The Early Start Act mandated that DEL update the child care licensing rules so that the early learning system has a unified set of foundational health, safety and child development regulations that are easy to understand and align with other requirements by providers in the field. (RCW 43.215.201) DEL is taking a transparent, methodical, and inclusive approach to this legislatively-mandated process.

The Child Care and Development Block Grant Act of 2014 updated the federal child care law, placing an emphasis on quality child care. There are new requirements related to children’s health and safety. The implementing regulations specify that lead agencies (which, in Washington, mean the Department of Early Learning) can rely on Caring for Our Children Basics (http://www.acf.hhs.gov/programs/ecd/caringfor-our-children-basics) for any minimum standards required by the federal law and regulations. (See Fed Register https://www.gpo.gov/fdsys/pkg/FR-2016-09-30/pdf/2016-22986.pdf Page 67484 last column) The regulations go on to state, “Lead Agencies are encouraged, however, to go beyond these baseline standards to develop a comprehensive and robust set of health and safety standards that cover additional areas related to program design, caregiver safety, and child developmental needs, using the full Caring for Our Children: National Health and Safety Performance Standards guidelines.” (Id.) This is precisely what the Department of Early Learning has done in these proposed regulations in addition to proposing regulations that directly implement the federal requirements.

This section constitutes the largest Standards Alignment category and delineates the expectations and requirements for the provision of a safe, healthy and educational environment in consideration with the uniqueness of both the family home and center settings. There are eight subcategories that include: space and furnishings, activities, safety, food and nutrition, health practices, cleaning and sanitation, sleep and rest, and infant and toddler-specific regulations. In particular, we note that the inclusion of infant and toddler specific provisions covering infant toddler nutrition (e.g., breastmilk, bottles, feeding), sleep (e.g., rest, equipment, safe sleep), program and activities, and infant and toddler development.

### Space and Furnishings – Indoor early learning program space

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-4225 (1) The indoor licensed space must have thirty-five square feet per child for the maximum number of children stated on the license, measured to include only the space intended for use by children in care.</td>
<td>WAC 170-295-0080 (1) Maximum allowable capacity of your center is determined based on useable square footage and available toilets and sinks. The licensed capacity (the number of children you are allowed to have in your center at any one time) may be less than the</td>
<td>170-300-0130 Indoor early learning program space. (1) Indoor center early learning program space must comply with the Washington State Building Code (chapter 19.27 RCW) and the International Building Code (chapter 51-50 WAC) which the department adopts and incorporates by reference as now or hereafter amended. Weight #7</td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

by the children is counted in square footage.
(3) Indoor space that is not counted in the minimum square footage requirement includes:
   (a) Unlicensed space that is made inaccessible to children in care;
   (b) Space under furniture not used by the children;
   (c) Hallway space that leads to an exit;
   (d) Bathrooms; and
   (e) Closets.
(4) An office or kitchen that is made inaccessible to the children and is not intended for their use may be included as licensed space but is not counted as part of the minimum square footage.

maximum capacity, but not exceed it. The licensed capacity is based on our evaluation of the program, the ages and characteristics of the children, the experience of the staff, and usable floor space. You must have:
   (a) Fifty square feet of useable floor space per infant (includes crib, playpen, infant bed and bassinets);
   (b) Thirty-five square feet of useable floor space for each toddler or older child that is dedicated to the children during child care hours; and
   (c) Fifteen additional square feet must be provided for each toddler using a crib or playpen when cribs are located in the sleeping and play area.
(2) The areas included in your square footage must be available at all times for the children. The following areas will not be included in determining the useable square footage for each child:
   (a) Food preparation areas of the kitchen;
   (b) Laundry areas;
   (c) All bath, toilet rooms and hand washing areas;
   (d) Hallways, diaper changing areas (includes the changing table, sink and twenty-four inches of floor

(2) Indoor family home early learning program space must comply with the International Residential Code (chapter 51-51 WAC) which the department adopts and incorporates by reference as now or hereafter amended. Weight NA

(3) Indoor early learning program space includes only the space intended to be used by children in care and must be accessible during program operating hours. Weight #4

(4) Early learning program space, ramps, and handrails must comply with, be accessible to, and accommodate children and adults with disabilities as required by the ADA, as now and hereafter amended. Weight #4

(5) Early learning program space must include pathways for children to move between areas without disrupting another child’s work or play. Weight #4

(6) A Family Home Licensee must provide a signed and dated declaration form, (found at https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers) if the early learning program meets any of the following requirements in unlicensed space:
   (a) Furnace area safety, or smoke or carbon monoxide detector requirements under WAC 170-300-0170(3);
space around the changing table and sink), stairways, closets, offices, staff rooms, lockers and custodial areas;
(e) Furnace rooms, hot water heater rooms, storage rooms, or mop sink rooms; and
(f) Cabinets, storage, and fixed shelving spaces unless accessible to and used by children (for example, cubbies, shelves for storing toys and puzzles, bookshelves, etc.). If the children do not have access to their cubbies or toy storage areas, it is not included in the square footage.
(3) You can use a multipurpose room and gymnasium for multiple purposes such as playing, dining, napping, and learning activities, and before and after school programs when the room:
(a) Meets the square footage requirements for the purpose and number of children to be served; and
(b) Is being used for one purpose and does not interfere with usage of the room for another purpose.
(4) You may use and consider the napping area as child care space if staff remove mats and cots when they are not in use and the children then have free access to the area.
(5) We will not issue you a license to care for more children than the rules

<table>
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<td>space around the changing table and sink), stairways, closets, offices, staff rooms, lockers and custodial areas; (e) Furnace rooms, hot water heater rooms, storage rooms, or mop sink rooms; and (f) Cabinets, storage, and fixed shelving spaces unless accessible to and used by children (for example, cubbies, shelves for storing toys and puzzles, bookshelves, etc.). If the children do not have access to their cubbies or toy storage areas, it is not included in the square footage. (3) You can use a multipurpose room and gymnasium for multiple purposes such as playing, dining, napping, and learning activities, and before and after school programs when the room: (a) Meets the square footage requirements for the purpose and number of children to be served; and (b) Is being used for one purpose and does not interfere with usage of the room for another purpose. (4) You may use and consider the napping area as child care space if staff remove mats and cots when they are not in use and the children then have free access to the area. (5) We will not issue you a license to care for more children than the rules</td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

| (6) We may issue you a license to care for fewer children than the center's maximum capacity. |

Justification:
The proposed revision calls for facilities to ensure sufficient passing or walkway space for children. This is in keeping with *Caring for Our Children, 3rd Edition*, Standard 5.1.2, space per child, that stresses the need to prevent crowding, and notes, in the rationale, that “Child behavior tends to be more constructive when sufficient space is organized to promote developmentally appropriate skills.”

The proposal clarifies that certain spaces are not countable towards the amount specified per child, including diaper and laundry areas, as well as areas that are taken up by shelving, cabinets, and staff equipment. These changes can be seen in *Caring for Our Children, 3rd Edition* Standard 5.1, which says, “This excludes floor area that is used for: a) Circulation (e.g., walkways around the activity area); b) Classroom support (e.g., staff work areas and activity equipment storage that may be adjacent to the activity area); c) Furniture (e.g., bookcases, sofas, lofts, block corners, tables and chairs); d) Center support (e.g., administrative office, washrooms, etc.) Usable, indoor floor space for the children’s activity area depends on the design and layout of the child care facility, and whether there is an opportunity and space for outdoor activities.

Taking into account the statement in *Caring for Our Children, 3rd Edition* regarding children’s activity areas, the proposal allows for use of napping space if the space is truly available for other uses when napping is not occurring, and specifies the parameters for DEL in allowing for use of indoor space that is also oriented for gross motor play. DEL has sought to make its state-specific approach very concrete to aid in understanding and compliance of the parameters.

The final proposed revision relates to documenting that equipment and toys to show conformance with the federal CPSC guidelines and ASTM standards F1292-13 and F2223-10. *Caring for Our Children, 3rd Edition*, at Standard 5.3.1.1: Safety of Equipment, Materials, and Furnishings, notes Equipment, materials, furnishings, and play areas should be sturdy, safe, and in good repair and should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the following safety hazards: a) Openings that could entrap a child’s head or limbs; b) Elevated surfaces that are inadequately guarded; c) Lack of specified surfacing and fall zones under and around climbable equipment; d) Mismatched size and design of equipment for the intended users; e) Insufficient spacing between equipment; f) Tripping hazards; g) Components that can pinch, shear, or crush body tissues; h) Equipment that is known to be of a hazardous type; i) Sharp points or corners; j) Splinters; k) Protruding nails, bolts, or other components that could entangle clothing or snag skin; l) Loose, rusty parts; m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child; n) Strangulation hazards (e.g., straps, strings, etc.); o) Flaking paint; p) Paint that contains lead or other...
Standards Alignment - Environment

hazardous materials; q) Tip-over hazards, such as chests, bookshelves, and televisions.

Likewise, *Caring for Our Children, 3rd Edition*, Standard 6.2.1 General Requirements. STANDARD 6.2.1.1: Play Equipment Requirements, explicitly references ASTM as well. It says, “All play equipment should be constructed, installed, and made available to the intended users in such a manner that meets CPSC guidelines and ASTM standards, as warranted by the manufacturers’ recommendations.”

