



LICENSING POLICY AGREEMENTS

POLICY ON ABUSE, NEGLECT AND EXPLOITATION

The (WAC 388-148-1420 ABUSE, NEGLECT, EXPLOITATION) states:

Licensees shall protect persons, while in the licensee's care, from child abuse or neglect as defined in RCW 26.44.020.(12).

Furthermore, WAC 388-148-1420 REPORTING OF ILLNESS, DEATH, INJURY, EPIDEMIC, CHILD ABUSE OR UNAUTHORIZED ABSENCE – ALL FACILITIES) states:

The licensee shall immediately report to the persons indicated the following events:

To A Place Called Hope, responsible relative, and child's placement worker (if any), death, or serious injuries which include, but are not limited to: Casting; Hospitalization of a child in care; or Life-threatening illness.

To the department of social and health services, child protective services or law enforcement any instance where there is reasonable cause to believe that child abuse, neglect, or exploitation may have occurred. See chapter 26.44 RCW and WAC 388-148-1420.

To the local public health department any occurrence of food poisoning or communicable disease as required by the state board of health.

To A Place Called Hope or responsible relative the unauthorized absence of a child.

I have read WAC 388-148-1420 ABUSE, NEGLECT, EXPLOITATION and will protect persons in my care from child abuse or neglect as defined in RCW 26.44.020 (12).

I have read WAC 388-148-0120 REPORTING OF ILLNESS, DEATH, INJURY, EPIDEMIC, CHILD ABUSE OR UNAUTHORIZED ABSENCE – ALL FACILITIES) and will report to the appropriate agency as appropriate.

I have read the DSHS publication DSHS 22-163(x) (Rev. 8/95) "Protecting the Abused and Neglected Child".

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

POLICY: On Reporting Serious Incidents

The following protocol will be used when reporting incidents involving foster children:

In any situation requiring immediate medical attention or where there has been serious injury to a foster child/youth or others, it is mandatory that you call 911.

If possible, the next call should be to the APCH Case Manager, Case Manager Supervisor or Clinical Director, if after 5:00 pm and before 9:00 am, the On Call Case Manager at 1-800-9095. In all cases, notification, whether to Children's Administration intake, DSHS social worker or APCH Case Manager or Director MUST BE MADE.

WAC 388-148-1420 WHAT INCIDENTS INVOLVING CHILDREN MUST I REPORT?

(1) You must report the incidents contained in WAC 388-148-0120 (2), as soon as possible and in no instance later than forty-eight hours to your local:

- (a) Children's administration intake staff, and
- (b) The child's Case worker or case manager.

(2) The incidents to be reported include:

- (a) Any reasonable cause to believe that a child has suffered child abuse or neglect;
- (b) Any violations of the licensing or certification requirements where the health and safety of a foster child is at risk and the violations are not corrected immediately;
- (c) Death of a child;
- (d) Any child's suicide attempt that results in injury requiring medical treatment or Hospitalization;
- (e) Any use of physical restraint that is alleged improperly applied or excessive;
- (f) Sexual contact between two or more children that is not considered typical play between preschool age children;
- (g) Any disclosures of sexual or physical abuse by a child in care;
- (h) Physical assaults between two or more children that result in injury requiring off-site medical attention or hospitalization;
- (i) Physical assaults of foster parent or staff by children that result in injury requiring off-site medical attention or hospitalization;
- (j) Any medication that is given incorrectly and requires off-site medical attention; or
- (k) Serious property damage or other significant licensing requirement that is a safety hazard and is not immediately corrected or may compromise the continuing health and safety of children.
- (l) Any emergent medical care (including unexpected health problems that require off-site medical treatment).

(3) You must report the following incidents as soon as possible or in no instance later than forty-eight hours, to the child's social worker, if the child is in the department's custody or to the case manager.

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- (a) Suicidal/homicidal ideations, gestures, or attempts that do not require professional medical treatment;
- (b) Unexpected health problems outside the anticipated range of reactions caused by medications, that do not require professional medical attention;
- (c) Any incident of medication incorrectly administered;
- (d) Physical assaults between two or more children that result in injury but did not require professional medical attention;
- (e) Runaways;
- (f) Any emergent medical or psychiatric care that requires off-site attention; and
- (g) Use of prohibited physical restraints for behavior management as described in WAC 388-148-1420.

If at any time, you have any questions or need assistance, please contact APCH or DCFS immediately.

APCH Office: 253-857-5447 OR

APCH after Hours (after 5:00 pm and before 9:00 am):

ON CALL (360) 710-0399, (253) 303-1730 or (360) 536-3669

DCFS: CPS INTAKE at during working hours (9-5pm): 1-800-762-4902

DCFS: CPS INTAKE after hours (after 5:00 pm and before 9:00 am): 1-800-562-5624

I agree to comply with the above reporting requirements.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Babysitting Plan

We agree to the following Compliance Plan concerning the allowance of Foster Children to baby-sit.

