, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1385 When may I be certified to provide care to children? (1) When you meet the licensing requirements, you may apply to us through the licensing provider portal for certification of your facility, rather than a license, if the following conditions apply:

(a) You are exempt from needing a license ((per)) under chapter 74.15 RCW((+)), and you wish to serve department-funded children; or

(b) You are licensed by authority of an Indian tribe within the state under RCW 74.15.190.

[WSR 18-14-078, recodified as § 110-145-1385, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1385, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1410 How do I appeal the decision of the office of administrative hearings' administrative law judge? (1) The decision of the administrative law judge is the final decision of the department unless you or the department files a petition for review with ((DSHS)) DCYF board of appeals within ((twenty-one)) 21 calendar days

after the administrative law judge's decision is mailed to the parties.

(2) The procedure for requesting or responding to a petition for review with the board of appeals is described in ((WAC 388-02-0560 through 388-02-0635)) chapter 110-03 WAC.

(3) We will not appeal decisions made by the board of appeals.

(4) If you disagree with the board of appeals, you may file a petition in superior court and ask for further review (RCW 34.05.510 to 34.05.598).

[WSR 18-14-078, recodified as § 110-145-1410, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1410, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1480 What are the general ratios of staff to children under care? (1) You must have at least one case manager providing case management services for every ((twenty-five)) 25 children in care.

(2) If you provide care as a group receiving center, emergency respite center, or a resource and assessment center, you must have at least one case manager for every ((fifteen)) 15 children in care.

(3) If you provide care as a secure, semi-secure, and regular crisis residential center, you must have one case manager at a minimum, and must maintain a ratio of one case manager for every ((6)) six children in care.

(4) Staffing ratios specific to your program are outlined in WAC ((388-145-1890 through 388-145-2200)) 110-145-1890 through 110-145-2200.

(5) If you have both a license and a contract for services, you must adhere to the most stringent staffing ratios.

(6) To keep the proper ratio of staff to children, the executive director, health care staff, on-site program manager, support staff, and maintenance staff may serve temporarily as direct care staff if they meet all other direct care staff qualifications and training.

(7) You must have relief staff so that all staff can have the equivalent of two days off a week. This is not required for family members if you have a staffed residential facility in a family residence.

(8) Children must be supervised during sleeping hours by at least one awake staff when:

(a) There are more than six children in care; and

(b) The major focus of the program is behavioral rather than the development of independent living skills such as a teen parent program or responsible living skills program; or

(c) The behavior of at least one of the youth poses a risk to self or others.

(9) Staffing ratios may be higher than the minimum listed if necessary for the health and safety of children ((and/or)) staff, or both, or per contract requirement.

(10) You must have one back-up or on-call person available at all times to report to the facility as soon as possible but no later than ~~((thirty))~~ 30 minutes.

[WSR 18-14-078, recodified as § 110-145-1480, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1480, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1490 What ~~((is))~~ are the preservice training requirements for staff, interns, and volunteers ~~((having direct))~~ who directly care ~~((responsibility to children/youth))~~ for children? (1)

Prior to having unsupervised ~~((contact with))~~ access to children, staff, interns, and volunteers must have a minimum of ~~((sixteen))~~ 16 hours of preservice training, including policies and procedures, job responsibilities and facility administration. ~~((This))~~

(2) The requirement in subsection (1) of this section is in addition to required first aid and cardiopulmonary training (CPR) in WAC ~~((388-145-1500))~~ 110-145-1500 and required ~~((HIV/AIDS/bloodborne))~~ bloodborne pathogen training in WAC ~~((388-145-1505))~~ 110-145-1505.

(3) Preservice training must be relevant to the type of children and families and the program services you provide. Preservice training ~~((will usually))~~ may include ~~((the following))~~, but is not limited to:

(a) Child abuse and neglect identification and reporting requirements;

(b) Incident reporting;

(c) Accessing community resources;

(d) Client confidentiality;

(e) Family dynamics and family intervention techniques;

(f) Licensing regulations specific to your facility;

(g) Child development;

(h) Grief and loss;

(i) Cultural needs of children in care;

(j) Sexually exploited youth;

(k) Behavior management and crisis intervention techniques;

(l) Conflict resolution or problem-solving skills;

(m) Substance abuse;

(n) Sexually aggressive and physically aggressive ~~((/))~~ and assaultive training;

(o) Effects of trauma on children;

(p) Youth supervision requirements; ~~((and))~~

(q) Fire safety and emergency planning; and

(r) Foundational LGBTQIA+ culture.

~~((2-New))~~ (4) Newly hired staff, interns, and volunteers must work shifts with fully trained staff until ~~((the new staff and volunteers))~~ they have completed all ~~((required))~~ preservice training requirements under this section.

[WSR 18-14-078, recodified as § 110-145-1490, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020,

13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1490, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1495 What is the in-service training requirement for staff and volunteers having responsibility to provide care to ((children/youth)) children? (1) If you have employees in your agency, you must offer in-service training programs for developing and upgrading staff skills. If you have five or more employees or volunteers, your training plan must be in writing.

(2) Staff must complete a minimum of ((~~twenty-four~~)) 24 hours of ongoing education and in-service training annually. Training must be relevant to the problems experienced by the children you serve, ((~~which usually will~~)) and may include, but is not limited to:

(a) Crisis intervention techniques, including verbal deescalation, positive behavior support, and physical ((~~response/restraint~~)) response and restraint training as approved by the department;

(b) Behavior management techniques;

(c) Substance abuse;

(d) Suicide prevention, assessment, and intervention;

(e) Family intervention techniques;

(f) Indian child welfare and working with Native American children;

(g) Cultural diversity;

(h) Mental health issues and interventions;

(i) Mediation skills;

(j) Conflict ((~~management/problem solving~~)) management and problem-solving skills;

(k) Child abuse and neglect;

(l) Characteristics and management of sexually aggressive or otherwise predatory behavior and physically assaultive behavior;

(m) Emergency procedures;

(n) ((~~HIV/AIDS/bloodborne~~)) Bloodborne pathogens; ((~~and~~))

(o) Fire safety and emergency planning; and

(p) Foundational LGBTQIA+ culture.

(3) You must discuss with your staff updated policies and procedures, as well as, the rules contained in this chapter.

(4) Your training on behavioral management must be approved by DLR and must include nonphysical, age-appropriate methods of redirecting and controlling behavior.

(5) You must document all training including a description of the training provided and the date of the training. This information must be kept in each employee's file or in a separate training file.

[WSR 18-14-078, recodified as § 110-145-1495, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1495, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1505 What ((HIV/AIDS and)) bloodborne pathogens training is required? (1) You or any of your staff who provide supervision or direct care to children, must have training on ((HIV/AIDS, and)) bloodborne pathogens, including infection control standards.

(2) You must use infection control requirements and educational material consistent with the current approved curriculum published by the department of health, office on HIV/AIDS.

(3) Staff providing direct care to children must use universal precautions when coming in contact with the bodily fluids of a child.

[WSR 18-14-078, recodified as § 110-145-1505, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1505, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1510 What personnel records must I ((keep at my facility)) submit to the department? (1) You must ((keep)) submit to the department, through the licensing provider portal, the following personnel records ((on file)) for each ((staff)) person who is employed by or volunteers at your facility((. You must keep the following)):

(a) An employment or volunteer application, including work and education history;

(b) Education documentation;

(c) Job description of the position at your facility;

(d) Signed confidentiality statement;

(e) Signed mandated reporter statement;

(f) A record of participation in the program's orientation ((and/or)) and preservice training and in-service training;

(g) Behavior management training documentation;

(h) ((First aid/CPR/HIV/AIDS/bloodborne)) First aid, CPR, and bloodborne pathogens training documentation;

(i) A copy of a food handlers permit, if applicable;

(j) A copy of a valid driver's license for staff transporting clients or employees;

(k) A copy of a government issued photo ID;

(l) A copy of current auto insurance, ((+))if using private vehicle to transport((+));

(m) A log with background check information, containing dates of request and completion of the checks on all staff, interns, volunteers, and service contractors;

(n) A record of a negative Mantoux, tuberculin skin tests results, X-ray, or a medical exemption to the skin test or X-ray; and

(o) A record of required staff immunizations.

(2) You must maintain a written record of case consultation by a master's level consultant as defined in WAC ((388-145-1460)) 110-145-1460 for case managers with a bachelor's degree.

[WSR 18-14-078, recodified as § 110-145-1510, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1510, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1520 What are the requirements for children's records? (1) Any identifying and personal information about a child and the child's family must be kept confidential as required by chapter 26.33 RCW. These records must be kept in a secure place inaccessible to clients, unauthorized staff, and the public. Children's records must never be submitted to the department through the licensing provider portal.

(2) During a child's placement, the child's record must be kept secure at the site.

(3) Your facility must attempt to obtain the following information for the child's record, as appropriate to your program:

(a) The child's name, birth date, and legal status;

(b) Name and telephone number of the child's (~~DSHS worker and/or~~) DCYF caseworker or case manager and the child's tribal ICW case manager for each child in care, if appropriate;

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

(d) Names, addresses, and telephone numbers of persons authorized to take the child in care out of the facility;

(e) Copies of the current legal authority to place, if any;

(f) Current case plans;

(g) Social summary;

(h) Documentation of a child's treatment provided by your staff with the signature of the person making the entry to the progress notes;

(i) Information related to suspected child abuse (~~(and/or)~~) or neglect referrals made to children's administration, including the concern, date and person taking the report;

(j) Intake procedures completed including an assessment of the youth's likelihood to stay in your facility;

(k) Date and time of orientation;

(l) A log and written report that identifies all incidents requiring physical restraints for a child;

(m) Any incident reports involving youth; and

(n) A copy of any discharge summaries and family assessments in the child's case record.

~~((3) In addition,)~~ (4) Your records must contain the following information if available:

(a) Names, (~~(address)~~) addresses, and telephone numbers of parents or persons to be contacted in case of emergency;

(b) Information on specific cultural needs of the child;

(c) Medical history including any medical problems, name of doctor, type of medical coverage and provider, date of any illnesses or accidents while at the facility;

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

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

(f) Child's school records, report cards, school pictures, and individual education plans (IEP), 504 plans;

(g) Special instructions including supervision requirements and suggestions for managing problem behavior;

(h) Inventory of the child's personal belongings at the time of placement;

(i) Approved list of individuals the child may have contact with;

(j) The child's visitation plan; and

(k) For pregnant and parenting youth, information on the (~~mother/father~~) mother and father of the youth's child, if available.

~~((4))~~ (5) If a child's placement extends beyond (~~seventy-two~~) 72 hours, you must obtain the child's immunization records. If the child is not current with immunizations, they must be updated as soon as medically possible. Immunization records are not required to be current for children placed in:

(a) Interim facilities;

(b) Group receiving centers; or

(c) Crisis residential centers.

~~((5))~~ (6) If you are unable to obtain this information from the department, you must document your attempt to obtain the requested information in the child's file.

[WSR 18-14-078, recodified as § 110-145-1520, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1520, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1530 What information can be shared about a child or a child's family? (1) Information about a child or the child's family is confidential and must only be shared with people directly involved in the case plan for a child.

(2) For children placed by the department, you may discuss information about the child, the child's family and the case plan only with:

(a) A representative of the department, including staff from (~~DCFS, DLR and DDA~~) CWP and LD;

(b) A representative of the department of health, the department of social and health services, the office of the state fire marshal, and the office of the family and children's ombuds;

(c) A group residential program staff;

(d) The child's attorney;

(e) The child's assigned guardian ad litem (~~or court-appointed special advocate; and/or~~); and

(f) Others designated by the child's (~~DSHS worker~~) DCYF case-worker.

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

[WSR 18-14-078, recodified as § 110-145-1530, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1530, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1535 What incidents involving children must I report? (1) You must report the following incidents immediately and in no instance later than (~~forty-eight~~) 48 hours after the incident to your local (~~children's administration~~) DCYF intake staff and the child's (~~DSHS worker~~) DCYF caseworker or (~~child placing agency (CPA)~~) CPA case manager and the child's tribal Indian child welfare (ICW) case manager as applicable:

(a) Death, serious illness or injury, or psychiatric care that requires medical treatment or hospitalization of a child in care;

(b) Any time you suspect physical or sexual abuse, neglect, or exploitation of a child as required under chapter 26.44 RCW;

(c) Sexual contact between two or more children that is not considered typical play between preschool age children;

(d) Any disclosure by a child in care of sexual or physical abuse;

(e) Any child's suicide attempt that results in injury requiring medical treatment or hospitalization;

(f) Any use of physical restraint alleged to have been improperly applied or excessive;

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

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

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

(j) Property damage that is a safety hazard and not immediately corrected or may affect the children's health and safety.

(2) You must report the following incidents related to a child in care as soon as possible or in no instance later than (~~forty-eight~~) 48 hours after the incident, to the child's (~~DSHS worker~~) DCYF case-worker or CPA case manager and the child's tribal ICW case manager as applicable:

(a) Suicidal or homicidal thoughts, gestures, or attempts that do not require professional medical treatment;

(b) Unexpected health problems outside the usual range of reactions caused by medications that do not require professional medical attention;

- (c) Any incident of medication incorrectly administered or consumed;
- (d) Any professional treatment for emergency medical or emergency psychiatric care;
- (e) Physical assault between two or more children that results in injury but does not require professional medical treatment;
- (f) Physical assault of a foster parent, employee, volunteer, or others by a child that results in injury but does not require professional medical treatment;
- (g) Drug or alcohol use by a child in your care;
- (h) Any inappropriate sexual behavior by or toward a child; or
- (i) Use of prohibited physical restraints for behavior management.
- (3) You must maintain a written record of any report with the date, time, and staff person who makes the report.
- (4) Programs that provide care to medically fragile children who have nursing care staff on duty may document the incidents described in subsection ~~((s))~~ (2)(b) and (c) of this section in the facility daily logs, rather than contacting the ~~((DSHS worker))~~ DCYF caseworker or DSHS case manager and the child's tribal Indian child welfare (ICW) case manager, if agreed to in the child's case plan.

[WSR 18-14-078, recodified as § 110-145-1535, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-145-1535, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1535, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

- WAC 110-145-1540 What are my reporting responsibilities when a child is missing from care, ~~((+))~~except for overnight youth shelters ~~((+))~~?** (1) As soon as you or your staff have reason to believe a child in your care is missing as defined in WAC ~~((388-145-1305 or))~~ 110-145-1305, has refused to return to or remain in your care, or whose whereabouts are otherwise unknown, you are required to notify the following:
- (a) The child's assigned ~~((DSHS worker))~~ DCYF caseworker, as appropriate;
- (b) ~~((CA))~~ DCYF intake, if the ~~((DSHS worker))~~ DCYF caseworker is not available or it is after normal business hours.
- (2) You are required to ~~((contact))~~ notify local law enforcement within six hours if the child is missing. However, if one or more of the following factors is present, you must contact law enforcement immediately:
- (a) The child is believed to have been taken from placement. This means the child's whereabouts are unknown, and it is believed that the child has been concealed, detained, or removed by another person;
- (b) The child is believed to have been lured from placement or has left placement under circumstances that indicate the child may be at risk of physical or sexual assault or exploitation;

- (c) The child is age thirteen or younger;
 - (d) The child has one or more physical or mental health conditions that if not treated daily will place the child at severe risk;
 - (e) The child is pregnant or parenting and ~~((the infant/child))~~ their infant or child is believed to be with ~~((him or her))~~ them;
 - (f) The child has severe emotional problems (e.g., suicidal thoughts) that if not treated will place the child at severe risk;
 - (g) The child has an intellectual and developmental disability that impairs the child's ability to care for ~~((him/herself))~~ themselves;
 - (h) The child has a serious alcohol ~~((and/or))~~ or substance abuse problem; or
 - (i) The child is at risk due to circumstances unique to that child.
- (3) After contacting local law enforcement, you must also contact the national center for missing and exploited children at ~~((1-(800)-843-5678))~~ 1-800-843-5678 and report the child missing from care.
- (4) If the child leaves school or has an unauthorized absence from school, you should consult with the child's ~~((DSHS worker))~~ DCYF caseworker to assess the situation and determine when you should call law enforcement. If any of the factors listed in subsection ~~((s))~~ (2) (a) through (i) of this section are present, you and the child's ~~((DSHS worker))~~ DCYF caseworker may decide it is appropriate to delay notification to law enforcement for up to four hours after the end of the school day to give the child the opportunity to return on their own.
- (5) You must provide the following information to law enforcement and to the child's ~~((DSHS worker))~~ DCYF caseworker when making a missing child report, if available:
- (a) When the child left;
 - (b) Last known location of the child;
 - (c) What the child was wearing;
 - (d) Any known behaviors or interactions that may have caused the child's departure;
 - (e) Possible places where the child may go;
 - (f) Special physical or mental health conditions or medications that affect the child's safety;
 - (g) Known companions who may be aware or involved in the child's absence;
 - (h) Other professionals, relatives, significant adults, or peers who may know where the child would go; and
 - (i) Recent photo of the child.
- (6) You must ask law enforcement for the missing person report number and provide it to the ~~((CA DSHS worker))~~ DCYF caseworker or staff and the child's tribal Indian child welfare (ICW) case manager.
- (7) At any time after making an initial report you learn of a missing child's whereabouts, you must report that information to the child's ~~((DSHS worker))~~ DCYF caseworker and the child's tribal Indian child welfare (ICW) case manager.
- (8) If a child is returned to your care, it is your responsibility to cancel the run report and notify all persons you have informed of the child's return.
- (9) Youth participating in the extended foster care (EFC) program are exempt from these requirements. You must follow all other reporting requirements as defined in WAC ~~((388-145-1535))~~ 110-145-1535.

[WSR 18-14-078, recodified as § 110-145-1540, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-145-1540, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1540, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1545 What are my reporting requirements in my licensed facility serving runaway or homeless youth? ~~((+1))~~ If you are licensed as an overnight youth shelter or are otherwise licensed to provide residential services for runaway or homeless youth, and you learn that a youth staying in your facility does not have parental permission to be there, you or your staff must:

~~((a))~~ (1) Within ~~((seventy-two hours-))~~ 72 hours, preferably ~~((twenty-four))~~ 24 hours ~~((+))~~, notify the parent by telephone or other reasonable means unless compelling reasons exist. You must provide the youth's whereabouts, give a description of the youth's physical and emotional condition, and report the circumstances surrounding the youth's contact with your facility. You must document this notification in the youth's file.

~~((b))~~ (2) If compelling reasons exist, you must notify ~~((children's administration))~~ DCYF intake. This includes reason to believe notifying the youth's parents will result in abuse or neglect of the youth as defined in RCW 26.44.020.

~~((c))~~ (3) You or your staff must also review the public information on missing youth made available by the Washington state patrol at least once every eight hours while a youth is present at your facility. If a youth is listed as missing, you must immediately notify ~~((children's administration))~~ DCYF intake with the information listed in ~~((1)(a) above))~~ subsection (1) of this section.

[WSR 18-14-078, recodified as § 110-145-1545, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1545, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1555 What does the department require for my buildings and property? (1) You must maintain your buildings, premises, and equipment in a clean and sanitary condition, free of hazards, and in good repair. You must furnish your facility appropriately, based on the age and activities of the children in your care. You must:

(a) Provide handrails for steps, stairways, and ramps if required by the department;

- (b) Have emergency lighting devices available and in operational condition;
- (c) Provide appropriate furnishings, based on the age and activities of the children in your care;
- (d) Have washable, water-resistant floors in bathrooms, kitchens, and other rooms exposed to moisture. Washable short-pile carpeting may be approved in kitchen areas if kept clean and sanitary;
- (e) Provide tamper-proof or tamper-resistant electrical outlets or blank covers installed in areas accessible to children under the age of six or other persons with limited capacity or who might be endangered by access to them; and
- (f) Have easy access to rooms occupied by children in case an emergency arises.
- (2) You must have adequate indoor and outdoor space, ventilation, toilet and bathing facilities, light, and heat to ensure the health and comfort of all members of the household.
- (3) The cleanliness and care of your premises must meet generally accepted health standards for the storage and preparation of food.
- (4) You must make reasonable attempts to keep the premises free from pests, such as rodents, flies, cockroaches, fleas, and other insects using the least toxic methods.
- (5) People must be able to easily open doors from the inside and outside in all areas of the facility that are occupied, unless the building or structure has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction. This includes closets, bathrooms, and bedrooms. You must also have easy access to the outside in case of an emergency.
- (6) Facilities must have nonbreakable light fixture covers or shatter-resistant light bulbs or tubes in food preparation and dining areas. ((DLR)) LD will review your facility to determine other areas that may be a concern for the safety of children.
- (7) You must have an immediate plan to address hazardous conditions on your property or in your facility. The department may remove children from your care if hazardous conditions are not immediately remedied.
- (8) Your facility must be accessible to emergency vehicles and your address must be clearly visible on your facility or mailbox so that first responders can easily find your location.
- (9) Your facility must be located on a well-drained site, free from hazardous conditions. You must discuss with your licensor any potential hazardous conditions, considering the children's ages, behaviors, and abilities.
- (10) You must have a working landline telephone at all times. Individuals calling your facility must be able to leave a message at all times.
- (11) You must post emergency numbers and the physical address of the facility in an easily visible location near the telephone. This must include the Washington state poison control number (1-800-222-1222).
- (12) Utility rooms with mop sinks that do not have windows opening to the outside must be ventilated with a mechanical exhaust fan to the outside of the building.
- (13) The use of window blinds or other window coverings with pull cords capable of forming a loop and posing a risk of strangulation to children are prohibited under RCW ((43.215.360)) 43.216.380.
- (14) Infants and toddlers are not allowed to use wheeled baby walkers.

[WSR 18-14-078, recodified as § 110-145-1555, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, and 74.13.031. WSR 17-22-039, § 388-145-1555, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1555, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1600 What are the general requirements for bedrooms?

(1) Each child must have or share a bedroom, approved by the licensor, with privacy and space that is appropriate and adequate to meet the child's developmental needs.

(2) For facilities licensed after December 31, 1986, bedrooms must have:

(a) Adequate ceiling height for the safety and comfort of the occupants (~~((normally this would be))~~) typically, seven and ~~((a))~~ one-half feet); and

(b) A window that can open to the outside, ~~((allowing))~~ allows natural light into the bedroom, and ~~((permitting))~~ permits emergency access or exit.

