

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Drive SW, PO Box 47250
Olympia, WA 98504-7250
Telephone (360) 664-1222 - Fax (360) 586-1181

RECEIVED

SEP 03 2004

Private Nonprofit Transportation Provider WASH. UT. & TP. COM.
Application Fee: \$50.00

APPLICATION FOR CERTIFICATE

To provide transportation services for compensation solely to persons with special transportation needs

(For Commission Use Only)

Reception Number: 0008351	Safety/Inspection: <i>JE per [signature]</i>	Application D #: 79305
111 0268 231 02 <i>50.00</i>	Insurance: <i>JE</i>	Carrier ID: 43145
Date Filed: <i>9/3/04</i>	Docket # <i>TN-041626</i>	Employee: <i>JE</i>

TYPE OF APPLICATION (check one)

New Certificate Reinstate Certificate Transfer Certificate (New Owner or New Name)

APPLICANT IDENTIFICATION

Attach a copy of approved articles of incorporation and proof of status as a registered non-profit corporation

NPC - 1086 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: ~~578072011~~ *601-843-216*

APPLICANT NAME: Ryther Child Center ✓ PHONE #: 206-525-5050

d/b/a: FAX #: 206-525-9795

BUSINESS (MAILING) ADDRESS: 2400 NE 95th Street

(city, state, zip) Seattle, WA 98115

PHYSICAL ADDRESS: (street address, if different)

PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation)

Sheryl Hilbrand - President Deloitte & Touche 925 Fourth Ave Suite 3300 Seattle, WA 98104	Kathy Brown- Vice President Sterling Savings Bank 828 NE Northgate Way Seattle, WA 98125
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TRANSFER OF CERTIFICATE

Complete this section if you are transferring an existing certificate to a new corporation, or if you are changing your corporate name. List name of current certificate holder and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

NAME ON CERTIFICATE: _____

CERTIFICATE NUMBER: _____

INSURANCE REQUIREMENTS (must check one)

(certificate will not be issued until acceptable insurance is received)

- | | |
|--|---|
| <input checked="" type="checkbox"/> The applicant will provide service only in vehicles with a seating capacity of less than 16 passengers, including the driver - \$500,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will not be subject to the motor carrier safety provisions relating to Commercial Driver's License and Controlled Substance and Alcohol Training/Testing. | <input type="checkbox"/> The applicant will provide service in vehicles with a seating capacity of 16 passengers or more, including the driver - \$1,000,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will be subject to all of the motor carrier safety provisions including Commercial Driver's License and Controlled Substance and Alcohol Training/Testing. |
|--|---|

EQUIPMENT LIST (Attach additional list if necessary)

State & License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number (VIN#)
PENDING	2004	12 Passenger	1FBNE31L04HB53491

CONDITIONS JUSTIFYING GRANT OF CERTIFICATE (Attach Additional Sheet if Necessary)

Vans are critical at Ryther for transporting th young children ages 6 to 12, who live in one of our four in-patient cottages due to neglect and abuse, and the adolescents ages 13to 18, who live in one of Ryther's two chemical addiction cottages as they recover from drug and alcohol addiction. While receiving therapeutic inpatient care lasting from a few weeks up to 18months, these children need to be transported to recreational activities such as movies skating and ball games, medical appointments, therapists appointment, Alcoholics Anonymous meetings, and other offsite classes or meetings.

As applicant, I understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a certificate is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Greg Smith Maintenance & Facilities Manager 8/25/04

 Signature / Title Date

PART - B

SAFETY FITNESS SURVEY

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

Controlled Substances and Alcohol Testing (Part 382)

Name: Greg Smith Position: Maintanance and Facilities Manager

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40)

Commercial Drivers License (CDL) Requirements (Part 383)

Name: Greg Smith Position: Maintanance and Facilities Manager

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

Driver Qualification Requirements (Part 391)

Name: Greg Smith Position: Maintanance and Facilities Manager

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual or intermittent) authorized to drive a motor vehicle. To determine what information is required, review FMCSR Part 391.51.

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owner/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

Drivers Hours of Service (Part 395)

Name: Greg Smith Position: Facilities and Maintenance Manager

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Greg Smith Position: Maintenance And Facilities Manager

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that include the following: (see Part 396.3(b)).

- Identification of the vehicle.
- A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic Inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

My signature below certifies that I understand my responsibility as a motor carrier of passengers and I will comply with all the safety requirements which apply to my operations.