1. In order for any Foster Child placed in our home to do babysitting for our biological children or other Foster Children placed in our home, we must have the written approval from the Foster Child's Social Worker to do so as well as the written approval from the Social Workers of any Foster Child whom babysitting would be provided for.
2. Upon receiving written approval from the appropriate Social Workers for a Foster Child to baby-sit other children in our home, the Foster Child will receive compensation for his or her services. Babysitting will include anytime that a Foster Child provides care for another child. This is not dependent on the length of the service provided and will include watching children after school.
3. If a Social Worker does not permit a Foster Child placed in my home to baby-sit, we will seek another babysitter.
4. Any person that we have identified as a babysitter and are 16yrs-18yrs old who is going to provide care for Foster Children in our home, we will need to have the written approval of the Social Workers of the Foster Children. If approval is given, this person will need to have an authorized background clearance, first aid and CPR, and HIV/AIDS training if the babysitting is a regular arrangement.
5. A babysitter must be at least 16yrs of age. If the babysitter is under 18yrs of age, the babysitter cannot be responsible for more than 3 children.
6. No SAY children will be allowed to baby-sit other children at anytime.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

FOSTER PARENT EXPECTATIONS AS APPLIES TO WAC 388-148-1520 which states:

- (1) Foster parents must be able to meet the child's basic needs and have the knowledge and skills to:
 - (a) Protect and nurture children in a safe, healthy environment with unconditional positive support;
 - (b) Support relationships among children and their parents, siblings, and kin;
 - (c) Meet the developmental needs of the child by:
 - (i) Helping the child cope with separation and loss;
 - (ii) Helping the child build positive attachments to appropriate adults;
 - (iii) Building self-esteem;
 - (iv) Giving positive guidance;
 - (v) Supporting cultural identity;
 - (vi) Using discipline appropriate to the child's age and stage of development;
 - (vii) Supporting intellectual and educational growth;
 - (viii) Encouraging and modeling positive social relationships and responsibilities; and
 - (ix) Helping the child gain age appropriate skills for independence.
- (2) Foster parents must support the permanent placement plan for the child, focusing first on the Birth family reuniting, and then, on options leading to a permanent placement.
- (3) Foster parents are encouraged to participate as members of the child's treatment team.

It is my/our intent as foster parents to comply with the expectations as outlined in WAC 388-148-0505 to the best of my/our ability.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

NATIVE AMERICAN CHILDREN'S RIGHTS

1. I agree to support the cultural and identity needs of Native American children and comply with all state and federal law of Native American children under my care.
2. I agree to abide by all outlined culturally specific case plans for Native American children.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

CULTURE AND BASIC NEEDS WAC 388-148-1520

1. I agree to meet the child's basic needs and to support the child's cultural identity. If I receive a child into my care that I do not have the knowledge and skills to support the child's cultural identity, I will request assistance from the child's caseworker to gain these skills.

How will you support the cultural/identity needs of a child of a different ethnicity or culture than your own? **(PLEASE WRITE YOUR RESPONSE)**

Through books, videos and internet

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

CHANGES TO FOSTER HOME MUST BE REPORTED TO THE LICENSER

WAC 388-148-1430 What changes to my home or facility must I report to my licensor?

(1) You must report to your licensor immediately any changes in the original licensing application.

Changes include any of the following:

- (a) Changes in your location or designated space, including address;
- (b) Changes in your phone number;
- (c) Changes in the maximum number, age ranges, and sex of children you wish to serve;
- (d) Changes in the 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; or
- (f) Changes in household composition, such as:
 - (i) A marriage, separation or divorce;
 - (ii) Incapacity or serious illness of a foster parent or member of the household;
 - (iii) The death of anyone in the household;
 - (iv) A change in employment status or significant change in income; or
 - (v) A change in who resides in the household or is on the premises for more than fourteen days.
- (g) Any arrests or convictions that occur between the date of your license and the expiration date of your license for you or anyone sixteen years or older residing in your home.

(2) A license is valid only for the person or organization named on the license at a specific address. If you operate a group facility or child-placing agency, you must also report any of the following changes to your licensor:

- (a) A change of your agency's executive director or any staff changes;
- (b) The death, retirement, or incapacity of the person who holds the license;
- (c) A change in the name of a licensed corporation, or the name by which your facility is commonly known; or
- (d) Changes in an agency's articles of incorporation and bylaws.

It is my/our intent as foster parents to comply with the expectations as outlined in WAC 388-148-0135 whenever any of the above changes occur in my/our home.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

RESPITE CARE POLICY

WAC 388-148-1600 When may I use respite care?