### Space and Furnishings – Routine care, play, learning, relaxation and comfort

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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<tbody>
<tr>
<td>WAC 170-296A-5000 Play equipment.</td>
<td>WAC 170-295-2010 What types of play materials, equipment and activities must I provide for the children? You must: (1) Provide a variety of easily accessible learning and play materials of sufficient quantity to implement the centers program and meet the developmental needs of children in care. (2) Have a current daily schedule of activities and lesson plans that are designed to meet the children's developmental, cultural, and individual needs. The toys, equipment and schedule must be: (a) Specific for each age group of children; and (b) Include at least one activity daily for each of the following (you can combine several of the following for one activity): (i) Child initiated activity (free play);</td>
<td><strong>170-300-0135</strong> Routine care, play, learning, relaxation, and comfort. (1) An early learning provider must have accessible and child-size furniture and equipment in sufficient quantity for the number of children in care. Tables must not be bucket style. <strong>Weight #4</strong> (2) Furniture and equipment must be: (a) Maintained in a safe working condition; (b) Developmentally and age appropriate; (c) Inspected at least weekly for hazards, broken parts, or damage. All equipment with hazardous, broken parts, or damage must be repaired immediately or must be made inaccessible to children until repairs are made according to the manufacturer's instructions, if available; (d) Arranged in a way that does not interfere with other play equipment; (e) Installed and assembled according to manufacturer specifications. An early learning provider must keep manufacturer specifications on file for review by the department;</td>
</tr>
<tr>
<td>(1) The licensee must have play equipment that is developmentally appropriate and maintained in a safe working condition. The licensee must inspect play equipment at least weekly for injury hazards, broken parts, or damage. Unsafe equipment must be repaired immediately or must be made inaccessible to children until repairs are made. (2) Play equipment must be arranged so that it does not interfere with other play equipment when in use. (3) The licensee must install or assemble new play equipment acquired after March 31, 2012, according to manufacturer specifications, and keep specifications on file for review by the licensor. (4) For used or &quot;hand-made&quot;</td>
<td></td>
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play equipment, or for play equipment acquired and installed prior to March 31, 2012, the licensee must assemble the equipment in a manner that provides a safe play experience for the children.

(ii) Staff initiated activity (organized play);
(iii) Individual choices for play;
(iv) Creative expression;
(v) Group activity;
(vi) Quiet activity;
(vii) Active activity;
(viii) Large and small muscle activities; and
(ix) Indoor and outdoor play.

(3) You must ensure the lesson plan, daily schedule of events, available toys and equipment contains a range of learning experiences to allow each child the opportunity to:
   (a) Gain self-esteem, self-awareness, self-control, and decision-making abilities;
   (b) Develop socially, emotionally, intellectually, and physically;
   (c) Learn about nutrition, health, and personal safety; and
   (d) Experiment, create, and explore.
   (4) Post the daily schedule and lesson plan in each room for easy reference by parents and by caregivers;

(f) Stored in a manner to prevent injury; and
(g) Accessible to the child’s height so that he or she can find, use, and return materials independently. 
Weight #6

(3) Indoor handmade play structures must be maintained for safety or removed when no longer safe. The department must review and approve construction plans and a list of materials to be used to construct indoor handmade play structures before construction begins. Weight #5

(4) An early learning provider must provide soft furnishings in licensed space accessible to children. Soft furnishings may include, but are not limited to, carpeted areas and area rugs, upholstered furniture, cushions or large floor pillows, stuffed animals and soft dolls. Soft furnishings must be: 
   (a) Accessible to the children in care;
   (b) Developmentally appropriate for the children in care; and
   (c) Maintained in a clean and sanitary condition. Weight #4
and group size during transitions from one activity to another during the day;

(7) Plan for smooth transitions by:
   (a) Establishing familiar routines;
   and
   (b) Using transitions as a learning experience.

(8) Ensure the center's program affords the child daily opportunities for small and large muscle activities, outdoor play, and exposure to language development and books;
and

(9) Afford staff classroom planning time.

**Justification:**
The proposed regulation adds a prohibition against bucket style chairs. This is in keeping with *Caring for Our Children, 3rd Edition*, STANDARD 4.5.0.1: Developmentally Appropriate Seating and Utensils for Meals, which states “The child care staff should ensure that children who do not require highchairs are comfortably seated at tables that are between waist and mid-chest level and allow the seated child’s feet to rest on a firm surface. All furniture and eating utensils that a child care facility uses should make it possible for children to eat at their best skill level and to increase their eating skill.” Elsewhere in Caring for Our Children, it is noted that children need to have child-sized equipment and that chairs and tables should be set up to allow the child’s feet “to rest on a firm surface.” See STANDARD 5.3.1.3: Size of Furniture.

A revision is also proposed to acknowledge the use of handmade indoor play structures. Consistent with DEL’s commitment to respecting the diversity of populations in Washington State, this provision provides for a prudent approach to ensure that children’s safety is the priority for these handmade structures.

These proposed changes are also in keeping with the focus in the federal law on child safety, including new provisions that require public reporting on a web-site of serious injuries, at Section 98.15, that the state make available “the results of monitoring and inspection reports, as well as the number of deaths, serious injuries, and instances of substantiated child abuse that occurred in child
### Standards Alignment - Environment

#### Space and Furnishings – Room arrangement, child-related displays, private space and belongings

<table>
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<tr>
<th>Family Home WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-4750</td>
<td>WAC 170-295-5140</td>
<td><strong>170-300-0140</strong></td>
</tr>
<tr>
<td>Storage for each child’s belongings</td>
<td>Are there any requirements for storage space provided for children?</td>
<td><strong>Room arrangement, child-related displays, private space, and belongings.</strong></td>
</tr>
<tr>
<td>The licensee must provide separate storage for each child’s belongings. Belongings of children from the same family may be stored together</td>
<td>You must provide accessible individual storage space for each child’s belongings that prevents the spread of diseases or parasites such as scabies or lice.</td>
<td>(1) Early learning materials and equipment must be visible and accessible to children in care, and must be arranged to promote and encourage independent access by children. <strong>Weight #3</strong></td>
</tr>
<tr>
<td>No current Family Home WAC regarding specific privacy</td>
<td>WAC 170-295-4140</td>
<td>(2) An early learning provider must display age and developmentally appropriate early learning materials. Materials must be posted at enrolled children’s eye level and related to current activities, themes, or lessons plans. <strong>Weight #1</strong></td>
</tr>
<tr>
<td></td>
<td>(1) You are required to have extra clothing available for the children who wet or soil their clothes.</td>
<td>(3) An early learning provider must provide, or allow a child to create, a place for privacy. This space must:</td>
</tr>
<tr>
<td></td>
<td>(2) You may require the parent to provide the clothing, but you must have clothing available for use in case the parent forgets the change of clothing</td>
<td>(a) Allow for appropriate supervision; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Include an area for children, visible to staff, and accessible to children who seek or need time alone or small group time. <strong>Weight #4</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) An early learning provider must have extra clothing available for children who wet, soil, or have a need to change clothes. A provider may require parents to provide their own children’s extra clothing. <strong>Weight #1</strong></td>
</tr>
<tr>
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<td>(5) An early learning provider must provide individual...</td>
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</table>
and separate storage space for each child’s belongings. At a minimum, the space must be:
(a) Accessible to the child;
(b) Large enough and spaced sufficiently apart from other storage space to:
   (i) Store the child’s personal articles and clothing;
   (ii) Prevent contact with the belongings of other children;
   (iii) Prevent the spread of diseases or parasites; and
   (iv) Promote or encourage children to organize their possessions.

(6) Child useable and accessible areas must be arranged to provide sufficient space for routine care, child play, and learning activities. These areas must:
(a) Be designed to allow for appropriate supervision so no obstructions to sight such as walls, tall shelving, or tall furniture are between the children in care and the staff supervising the children;
(b) Allow children to move freely from one interest area to another (for example: blocks, puppets, language and literary materials, art materials, clay or play dough, music and movement, or dramatic play); and
(c) Be designed to allow for different types of activities at the same time.

Justification:
This proposed regulation provides for materials and equipment to be visible to and accessible by children, and to be developmentally appropriate, and for materials and equipment relevant to children's daily activities, themes and lessons plans to be available. Chapter 2 of *Caring for Our Children, 3rd Edition* addresses program activities for healthy development, and there are numerous standards that reflect what DEL has proposed. For example, STANDARD 2.1.2.3: Space and Activity to Support Learning of Infants and Toddlers states that “The facility should provide a safe and clean learning environment, both indoors and outdoors, colorful materials and equipment arranged to support learning. The indoor and outdoor learning/play environment should encourage and be comfortable with staff on the floor level when interacting with active infant crawlers and toddlers. The indoor and outdoor play and learning settings should provide opportunities for the child to act upon the environment by experiencing age-appropriate obstacles, frustrations, and risks in order to learn to negotiate environmental challenges.” The rationale notes that “Children need access to age-appropriate toys and safe household objects.” Standard 2.1.3, entitled Program Activities for Three- to Five-Year-Olds, also addresses these issues. For example, Standard 2.1.3.2 says “Programs should provide children a balance of guided and self-initiated play and learning indoors and outdoors. These should include opportunities to observe, explore, order and reorder, to make mistakes and find solutions, and to move from the concrete to the abstract in learning,” thus underscoring the need for visible, accessible materials and equipment.

Likewise, the Washington State Early Learning and Development Guidelines Birth through 3rd Grade (2012) also stress the ideas that are found in the proposed regulation concerning accessibility, appropriateness, and relevance introduced here.

The proposed regulation introduces the concept of child privacy in this proposal, requiring smaller “private” space, subject to the need for ongoing supervision. In discussing *Caring for Our Children, 3rd Edition* Standard 5.1.2.1, which focuses on space per child, the rationale for the recommended square foot per child takes into account the various dimensions of child development and how this translates into space. Privacy is mentioned explicitly, as follows (emphasis added): “Studies have shown that the quality of the physical designed environment of early child care centers is related to children’s cognitive, social, and emotional development (e.g., size, density, privacy, well-defined activity settings, modified open-plan space, a variety of technical design features and the quality of outdoor play spaces). In addition to meeting the needs of children, caregivers/teachers require space to implement programs and facilitate interactions with children.” DEL's proposal balances this aspect of the developmental needs of child with the ongoing requirement for supervision.