(3) Each bedroom must have unrestricted direct access to outdoors, as well as one direct access to common use areas such as hallways, corridors, living rooms, day rooms, or other common use areas.

(4) Approval may be granted to a building or structure that does not have direct access to the outdoors if it has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction.

(5) You must not use hallways, kitchens, living rooms, dining rooms, or unfinished basements as bedrooms.

(6) You must not use common areas of the facility such as hallways, kitchens, living rooms, and dining rooms as bedrooms for anyone in the household without permission of the ~~((DLR))~~ LD licensor and ~~((DSHS worker))~~ DCYF caseworker, if applicable.

(7) An adult must be on the same floor or within easy hearing distance and access to where children under six years of age are sleeping.

[WSR 18-14-078, recodified as § 110-145-1600, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, and 74.13.031. WSR 17-22-039, § 388-145-1600, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1600, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1605 What are the requirements for sharing bedrooms?

(1) A provider must consider what bedroom placement is in the best interest of a foster child in consultation with the child's DCYF case-worker.

(2) Shared bedrooms must provide enough floor space for the safety and comfort of children.

~~((2))~~ (3) When a teen parent and ~~((his/her))~~ their infant sleep in the same room, the room must contain at least ~~((eighty))~~ 80 square feet of usable floor space. You must allow only one parent and ~~((in-fant(s)))~~ infants to occupy a bedroom.

~~((3))~~ (4) No more than four children ~~((shall))~~ can sleep in the same room, with the exception of interim facilities. This includes foster children and any other children.

~~((4))~~ (5) Children over age one may share a bedroom with an adult who is not the child's parent only if necessary for close supervision due to the child's medical or developmental condition and the child's licensed health care provider recommends it in writing.

~~((5))~~ (6) An individual ~~((that is))~~ in the extended foster care program may share a bedroom with a younger child of the same gender. If the younger child is unrelated to the individual in the extended foster care program, the child must be at least ~~((ten))~~ 10 years of age. A provider may place a child who identifies as transgender, gender fluid, or both in a bedroom with a child of the same or similar gender identity.

~~((6))~~ (7) Foster children may not share the same bedroom with a child of another gender identity unless all children are under age six. In circumstances of transgender, gender fluidity, or both, a provider may place a child in a bedroom with another child of the same or similar gender identity.

~~((7))~~ (8) An exception may be granted to subsections (3) ~~((though (6)))~~ through (7) in this section with an administrative approval if it is supported by the LD licenser ~~((+))~~ and the ~~((child(ren)'s DSHS worker))~~ children's DCYF caseworker, ~~((as))~~ if appropriate ~~((+))~~, and is in the best interest of the child.

[WSR 18-14-078, recodified as § 110-145-1605, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-145-1605, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1605, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1610 What are the requirements for beds in a facility? (1) You must provide an appropriately sized separate bed for each child, with clean bedding and a mattress in good condition.

(2) Some children may soil the bed, and you may need to plan accordingly. You must provide waterproof mattress covers or moisture-re-

sistant mattresses if needed. Each child's pillow must be covered with waterproof material or be washable.

(3) A mat may be used for napping but not as a substitute for a bed.

(4) You must provide an infant with a crib that ensures the safety of the infant, and complies with chapter 70.111 RCW, (~~Consumer Product Safety Improvement Act of 2008~~) Infant Crib Safety Act. These regulations include:

(a) A maximum of 2 and 3/8" between vertical slats of the crib; and

(b) Cribs, infant beds, bassinets, and playpens must be made of wood, metal, or approved plastic, with secure latching devices and clean, firm, snug fitting mattresses covered with waterproof material that can easily be disinfected.

(5) You must place infants on their backs for sleeping, unless advised differently by the child's licensed health care provider.

(6) You must not have loose blankets, pillows, crib bumpers, or stuffed toys with a sleeping infant.

(7) You may swaddle infants using one lightweight blanket upon the advice and training of a licensed health care provider. You must keep the blanket loose around the hips and legs when swaddling in order to avoid hip dysplasia. You may swaddle infants under two months of age unless a licensed health care provider directs otherwise. You must not dress a swaddled infant in a manner that allows them to over-heat.

(8) You must not use wedges and positioners with a sleeping infant unless advised differently by the infant's licensed health care provider.

(9) You must not use weighted blankets for children under three years of age or for children of any age with mobility limitations.

(10) You may use a weighted blanket upon the advice and training from a licensed health care provider for children over the age of three years who do not have mobility limitations. You must meet the following requirements:

(a) The weight of the blanket must not exceed (~~ten~~) 10 percent of the child's body weight;

(b) Metal beads are choking hazards and must not be used in a weighted blanket;

(c) You must not cover the child's head with a weighted blanket or place it above the middle of the child's chest:

(d) The weighted blanket must not hinder a child's movement; and

(e) The weighted blanket must not be used as a restraint.

(11) You must not allow children to use loft style beds or upper bunks if the child is vulnerable due to age, development, or condition, such as preschool children, expectant mothers, and children with a disability.

[WSR 18-14-078, recodified as § 110-145-1610, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-145-1610, filed 5/23/18, effective 6/23/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-145-1610, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1610, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1625 What are the requirements for the use of electronic monitors to monitor children? (1) (~~(CA)~~) DCYF prohibits the use of video and audio monitoring of children in the interior of a group residential facility unless all of the following are met:

(a) The (~~(DLR)~~) LD administrator grants approval for the use of an electronic monitoring device in your facility following a request by the child's (~~(DSHS worker)~~) DCYF caseworker;

(b) The court approves implementation of the monitoring as part of the child's case plan; and

(c) You maintain a copy of the approval.

(2) The prohibition of audio or visual monitoring does not include monitoring of the following:

(a) Infants or children through four years of age;

(b) Medically fragile or sick children;

(c) Video recording equipment to document actions of a child as directed in writing by the child's physician;

(d) Video recording for special events such as birthday parties or vacations; or

(e) The use of door or window alarms or motion detectors.

[WSR 18-14-078, recodified as § 110-145-1625, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-145-1625, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1625, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1630 Are time-delay mechanisms allowed on windows and doors? (~~(1)~~) The use of time-delay mechanisms on windows and doors of a group care facility (except for staffed residential homes licensed for five or fewer children) may be approved if:

(~~(a)~~) (1) They meet the fire codes and approval of the WSP/FPB;

(~~(b)~~) (2) There is an exterior door(~~(s)~~) that ensures escape in the event of an evacuation;

(~~(c)~~) (3) The time-delay (~~(mechanism(s))~~) mechanisms automatically unlock(~~(s)~~) when the fire alarm goes off;

(~~(d)~~) (4) The licensee has approval from the (~~(DLR)~~) LD licensor stating that the program is in compliance with (~~(the children's administration's)~~) DCYF's behavior management guidelines; and

(~~(e)~~) (5) The licensee has written approval (~~(of the DLR)~~) from the LD administrator.

[WSR 18-14-078, recodified as § 110-145-1630, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1630, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1660 Are guns allowed on a licensed facility's property? (1) You must not permit guns, ammunition, and other weapons on the premises of your facility, with the exception of law enforcement.

(2) You may allow a child under your care to use a firearm only if:

- (a) The child's (~~(DSHS worker)~~) DCYF caseworker approves;
- (b) The youth has completed an approved gun safety or hunter safety course; and
- (c) Adults who have completed a gun or hunter safety course are supervising use.

[WSR 18-14-078, recodified as § 110-145-1660, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1660, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1665 What are the fire safety requirements for all group residential facilities? (1) You must comply with the regulations developed by the (~~chief of the Washington state patrol through the director of the fire protection bureau (-)~~)WSP/FPB(~~(+)~~). These regulations are contained in the current fire code and Washington state amendments as adopted by the state of Washington. Contact the WSP/FPB for specific requirements.

(2) If you operate a staffed residential home for five or fewer children you must meet the fire safety requirements outlined in chapter (~~(388-148)~~) 110-148 WAC for child foster homes.

(3) You and your staff must be familiar with safety procedures related to fire prevention, including fire drill procedures.

(4) You and your staff must be able to:

- (a) Operate all fire extinguishers installed on the premises;
- (b) Test smoke detectors (~~(+)~~), more specifically, single station types(~~(+)~~);

(c) Conduct frequent inspections at your facility to identify fire hazards and take action to correct any hazards noted during the inspection;

(d) Ensure children are able to escape from every floor in your facility (~~(+)~~). In most cases, this includes a functional fire ladder available from upper stories(~~(+)~~); and

(e) Ensure windows open to the outside and are large enough for emergency personnel to enter and exit wearing rescue gear, unless the building or structure has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction.

(5) You must have easy access to all rooms in your facility in case of emergencies.

(6) Barriers are required for fireplaces, wood stoves, and other heating systems for facilities licensed for children less than six

years of age. You must not leave open-flame devices unattended or use them for a purpose other than for what they were designed.

(7) Emergency vehicles must be able to access your facility. Your address must be clearly visible on your facility or mailbox so that emergency personnel can easily find your location.

(8) We may require you to have an inspection by WSP/FPB or the local fire authority if we have questions about fire safety, or if local ordinances or WSP/FPB require these inspections.

[WSR 18-14-078, recodified as § 110-145-1665, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, and 74.13.031. WSR 17-22-039, § 388-145-1665, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1665, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1700 What must I include in a child's orientation to my facility?

(1) As part of admission, staff must give an orientation to all children over the age of six, ~~((+))~~ as developmentally appropriate ~~((-that))~~. The orientation will include ~~((s))~~, but ~~((is))~~ not be limited to:

- (a) A description of the program and services;
 - (b) A map ~~((and/or))~~ or tour of the physical facility;
 - (c) A review of your fire evacuation plan;
 - (d) The department-approved policy that states that a child may not have guns and other weapons, alcohol, tobacco, and drugs within the facility;
 - (e) Orientation on personal protection and personal boundaries;
- and
- (f) The department-approved policy on client visitation that includes access to the youth's attorney and ~~((DSHS worker))~~ DCYF case-worker.

(2) Written documentation of this orientation must be kept in each child's file.

[WSR 18-14-078, recodified as § 110-145-1700, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1700, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1710 What are the requirements about nondiscrimination? (1) You must follow all state and federal laws regarding non-discrimination while providing services to children in your care.

(2) You must ~~((treat))~~ support and engage foster children in your care with dignity and respect regardless of actual or perceived race, ethnicity, culture, ~~((sexual orientation and gender identity))~~ sex, or SOGIE.

(3) You must connect a child with resources that ~~((meets a))~~ supports the child's needs regarding race, religion, culture, ~~((sexual orientation))~~ and ~~((gender identity))~~ SOGIE.

[WSR 18-14-078, recodified as § 110-145-1710, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1710, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1730 What are the educational and vocational instruction requirements for children placed by the department, ~~((+))~~ except interim facilities ~~((+))~~? (1) You must meet the following requirements for providing education and vocational instruction to the children placed by the department. For each child you must:

- (a) Follow the educational plan approved by the child's ~~((DCFS worker))~~ DCYF caseworker;
- (b) Support the child in regular school attendance. If a child is absent from school you must follow the school's reporting requirements. Notify the child's ~~((DSHS worker))~~ DCYF caseworker if the child is absent from school more than three consecutive school days;
- (c) Receive approval from the child's ~~((DCFS worker))~~ DCYF caseworker prior to making any changes to a child's educational plan;
- (d) Support the child's educational plan by providing each child with necessary school supplies and a suitable place to study;
- (e) Develop a plan for a child's transportation to and from school;
- (f) Provide or arrange for independent living skills education for developing self-sufficiency for children over the age of ~~((fifteen))~~ 15 years; and
- (g) Encourage older youth to pursue a post-secondary education when appropriate.

(2) If the instruction is given on your premises, you must:

- (a) Receive approval from the child's ~~((DSHS worker))~~ DCYF caseworker if the child is placed in your care by the department;
- (b) Have the program certified by the office of the superintendent of public instruction (OSPI) and provide classrooms separate from the living area; and
- (c) Send ~~((DLR))~~ LD a written description of how you will provide an educational program for children under your care.

(3) If a child is not enrolled and attending school within three consecutive school days after being placed in your care, you must contact the child's school and ~~((DSHS worker))~~ DCYF caseworker in order to develop a plan which could involve long distance learning if appropriate.

[WSR 18-14-078, recodified as § 110-145-1730, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW

74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1730, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1740 Can children in my care receive services through the extended foster care program? Your facility can serve youth enrolled in the extended foster care program. You must adhere to WAC ((388-25-0500 through 388-25-0548)) 110-90-0010 through 110-90-0200.

[WSR 18-14-078, recodified as § 110-145-1740, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1740, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1750 What are the requirements for supervising children? (1) You must provide and arrange supervision that is appropriate for the child's age, and developmental level including:

(a) Appropriate adult supervision including ongoing and periodic checks of the children in your facility;

(b) Personal attention;

(c) Emotional support;

(d) Structured daily routines and living experiences; and

(e) Additional supervision as needed and required by the department. This supervision may require auditory or visual supervision at all times.

(2) You must also ensure that:

(a) Children under five years of age and children who are vulnerable due to their disability are not left unattended in a bathtub or shower;

(b) Cribs, bassinets, cradles, playpens, and swings are not used as a substitute for supervising or interactive play with infants and young children;

(c) Children who help with activities involving food preparation are supervised based on their age and skills;

(d) Children are assisted to develop self-control and judgment skills; and

(e) Children are encouraged to assume age-appropriate responsibility for their decisions and actions.

(3) Prior to placement, you must inquire if a child poses a risk to the other children in your facility or has special supervision needs by obtaining information from the parent((, legal)) or guardian, the child's ((DSHS worker)) DCYF caseworker, therapist, or previous placements. You must also:

(a) Develop a plan to address those needs;

(b) Obtain approval for the plan from the child's (~~DCFS worker~~) DCYF caseworker if the child is under the care and authority of the department; and

(c) Inform your licensor of the plan.

(4) All high-risk activities, including the use of power driven machines or other hazardous equipment, must be properly supervised by an adult. When participating in high-risk activities, children must:

(a) Be instructed how to use and required to use appropriate safety equipment, such as helmets and life vests; and

(b) Be in continuous visual or auditory range at all times, unless approved by the child's (~~DSHS worker~~) DCYF caseworker.

[WSR 18-14-078, recodified as § 110-145-1750, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1750, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1760 What are the travel requirements for children in care? You must get written approval from the child's (~~DCFS worker~~) DCYF caseworker for children in the care and custody of the department, or the child's parent or guardian for (~~the~~) children not in the department's care and custody prior to any travel over (~~seven-~~~~ty-two~~) 72 hours, and any out-of-country travel.

[WSR 18-14-078, recodified as § 110-145-1760, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1760, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1775 What belongings must be provided to a child leaving my facility? (1) You must permit a child who leaves your facility to take their personal belongings with them. This includes belongings the child brought with them or acquired in your care, such as clothing, mementos, bicycles, gifts, and any saved money.

(2) If it is not possible for the child to take their belongings at the time they leave, you are required to secure them for up to (~~thirty~~) 30 days and cooperate with the child's (~~DSHS worker~~) DCYF caseworker to transfer them to the child, as soon as possible.

[WSR 18-14-078, recodified as § 110-145-1775, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1775, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1795 How often do children need to be provided meals? You must provide all children a minimum of three meals and two snacks in each (~~(twenty-four)~~) 24-hour period. You may vary from this guideline only if you have written approval from the child's physician and (~~(DSHS worker)~~) DCYF caseworker.

[WSR 18-14-078, recodified as § 110-145-1795, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1795, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1800 What are the requirements for handling a child's special diet? You must have approval of the child's (~~(DSHS worker)~~) DCYF caseworker and written instructions by a physician, parent or guardian before serving nutrient concentrates, nutrient supplements, vitamins, and modified diets (~~(+)~~), such as therapeutic and allergy diets(~~(+)~~).

[WSR 18-14-078, recodified as § 110-145-1800, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1800, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1805 Are there special requirements for serving milk? (1) The milk or milk products you serve must be pasteurized and follow these recommended guidelines:

(a) Children under the age of (~~(twelve)~~) 12 months must receive formula or breast milk unless written authorization from the child's licensed health care provider requires a different liquid intake; and
 (b) Children between the age of (~~(twelve)~~) 12 and (~~(twenty-four)~~) 24 months must receive whole milk unless you have written authorization from a licensed health care provider not to serve whole milk.

(2) Before serving a child breast milk you must have approval of the child's (~~(DSHS worker)~~) DCYF caseworker, licensed health care provider, and parent or guardian. If breast milk is provided by anyone other than a baby's biological mother, it must be obtained through a licensed breast milk bank.

(3) When you are using bottles to feed infants you must sterilize and use them according to product standards and commonly acceptable practices. You must refrigerate filled bottles if you do not use them immediately, and you must empty the bottle if not used within (~~(twen-~~

~~ty-four~~) 24 hours. If more than one child is bottle-fed, the child's name and date the bottle is prepared must be on each bottle.

(4) You must hold infants(~~(7)~~) under the age of six months(~~(7)~~) for all bottle feedings. Infants who are six months of age or over who are developmentally able may hold their own bottles as long as an adult remains in the room and within sight. You must take bottles from the child when the child finishes feeding, when the bottle is empty, or when the child falls asleep. You must not prop bottles when feeding infants.

(5) To prevent burns, formula or breast milk must not be warmed in a microwave oven.

[WSR 18-14-078, recodified as § 110-145-1805, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832, and 2017 c 20 § 4. WSR 18-05-037, § 388-145-1805, filed 2/13/18, effective 3/16/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1805, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1815 Are written policies and procedures required describing a facility's discipline methods?

(1) You must provide a written statement with your application and reapplication for licensure describing the discipline methods you use. This plan must be approved by your (~~(DLR)~~) LD licensor.

(2) You and authorized care providers have the responsibility for discipline; you may not delegate that responsibility to a child.

(3) You must not withhold a child's need for necessary services including contact with the child's (~~(DSHS worker)~~) DCYF caseworker, case manager, and legal representatives. You must not withhold approved contact with a child's family, without further approval from the child's (~~(DSHS worker)~~) DCYF caseworker.

(4) For additional information you may refer to (~~(the children's administration's)~~) DCYF's behavior management (~~(guide)~~) guidelines.

(5) If your discipline methods change, you must immediately provide a new statement to your LD licensor describing your current practice.

(6) You must use positive methods of guidance and discipline that promote self-control, self-responsibility, self-direction, self-esteem, and cooperation. Positive methods may include:

(a) Redirecting children;

(b) Giving choices when appropriate;

(c) Time-out as a method of guidance, (~~(allowing the child)~~) to allow children time to change (~~(his/her)~~) their behavior;

(d) Planning in order to prevent problems; and

(e) Using positive reinforcement and encouraging children to express their feelings and ideas.

(7) You must use discipline that is appropriate to the child's age and level of development.

(8) You must not use corporal punishment or verbally abusive, neglectful, humiliating, or frightening punishment.

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

- (a) Physical punishment;
- (b) Cursing;
- (c) Threats;
- (d) Humiliation or intimidation; or
- (e) Methods that interfere with a child's basic needs, including withholding of food.

[WSR 18-14-078, recodified as § 110-145-1815, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1815, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1820 When may a child be restrained? (1) You must use efforts other than physical restraint to redirect or deescalate a situation, unless the child's behavior poses an immediate risk to the physical safety of the child or another person, or of serious property damage. If restraint is necessary, it must be reasonable and necessary to:

- (a) Prevent a child from harming self or others; or
- (b) Protect property from serious damage.

(2) All staff must be trained in (~~(a-DLR)~~) an LD-approved behavior management training prior to using physical restraint.

(3) You must not use physical restraint as a form of punishment or discipline. You must not use mechanical restraints unless ordered by the child's physician and approved by the department. You must not use physical restraint techniques that restrict breathing, (~~(e)~~) inflict pain as a strategy for behavior control, or is likely to cause injury that is more than temporary. These include, but are not limited to:

- (a) Restriction of body movement by placing pressure on joints, chest, heart, or vital organs;
- (b) Sleeper holds, which are holds used by law enforcement officers to subdue a person;
- (c) Arm twisting;
- (d) Hair holds;
- (e) Choking or putting arms around the throat; or
- (f) Chemical restraints, such as pepper spray.

(4) When you have to use physical or mechanical restraints on a regular basis, you must get prior written approval from the child's (~~(DSHS worker)~~) DCYF caseworker and approval by your (~~(DLR)~~) LD licensor.

(5) You must develop policies and procedures, approved by the department, when your behavior management practices include use of physical restraint, including:

- (a) Who may authorize the use of physical restraint; and
- (b) The circumstances when physical restraint may be used, including time limitations, reevaluation procedures, and supervisory monitoring.

[WSR 18-14-078, recodified as § 110-145-1820, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1820, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1825 What must I do following an incident that involved using physical restraint? ((+1)) Your executive director or program supervisor must:

((+a)) (1) Review any incident with the staff who used physical restraint to ensure that the decision to use physical restraint and its application were appropriate; and

((+b)) (2) Report the incident if it meets the criteria listed in WAC ((388-145-1535)) 110-145-1535.

[WSR 18-14-078, recodified as § 110-145-1825, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1825, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1830 Are there requirements for time-out or quiet rooms? ((+1)) Locked time-out or locked deescalation rooms are prohibited in all facilities. In certain circumstances, facilities may have time-out rooms or deescalation rooms that allow for securing the youth in a room, requiring a staff to be present, holding the door closed so the youth may not exit. In these cases you must meet the following requirements:

((+a)) (1) Have a window that allows for visual monitoring of all areas of the room;

((+b)) (2) Have approval from the ((Washington state patrol fire protection bureau)) WSP/FPB or a certificate of compliance stating that the facility is in compliance with the fire codes with Washington state amendments;

((+c)) (3) Have approval from the ((DLR)) LD licenser stating the facility is in compliance with the ((children's administration's)) department's behavior management guidelines; and

((+d)) (4) Have current written approval of the ((DLR)) LD administrator.