- (1) Foster families may arrange for respite (brief temporary relief) care with the consent of the child's social worker.
- (2) Respite care may be arranged in advance or on an emergency basis.
- (3) Respite care may be arranged to support the care a foster parent is providing or to provide substitute care in the absence of foster parents.
- (4) Respite care given outside the foster parent's home must be provided by licensed providers.
- (5) While providing respite, licensees must not exceed their licensed capacity and must maintain compliance with the licensing requirements

RESPITE CARE PROVIDER QUALIFICATIONS:

I understand that as a Respite Care Provider, respite care services whether "in home" or "out of home" shall include but are not limited to:

1. Having a current and valid Foster Care License or Day Care License issued by DLR as required in WAC 388-148-0540 (4) or successor regulations, if respite care will be delivered in the home of the person providing the service; OR
2. If the person providing respite care is not a licensed foster parent, that person must meet all of the following criteria to provide respite care:
 - a. Have successfully completed foster parent pre-service training or respite curriculum based on either the National Foster Parents Association (NFPA) Respite model or the Casey Respite model; and
 - b. Have completed and passed a criminal background check through DSHS and the Washington State Patrol (including FBI check, if applicable); and
 - c. Have provided three (3) satisfactory references directly addressing child care capabilities and
 - d. Have valid training certification in CPR/First Aid, Universal Precautions, and TB Tine test.
3. Establish a process for emergency medical treatment, in the event it may be necessary for the child during provision of respite services (Maintain a copy of the Safety Information Intake Sheet in a locked filing cabinet/box – all information on children are confidential).
4. Ensuring protective supervision for the child at all times during respite services
5. Documenting any unusual incidents that occur during the provision of respite services and notifying the social worker, primary caregiver & APCH case manager
6. Ensure that the residence and respite provider holds a current and valid foster care license
7. Respite provider must possess appropriate training, information and support to maintain the child's health, safety and well being during provision of respite services

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

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Foster Agreement

WAC 388-148-1390 What children may child-placing agency foster homes accept?

As part of our requirements, foster homes that child-placing agencies certify as meeting our licensing requirements may accept children only from:

- (1) The licensed child-placing agency that certified the foster home; or
- (2) The department, as long as these conditions are met:
 - a. The child is in the legal custody of, or is under the department's supervision; and
 - b. The child placements are approved in advance in writing by the child-placing agency responsible for supervising the foster home.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

CONFIDENTIALITY CODE

RCW 74.04.060

The agency, the department and its employees are prohibited from disclosing the contents of any records, files, papers, ad communication, except for purposes directly connected with the administration of the programs. Foster parents are subject to the same rules of confidentiality as paid department staff.

WAC 388-148-1410 What information may 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 the case plan for a child.
- (2) You may discuss information about the child, the child's family and case plan only with:
 - a. A representative of the department, including staff from DCFS and DLR; department of health and the office of the state fire marshal;
 - b. The child-placing agency case manager assigned to the child;
 - c. The child's assigned guardian ad litem or court-appointed special advocate; or
 - d. Others designated by the child's social worker
- (3) You may check with your child's social worker for guidance about sharing information with the child's teacher, counselor or doctor, respite care provider or any other professional.
- (4) Child-placing agencies and the department must share with the child's care provider any information about the child and child's family related to the case plan.

I will confirm with the case manager and social worker if there are any safety reasons why unidentified photos of children placed in my home may not be posted on my social networking site (no names, identification of a child as a foster child or case specific information about the child or the child's family).

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Electronic Monitoring Policy 5820**RCW 9.73.030**

The Revised Code of Washington prohibits unauthorized Electronic Monitoring/surveillance and/or recordings which violate a person's guaranteed right of privacy, this includes foster children.

"Electronic Monitoring" means video monitoring or recording and auditory listening or recording used either to watch or listen to children as a way to monitor their behavior.

Except for the reasons listed below, Electronic monitoring of a foster child is prohibited. This includes home security cameras, unless they are pointed at a door or window and do not record activities in the home.

Authorized exceptions:

1. Listening devices to monitor infants or toddlers
2. Listening devices to monitor medically fragile or sick children
3. Video recording to document actions of a child as directed in writing by the child's physician
4. Video recording for special events, such as birthday parties, vacations or other events
5. The use of door alarms, window alarms or motion detectors

If your Case Manager or the child's Social Worker request or authorize electronic monitoring which is not covered above you must have a signed authorization for the activity before proceeding with electronic monitoring.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Discipline Policy/ Philosophy of Discipline**WAC 388-148-1615 What requirements must I follow when disciplining children?**

- (1) You are responsible for disciplining children in your care. This responsibility may not be delegated to a child.
- (2) Discipline must be based on an understanding of the child's needs and stage of development.
- (3) Discipline must be designed to help the child under your care to develop inner control, acceptable behavior and respect for the rights of others.
- (4) Discipline must be fair, reasonable, consistent, and related to the child's behavior.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

WAC 388-148-1615 What types of disciplinary practices are forbidden?