The proposed regulation also addresses issue of personal storage for children’s belongings, which is found in *Caring for Our Children, 3rd Edition* at STANDARD 5.5.0.1: Storage and Labeling of Personal Articles, stating “The facility should provide separate storage areas for each child’s and staff member’s personal articles and clothing. Personal effects and clothing should be labeled with the child’s name. Bedding should be labeled with the child’s full name, stored separately for each child, and not touching other children’s personal items.” *Caring for Our Children, 3rd Edition* Standard 5.5.0.2: Coat Hooks/Cubicles underscores the issue of adequate space.
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so that children’s belongings are not touching those of other children, stating “Coat hooks should be spaced so coats will not touch each other, or individual cubicles or lockers of the child’s height should be provided for storing children’s clothing and personal possessions.” The rationale is to prevent the spread of disease, such as ringworm.

Finally, these proposed regulations require that the areas children are using need to include space for routine uses - care, play, learning, taking into account supervision needs as well as the development of children’s independence, the need to have more than one activity occurring at a time. The Caring for Our Children, 3rd Edition standard on space per child is based on the need for these multiple activities to take place, and to sufficient room for them. As discussed in the rationale for 5.5.2.1, “Child behavior tends to be more constructive when sufficient space is organized to promote developmentally appropriate skills. Crowding has been shown to be associated with increased risk of developing upper respiratory infections. Also, having sufficient space will reduce the risk of injury from simultaneous activities.” Elsewhere in the discussion, the importance of supervision is stressed as well, with a note that the space must address “ease of supervision.”

Likewise, the Washington State Early Learning and Development Guidelines Birth through 3rd Grade (2012) also stress the ideas that are found in the proposed regulation regarding child development and the various activities that take place in the physical space.

The costs of complying with proposed WAC 170-300-0140(5)(b)(i) cannot be reduced because storage containers are largely available from market retailers. Under the proposed rule, each child enrolled at an early learning program would require a storage bin for their personal belongings. The Department of Early Learning (DEL) believes imposing this new rule is necessary to ensure the health and safety of children in programs the department regulates. The one-time costs identified above are necessary to prevent the spread of the spread of diseases or infections such as lice or ringworm, which are common in child care and early learning environments. Proposed WAC 170-300-0140(5)(b)(i) is a low cost requirement for center and family home early learning programs to provide storage space for each enrolled child’s personal belongings to help prevent the spread of disease or infection, which is common in child care and early learning environments. The cost of purchasing storage containers is not expected to exceed minor cost threshold.

<table>
<thead>
<tr>
<th>Space and Furnishings – Outdoor early learning program space</th>
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<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
</tr>
<tr>
<td>WAC 170-296A-4925 Space for gross motor play</td>
</tr>
<tr>
<td>(1) The licensee must provide a safe outdoor play area on the premises.</td>
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(a) The outdoor play space must contain seventy-five square feet of usable space per child for the number of children stated on the license.

(b) If the premises does not have seventy-five square feet of available outdoor space per child, the licensee may provide an alternative plan, approved by the department, to meet the requirement for all children in care to have daily opportunities for active outdoor play.

(2) The licensed outdoor play space must be securely enclosed with a fence of a minimum height of four feet. When a fence has slats, openings between the slats must be no wider than three and one-half inches.

(3) When the licensed outdoor play space is not adjacent to the home the licensee must:
   (a) Identify and use a safe route to and from the licensed outdoor space that is approved by the department; and
   (b) Supervise the children at all times when passing between the licensed outdoor space and the home.

(4) The licensee must provide a written plan, approved by the

social development based on their age. The play area must:
   (a) Adjoin the indoor premises directly or be reachable by a safe route or method;
   (b) Have adequate drainage and be free from health and safety hazards;
   (c) Contain a minimum of seventy-five usable square feet per child using the play area at any one time. If the center uses a rotational schedule of outdoor play periods so only a portion of the child population uses the play area at one time, you may reduce correspondingly the child's play area size.

(2) If you provide full-time care, the activity schedule must provide the child daily morning and afternoon outdoor play;

What are the fence requirements?

(1) You must fence the outdoor play area to:
   (a) Prevent unauthorized people from entering; and
   (b) Prevent children from escaping and having access to hazardous areas.

(2) At a minimum fences and

(2)Outdoor play space must contain a minimum of 75 square feet of licensed space per child accessing the play space at any given time. An early learning provider may develop an alternate plan if an early learning program does not have enough outdoor play space to accommodate all enrolled children at once (for example, rotating groups of children to play outdoors or using an off-site play area). The department must approve plans to use off-site play spaces. **Weight #5**

(3)”Usable space” means the areas that are available at all times for use by children in an early learning program and meets licensing requirements. **Weight NA**

(4)An early learning program must have shaded areas in outdoor play space provided by trees, buildings, or shade structures. **Weight #1**

(5)Outdoor play space must promote a variety of age and developmentally appropriate active play areas for children in care. Activities must encourage and promote both moderate and vigorous physical activity such as running, jumping, skipping, throwing, pedaling, pushing and pulling, kicking, and climbing. **Weight #1**

(6)When the licensed outdoor play space is not immediately adjacent to the early learning program site, an early learning provider must identify and use a safe route to and from the licensed outdoor play space. **Weight #6**
department, to make roadways and other dangers adjacent to the licensed outdoor play space inaccessible to children.

WAC 170-296A-5025 Outdoor physical activities.

The licensee must have an outdoor play area that promotes a variety of age and developmentally appropriate active play for the children in care.

gates must:
   (a) Be safe, and maintained in good repair; and
   (b) Be designed to discourage climbing and prevent entrapment.

(7) Licensed outdoor play areas must be enclosed with a fence or barrier that prevents children from exiting and discourages climbing. If the outdoor play area is enclosed by a barrier that is not a fence, the barrier may be a wall constructed with brick, stone, or a similar material. Weight #7

(8) Licensed outdoor play areas must be enclosed to prevent people without permission from entering. Weight #7

(9) Fences, barriers, and gates must be in good condition and conform to applicable local building codes in height and construction or have a minimum height of 48 inches and not have a gap more than three and one-half inches from the ground. Weight #6

(10) The opening between a fence post and gate or fence post and building must not be greater than three and one-half inches. Weight #6

(11) An early learning provider must not install any wooden fence, playground structure, or furniture if it contains chromated copper arsenate (CCA), creosote or pentachlorophenol. If wooden fences, structures, and furniture are suspected of having CCA they must be tested. If CCA is noted, fences, structures, and furniture must be removed or sealed with an oil-based outdoor sealant annually or as needed within six months of the date this section becomes effective. Weight #6
### Standards Alignment - Environment

| 12 | Gates allowing access to a licensed outdoor play area must be equipped with self-closing or self-latching mechanisms (shuts automatically when released from an individual’s control) within six months of the date this section becomes effective. The latch or securing device must be high enough or of a type that children cannot open. **Weight #6** |
| 13 | Outdoor play areas must have two exits that must not be partially or entirely blocked. At least one exit must be located away from the early learning program, and one exit may be into the early learning program space. **Weight #6** |

**Justification:**

*Caring for Our Children, 3rd Edition,* calls for the daily inspection of outdoor space, as outlined at Standard 6.2.5.1: Inspection of Indoor and Outdoor Play Areas and Equipment, which states “The indoor and outdoor play areas and equipment should be inspected daily for the following: a) Missing or broken parts; b) Protrusion of nuts and bolts; c) Rust and chipping or peeling paint; d) Sharp edges, splinters, and rough surfaces; e) Stability of handholds; f) Visible cracks; g) Stability of non-anchored large play equipment (e.g., playhouses); h) Wear and deterioration. Observations should be documented and filed, and the problems corrected.”

The proposed regulations call for shade, which is specifically addressed in *Caring for Our Children, 3rd Edition* Standard 6.1.0.7: Shading of Play Area, providing that “Children should be provided shade in play areas (not just playgrounds). Shading may be provided by trees, buildings, or shade structures. Metal equipment (especially slides) should be placed in the shade. Sun exposure should be reduced by timing children’s outdoor play to take place before ten o’clock in the morning or after four o’clock in the afternoon standard time.”

*Caring for Our Children, 3rd Edition* Standard 6.1.0.8: Enclosures for Outdoor Play Areas addresses several of the proposals in these regulations. It addresses the need for barriers, whether natural or not; two exits; types of gates; fencing; and testing and response to chromated copper arsenate, providing the following language: “The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the observation of children by caregivers/teachers. If a fence is used, it should
Standards Alignment - Environment

conform to applicable local building codes in height and construction. Fence posts should be outside the fence where allowed by local building codes. These areas should have at least two exits, with at least one being remote from the buildings.” This standard also provides “Gates should be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device should be high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than three and one-half inches. The fence and gates should be constructed to discourage climbing. Play areas should be secured against inappropriate use when the facility is closed. Wooden fences and playground structures created out of wood should be tested for chromated copper arsenate (CCA). Wooden fences and playground structures created out of wood that is found to contain CCA should be sealed with an oil-based outdoor sealant annually.”

According to the Center for Disease Control and Prevention (CDC), a few serious sunburns can increase a child’s risk of skin cancer later in life, and unprotected skin can be damaged by ultraviolet (UV) rays in as little as 15 minutes. The CDC advocates protection from UV rays any time a child is outdoors. In addition to developing skin cancer, the Mayo Clinic states that young children are also at a higher risk of heat exhaustion because the body’s ability to regulate its temperature is not fully developed in young children. The costs of complying with proposed WAC 170-300-0145(4) cannot be reduced because shade devices or structures are largely available from market retailers. Under the proposed rule, an early learning program must provide shade in licensed outdoor space. The Department of Early Learning believes imposing this new rule is necessary to ensure the health and safety of children by helping prevent the development of skin cancer or heat exhaustion. The one-time costs identified above are necessary to protect children from overexposure to the sun, which could result in a child overheating or contribute to the risk of developing skin cancer.

