

# DCYF\_LD\_Group Care Health Practices and Medication Management

## Table of Contents

WAC 110-145-2930 Medical consent and care .....	2
WAC 110-145-2940 Evaluating children’s and youth’s medical needs at admission.....	3
WAC 110-145-2950 Immunization requirements for children and youth .....	5
WAC 110-145-2960 Prevention of communicable disease .....	6
WAC 110-145-2970 Accepting, storing, and disposing of medication .....	7
WAC 110-145-2980 Medication administration and documentation.....	9
WAC 110-145-2990 Alcohol, marijuana, and illegal drugs .....	12
WAC 110-145-3000 Smoking and vaping .....	13
WAC 110-145-3100 Personal hygiene.....	14
WAC 110-145-3110 Food storage and preparation .....	15
WAC 110-145-3120 Meals, snacks, and menus .....	16



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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## WAC 110-145-2930 Medical consent and care

### NEW SECTION

#### **WAC 110-145-2930 Medical consent and care.**

##### **(1) Medical consent.**

(a) The department is the legal custodian for department children and youth and has the authority to consent to emergency and routine medical services on behalf of these children and youth when they are under 18 years old;

(b) Youth in care ages 18 to 21 years old must:

(i) Give consent for their own medical care; or

(ii) Have an identified individual who has been granted legal authority to give consent on their behalf;

(c) Licensees may only consent to emergency or routine medical services for the department children and youth in their care when the department has delegated the authority to them; and

(d) Licensees caring for:

(i) Children or youth in the custody of another agency, tribal court, or other court must follow the direction of that agency or court regarding permission to give consent for medical care; and

(ii) Community children or youth must get consent from the parents or guardians of the child or youth to receive medical care, unless the youth have the legal authority to consent for their own medical care.

##### **(2) Medical care.** Licensees must complete the following:

(a) Consult children's or youth's established licensed health care provider when seeking medical advice, treatment, or exams, unless:

(i) An emergency situation exists;

(ii) Their established licensed health care provider is not known to the licensee;

(iii) Their established licensed health care provider is not available within the necessary time frame; or

(iv) An in-person visit is required, and their established licensed health care provider is not within reasonable proximity;

(b) Take the necessary actions for children and youth to receive routine medical care or care if they are injured or harmed, unless they refuse medical care;

(c) Notify the child's or youth's representatives, if the child or youth refuses medical care; and

(d) Contact 911 if a life-threatening medical emergency occurs prior to transporting the child or youth to a medical facility, even if they refuse medical care.

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## WAC 110-145-2940 Evaluating children's and youth's medical needs at admission

### NEW SECTION

#### **WAC 110-145-2940 Evaluating children's and youth's medical needs at admission.**

- (1) Licensees must obtain immediate medical care for a medical emergency, per WAC 110-145-2930.
- (2) **Obtaining health history information.** Licensees must attempt to obtain all information relevant to children's or youth's emergent medical needs upon admission:
  - (a) This information must include:
    - (i) Allergies;
    - (ii) Physical or mental health conditions, including injuries;
    - (iii) Dental or optometry conditions;
    - (iv) Medications they are currently taking; and
    - (v) Other treatments they are receiving; and
  - (b) Licensees may gather this information from:
    - (i) Observation;
    - (ii) The child or youth;
    - (iii) The child's or youth's health record; or
    - (iv) The child's or youth's representatives.
- (3) If the child or youth has immediate physical, mental health, dental, or optometry needs, the licensees must arrange for care as necessary.
- (4) Licensees must follow the schedule outlined by DOH for routine dental exams for children and youth in care.
- (5) **Initial health screens.** Licensees must take children or youth to a licensed health care provider for an initial health screen, except for interim facilities:
  - (a) When the children or youth enter out-of-home care for the first time or it is their first placement other than having been in interim facilities; and
  - (b) As soon as possible, but no later than 14 days after entering the licensee's care; or
  - (c) Unless the child or youth:
    - (i) Came to the facility from a hospital or pediatric interim care;

Original Date: May 19, 2025

Licensing Division | Approved for distribution by Jesse Byrd, Workforce Development and Training Administrator

- (ii) Is receiving services through a child or youth advocacy center or sexual assault clinic;
  - (iii) Has had an EPSDT exam in the last 30 days;
  - (iv) Receives an EPSDT exam within the first 14 days of entering the licensee's care; or
  - (v) Entered DDA services as a community child or youth with a voluntary placement agreement.
- (6) Licensees must:
- (a) Verify the initial health screen is conducted by the children's or youth's established licensed health care providers if possible; or
  - (b) Work with the children's or youth's representatives if it is not possible to see their established licensed health care providers.
- (7) **EPSDTs.** Licensees must, except for interim facilities:
- (a) Take children and youth to a licensed health care provider for an EPSDT exam within the first 30 days of entering the licensee's care, unless they have had an EPSDT exam in the last 30 days;
  - (b) Obtain a copy of documentation of the EPSDT exam;
  - (c) Verify the EPSDT documentation:
    - (i) Is signed by the licensed health care provider; and
    - (ii) Identifies any:
      - (A) Chronic medical issues;
      - (B) Immediate health concerns; and
      - (C) Follow-up actions or appointments needed;
  - (d) Notify the child's or youth's representatives of the date of the scheduled exam if an appointment with a licensed health care provider is not available within the required time frames in this section; and
  - (e) Follow the schedule outlined by a licensed health care provider for subsequent periodic EPSDT exams.