- (1) You must not use cruel, unusual, frightening, unsafe, or humiliating discipline practices, including but not limited to:
 - a. Spanking children with a hand or object;
 - b. Biting, jerking, kicking, hitting, or shaking the child;
 - c. Pulling the child's hair;
 - d. Throwing the child;
 - e. Purposely inflicting pain as a punishment;
 - f. Name calling, using derogatory comments;
 - g. Threatening the child with physical harm;
 - h. Threatening or intimidating the child; or
 - i. Placing or requiring a child to stand under a cold water shower.
- (2) You must not use methods that restrict a child's basic needs. These include but are not limited to:
 - a. Depriving the child of sleep;
 - b. Providing inadequate food, clothing, or shelter;
 - c. Restricting a child's breathing;
 - d. Interfering with a child's ability to take care of their own hygiene and toilet needs; or
 - e. Providing inadequate medical or dental care;
- (3) You must not use methods that deprive a child of necessary services. These include, but are not limited to, contacting:
 - a. The assigned social worker;
 - b. The assigned legal representative;
 - c. Parents or other family members who are identified in the case plan; or
 - d. Individuals providing the child with therapeutic activities as part of the child's case plan.
- (4) You must not use medication in an amount or frequency other than that prescribed by a physician or psychiatrist.
- (5) You must not use medications for a child that have been prescribed for someone else.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Philosophy of Discipline**A written statement describing your discipline method is required by DSHS**

- (1) You must provide a written statement with your application and re-application for licensure describing the discipline methods you use.
- (2) If your discipline methods change, you must immediately provide a new statement to your licensor describing your current practice.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Philosophy of Discipline

Methods of discipline which we/l use and find to be most effective for the following age group are:
(Please list from least harsh to most harsh) (You do not need to fill this out if you have completed the same form in detail in your autobiography, simply write "see autobiography").

Age 0-2 years:

Redirection and distraction

Age 3-5 years:

Time out, making child say sorry or give hugs or say something positive, take something away, explain why they need to be good in all discipline

Age 6-9 years:

Time out, making children say sorry or give hugs or say something positive, take something away, explain why they need to be good in all discipline

Age 10-13 years:

Loss of privileges or restriction (Age appropriate). Explain why they need to be good in all discipline

Age 14yrs and above:

Loss of privileges or restriction (Age appropriate). Explain why they need to be good in all discipline

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

RELIGIOUS POLICY

Family Religious Activities

WAC 388-148-1520 May I take a foster child to church services, temple, mosque or synagogue?

- (1) You may have a child attend church services, temple, mosque or synagogue, if the child chooses to participate.
- (2) You must respect the religious backgrounds or preferences of the children under your care.
- (3) Children have the right to practice their own faith.
- (4) Children have the right not to practice your faith without consequences.

Describe your supervision plan for children who choose not to participate in your religious or spiritual practices.

Read a book in the Fellowship Hall

How will you support and respect the religious rights of the children in your care if they choose to engage in religious or spiritual practice different from yours?

The best as I know How

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

FIREARMS AGREEMENT

Firearms

WAC 388-148-1500 May I have firearms in my home or facility?

- (1) Except for foster homes, you must not permit firearms, ammunition, and other weapons on the premises of homes or facilities that provide care to children.
- (2) If you are licensed as a foster home, firearms, ammunition, and other weapons must be kept in a locked container, gun cabinet, gun safe, or another storage area made of strong, unbreakable material when not in use.
 - a. If the storage cabinet has a glass or another breakable front, the guns must be secured with a locked cable or chain placed through the trigger guards.
 - b. Ammunition must be stored in a place that is separate from weapons or locked in a gun safe. (Guns and Ammunition must be in separate locked containers)
 - c. Weapons and ammunition must be accessible only to authorized persons.
- (3) You may allow a child to use a firearm only if:
 - a. The child's social worker approves;
 - b. Competent adults are supervising use; and
 - c. Both the youth and supervising adult have completed an approved gun safety or hunter safety course.

No Firearms exist in my/our foster home and I/we agree to notify my licensor if I/we bring any into the home.

Firearms exist in my/our foster home.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Supervision Agreement**WAC 388-148-1610 What requirements do you have for supervising children?**

- (1) For all homes you must provide or arrange for care and supervision that is appropriate for the child's age, developmental level, and condition. (Including supervision of children who help with food preparation in the kitchen, based on their age and skills).
- (2) Preschool children and children with severe developmental disabilities must not be left unattended in a bathtub or shower.
- (3) Foster parents must provide the children in their care with appropriate adult supervision, emotional support, personal attention, and structured daily routines and living experiences.
- (4) In foster homes children must be supervised during sleeping hours by at least one awake staff only when it is part of the written supervision plan.
- (5) Adequate supervision should be arranged and maintained during times of crisis when one or more family members may be unavailable to provide the necessary supervision or coverage for other children in care.
- (6) When special supervision is required and agreed upon between the department and the agency or foster parent, the agency or foster parent provides the necessary supervision. This supervision may require auditory or visual supervision at all times
- (7) When a child has exhibited behavior in a previous placement or APCH Staff believe the child poses a safety risk to other children, the agency must inform the foster parents and jointly develop a plan to address the risk.

I agree to comply with all the above requirements and provide appropriate supervision to foster children in my care.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Plan of Supervision

If all adults residing in the foster home are employed outside the home, the following is the plan for childcare during foster parent absences from the home:

One parent will be at home while foster children are in residence

I/We agree to abide by all regulations of the Washington Administrative Code specified for the minimum licensing requirements for foster family homes and agreements as indicated by *A Place Called Hope*.