Proposed WAC 170-300-0145(4) is a low cost requirement for center and family home early learning programs to provide shade in licensed outdoor space. Shade is outdoor space is necessary to promote the health and safety of children by helping prevent the development of skin cancer or heat exhaustion in young children. The cost of purchasing shade devices or structures is not expected to exceed minor cost threshold.

### Space and Furnishings - Equipment in outdoor early learning space

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-5000 Play equipment</td>
<td></td>
<td>170-300-0146 Equipment in outdoor early learning space.</td>
</tr>
</tbody>
</table>

(1) The licensee must have play equipment that is developmentally appropriate and maintained in a safe working condition. The licensee

(a) Ensure it is properly maintained and safe, and
(b) Ensure unsafe equipment is removed or
must inspect play equipment at least weekly for injury hazards, broken parts, or damage. Unsafe equipment must be repaired immediately or must be made inaccessible to children until repairs are made.

(2) Play equipment must be arranged so that it does not interfere with other play equipment when in use.

(3) The licensee must install or assemble new play equipment acquired after March 31, 2012, according to manufacturer specifications, and keep specifications on file for review by the licensor.

(4) For used or "hand-made" play equipment, or for play equipment acquired and installed prior to March 31, 2012, the licensee must assemble the equipment in a manner that provides a safe play experience for the children.

WAC 170-296A-5050 Bouncing equipment prohibited

The licensee must not use or allow the use of bouncing equipment including, but not limited to,

made inaccessible to children. Weight #6

(2) Playground equipment used by an early learning provider must comply with CPSC’s guidelines for playground equipment as now or hereafter amended including, but not limited to:

(a) Climbing play equipment must not be placed on or above concrete, asphalt, packed soil, lumber, or similar hard surfaces;

(b) The ground under swings and play equipment must be covered by a shock absorbing material. Grass alone is not an acceptable ground cover material under swings or other play equipment. Weight #6

(3) An early learning provider must comply with the standards in the CPSC’s guidelines including, but not limited to installing, arranging, designing, constructing, and maintaining outdoor play equipment. Weight #

(4) Permanently anchored outdoor play equipment must not be placed over septic tank areas or drain fields, and must be installed according to the manufacturer’s directions. Weight #6

(5) Handmade playground equipment must be maintained for safety or removed when no longer safe. The department must review and approve construction plans and a list of materials to be
<table>
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<tr>
<th>Standards Alignment - Environment</th>
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<tr>
<th>trampolines, rebounders and inflatable equipment. This requirement does not apply to bounce balls with or without handles for use by individual children.</th>
</tr>
</thead>
</table>

WAC 170-296A-5075
Playground equipment—Ground cover—Fall zones

(1) The licensee must not place climbing play equipment on concrete, asphalt, packed soil, lumber, or similar hard surfaces when being used by children.

(2) The ground under swings and play equipment intended to be climbed must be covered by a shock absorbing material. Grass alone is not an acceptable ground cover material under swings or play equipment intended to be climbed. Acceptable ground cover includes:
   (a) Pea gravel - At least nine inches deep;
   (b) Playground wood chips - At least nine inches deep;
   (c) Shredded recycled rubber - At least six inches deep; or
   (d) Other department approved material.

(3) A six-foot fall zone must surround all equipment that has a

used to construct handmade playground equipment before construction begins. **Weight #6**

(6) Bouncing equipment including, but not limited to, trampolines, rebounders and inflatable equipment must be inaccessible and not in early learning program space. This requirement does not apply to bounce balls designed to be used by children individually. **Weight #7**
<table>
<thead>
<tr>
<th>platform over forty-eight inches tall that is intended to be climbed.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(4) The fall zone area must extend at least six feet beyond the perimeter of the play equipment. For swings, the fall zone must be the distance to the front and rear of the swing set equal to or greater than twice the height of the top bar from which the swing is suspended.</td>
<td></td>
</tr>
<tr>
<td>(5) Swing sets must be positioned further away from structures to the front and rear of the swing set. The distance to the front and rear of the swing set from any playground equipment or other structure must be the distance equal to or greater than twice the height of the top bar from which the swing is suspended.</td>
<td></td>
</tr>
</tbody>
</table>

**Justification:**
*Caring for Our Children, 3rd Edition,* calls for the daily inspection of outdoor equipment, as outlined at Standard 6.2.5.1: Inspection of Indoor and Outdoor Play Areas and Equipment, which states “The indoor and outdoor play areas and equipment should be inspected daily for the following: a) Missing or broken parts; b) Protrusion of nuts and bolts; c) Rust and chipping or peeling paint; d) Sharp edges, splinters, and rough surfaces; e) Stability of handholds; f) Visible cracks; g) Stability of non-anchored large play equipment (e.g., playhouses); h) Wear and deterioration. Observations should be documented and filed, and the problems corrected.”

In addition to the proposal for daily inspection, noted above, this regulation is enhanced by a proposal to add compliance with CPSC standards, the removal of homemade equipment unless it complies with CPSC and submission of plans for homemade equipment for advance DEL approval, and certain specifications about bouncing equipment.

In the general requirements for playground equipment, *Caring for Our Children, 3rd Edition* states, at Standard 6.2.1 General Requirements STANDARD 6.2.1.1: Play Equipment Requirements that “Play equipment and materials in the facility should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) and the ASTM International (ASTM) for public playground
equipment.” This standard goes on, “All play equipment should be constructed, installed, and made available to the intended users in such a manner that meets CPSC guidelines and ASTM standards, as warranted by the manufacturers’ recommendations.”

DEL’s proposal around homemade equipment provides a balanced approach to permitting homemade equipment within a framework of a commitment to child safety.

Finally, the proposal addresses making bouncing equipment inaccessible while not in use, and barring it from indoor learning space. Washington proposes greater permissibility than Caring for Our Children, 3rd Edition which says STANDARD 6.2.4.4: Trampolines states, “Trampolines, both full and mini-size, should be prohibited from being used as part of the child care program activities both on-site and during field trips.” This proposal permits this type of equipment but only under controlled, specified conditions in order to reduce hazards.

### Space and Furnishings - Weather conditions and outdoor requirements

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-5125</td>
<td>WAC 170-295-5150</td>
<td>170-300-0147</td>
</tr>
<tr>
<td><strong>Daily outdoor activity.</strong></td>
<td>(2)(b) Not take children outdoors during extremes temperatures that put children at risk for physical harm.</td>
<td><strong>Weather conditions and outdoor requirements.</strong></td>
</tr>
<tr>
<td>The licensee or staff must provide outdoor activities at least thirty minutes each day unless conditions pose a health and safety risk to the children. Conditions that may pose a health and safety risk include, but are not limited to:</td>
<td></td>
<td>(1) An early learning provider must observe weather conditions and other possible hazards. The provider must not take or leave children outside if conditions exist that may pose a health or safety risk. Conditions that pose a health or safety risk include, but are not limited to the following:</td>
</tr>
<tr>
<td>(1) Heat in excess of one hundred degrees Fahrenheit;</td>
<td></td>
<td>(a) Heat in excess of 100 degrees Fahrenheit or less for children under five years old, or pursuant to advice of the local sources;</td>
</tr>
<tr>
<td>(2) Cold less than twenty degrees Fahrenheit;</td>
<td></td>
<td>(b) Cold less than 20 degrees Fahrenheit, or pursuant to advice of the local sources;</td>
</tr>
<tr>
<td>(3) Lightning storm, tornado, hurricane, or flooding, if there is immediate or likely danger to the children;</td>
<td></td>
<td>(c) Lightning storm, tornado, hurricane, or flooding if there is immediate or likely danger to children in care;</td>
</tr>
<tr>
<td>(4) Earthquake;</td>
<td></td>
<td>(d) Earthquake;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(e) Air quality emergency ordered by a local or state authority on air quality or public</td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

(5) Air quality emergency ordered by a local or state air quality authority or public health authority;
(6) Lockdown order by a public safety authority; or
(7) Other similar incidents

| (2) An early learning provider must appropriately dress children for weather conditions during outdoor play time. Weight #6 |

Justification:
This proposed regulation addresses outdoor conditions. It includes a proposal for monitoring of outdoor conditions, clarifying that local weather reports may be included in determining whether temperatures are considered health and safety risks. *Caring for Our Children, 3rd Edition* Standard 3.1.3.2 indicates that “Weather that poses a significant health risk should include wind chill factor at or below minus 15°F and heat index at or above 90°F, as identified by the National Weather Service (NWS).” *Caring for Our Children* notes that the exact temperatures are geographically and regionally specific, and may be age-specific as well. It says: “Some flexibility is needed depending on the location of the program. For example, in some climates where children do not have warm winter clothing even 20°F could be too cold. In some southern climates it is always above 90°F, but older children are acclimated and can play in shaded areas.” Washington’s initial temperature setting is contextual, relying on the professional judgment of the program. Health and safety risks regarding very hot weather is defined. Additional discretion is provided in addressing heat conditions for young children.