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

### NEW SECTION

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

Licensees must meet the following immunization requirements:

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

## WAC 110-145-2960 Prevention of communicable disease

### NEW SECTION

#### **WAC 110-145-2960 Prevention of communicable disease.**

(1) Licensees must comply with the following to prevent communicable disease:

(a) Prohibit personnel with a contagious disease as defined in WAC 246-110-010 from being on duty until they are no longer in an infectious stage as determined by:

(i) CDC guidelines;

(ii) The local health jurisdiction; or

(iii) A licensed health care provider;

(b) Promote personal hygiene to help prevent the spread of germs;

(c) Develop and follow written infection control policies and procedures approved by the department that include, but are not limited to:

(i) Isolation of sick children and youth;

(ii) Germ control procedures;

(iii) Hygiene, including handwashing, toilet use, diapering, and laundering;

(iv) Prevention of the transmission of communicable diseases including management and reporting;

(v) First aid;

(vi) Care of minor illnesses;

(vii) Actions to be taken for medical emergencies; and

(viii) Infant care procedures if licensed to care for infants; and

(d) Arrange to have an RN or a licensed health care provider help develop and periodically review their policies and procedures described in (c) of this subsection if licensed to care for 13 or more children or youth.

(2) The department may recommend licensees who are licensed for fewer than 13 children or youth consult with an RN or a licensed health care provider to help develop and periodically review their policies and procedures described in subsection (1)(c) of this section.

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

### NEW SECTION

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

(1) Licensees must:

(a) Develop and follow policies and procedures approved by the department on accepting, storing, and disposing of medication; and

(b) Arrange to have an RN or a licensed health care provider help develop and periodically review their policies and procedures in (a) of this subsection if licensed to care for 13 or more children and youth in a facility.

(2) The department may recommend licensees licensed for fewer than 13 children or youth consult with an RN or a licensed health care provider to help develop and periodically review their medication management and administration policies and procedures in subsection (1)(a) of this section.

(3) Licensees must complete the following when:

**(a) Accepting medication:**

(i) Keep medication for children and youth in care in a pharmacy-labeled container with:

(A) Their first and last name;

(B) The date the prescription medication was filled;

(C) The expiration date on the medication; and

(D) Legible instructions for administration of the medication, specifically the manufacturer's instructions or the prescription label; and

(ii) Consult and follow the recommendations of the following individuals if they have concerns about medication provided by the child's or youth's parents or guardians:

(A) The medication prescriber;

(B) A pharmacist; or

(C) A licensed health care provider;

**(b) Storing medication:**

(i) Follow manufacturer's specifications, including refrigerated medications;

(ii) Store human and animal medications separately and in locked containers; and

(iii) Store prescription and over-the-counter medications, except nasal spray naloxone, in a locked container in a manner that minimizes the risks for medication error;

Original Date: May 19, 2025

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**(c) Storing emergency medication:**

(i) Have a written plan for children and youth in care who have emergency medication, other than naloxone nasal spray, that is reflective of their developmental capabilities and that outlines the following:

(A) How the medication will be easily accessible in an emergency;

(B) How the medication will be kept inaccessible to other children and youth in care; and

(C) The plan for taking medication off-site;

(ii) When naloxone is on-site:

(A) Naloxone in a nasal spray form must be stored in a place where it is easily accessible in case of an emergency, except children or youth may keep their own naloxone nasal spray in their personal belongings; and

(B) Naloxone in an injectable form must be stored in a locked container; and

**(d) Disposing of medication:**

(i) Follow the Food and Drug Administration guidelines for proper disposal of medications that are no longer being taken or have expired; and

(ii) Document the following information when disposing of any prescription medication the:

(A) Name of the:

(I) Medication that was disposed;

(II) Child or youth for whom the medication was prescribed;

(III) Individual disposing of the medication; and

(IV) Individual witnessing the disposal;

(B) Date disposed; and

(C) Amount disposed.



## WAC 110-145-2980 Medication administration and documentation

### NEW SECTION

#### **WAC 110-145-2980 Medication administration and documentation.**

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

Original Date: May 19, 2025

Licensing Division | Approved for distribution by Jesse Byrd, Workforce Development and Training Administrator

(ii) Representatives to obtain consent;

(g) Keep a record of all prescription and over-the-counter medications given, missed, and refused. This documentation must include:

(i) The child's or youth's name;

(ii) Whether the medication was given, missed, or refused;

(iii) Time the medication was taken;

(iv) Amount of medication; and

(v) Name of individual administering medication;

(h) Consult with a licensed health care provider if children or youth miss or refuse medication for two consecutive days unless there is a medication plan in place with other instructions; and

(i) Comply with WAC 110-145-3060 regarding Native American traditional medicines.