Each applicant must sign below, once per licensing period. Please do not sign every line.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Licensing Health and Safety Agreements

Pets and Pet Care

WAC 388-148-1480 What are your requirements regarding pets and animals in my home or facility?

- (1) In a foster home you must not have any common household pets, exotic pets, animals, birds, insects, reptiles, or fish that are dangerous to the children in care.
- (2) The department, at its discretion, may limit the type and number of common household pets, animals, birds, insects, reptiles, or fish accessible to children if the department determines there are risks to the children in care.
- (3) You must ensure that common household pets, exotic pets, animals, birds, insects, reptiles, and fish are free from disease and cared for in a safe and sanitary manner.
- (4) Common household pets, exotic pets, animals, birds, insects, reptiles, and fish must be cared for in compliance with state and local ordinances.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Smoking

WAC 388-148-1498 Is smoking permitted around children?

- (1) You must prohibit smoking in the living space of any home or facility caring for children or in motor vehicles while transporting children.
- (2) You may permit adults to smoke outdoors away from and out of the sight of children.
- (3) Smoking recreational marijuana and vaping must follow the same rules as tobacco.
- (4) All smoking supplies and apparatus must be kept locked away from children when not in use.
- (5) Nothing in this section is meant to interfere with traditional or spiritual Native American ceremonies involving the use of tobacco.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Alcohol and Illegal Drugs

WAC 388-148-1485 Are alcoholic beverages or illegal drugs allowed at my home or facility?

(1) In a foster home, you may have alcoholic beverages on the premises as long as they are inaccessible to children. If alcohol is on the premises of a foster home the issue must be addressed in the licensing safety and supervision plan.

(2) Licensed homes must not have illegal drugs on the premises.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Water Safety and Supervision

WAC 388-148-1455

1. I will ensure that children under my care or placed in my home or facility are safe around bodies of water.
2. I will daily empty and clean any portable wading pool that children use.
3. I will ensure that children under twelve are in continuous visual or auditory range at all times, when the children are swimming, wading, or boating, by an adult with current age appropriate first aid and CPR.
4. I will ensure age and developmentally appropriate supervision of any child that uses hot tubs, swimming pools, spas, and around man-made and natural bodies of water.
5. I will ensure that all safety devices and rescue equipment, such as personal flotation devices meet state and federal water safety regulation.
6. I will lock or secure hot tub and spa areas when they are not in use.
7. I will place a fence designed to discourage climbing and have a locking gate around a pool or have another DLR approved safety device. The pool will be inaccessible to children when not in use.
8. I will ensure that if I have a pool or water hazard on my premises, I will have a written licensing safety and supervision plan to ensure the safety of children in my care.
9. I will ensure that individuals supervising children in my home know how and be able to use rescue equipment or have a current life-saving certification, when children are using a pool on my premises.
10. I will require all children under the age of 13 to supervised by an adult with CPR/1st Aid training and wear a Coast Guard approved flotation device at all times while swimming outside of designated swimming areas.
11. I will ensure children under the age of five will be within touching distance of a supervising adult or biological parent at all times while in the water.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Medical Care Policy Statement

As a foster parent I agree to:

1. Report any serious injury or illness to a child's case manager and social worker.
2. Maintain health history and update immunizations for the foster children in my care;
3. Follow recommended hand washing practices to protect myself and the child from the spread of germs;
4. Follow through on all agency approved medical treatment, which may include counseling.
5. I will not use medications in an amount or frequency other than that prescribed by a physician or psychiatrist.
6. I will not use medications for a child that have been prescribed for someone else.

Describe your plan of action to be taken in the event of a medical emergency.

Depending on the severity; call 911, take child to the emergency room or to their doctor. Follow up with call to Social Worker & Agency

Hospital: Saint Anthony Doctor: Imaka Lavivdar

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

WAC 388-148-1550 When must I get an EPSDT for a child under my care?

- (1) An early and periodic screening, diagnosis and treatment (EPSDT) exam must be completed for any child in care more than thirty days, who within the past year, has not had a physical exam by a physician, a physician's assistant, or an advanced registered nurse practitioner (ARNP).
- (2) In consultation with the child's social worker and physician, you must schedule an EPSDT exam by a physician, a physician's assistant, or an advanced registered nurse practitioner (ARNP) according to the published frequency schedule.

NOTE: You may contact the child's social worker for information on this.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

WAC 388-148-1550 Do I need first-aid supplies?

- (1) You must keep first aid supplies, and additional medications recommended by a child's physician, on hand for immediate use. You must keep the telephone number of the poison control center with the first aid supplies and you must post the number on or near your telephone. 1-800-222-1222 is the telephone number for every poison center in the United States.
- (2) The following first aid supplies must be kept on hand:
 - a. Protective non-latex gloves
 - b. Bandages;
 - c. Scissors and tweezers;
 - d. Ace bandage;
 - e. Gauze; and
 - f. Thermometer (non-mercury)

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

WAC 388-148-1405/1415 Am I required to obtain a child's health history? YES!