Space and Furnishings - Gardens in outdoor early learning program space

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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</tr>
</thead>
<tbody>
<tr>
<td>No current WAC</td>
<td>No current WAC</td>
<td><strong>Adopted Permanent Rule 170-300-0148</strong> Gardens in outdoor early learning program space. (1) A garden in early learning program space must: (a) Have safeguards in place to minimize risk of cross-contamination by animals; <strong>Weight #5</strong> (b) Use soil free from agricultural or industrial contaminants such as lead or arsenic if gardening directly in the ground; <strong>Weight #6</strong></td>
</tr>
</tbody>
</table>
(c) Use new soil that is labeled as organic and obtained from a gardening supply store or other retail store if gardening in raised beds; and **Weight #5**

(d) Use water that comes from a private well approved by the local health jurisdiction or from a public water system. An early learning provider must make water for gardens inaccessible to children if the provider uses irrigation water. **Weight #5**

(2) Garden beds must be made of materials that will not leach chemicals into the soil including, but not limited to, wood treated with chromated copper arsenate, creosote or pentachlorophenol, reclaimed railroad ties, or tires. **Weight #6**

(3) Any herbicide or pesticide must be applied pursuant to the product manufacturer’s directions. The product must not be applied during program hours. Children must not apply the product or have access to the garden during the manufacturer’s prescribed waiting period following application. **Weight #7**

(4) Commonplace toxic plants or plants with poisonous leaves (for example: tomato, potato, or rhubarb) may be grown in the garden. An early learning provider must actively supervise children who are able to access a garden where commonplace toxic plants or plants with poisonous leaves are growing. **Weight #6**
Justification:
According to the United States Environmental Protection Agency (EPA), contaminants such as lead, arsenic, mercury, and other heavy metals can harm human health. The EPA also states that these contaminants are commonly found in soil in residential settings. The Washington State Department of Health shares these concerns: “Soil in many areas of Washington State is contaminated with arsenic from smelter operations or from arsenical pesticides and herbicides.” To protect children health and safety from these and other contaminants in residential gardens, the United States Department of Agriculture (USDA) recommends doing the following:

- Create barriers that keep animals away from gardens;
- Purchase commercially packaged soil;
- Use soil that is free from contaminants (for example: pesticides, fertilizers, vermiculite, and asbestos);
- Use non-toxic, non-leaching materials for raised-bed gardens (do not use pressure-treated wood, used tires, single use plastics, old railroad ties, etc.); and
- Select non-allergenic and non-toxic plants.

The Department of Early Learning (DEL) promotes best practices to protect the health and safety of staff and children in early learning programs. Proposed WAC 170-300-0148 addresses these concerns when dealing with gardens. This rule addresses the health concerns raised by the EPA and adopts several USDA recommendations while still allowing child care businesses choice and flexibility in how to implement these requirements. This proposed rule requires early learning providers to use safeguards in licensed garden space to minimize contamination by animals, use soil that is free from health hazards such as lead or arsenic, use organic bagged soil labeled “organic” by the manufacturer (for raised beds), and use water from a public water system, approved private well, or irrigation systems if the water is inaccessible to children. See proposed WAC 170-300-0148(1). This rule also requires garden beds to be made of materials that will not leach harmful chemicals into the soil, using proper procedures when applying herbicide or pesticide, and using active supervision if the garden grows common but toxic plants such as tomato, potato, and rhubarb. See proposed WAC 170-300-0148(2) through (4). DEL promotes the learning and health benefits that come from using a garden in teaching environments; however, DEL also requires providers to use techniques and materials that prevent or limit children’s exposure to chemicals and contaminants that are harmful to human health. Proposed WAC 170-300-0148 successfully balances these interests and concerns.

**Activities – Program and activities**

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-4200</td>
<td>WAC 170-295-2010</td>
<td><strong>170-300-0150</strong></td>
</tr>
<tr>
<td>Toys, equipment, and recalled items.</td>
<td>What types of play materials, equipment and activities must I provide for children?</td>
<td><strong>Program and activities.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1) An early learning provider must provide children in care with early learning materials and equipment</td>
</tr>
</tbody>
</table>
The licensee must maintain equipment, toys or other items in the child care in good and safe working condition. The licensee must remove a recalled item as soon as the licensee becomes aware that the item used in the licensee's child care operation has been recalled.

WAC 170-296A-6575
Activities to promote child growth and development

The licensee must provide activities that support each child’s developmental stage including:
(1) Social, emotional and self-development;
(2) Positive self-concepts;
(3) Language and literacy;
(4) Physical development, including daily opportunities to develop the child’s small and large muscles;
(5) Spatial concepts (including but not limited to, size or position); and
(6) Numeracy (counting and numbers).

WAC 170-296A-6600
Toys and Play Materials

The licensee must provide toys, objects, and other play materials that are age and developmentally appropriate. For each age group of children in care, a provider must ensure a sufficient supply of materials and equipment that satisfy individual, developmental, and cultural needs. Early learning materials and equipment must be:
(a) Clean;
(b) Washable or disposable;
(c) Nonpoisonous and free of toxins;
(d) Large enough to prevent swallowing or choking;
(e) In good and safe working condition;
(f) Be child-size;
(g) Allow for a range of abilities of children in care;
(h) Accessible to children in care at child’s height so they can independently find, use, and return materials;
(i) Accommodating to special needs of children in care; and
(j) Removed from the premises once a provider becomes aware an item has been recalled by CPSC.

Weight #6

(2) An early learning provider must only use prepackaged art materials that are labeled “non-toxic” and meet ASTM standard D-4236 as described in 16 C.F.R. 1500. 14(b)(8)(i) as now or hereafter amended. This requirement does not apply to food items used as art materials, bulk paper, or items from the natural environment.

Weight #5
### Standards Alignment - Environment

| (1) Washable and clean; | (3) You must ensure the lesson plan, daily schedule of events, available toys and equipment contains a range of learning experiences to allow each child the opportunity to: |
| (2) Nonpoisonous or free of toxins; |   |
| and |   |
| (3) For infants, toddlers, or children at those developmental levels, large enough to avoid swallowing or choking |   |

WAC 170-296A-6625

Art materials

(1) All prepackaged art materials used in the family home child care must be labeled "nontoxic" and as conforming to or meeting "ASTM D-4236." This does not apply to food items used as art materials, bulk paper, or items from the natural environment.

(2) Infants, toddlers, and preschool age children must be closely supervised when using art materials.

(3) An early learning provider must ensure a sufficient quantity and variety of early learning materials and equipment to engage children in the early learning program. The materials must include, but are not limited to, arts and crafts materials, texture materials, construction materials, manipulative equipment and materials, music and sound materials, books, and social living equipment. Such materials and equipment must:

   - (a) Encourage both active physical play and quiet play activities.
   - (i) Active play materials and equipment include, but are not limited to, toy balls, bean bags, jump ropes, hula-hoops, riding toys, and developmentally appropriate climbing equipment.
   - (ii) Quiet play materials and equipment include, but are not limited to, puzzles, writing or drawing, musical instruments and dancing scarves.

   - (b) Promote imagination and creativity. For example, building blocks, sand, water, play dough, dramatic play areas, manipulatives, and art materials.

   - (c) Promote language development and literacy skills. For example, interactive storybook reading, writing materials, pattern blocks, alphabet games, rhymes and songs, felt boards, and puppets.

   - (d) Promote numeracy (counting and numbers) and spatial ability. For example, blocks, matching and sorting toys and cards,

| (3) Provide age-appropriate opportunities for the child to grow and develop intellectually. Examples |   |

WAC 170-295-2030

How should staff interact with children?

To facilitate interactions between the staff and children that are nurturing, respectful, supportive and responsive, you must:

(3) Provide age-appropriate opportunities for the child to grow and develop intellectually. Examples |   |
Standards Alignment - Environment

include:
(a) Reading readiness skills;
(b) Language skills development;
(c) Encouraging the child to ask questions;
(d) Counting;
(e) Matching objects;
(f) Differentiating between large and small; and
(g) Sorting.

counting objects, nested cups, measuring and balance items, beads and bead patterns and calendar activities.

(e) Encourage discovery and exploration. For example, collections of natural objects such as leaves, rocks, and seashells, magnifying glasses and microscopes, magnets, sink and float objects, planting seeds, aquarium with small animals or fish, and class pets.

(f) Promote learning skills. For example, same and different activities, classifying and sorting toys, simple games to help understand rules and cooperation, blocks and accessories, and music.

Weight #4

Justification:
Two revisions are proposed in the area of program and activities, which address 1) sufficient supply of materials and equipment to satisfy individual, developmental, and cultural needs and placement of these materials so that children can 2) independently find, use, and return materials.

With regard to the materials to satisfy the cultural needs of children, Caring for Our Children, 3rd Edition notes, at Standard 2.1.1.8, “Indoor and outdoor learning/play environments should have an array of toys, materials, posters, etc. that reflect diverse cultures and ethnicities.” The proposed changes to support supply as well as accessibility of supply are addressed in various provisions throughout Chapter 2. For example, for infants and toddlers, at Standard 2.1.2.3, assumes there is enough supply that is accessible as it states “The indoor and outdoor learning/play environment should encourage and be comfortable with staff on the floor level when interacting with active infant crawlers and toddlers. The indoor and outdoor play and learning settings should provide
opportunities for the child to act upon the environment by experiencing age-appropriate obstacles, frustrations, and risks in order to learn to negotiate environmental challenges.” This standard includes the manipulation of objects, i.e. materials. *Caring for Our Children, 3rd Edition* Standard 2.1.3.2: Opportunities for Learning for Three- to Five-Year-Olds addresses sufficiency of materials and the independence of children. It states “Programs should provide children a balance of guided and self-initiated play and learning indoors and outdoors. These should include opportunities to observe, explore, order and reorder, to make mistakes and find solutions, and to move from the concrete to the abstract in learning.

The early learning guidelines of the state, as well, stress the importance of meeting the individual and cultural developmental needs of children. See Washington State Early Learning and Development Guidelines Birth through 3rd Grade 2012. Likewise, in the 23 meetings in April and May 2016, 467 stakeholders shared their feedback on a set of proposed licensing standards drafts, representing all types of early learning providers and a wide variety of racial, ethnic, cultural, refugee and immigrant, income, and linguistic communities including Native American, African-American, Hispanic/Latino, Asian, Yakama Nation, East African, Filipino, Spanish-speaking, Somali-speaking, Oromo-speaking and Russian-speaking. Honoring family culture was an important theme and recommendation of these stakeholders, as was the need to support ongoing child development.

