|  |  |
| --- | --- |
| TYPE OF FACILITY | DATE OF INSPECTION |
| AGENCY NAME | REVIEWER(S) |
| Place appropriate CODE in space provided.  **M =** Requirement Met **NM** = Requirement Not Met **W =** Requirement Waived **N/A =** Requirement Not Applicable | |

| [WAC](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145)  [110-145](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145) | |  | | **Site-Licensing Process** | | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| [1335](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1335) | |  | | | **Adequate Space for:**   * Storage of staff and client files * Interviewing parents and children * Administrative purposes * Visitation for parents and children |  |
| [1345](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1345) | |  | | | **Posted License** |  |
| [1515](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1515) | |  | | | **Facility shift logs**   * Incident logs, intakes, incident reports * Child specific supervision needs * Daily or shift logs * Staffing between shifts * Verification of weekly inspections of safety and security devices |  |
| [1555](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1555) | |  | | | **Telephone on premises** |  |
| [1555](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1555) | |  | | | **Site Location** |  |
| [1570](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1570) | |  | | | **Indoor recreation area as required** |  |
| [1670](https://app.leg.wa.gov/wac/default.aspx?cite=110-145-1670) | |  | | | **Firearms/weapons** |  |
| [1555](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1555)  [1570](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1570)  [1595](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1595)  [1600](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1600) | |  | | | **Room Requirements:**   * Dining room * Living room * Kitchen * Indoor Rec area * Admin office/area * Private visit area |  |
| [1555](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1555) | |  | | | **Facility and Equipment:**   * Clean, safe, in operating condition * Emergency lighting provided * Lighting adequate for safety and comfort * Non-breakable light fixtures * Shatter-proof light bulbs * Premises free of pests * Doors and windows open easily (unless fire marshal approves sprinkler system) |  |
| [1790](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1790) | |  | | | **Kitchen:**   * Proper food storage * Food labeled for expiration * No home canned foods * Meal menus posted |  |
| [1555](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1555) | |  | | | **Site free hazardous conditions** |  |
| [1555](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1555) | |  | | | **Poison Control Center phone number posted** |  |
| 1640 | |  | | | **First Aid supplies** |  |
| [1580](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1580) | |  | | | **Dangerous substances and cleaning supplies are inaccessible** |  |
| [1560](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1560)  [1565](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1565)  [1585](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1585) | |  | | | **Bathrooms have:**   * Soap and individual towels * Grab bars * Toilet training equipment if needed |  |
| [1555](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1555) | |  | | | **Facilities and bathrooms are ventilated** |  |
| [1575](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1575) | |  | | | **Outdoor Recreation Requirements:**   * Children under 12 must have fenced or department approved outdoor area |  |
| [1585](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1585) | |  | | | **Water/Garbage/Sewage:**   * Must maintain adequate sewage and garbage service * Public or approved by local authority (current) * Water temperature not exceed 120 degrees |  |
| [1615](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1615) | |  | | | **Laundry:**   * Facility provided * Laundry done on regular basis * Sanitized through temperature and chemicals |  |
| [1600](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1600)  [1605](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1605)  [1610](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1610)  [1665](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1665) |  | | | | **Bedrooms:**   * Adequate ceiling height * Windows open to the outside and permit emergency access and there is unrestricted access to outdoors and common areas, unless there is a sprinkler system approved by fire officials * Adequate floor space for safety and comfort * Bed is appropriate size, clean bedding, comfortable mattress * Crib meets standards * Infants placed on back for sleeping * Clean and free of hazards * Provides for resident privacy |  |
| [1625](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1625) |  | | | | **Electronic monitoring prohibited** |  |
| [1630](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1630)  [1645](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1645)  [1745](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1745) |  | | | **Time-delay on windows and doors must have written approval:**   * Cannot be used as SRH licensed for 5 or less * Pets and animals at site * Age-appropriate home-like living environment | |  |
|  |  | | **Site-Fire Safety & Emergency Practices** | | | **Comments** |
| [[1665](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1665)](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145-1515) |  | | | **Staff Safety Procedures:**   * Children can escape from each floor * Windows are large enough for emergency staff, unless the facility has approved sprinkler system * Must have access to all rooms in the facility * Barriers for fireplace, etc. for children under 6 yrs. old * Must not leave open flame unattended and flame can only be used for designed purpose * Emergency vehicles must be able to easily locate and access facility * Safety ladders as appropriate | |  |
| [1670](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1670) | |  | | **Emergency Plan:**   * Including floor plan posted at each exit | |  |
| [1675](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1675) | |  | | **Smoke Detectors:**   * Inside and outside all sleeping areas, on each floor and all play areas | |  |
| [1680](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1680) | |  | | **Carbon Monoxide:**   * Detector installed in or near sleeping areas and on each level of facility | |  |
| [1685](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1685) | |  | | **Fire Drills:**   * Must be completed monthly | |  |
| [1690](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1690) | |  | | **Fire Extinguisher:**   * Must be approved sized and located on each level of facility (up to date) | |  |
|  | |  | | **Medication Management** | | **Comments** |
| [1850](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1850)  [1855](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1855) | |  | | **Medication Management:**   * Medication disbursements documented * Medication Locked and inaccessible | |  |