[WSR 18-14-078, recodified as § 110-145-1830, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1830, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1835 Am I required to assess a child's need for immediate medical attention? (1) When a child first enters out-of-home care, ~~((+))~~ other than overnight youth shelters ~~((-) you must ensure that a child receives)),~~ an initial health screen ~~((or physical exam))~~ is required as soon as possible, but no later than five days after ~~((the child enters))~~ entering your program. ~~((The initial health screen involves a review of the child for any health needs requiring immediate attention.))~~ You do not need to take a child to get this screen if you received the child directly from a hospital, pediatric interim care, or the child is receiving services through a child advocacy center or sexual assault clinic.

(2) You must also make reasonable attempts to obtain the following health history:

- (a) Allergies;
- (b) All currently prescribed medications; and
- (c) Any special physical or mental health issues.

(3) If the child remains in placement beyond ~~((seventy-two))~~ 72 hours, you must contact the child's ~~((DSHS worker))~~ DCYF caseworker, ~~((child placing agency))~~ CPA, or parent ~~((r))~~ or ~~((legal))~~ guardian to obtain the following information:

- (a) The date of the child's last physical and dental exams;
- (b) ~~((A))~~ Their history of immunizations; and
- (c) Clinical and medical diagnoses and treatment plans.

(4) When a child leaves the facility, the health history of the child must be provided to the child's ~~((DSHS worker))~~ DCYF caseworker or the next caregiver.

(5) You should refer to the department of health's dental care brochures, Publications Nos. 920-923 through 920-928, as ~~((a))~~ guides for ~~((ensuring))~~ maintaining proper dental care for children.

[WSR 18-14-078, recodified as § 110-145-1835, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-145-1835, filed 5/23/18, effective 6/23/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1835, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1840 When must I get an early and periodic screening, diagnosis, and treatment (EPSDT) exam for a child? Children who are in out-of-home care must receive an ~~((early and periodic screening, diagnosis and treatment (-)))~~ EPSDT ~~((+))~~ exam within ~~((thirty))~~ 30 days, unless they have had an EPSDT exam in the previous ~~((thirty))~~ 30 days, except for overnight youth shelters and children placed by DDA through a voluntary placement agreement. Children also receive subsequent periodic EPSDT exams; information on these required exams may be obtained from the child's ~~((DCFS worker))~~ DCYF caseworker.

[WSR 18-14-078, recodified as § 110-145-1840, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1840, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1845 What are the requirements for obtaining consent for ((emergent)) emergency and routine medical care? (1) The department is the legal custodian for children it places in care. We have the authority to consent to ((emergent)) emergency and routine medical services on behalf of a child under the age of ((eighteen)) 18. Youth in care over the age of ((eighteen)) 18 must consent to their own medical care or have an identified person who has been granted the legal authority to consent on their behalf. We delegate some of the authority to providers. You must contact the child's ((DSSH worker or children's administration)) DCYF caseworker or intake for specific information for each child.

(2) If you care for children in the custody of another agency, tribal court or other court, you must follow the direction of that agency or court regarding permission to provide consent for medical care.

(3) In case of medical emergency, contact the child's ((DSSH worker or children's administration)) DCYF caseworker and the child's tribal ICW case manager or intake as soon as possible.

(4) It is your responsibility to ensure that a child receives the necessary medical attention if injured or harmed. In the event of a life-threatening medical emergency, you must contact 911 prior to transporting the child to a medical facility.

[WSR 18-14-078, recodified as § 110-145-1845, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1845, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1855 What are the general requirements for managing a child's medication? (1) Medication must not be used for behavior control, unless prescribed for that purpose by a physician or another person legally authorized to prescribe medication.

(2) Only you, a licensed foster parent, or another authorized care provider, such as a respite provider, are allowed to have access to medications for a child in your care.

(3) You must not use medication in an amount or frequency other than that prescribed by an appropriately licensed health care provider or psychiatrist.

(4) You must not reduce or stop a child's prescribed medication without the written approval of the child's physician. You must report this information to the child's (~~DSHS worker~~) DCYF caseworker. In addition to the physician, you must coordinate starting or stopping a child's psychotropic medication with the child's (~~social worker~~) DCYF caseworker to determine what consent is needed. The (~~social worker~~) DCYF caseworker may need to obtain consent from the child age (~~thirteen~~) 13 or older, the parent or guardian, or the court.

(5) You must follow the direction of the agency or court regarding giving or applying prescription and nonprescription medications if you care for children in the custody of another agency, or tribal or other court. If this is in conflict with (~~children's administration~~) the department's policy, you must notify the child's (~~DCFS worker~~) DCYF caseworker.

(6) You must not give medications to a child that has been prescribed for someone else.

(7) You must keep a record of all prescription and nonprescription medications given to children in care. This documentation includes:

- (a) Child's name;
- (b) Time of medication;
- (c) Dosage of medication; and
- (d) Name of person administering medication.

(8) You must obtain a signature from a licensed health care provider within (~~seventy-two~~) 72 hours of obtaining a medication order by phone.

[WSR 18-14-078, recodified as § 110-145-1855, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-145-1855, filed 5/23/18, effective 6/23/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1855, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1875 Can I accept medication from a child's parent or guardian? (1) The only medicine you may accept from the child's parent, guardian, or responsible relative is medicine in the original container labeled with:

- (a) The child's first and last name;
- (b) The date the prescription was filled;
- (c) The medication's expiration date; and
- (d) Legible instructions for administration (manufacturer's instructions or prescription label) of the medication.

(2) You must notify the child's (~~DSHS worker~~) DCYF caseworker if you have any concerns about medication being provided to you by the child's parent (~~or~~) guardian, or relative.

[WSR 18-14-078, recodified as § 110-145-1875, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020,

13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1875, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1880 When may children take their own medicine? (1)

You may permit children under your care to take their own medicine as long as:

- (a) They are physically and mentally capable of properly taking the medicine;
 - (b) You monitor that the youth is taking the medication according to the prescription or manufacturer's instructions to ensure proper amount and frequency; and
 - (c) You must keep the written approval by the child's ((~~DSHS worker~~) DCYF caseworker) in your records.
- (2) When a child is taking their own medication, the medication and medical supplies must be kept locked or inaccessible to unauthorized persons.
- (3) In emergency respite centers, a parent or guardian may provide written approval.
- (4) In overnight youth shelters, youth may take their own prescription or nonprescription medications if you follow the requirements outlined in subsection (1)(a) and (b) in this section.

[WSR 18-14-078, recodified as § 110-145-1880, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1880, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1885 What are the immunization regulations? (1)

- Immunization standards for all children in your facility are based on the advisory committee for immunizations practices of the Center for Disease Control (ACIP/CDC). Children placed in your care by the department are required to be immunized according to advisory committee on immunization practices as established in the recommended immunization schedule for persons Aged 0-18 Years, United States, 2012 and as amended each subsequent year, except for rotavirus and human papilloma virus.
- (2) Except for overnight youth shelters, if a child who has not received all recommended immunizations is placed in your care, you must take the child to a health care provider as soon as medically possible for catch-up immunizations according to the ACIP/CDC catch-up schedule.
 - (3) You must contact each child's ((~~DSHS worker~~) DCYF caseworker) and your LD licensor if a serious infection or a communicable disease is a threat to the children in your care. The department may remove a foster child from your facility when the threat of a serious infection

or communicable disease creates a risk to the health of any child placed in your facility.

[WSR 18-14-078, recodified as § 110-145-1885, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1885, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1915 What are the requirements for secure CRCs?

~~((1))~~ Secure CRCs must meet each of these requirements:

~~((a))~~ (1) Be a free-standing facility, separate unit, or separate building within a campus;

~~((b))~~ (2) Maintain a recreation area as outlined in WAC ~~((388-145-1570 and 388-145-1575))~~ 110-145-1570 and 110-145-1575.

[WSR 18-14-078, recodified as § 110-145-1915, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1915, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1930 What steps must be taken after a youth is admitted into any CRC?

(1) You must notify the parents or guardians of the youth who has been admitted to the CRC if the youth is not under the care and authority of the department. If you are unable to contact the youth's parents or guardians within ~~((forty-eight))~~ 48 hours, you must:

(a) Contact the department and request that the case be reviewed for dependency filing under chapter 13.34 RCW or "child in need of services" filing under chapter 13.32A RCW; and

(b) Document this information in the youth's case file.

(2) You must notify ~~((EA))~~ DCYF intake of the youth's admission to the CRC within ~~((twenty-four))~~ 24 hours of admission.

(3) If you decide that a youth is unlikely to stay in a regular facility, you must make reasonable efforts to transfer the youth to a secure facility.

[WSR 18-14-078, recodified as § 110-145-1930, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1930, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1960 What additional recordkeeping is required for all CRCs? (1) In addition to meeting the reporting requirements listed in WAC (~~(388-145-1535 through 388-145-1550)~~) 110-145-1535 through 110-145-1550, you must also maintain for a minimum of six years, the following:

- (a) Hourly logs of where the child is physically located;
- (b) Records of a multidisciplinary team, if convened;
- (c) The time and date a placement is made;
- (d) The names of the person and agency making the placement; and
- (e) Reasons for the placement.

(2) If the child has a (~~(DCFS worker)~~) DCYF caseworker, you must send the (~~(DCFS worker)~~) DCYF caseworker the following information within seven days of the child's discharge. The information must include a written summary that addresses the following:

- (a) Community-based referrals;
- (b) Assessment information on the family and child;
- (c) Family reconciliation attempts;
- (d) Contacts with families and professionals involved;
- (e) Medical and health related issues; and
- (f) Any other concerns, such as legal issues and school problems.

[WSR 18-14-078, recodified as § 110-145-1960, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1960, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2000 Can my emergency respite center have more than one type of license? If you are licensed by (~~(the division of licensed resources (DLR))~~) LD as an emergency respite center, you may also be licensed as a child care center (~~(by the department of early learning (DEL))~~) under the provisions of chapter 110-300 WAC. You must meet the requirements for both licenses and have written department approval (~~(for both)~~) to hold dual licenses (~~(from DLR and DEL)~~).

[WSR 18-14-078, recodified as § 110-145-2000, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-2000, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2060 What are the requirements for supervision of children at my group receiving center? (1) Children must be within visual or auditory range at all times during waking hours.

(2) You must ensure that staff providing direct care and supervision of the children are free of other administrative duties at the time of care.

(3) When a child is known to have exhibited behavior that poses a safety risk to other children, you must develop a safety and supervision plan with the child's (~~DSHS worker~~) DCYF caseworker to address the risk.

[WSR 18-14-078, recodified as § 110-145-2060, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-2060, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2065 What services must I provide for medically fragile children? (1) Your licensed group home or staffed residential facility may also provide specialized care, to medically fragile children who need intensive personal care. The children may require skilled health care, physical therapy, or other forms of therapy.

(2) If you are serving this population as a specialty, you must ensure the following services are provided, if prescribed by a physician:

(a) An individualized treatment plan suited to the unique needs of each child in care;

(b) Care by physicians, including surgeons, general and family practitioners, and specialists in the child's particular diagnosis on either a referral, consultative, or ongoing treatment basis;

(c) Sufficient nursing staff to meet the nursing care needs of the children, including at least one registered nurse licensed (~~with~~) by the state of Washington;

(d) Regular nursing consultation that includes at least one weekly on-site visit by a registered nurse, who initially assesses each child and updates the assessments as needed on subsequent visits. These assessments and updates must be documented. You must also keep records of the weekly on-site visits;

(e) Your nursing consultant must advise you and your staff on your infant care program, ~~(+)~~if (~~appropriate~~) applicable, and develop a written agreement with you about your child health program. The consultant must also advise and assist (~~non-medical~~) nonmedical staff at your facility in maintaining child health records, meeting daily health needs, and caring for children with minor illnesses and injuries;

(f) The nurse's name and telephone number must be posted or otherwise available in your home or facility;

(g) If you care for four or more infants, you must arrange for monthly on-site visits with a registered nurse that is trained or experienced in the care of young children; and

(h) If you care for children with intellectual and developmental disabilities requiring nursing services, you must have a registered nurse on staff or under contract.

[WSR 18-14-078, recodified as § 110-145-2065, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-2065, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2070 What recordkeeping requirements exist for medically fragile children? ~~((+1))~~ In addition to meeting standard requirements for keeping records per WAC ~~((388-145-1520 and 388-145-1525))~~ 110-145-1520 and 110-145-1525, you must also keep the following information for medically fragile children that have been in placement for more than ~~((thirty))~~ 30 days in your facility:

~~((+a))~~ (1) Report of a physical examination and diagnosis by a physician and information about the child's daily care including treatment plans, medications, observations, medical examinations, physicians' orders, proper treatment for allergic reactions, consent authorizations, releases, diagnostic reports, and revisions of assessments;

~~((+b))~~ (2) Upon discharge, a summary including diagnoses, treatments, and prognosis by the person responsible for providing care, and any instructions and referrals for continuity of care; and

~~((+e))~~ (3) Evidence of meeting criteria for eligibility for services from the developmental disabilities administration, if appropriate.

[WSR 18-14-078, recodified as § 110-145-2070, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-2070, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2095 What steps must I take when a youth first enters an overnight youth shelter? ~~((+1))~~ When a youth first enters an overnight youth shelter, you must:

~~((+a))~~ (1) Determine whether the parents or guardians are aware of the whereabouts of the youth;

~~((+b))~~ (2) Follow reporting requirements in WAC ~~((388-145-1545))~~ 110-145-1545; and

~~((+e))~~ (3) Notify the police or ~~((children's administration))~~ DCYF intake (either the local CPS number or toll-free 1-886-ENDHARM) of any youth ~~((+twelve))~~ 12 years of age or younger who is unaccompanied by an adult and is requesting service, and you are unable to serve the child due to ~~((his or her))~~ their age.

[WSR 18-14-078, recodified as § 110-145-2095, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW

74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-2095, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2100 What services must be offered at an overnight youth shelter? (1) At a minimum, all overnight youth shelters must offer an intake assessment on the youth including:

- (a) Emergency telephone number contacts (~~((phone numbers))~~);
- (b) Areas of possible problems, such as medical problems, family situation and suicide evaluation;
- (c) History of assault or predatory behavior; and
- (d) Drug (~~(and/or)~~) and alcohol involvement.

(2) You must also assess the youth's:

- (a) Outstanding warrants;
- (b) Physical and medical needs, including medication;
- (c) School status;
- (d) Immediate needs for counseling; and
- (e) Options for the near future.

(3) You must also offer a youth the following:

- (a) Individual crisis intervention;
- (b) Assistance in accessing emergency resources, including child protective services (CPS) and emergency medical services;
- (c) Resource information;
- (d) Educational or vocational services;
- (e) Housing information;
- (f) Medical care or services;
- (g) Substance abuse services;
- (h) Mental health services;
- (i) Information regarding other treatment agencies;
- (j) Food programs;
- (k) Disability services; and
- (l) Other (~~(DSSH)~~) DCYF services.

(4) If the overnight youth shelter cannot directly provide these services, staff must have information for referrals to programs or organizations that would provide these services to youth.

[WSR 18-14-078, recodified as § 110-145-2100, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-2100, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2145 What are the facility and room requirements for programs offering services for pregnant and parenting youth? (1) If you have a residential program for pregnant and parenting youth with infants, you must meet the room requirements for group care facili-

ties, per WAC ((~~388-145-1600 through 388-145-1605~~)) 110-145-1600 through 110-145-1605.

(2) If your facility offers medical clinics, you must have a separate, adequately equipped examination room with adequate nursing equipment.

[WSR 18-14-078, recodified as § 110-145-2145, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-2145, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2180 Who may place children at an RAC? A ((~~DCFS worker~~)) DCYF caseworker may place a child in a resource and assessment center. These centers may not be used to address placement disruptions for children being removed from a foster home or group care facility.

[WSR 18-14-078, recodified as § 110-145-2180, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-2180, filed 12/11/14, effective 1/11/15.]

OTS-1227.12

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1300 What is the purpose of this chapter? (1) This chapter contains licensing requirements for all child placing agencies and the people who operate these programs. This chapter also includes regulations for adoption services provided by child placing agencies. These licensing regulations are designed to ensure children who are in care are safe, healthy, and protected from all forms of child abuse and neglect according to RCW 26.44.020(1) and chapter ((~~388-15~~)) 110-30 WAC.

(2) If you are a child placing agency (CPA) that certifies foster homes, the homes you certify must meet the full licensing requirements outlined in chapter ((~~388-148~~)) 110-148 WAC, child foster home licensing requirements.

[WSR 18-14-078, recodified as § 110-147-1300, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1300, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1305 What definitions do I need to know to understand this chapter? The following words and terms are for the purpose of this chapter and are important to understanding these requirements:

"Abuse or neglect" means the injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child as defined in RCW 26.44.020.

"Adult" means a person (~~(eighteen)~~) 18 years old or older, not in the care of the department.

"Agency" is defined in RCW 74.15.020(1).

"Asexual" means the lack of a sexual attraction or desire for other individuals.

"Assessment" means the appraisal or evaluation of a child's physical, mental, social (~~(and/or)~~) or emotional condition.

"Bisexual" means individuals who have an emotional or physical attraction to individuals of the same and different genders.

"Business hours" means hours during the day in which business is commonly conducted. Typically, the hours between 9 a.m. and 5 p.m. on weekdays are considered to be standard business hours.

(~~"CA" means children's administration.~~)

"Capacity" means the age range and maximum number of children on your current license.

"Care provider" means any person who is licensed or authorized to provide care for children and cleared to have unsupervised access to children under the authority of a license.

"Case manager" means the private agency employee who coordinates the planning efforts of all the persons working on behalf of a child.

"Case plan" means a written document adhered to and followed by a foster child's parents or guardians, foster parent or parents, the department, and all other caregivers. A case plan may include, but is not limited to:

(a) A description of the type of home or facility in which a child is to be placed, including a discussion of the safety and appropriateness of the placement and how the department plans to carry out the voluntary placement agreement entered into or judicial determination made with respect to the child;

(b) A plan for assuring that the child receives safe and proper care and that services are provided to the parents or guardians, child, and foster parents in order to improve the conditions in the parents' or guardians' home, facilitate return of the child to their own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided under the plan;

(c) The health and education records of the child, including the most recent information available regarding:

(i) The names and addresses of the child's health and educational providers;

(ii) The child's grade level performance;

(iii) The child's school record;

(iv) A record of the child's immunizations;

(v) The child's known medical conditions;

(vi) The child's medications; and

(vii) Any other relevant health and education information concerning the child determined to be appropriate by the department.

(d) Relevant professional assessments of the child;
(e) Court orders concerning the child; and
(f) Any other relevant plan, assessment, knowledge, material, or information concerning the child determined to be appropriate by the department.

"Caseworker" means the primary agency worker assigned to the child through DCYF or other government agency.

"Certification" means a licensed child placing agency (CPA) review that a foster home being supervised by that CPA meets licensing regulations. The final decision for licensing is the responsibility of ~~((EA))~~ the department of children, youth, and families.

"Chapter" means chapter ~~((388-147))~~ 110-147 WAC.

"Child," "children," or "youth" for this chapter, means a person who is one of the following:

~~((1))~~ (a) Under ~~((eighteen))~~ 18 years of age;

~~((2))~~ (b) Up to ~~((twenty-one))~~ 21 years of age and enrolled in services through the department of social and health services, developmental disabilities administration (DDA) the day prior to his or her ~~((eighteenth))~~ 18th birthday and pursuing either a high school or equivalency course of study (GED/HSEC), or vocational program;

~~((3))~~ (c) Up to ~~((twenty-one))~~ 21 years of age and participates in the extended foster care program;

~~((4))~~ (d) Up to ~~((twenty-one))~~ 21 years of age with intellectual and developmental disabilities;

~~((5))~~ (e) Up to ~~((twenty-one))~~ 25 years of age and under the custody of the ~~((Washington state))~~ juvenile ~~((justice))~~ rehabilitation ~~((administration))~~ system.

"Child placing agency ~~((or))~~ (CPA)" means an agency licensed to place children for foster care or adoption.

"Compliance agreement" means a written improvement plan to address the changes needed to meet licensing requirements.

~~((DCFS" means the division of children and family services within children's administration. DCFS provides case management to children and families involved in the child welfare system.))~~

"DDA" means the department of social and health services, developmental disabilities administration.

"Department ~~((or DSHS))~~" means the department of ~~((social and health services))~~ children, youth, and families (DCYF).

"Developmental disability" is a disability as defined in RCW 71A.10.020.

~~((DLR" means the division of licensed resources within children's administration. DLR licenses and monitors foster homes, child placing agencies, and licensed group care facilities.))~~

"FBI" means the Federal Bureau of Investigation.

"Foster home or foster family home" means a person(s) licensed to regularly provide ~~((twenty-four hour))~~ 24-hour care in their home to children.

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

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

"Gender expression" means individuals' outward communication of their gender through behavior or appearance. This may or may not conform to their sex assigned at birth or socially defined behaviors and

characteristics typically associated with being either masculine or feminine.

"Gender fluid" means individuals whose gender identities are flexible.

"Guardian" has the same meaning in this chapter as defined in RCW 26.33.020(11).

"Guns or weapons" means any device intended to shoot projectiles under pressure or that can be used to attack. These include, but are not limited to, BB guns, pellet guns, air rifles, stun guns, antique guns, handguns, rifles, shotguns and archery equipment.

"Health care staff" means anyone providing qualified medical consultation to your staff or medical care to the children (~~and youth~~) in your care.

"Hearing" means the administrative review process conducted by an administrative law judge.

"I," "my," "you," and "your" refer(~~s~~) to an applicant for a license issued under this chapter, and to any party holding a license under this chapter.

"Infant" means a child less than (~~twelve~~) 12 months of age.

"Intellectual and developmental disability" means children with deficits in general mental abilities and impairment in everyday adaptive functioning.

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

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

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

"License" means a permit issued by us confirming that your agency meets the licensing standards established in this chapter.

"Licensed health care provider" means (~~an MD~~) a medical doctor(~~,~~ ~~DO~~) (MD), doctor of osteopathy(~~,~~ ~~ND~~) (DO), doctor of naturopathy(~~,~~ ~~PA~~) (ND), physician's assistant (PA), or an (~~ARNP~~ ~~)~~ advanced registered nurse practitioner (ARNP).