Signature of applicant

8/27/04
Date

Please ask for technical assistance if you require information on any of these safety issues.

Technical Assistance

As part of the application process, the Commission voluntarily provides technical assistance on any of the Safety Fitness requirements. The goal and mission of the Commission is to assist carriers in understanding the safety rules and regulations and what is necessary to have an adequate and effective safety program.

Requesting additional information on any or all of the below listed sections will not result in your company being selected for a safety compliance audit. There is no additional charge for this service. Technical assistance may be in the form of a personal contact or telephone contact, depending on Commission employee availability.

If you want information on any of the safety requirements, check the appropriate box(es) below. Please include day and evening phone numbers and the name of the person to be contacted.

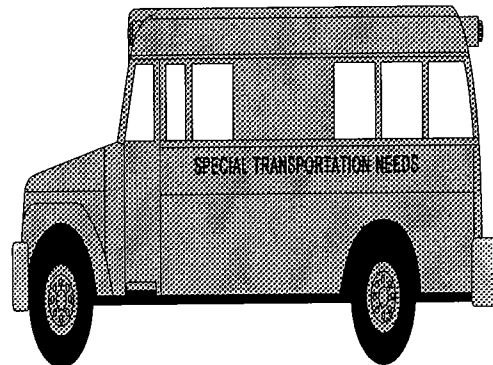
Place an "X" or check mark in the box in front of any subject on which you wish assistance.	Subject/Topic Area
<input type="checkbox"/>	Controlled Substances and Alcohol testing (Part 382)
<input type="checkbox"/>	Commercial Driver's Licensing requirements (Part 383)
<input type="checkbox"/>	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
<input type="checkbox"/>	Driver Qualification requirements (Part 391)
<input type="checkbox"/>	Driving of Commercial Motor Vehicles (Part 392)
<input type="checkbox"/>	Parts and Accessories Necessary for Safe Operation (Part 393)
<input type="checkbox"/>	Hours of Service requirements (Part 395)
<input type="checkbox"/>	Inspection, Repair, and Maintenance (Part 396)

Contact person: Greg Smith

Day telephone number: 206-517-0291

Evening telephone number: N/A

Washington Utilities and Transportation Commission (WUTC)
1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181



PRIVATE NON-PROFIT TRANSPORTATION PROVIDERS

PART A

APPLICATION FOR CERTIFICATE

PART B

SAFETY FITNESS SURVEY

ADDITIONAL INFORMATION

- § WAC 480-31 Rules Relating to Private Non-Profit Transportation Providers
- § Your Guide to Achieving a Satisfactory Safety Record

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SEP 03 2004

WASH. UT. & TP. COMM.

Private, nonprofit corporations providing transportation services for compensation solely to persons with special transportation needs must apply for and receive a certificate from the Washington Utilities and Transportation Commission.

ΔPersons with special transportation needs@ means those persons, including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or purchase appropriate transportation.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

INSTRUCTIONS
APPLICATION FOR CERTIFICATE TO OPERATE AS A
Private Nonprofit Transportation Provider
Application Fee: \$50.00

INCOMPLETE OR INCORRECT APPLICATIONS MAY DELAY ISSUANCE OF YOUR CERTIFICATE. APPLICATIONS MUST BE ACCOMPANIED BY THE APPROPRIATE APPLICATION FEE.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PO Box 47250
Olympia, WA 98504-7250
Phone: (360) 664-1222 Fax: (360) 586-1181

PART A - APPLICATION FOR CERTIFICATE

TYPE OF APPLICATION: Check the box for the type of application you are filing.

- New Certificate** - If you are applying for an original certificate.
- Reinstate Certificate** - If you are applying to reactivate a certificate which has been canceled.
- Transfer Certificate** - If you are applying to transfer an existing certificate to a new corporation or your certificate to a new corporation or a new corporate name. See section regarding "Transfer of Certificate".

APPLICANT IDENTIFICATION: Applicant must be a valid nonprofit corporation registered with the Secretary of State. Be sure to attach a copy of your approved articles of incorporation and proof of your status as a registered private nonprofit corporation. List your Washington Unified Business Identifier (UBI) number. All corporations registered with the Secretary of State are issued a UBI number. See list of other agencies and information if you have questions about UBI numbers or registering with the Secretary of State.

Applicant name, corporate name, and name on the insurance filing must match exactly.

Under "d/b/a" you may list other trade or business names, if different than the corporate name.

List a physical address, if it is different from the mailing address.

List names and addresses of at least two principal officers involved in this corporation.