### Activities – Use of television, video, and computers

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<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-6650 If the licensee or staff provide screen time for children in care, the screen time must:</td>
<td>There is no current center WAC.</td>
<td>170-300-0155 <strong>Use of television, video, and computers.</strong> If an early learning provider offers screen time to children in care:</td>
</tr>
<tr>
<td>(1) Be educational, and developmentally and age appropriate;</td>
<td></td>
<td>(1) The screen time available for each child must be educational, developmentally and age appropriate, non-violent, and culturally sensitive; <strong>Weight #5</strong></td>
</tr>
<tr>
<td>(2) Have child-appropriate content; and</td>
<td></td>
<td>(2) The screen time must be interactive. For example, staff must help children focus on the story on the screen and less on the sounds and movements. Staff must ask questions and direct children to point to pictures or talk about what is happening; <strong>Weight #4</strong></td>
</tr>
<tr>
<td>(3) Not have violent or adult content.</td>
<td></td>
<td>(3) Children must not be required to participate in</td>
</tr>
</tbody>
</table>

**WAC 170-296A-6675 Screen time – Limitations**

The licensee or staff must:

(1) Limit screen time for any child
Standards Alignment - Environment

| (1) Providing alternative activities for the child; | (4) Alternative activities must be provided to children in care when the television or computer is being used; Weight #1 |
| (2) Moving the child away from direct view of the screen; and | (5) Screen time must not occur during meals or snacks; Weight #4 |
| (3) Positioning the child so the child is not able to view the screen | (6) Total screen time must not exceed one hour per day for each child over 24 months of age in full-day care (30 minutes per child in half-day care); Weight #4 |

WAC 170-296A-6700

The licensee must minimize exposure to screen time for any child under the age of two by:

| (1) Providing alternative activities for the child; | (4) Alternative activities must be provided to children in care when the television or computer is being used; Weight #1 |
| (2) Moving the child away from direct view of the screen; and | (5) Screen time must not occur during meals or snacks; Weight #4 |
| (3) Positioning the child so the child is not able to view the screen | (6) Total screen time must not exceed one hour per day for each child over 24 months of age in full-day care (30 minutes per child in half-day care); Weight #4 |

Justification:

Proposed regulation 170-300-0155 considers the use of television, video, and computers, and makes the following modifications. First, it requires that screen time be interactive and supported by adults; second, it specifies that screen time is not allowed during meals or snacks; third, it specifies the amount of screen time by age, barring it for children under 24 months of age and limiting use...
Standards Alignment - Environment

for no more than one hour for children of other ages; and fourth, restricting computer use by age. Caring for Our Children, 3rd Edition addresses these issues in STANDARD 2.2.0.3: Limiting Screen Time – Media, Computer Time. The proposed regulation is not as narrow as that put forward by Caring for Our Children, which states “In early care and education settings, media (television [TV], video, and DVD) viewing and computer use should not be permitted for children younger than two years. For children two years and older in early care and early education settings, total screen time should be limited to not more than thirty minutes once a week, and for educational or physical activity use only. During meal or snack time, TV, video, or DVD viewing should not be allowed (1). Computer use should be limited to no more than fifteen-minute increments except for school-age children completing homework assignments (2) and children with special health care needs who require and consistently use assistive and adaptive computer technology.” Caring for Our Children is used to set forward expectations for children younger than two, and for screen time during meals, as well as the restrictions on computer use. However, in keeping with updated information available from the American Academy of Pediatrics (the lead author of Caring for Our Children), the regulations include the recommendation that for children ages 2 to 5 years, limit screen time should be limited to 1 hour per day.” See http://pediatrics.aappublications.org/content/138/5/e20162591

Activities – Promoting acceptance of diversity

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-6775</td>
<td>No current WAC</td>
<td>170-300-0160 Promoting acceptance of diversity.</td>
</tr>
<tr>
<td>The licensee must:</td>
<td></td>
<td>(1) An early learning provider must provide culturally and racially diverse learning opportunities. Diverse learning opportunities must be demonstrated by the provider’s curriculum, activities, and materials that represent all children, families, and staff. To promote diverse learning opportunities, a provider must use the following equipment and materials in an early learning program:</td>
</tr>
<tr>
<td>(1) Provide an environment that reflects each child’s daily life, family culture and language, and the diversity in society.</td>
<td></td>
<td>(a) Diverse dolls, books, pictures, games, or materials;</td>
</tr>
<tr>
<td>(2) Describe or demonstrate to the licensor, or have a written plan for how:</td>
<td></td>
<td>(b) Diverse music from many cultures in children’s primary languages; and</td>
</tr>
<tr>
<td>(a) The licensee will discuss with parents how the child care reflects that child’s daily life and family’s culture or language; and</td>
<td></td>
<td>(c) A balance of different ethnic and cultural groups, ages, abilities, family styles, and genders.</td>
</tr>
<tr>
<td>(b) The child care environment reflects the diversity in society.</td>
<td></td>
<td>Weight #4</td>
</tr>
</tbody>
</table>
(2) An early learning provider must intervene appropriately to stop biased behavior displayed by children or adults including, but not limited to:
   (a) Refusing to ignore bias;
   (b) Being aware of situations that may involve bias and responding appropriately; and
   (c) Taking appropriate action when observing biased behavior such as redirecting an inappropriate conversation or inappropriate behavior.

**Weight #6**

**Justification:**
*Caring for Our Children, 3rd Edition* includes a set of Guiding Principles, one of which says, “The expression of, and exposure to, cultural and ethnic diversity enriches the experience of all children, families, and staff. Planning for cultural diversity through the provision of books, toys, activities and pictures and working with language differences should be encouraged.” Additional information is provided at Standard 2.1.1.8: Diversity in Enrollment and Curriculum, which includes “Indoor and outdoor learning/play environments should have an array of toys, materials, posters, etc. that reflects diverse cultures and ethnicities. Stereotyping of any culture must be avoided.” The proposed regulation provides concrete information to support a positive focus on diversity as well as prohibitions on bias in this new regulation.

The early learning guidelines of the state, as well, stress the importance of meeting the individual and cultural developmental needs of children. See Washington State Early Learning and Development Guidelines Birth through 3rd Grade 2012. Likewise, in the 23 meetings in April and May 2016, 467 stakeholders shared their feedback on a set of proposed licensing standards drafts, representing all types of early learning providers and a wide variety of racial, ethnic, cultural, refugee and immigrant, income, and linguistic communities including Native American, African-American, Hispanic/Latino, Asian, Yakama Nation, East African, Filipino, Spanish-speaking, Somali-speaking, Oromo-speaking and Russian-speaking. Honoring family culture was an important theme and recommendation of these stakeholders, as was the need to support ongoing child development.

<table>
<thead>
<tr>
<th>Safety – Safety requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
</tr>
<tr>
<td>WAC 170-296A-4100</td>
</tr>
</tbody>
</table>
Poisons, chemicals and other substances

(1) The licensee must:
   (a) Store poisons inaccessible to children and where poisons will not contaminate food.
   (b) If poisons are not in the original container, clearly label the container with the name of the product and the words "poison" or "toxic."

(2) The following describes chemicals and other substances that must be stored inaccessible to children:
   (a) Nail polish remover;
   (b) Sanitizers and disinfectants;
   (c) Household cleaners and detergents;
   (d) Toxic plants;
   (e) Plant fertilizer;
   (f) Ice melt products;
   (g) Pool chemicals;
   (h) Pesticides or insecticides;
   (i) Fuels, oil, lighter fluid, or solvents;
   (j) Matches or lighters;
   (k) Air freshener or aerosols;
   (l) Personal grooming products including, but not limited to:
      (i) Lotions, creams, toothpaste, or diaper creams when not in use;
      (ii) Liquid, powder, or cream

How do I maintain a safe environment?

(1) You must maintain the building, equipment and premises in a safe manner that protects the children from injury hazards including but not limited to:
   (a) Burns (for example: Chemicals or other potentially flammable substances);
   (b) Drowning;
   (c) Choking (for example: Ropes, wires, blind cords, fences not meeting requirements);
   (d) Cuts (for example: Broken glass, sharp objects, abrasive surfaces);
   (e) Entrapments (for example: The following items must not have openings between three and one-half inches and nine inches wide: Deck and fence rails, stair rails or other equipment);
   (f) Falls from excessive heights;
   (g) Gunshots by ensuring no firearm or another weapon is on the premises;
   (h) Hearing loss by keeping noise at a level where a normal conversation can be heard;

Safety requirements.

(1) An early learning provider must keep indoor and outdoor early learning program space, materials, and equipment free from hazards and in safe working condition. **Weight #7**
   (a) An early learning program must purchase and use equipment and toys that are compliant with CPSC guidelines or ASTM standards as now or hereafter amended; and **Weight #3**
   (b) Playground surfaces must have a certificate of compliance, label, or documentation stating they meet ASTM standards F1292-13 and F2223-10 as now or hereafter amended. **Weight #3**

(2) An early learning provider must prevent hazards to children including, but not limited to:
   (a) Making inaccessible to infants and toddlers any equipment, material, or objects that may pose a risk of choking, aspiration, or ingestion. For the purposes of this section, equipment, material, or objects that have a diameter or total size of one and three-quarter (1 ¾) inches or less shall be considered items that may pose a risk of choking, aspiration, or ingestion. **Weight #3**
   (b) Preventing play equipment and material in the following ways:
      (i) All areas of the play area shall be free of sharp edges, broken glass, and other materials that can cause punctures or cuts;
      (ii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (iii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (iv) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (v) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (vi) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (vii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (viii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
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      (xiii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xiv) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xv) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xvi) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xvii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xviii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xix) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
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      (xxiii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxiv) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxv) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxvi) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxvii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxviii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxix) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxx) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
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      (xxxii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxxiii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxxiv) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxxv) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxxvi) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxxvii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxxviii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xxxix) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xlv) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xlvii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xlviii) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (xlix) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
      (l) All play equipment shall be checked and maintained regularly to ensure they are in safe working condition;
personal hygiene products;
   (iii) Shampoo, conditioners, hair gels or hair sprays;
   (iv) Bubble bath or bath additives;
   (v) Makeup or cosmetics.
   (m) Dish soap, dishwasher soap or additives;
   (n) Tobacco products, including cigarette/cigar butts and contents of ashtrays; or
   (o) Alcohol, open or unopened.