"Licensing division (LD)" means the division within DCYF that licenses and monitors foster homes, child placing agencies, and licensed group care facilities.

"Licensing provider portal" means the internet-connected provider application system used by the department and agencies to securely store digital employment and licensing documents and data.

"Licensor" means either:

(~~(1) A DLR~~) (a) An LD employee who recommends approvals for, or monitors licenses or certifications for facilities and agencies established under this chapter; or

(~~(2)~~) (b) An employee of a (~~child placing agency~~) CPA who certifies or monitors foster homes supervised by the (~~child placing agency~~) CPA.

"Maternity service" as defined in RCW 74.15.020. These are also referred to as pregnant and parenting youth programs.

"Medically fragile" means the condition of a child who requires the availability of (~~twenty-four-hour~~) 24-hour skilled care from a health care professional or specially trained family or foster family member. These conditions may be present all the time or frequently oc-

curing. If the technology, support, and services being received by the medically fragile children are interrupted or denied, the child may, without immediate health care intervention, experience death.

"Missing child" means any child less than ~~((eighteen))~~ 18 years of age in licensed care or under the care, custody, and authority of ~~((EA))~~ DCYF and the child's whereabouts are unknown ~~((and/or))~~ or the child has left care without the permission of the child's caregiver or ~~((EA))~~ DCYF. This does not include children in dependency guardianship.

"Nonambulatory" means not able to walk or exit to safety without the physical assistance of another individual.

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

"Out-of-home placement" means a child's placement in a home or facility other than the child's parent, guardian, or legal custodian.

"Parent" has the same meaning in this chapter as defined in RCW 26.26A.010(15).

"Probationary license" means a license issued as part of a corrective action to an individual or agency that has previously been issued a full license but is out of compliance with minimum licensing requirements and has entered into an agreement aimed at correcting deficiencies.

"Property or premises" means a facility's buildings and adjoining grounds that are managed by a person or agency in charge.

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

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

"Relative" means a person who is related to a child as defined in RCW 74.15.020.

"Respite" means brief, temporary relief care provided by an in-home or out-of-home provider paid by the department. The respite provider fulfills some or all of the care provider responsibilities for a short time.

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

"SOGIE" is an acronym for sexual orientation, gender identity, and expression which are distinct identifiers everyone has. LGBTQIA+ is a subdistinction within SOGIE self-identifiers. SOGIE includes LGBTQIA+ as well as heterosexual, cisgender, and nonquestioning individuals.

"Transgender" is an umbrella term for individuals whose gender identity or expression is different from cultural expectations based on the sex they were assigned at birth. Gender-affirming medical care is not a prerequisite to identify as transgender. Being transgender does not imply any specific sexual orientation.

"Treatment plan" means individual plans that identify the service needs of the child, including the child's parent or guardian, and identifies the treatment goals and strategies for achieving those goals.

"Two-Spirit" means a modern, pan-indigenous, umbrella term used by some indigenous North Americans to describe Native people in their communities who fulfill a traditional third-gender or other gender-

variant, ceremonial, and social role in their cultures. Being Two-Spirit does not imply any specific sexual orientation.

"Volunteer" means a person who provides services without compensation, for your agency.

"Washington state patrol fire protection bureau (~~"or"~~) (WSP/FPB)" means the state fire marshal.

"We," "our," and "us" refer(s) to (~~the department of social and health services~~) DCYF, including (~~DLR~~) LD and (~~DCFS~~) child welfare staff.

"Young child" refers to a child age (~~twelve~~) 12 months through eight years old.

[WSR 18-14-078, recodified as § 110-147-1305, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-147-1305, filed 5/23/18, effective 6/23/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-147-1305, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1305, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1315 When will the department grant me a license?

(1) We issue you a (~~child placing agency~~) CPA license when you, your staff and volunteers, property and premises meet the regulations contained in this chapter, and all required documents are in the department's licensing file. Documents required under this section must be submitted to the department through the licensing provider portal.

(2) If you are providing adoption services, you must meet the additional requirements in WAC (~~388-147-1660 to 388-147-1730~~) 110-147-1660 through 110-147-1730.

(3) If your licensed program is providing specialized services for medically fragile children, day treatment services, or maternity services for pregnant and parenting youth, you must meet additional requirements in chapter (~~388-145~~) 110-145 WAC.

[WSR 18-14-078, recodified as § 110-147-1315, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1315, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1325 What is required to apply for a (~~child placing agency~~) CPA license? (1) You must submit (~~a completed~~) an application (~~which is available from the division of licensed resources~~) using the department's licensing provider portal; and

(2) You, your executive director, agency staff, consultants, interns, volunteers, and anyone who may have unsupervised access to children per chapter ((~~388-06A~~)) 110-04 WAC are required to:

(a) Submit a completed background authorization form;

(b) Complete an FBI fingerprint check if the individual over ((~~eighteen~~)) 18 years of age has lived out-of-state during any portion of the previous three years; and

(c) Ensure that no employee, volunteer, or subcontractor has unsupervised access to children until a full and satisfactory background check is completed and documentation qualifying the individual for unsupervised access, has been returned to you. Your employees are allowed to work while awaiting fingerprint results, under the provisions of ((~~WAC 388-06-0500 through 388-06-0540~~)) chapter 110-05 WAC.

[WSR 18-14-078, recodified as § 110-147-1325, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031. WSR 16-06-041, § 388-147-1325, filed 2/24/16, effective 3/26/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1325, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1330 How does the department determine my suitability to become a licensed provider? (1) The department determines your suitability as a licensed provider after receiving:

(a) Your application((~~r~~)) through the licensing provider portal;

(b) Background ((~~authorization(s)~~)) authorizations for ((~~those~~)) persons listed in WAC ((~~388-147-1325(2)~~)) 110-147-1325(2); and

(c) All ((~~required~~)) documentation ((~~outlined in~~)) required under this chapter.

(2) You, your employees, interns, and volunteers must not have had a license or contract denied or revoked from an agency that regulates the care of children or vulnerable adults, unless the department determines that you do not pose a risk to a child's safety, well-being, and long-term stability.

(3) You, your employees, interns, and volunteers must not have been found to have committed abuse or neglect of a child or vulnerable adult, unless the department determines that you do not pose a risk to a child's safety, well-being, and long-term stability.

(4) You must demonstrate that you, your employees, interns, and volunteers have:

(a) The understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, cultural, and social needs of the children under your care; and

(b) The ability to furnish children with a nurturing, respectful, and supportive environment.

(5) At any time, we may require you ((~~or~~)), your employees, interns, and volunteers to give additional information. We may also require an evaluation of your facility or property, or of a staff ((~~person~~)) working for your agency, by an evaluator recommended by us. Any evaluation requested by the department will be at your expense. You

must give the evaluator written permission to share information with us prior to and throughout the evaluation process.

(6) Any employee, intern, or volunteer who is found to have misrepresented or provided fraudulent information may be disqualified.

(7) Before granting or renewing a license, your licensor will:

(a) Assess your ability to provide a safe environment for children and to provide the quality of care needed by children placed in your care (~~(. Your licensor will also)~~); and

(b) Determine that you, your employees, interns, and volunteers meet training requirements.

[WSR 18-14-078, recodified as § 110-147-1330, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1330, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1335 What additional steps must I complete prior to licensing? (1) You must submit (~~(to your licensor)~~) through the licensing provider portal a detailed written program description for (~~(DLR)~~) LD approval. (~~(In the)~~) This description (~~(you)~~) must outline:

(a) Your mission and goals;

(b) A description of the services you will provide to children and their families;

(c) Your written policies covering qualifications, duties, and on-going training for developing and upgrading staff skills; and

(d) A description of your agency's policies and procedures.

(2) You must have a site inspection by your (~~(DLR)~~) LD licensor or someone designated by (~~(DLR)~~) LD who can verify that your Washington state premises have:

(a) Adequate storage for staff and client files;

(b) A working telephone;

(c) Adequate space for privacy when interviewing parents or guardians and children;

(d) Room or area used for administrative purposes;

(e) Adequate space for visitation, if needed; and

(f) Your license must be clearly posted, (~~(+)~~) if the inspection is for a renewal license(~~(+)~~).

(3) You and your staff are required to submit through the licensing provider portal a negative tuberculosis (TB) test or an X-ray, unless you have had a negative TB test in the previous (~~(twelve))~~ 12 months. If there is a positive TB test, then the individual must submit a physician's statement identifying that there is no active TB or risk of contagion to children in care.

(a) We may grant an exception to the TB test, in consultation with a licensed health care provider.

(b) This exception would require a statement from a licensed health care provider (MD, DO, ND, PA or ARNP) indicating that a valid medical reason exists for not having a TB test.

[WSR 18-14-078, recodified as § 110-147-1335, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040,

74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-147-1335, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1335, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1340 How long do I have to complete the licensing application process? (1) You must submit a complete ((your)) licens-
ing application and ((submit all DLR required documents within ninety
days of submitting the application and)) background authorization
forms ((to the department)) for your CPA license, and for licensed
foster families certified by your CPA, to LD through the licensing
provider portal.

(2) For your CPA license:

(a) Once you receive background clearance notifications for the
staff identified on your application, you must submit all required
documents within 90 days.

(b) If you do not meet ((this ninety day)) the 90-day deadline,
your licensor may withdraw your application.

((3)) (c) As a courtesy, a renewal notification and renewal ma-
terials will be sent ((one hundred and twenty)) 120 days prior to your
license expiration date. If you do not receive this renewal notice it
is your responsibility to contact your licensor.

((4) You must send the renewal application and all required
background authorization forms to your licensor at least ninety days
prior to the expiration of your current license.))

(3) For licensed foster families certified by your CPA:

(a) Once you receive background clearance notifications for all
identified household members, you must submit all LD required docu-
ments within 90 days.

(b) If you do not meet this 90-day deadline, you may withdraw
your application rather than be denied a license.

(c) As a courtesy, a renewal notification will be sent 90 days
prior to the foster home license expiration date.

(d) You must send the foster home license renewal application and
all required background authorization forms to your licensor 90 days
prior to the expiration of the current license; you must send the fos-
ter home license renewal application and all required background au-
thorization forms to your licensor by the expiration of the current
license.

[WSR 18-14-078, recodified as § 110-147-1340, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1340, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1345 What are the roles of the department and the CPA? (1) We license CPAs, including tribal CPAs, to supervise foster homes. You are authorized to certify to the department that a foster home meets the licensing regulations contained in chapter ~~((388-148))~~ 110-148 WAC.

(2) You have the discretion to certify or not to certify a foster home.

(3) You may, at your discretion, have additional regulations for a foster home to become and remain a licensed foster home under your supervision.

(4) The department has the final approval for licensing a foster home that you have certified.

[WSR 18-14-078, recodified as § 110-147-1345, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1345, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1350 How must I certify a foster home for licensing by the department? (1) You must use applications, home study forms, and procedures that are approved by the department.

(2) A foster home must be certified by your ~~((child placing agency))~~ CPA as meeting the licensing requirements in chapter ~~((388-148))~~ 110-148 WAC in order to be licensed by the department.

(3) A CPA social service staff person must review and sign approval for the foster home licensing application packet before the application is submitted to ~~((DLR))~~ LD.

[WSR 18-14-078, recodified as § 110-147-1350, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1350, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1375 May an agency be issued more than one type of license? (1) An agency may not be licensed by ~~((DLR))~~ LD for more than one type of license in the same building (a group care facility and a CPA for example), unless the department determines that care of one type of client does not interfere with the care of another type of client, and you have approval from the ~~((DLR))~~ LD administrator. We may require separation of client populations between the programs. You must meet the requirements for both licenses.

(2) If you have multiple licenses issued by different ((DSHS)) DCYF licensing agencies in the same location, you must obtain approval from ((DLR)) LD prior to providing services and accepting placements.

[WSR 18-14-078, recodified as § 110-147-1375, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1375, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1420 Can employees, volunteers, and subcontractors be disqualified from having access to the children in my agency? (1)

The department must disqualify employees, volunteers, or subcontractors if they do not meet the regulations of chapter ((388-147)) 110-147 WAC or cannot have unsupervised access to children because of their background check as outlined in chapter ((388-06A)) 110-04 WAC.

(2) We will notify you if a person in your agency is disqualified from having unsupervised access to children. This could also lead to denial, suspension, or revocation of your license.

[WSR 18-14-078, recodified as § 110-147-1420, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031. WSR 16-06-041, § 388-147-1420, filed 2/24/16, effective 3/26/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1420, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1430 How do I appeal the decision of the office of administrative hearings' administrative law judge? (1)

The decision of the administrative law judge is the final decision of the department unless you or the department files a petition for review with the ((DSHS)) DCYF board of appeals within ((twenty-one)) 21 calendar days after the administrative law judge's decision is mailed to the parties.

(2) The procedure for requesting or responding to a petition for review with the board of appeals is described in ((WAC 388-02-0560 through WAC 388-02-0635)) chapter 110-03 WAC.

(3) We will not appeal decisions made by the board of appeals.

(4) If you disagree with the board of appeals, you may file a petition in superior court and ask for further review ((+) as described in RCW 34.05.510 to 34.05.598(+)).

[WSR 18-14-078, recodified as § 110-147-1430, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020,

13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1430, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1440 Who must I employ at my agency? (1) You must employ sufficient numbers of qualified staff to meet the physical, safety, health, and emotional needs of the children placed in your care, appropriate for their age and developmental level. Requirements for specific staff are detailed below.

(2) Employees and caregivers must:

(a) Demonstrate competency, good judgment, and self-control in the presence of children and when performing duties;

(b) Report suspected abuse, neglect, and exploitation to (~~children's administration~~) DCYF intake and to the designated administrator or supervisor;

(c) Know and comply with rules established in this chapter, as well as all other applicable laws; and

(d) Comply with federal and state antidiscrimination laws related to personnel policies and procedures.

[WSR 18-14-078, recodified as § 110-147-1440, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1440, filed 12/11/14, effective 1/11/15.]

NEW SECTION

WAC 110-147-1443 Am I required to follow each child's case plan?

You and all employees, staff members, and volunteers must adhere to, follow, and comply with the case plan for each of the children in your care.

[]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1490 What are the requirements for volunteers working directly with ((children/youth)) children? ((+1)) These volunteers must meet the licensing requirements listed in this chapter, including meeting the qualifications for case aide staff, and must:

((+a)) (1) Be at least ((twenty-one)) 21 years of age, unless they are between ((eighteen)) 18 and ((twenty-one)) 21 years of age with an internship or practicum program as per WAC ((388-147-1460(2))) 110-147-1460(2);

((+b)) (2) Be supervised at all times by at least one paid staff member or a designated volunteer meeting the qualifications of a pro-

gram manager, working on-site. ((+))Volunteers meeting program manager qualifications may provide direct care unsupervised((+)); and

((+e)) (3) Receive preservice training that addresses the needs of the population of children in care.

[WSR 18-14-078, recodified as § 110-147-1490, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1490, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1500 What ((is)) are the preservice training requirements for staff, interns, and volunteers ((having direct care responsibility to children/youth)) who directly care for children? (1) Prior to having responsibility for direct care, staff, interns, and volunteers must have a minimum of ((sixteen)) 16 hours of the following preservice training, including policies and procedures, job responsibilities and facility administration. This is in addition to the first aid and cardiopulmonary resuscitation training (CPR) in WAC ((388-147-1510)) 110-147-1510 and the ((HIV/AIDS/bloodborne)) blood-borne pathogen requirements in WAC ((388-147-1515)) 110-147-1515. Preservice training must be relevant to the type of children and families and the program services you provide. Preservice training ((will usually)) may include ((the following)), but is not limited to:

(a) Child abuse and neglect identification and reporting requirements;

(b) Incident reporting;

(c) Accessing community resources;

(d) Client confidentiality;

(e) Family dynamics and family intervention techniques;

(f) Child development;

(g) Grief and loss;

(h) Cultural needs of children in care;

(i) Sexually exploited youth;

(j) Behavior management and crisis intervention techniques;

(k) Conflict resolution or problem-solving skills;

(l) Substance abuse;

(m) Sexually aggressive and physically assaultive training;

(n) Effects of trauma on children; ((and))

(o) Youth supervision requirements; and

(p) Foundational LGBTQIA+ culture.

(2) If your agency is providing international adoption services, you must also provide training that covers the Hague Convention Articles and the Hague Council on Accreditation (COA) requirements.

(3) New staff, interns, and volunteers must work shifts with fully trained staff until ((the new staff has)) they have completed all required training.

[WSR 18-14-078, recodified as § 110-147-1500, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020,

13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1500, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1505 What is the requirement for staff in-service training? (1) If you have employees in your agency, you must offer in-service training programs for developing and upgrading staff skills. Your training plan must be in writing.

(2) You must submit an in-service training plan for staff for approval by the department, with a minimum of (~~twelve~~) 12 hours of annual training for applicable case management, case aide and foster home licensing staff. This training plan must be relevant to the type of children and families you serve, and the program services you provide. You must provide information relevant to the problems experienced by the children you serve, which may include suicide prevention, substance abuse, child abuse and neglect, mental health issues, cultural sensitivity, foundational LGBTQIA+ culture, and predatory behavior.

(3) You must discuss with your staff updated policies and procedures, as well as the rules contained in this chapter, including the Hague Council on Accreditation if you are providing international adoption services.

(4) Your training on behavioral management must be approved by (~~DHR~~) LD and must include nonphysical age-appropriate methods of re-directing and controlling behavior, as described in the (~~children's administration~~) department's behavior management guide.

(5) You must document all training including a description of the training provided and the date of the training. This information must be kept in each employee's file or in a separate training file.

[WSR 18-14-078, recodified as § 110-147-1505, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1505, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1515 What (~~HIV/AIDS/bloodborne~~) bloodborne pathogens training is required? (1) If you or any of your staff provide supervision or direct care to children, (~~HIV/AIDS/bloodborne~~) bloodborne pathogens training is required. This training should include infection control standards.

(2) You must use infection control requirements and educational material consistent with the current approved curriculum published by the department of health (~~, office on HIV/AIDS~~).

(3) Staff providing direct care to children must use universal precautions when coming in contact with the bodily fluids of a child.

[WSR 18-14-078, recodified as § 110-147-1515, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1515, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1520 What personnel records must I keep at my agency? (1) You must both submit to the department through the licensing provider portal and keep on file personnel records (~~(on file)~~) for each (~~(staff)~~) person who is employed or volunteers at your agency.

(2) For staff who will not have unsupervised access to children you must keep the following:

(a) An employment application, including work and education history;

(b) Education documentation;

(c) Job description of the position at your agency;

(d) Signed mandated reporter statement;

(e) A record of participation in the program's orientation; and

(f) A record of participation in ongoing staff development training.

(3) In addition, you must keep the following for staff who have unsupervised access to children:

(a) A log with background check information, containing dates of request and completion of the checks on all staff, interns, volunteers, and service contractors;

(b) A record of a negative Mantoux, tuberculin skin tests results, X-ray, or a medical exemption to the skin test or X-ray per WAC (~~(388-147-1335(3))~~) 110-147-1335(3);

(c) (~~(First Aid/CPR/HIV/AIDS/bloodborne)~~) First aid, CPR, and bloodborne pathogens training documentation;

(d) A copy of government-issued photo ID;

(e) A copy of a valid driver's license for staff transporting clients or employees; and

(f) A copy of current auto insurance, (+)if using private vehicle to transport(+).

(4) You must maintain a written record of case consultation by a master's level consultant as defined in WAC (~~(388-145-1470)~~) 110-145-1470 for case managers with a bachelor's degree.

[WSR 18-14-078, recodified as § 110-147-1520, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1520, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1525 What are the requirements for children's records? (1) You must retain a record of each child placed by your agency. This record must contain all identifying legal, medical, and social information.

(2) Any identifying and personal information about a child and the child's family must be kept confidential as required by chapter 26.33 RCW. These records must be kept in a secure place inaccessible to clients, unauthorized staff, and the public. Children's records must never be submitted to the department through the licensing provider portal.

(3) During a child's placement, the child's record must be maintained and you must attempt to obtain the following information for the child's record, as appropriate to your program:

(a) The child's name, birth date, and legal status;

(b) Name and telephone number of the child's (~~DSHS worker~~) DCYF caseworker for each child in care;

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

(d) A copy of the current legal authority to place;

(e) Current case plans;

(f) Social summary;

(g) Documentation of a child's therapy treatment provided by your staff with the signature of the person making the entry to the therapy or progress notes;

(h) Log of the child's placement history with your agency; and

(i) Information related to suspected child abuse and/or neglect referrals made to children's administration, including the concern, date and person taking the report.

(4) In addition, your records must contain the following information if available:

(a) Names, (~~address~~) addresses, and telephone numbers of parents or persons to be contacted in case of emergency;

(b) Information on specific cultural needs of the child;

(c) Medical history including any medical problems, name of doctor, type of medical coverage and provider, date of any illnesses or accidents while placed in your agency's care;

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

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

(f) Immunization records, ~~((+))~~ if a child's placement extends beyond (~~thirty~~) 30 days ~~((+))~~. If the child is not current with immunization, they must be updated as soon as medically possible. Immunization records are not required to be current for children placed in a foster home licensed by a (~~child placing agency~~) CPA to provide emergency respite services on a voluntary placement agreement;

(g) Child's school records, report cards, school pictures, and individual education plans (IEP);

(h) Special instructions including supervision requirements and suggestions for managing problem behavior;

- (i) Inventory of the child's personal belongings at the time of placement;
- (j) Approved list of individuals with whom the child may have contact;
- (k) The child's visitation plan; and
- (l) For pregnant and parenting youth, information on the (~~mother/father~~) other parent of the youth's child, if available.
- (5) If you are unable to obtain this information from the department, you must document your attempt to obtain the requested information in the child's file.

[WSR 18-14-078, recodified as § 110-147-1525, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1525, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

- WAC 110-147-1530 How long should my agency keep the child records?** (1) If you have child files with information not returned to the department, you must keep them for six years following the termination or expiration of any license or contract you have with the department. Children's records must never be submitted to the department through the licensing provider portal.
- (2) If your agency closes, you must return all child file information to the department for any child who is or was in the custody of the department and whose records were not previously destroyed according to (~~WAC 388-147-1530(1)~~) subsection (1) of this section.
- (3) Adoption records should be maintained according to WAC (~~388-147-1720(2)~~) 110-147-1720(2).
- (4) You must inform your (~~DLR~~) LD regional licensor about the closure of your agency and where the child files will be kept.