TRANSFER OF CERTIFICATE: If you are transferring your certificate to a new corporation or you have changed your corporate name and need to transfer your certificate to the new name, you must complete this section. If this section is not complete, you will be assigned a new certificate number instead of having the existing certificate reissued.

INSURANCE REQUIREMENTS: Each applicant must check the appropriate box to indicate the level of insurance coverage required for their proposed operations. Applicants must file proof of liability and property damage insurance covering each vehicle used under the certificate. Proof of insurance shall be submitted on either a uniform motor carrier bodily injury property damage liability certificate of insurance (FORM E), or a written binder. If a binder is submitted, it shall be effective for not longer than 60 days, during which time the carrier must file the required Form E. **THE NAME ON THE**

INSURANCE FILING MUST MATCH THE APPLICANT NAME EXACTLY.

Insurance Limits are: \$500,000 Combined Single Limit for vehicles with a passenger capacity of less than 16 passengers, including the driver.

\$1,000,000 Combined Single Limit for vehicles with a passenger capacity of 16 or more passengers, including the driver.

EQUIPMENT: List, or attach a list of all vehicles that will be used to provide transportation services, for compensation, to persons with special transportation needs.

CONDITIONS - JUSTIFYING GRANT OF CERTIFICATE: Describe the service you will be providing if this certificate is granted. Include a description of the special transportation need that exists, and the form of compensation you will be receiving for providing this service. (i.e. grants, government/private contracts, passenger fares etc.)

PART B - SAFETY FITNESS SURVEY

SAFETY FITNESS SURVEY: All applicants must complete the Safety Fitness Survey. Private Nonprofit Transportation Providers must comply with all of the applicable state and/or federal safety requirements for their operations. Those providers who operate vehicles with seating capacity of less than 16 passengers, including the driver, are not subject to the Commercial Driver=s License or Controlled Substances and Alcohol Testing provisions. Compliance staff will make arrangements to provide Technical Assistance if requested.

CONTACTS FOR ADDITIONAL ASSISTANCE

Motor Vehicle Licenses, Ride Share Plates	WA Dept of Licensing	(360) 902-3800
Commercial Drivers Licenses (CDL)	WA Dept of Licensing	(360) 902-3859
Master Business License, Uniformed Business Identifier (UBI)	WA Dept of Licensing	(360) 664-1400
Grant Programs/Private Nonprofit Agencies	WA Dept of Transportation	(360) 705-7926
Corporations Division	Office of the Secretary of State	(360) 753-7115

Internal Revenue Service

Department of the Treasury

District
Director

915 Second Ave., Seattle, Wash. 98174

▶ Ryther Child Center, Inc.
2400 North East 95th
Seattle, Washington 98115

Person to Contact:
EO Desk Officer
Telephone Number:
(206) 442-5106
Refer Reply to:
EO-IV:MS 550
Date:

APR 29 1987

Dear Sir or Madam:

This is in reply to your inquiry of April 27, 1987, regarding your exempt status.

Our records show that your organization is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code.

This exemption was granted in April of 1941, and remains in effect.

Also, our records indicate that your organization is not a private foundation, because you are described in Sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Sincerely,

Edna G. Bonnist

Edna G. Bonnist
Exempt Organizations
Group Manager

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APR 30 1987

10 #91-0564983

Article No. 90671



DOMESTIC

Department of State
Olympia
OFFICE OF THE
Secretary of State

I, BELLE REEVES, Secretary of State of the State of Washington, do hereby certify that

ARTICLES OF INCORPORATION

OF THE

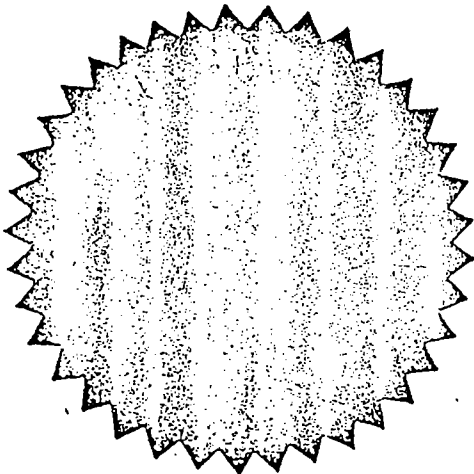
RYTHER CHILD CENTER

a Domestic Corporation, of Seattle, Washington, were, on
the 23rd day of January, A. D. 19 40 at 9:50 o'clock A. M.,
filed for record in this office and now remain on file herein, being duly recorded in Book 248, at
page 470-8, Domestic Corporations.