WAC 170-296A-4250
Indoor temperature
The indoor temperature must be no less than:
   (1) Sixty degrees Fahrenheit when children are sleeping or napping; and
   (2) Sixty-five degrees Fahrenheit when the majority of the children are awake.

WAC 170-296A-4275
Fans, air conditioning or cross ventilation
The licensee must use a fan, air conditioner or cross ventilation in licensed space when the inside temperature exceeds eighty degrees Fahrenheit. Fans and air conditioners must be kept inaccessible to the children.

WAC 170-296A-4300
(i) Objects falling on the children (for example: Heavy items on open shelving that could fall in an earthquake or similar emergency);
   (j) Pinches from equipment (for example: Broken or cracked areas);
   (k) Poison (such as cleaning supplies or lead-based paint);
   (l) Puncture (for example: Equipment, building edges or playground equipment with sharp points or jagged edges);
   (m) Shear or crush (for example: Lawn and garden equipment used for yard maintenance);
   (n) Shock by electricity;
   (o) Trap (for example: Compost bins, old freezers, dryers or refrigerators); and
   (p) Trip (for example: Cable wires, ropes, jagged or cracked walkways).

(2) To further prevent injuries, you must
   (a) Provide child height handrails on at least one side of the steps, stairways, and ramps;
   (b) Provide guardrails for elevated play areas and stairs;
   (c) Use listed tamper resistant receptacles or use tamper resistant, nonmoveable, nonremovable cover aspiration, or ingestion;
(b) Eliminating and not using in the premises, pursuant to RCW 43.215.360, as now or hereafter amended, any window blinds or other window coverings with pull cords or inner cords capable of forming a loop and posing risk of strangulation to children;
   (i) Window blinds and other window coverings that have been manufactured or properly retrofitted in a manner that eliminates the formation of loops posing a risk of strangulation are allowed;
   (ii) A window covering must not be secured to the frame of a window or door used as an emergency exit in a way that would prevent the window or door from opening easily.

(c) Making inaccessible to children straps, strings, cords, wires, or similar items capable of forming a loop around a child’s neck. Activities using string, yarn, jump ropes, or other similar items must be supervised at all times;
(d) Making inaccessible to children plastic bags and other suffocation hazards;
(e) Making inaccessible to children poisons, chemicals, toxins, or any product labeled “Keep out of reach of children”;
(f) Ensuring firearms, guns, weapons, or ammunition are not on the premises of a center early learning program. Firearms, guns, weapons, and ammunition on the premises of a family home early learning
Window coverings
(1) Window coverings with pull cords or inner cords capable of forming a loop are prohibited as provided by RCW 43.215.360.
(2) Window coverings may be allowed that have been manufactured or altered to eliminate the formation of a loop.
(3) A window covering may not be secured to the frame of a window or door used as an emergency exit in any way that would prevent the window or door from opening easily.

WAC 170-296A-4325

Stairs
(1) If there are stairs in the licensed space, the licensee must:
(a) Keep the stairway well lit;
(b) Keep the stairway free of clutter; and
(c) Have a handrail not higher than thirty-eight inches high or sturdy slats on one side of the stairs.
(2) The licensee must provide a pressure gate, safety gate, or a door to keep the stairs inaccessible to infants and toddlers when not in use.
(3) Openings between slats or on pressure gates or safety gates must not be larger than three and one-half inches wide.

WAC 170-296A-4350

plates in areas accessible to children preschool age and younger;
(d) Shield light bulbs and tubes by using a protective barrier to prevent shattering into child-accessible areas, food, and storage areas;
(e) Provide screens for windows or limit the opening capability of any windows within reach of children to less than three and one-half inches. Windows with limited opening capabilities cannot be the designated fire escape window. Windows protected with guards must not block outdoor light or air in areas used by children;
(f) Provide a barrier for glass areas such as windows or sliding glass doors that extend down to the child's eye level by placing a barrier between the child and glass or something placed on the glass at the child's eye level such as stickers or art work so that the child does not try to go through the solid glass;
(g) Not place cribs, play pens, bassinets, infant beds, indoor climbing structures next to windows unless of safety glass.

Weight #8

(3) An early learning provider must prevent other hazards to children in care in early learning program space including, but not limited to:
(a) Cuts, abrasions, and punctures. Equipment, materials, and other objects on the premises that have sharp edges, points, corners, protruding nails, bolts, or other dangers must be repaired, removed, or made inaccessible to children;
(b) Burns. Equipment, materials, or products that may be hot enough to injure a child must be made inaccessible to children;
(c) Sheering, crushing, or pinching. Broken or cracked equipment, materials, and objects must be repaired, removed, or made inaccessible to children;
(d) Splinters. All equipment, materials, and
Electrical outlets, cords and power strips
(1) The licensee must provide tamper-resistant outlet covers or receptacles in areas accessible to children. As used in this section "tamper-resistant receptacle" also means tamper-resistant outlets or child safety outlets that have automatic shutters which allow insertion of electrical plugs but block insertion of other objects.
(2) Interior outlets near sinks, tubs or toilets must be:
   (a) Tamper-resistant ground fault circuit interrupter (GFCI) type; or
   (b) Made inaccessible to the children.
(3) Electrical cords must be:
   (a) Secured to prevent a tripping hazard;
   (b) In good working order, not torn or frayed and without any exposed wire; and
   (c) Plugged directly into an outlet or a surge protector.
(4) Power strips with a surge protector may be used and must be made inaccessible to the children.
(5) Extension cords may be used only for a brief or temporary purpose and must be plugged directly into an outlet or into a surge protected exiting the buildings unsupervised. You may use:
   (a) A door alarm;
   (b) A bell that can be heard throughout the building;
   (c) Adult supervision at the exits; or
   (d) Other method to alert the staff (you may not lock the door to prevent an exit. It is against the fire code).

WAC 170-295-5150
Are there temperature requirements for my facility?
(1) You must maintain all rooms used by children at temperature of:
   (a) Sixty-eight degrees Fahrenheit to 75 degrees Fahrenheit during winter months; and
   (b) Sixty-eight degrees Fahrenheit to 82 degrees Fahrenheit during the summer months.
(2) In addition, you must:
   (a) Equip the room or building with a mechanical air cooling system or equivalent when the inside temperature of child-occupied areas exceeds 82 degrees Fahrenheit. This includes but is not limited to, swamp coolers, fans, air conditioners, or objects made of wood or material that splinters must be sanded and sealed;
   (e) Entrapment. Freezers, refrigerators, washers, dryers, compost bins, and other entrapment dangers must be inaccessible to children;
   (f) Tripping. Cables, wires, ropes, and chains must not be a tripping hazard and must be inaccessible to children. Uneven walkways, damaged flooring or carpeting, or other tripping hazards are prohibited;
   (g) Falling objects. Large objects must be securely attached to the premises. Large objects include, but are not limited to, televisions, dressers, bookshelves, wall cabinets, sideboards or hutches, and wall units; and
   (h) Equipment in poor condition. Equipment with loose parts, rusty parts, flaking paint, or other dangers must be repaired, removed, or made inaccessible to children.

Weight #8

(4) To ensure a safe environment for children in care, an early learning provider must comply with the following requirements:
   (a) Indoor temperatures for the premises.
      (i) The indoor temperature for the early learning premises must not be less than 65 degrees Fahrenheit or greater than 82 degrees Fahrenheit; and
      (ii) Fans, air conditioner or cross ventilation must be used in licensed
Standards Alignment - Environment

<table>
<thead>
<tr>
<th>power strip.</th>
<th>drip systems;</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-4360</td>
<td></td>
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<tr>
<td>Area lighting</td>
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<tr>
<td>(1) In the licensed space, lighting must be bright in the children’s activity areas, eating areas and the bathroom.</td>
<td></td>
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<tr>
<td>(2) All other areas in the licensed space must have lighting so children are safe.</td>
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<tr>
<td>170-296A-4375</td>
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<tr>
<td>Lighting safety</td>
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<tr>
<td>(1) When ceiling-mounted light fixtures are in the licensed space accessible to children, the licensee must provide one or more of the following:</td>
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<tr>
<td>(a) Shatter-resistant covers;</td>
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<td>(b) Shatter-resistant light bulbs;</td>
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<tr>
<td>or</td>
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<tr>
<td>(c) Otherwise make the light fixtures safe.</td>
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<tr>
<td>(2) The licensee must not:</td>
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<tr>
<td>(a) Allow bare light bulbs in any play space;</td>
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<tr>
<td>(b) Use lights or light fixtures indoors that are intended or recommended for outdoor use; or</td>
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<tr>
<td>(c) Use halogen lamps in any area accessible to children during operating hours.</td>
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<tr>
<td>WAC 170-296A-4725</td>
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<tr>
<td>Guns and other weapons</td>
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<tr>
<td>space when the indoor temperature exceeds 82 degrees Fahrenheit. Fans and air conditioners must be inaccessible to children.</td>
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</tr>
<tr>
<td>(b) <strong>Windows screens and openings.</strong> All windows designed to be opened and within the reach of children must have screens. Windows within the reach of children must only open up to three and one-half inches. The three and one-half inch opening does not apply to a family home early learning program when a window is utilized as an exit window.</td>
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<tr>
<td>(c) <strong>Premises lighting.</strong> All areas of an early learning program premises must have natural or artificial light that provides appropriate illumination for early learning program activities and supervision. A provider must comply with all light fixture manufacturer’s installation and use requirements. A provider must also ensure compliance with the following requirements:</td>
<td></td>
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<tr>
<td>(i) Light fixtures must have shatter-resistant covers or light bulbs;</td>
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<tr>
<td>(ii) Lights or light fixtures used indoors must be designed for indoor use only;</td>
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<tr>
<td>(iii) Free standing lamps and table lamps must be attached or secured to the floor or a table to prevent tipping; and</td>
<td></td>
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<tr>
<td>(iv) Halogen lamps and bulbs are prohibited.</td>
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<tr>
<td>(d) <strong>Safe noise levels.</strong> Noise levels must be maintained at a level in which a normal</td>
<td></td>
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</tbody>
</table>
(1) The licensee must store guns, ammunition and other weapons inaccessible to children in a:
   (a) Locked gun safe; or
   (b) Locked room.
(2) If stored in a locked room, each gun must be stored unloaded and with a trigger lock or other disabling feature.

