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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)  **WAC Agreements** | | | |
| **Applicant A Name:** | | **Applicant B Name:** | | |
| **WAC Review** | | | | **Check below to agree to each WAC** |
| [1300](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1300): I have been provided, read, and reviewed chapter [110-148 WAC](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true) and agree to comply with all licensing requirements unless there is an approved exemption or waiver in place. | | | | Applicant A  Applicant B |
| [1320](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1320): I must have all child household members vaccinated per the WA OSPI schedule, unless an exemption exists.  *Immunization information can be found* [*here*](https://doh.wa.gov/community-and-environment/schools/immunization#reqs)*. Talk to your assigned worker if a medical exemption is needed.* | | | | Applicant A  Applicant B |
| [1410](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1410): I must keep information about children and their families confidential and only share with approved individuals. | | | | Applicant A  Applicant B |
| [1420](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1420): I must report incidents to DCYF intake staff and the child’s assigned worker/child placing agency (CPA) case manager/child’s tribal Indian child welfare (ICW) case manager (as applicable) immediately, and always within 48 hours. | | | | Applicant A  Applicant B |
| [1430](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1430): I must report address changes to my Safety and Monitoring (SAM)/Child Placing Agency (CPA) Licensor immediately, and prior to moving. | | | | Applicant A  Applicant B |
| [1455](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1455): I must ensure all potential water hazards, including wading pools, are inaccessible to children when not in use and ensure children are safe around bodies of water when in use. | | | | Applicant A  Applicant B |
| [1470](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1470): I must not use weighted blankets with children under the age of 3 years or who have mobility limitations. The weighted blanket must not exceed 10% of the child’s body weight, use metal beads or other choking hazards, be placed above the middle of the child’s chest, hinder a child’s movement, or be used as a restraint. | | | | Applicant A  Applicant B |
| [1480](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1480): I must keep children safe around my household pets, if I have any. | | | | Applicant A  Applicant B |
| [1495](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1495): I must prohibit smoking in my living space/home, and any vehicle used to transport children in out-of-home care. (This does not apply to traditional or spiritual Native Alaskan/Native American or religious ceremonies involving the use of tobacco.) | | | | Applicant A  Applicant B |
| [1500](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1500): I must keep guns and ammunition inaccessible to children. I must store guns separate from ammunition unless stored in a locked gun safe. | | | | Applicant A  Applicant B |
| [1510](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1510): I must follow car seat and seatbelt laws, and have a plan for safely and legally transporting children. I must have a valid driver’s license and vehicle insurance if driving children in out-of-home care. | | | | Applicant A  Applicant B |
| [1520](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1520): I must be supportive of children’s religious or spiritual practices, and not require participation in practices against their beliefs.  [1520](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1520): I must meet children’s basic needs and support children’s perceived or actual cultural identity, and provide emotional support, nurturing and affection; structured daily routines and living experiences, and activities that promote the development of each child.  [1520](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1520): I must provide age-appropriate furnishings and activities for children in my care.  Please describe how you plan to support a child’s religion and cultural needs: (For renewal purposes only) | | | | Applicant A  Applicant B |
| [1540](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1540): I must not use video and audio monitoring of children in out-of-home care in the interior of my home unless subsections (2)(a) through (c) are met. | | | | Applicant A  Applicant B |
| [1550](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1550): I must ensure that children receive appropriate medical and dental care. | | | | Applicant A  Applicant B |
| [1555](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1555): I must contact each child’s DCYF worker and my SAM/CPA Licensor if a serious infection or a communicable disease is a threat to the children in my care. | | | | Applicant A  Applicant B |
| [1575](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1575): I must give medications only according to prescription labels. | | | | Applicant A  Applicant B |
| [1580](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1580): I must keep all medications inaccessible to children in my care, except for children who have social worker approval to take their own medication. This includes over-the-counter medications, vitamins, and herbal remedies. | | | | Applicant A  Applicant B |
| [1610](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1610): I must provide children with appropriate supervision. | | | | Applicant A  Applicant B |
| [1615](https://app.leg.wa.gov/wac/default.aspx?cite=110-148&full=true#110-148-1615): I must not use physical punishment or verbally abusive, neglectful, humiliating or frightening punishment which includes but is not limited to: spanking, cursing, threats, humiliation or intimidation, locked time-out rooms or methods that interfere with a child’s basic needs, including withholding of food or water.  Please describe your discipline practices with specific age groups: (For renewal purposes only) | | | | Applicant A  Applicant B |
| **Signatures** | | | | |
| APPLICANT A NAME | | | DATE OF BIRTH | |
| APPLICANT A SIGNATURE | | | DATE | |
| APPLICANT B NAME | | | DATE OF BIRTH | |
| APPLICANT B SIGNATURE | | | DATE | |