IN TESTIMONY WHEREOF, I have hereunto
set my hand and affixed hereto the Seal of the
State of Washington.

Done at the Capitol, at Olympia, this 29th day
of January, A. D. 19 40

BELLE REEVES,
Secretary of State.



By Belle Reeves
Assistant Secretary of State.

Certified Copy of foregoing certificate
filed in the office of the Auditor of
King County, Jan 24, 1940.
A. J. Schupp

UNITED STATES OF AMERICA

STATE OF WASHINGTON

Office of the
SECRETARY OF STATE

Be it known that, whereas, Alfred J. Schweppe, Bernard Reiter, R. W. Sprague and J. Gordon Gose have associated themselves with the intention of forming a corporation under the name of

RYTHER CHILD CENTER

For the purpose of functioning as a non-sectarian organization, and to be conducted primarily and chiefly for educational, charitable, and benevolent purposes, and not for profit;

To carry on a program for the support or education of orphans or indigent children, and of child care and protection, adopting the means and methods which will most satisfactorily meet individual needs. To this end it may maintain an institution or building or buildings, or cottage or cottages as a receiving home, clinic, or study center; may place children in boarding or foster homes; may give services to children in their own homes or in institutions maintained independently of this organization; or perform such other services as may from time to time, in the opinion of the Board of Trustees, be found to be necessary or advantageous to the welfare of the children of the community or of some particular child. Every effort shall be made to avoid duplicating the program of other agencies. The organization shall at all times strive to preserve and improve the child's own home and shall have due respect for ties of kinship, race and religion.

To purchase, acquire, erect, lease, equip, and maintain buildings and grounds, in one or more places in the State of Washington, which shall be exclusively under the management and control of the Board of Trustees of this corporation, and which shall be used for the purposes set out above. The Trustees of this corporation shall have the privilege either of conducting the affairs of the same with a view to making the property belonging to it self-sustaining, or furnishing the facilities of this corporation gratuitously to such persons, groups or organizations where the same may be necessary or proper, according to the best judgment or discretion of said Trustees. In the event that income should accrue in the management of said properties, the same shall, together with the donations and contributions to this corporation, from whatever source, become and remain the sole property of the said corporation, and no member or officer of this corporation shall have any right, title or interest in the same, except in a fiduciary capacity, nor shall any donor or contributor to said corporation have any right, title or interest in the profits, income or any property belonging to the said corporation, but the same shall be applied to the support, maintenance and enlargement of the facilities and work of said corporation for the purposes hereinbefore specified, after the payment of the expenses of the corporation.

To receive by gift, bequest, devise or transfer, or to purchase, lease or otherwise acquire and hold, real estate and personal property wherever situated, and to sell, mortgage,

For the purpose of functioning as a non-sectarian organization, and to be conducted primarily and chiefly for educational, charitable, and benevolent purposes, and not for profit;

To carry on a program for the support or education of orphans or indigent children, and of child care and protection, adopting the means and methods which will most satisfactorily meet individual needs. To this end it may maintain an institution or building or buildings, or cottage or cottages as a receiving home, clinic, or study center; may place children in boarding or foster homes; may give services to children in their own homes or in institutions maintained independently of this organization; or perform such other services as may from time to time, in the opinion of the Board of Trustees, be found to be necessary or advantageous to the welfare of the children of the community or of some particular child. Every effort shall be made to avoid duplicating the program of other agencies. The organization shall at all times strive to preserve and improve the child's own home and shall have due respect for ties of kinship, race and religion.

To purchase, acquire, erect, lease, equip, and maintain buildings and grounds, in one or more places in the State of Washington, which shall be exclusively under the management and control of the Board of Trustees of this corporation, and which shall be used for the purposes set out above. The Trustees of this corporation shall have the privilege either of conducting the affairs of the same with a view to making the property belonging to it self-sustaining, or furnishing the facilities of this corporation gratuitously to such persons, groups or organizations where the same may be necessary or proper, according to the best judgment or discretion of said Trustees. In the event that income should accrue in the management of said properties, the same shall, together with the donations and contributions to this corporation, from whatever source, become and remain the sole property of the said corporation, and no member or officer of this corporation shall have any right, title or interest in the same, except in a fiduciary capacity, nor shall any donor or contributor to said corporation have any right, title or interest in the profits, income or any property belonging to the said corporation, but the same shall be applied to the support, maintenance and enlargement of the facilities and work of said corporation for the purposes hereinbefore specified, after the payment of the expenses of the corporation.