[WSR 18-14-078, recodified as § 110-147-1530, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1530, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

- WAC 110-147-1535 What information can be shared about a child or a child's family?** (1) Information about a child or the child's family is confidential and must only be shared with people directly involved in the case plan for a child.
- (2) You may discuss information about the child, the child's family, and the case plan only with:
- (a) A representative of the department, including staff from (~~DCFS~~) child welfare, (~~DLR~~) LD, and DDA;

(b) A representative of the department of health, the office of the state fire marshal, and the office of the family and children's ombuds;

(c) An agency program staff;

(d) The child's attorney;

(e) The child's assigned guardian ad litem or court-appointed special advocate; or

(f) Others designated by the child's (~~DSHS worker~~) DCYF case-worker.

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

[WSR 18-14-078, recodified as § 110-147-1535, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1535, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1540 What incidents involving children must I report? (1) You must report the following incidents immediately and in no instance later than (~~forty-eight~~) 48 hours after the incident to your local (~~children's administration~~) DCYF intake staff and the child's (~~DSHS worker~~) DCYF caseworker and tribal Indian child welfare (ICW) case manager as applicable:

(a) Death, serious illness or injury, or psychiatric care that requires medical treatment or hospitalization of a child in care;

(b) Any time you suspect physical or sexual abuse, neglect, or exploitation of a child as required under chapter 26.44 RCW;

(c) Sexual contact between two or more children that is not considered typical play between preschool children;

(d) Any disclosure by a child in care of sexual or physical abuse;

(e) Any child's suicide attempt that results in injury requiring medical treatment or hospitalization;

(f) Any use of physical restraint alleged to have been improperly applied or excessive;

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

(h) Physical assault of a foster parent, employee, volunteer, or others by a child in care that results in injury requiring off-site medical attention or hospitalization;

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

(j) Property damage that is a safety hazard and not immediately corrected or may affect the children's health and safety.

(2) You must report the following incidents related to a child in care as soon as possible or in no instance later than (~~forty-eight~~) 48 hours after the incident, to the child's (~~DSHS worker~~) DCYF case-worker and tribal ICW case manager as applicable:

- (a) Suicidal or homicidal thoughts, gestures, or attempts that do not require professional medical treatment;
 - (b) Unexpected health problems outside the usual range of reactions caused by medications that do not require professional medical attention;
 - (c) Any incident of medication incorrectly administered or consumed;
 - (d) Any professional treatment for emergency medical or emergency psychiatric care;
 - (e) Physical assault between two or more children that results in injury but does not require professional medical treatment;
 - (f) Physical assault of a foster parent, employee, volunteer, or others by a child that results in injury but does not require professional medical treatment;
 - (g) Drug or alcohol use by a child in your care;
 - (h) Any inappropriate sexual behavior by or toward a foster child; or
 - (i) Use of prohibited physical restraints for behavior management.
- (3) Programs that provide care to medically fragile children who have nursing care staff on duty may document the incidents described in (~~WAC 388-147-1540~~) subsection (2)(b) and (c) of this section in the facility daily logs, rather than contacting the child's (~~DSHS worker~~) DCYF caseworker or case manager, if agreed to in the child's case plan.

[WSR 18-14-078, recodified as § 110-147-1540, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-147-1540, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1540, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

- WAC 110-147-1545 What are my reporting responsibilities when a child is missing from care?** (1) As soon as you or your staff have reason to believe a child in your care is missing as defined in WAC (~~388-147-1305~~) 110-147-1305 or has refused to return to or remain in your care, or whose whereabouts are otherwise unknown, you are required to notify the following:
- (a) The child's assigned (~~DSHS worker~~) DCYF caseworker, as appropriate;
 - (b) (~~Children's administration~~) DCYF intake, if the (~~DSHS worker~~) DCYF caseworker is not available or it is after normal business hours.
- (2) You are required to contact local law enforcement within six hours if the child is missing. However, if one or more of the following factors are present, you must contact law enforcement immediately:
- (a) The child is believed to have been taken from placement. This means the child's whereabouts are unknown, and it is believed that the child has been concealed, detained or removed by another person;

(b) The child is believed to have been lured from placement or has left placement under circumstances that indicate the child may be at risk of physical or sexual assault or exploitation;

(c) The child is age (~~(thirteen)~~) 13 or younger;

(d) The child has one or more physical or mental health conditions that if not treated daily, will place the child at severe risk;

(e) The child is pregnant or parenting and the (~~(infant/child)~~) infant or child is believed to be with (~~(him or her)~~) them;

(f) The child has severe emotional problems, ~~(+)~~e.g., suicidal thoughts(~~(+)~~), that if not treated, will place the child at severe risk;

(g) The child has an intellectual and developmental disability that impairs the child's ability to care for (~~(him/herself)~~) themselves;

(h) The child has a serious alcohol (~~(and/or)~~) or substance abuse problem; or

(i) The child is at risk due to circumstances unique to that child.

(3) After contacting local law enforcement, you must also contact the national center for missing and exploited children at (~~(1-(800)-843-5678)~~) 1-800-843-5678 and report the child missing from care.

(4) If the child leaves school or has an unauthorized absence from school, you should consult with the child's (~~(DSHS worker)~~) DCYF caseworker to assess the situation and determine when you should call law enforcement. If any of the factors listed in subsection(~~(s)~~)

(2)(a) through (i) of this section are present, you and the child's (~~(DSHS worker)~~) DCYF caseworker may decide it is appropriate to delay notification to law enforcement for up to four hours after the end of the school day to give the child the opportunity to return on their own.

(5) You must provide the following information to law enforcement and to the child's (~~(DSHS worker)~~) DCYF caseworker when making a missing child report, if available:

(a) When the child left;

(b) The last known location of the child;

(c) What the child was wearing;

(d) Any known behaviors or interactions that may have caused the child's departure;

(e) Possible places where the child may go;

(f) Special physical or mental health conditions or medications that affect the child's safety;

(g) Known companions who may be aware or involved in the child's absence;

(h) Other professionals, relatives, significant adults or peers who may know where the child would go; and

(i) Recent photo of the child.

(6) You must ask law enforcement for the missing person report number and provide it to the child's (~~(DSHS worker)~~) DCYF caseworker or staff.

(7) At any time after making an initial report you learn of a missing child's whereabouts, you must report that information to the child's (~~(DSHS worker)~~) DCYF caseworker.

(8) If a child is returned to your care, it is your responsibility to cancel the run report and notify all persons you have informed of the child's run.

(9) Youth participating in the extended foster care (EFC) program are exempt from these requirements. You must follow all other reporting requirements as defined in WAC (~~(388-147-1540)~~) 110-147-1540.

[WSR 18-14-078, recodified as § 110-147-1545, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-147-1545, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1545, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1550 What changes must I report to my licensor? (1)

You must immediately report (~~to your licensor~~) through the licensing provider portal changes in the original licensing application. You must report changes in:

- (a) Your location or designated space, including address;
- (b) Your phone number;
- (c) Your program description (~~and/or~~) or population served;
- (d) Structure of your facility or premises from events causing damage, such as a fire, or from remodeling;
- (e) Addition of any new staff person, employee, intern, contractor, or volunteer, who might have unsupervised contact with the children in care;
- (f) Medical illness or incapacity that may affect the ability of any of your program staff to complete their duties;
- (g) Staff arrests or convictions of which you are aware, that occur between the date of your license and the expiration date of your license;
- (h) Any staff changes including the executive director, program (~~manager/supervisor~~) manager or supervisor, or master's level consultants;
- (i) Death, retirement, or incapacity of the person who holds the license;
- (j) Name of licensed corporation, or the name by which your facility is commonly known; and
- (k) Your articles of incorporation and bylaws.

[WSR 18-14-078, recodified as § 110-147-1550, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1550, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1555 What does the department require for my buildings and property? (1)

You must maintain your buildings, premises, and equipment in a clean and sanitary condition, free of hazards, and in good repair. You must have a working telephone at your agency at all times.

(2) All homes certified by your agency must meet the health and safety requirements outlined in chapter (~~388-148~~) 110-148 WAC.

[WSR 18-14-078, recodified as § 110-147-1555, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1555, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1595 What are the requirements about nondiscrimination? (1) You must follow all state and federal laws regarding non-discrimination while providing services to children in your care.

(2) You must (~~not treat~~) support and engage foster children in your care with dignity and respect regardless of actual or perceived race, ethnicity, religion, culture, (~~sexual orientation and gender identity~~) or SOGIE. You must connect a child with resources that (~~meets a child's~~) supports and affirms their needs regarding race, ethnicity, religion, culture, (~~sexual orientation and gender identity~~) and SOGIE.

[WSR 18-14-078, recodified as § 110-147-1595, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1595, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1610 How often should the case manager contact the foster child and family? The case manager must contact a foster child and the foster child's foster family(~~ies~~) according to a case plan that reflects the child's needs. Case managers must make in home health and safety visits as required by (~~children's administration~~) the department's policy. Each foster child and one or both foster parents must be seen at each visit.

[WSR 18-14-078, recodified as § 110-147-1610, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1610, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1615 Can children in my care receive services through the extended foster care program? Foster parents can serve

youth enrolled in the extended foster care program. You must adhere to chapter ((388-25)) 110-50 WAC.

[WSR 18-14-078, recodified as § 110-147-1615, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1615, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1620 What are the requirements for supervising children? (1) Your agency is responsible to provide adequate supervision at all times. You should arrange and maintain supervision of children during times of crisis when one or more family members or staff members may be unavailable to provide the necessary supervision or coverage for other children in care.

(2) When special supervision is required and agreed upon between the department and the agency, the agency must ensure the necessary supervision is being provided. This supervision may require auditory or visual supervision at all times.

(3) Prior to placement, you must inquire if a child poses a risk to the other children or has special supervision needs by obtaining information from the parent, ((legal)) guardian, the child's ((~~DSHS worker~~)) DCYF caseworker, therapist, or previous placements. You must:

(a) Develop a plan to address those needs;

(b) Obtain approval from the child's ((~~DSHS worker~~)) DCYF caseworker if the child is under the care and authority of the department; and

(c) Inform the foster parent who will be caring for the child.

(4) All high-risk activities, including the use of power driven machines or other hazardous equipment, must be properly supervised by an adult. When participating in high-risk activities, children must:

(a) Be instructed how to use and required to use appropriate safety equipment, such as helmets and life vests; and

(b) Be in continuous visual or auditory range at all times, unless approved by the child's ((~~DSHS worker~~)) DCYF caseworker.

[WSR 18-14-078, recodified as § 110-147-1620, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1620, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1630 Where may I obtain a child's health history?

You may obtain the health history from the child's ((~~DSHS worker or~~)) DCYF caseworker, parent, or guardian making the placement for all children placed in your facility.

[WSR 18-14-078, recodified as § 110-147-1630, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1630, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1635 Am I required to assess a child's need for immediate medical attention? (1) When a child first enters out-of-home care, an initial health screen is required as soon as possible, but no later than five days after entering your program.

(2) You must also make reasonable attempts to obtain the following health history:

- (a) Allergies;
- (b) All currently prescribed medications; and
- (c) Any special physical or mental health issues.

~~((2))~~ (3) If the child remains in placement beyond ~~((seventy-two))~~ 72 hours, you must contact the child's ~~((DSHS worker))~~ DCYF caseworker, parent, or ~~((legal))~~ guardian to obtain the following information:

(a) The date of the child's last ~~((physical/dental))~~ physical and dental exams;

- (b) ~~((A))~~ Their history of immunizations; and
- (c) Clinical and medical diagnoses and treatment plans.

~~((3))~~ (4) When a child leaves your care, the health history of the child must be retained by your agency or returned to the department.

(5) You should refer to the department of health's dental care brochure, Publication Nos. 920-923 through 920-928, as guides for maintaining proper dental care for children.

[WSR 18-14-078, recodified as § 110-147-1635, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-147-1635, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1635, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1640 When must I get an early and periodic screening, diagnosis, and treatment (EPSDT) exam for a child? (1) Children who enter out-of-home care, except for children placed by DDA through a voluntary placement agreement, must receive an ~~((early and periodic screening, diagnosis and treatment-))~~ EPSDT ~~((-))~~ exam within ~~((thirty))~~ 30 days, unless they have had an EPSDT exam in the previous

~~((thirty)) 30 days. ((Exception:)) DCYF caseworkers will notify you when subsequent EPSDT exams are required.~~

~~(2) For children placed by DDA through a voluntary placement agreement ((for children placed by DDA)), follow the direction of DDA regarding the need for an EPSDT exam after placement(+)). ((Children also receive subsequent periodic EPSDT exams; information on these required exams may be obtained from the child's DSHS worker.))~~

[WSR 18-14-078, recodified as § 110-147-1640, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1640, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1645 What are the requirements for obtaining consent for emergent and routine medical care? (1) The department is the legal custodian for children it places in care. We have the authority to consent to emergent and routine medical services on behalf of a child under the age of ~~((eighteen))~~ 18. Youth in care over the age of ~~((eighteen))~~ 18 must consent to their own medical care or have an identified person who has been granted the legal authority to consent on their behalf. We delegate some of the authority to providers. You must contact the child's ~~((DSHS worker or children's administration))~~ DCYF caseworker or DCYF intake for specific information for each child.

(2) If you care for children in the custody of another agency, tribal court or other court, you must follow the direction of that agency or court regarding permission to provide consent for medical care.

(3) In case of medical emergency, contact the child's ~~((DSHS worker or children's administration))~~ DCYF caseworker or DCYF intake as soon as possible.

(4) It is your responsibility to ensure that a child receives the necessary medical attention if injured or harmed. In the event of a life threatening medical emergency, you must contact 911 prior to transporting the child to a medical facility.

[WSR 18-14-078, recodified as § 110-147-1645, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1645, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1650 Can I accept medication from a child's parent or guardian? (1) The only medicine you may accept from the child's parent, guardian, or responsible relative is medicine in the original container labeled with:

- (a) The child's first and last name;
 - (b) The date the prescription was filled;
 - (c) The medication's expiration date; and
 - (d) ~~((Legible instructions for administration ()))~~ Dosage instructions for the medication that are either the manufacturer's instructions or included on the prescription label ((- of the medication)).
- (2) You must notify the child's ~~((DSHS worker))~~ DCYF caseworker if you have any concerns about medication being provided to you by the child's parent or guardian.

[WSR 18-14-078, recodified as § 110-147-1650, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1650, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1660 What qualifications must adoption services staff meet? (1) Your agency must have staff serving in the roles of executive director, program manager, and case managers as identified in WAC ~~((388-147-1440 through 388-148-1490))~~ 110-147-1440 through 110-148-1490.

(2) Staff may serve in multiple roles, but must meet the qualifications of each program role.

(3) Agencies providing intercountry adoptions must also have an individual on staff with experience in providing intercountry adoptions.

[WSR 18-14-078, recodified as § 110-147-1660, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1660, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1690 What steps must I take prior to entering into a contract with an adoptive applicant? (1) The applicant ~~((-s))~~ must submit an application to your agency.

(2) You must complete an adoption home study as outlined in WAC ~~((388-147-1695))~~ 110-147-1695.

(3) Once you have approved an application, but before you sign a contract for services, you must give the applicants a written statement about:

(a) The adoption agency's fixed fees and fixed charges to be paid by the applicant per WAC ~~((388-147-1680))~~ 110-147-1680;

(b) An estimate of fixed fees or additional itemized expenses to be paid by applicant; and

(c) Specific services covered by fees that you offer for child placement or adoption.

[WSR 18-14-078, recodified as § 110-147-1690, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1690, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-147-1720 How do I maintain children's records? (1) Your ((child placing agency)) CPA must retain a record of each child you place in permanent custody. This record must contain all available identifying legal, medical, and social information and must be kept confidential, as required by chapter 26.33 RCW. Children's records must never be submitted to the department through the licensing provider portal.

(2) If your agency closes, you must make arrangements for a period of ((ninety-nine)) 99 years for the retention of adopted children's records who were not in the custody of the department. You must inform your ((DLR)) LD regional licensor about the closure of your agency and where these children's records will be kept.

[WSR 18-14-078, recodified as § 110-147-1720, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-147-1720, filed 12/11/14, effective 1/11/15.]

OTS-1238.15

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1300 What is the purpose of this chapter? (1) This chapter contains licensing requirements for all foster homes licensed directly by the department or certified through a child placing agency. Unless noted otherwise, these requirements apply to you if you are licensed to provide foster care.

(2) Licensing requirements are designed to ensure children who are in foster care are safe, healthy and protected from all forms of child abuse and neglect according to RCW 26.44.020(1) and chapter ((388-15)) 110-30 WAC.

[WSR 18-14-078, recodified as § 110-148-1300, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1300, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1305 What definitions do I need to know to understand this chapter? The following definitions are for the purpose of this chapter and are important to understanding these requirements:

"Abuse or neglect" means the injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child as defined in RCW 26.44.020.

"Adult" means a person (~~(eighteen)~~) 18 years of age and older, not in the care of the department.

"Agency" is defined in RCW 74.15.020(1).

(~~"CA" means children's administration.~~)

"Asexual" means the lack of a sexual attraction or desire for other individuals.

"Bisexual" means individuals who have an emotional or physical attraction to individuals of the same and different genders.

"Capacity" means the age range (~~(, gender)~~) and maximum number of children on your current license.

"Care provider" means any person who is licensed or authorized to provide care for children, and cleared to have unsupervised access to children under the authority of a license.

"Case manager" means the private agency employee who coordinates the planning efforts of all the persons working on behalf of a child.

"Case plan" means a written document adhered to and followed by a foster child's parent or parents, foster parent or parents, the department, and all other caregivers. A case plan may include, but is not limited to:

(a) A description of the type of home or facility in which a child is to be placed, including a discussion of the safety and appropriateness of the placement and how the department plans to carry out the voluntary placement agreement entered into or judicial determination made with respect to the child;

(b) A plan for assuring that the child receives safe and proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parents' home, facilitate return of the child to their own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan;

(c) The health and education records of the child, including the most recent information available regarding:

(i) The names and addresses of the child's health and educational providers;

(ii) The child's grade level performance;

(iii) The child's school record;

(iv) A record of the child's immunizations;

(v) The child's known medical conditions;

(vi) The child's medications; and

(vii) Any other relevant health and education information concerning the child determined to be appropriate by the department;

(d) Relevant professional assessments of the child;

(e) Court orders concerning the child; and

(f) Any other relevant plan, assessment, knowledge, material, or information concerning the child determined to be appropriate by the department.

"Caseworker" means the primary agency worker assigned to the child through DCYF or another government agency.

"Certification" means either:

((1)) (a) Our review of whether you meet the licensing requirements, even though you do not need to be licensed; or

((2)) (b) A licensed child placing agency (CPA) representing that a foster home being supervised by that CPA meets licensing requirements. The final decision for licensing is the responsibility of ((EA)) DCYF.

"Chapter" means chapter ((388-148)) 110-148 WAC.

"Child," "children," or "youth" for this chapter, means a person who is one of the following:

((1)) (a) Under ((eighteen)) 18 years of age;

((2)) (b) Up to ((twenty-one)) 21 years of age and enrolled in services through department of social and health services, developmental disabilities administration (DDA) the day prior to his or her ((eighteenth)) 18th birthday and pursuing either a high school or equivalency course of study (GED/HSEC), or vocational program;

((3)) (c) Up to ((twenty-one)) 21 years of age and participates in the extended foster care program;

((4)) (d) Up to ((twenty-one)) 21 years of age with intellectual and developmental disabilities;

((5)) (e) Up to ((twenty-one)) 25 years of age and under the custody of ((the Washington state)) juvenile ((justice)) rehabilitation ((administration)).

"Child placing agency ((or)) (CPA)" means an agency licensed to place children for foster care or adoption.

"Child welfare" or "CW" means the division of child welfare within DCYF. CW provides case management to children and families involved in the child welfare system.

"Compliance agreement" means a written improvement plan to address the changes needed to meet licensing requirements.

((("DCFS" means the division of children and family services within children's administration. DCFS provides case management to children and families involved in the child welfare system.))

"DDA" means the department of social and health services, developmental disabilities administration.

"Department" or ((DSHS)) "DCYF" means the department of ((social and health services)) children, youth, and families.

"Developmental disability" is a disability as defined in RCW 71A.10.020.

((("DLR" means the division of licensed resources within children's administration. DLR licenses and monitors foster homes, child placing agencies, and group care facilities.))

"FBI" means the Federal Bureau of Investigation.

"Foster home or foster family home" means a person(s) licensed to regularly provide ((twenty-four-hour)) 24-hour care in their home to children.

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

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

"Gender expression" means individuals' outward communication of their gender through behavior or appearance. This may or may not con-

form to their sex assigned at birth or socially defined behaviors and characteristics typically associated with being either masculine or feminine.

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

"Guardian" has the same meaning in this chapter as defined in RCW 26.33.020(11).

"Guns or weapons" means any device intended to shoot projectiles under pressure or that can be used to attack. These include but are not limited to BB guns, pellet guns, air rifles, stun guns, antique guns, handguns, rifles, shotguns and archery equipment.

"Hearing" means the administrative review process conducted by an administrative law judge.

"I, my, you, and your" refers to an applicant for a license issued under this chapter, and to any party holding a license under this chapter.

"Infant" means a child less than (~~twelve~~) 12 months of age.

"Intellectual and developmental disability" means children with deficits in general mental abilities and impairment in everyday adaptive functioning.

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

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

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

"License" means a permit issued by us confirming that you and your home meet the licensing standards established in this chapter.

"Licensed health care provider" means (~~an MD~~) a medical doctor (~~(+)~~) (MD), (~~(DO)~~) doctor of osteopathy (DO), (~~(ND)~~) doctor of naturopathy (ND), (~~(PA)~~) physician's assistant (PA), or an (~~(ARNP)~~) advanced registered nurse practitioner (ARNP).

"Licensing division (LD)" means the division within DCYF that licenses and monitors foster homes, child placing agencies, and licensed group care facilities.