- (1) You may obtain the health history from the social worker or child-placing agency making the placement for all children that are accepted into your home or facility.
- (2) The health history must include:
 - (a) The date of the child's last physical exam.
 - (b) Allergies
 - (c) Any special health problems;
 - (d) A history of immunizations
 - (e) Clinical and medical diagnoses and treatment plans; and
 - (f) All currently prescribed medication
- (3) When leaving the home, the health history of the child must go with the child to the next placement for continuity of care.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Immunization For My Children (Complete section A or B)

Immunization Section A

My children are up to date with the immunizations listed in the chart below. I will provide my licensor and placement desk with confirmation of these immunizations. I will continue to keep them up to date on these immunizations. I will contact my licensor if anyone in my home contracts any of the illnesses listed in the chart below to be on stop placement until the contagion passes. If I am contacted for a placement, I will decline until the contagion has passed. I will contact my licensor when the contagion has passed so the stop placement may be lifted.

Vaccine/Illness

Usual Incubation Period

Chickenpox	14-16 days after exposure, with a range of 10-21 days. Chickenpox can spread from 1 to 2 days before rash appears until all the chickenpox blisters have formed scabs.*
Diphtheria	2-5 days (range 1-10 days)*
Hib	The incubation for Hib is unknown, but it is probably less than one week per the New York Department of Health.
Measles	Averages 10-12 days. From exposure to rash onset averages 14 days.*
Mumps	14-18 days (range 14-25 days)*
Pertussis	Symptoms may develop for as long as 6 weeks after exposure. The incubation period of Pertussis is commonly 7-10 days (with a range of 4-21 days)*
Polio	Commonly 6-20 days (with a range of 3-35 days)*
Pneumococcal	Major clinical syndromes of pneumococcal disease are pneumonia, bacteremia, and meningitis. The incubation periods vary depending on which of the three major conditions are present.*
Rotavirus (vaccine by 8 months)	Approximately 2 days*
Rubella	14 days (with range of 12-23 days)*

*Per Center for Disease Control and Prevention

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Agency Licensor Signature: _____ Date: _____

LICENSING POLICY AGREEMENTS

Immunization Section B

Check all of the following boxes that apply if Immunizations Section A is not completed.

I have attached a medical statement that a child of mine has a medical condition which makes immunizations not advised.

I have a religious, philosophical objection to immunizations. I will contact my Licensor to obtain the DSHS 15-455 Certificate of Exemption and work with my medical provider to get it completed.

I will contact the licensor and placement desk to be put on stop placement if I learn that my family has been exposed to or has an illness listed on the chart above. If I am contacted for a placement, I will decline until the contagion has passed. I will contact my licensor and placement desk when the contagion has passed so the stop placement may be lifted.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Immunization Section C (For homes taking placement of children under the age of 2 years)

All household members have verification of Pertussis and annual influenza vaccinations.

Household members are in the process of obtaining Pertussis and/or influenza vaccinations.

Household member is exempted from the influenza vaccination, due to a severe medical consequence. The household member will work with a medical provider to complete the DSHS Medical Exemption for Influenza vaccination.

N/A I will not be taking placements of children under the age of two years.

NOTE: Exemptions will not be granted for Pertussis vaccinations for families taking placements of children under the age of two years.

WAC 388-148-1415 Am I required to obtain a child's health history?

(4) You may obtain the health history from the social worker or child-placing agency making the placement for all children that are accepted into your home.

(5) The health history must include:

- (a) The date of the child's last physical exam.
- (b) Allergies
- (c) Any special health problems;
- (d) A history of immunizations
- (e) Clinical and medical diagnoses and treatment plans; and
- (f) All currently prescribed medication

(6) When leaving the home, the health history of the child must go with the child to the next placement for continuity of care.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

EMPLOYMENT POLICY

May I be employed if I am a Foster Parent?

- 1) If you are a single parent or both parents of a two-parent household employed outside the home, you must give the child-placing agency or the department a written outline of your plan for supervising the children under your care while you are working.
- 2) At least one parent must be available to respond to school or medical crisis.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

WAC 388-148-1560 What are the requirements for obtaining consent for medical care for children under my care?

- (1) In general, the department is the legal custodian of a child in foster care. The department has the authority to consent to emergent and routine medical services on behalf of the child. The department delegates some of that authority to out-of-home placement providers (both foster parents and facility-based programs). You must contact the child's social worker or children's administration intake (emergency placements) for specific information for each child.
- (2) In case of medical emergency, contact children's administration intake as soon as possible.
- (3) 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.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

STORAGE OF MEDICATIONS

WAC 388-148-1565

1. I will keep all medications, including pet medications, vitamins and herbal remedies, in locked storage.
2. Pet and human medications must be stored in separate places.
3. You must store external medications separately from internal medications.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Medication Management Policy

WAC 388-148-1570 What are the requirements for the management of medication for children in my care?

