



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES  
LICENSING DIVISION

**Policy Agreements**

NAME	DATE
<p>The policy agreements are to assist you in understanding the Washington Administrative Codes (WAC). It is important that you are familiar with the rules related to being a foster parent. You can get a copy of these rules from your licensor and they will be able to answer any questions that you may have. You can also read them any time online by reviewing WAC 110-148 at <a href="http://app.leg.wa.gov/wac/">http://app.leg.wa.gov/wac/</a>. The following sections are some of the rules closely related to child safety and well-being.</p>	
<b>Please Sign Each Section</b>	
<b>Discipline</b>	
<p><b>WAC 110-148-1615</b></p> <p>I will use discipline that is appropriate to the child's age and level of development and will establish limits and use positive methods of guidance that promote self-control, self-responsibility, self-direction, self-esteem and cooperation. My positive methods will include: directing children to another activity, giving choices when appropriate, time out as a method of guidance, allowing the child time to change his/her behavior, planning in order to prevent problems; and using positive reinforcement and encouraging children to express their feelings and ideas.</p> <p>I won't use physical punishment or verbally abusive, neglectful, humiliating or frightening punishment which includes but is not limited to: spanking, cursing, threats, humiliation or intimidation, and/or locked time-out rooms or methods that interfere with a child's basic needs, including withholding of food.</p> <p>I understand that only authorized care providers and myself are responsible for discipline. That responsibility cannot be given to a child. I will allow contact with the child's service providers and others including contact with the child's Department of Children, Youth, and Families (DCYF) worker, legal representatives, legal parents or other family members.</p> <p>I will develop a written plan for disciplining children with your licensor and you must follow that plan.</p>	
<p>Please use this space to describe your discipline practices using examples and specific age groups:</p>	
PRIMARY CONTACT SIGNATURE	DATE
SECONDARY CONTACT SIGNATURE	DATE
<b>Religion</b>	
<p><b>WAC 110-148-1520 (8)</b></p> <p>You must be sensitive to a child's religion or spiritual practices. You must provide adequate opportunity for religious or spiritual training and participation appropriate to the child's spiritual beliefs. You may not require any child to participate in practices against their beliefs.</p>	
<p>a) Please use this space to describe your supervision plan for children who choose not to attend applicable religious services with your family.</p>	
PRIMARY CONTACT SIGNATURE	DATE
SECONDARY CONTACT SIGNATURE	DATE

**Culture and Basic Needs**

**WAC 110-148-1520**

I agree to meet the child's basic needs and 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 assigned worker to gain these skills.

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

PRIMARY CONTACT SIGNATURE	DATE
SECONDARY CONTACT SIGNATURE	DATE

**Confidentiality**

**WAC 110-148-1410**

1. I understand that 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 the child.  
I agree to consult with my licenser or the child's assigned worker for guidance about sharing information with others involved in the child's case plan.

PRIMARY CONTACT SIGNATURE	DATE
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**Smoking**

**WAC 110-148-1495**

1. I understand that I will prohibit smoking in the living space of any home or facility caring for children and in motor vehicles while transporting children.
2. I understand that I may permit adults to smoke outdoors away from children in accordance with RCW 70.160.075.
3. I also understand that 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

**Supervision**

**WAC 110-148-1610**

- (1) I understand that I must provide or arrange for care and supervision that is appropriate for the child's age, developmental skill level, and condition (including supervision of children who help with food preparation in the kitchen, based on their age and skills).
  - (2) I will not leave children under age of five and children with severe developmental disabilities, unattended in a bathtub or shower; or use cribs, bassinets, cradles, playpens, and wings as a substitute for supervising or one-on-one play with infants and young children.
  - (3) I will provide the children in my care with appropriate supervision, emotional support, personal attention, structured daily routines and living experiences.
  - (4) I will arrange and maintain adequate supervision 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.
  - (5) I understand that special supervision arrangements may be required when the child's assigned worker and I agree to a supervision plan (foster parents are encouraged to work with the child's assigned worker to develop a child-specific supervision plan).
- 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

**Reporting Responsibilities**

**WAC 110-148-1420**

I have read and understand my requirements for reporting to DCYF intake staff and/or the child's assigned worker. I understand that I must report incidents immediately and in no instance later than 48 hours.

PRIMARY CONTACT SIGNATURE

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**Firearms and Supervision**

**WAC 110-148-1500**

I understand that I must:

- (1) Notify my licensor if I or someone else in my 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) Guns and ammunition must not be accessible to children, and must be kept in locked containers with guns and ammunition locked separately, unless when stored in a locked gun safe.
- (3) Bows and arrows and other weapons must be stored in locked containers out of reach of children.
- (4) If I store guns in a container that may be easily breakable, I 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) I 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 approves and the youth and supervising adult has completed an approved gun 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

Or

Firearms exist in my/our foster home.

PRIMARY CONTACT SIGNATURE

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**Water Safety and Supervision**

**WAC 110-148-1455**

I will ensure that children under my care or placed in my home or facility are safe around bodies of water. I will keep all swimming pools and other bodies of water fenced with a locking gate or other DCYF-approved safety device, lock hot tubs when not in use, make all potential water hazards, including wading pools, inaccessible to children when not in use.

I will ensure that all swimming pools and other bodies of water are in compliance with state and local regulations. I will work with my licensor to establish a plan for the bodies of water based on the development level and behaviors of the children in my home.

I will 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 and under to wear U.S. Coast Guard-approved personal floatation devices when swimming outside the supervision of a lifeguard.

If I have any water-based recreation devices, I 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. An adult with current age-appropriate first aid and CPR or a lifeguard must supervise children swimming under age twelve, 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.

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**Immunization for My Children**

**WAC 110-148-1320 (5) and (6)**

**Check all that apply.**

- A.  My children are immunized according to the Advisory Committee on Immunization Practices of the Centers for Disease Control. I will show my licensor confirmation of these immunizations at the home visit. I will continue to keep my children up to date on these immunizations. I will contact my licensor if anyone in my home contracts any communicable disease or any illness that they have received the vaccination for. At that time a no referral will be put on my home 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 no referral may be lifted.
- My child(ren) are not immunized due to my religion, personal, philosophical, or medical exemption. I will contact my licensor to obtain the DCYF 15-455 Certificate of Exemption and work with my medical provider to get it completed.

**Taking placements of children under the age of two years.**

- B.  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 DCYF 15-565 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.

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**Medication Storage**

**WAC 110-148-1565**

- (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.

PRIMARY CONTACT SIGNATURE	DATE
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**I have read and reviewed the WAC 110-148 booklet and agree to comply with all licensing requirements.**

PRIMARY CONTACT SIGNATURE	DATE
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