"Licensor" means either:

((~~1~~)) (a) A (~~(DLR)~~) LD employee who recommends approvals for, or monitors licenses or certifications for facilities and agencies established under this chapter; or

((~~2~~)) (b) An employee of a (~~(child placing agency)~~) CPA who certifies or monitors foster homes supervised by the (~~(child placing agency)~~) CPA.

"Maternity services" as defined in RCW 74.15.020. These are also referred to as pregnant and parenting youth programs.

"Medically fragile" means the condition of a child who requires the availability of (~~(twenty-four-hour)~~) 24-hour skilled care from a health care professional or specially trained family or foster family member. These conditions may be present all the time or frequently occurring. If the technology, support, and services being received by the medically fragile children are interrupted or denied, the child may, without immediate health care intervention, experience death.

"Missing child" means any child less than (~~(eighteen)~~) 18 years of age in licensed care or under the care, custody, and authority of

((EA)) DCYF and the child's whereabouts are unknown ((and/or)) or the child has left care without the permission of the child's caregiver or ((EA)) DCYF. This does not include children in dependency guardianship.

"Nonambulatory" means not able to walk or exit to safety without the physical assistance of another individual.

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

"Out-of-home placement" means a child's placement in a home or facility other than the home of a child's parent, guardian, or legal custodian.

"Parent" has the same meaning in this chapter as defined in RCW 26.26A.010(15).

"Probationary license" means a license issued as part of a corrective action to an individual or agency that has previously been issued a full license but is out of compliance with minimum licensing requirements and has entered into an agreement aimed at correcting deficiencies.

"Property or premises" means your buildings and grounds adjacent to your residential property that are owned or managed by you.

"Psychotropic medication" means a type of medicine prescribed to affect or alter thought processes, mood, sleep, or behavior. These include anti-psychotic, anti-depressant, and anti-anxiety medications.

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

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

"Relative" means a person who is related to a child as defined in RCW 74.15.020.

"Respite" means brief, temporary relief care provided by an in-home or out-of-home provider paid by the department. The respite provider fulfills some or all of the care provider responsibilities for a short time.

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

"SOGIE" is an acronym for sexual orientation, gender identity, and expression which are distinct identifiers everyone has. LGBTQIA+ is a subdistinction within SOGIE self-identifiers. SOGIE includes LGBTQIA+ as well as heterosexual, cisgender, and nonquestioning individuals.

"Transgender" is an umbrella term for individuals whose gender identity or expression is different from cultural expectations based on the sex they were assigned at birth. Gender-affirming medical care is not a prerequisite to identify as transgender. Being transgender does not imply any specific sexual orientation.

"Treatment plan" means individual plans that identify the service needs of the child, including the child's parent or guardian, and identifies the treatment goals and strategies for achieving those goals.

"Two-Spirit" means a modern, pan-indigenous umbrella term used by some indigenous North Americans to describe Native people in their communities who fulfill a traditional third-gender or other gender-

variant, ceremonial, and social role in their cultures. Being Two-Spirit does not imply any specific sexual orientation.

"Washington state patrol fire protection bureau or WSP/FPB" means the state fire marshal.

"We, our, and us" refers to the department of (~~social and health services~~) children, youth, and families, including (~~DLR and DCFS~~) LD and CW staff.

"Young child" refers to a child age (~~twelve~~) 12 months through eight years old.

[WSR 18-14-078, recodified as § 110-148-1305, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-148-1305, filed 5/23/18, effective 6/23/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1305, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1305, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1315 How is an application submitted? (1) You must complete your licensing application packet with all (~~DLR~~) LD required documents within (~~ninety~~) 90 days of submitting the application and background authorization forms to the department. (~~Application packets are available from the division of licensed resources and licensed child placing agencies.~~)

(2) If you do not meet this (~~ninety-day~~) 90-day deadline, your licenser may withdraw your application.

[WSR 18-14-078, recodified as § 110-148-1315, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1315, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-03-095, filed 1/13/20, effective 2/1/20)

WAC 110-148-1320 When will the department grant me a foster family license? (1) We issue you a license when you and everyone in your household meet the licensing requirements contained in this chapter, and all required documents are in the licensing file. In addition, you must maintain all requirements in this chapter and provide verification to your licenser, if requested.

(2) You and other caregivers over the age of (~~eighteen~~) 18 must:

(a) Complete first aid (~~training~~) and age-appropriate, (+) adult or infant (~~CPR~~), (+) cardiopulmonary resuscitation (~~+~~)

(CPR) training. Training must be department approved and accredited with nationally recognized standards; and

(b) Complete (~~(HIV/AIDS and)~~) bloodborne pathogens training including infection control standards consistent with educational materials published by the department of health (~~(, office on HIV/AIDS)~~).

(3) You, your household members, individuals living on any part of your property, and anyone else having unsupervised contact with your foster children must pass a background check, as required by chapter 110-04 WAC:

(a) Anyone (~~(sixteen)~~) 16 years old or older must pass a background check;

(b) Anyone younger than (~~(sixteen)~~) 16 years old must pass a background check if the department determines one is warranted to ensure the safety of a child;

(c) Anyone (~~(eighteen)~~) 18 years old or older must pass an FBI fingerprint-based background check, unless the individual is unable to obtain fingerprints due to a mental or physical disability and can provide documentation of such disability to the department; and

(d) Anyone (~~(eighteen)~~) 18 years old or older must complete a child abuse and neglect registry check from each state they have lived in over the past five years indicating:

(i) No license denials or revocations from an agency that regulates the care of children or vulnerable adults, unless the department determines that you do not pose a risk to a child's health, safety, well-being and long-term stability; and

(ii) No finding or substantiation of abuse or neglect of a child or a vulnerable adult, unless the department determines that you do not pose a risk to a child's safety, well-being, and long-term stability.

(4) You and your household members over the age of (~~(eighteen)~~) 18 must (~~(submit)~~) complete a (~~(negative)~~) tuberculosis (~~(test or an X-ray, unless you can demonstrate a medical reason prohibiting the TB test, or have had a negative TB test within the twelve months prior to receipt of the application)~~) (TB) screening. The department may require a medical evaluation or TB test that is a purified protein derivative skin test or a blood test, based on the results of the TB screening. If there is a positive evaluation or TB test, then the individual must submit a physician's statement identifying that there is no active TB or risk of contagion to children in care.

(5) For any children living in the household not receiving out-of-home care, you must have proof of current immunizations for (any children living in the household, not including children in out-of-home care.) all vaccine-preventable diseases detailed in WAC 246-105-030. For all children not receiving out-of-home care, we may grant a medical exception to this requirement if the immunization is contrary to the child's health as documented by a licensed health care provider on a certificate of exemption.

(6) You and all household members must have pertussis and influenza immunizations to serve foster children who are:

(a) Under the age of two; or

(b) Medically fragile as defined in WAC 110-148-1305.

(c) A medical exception may be granted if the immunization is contrary to your or the household member's health as documented by a licensed health care provider.

(7) Before granting or renewing a license, your licensor will assess your ability to provide a safe home and to provide the quality of

care needed by children placed in your home. Your licensor will also determine that you meet training requirements.

(8) Foster children under the care and authority of the department living in your home do not need to obtain a criminal history check, FBI fingerprint check, or TB test.

[Statutory Authority: RCW 74.15.030, chapter 74.15 RCW, P.L. 115-123 and 42 U.S.C. § 671 (a)(36)(A). WSR 20-03-095, § 110-148-1320, filed 1/13/20, effective 2/1/20. WSR 18-14-078, recodified as § 110-148-1320, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832, and 2017 c 20 § 4. WSR 18-05-037, § 388-148-1320, filed 2/13/18, effective 3/16/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, and 74.13.031. WSR 16-01-121, § 388-148-1320, filed 12/18/15, effective 1/18/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1320, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1330 May I receive more than one in-home family license? (1) In rare situations and at our discretion, we may allow a family to be licensed for foster care and another type of in-home family care. The ((DLR)) LD senior administrator may grant approval if it appears to be in the best interest of a child.

(2) If you have more than one in-home family license:

(a) It must be clear that the health and safety of children is not compromised; and

(b) The total number of children allowed in your home will not be higher than ((CA's)) DYCF's allowed maximum capacity. All licensing agencies must be in agreement.

[WSR 18-14-078, recodified as § 110-148-1330, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1330, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1340 What do I do to renew my license? (1) As a courtesy, a renewal notice will be sent to you ((one hundred and twenty)) 90 days prior to your license expiration date. If you do not receive this renewal notice it is your responsibility to contact your licensor.

(2) You must send the application and background authorization form to renew your license prior to the expiration date of your current license. Your license ((can)) may be closed if we do not receive your application prior to your license expiration date.

[WSR 18-14-078, recodified as § 110-148-1340, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1340, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1350 What are the roles of the department and the CPA? (1) We have the legal authority to license homes for the care of children in out-of-home placement. You may choose to be supervised by us, or by a (~~child placing agency~~) CPA(~~(+)~~).

(2) We license CPAs, including tribal CPAs, to supervise foster homes. The CPA is authorized to certify to the department that you meet the licensing requirements contained in this chapter.

(3) A CPA has the discretion whether or not to certify you. If you disagree with a (~~child placing agency's~~) CPA's decision, you must abide by the (~~child placing agency's~~) CPA's grievance process to challenge the decision.

(4) A CPA may, at their discretion, have additional requirements for you to become and remain a licensed foster home under their supervision.

(5) The department has the final approval for licensing you, if you are certified by a CPA.

[WSR 18-14-078, recodified as § 110-148-1350, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1350, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1355 Can I be licensed as a foster home if I also work for a (~~child placing agency~~) CPA or (~~children's administration~~) DCYF? (1) If you or your (~~relative(s)~~) relatives work for a CPA in the roles of administration, supervision, foster home certification, placement, payment authorization, or case management, you may not be certified by that CPA as a foster home.

(2) If you go to work for the agency that has already certified your home, and you serve in one of these roles, you must be recertified through another agency or become licensed directly by the department within six months of employment.

(3) You or your (~~relative(s)~~) relatives may not have financial interest in an agency and be licensed or certified by that agency.

(4) If you or your relative works for (~~DSHS~~) DCYF, you must follow department policy regarding licensure.

[WSR 18-14-078, recodified as § 110-148-1355, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW

74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1355, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-03-095, filed 1/13/20, effective 2/1/20)

WAC 110-148-1365 What are the personal requirements for foster parents? (1) You must be at least (~~twenty-one~~) 21 years old to apply for a license.

(2) You must demonstrate you have:

(a) The understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, cultural, and social needs of children under your care;

(b) (~~You must have~~) Sufficient regular income to maintain your own family, without the foster care reimbursement made for the children in your care; and

(c) (~~At least one applicant in the home must have functional literacy; and~~

~~(d) You must~~) To be able to communicate with the child, the department, health care providers, and other service providers.

(3) You must adhere to, follow, and comply with the case plan for the children in your care.

(4) You may not use drugs or alcohol, whether legal or illegal, in a manner that affects your ability to provide safe care to children.

(~~(4)~~) (5) You and everyone residing on your premises or who you allow to have unsupervised access to children must demonstrate they have the ability to furnish children with a nurturing, respectful, and supportive environment.

[Statutory Authority: RCW 74.15.030, chapter 74.15 RCW, P.L. 115-123 and 42 U.S.C. § 671 (a)(36)(A). WSR 20-03-095, § 110-148-1365, filed 1/13/20, effective 2/1/20. WSR 18-14-078, recodified as § 110-148-1365, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-148-1365, filed 5/23/18, effective 6/23/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1365, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1365, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1375 What training am I required to have before I become licensed? (1) Before you are licensed for the first time, (~~orientation and~~) preservice training will be required for, at a minimum, the primary caregiver (~~(at a minimum)~~) in your home.

(2) All members of the household over the age of ~~((eighteen))~~ 18 who provide care must have and maintain the following training:

(a) First aid;
 (b) Age appropriate cardiopulmonary resuscitation (CPR); and
 (c) ~~((HIV/AIDS to include))~~ Bloodborne pathogens and infection control standards consistent with educational materials published by the department of health~~((, office on HIV/AIDS))~~.

(3) The department-approved first aid and CPR training must be accredited with nationally recognized standards. It also must include an in-person exercise demonstrating that you are capable of performing CPR.

(4) You must keep records in your home showing completed current first-aid and age appropriate CPR training for all care providers.

(5) Training for CPR is not required if you have a statement from a physician that the training is not advised for medical reasons. In that case, another person with current CPR training must be on the premises when children are present.

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

[WSR 18-14-078, recodified as § 110-148-1375, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1375, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1380 What training must I complete after I am licensed? (1) You and your licensor must develop an individual in-service training plan pursuant to the department's foster home training policy. The training plan will be based on the type of children in your care and your previous training and experience.

(2) If you fail to complete your training ~~((plan))~~ requirements, we may take corrective action by:

(a) Delaying your foster care renewal license until the requirements are met;
 (b) No longer placing children in your home; or
 (c) Issuing a probationary license, suspending, or revoking your license.

(3) We may modify training plans at any time and we may require specific training given the needs of the foster children placed in your home.

[WSR 18-14-078, recodified as § 110-148-1380, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1380, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1385 How do you decide ((how many children may be placed in)) the capacity for my home? (1) We will identify the maximum number, age range, and gender of children that may be placed with you. We will base this on your skills, the number of care providers, the physical accommodations in your home, and the needs of the children placed in your home.

(2) The maximum number of children in a licensed foster home is:

(a) Six children in a home licensed with two caregivers. This includes your own children under the age of ((eighteen)) 18, and children in foster or respite care;

(b) Four children, in a home licensed with one caregiver. This includes your own children under the age of ((eighteen)) 18, and children in foster or respite care;

(c) If you already have the maximum number of your own children as specified in (a) or (b) in this subsection, you may be licensed for one foster child at our discretion if you meet the other licensing requirements.

(3) If you reach maximum capacity during licensure because you give birth or adopt, your licensor will determine your home's suitability for one additional child.

(4) At any one time you may care for not more than:

(a) Two children less than two years of age or who are nonambulatory, including your own children; or

(b) Four children with intellectual and developmental disabilities as defined in RCW 71A.10.020; or

(c) Three medically fragile foster children who need semi-skilled maintenance or supportive services. You must have the qualified training and experience to provide proper care.

(5) You may have placement of a teen parent and their child. Both the teen parent and their child do not have to be in the custody of the department or a CPA, however, they will count towards your maximum capacity.

[WSR 18-14-078, recodified as § 110-148-1385, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1385, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-03-095, filed 1/13/20, effective 2/1/20)

WAC 110-148-1390 Can I accept children outside the limitations of my license? (1) We have the discretion to allow you to temporarily exceed your capacity. ((We may do this when you provide care for a sibling group, respite care, placement of a relative child, or because you have demonstrated exceptional abilities to meet the needs of children.)) The placement must be in the best interest of the child and may not affect the health and safety of other children in the home.

(2) If your home is licensed for six foster children, LD will not allow you to exceed your capacity, except to allow:

- (a) Parenting youths in foster care to remain with their children;
- (b) Siblings to remain together;
- (c) A child who has an established, meaningful relationship with the family to remain with the family; or
- (d) A family with the necessary special training or skills to provide care to a child who has a severe disability.
- (3) The approval must be in writing and we may require a written plan for additional supervision or other requirements before granting approval.

[Statutory Authority: RCW 74.15.030, chapter 74.15 RCW, P.L. 115-123 and 42 U.S.C. § 671 (a)(36)(A). WSR 20-03-095, § 110-148-1390, filed 1/13/20, effective 2/1/20. WSR 18-14-078, recodified as § 110-148-1390, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1390, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1395 Do I have to admit or retain all children? (1) You have the right to decline, to admit, or keep a child in your home ~~((. However))~~, unless your decision violates the Washington state law against discrimination, chapter 49.60 RCW. For example, a provider must not decline a child because of the child's actual or perceived race, ethnicity, religion, sexual orientation, gender identity, or SO-GIE.

(2) Individual CPA programs may have contracts that specify a child cannot be denied admission.

~~((2))~~ (3) You do not have the authority to move a child to another home, ~~((+))~~ either temporarily or permanently ~~((+))~~, without the consent of the child's ~~((DSHS worker))~~ DCYF caseworker or the ~~((child placing agency))~~ CPA case manager. This does not include temporary visits under ~~((seventy-two))~~ 72 hours. You must also comply with travel requirements in WAC ~~((388-148-1435))~~ 110-148-1435.

[WSR 18-14-078, recodified as § 110-148-1395, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1395, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1405 What are the requirements for keeping children's records? (1) When a child is placed in your foster home, you must keep the child's records in your home. You should have the following information, if available:

- (a) The child's name, birth date, and legal status;

- (b) Name and telephone number of the (~~(DSHS worker)~~) DCYF case-worker or case manager for each child in care;
- (c) Names, (~~(address)~~) addresses, and telephone numbers of parents or persons to be contacted in case of emergency;
- (d) Information on specific cultural needs of the child including a cultural plan for native children with input from the child's tribe, if appropriate;
- (e) The child's medical history including any medical problems, name of doctor(s), type of medical coverage and provider;
- (f) The child's mental health history and any current mental health, chemical dependency, and behavioral issues, including medical and psychological reports;
- (g) The child's individualized family service plan;
- (h) A written list of all prescription medications for the children in your care;
- (~~(h)~~) (i) Dental care provider;
- (~~(i)~~) (j) Immunizations records;
- (~~(j)~~) (k) Child's school records, report cards, school pictures, 504 plans, and individual education plans (IEP);
- (~~(k)~~) (l) Special instructions including supervision requirements and suggestions for managing problem behavior;
- (~~(l)~~) (m) Inventory of the child's personal belongings;
- (~~(m)~~) (n) The child's visitation plan;
- (~~(n)~~) (o) Written consent (~~(from the child placing agency, if any,)~~) for providing medical care and emergency surgery (~~(unless that care is)~~), as authorized by a court order(~~(+)~~); and
- (~~(o)~~) (p) Names, addresses, and telephone numbers of persons authorized to take the child in care out of your home.
- (2) Foster parents are encouraged to obtain a copy of the child's court order or voluntary placement agreement that gives approval to place the child, and the child's case plan from the child's (~~(DSHS worker)~~) DCYF caseworker.
- (3) At the end of the child's placement, you must return reports and information about the child or the child's family to the child's (~~(DSHS worker)~~) DCYF caseworker or case manager, or the child's next placement at the discretion of the child's (~~(DSHS worker)~~) DCYF caseworker or case manager.

[WSR 18-14-078, recodified as § 110-148-1405, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1405, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1410 What information is confidential and what information can I share about a child or a child's family? (1) Information about a child or the child's family is confidential and must only be shared with people directly involved in caring for a child on a need to know basis, or involved in the case plan for a child. You may discuss information about the child, the child's family and the case plan only with:

- (a) Our representatives, including DCYF's LD and CW staff (~~from DCFS, DLR and DDA~~);
- (b) Department of health, department of social and health services, office of the state fire marshal and the office of the family and children's ombuds;
- (c) A (~~child placing agency~~) CPA team assigned to the child;
- (d) A child's tribal social services worker;
- (e) Treatment and service providers identified in the child's case plan or with permission of the child's (~~DSHS worker~~) DCYF caseworker; and
- (f) The child's guardian ad litem, court-appointed special advocate (~~and/or~~) and attorney.
- (2) You may check with your child's (~~DSHS worker~~) DCYF caseworker for guidance about sharing information with the child's parent or guardian, teacher, counselor, doctor and others involved in the child's case plan.
- (3) Child placing agencies and the department must share information about the child and child's family related to the case plan with you so that you can meet the child's needs.

[WSR 18-14-078, recodified as § 110-148-1410, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1410, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1415 Where can I get a child's health history? (1)

You may get the health history and immunization record from the (~~DSHS worker~~) DCYF caseworker or (~~child placing agency~~) CPA making the placement for all children placed in your home. The health history should include:

- (a) The date of the child's last physical and dental examination;
- (b) Allergies;
- (c) Any special health (~~problems~~) issues;
- (d) A history of immunizations;
- (e) Clinical and medical diagnoses and treatment plans; and
- (f) All currently prescribed medications.
- (2) When leaving the foster home, the health history of the child must go with the child to the next placement or be returned to the child's (~~DSHS worker~~) DCYF caseworker or CPA case manager.

[WSR 18-14-078, recodified as § 110-148-1415, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1415, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1420 What incidents involving children must I report? (1) You must report the following immediately and in no instance later than ~~((forty-eight))~~ 48 hours after the incident to your local ~~((children's administration))~~ DCYF intake staff and the ~~((child's DSHS worker))~~ DCYF caseworker or ~~((child placing agency~~+)CPA(+)) case manager and child's tribal Indian child welfare (ICW) case manager as applicable:

(a) Death, serious illness or injury, or psychiatric care that requires medical treatment or hospitalization of a child in care;

(b) Any time you suspect or a child discloses physical or sexual abuse, neglect, or exploitation of a child as required under chapter 26.44 RCW;

(c) Sexual contact between two or more children that is not considered typical play between preschool age children;

(d) Any disclosure by a child in care of sexual or physical abuse;

(e) Any child's suicide attempt that results in injury requiring medical treatment or hospitalization;

(f) Any use of physical restraint alleged to have been improperly applied or excessive;

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

(h) Physical assault of a foster parent, employee, volunteer, or others by a child in care that results in injury requiring off-site medical attention or hospitalization;

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

(j) Property damage that is a safety hazard and not immediately corrected or may affect the children's health and safety.