General medication management requirements

- (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 or another authorized care provider (such as a respite provider) are allowed to have access to medications for a child under your care.
- (3) You or another authorized care provider must give prescription and nonprescription medications:
 - (a) Only as specified on the prescription label; or
 - (b) As otherwise approved by a physician or another person legally authorized to prescribe medication.
- (4) If you care for children in the custody of another agency, tribal or other court you must follow the direction of that agency or court regarding giving or applying prescription and nonprescription medications.
- (5) Foster homes must keep a record of all prescription medication given to a foster child.
- (6) All licensees, except foster homes, must keep a record of all prescription and nonprescription medications given to children in care.

Nonprescription medications

- (7) You or another authorized care provider may give the following nonprescription medications according to product instructions, without prior approval of the department:
 - (a) Non aspirin antipyretics/analgesics, fever reducers/pain relievers;
 - (b) Non narcotic cough suppressants;
 - (c) Decongestants;
 - (d) Antacids and anti-diarrhea medication;
 - (e) Anti-itching ointments or lotions intended specifically to relieve itching;
 - (f) Shampoo for the removal of lice;
 - (g) Diaper ointments and powders intended specifically for use in the diaper area of children;
 - (h) Sun screen for children over six months; and
 - (i) Antibacterial ointments.

Note: Other nonprescription medications may be given with a physician's standing order, if the order is child specific.

Prescription medications

- (8) Children taking prescription medications, internally, must have the prescribing physician's written authorization before any other medications, herbal supplements, remedies, vitamins, or minerals are given.
- (9) You must notify the child's social worker of changes in prescribed medications.
- (10) Except for foster homes, the disposal of any prescription medication must be documented and contain the following information:
 - (a) What medication was disposed;
 - (b) The name of the child the medication was prescribed for;
 - (c) The amount disposed;
 - (d) The name of the individual disposing of the medication; and

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(e) The name of the individual witnessing the disposal.

Note: You may consult with a pharmacist on the proper disposal of medications that are no longer being taken or have expired.

Psychotropic medications

(11) Care providers must not consent to giving or stopping a psychotropic medication. Consent to begin or to stop a psychotropic medication for a child can only be given by one of these:

- (a) The child's parent;
- (b) Dependency guardians based on the authority of the dependency guardianship court order;
- (c) A court order; or
- (d) The child's social worker, if:
 - (i) The child is legally free and in the permanent custody of the department; or
 - (ii) It is impossible to obtain informed parental consent after normal work hours, on weekends, or on holidays.

I/We agree to abide by all regulations of the Washington Administrative Code specified for the management of medications for Foster Children.

Each applicant must sign below, once per licensing period. Please do not sign every line.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

ORIENTATION & TRAINING

WAC 388-148-1565 What are the training requirements for foster parents and prospective foster parents?

- (1) All applicants must attend required orientation. At least one applicant must complete pre-service training programs that the department sponsors, or that your licensed child-placing agency offers; and
- (2) Complete all other required DLR-approved training after licensing.

I have received, read, understand, and agree to complete and submit a criminal background check to DSHS. I have received, read, understand and agree to comply with the provisions of Chapter 74.15 of the RCW (Childcare Agent Licensing Statute) and the provisions of Chapter 388-73 of the WAC (Minimum Licensing Requirements). I understand that failure to comply with Washington State Laws or A Place Called Hope Policies may result in revocation of my license certification.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

POLICY: TRANSPORTATION OF CHILDREN

Note: A Place Called Hope requires all employees, foster parents, or other persons transporting foster children to have auto liability insurance of \$100,000/\$300,000 and they must provide proof (declarations page from insurance carrier) of insurance for their personnel file.

I agree to comply with the following transportation policy as per WAC 388-148-1510:

When you transport children under your care, you must follow these requirements.

- (1) The vehicle must be kept in a safe operating condition.
- (2) The driver must have a valid driver's license.
- (3) There must be at least one adult other than the driver in a vehicle when:
 - (a) There are more than five preschool-aged children in the vehicle;
 - (b) Staff-to-child ratio guidelines or your contract require a second staff person; or
 - (c) The child's specific needs require a second adult person.
- (4) The driver or owner of the vehicle must be covered under an automobile liability insurance policy.
- (5) Your vehicles must be equipped with, seat belts, car seats and booster seats, and/or other appropriate safety devices for all passengers as required by law.
- (6) The number of passengers must not exceed the vehicle's seat belts.
- (7) Buses approved by the state patrol are not required to have seat belts.
- (8) All persons in the vehicle must use seat belts or approved child passenger restraint systems, as appropriate for age, whenever the vehicle is in motion.
- (9) I have completed the Transportation Certification in the Safety and Emergency Preparation Document. (APCH Form L 005)

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

SEAT BELT POLICY

WAC 388-148-1510 States concerning seat belts:

- (1) Your vehicles must be equipped with, seat belts, car seats and booster seats, and/or other appropriate safety devices for all passengers as required by law.
- (2) The number of passengers must not exceed the vehicle's seat belts.
- (3) Buses approved by the state patrol are not required to have seat belts.
- (4) All persons in the vehicle must use seat belts or approved child passenger restraint systems, as appropriate for age, whenever the vehicle is in motion.