To receive by gift, bequest, devise or transfer, or to purchase, lease or otherwise acquire and hold, real estate and personal property wherever situated, and to sell, mortgage, lease or otherwise dispose of same, or any interest therein, in any manner that shall be useful to and assist in maintaining

and promoting the objects above stated; and a resolution adopted by the Board of Trustees of said corporation to that effect shall be conclusive that the use or disposition of any property belonging to said corporation is in the promotion of the objects thereof; provided that any gift, bequest, devise and transfer of property to this corporation shall be, and hereby is, exclusively limited for use within the State of Washington, without any power on the part of the Trustees to make any other disposition thereof, so long as the laws of the State of Washington shall require such limitation in order to render any such gift, bequest, devise or transfer exempt from inheritance taxes; and this proviso shall, upon the consummation of any such gift, bequest, devise or transfer, constitute a binding agreement that this proviso shall not be altered or amended by this corporation so long as said gift, bequest, devise or transfer, or any part thereof, is in the possession, or under the control of, or being in any manner enjoyed by, this corporation; and this proviso shall be enforceable against this corporation by any donor, testator, or transferor, or by any of their heirs, or by the State of Washington;

To adopt such by-laws as the corporation may deem proper and best for the welfare and good order of the corporation and the conduct of its affairs, and prescribing the manner in which, and the officers and agents by whom, the purposes of its incorporation may be carried out.

And have complied with the provisions of the laws of this state in such case made and provided as appears from the certificates of the president, secretary and a majority of the trustees of said corporation, recorded in this office;

NOW, THEREFORE, I, BELLE REEVES, Secretary of the State of Washington, do hereby certify that said Alfred J. Schweppe, Bernard Reiter and J. Gordon Gose and R. W. Sprague, their associates and successors, are legally organized and established as and are hereby made an existing corporation under the name of RYTHER CHILD CENTER, with the powers, rights and privileges, and subject to the limitations, duties and restrictions which by law appertain thereto..

WITNESS my official signature subscribed and the Seal of the State of Washington hereunto affixed this 23rd day of January, 1940.

Belle Reeves
Secretary of State.

Interoffice Memo

Date: 8/25/2004
To: New Employee Orientation Presenters
Cc:
From: Heath Halverson, ext. 292
RE: September New Employee Training

The following staff are registered to attend Day 1 of New Employee Training on September 1st.

1. April Hoffman	ADM	7. Renee Banks	SSH
2. Christopher Glenn	OC	8. Melissa DeTurk	SSH
3. John Jakoski	B	9. Donna Dover	GCE
4. Tawnya El-Masry	ADM	10. Jason Bober	B
5. Don Johnson	A	11. Marie Choquette	B
6. Luke Andermann	D	12. Robert Parham	Psych Intern

13. David Hicks B
14. Michelle Brack OC
15. Amanda Rolfe ASP
~~16. Christina Cayetano OC~~

The following staff are registered to attend Day 2B of New Employee Training on September 8th.

1. Crystal Hynek	OC	8. Don Johnson	A
2. Jason Bober	B	9. Renee Banks	SSH
3. Blanche Burch	SSH	10. Melissa DeTurk	SSH
4. Atwood Robertson	B	11. Donna Dover	GCE
5. Kristin Nagel	MH Intern	12. Christina Cayetano	OC
6. Kevin Stowell	SSH	13. Robert Parham	Psych Intern
7. Marie Choquette	B	14. Luke Andermann	D

15. Amanda Griffith
16. David Hicks B
17. Michele Brack OC
18. Amanda Rolfe ASP
19. Christina Cayetano OC

Thanks,
Heath

NEW EMPLOYEE TRAINING
DAY 1

TIME	TOPIC	TRAINERS
8:00-8:15	Welcome, introductions, and review the day	April Hoffman Lee Grogg Tim Burdick
8:15 – 9:00	Ryther History Mission, Vision, Values Organization chart, staff roles and responsibilities	Julie Fretz Lee Grogg Tim Burdick
9:00 – 9:30	Overview of Current Programs and Clients Served Program Community Involvement	Tim Burdick
9:30 – 10:00	Professional Ethics	Dennis Grove
10:00-10:15	Break	
10:15 – 11:15	Driving	David Huttenun
11:15 – 11:45	Common Diagnosis	Danielle Goldberg
11:45 – 1:00	Lunch	
1:00 – 1:45	Confidentiality & HIPAA	Jennifer Gunn
1:45– 2:30	Documentation	Marya Neeley Karen Brady
2:30 – 3:00	Emergency and Medication Distribution Procedures	Marya Neeley Karen Brady
3:00-3:15	Break	
3:15 – 4:00	Policy, Procedures, Regulations, and the Law Wrap up	Marya Neeley Karen Brady