(2) You must report the following incidents related to a child in care as soon as possible or in no instance later than ~~((forty-eight))~~ 48 hours after the incident, to the child's ~~((DSHS worker))~~ DCYF caseworker or CPA case manager and the child's tribal ICW case manager, as applicable:

(a) Suicidal or homicidal thoughts, gestures, or attempts that do not require professional medical treatment;

(b) Unexpected health problems outside the usual range of reactions caused by medications that do not require professional medical attention;

(c) Any incident of medication incorrectly administered or consumed;

(d) Any treatment by a medical professional for emergency medical or emergency psychiatric care;

(e) Physical assault between two or more children that results in injury but does not require professional medical treatment;

(f) Physical assault of a foster parent, employee, volunteer, or others by a child that results in injury but does not require professional medical treatment;

(g) Drug or alcohol use by a foster child;

(h) Any inappropriate sexual behavior by or toward a foster child; or

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

[WSR 18-14-078, recodified as § 110-148-1420, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1420, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1420, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1425 What are my reporting responsibilities when a child is missing from care? (1) As soon as you have reason to believe a child in your care is missing as defined in WAC (~~(388-148-1305)~~) 110-148-1305 or has refused to return to or remain in your care, or whose whereabouts are otherwise unknown, you are required to notify the following:

(a) The child's (~~(assigned DSHS worker)~~) DCYF caseworker, as appropriate;

(b) ((CA)) DCYF intake, if the (~~(DSHS worker)~~) DCYF caseworker is not available or it is after normal business hours;

(c) The case manager, if the child is placed by a (~~(child placing agency program)~~) CPA.

(2) You are required to contact local law enforcement within six hours if the child is missing from care. You must contact law enforcement immediately in any of the following circumstances:

(a) The child is believed to have been taken from placement. This means the child's whereabouts are unknown, and it is believed that the child has been concealed, detained, or removed by another person;

(b) The child is believed to have been lured from placement or has left placement under circumstances that indicate the child may be at risk of physical or sexual assault or exploitation;

(c) The child is age (~~(thirteen)~~) 13 or younger;

(d) The child has one or more physical or mental health conditions that if not treated daily, will place the child at severe risk;

(e) The child is pregnant, or is parenting and the (~~(infant/child)~~) infant or child is believed to be with (~~(him or her)~~) them;

(f) The child has severe emotional problems, (~~(+)~~)e.g., suicidal thoughts(~~(+)~~), that if not treated, will place the child at severe risk;

(g) The child has an intellectual and developmental disability that impairs the child's ability to care for (~~(him/herself)~~) themselves;

(h) The child has a serious alcohol (~~(and/or)~~) or substance abuse problem; or

(i) The child is at risk due to circumstances unique to that child.

(3) After contacting local law enforcement, you must also contact the national center for missing and exploited children at 1 (800)843-5678 and report the child missing from care.

(4) If the child leaves school or has an unauthorized absence from school, you should consult with the child's (~~(worker)~~) DCYF case-worker to assess the situation and determine when you should call law enforcement. If any of the factors listed in subsection(~~(s)~~) (2)(a)

through (i) of this section are present, you and the child's (~~worker~~) DCYF caseworker may decide it is appropriate to delay notification to law enforcement for up to four hours after the end of the school day to give the child the opportunity to return.

(5) You must provide the following information to law enforcement and to the child's (~~DSHS worker~~) DCYF caseworker when making a missing child report, if available:

- (a) When the child left;
- (b) Location the child left;
- (c) What the child was wearing;
- (d) Any known behaviors or interactions that may have caused the child's departure;
- (e) Possible places where the child may go;
- (f) Special physical or mental health conditions or medications that affect the child's safety;
- (g) Known companions who may be aware or involved in the child's absence;
- (h) Other professionals, relatives, significant adults, or peers who may know where the child would go; and
- (i) Recent photo of the child.

(6) You must ask law enforcement for the missing person report number and provide it to the child's (~~DSHS worker~~) DCYF caseworker or staff.

(7) At any time after making an initial report you learn of a missing child's whereabouts or the child returns to your home, you must report that information to the child's (~~DSHS worker~~) DCYF caseworker.

[WSR 18-14-078, recodified as § 110-148-1425, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1425, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1425, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1430 What are other reporting requirements? (1)

Pursuant to RCW 74.15.100, you must notify the department's licensor before moving to a new location. You may request a continuation of your current license at the new location any time before moving or within 30 days after moving.

(2) You must report to your licensor immediately if:

- (a) Your address or telephone number changes;
- (b) The structure of your home is damaged or you plan to make changes to the structure; or
- (c) You have any changes to your original licensing application or you relocate your home.

~~((2))~~ (3) You must report to your licensor any significant changes regarding people in your home and your property including:

- (a) A change in your marital status;
- (b) A separation from your spouse or partner;

- (c) An arrest of anyone on the premises or who has access to children;
- (d) The death of immediate family members living in your home;
- (e) Anyone moving in or out of your home or on the property;
- (f) Any serious physical or mental incapacity that may interfere with the care of children;
- (g) Any changes in a medical condition, including changes in prescription drugs that impact your ability to care for children;
- (h) A change in employment or significant decrease in income; and
- (i) If you adopt a child.
- ~~((3))~~ (4) The above changes may require the department or ~~((child placing agency))~~ CPA to complete a new assessment of your home. This assessment may or may not result in the issuance of a license.

[WSR 18-14-078, recodified as § 110-148-1430, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1430, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1435 What are the travel requirements for children in care? You must get written approval from the child's ~~((DCFS worker))~~ DCYF caseworker for children or youth in the care and custody of the department, prior to any travel over ~~((seventy-two))~~ 72 hours, and any out-of-country travel.

[WSR 18-14-078, recodified as § 110-148-1435, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1435, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-03-095, filed 1/13/20, effective 2/1/20)

WAC 110-148-1440 What are the requirements for my home and property? (1) Pursuant to RCW 74.15.100, your home must be located at the particular, fixed location stated on your license.

(2) Your home must have adequate indoor and outdoor space, ventilation, toilet and bathing facilities, light and heat to ensure the health and comfort of all members of the household.

~~((2))~~ (3) Your home must have a properly operating kitchen with a properly maintained and working:

- (a) Sink;
- (b) Refrigerator;
- (c) Stove; and
- (d) Oven.

~~((3))~~ (4) You must keep your home, property, living areas, and furnishings:

- (a) ~~((Clean,))~~ Safe ~~((,))~~ and sanitary;
- (b) Reasonably free from pests, such as rodents, flies, cockroaches, fleas, and other insects using the least toxic methods available; and
- (c) Free from dangerous objects and conditions that may be a hazard to children.
- ~~((4))~~ (5) You must keep all toxic materials out of the reach of children and separated from food items.
- ~~((5))~~ (6) You must provide adequate laundry and drying equipment, or make other arrangements for laundry on a regular basis.
- ~~((6))~~ (7) People must be able to easily open doors from the inside and outside in all areas of the home that are occupied. This includes closets, bathrooms, and bedrooms. You must also have easy access to the outside in case of an emergency.
- ~~((7) The cleanliness and care of)~~ (8) Your home must meet generally accepted health standards for the storage and preparation of food.
- ~~((8))~~ (9) You must develop a plan with your licensor to address hazardous conditions that are present in your home or on your property.
- ~~((9))~~ (10) You are responsible for following all local and state regulations such as zoning regulations, local building codes, and fire codes. The department may require you to provide proof that you are complying with local regulations.

[Statutory Authority: RCW 74.15.030, chapter 74.15 RCW, P.L. 115-123 and 42 U.S.C. § 671 (a) (36) (A). WSR 20-03-095, § 110-148-1440, filed 1/13/20, effective 2/1/20. WSR 18-14-078, recodified as § 110-148-1440, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1440, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-03-095, filed 1/13/20, effective 2/1/20)

WAC 110-148-1445 What are the requirements for water, garbage, and sewer in my home? (1) You must maintain adequate sewage and garbage facilities ~~((, as well as recycling disposal service if it is available))~~. You must discharge sewage into a public system or into a functioning septic system or a Washington state department of health approved or tribal authority alternative system.

(2) You must have access to a public water supply unless you have a private water supply tested by the local health district or a private water-testing laboratory approved by the Washington state department of ecology or tribal government. Testing is required at the time of licensing, relicensing and at any time the department or ~~((child placing agency))~~ CPA deems necessary.

(3) The temperature of running water ~~((may))~~ must not exceed ~~((one hundred twenty))~~ 120 degrees. If the provider does not have control over the main water temperature, the provider must prevent children from being burned or scalded by hot water.

[Statutory Authority: RCW 74.15.030, chapter 74.15 RCW, P.L. 115-123 and 42 U.S.C. § 671 (a) (36) (A). WSR 20-03-095, § 110-148-1445, filed 1/13/20, effective 2/1/20. WSR 18-14-078, recodified as § 110-148-1445, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1445, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1445, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-03-095, filed 1/13/20, effective 2/1/20)

- WAC 110-148-1455 How must I keep children safe around bodies of water?** (1) You must ensure children in your care are safe around bodies of water. You must:
- (a) Keep all swimming pools and other bodies of water:
 - (i) Fenced with a locking gate; or ~~((~~ether~~))~~
 - (ii) Another LD-approved safety device(~~(~~+~~)~~) and a site-specific supervision plan.
 - (b) Lock hot tubs when not in use;
 - (c) Make all potential water hazards, including wading pools, inaccessible to children when not in use;
 - (d) Equip your swimming pool with a life saving device, such as a ring buoy; and
 - (e) Empty your swimming pool after each use. If your swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.
- (2) All swimming pools and other bodies of water must comply with state and local regulations. You must work with your licensor to establish a plan for the bodies of water based on the development level and behaviors of the children in your home.
- (3) You must observe the following when foster children are swimming in pools and outdoor bodies of water:
- (a) Swim only in designated swimming areas; or
 - (b) Require all children age ~~((~~thirteen~~))~~ 13 and under to wear U.S. Coast Guard-approved personal floatation devices when swimming outside the supervision of a lifeguard.
- (4) If you have any water-based recreation devices, you must use and maintain them according to manufacturer's recommendations. All children and youth who ride in a water-based recreation device must wear a U.S. Coast Guard-approved personal floatation device at all times.
- (5) An adult with current age-appropriate first aid and CPR or a lifeguard must supervise children swimming under age ~~((~~twelve~~))~~ 12, and must be able to see and hear the children at all times. Children under the age of five must be within touching distance of a supervising adult or the birth parent at all times.

[Statutory Authority: RCW 74.15.030, chapter 74.15 RCW, P.L. 115-123 and 42 U.S.C. § 671 (a) (36) (A). WSR 20-03-095, § 110-148-1455, filed 1/13/20, effective 2/1/20. WSR 18-14-078, recodified as § 110-148-1455, filed 6/29/18, effective 7/1/18. Statutory Authority:

Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1455, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-03-095, filed 1/13/20, effective 2/1/20)

WAC 110-148-1470 What are the general requirements for bedrooms?

(1) Each child must have a bedroom, approved by the licensor, with privacy and space that is appropriate and adequate to meet the child's developmental needs. Children may share bedrooms, in compliance with WAC 110-148-1475.

(2) Each bedroom must have unrestricted direct access to outdoors, as well as, one direct access to common use areas such as hallways, corridors, living rooms, day rooms, or other such common use areas.

(3) You must not use hallways, kitchens, living rooms, dining rooms, unfinished basements, or other common areas as bedrooms.

(4) Children must not be required to pass through private bedroom space in order to access common areas of the home.

(5) An adult must be on the same floor or within easy hearing distance and access to where children under six years of age are sleeping.

(6) You must provide an appropriately sized separate bed for each child with clean bedding and a mattress in good condition.

(7) Some children may soil the bed, and you may need to plan accordingly. You must provide waterproof mattress covers or moisture-resistant mattresses if needed. Each child's pillow must be covered with waterproof material or be washable.

(8) You must assure that children have access to clean clothing that is appropriate for their age. You must provide safe storage of children's clothing and personal possessions.

(9) You must provide an infant with a crib that ensures the safety of the infant, and complies with chapter 70.111 RCW and the ~~((Consumer Product Safety Improvement Act of 2008.))~~ current ASTM or consumer products safety commission (CPSC) guidelines, specifically 16 C.F.R. 1219 or 1220. Among other things, these requirements include:

(a) A maximum of 2 3/8" between vertical slats of the crib; and

(b) Cribs, infant beds, bassinets, and playpens must be made of wood, metal, or approved plastic, with secure latching devices and clean, firm, snug-fitting mattresses covered with waterproof material that can easily be disinfected.

(10) You must not cosleep or bed share on any sleeping surface, ((+)) such as a bed, sofa, or chair ((+)) with children in care.

(11) You must place infants on their backs for sleeping, unless advised differently by the child's licensed health care provider.

(12) You must not have loose blankets, pillows, crib bumpers, or stuffed toys with a sleeping infant.

(13) You may swaddle infants using one lightweight blanket upon the advice and training of a licensed health care provider. You must keep the blanket loose around the hips and legs when swaddling in order to avoid hip dysplasia. You may swaddle infants under two months of age unless a licensed health care provider directs otherwise. You

must not dress a swaddled infant in a manner that allows them to over-heat.

(14) You must not use wedges and positioners with a sleeping infant unless advised differently by the infant's licensed health care provider.

(15) You must not use weighted blankets for children under three years of age or for children of any age with mobility limitations.

(16) You may use a weighted blanket upon the advice and training from a licensed health care provider for children over the age of three years who do not have mobility limitations. You must meet the following requirements:

(a) The weight of the blanket must not exceed (~~ten~~) 10 percent of the child's body weight;

(b) Metal beads are choking hazards and must not be used in a weighted blanket;

(c) You must not cover the child's head with a weighted blanket or place it above the middle of the child's chest;

(d) The weighted blanket must not hinder a child's movement; and

(e) The weighted blanket must not be used as a restraint.

(17) You must not allow children to use the loft style beds or upper bunks if the child is vulnerable due to age, development, or condition, such as preschool children, expectant mothers, and children with a disability.

[Statutory Authority: RCW 74.15.030, chapter 74.15 RCW, P.L. 115-123 and 42 U.S.C. § 671 (a)(36)(A). WSR 20-03-095, § 110-148-1470, filed 1/13/20, effective 2/1/20. WSR 18-14-078, recodified as § 110-148-1470, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, and 74.13.031. WSR 17-22-039, § 388-148-1470, filed 10/24/17, effective 11/24/17. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1470, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1470, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1475 What are the requirements for sharing bedrooms?

(1) A provider must consider what bedroom placement is in the best interest of a foster child in consultation with the child's DCYF case-worker and all other children in the household.

(2) Shared bedrooms must provide enough floor space for the safety and comfort of children.

(~~(2)~~) (3) Foster teen parents may sleep in the same room with their children. When a teen parent and (~~his/her infant~~) their children sleep in the same room, the room must contain at least (~~eighty~~) 80 square feet of usable floor space. (~~You must allow~~) Only one parent and (~~infant(s) to~~) their children may occupy a bedroom.

(~~(3)~~) (4) No more than four children (~~shall~~) may sleep in the same room. This includes foster children and any other children.

~~((4))~~ (5) Children (over) under the age (one) of two may share a bedroom with an adult (who is not the child's parent only), if it is (needed for close supervision due to the child's medical or developmental condition and the child's licensed health care provider recommends it in writing) in the best interest of the child and approved by the caseworker.

~~((5))~~ (6) An individual in the extended foster care program may share a bedroom with a younger child of the same gender. If the younger child is unrelated to the individual in the extended foster care program, the younger child must be at least (ten) 10 years of age. A provider may place a child who identifies as transgender or gender fluid in a bedroom with a child of the same or similar gender identity.

~~((6))~~ (7) Foster children may not share the same bedroom with a child of another gender identity unless all children are under age six. In circumstances of transgender or gender fluidity, a provider may place a child in a bedroom with another child of the same or similar gender identity.

~~((7))~~ (8) An exception may be granted to ((388-148-1475)) subsections (3) through (6) of this section with an administrative approval if it is supported by the licenser and the child(ren)'s ((DSHS worker)) DCYF caseworker, and is in the best interest of the child.

[WSR 18-14-078, recodified as § 110-148-1475, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1475, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1475, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1480 What are the requirements for animals? (1) All animals on your property must be safe and properly cared for in a sanitary manner.

~~(2) ((You must comply with city, county, state and federal statutes and regulations regarding:~~

~~(a) Animal safety;~~

~~(b) Vaccinations; and~~

~~(c) Standard veterinary care.)) Pursuant to WAC 246-100-197(3), your dog, cat, or ferret must be vaccinated and revaccinated against rabies following veterinary and USDA licensed rabies vaccine manufacturer instructions, unless a licensed veterinarian states in writing that such vaccinations may be contrary to your pet's health.~~

(3) You ~~((may))~~ must not have an animal in your home or on your premises that is dangerous to children in care.

(4) We have the discretion to limit the type and number of household pets and animals if we determine that there are risks to the children in your care.

(5) All pet medications must be kept in a ~~((separate))~~ locked container.

[WSR 18-14-078, recodified as § 110-148-1480, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1480, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 20-03-095, filed 1/13/20, effective 2/1/20)

WAC 110-148-1495 What are the requirements for smoking around children? (1) You must not allow smoking in your home. You (~~may~~) must not smoke in motor vehicles used to transport children.

(2) You may permit adults to smoke outdoors away from children in accordance with RCW 70.160.075.

(3) These requirements do not apply to traditional or spiritual Native Alaskan/Native American or religious ceremonies involving the use of tobacco.

[Statutory Authority: RCW 74.15.030, chapter 74.15 RCW, P.L. 115-123 and 42 U.S.C. § 671 (a)(36)(A). WSR 20-03-095, § 110-148-1495, filed 1/13/20, effective 2/1/20. WSR 18-14-078, recodified as § 110-148-1495, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1495, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1500 Under what conditions may I have guns and weapons on my property? (1) You must notify your licensor if you or someone else in your home has a gun or weapon on the property. This includes but is not limited to BB guns, pellet guns, air rifles, stun guns, antique guns, handguns, rifles, shotguns and archery equipment.

(2) You must always keep guns and ammunition out of reach of children. When at home, you must keep guns and ammunition in locked containers out of reach of children. You must store guns separate from the ammunition unless stored in a locked gun safe.

(3) You must keep bows and arrows and other weapons in locked containers out of reach of children.

(4) If you store guns in a container that may be easily breakable, you must secure them with a locked cable or chain placed through the trigger guards.

(5) Whenever possible, we encourage you to equip guns with a trigger guard lock.

(6) You must keep keys to the locked storage area of weapons secure from children.

(7) Children may use a gun only if the child's (~~worker~~) DCYF caseworker approves and the youth and supervising adult has completed an approved gun or hunter safety course.

[WSR 18-14-078, recodified as § 110-148-1500, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1500, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1500, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1515 What are the requirements regarding food? (1)

Food served to children in your care must meet their nutritional and developmental needs, with a variety of options for adequate nutrition and meal enjoyment.

(2) Children's cultural needs should also be considered when planning meals.

(3) All home-canned foods must be preserved following published procedures and you must be able to provide the printed published procedures that you followed.

(4) Before you modify a child's diet, you must obtain written authorization from a licensed health care provider for children under the age of (~~ten~~) 10 years.

(5) The milk or milk products you serve must be pasteurized. Children between the ages of (~~twelve~~) 12 and (~~twenty-four~~) 24 months must receive whole milk unless you have written authorization from a licensed health care provider not to serve whole milk.

(6) Children under the age of (~~twelve~~) 12 months must receive formula or breast milk unless the child's licensed health care provider authorizes a different diet.

(7) Before serving a child breast milk you must have approval of the child's (~~DSHS worker~~) DCYF caseworker, licensed health care provider, and parent or guardian. If breast milk is provided by anyone other than a baby's biological mother, it must be obtained through a licensed breast milk bank.

(8) When you are using bottles to feed infants, you must sterilize and use them according to product standards and commonly acceptable practices. You must refrigerate filled bottles if you do not use them immediately, and you must empty the bottle if not used within (~~twenty-four~~) 24 hours.

(9) To prevent burns, formula or breast milk must not be warmed in a microwave oven.

[WSR 18-14-078, recodified as § 110-148-1515, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, and 74.13.031. WSR 17-22-039, § 388-148-1515, filed 10/24/17, effective 11/24/17. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1515, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1520 What services am I expected to provide for children in my care?

(1) You must make all reasonable efforts to ensure that children are not abused or neglected, per RCW 26.44.020(1) and chapter ~~((388-15))~~ 110-30 WAC.

(2) You must provide and arrange for care that is appropriate for the child's age, SOGIE, and development including:

- (a) Emotional support;
- (b) Nurturing and affection;
- (c) Structured daily routines and living experiences; and
- (d) Activities that promote the development of each child. This includes cultural and educational activities in your home and the community.

(3) In caring for infants and young children you must:

(a) Hold infants, under the age of six months, for all bottle feedings;

(b) Hold infants at other times for the purposes of comfort and attention; and

(c) Allow children plenty of free time outside of a swing, crib or playpen.

(4) In caring for youth enrolled and participating in the extended foster care program you must:

(a) Provide a youth opportunity and support for achieving independence; and

(b) Allow a youth responsibility for their actions.

(5) Before making significant changes in a child's appearance, you must consult with the child's ~~((DSHS worker))~~ DCYF caseworker. These significant changes include, but are not limited to, body piercing, tattoos, and major changes in hairstyle or color.

(6) You must follow all state and federal laws regarding nondiscrimination while providing services to children in your care. You must ~~((treat))~~ support and engage with foster children in your care with dignity and respect regardless of actual or perceived race, ethnicity, culture, ~~((sexual orientation and gender identity))~~ sex, or SOGIE.

(7) You must connect a foster child with resources that ~~((meets a child's))~~ supports and affirms their needs regarding race, religion, culture, ~~((sexual orientation and gender identity))~~ and SOGIE. These resources include ~~((cultural,))~~ emotional and developmental support for a child's ethnic identity and SOGIE, educational needs, and spiritual activities in your home and community ~~((including))~~ to include tribal activities within the child's tribal community or extended tribal family. Your licensor ~~((,))~~ or the child's ~~((DSHS worker or))~~ DCYF caseworker, CPA case manager ~~((and/or))~~, or child's tribal ICW case manager can assist you with identifying these resources.

(8) You must ~~((be sensitive to))~~ support a child's religion or spiritual practices ~~((. You must provide))~~ by providing adequate ~~((opportunity))~~ opportunities for religious or spiritual training and allowing a child meaningful participation appropriate to the child's spiritual beliefs. You may not require any child to participate in practices against their beliefs.

(9) You must support a foster child's SOGIE by using their pronouns and chosen name, and respecting the child's right to privacy concerning their SOGIE.