I agree to follow all of the Seat Belt Policy as outlined by the WAC and APCH.

Primary contact Signature: _____ Date: _____



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Secondary contact Signature: _____ Date: _____

ORIENTATION & TRAINING

WAC 388-148-1565 What are the training requirements for foster parents and prospective foster parents?

- (1) All applicants must attend required orientation. At least one applicant must complete pre-service training programs that the department sponsors, or that your licensed child-placing agency offers; and
- (2) Complete all other required DLR-approved training after licensing.

I have received, read, understand, and agree to complete and submit a criminal background check to DSHS. I have received, read, understand and agree to comply with the provisions of Chapter 74.15 of the RCW (Childcare Agent Licensing Statute) and the provisions of Chapter 388-73 of the WAC (Minimum Licensing Requirements). I understand that failure to comply with Washington State Laws or A Place Called Hope Policies may result in revocation of my license certification.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

Policy: Cellular Phone Use in Foster Homes

WAC 388-148-1450 requires a telephone in the foster home for incoming and outgoing calls. Increasingly, families are electing to use cellular phones instead of the traditional land lines; this is acceptable provided the WAC is met.

<p>WAC 388-148-1450 Do I need a telephone at my home or facility? The State of Washington has two requirements for the telephone that you must meet at your home or facility.</p> <ul style="list-style-type: none"> (1) You must have at least one telephone on the premises for incoming and outgoing calls. The telephone must be accessible for emergency use at all times. (2) You must post emergency phone numbers next to the phone, or at a specified place for easy access. <p><small>[Statutory Authority: RCW 74.15.030 and chapter 74.15 RCW. 04-08-073, § 388-148-0275, filed 4/5/04, effective 5/6/04. Statutory Authority: RCW 74.15.030. 01-18-037, § 388-148-0275, filed 8/28/01, effective 9/28/01.]</small></p>
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The policy of A Place Called Hope is that a foster family can use cellular phones instead of land lines as long as the following rules being met:

- 1) The cell phone is located in one place, identified to all living in the home, when any foster child is on the premises and is accessible to the foster child(ren).
- 2) Emergency phone numbers located next to the cell phone or at a specified place for easy access and cell phone is charged for immediate use.

It is the general policy of A Place Called Hope that foster children should not own personal cell phones while in the APCH Foster Care Program. However, if having a personal cell phone is necessary or recommended by child’s social worker and acceptable to the foster parents the foster child may have a personal cell phone as long as the following provisions are in force. This does not preclude providing a temporary cell phone to a foster child for limited activities allowing them to stay in touch.

- 1. Any use of cell phones should be discussed with the case manager.



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2. The cell phone is not included in the foster parents or another person's family contract.
3. The cell phone is on a month-to-month pre-paid subscription.
4. The foster child is responsible for added monthly minutes, if needed.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____

LICENSE APPLICATION SUPPLEMENT

IN MAKING THIS APPLICATION, I WOULD LIKE TO MAKE THIS STATEMENT:

1. I HAVE READ THE LICENSING STANDARDS.
2. I REALIZE THAT MAKING THIS APPLICATION ALLOWS THE STATE OF WASHINGTON TO INVESTIGATE MY CHARACTER AND PROCURE REFERENCES TO DETERMINE MY COMPLIANCE WITH LICENSING STANDARDS.
3. I AM AWARE THAT, IF LICENSED, I AM SUBJECT TO REASONABLE INSPECTION TO DETERMINE CONTINUED COMPLIANCE WITH STANDARDS.
4. I AM AWARE THAT FAILURE TO COMPLY MAY BE REASON FOR SUSPENSION OR REVOCATION.
5. I AM AWARE THAT TO OPERATE WITHOUT A VALID LICENSE CONSTITUTES AN ILLEGAL ACT AND IS SUBJECT TO STATUTORY PENALTIES AS PROVIDE FOR IN RCW 74.13.020.
6. I AM AWARE THAT THE LICENSE IS TIME-LIMITED AND TO CONTINUE TO OPERATE, I NEED TO REAPPLY.
7. I FURTHER STATE THAT STATEMENTS MADE ON THE ATTACHED FORMS AND OTHER STATEMENTS MADE IN THE COURSE OF THE INVESTIGATION OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____

PUBLIC DISCLOSURE

The Public Records Act, Chapter 42.17 RCW, governs access to and disclosure of public records. CA is required to make identifiable public records promptly available for inspection and copying upon request by any person unless nondisclosure is required or authorized by law. RCW 42.17.28.

I have read and reviewed the WAC booklet and agree to comply with all licensing requirements.

Foster Parent Signature: _____ Date: _____



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Foster Parent Signature: _____ Date: _____