(4) Licensees who care for:

(a) Medically fragile children and youth must also follow the documentation requirements in WAC 110-145-3490; and

(b) Children or youth in the custody of another agency or tribal or other court must follow the direction of the agency or court regarding giving or applying prescription and over-the-counter medications. If this conflicts with the department's policy, the licensee must notify the child's or youth's department caseworker.

(5) Licensees for department and tribal children and youth and parents or guardians for community children and youth may grant approval for dietary supplement use by children and youth in care with or without medical consultation. If licensees require children and youth to have a medical consultation for dietary supplement use, they must notify the children's or youth's representatives.

(6) Licensees may permit children or youth to take their own medications when the following conditions are met:

(a) The child or youth has the developmental capability to properly take them; and

(b) Licensees:

(i) Obtain and keep on record written approval by the child's or youth's representatives, except:

(A) In OYSs and CRCs; or

(B) For youth 18 years old or older who consent to their own medical care;

(ii) Monitor that the children or youth take their medication according to the prescription or manufacturer's instructions, including proper amount and frequency; and

Original Date: May 19, 2025

Licensing Division | Approved for distribution by Jesse Byrd, Workforce Development and Training Administrator

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

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## WAC 110-145-2990 Alcohol, marijuana, and illegal drugs

### NEW SECTION

#### **WAC 110-145-2990 Alcohol, marijuana, and illegal drugs.**

Licensees must prohibit:

- (1) Possession or use of alcohol, marijuana, or illegal drugs on the premises; and
- (2) Personnel under the influence of alcohol, marijuana, or illegal drugs from having contact with children or youth in care.

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## WAC 110-145-3000 Smoking and vaping

### NEW SECTION

#### **WAC 110-145-3000 Smoking and vaping.**

(1) Licensees:

(a) Must not allow smoking or vaping inside the building or while transporting children or youth in motor vehicles; and

(b) May permit adults 21 years old or older to smoke or vape on the premises outdoors away from children and youth, per RCW 70.160.075.

(2) This section does not apply to traditional or spiritual Native American or religious ceremonies involving the use of tobacco, which may be used on the premises outdoors.

## WAC 110-145-3100 Personal hygiene

### NEW SECTION

#### **WAC 110-145-3100 Personal hygiene.**

(1) Licensees must:

(a) Provide or arrange for children and youth in care to have culturally appropriate items needed for grooming and personal hygiene; and

(b) Keep toxic hygiene products inaccessible as outlined in WAC 110-145-2450.

(2) Direct care staff or direct care volunteers must assist children or youth in using grooming and personal hygiene items as needed based on their developmental capabilities.

## WAC 110-145-3110 Food storage and preparation

### NEW SECTION

#### **WAC 110-145-3110 Food storage and preparation.**

- (1) Licensees must comply with the rules and regulations of the state board of health governing food service sanitation for food service facilities, food storage, food handling, and preparation practices.
- (2) Personnel who prepare and serve food must have a food worker card as outlined in chapter 246-217 WAC.
- (3) Licensees may allow children and youth to prepare food:
  - (a) For themselves based on their developmental capabilities; or
  - (b) To be served to others at the facility as long as they:
    - (i) Agree to participate;
    - (ii) Are being supervised by personnel who have a food worker card; and
    - (iii) Either have:
      - (A) Received information or training on safe food handling practices from personnel who have a food worker card if assisting occasionally; or
      - (B) A food worker card, if assisting:
        - (I) On a regular basis;
        - (II) On an on-going basis for a period of two weeks or longer; or
        - (III) In exchange for payment.

## WAC 110-145-3120 Meals, snacks, and menus

### NEW SECTION

#### **WAC 110-145-3120 Meals, snacks, and menus.**

Licensees when providing meals and snacks for children and youth:

(1) Must:

(a) Verify personnel are aware of each child's and youth's dietary restrictions in a manner that maintains the child's and youth's privacy; and

(b) Complete the following, except facilities caring for medically fragile children must follow WAC 110-145-3470:

(i) Serve a variety of foods to children and youth in care that balance their nutritional, cultural, and development needs with foods they enjoy;

(ii) Provide children and youth at least three meals and two snacks in each 24-hour period during the child's and youth's waking hours;

(iii) Establish and post a schedule of mealtimes;

(iv) Routinely provide an opportunity during mealtimes for socialization for children and youth;

(v) Prepare and date daily menus, including snacks, at least one week in advance; and

(vi) Keep menus for at least six months; and

(2) May:

(a) Vary from the requirements in subsection (1)(b)(ii) of this section only with:

(i) Written approval from the child's or youth's licensed health care provider; and

(ii) Notification to the child's or youth's representatives; and

(b) Serve home canned foods, as long as they develop and follow policies and procedures that have been approved by the department prior to serving them and that include the following:

(i) Children and youth in care participate in growing and canning the food being served; and

(ii) They follow the guidelines on proper food canning processes and preparation from the United States Department of Agriculture.