|  |  |
| --- | --- |
| **Youth Interview** | |
| INTERVIEWER NAME | DATE |
| CHILD/YOUTH INITIALS | |
| ***Please complete the Non-Verbal Child in Placement Observation section below if unable to interview a child due to disability, age, or other reason. Questions 1-4 are suggested questions, but are not limited to those listed:*** | |
| 1. **General Safety**   Are there things about living here that help make you feel safe? Do you ever feel unsafe?  Is there someone you can go to if you need help?  If there was an emergency, how would you get out of the facility? | |
| 1. **Menu/Diet**   Do you feel that you are provided enough food here?  Are there any rules around food?  Are snacks available for you when you want them?  Do you have any specific foods from your culture that you enjoy eating here? | |
| 1. **Discipline**   Do you have chores or anything you are responsible for?  Do you feel the rules are fair?  If someone breaks the rules, what happens? | |
| 1. **Affirming Care**   What kind of activities are you involved with that support your ethnic, cultural and religious well-being?  Are your pronouns and preferred name used correctly?  Are your accessibility needs being met?  Do you have access to resources and people that support your identity?  Do you feel supported and safe to express your sexual orientation, gender identity, and cultural beliefs? | |
| **ADDITIONAL NOTES** | |
|  | |

*Copy and paste table as need above this line and then delete this text.*

|  |  |
| --- | --- |
| **NON-VERBAL CHILD IN PLACEMENT OBSERVATION** | |
| Yes  No | |
| CHILD’S INITIALS: | CHILD’S AGE: |
| Describe the child’s appearance and activities during observation: | |
| Describe the staff/child interaction: | |
| **ADDITIONAL NOTES** | |
|  | |

*Copy and paste table as need above this line and then delete this text.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD FILE CHECKLIST** | | | | | | | | |
| Place appropriate CODE in space provided  **M =** Requirement Met          **NM=** Requirement Not Met       **N/A =** Requirement Not Applicable | | | | | | | | |
| **WAC** | **Description** | | **Child’s Initials** | | **Child’s Initials** | **Child’s Initials** | **Child’s Initials** | **Child’s Initials** |
|  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | DOB |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Date of Placement |  | |  |  |  |  |
| **Section 1 - Intake** | | |  | | | | | |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Child’s Intake Process include Religion, Culture, ICW, Pronouns, LGBTQ+ |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Child’s Orientation |  | |  |  |  |  |
| [1835](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1835)  [1840](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1840) | | Initial Health Screen/EPSDT (if applicable) |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Emergency Contact List |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Visitation Plan |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Authorized Persons List |  | |  |  |  |  |
| **Section 2 - Legal** | | |  | | | | | |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Current VPA, Court Order**,** (Extended foster care agreement, shared parenting plan, Out of home services, CHPR/15-300) |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Placement History |  | |  |  |  |  |
| **Section 3 - Medical** | | |  | | | | | |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Medical History (Medical problems, doctor’s name, dates of any illnesses or accidents) |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Medical Information | Well Child Exam  Date:    Dental Date:  Vision Date:    Allergies: (if applicable) | | Well Child Exam  Date:    Dental Date:  Vision Date:    Allergies: (if applicable) | Well Child Exam  Date:    Dental Date:  Vision Date:    Allergies: (if applicable) | Well Child Exam  Date:    Dental Date:  Vision Date:    Allergies: (if applicable) | Well Child Exam  Date:    Dental Date:  Vision Date:    Allergies: (if applicable) |
| [1855](https://apps.leg.wa.gov/wac/default.aspx?cite=110-145-1855) | | Prescribed Medication (disbursements documented) |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Immunizations (if child’s placement exceeds 72 hours) |  | |  |  |  |  |
| [1845](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1845) | | Consent (Medical and Emergency surgical consents or court order) |  | |  |  |  |  |
| [1855](https://apps.leg.wa.gov/wac/default.aspx?cite=110-145-1855) | | Psychotropic Medication Consent (parent, court order, youth 13 yrs. or older and competent to provide own consent, or case worker if legally free) |  | |  |  |  |  |
| **Section 4 - Mental Health** | | |  | | | | | |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Mental Health History  (including medical or psychological reports when available) |  | |  |  |  |  |
| **Section 5 - Treatment** | | |  | | | | | |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Case Plans  (case worker’s Court Report, Safety Plan, or DDA case plan) |  | |  |  |  |  |
| [1720](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1720) | | Social summary  (for child within 72 hours but no longer than 30 days) |  | |  |  |  |  |
| [1725](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1725) | | Treatment planby 30th day in care and then quarterly (ISTP/IBMP, identifying and meeting specific cultural and religious needs |  | |  |  |  |  |
| [1735](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1735) | | Developmental Activities (physical, mental, social, and emotional) |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Special instructions for supervision and/or managing problem behaviors |  | |  |  |  |  |
| **Section 6 - Education** | | |  | | | | | |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | School records - including Individual Education Plan (IEP) |  | |  |  |  |  |
| [1730](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1730) | | Suitable education plan (including vocational training for children not completing HS) |  | |  |  |  |  |
| [1730](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1730) | | Independent Living/VOA Referrals |  | |  |  |  |  |
| **Section 7 - Reports** | | |  | | | | | |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Incident Reports and Logs |  | |  |  |  |  |
| [1535](https://apps.leg.wa.gov/wac/default.aspx?cite=110-145-1535) | | CA/N referrals made to DCYF |  | |  |  |  |  |
| [1520](https://app.leg.wa.gov/WAc/default.aspx?cite=110-145-1520) | | Discharge summaries and family assessments in the child’s case record |  | |  |  |  |  |
| **SIGNATURE** | | | | | | | | |
| GROUP CARE LICENSOR SIGNATURE | | | | GROUP CARE LICENSOR NAME | | | DATE | |