Guidance on Bed Enclosures

Information for licensors on consistent assessment and approval requirements for bed enclosures. These are best practices to meet safe sleep requirements.

This guidance is for children who are in the care and custody of DCYF. Approvals are child- and placement-specific; they are not transferable between caregivers, placements, or other children with similar apparent needs.

Bed Modifications

1. Do-it-yourself fixes are not allowed on beds used by children in out-of-home care, except as advised or recommended by the manufacturer.
2. Bed conversions (e.g., from crib to toddler/full expansions) following manufacturer guidance are approved.
3. Portable bed rails must meet the Consumer Product Safety Commission federal standard and only be used as directed by the manufacturer.
    a. Medical documentation (guidance on next page) recommending the use of a portable bed rail is required if the child is medically compromised.
    b. Portable bed rails are intended for children aged two to five who can get out of an adult bed without help; they should not be used for children under the age of two or for children whose movements are restricted.

Crib/Bassinet Enclosures (e.g., BassiNest Newborn Insert and Mesh Crib Canopy) are not approved for use with children in out-of-home care for the following reasons:

1. These are forms of restraint that are widely available to the public with no federal product safety regulation requirements.
2. They can be locked/secured from the outside and do not permit independent exit, preventing a child from being able to evacuate safely in an emergency.
3. They are not compliant with a Safe Sleep environment.

Medical Specialty Beds are considered restraints. It requires prior written approval from the caseworker or the Tribal caseworker and department-approved behavior management training per WAC 110-148-1620 and WAC 110-149-0280. Examples include:

- Permanent Structures (e.g., Haven Bed and Hannah Safety Bed)
- Travel/Portable Enclosures (e.g., The Safety Sleeper and Travel Bed)

Medical Specialty Beds are a form of passive restraint. They should only be used when recommended by a child's medical specialist (not a primary care provider) as a last resort to address a specific child's complex medical needs. These enclosures are **not** a substitute for caregiver supervision because a child cannot safely evacuate in an emergency.

Written Approval

According to WAC 110-148-1620 and WAC 110-149-0280, bed enclosures are considered a restraint, and any use of an enclosure must follow the written approval process outlined below.

Medical documentation will be provided to the licensor from the child's medical specialist (not a primary care provider) **before** using an enclosed bed, outlining the least restrictive strategy to meet the child's specific needs. Documentation will include the following four components:

1. Medical or behavioral necessity documented and described in the child's medical record.
2. Previous treatments/interventions that have been used and determined to be unsuccessful, including:
    a. Written documentation that behavioral issues have been addressed using appropriate behavioral interventions without success.
    b. Other less restrictive forms of bed accommodation have been tried without success (e.g., increased caregiver monitoring, alarm systems, padding bed rails, or mattresses on the floor).
3. A recommendation that there is no other appropriate and reasonable alternative for providing a safe sleeping area.
4. Confirmation that the request for the enclosed bed is not for caregiver convenience or due to a lack of caregiver supervision.

If complete medical documentation is received:

LD Licensor will:

1. Consult with the assigned caseworker and the caregiver to address the written use and approval of the specialty bed for the specific child in care.
2. Develop a Supervision Plan for Site Specific Conditions DCYF 10-419 or Supervision Plan for Site Specific Conditions (Kinship) DCYF 10-419A.
3. Review and update the Emergency Evacuation Plan DCYF 16-204 or Emergency and Evacuation (Kinship) DCYF 16-204A with the caregiver to address a plan of evacuation for the child.
4. Consult with your supervisor about shared decision-making.

CPA Licensor will:

1. Consult with the assigned caseworker and the caregiver to address the written use and approval of the specialty bed for the specific child in care.
2. Develop a Supervision Plan for Site Specific Conditions DCYF 10-419 or Supervision Plan for Site Specific Conditions (Kinship) DCYF 10-419A.
3. Update the Emergency Evacuation Plan DCYF 16-204 or Emergency and Evacuation (Kinship) DCYF 16-204A with the caregiver to address a plan of evacuation for the child.

Regional Licensor will:

1. Review and approve a Supervision Plan for Site Specific Conditions DCYF 10-419 or Supervision Plan for Site Specific Conditions (Kinship) DCYF 10-419A.
2. Review and approve the Emergency Evacuation Plan DCYF 16-204 or Emergency and Evacuation (Kinship) DCYF 16-204A with the caregiver to address a plan of evacuation for the child.
3. Consult with your supervisor about shared decision-making.