NEW EMPLOYEE TRAINING
DAY 2B

TIME	TOPIC	TRAINERS
8:00-8:05	Welcome, introductions, and review the day	Heath Halverson
8:05 – 9:15	Cultural Competency - I	Karen Brady
9:15– 10:15	Boundary Issues	Ryan Porter
10:15–10:30	Break	
10:30- 11:30	Continuous Quality Improvement	Lee Grogg
11:30 – 12:30	Continuous Quality Improvement	Lee Grogg
12:30 – 1:30	Lunch	
1:30 – 2:30	Cultural Competency - II	Karen Brady
2:30 - 2:45	Break	
2:45 – 3:45	Family Centered Practice – Strengths-Based	Jill Latteri Monica Kristiansen
3:45 - 4:00	Wrap up	Heath Halverson

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 9/01/04
PRODUCER Acordia CA License # 0531007 P.O. Box 91143 Seattle, WA 98111-9774	206-701-5000	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE		
INSURED Ryther Child Center 2400 NE 95th Seattle WA 98115-0000	INSURER A: First National Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	25CC040224	7/01/04	7/01/05	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 200000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 3000000
					PRODUCTS - COMP/OP AGG \$ 3000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">EVIDENCE OF INSURANCE</div>		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u> 0 </u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175902

PERSONNEL NO. 3518 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>2 24 05</u>	TIME (MILITARY) BEGUN <u>13:55</u>	TIME (MILITARY) FINISHED <u>14:05</u>	HAZARD CLASS / DIVISION NO. _____	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION: SR/MP <u>Seattle</u>		SCALEHOUSE NO. _____	CNTY CODE <u>17</u>				

CARRIER

CARRIER NAME (Include DBA when applicable)
Ryther Child Center

ADDRESS
2400 NE 95th St.

CITY Seattle STATE WA ZIP CODE 98115 INTERSTATE YES NO DOT NO. _____ ICC NO. _____

DRIVER

DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____

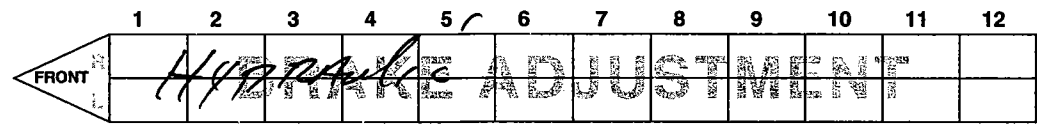
WAIVER Y N _____

VEHICLE

REGISTERED OWNER NAME/ADDRESS
Ryther Child Center

G.V.W. 8600 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Bu</u>	<u>04 FORD</u>		<u>7C905154</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.89	No Drive Shaft Protection		W					
393.95A	No Fire Extinguisher mounted in Vehicle		W					
393.95F	No Emergency Warning Devices on Vehicle		W					
CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.			

____ Vehicle may not be operated until O/S defects noted above are repaired.
 _____ Driver may not drive until in compliance.

DRIVER SIGNATURE
[Signature]

OFFICER SIGNATURE
[Signature]

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 02-15-2005 Staff: Linda Elhardt

D079305
RYTHER CHILD CENTER
2400 NE 95TH STREET
SEATTLE, WA 98115

Second Request
Date: 2/15/05 **Initials** LE

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X On September 10, 2004, we sent you a letter requesting a safety inspection of your vehicle and remit a copy of the completed inspection form. As of this date, we still have not received this information. Please contact Carolyn Caruso at (360) 664-1244 for an appointment.

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 09-10-2004 Staff: Linda Elhardt

TO: D079305
RYTHER CHILD CENTER
2400 NE 95TH STREET
SEATTLE, WA 98115

*Spoke w/ April 10/12
Hoffman - they do
rec. several different
grants. (pd. for vans,
pd. for gas - transp.)
rec. license plate from DOL authority.*

Return this document with the complete information below for prompt processing of your request.

- Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.
- Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- The certificate of insurance that you submitted with your application needs to list the Washington Utilities and Transportation Commission as the certificate holder at the bottom of the form. Please contact your insurance agent and request a corrected certificate of insurance.