(10) You must provide for the child's physical needs. This includes adequate hygiene, nutritional meals and snacks, and readily available drinking water. This also includes a balanced schedule of rest, active play, and indoor and outdoor activity appropriate to the age of the child in care.

~~((10))~~ (11) You must guide the child to develop daily living skills according to the child's abilities and development. This may include assigning daily chores to children.

~~((11))~~ (12) The department will identify a suitable ~~((perma-
nent))~~ case plan including permanency for children in its care and custody. You ~~((may))~~ must not interfere with this plan. You may attend appropriate shared planning meetings to participate in the decision making process and provide input on the child. You may submit information about the child's permanent plan and other issues through the caregiver's report to the court.

[WSR 18-14-078, recodified as § 110-148-1520, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1520, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1520, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1525 What are the educational and vocational instruction requirements for children in care?

~~((1))~~ You must meet the following requirements for providing education and vocational instruction to the children under your care. For each child you must:

~~((a))~~ (1) Follow the educational plan approved by the child's ~~((DSHS worker))~~ DCYF caseworker;

~~((b))~~ (2) Home schooling ~~((is))~~, private schooling, and alternative learning experience instruction are prohibited for all children in the care and custody of the department, unless approved by a court ruling;

~~((c))~~ (3) Support the child in regular school attendance. If a child is absent from school you must follow the school's reporting requirements. Notify the child's ~~((DSHS worker))~~ DCYF caseworker if the child is absent from school more than three consecutive school days;

~~((d))~~ (4) Receive approval from the child's ~~((DCFS worker))~~ DCYF caseworker prior to making any changes to a child's educational plan;

~~((e))~~ (5) Support the child's educational plan by providing each child with necessary school supplies and a suitable place to study;

~~((f))~~ (6) Develop a transportation plan with the child's ~~((DSHS worker))~~ DCYF caseworker to ensure school attendance; and

~~((g))~~ (7) Encourage older youth to pursue a post-secondary education when appropriate.

[WSR 18-14-078, recodified as § 110-148-1525, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040,

74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1525, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1525, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1530 May children participate in everyday activities under my care? (1) You may decide what family or community activities are appropriate for foster children. These activities must be appropriately supervised and may not interfere with visitation with the child's parents or guardians.

(2) Children may participate in family, community or friend social activities, organized sports activities, or field trips. Overnight stays over (~~seventy-two~~) 72 hours requires (~~DSHS worker~~) DCYF caseworker approval. Any activities requiring travel must comply with WAC (~~388-148-1435~~) 110-148-1435.

(3) All high-risk activities, including the use of power driven machines or other hazardous equipment, must be properly supervised by an adult. When participating in high-risk activities, children must:

(a) Be instructed on, and required to use appropriate safety equipment, such as helmets and life vests; and

(b) Be in continuous visual or auditory range at all times, unless approved by the child's (~~DSHS worker~~) DCYF caseworker.

(4) It may be appropriate for some children to obtain employment when:

(a) Laws regarding minors working are followed; and

(b) The child's work does not interfere with school.

(5) Youth may obtain a driver's license if you agree to act as the "~~(parent/guardian)~~ parent or guardian" for the purposes of the Intermediate Driver's License Law. If you act in this capacity for a youth in out-of-home care who is placed in your home, you will also be responsible for the youth's insurance until the youth leaves your home or ages out of care, or if you choose to cancel the youth's insurance. If you choose to cancel the youth's insurance, you must notify the youth's (~~worker~~) DCYF caseworker at least five days before the cancellation becomes effective.

[WSR 18-14-078, recodified as § 110-148-1530, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-148-1530, filed 5/23/18, effective 6/23/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1530, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1535 Can I provide care to youth enrolled in the extended foster care (EFC) program? ~~((1))~~ You can serve youth enrolled in the ~~((extended foster care))~~ EFC program if you meet the requirements in WAC ~~((388-25-0500 to 388-25-0548))~~ 110-90-0010 through 110-90-0200. The youth enrolled and participating in the ~~((extended foster care))~~ EFC program are considered children only for the purposes of the dependency. Otherwise the youth has the legal status and legal rights of an adult. The youth is responsible for ~~((his or her))~~ their actions, including:

- ~~((a))~~ (1) Purchases;
- ~~((b))~~ (2) Driving;
- ~~((c))~~ (3) Traveling; or
- ~~((d))~~ (4) Financial obligations.

[WSR 18-14-078, recodified as § 110-148-1535, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1535, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1540 What privacy must I provide for children in my care? (1) You must assure the right to privacy of personal mail, electronic mail, and phone calls unless:

- (a) We ask you to provide monitoring; or
 - (b) The court approves implementation of the monitoring as part of the child's case plan.
- (2) ~~((CA))~~ DCYF prohibits the use of video and audio monitoring of children in care in the interior of foster homes unless all of the following are met:
- (a) The ~~((DLR))~~ LD senior administrator grants approval for the use of an electronic monitoring device in your facility following a request by the child's ~~((DSHS worker))~~ DCYF caseworker;
 - (b) The court approves implementation of the monitoring as part of the child's case plan; and
 - (c) You maintain a copy of the approval.
- (3) The prohibition of audio or visual monitoring does not include monitoring of the following:
- (a) Infants or children through four years of age;
 - (b) Medically fragile or sick children;
 - (c) Video recording equipment to document actions of a child as directed in writing by the child's physician;
 - (d) Video recording for special events such as birthday parties or vacations; or
 - (e) The use of door or window alarms or motion detectors.

[WSR 18-14-078, recodified as § 110-148-1540, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1540, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34

and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1540, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1545 What belongings will foster children take when they leave my home? (1) You must permit a child who leaves your home to take their personal belongings with them. This includes belongings the child brought with them and acquired in your care, such as clothing, mementos, bicycles, gifts, and any saved money.

(2) If it is not possible for the child to take their belongings at the time they leave, you are required to secure them for up to ~~((thirty))~~ 30 days and cooperate with the child's ~~((DSHS worker))~~ DCYF caseworker to transfer them to the child, as soon as possible.

[WSR 18-14-078, recodified as § 110-148-1545, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1545, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1550 What medical and dental care must I provide to children? (1) You must ensure that children receive appropriate medical and dental care.

(2) You must make sure children have routine medical, dental, and vision care, and receive transportation to and from these scheduled appointments.

(3) You must arrange for an early and periodic screening, diagnosis and treatment (EPSDT) exam, also referred to as the well child exam (WCE), for children who are in your care for more than ~~((thirty))~~ 30 days, if that child has not had an EPSDT exam in the ~~((thirty))~~ 30 days prior to entering out-of-home care ~~((EXCEPTION))~~, except for children placed by DDA through a voluntary placement agreement. ((+)) For children placed by DDA, follow the direction of DDA regarding the need for an EPSDT exam after placement. ~~((+))~~ In addition, you must ensure that each child in your care ~~((has an))~~ completes regular EPSDT exams according to the EPSDT examination periodicity schedule: First exam by one month of age, then at two, four, six, nine, 12, 15, 18, and 24 months. Exams must be scheduled annually after 24 months of age.

(4) You must obtain and follow instructions from the child's medical provider if you give medication or treatment ~~((r))~~ and use medications as prescribed per the medication label. Prescription or over-the-counter medications ~~((shall))~~ must be clearly labeled.

(5) You must make plans to respond to illness and emergencies, including serious injuries and contact with toxic or poisonous substances.

(6) You must immediately call 911 in a life-threatening emergency and notify:

(a) The child's ((~~DSHS worker~~)) DCYF caseworker or CPA case manager ((~~and/or~~)) and child's tribal ICW case manager; and
 (b) Your licensor.

(7) You must have first-aid supplies available in your home including:

- (a) Protective nonlatex gloves;
 - (b) Bandages;
 - (c) Scissors and tweezers;
 - (d) Ace bandage;
 - (e) Gauze; and
 - (f) Nonbreakable and mercury free thermometer.
- (8) One-way resuscitation masks are recommended but not required.

[WSR 18-14-078, recodified as § 110-148-1550, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1550, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1555 What are the immunization requirements? (1)

Children placed in your home by the department are required to be immunized according to the Advisory Committee on Immunization Practices of the Centers for Disease Control (ACIP/CDC) as established in the Recommended Immunization Schedule for Persons Aged 0-18 Years, United States, 2012 and as amended each subsequent year, except for rotavirus and human papillomavirus.

(2) If a child who has not received all recommended immunizations is placed in your care, you must take the child to a health care provider as soon as medically possible for catch-up immunizations according to the ACIP/CDC catch-up schedule.

(3) You must contact each child's ((~~DSHS worker~~)) DCYF caseworker and your licensor if a serious infection or a communicable disease is a threat to the children in your care. The department may remove a foster child from your home when the threat of a serious infection or communicable disease creates a risk to the health of any child placed in your home.

[WSR 18-14-078, recodified as § 110-148-1555, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1555, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1560 What are the requirements for obtaining consent for emergent and routine medical care? (1) The department is the le-

gal custodian for children it places in care. We have the authority to consent to ~~((emergent))~~ emergency and routine medical services on behalf of a child under the age of ~~((eighteen))~~ 18. Youth in care over the age of ~~((eighteen))~~ 18 must consent to their own medical care or have an identified person who has been granted the legal authority to consent on their behalf. We delegate some of the authority to providers. You must contact the child's ~~((DSHS worker or children's administration))~~ DCYF caseworker or intake for specific information for each child.

(2) If you care for children in the custody of another agency, tribal court or other court, you must follow the direction of that agency or court regarding permission to provide consent for medical care.

(3) In case of medical emergency, contact the child's ~~((DSHS worker or children's administration))~~ DCYF caseworker or DCYF intake as soon as possible.

(4) It is your responsibility to ensure that a child receives the necessary medical attention if injured or harmed. In the event of a life-threatening medical emergency, you must contact 911 prior to transporting the child to a medical facility.

[WSR 18-14-078, recodified as § 110-148-1560, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1560, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1565 How must medications be stored? (1) Prescription and over the counter medications must be kept in a locked container.

~~(2) ((Internal and external medication must be stored separately. (3) Human medication and animal medication must be kept separate and in locked containers.))~~ Life-saving medications must be accessible in an emergency.

[WSR 18-14-078, recodified as § 110-148-1565, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1565, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1570 Who may access stored medications? Only you or another authorized care provider, ~~((+))~~ such as a respite provider ~~((+))~~, is allowed to have access to medications for a child in your care except as noted in WAC ~~((388-148-1580))~~ 110-148-1580.

[WSR 18-14-078, recodified as § 110-148-1570, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1570, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1575 What are other requirements for medications?

(1) You must keep a written record of all prescription medications and the dates given for the children in care. This list must go with the child when ((a-child)) they leave((s)) your home.

(2) You must notify the child's ((DSHS-worker)) DCYF caseworker of changes in prescribed medications.

(3) You must give prescription and over the counter medications as specified on the medication label or as prescribed by persons legally authorized to prescribe medication. This includes herbal supplements and remedies, vitamins, or minerals.

(4) You must give children nonprescription medication according to product instructions and seek medical advice regarding possible interactions with a child's other prescription and nonprescription medications.

[WSR 18-14-078, recodified as § 110-148-1575, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1575, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1580 Can children take their own medications? (1)

You may permit children under your care to take their own medicine as long as:

(a) They are physically and mentally capable of properly taking the medication; and

(b) You obtain and keep written approval by the child's ((DSHS-worker)) health care provider and DCYF caseworker in your records.

(2) When a child is taking their own medication, the medication and medical supplies must be kept locked or inaccessible to unauthorized persons.

[WSR 18-14-078, recodified as § 110-148-1580, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1580, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1590 Can I choose to give prescribed medications, including psychotropic medication? (1) You must not start or stop giving a child's prescribed medication without approval from the child's physician.

(2) In addition to the physician, you must coordinate starting or stopping a child's psychotropic medication with the child's (~~social worker~~) DCYF caseworker to determine what consent is needed. The (~~social worker~~) caseworker may need to obtain consent from the child age (~~thirteen~~) 13 and older, the parent or guardian, or the court.

(3) You must not give medications to a child that has been prescribed for someone else.

[WSR 18-14-078, recodified as § 110-148-1590, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1590, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1595 Can I accept prescription medication from a child's parent or guardian? (1) The only medication you may accept from the child's parent, guardian, or responsible relative is medicine in the original container labeled with:

- (a) The child's first and last name;
- (b) The date the prescription was filled;
- (c) The medication's expiration date; and

(d) Readable instructions for administration (~~(+)~~), either the manufacturer's instructions or instructions printed on the prescription label(~~(+)~~), of the medication.

(2) You must notify the child's (~~DSHS worker~~) DCYF caseworker when you receive a new prescription from a child's parent or guardian before giving it to the child.

[WSR 18-14-078, recodified as § 110-148-1595, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1595, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1600 What is respite care? (1) Respite care is provided by someone who is approved by (~~the department~~) LD and is paid to care for the foster children or provide relief for the foster parents. If the person provides care in their own home, they must be foster licensed. A (~~non-licensed~~) nonlicensed respite care provider

caring for (~~a child(ren)~~) children in your home must follow the requirements to become a (~~DLR~~) LD certified respite provider.

(2) You may arrange respite care to provide substitute care in your absence, or to support you as part of a child's case plan. If you use a respite care provider, you should seek prior approval from the child's (~~DSHS worker~~) DCYF caseworker or CPA case manager (~~and/or~~), and, if applicable, the child's tribal ICW case manager.

[WSR 18-14-078, recodified as § 110-148-1600, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1600, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1605 Who can watch my foster child when I am away from home? (1) You may use a respite provider as defined in WAC (~~388-148-1600~~) 110-148-1600 to watch your foster child when you are away from home.

(2) You may also use a friend or relative as a substitute care provider for foster children when you are away from home without arranging for a background check. Substitute care provided on an occasional basis for less than (~~seventy-two~~) 72 hours will be at your own expense. You may use a substitute care provider only when you have no reason to suspect that (~~he or she~~) the provider would be a risk to children and has no founded child abuse or neglect history or criminal history that would disqualify him or her from caring for children. You must also:

(a) Be familiar and comfortable with the substitute care provider who will be caring for the child;

(b) Meet the substitute care provider and review the expectations regarding supervision and discipline of the foster children;

(c) Provide the substitute care provider any special care instructions; and

(d) Tell the substitute care provider how to contact you in case of an emergency.

(3) If care by the substitute care provider is a regular arrangement, you must have written approval from the child's (~~DSHS worker~~) DCYF caseworker. The substitute care provider must provide evidence of a cleared Washington state patrol background check and meet additional requirements for members of the household as defined in WAC (~~388-148-1320~~) 110-148-1320 (2) and (4).

(4) Based on the special needs of a child, the (~~DSHS worker~~) DCYF caseworker may require the substitute care provider to have additional skills or training.

(5) Teenagers, age sixteen and seventeen, who meet all requirements stated in this section, may supervise no more than three foster children.

(6) Foster children may provide short-term babysitting for children not in foster care. Sexually aggressive and physically assaultive youth (~~may~~) must not babysit children.

[WSR 18-14-078, recodified as § 110-148-1605, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1605, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1605, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1610 What are the requirements for supervising children in my care? (1) You must provide and arrange for adult supervision that is appropriate for the child's age and development.

(2) For each child in your care you must:

(a) Provide personal attention to the child(ren), and additional supervision as needed and required by us; and

(b) Advise the child's (~~DSHS worker~~) DCYF caseworker about your plan for supervision of children in your care if you work outside the home. You will also provide a general plan to your licensor during the licensing process.

(3) When supervising children, you must not:

(a) Leave children under five years of age and children with intellectual and developmental disabilities unattended in a bathtub or shower; or

(b) Use cribs, bassinets, cradles, playpens and swings as a substitute for supervising or one-on-one play with infants and young children.

(4) You are encouraged to obtain and follow a written supervision plan for every child in your care from the child's (~~DSHS worker~~) DCYF caseworker or CPA case manager (~~and/or~~) and tribal ICW case manager.

[WSR 18-14-078, recodified as § 110-148-1610, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1610, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1615 What are the requirements for disciplining children? (1) You must use discipline that is appropriate to the child's age and level of development.

(2) You must establish limits and use positive methods of guidance that promote self-control, self-responsibility, self-direction, self-esteem, and cooperation.

(3) Positive methods include:

(a) Directing children to another activity;

(b) Giving choices when appropriate;

- (c) Time out as a method of guidance, allowing the child time to change (~~(his/her)~~) their behavior;
- (d) Planning in order to prevent problems; and
- (e) Using positive reinforcement and encouraging children to express their feelings and ideas.
- (4) You must not use physical punishment or verbally abusive, neglectful, humiliating, or frightening punishment which includes, but is not limited to:
- (a) Spanking;
 - (b) Cursing;
 - (c) Threats, humiliation or intimidation; and
 - (d) Locked time-out rooms or methods that interfere with a child's basic needs, including withholding of food.
- (5) You and authorized care providers are responsible for discipline; you (~~(may)~~) must not give that responsibility to a child.
- (6) You must allow a child needed services, including contact with the child's (~~(DSHS worker)~~) DCYF caseworker, legal representatives, (~~(legal)~~) parents or guardians, or other family members.
- (7) You will develop a written plan for disciplining children with your licenser and you must follow that plan.

[WSR 18-14-078, recodified as § 110-148-1615, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1615, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

- WAC 110-148-1620 When may a child be restrained?** (1) You may use physical restraint when a child's behavior poses an immediate risk to physical safety. The restraint must be reasonable and necessary to:
- (a) Prevent a child from harming self or others; or
 - (b) Protect property from serious damage.
- (2) You must not use physical restraint as a form of punishment or discipline. You must not use mechanical restraints such as handcuffs and belt restraints unless ordered by the child's physician. You must not use physical restraint that restricts breathing, inflicts pain to manage behavior, or is likely to cause injury that is more than temporary. This includes, but is not limited to:
- (a) Restriction of movement by placing pressure on joints, chest, heart, or vital organs;
 - (b) Sleeper holds, which are holds used by law enforcement officers to subdue a person;
 - (c) Arm twisting;
 - (d) Hair holds;
 - (e) Choking or putting arms around the throat; or
 - (f) Chemical restraints, such as pepper spray.
- (3) You must document your use of physical restraint and send a copy to the child's (~~(DSHS worker)~~) DCYF caseworker and LD licenser within (~~(forty-eight)~~) 48 hours. If you are supervised by a (~~(child placing agency)~~) CPA, you must contact the case manager and keep a copy of the documentation on the premises.

(4) When you have to use physical restraints on a regular basis, you must get prior written approval from the child's ((~~DSHS worker~~)) DCYF caseworker as well as verbal or written approval by ((~~DLR~~)) LD.

[WSR 18-14-078, recodified as § 110-148-1620, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1620, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1625 Will you license or continue to license me if I violate licensing requirements? (1) We may modify, deny, suspend, or revoke your license when:

- (a) You do not meet the licensing requirements in this chapter;
- (b) You or others in your home may not have unsupervised access to children;
- (c) We have determined that you have abused or neglected a child;
- (d) You commit, permit, or assist in an illegal act on the premises of a home or facility providing care to children;
- (e) You knowingly provide false information to us;
- (f) You are unable to manage your property and financial responsibilities; or
- (g) You cannot provide for the safety, health, and well-being of the children in your care; or
- (h) You cannot or will not support a child's cultural needs including needs based on the child's race, ethnicity, religion, or SO-GIE.

(2) We will send you a certified letter telling you of the decision to modify, deny, suspend, or revoke your license. In the letter, we will also tell you what you need to do if you disagree with the decision.

(3) The department has jurisdiction over all foster home licenses and over all holders of and applicants for licenses as provided in RCW 74.15.030(5). This jurisdiction is retained even if you request to withdraw the application, or you surrender or fail to renew your license.

[WSR 18-14-078, recodified as § 110-148-1625, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-148-1625, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1625, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1635 Can people living in my home be disqualified from having access to the children in my care? (1) The department must disqualify people living in your home if they do not meet the requirements of this chapter (~~(388-148-WAC)~~), or cannot have unsupervised access to children because of their background check (chapter (~~(388-06A)~~) 110-04 WAC).

(2) We will notify you if a person in your home is disqualified from having unsupervised access to children. This could also lead to denial, suspension, or revocation of your license.

[WSR 18-14-078, recodified as § 110-148-1635, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031. WSR 16-06-041, § 388-148-1635, filed 2/24/16, effective 3/26/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1635, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1645 What may I do if I disagree with your decision to modify, deny, suspend, or revoke my license, or to disqualify my background check? You have the right to request an administrative hearing if you disagree with any of these actions. You must request this hearing within (~~(twenty-eight)~~) 28 calendar days of receiving a certified letter with our decision (~~((see))~~), as provided in chapters 34.05 RCW and ((chapter 388-02)) 110-03 WAC((.). ~~To request a hearing you must send a letter to the Office of Administrative Hearings, P.O. Box 42489, Olympia, Washington 98504-2489, 1-800-583-8271. The letter must have the following:~~

~~(1) A specific statement why you disagree with our decision and any laws you believe are related to your claim; and~~

~~(2) A copy of the certified letter we sent to modify, revoke, suspend, or deny your license or to disqualify your background check).~~

[WSR 18-14-078, recodified as § 110-148-1645, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, 74.39A.056, 43.43.832. WSR 18-11-138, § 388-148-1645, filed 5/23/18, effective 6/23/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1645, filed 12/11/14, effective 1/11/15.]

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-148-1650 How do I appeal the decision of the office of administrative hearings' administrative law judge? (1) The decision of the administrative law judge is the final decision of the department unless you or the department files a petition for review with ((DSHS)) DCYF board of appeals within (~~twenty-one~~) 21 calendar days after the administrative law judge's decision is mailed to the parties.

(2) The procedure for requesting or responding to a petition for review with the board of appeals is described in ((WAC 388-02-0560 through WAC 388-02-0635)) WAC 110-03-0510 through 110-030-0530.

(3) We will not appeal decisions made by the board of appeals.

(4) If you disagree with the board of appeals, you may file a petition in superior court and ask for further review(~~(.-())~~), as provided in RCW 34.05.510 to 34.05.598(~~(+))~~).

[WSR 18-14-078, recodified as § 110-148-1650, filed 6/29/18, effective 7/1/18. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-148-1650, filed 12/11/14, effective 1/11/15.]