WAC 170-296A-4950
Rails on platforms, decks, and stairs
   (1) Platforms or decks (not including play equipment) used at any time for child care activities with a drop zone of more than eighteen inches must have guardrails in any area where there are no steps.
   (2) Outdoor stairs with four or more steps must have slats (balusters) or a hand rail not higher than thirty-eight inches high on at least one side. Openings between the slats must be no wider than three and one-half inches. This requirement does not apply to outdoor play equipment with stairs.

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(e) **Safe water temperature.** All water accessible to children must not be hotter than 120 degrees Fahrenheit.

(f) **Stairway safety.**
   (i) All stairways (indoor and outdoor) must have natural or artificial light that provides sufficient illumination to safely use the stairway;
   (ii) There must not be clutter or obstructions in the stairway;
   (iii) All stairways (indoor and outdoor), not including play structures, must meet local building codes pursuant to RCW 43.215.308 within six months of the date this section becomes effective. Open stairways with no walls on either side must have handrails with slats (balusters) that prevent a child from falling off either side of the stairway. For stairways with a wall on only one side, there must be a handrail with slats (balusters) on the side without the wall that prevents a child from falling off the stairway. For stairways with a wall on both sides, there must be at least one side of the stairway that has a handrail no higher than 38 inches; and
   (iv) Stairways must have a pressure gate, safety gate or, door to keep stairs inaccessible to infants and toddlers.
<table>
<thead>
<tr>
<th>Standards Alignment - Environment</th>
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<tbody>
<tr>
<td>when not in use. Openings between slats on pressure or safety gates must not be larger than three and one-half inches wide.</td>
</tr>
<tr>
<td>(g) <strong>Platforms and decks.</strong> All platforms and decks used for child care activities must meet local building codes pursuant to RCW 43.215.308 within six months of the date this section becomes effective. This does not include play equipment. All platforms and decks with a drop zone of more than 18 inches must have guardrails in sections without steps. <strong>Weight #7</strong></td>
</tr>
<tr>
<td>(5) To ensure a safe environment for children in care, an early learning provider must comply with the following electrical requirements:</td>
</tr>
<tr>
<td>(a) In areas accessible to children, electrical outlets must have automatic shutters that only allow electrical plugs to be inserted (tamper-resistant) or are covered by blank plates;</td>
</tr>
<tr>
<td>(b) Outlets near sinks, tubs, toilets, or other water sources must be inaccessible to children or be tamper-resistant and equipped with a ground fault circuit interrupter (GFCI) outlet type;</td>
</tr>
<tr>
<td>(c) Electrical cords must be in good working condition, not torn or frayed, and not have any exposed wires;</td>
</tr>
<tr>
<td>(d) Electrical cords must be plugged directly into a wall outlet or a surge protector;</td>
</tr>
<tr>
<td>(e) Power strips with surge protectors may be</td>
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</tbody>
</table>
### Standards Alignment - Environment

|   |   | used but must not be accessible to children in care;  
|   |   | (f) Extension cords may only be used for a brief, temporary purpose and must not replace direct wiring; and  
|   |   | (g) Electrical devices accessible to children must not be plugged into an electrical outlet near a water source such as sink, tub, water table, or swimming pool.  
|   |   | **Weight #7**

### Justification:
A revision is proposed that concerns electrical devices and water sources. This is addressed in Caring for Our Children, 3rd Edition, STANDARD 5.2.4.4: Location of Electrical Devices Near Water, which states that “no electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.”

### Safety – Emergency preparation and exiting

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
</table>
| WAC 170-296A-2700 Emergency flashlight | **WAC 170-295-5020 How do I maintain a safe environment?**
(5) You must maintain one or more telephones on the premises in working order that is accessible to staff at all times.  
(6) You must maintain a flashlight or other emergency lighting device in working condition. | **170-300-0166 Emergency preparation and exiting.**
(1) To be properly prepared for an emergency, an early learning program must have and follow an emergency preparedness plan pursuant to WAC 170-300-0470 and comply with the following requirements:
(a) A working flashlight or other emergency lighting device must be available for use as an emergency light source. Battery powered flashlights must have an extra set of batteries easily available; and  
(b) A working telephone must be available |
Standards Alignment - Environment

telephone readily available with sufficient backup power to function for at least five hours in the event of an electrical power outage.

WAC 170-296A-4400
Exit doors
(1) "Exit door" means any door in the licensed space that opens to the exterior of the home. Emergency exit doors are covered in WAC 170-296A-4500.

(2) The licensee must have a method on exit doors to alert the licensee or staff when an exit door is opened. The licensee may use a chime, bell, alarm, or other device as an alert method.

(3) An exit door that is not designated as an emergency exit door may be locked during operating hours. The door knob or handle must be of the type that can be opened from the inside without use of a key, tools, or special knowledge, and must automatically unlock when the door knob or handle is turned.

(4) At least one exit door must be of the pivoted or side-hinged swinging type. Other exit doors may be sliding glass doors. WAC 170-296A-4450

for use with sufficient backup power to function for at least five hours.

Weight #6

(2) To ensure a safe exit from the premises during an emergency, the early learning provider must comply with the following requirements:

(a) Emergency exit doors must remain unlocked while the early learning program is open. The door handle must be of the type that can be opened from the inside without the use of a key, tools, or special knowledge, and must automatically unlock when the knob or handle is turned;

(b) Exit doors that are not designated as an emergency exit door may be locked during operating hours. Locking interior doors in early learning program space must be designed to be unlocked from either side. An unlocking device must be readily available;

(c) Family home early learning programs must have at least one pivoting or side-hinged swinging exit door. Other exit doors may be sliding glass doors.

Weight #7
An interior door is any door that does not exit to the exterior of the home. Any interior door in the licensed space that locks must be able to be unlocked from either side. An unlocking device must be readily available for staff to unlock any interior door when a child is locked in.

**Justification:**
As part of the Early Start Act alignment, the Department of Early Learning analyzed all existing licensing, both family home and center rules. The issues identified included duplication, inconsistency, dual language learners (DLL), inclusion and equity, and underscored the importance of the connections between policy, practice, and reporting. There was an identified need to have consistent and clear connections in early learning programs in order to best support providers and the children and families that they serve. At the same time, gaps were noted between family home and center rules, many because of more recent revisions to family home rules than center rules. The revisions respect each unique setting but also seek to align center and family home as appropriate.

### Safety – Fire safety

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-2575</td>
<td>WAC 170-295-5020</td>
<td><strong>170-300-0170</strong></td>
</tr>
<tr>
<td>Combustible and flammable materials</td>
<td>How do I maintain a safe environment?</td>
<td><strong>Fire safety.</strong></td>
</tr>
<tr>
<td>(1) The licensee must not allow combustible materials (including, but not limited to, lint, or rags soaked in grease, oils, or solvent) to accumulate; those items must be removed from the building or stored in a closed metal container.</td>
<td>(1) You must maintain the building, equipment and premises in a safe manner that protects the children from injury hazards including but not limited to:</td>
<td>(1) An early learning provider must comply with the State Building Code as now or hereafter amended, pursuant to RCW 19.27.031. <strong>Weight #7</strong></td>
</tr>
<tr>
<td>(2) The licensee must store items labeled &quot;flammable,&quot; in areas that</td>
<td>(a) Burns (for example: Chemicals or other potentially</td>
<td>(2) An early learning provider must arrange for a building and fire safety inspection annually, and inspection documents must be available for department review. A provider must arrange a building or fire safety inspection with a local</td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

are inaccessible to children and away from exits.

WAC 170-296A-2600
Furnaces and other heating devices
(1) The licensee must keep paper, rubbish, or combustible materials at least three feet away from any furnace, fireplace, or other heating device.
(2) A furnace must be inaccessible to the children, isolated, enclosed or protected.
(3) Any appliance or heating device that has a hot surface capable of burning a child must be made inaccessible to the children in care during operating hours when the appliance or device is in use or is still hot after use.

WAC 170-296A-2625
Electrical motors
The licensee must keep electrical motors on appliances free of accumulated dust or lint.

WAC 170-296A-2650
Inspection of fireplaces, wood stoves, or similar wood-burning heating devices
Any chimney, fireplace, wood stove or similar wood-burning device flammable substances);
(3) You may not use portable heaters.
(5) You must maintain one or more telephones on the premises in working order that is accessible to staff at all times.
(6) You must maintain a flashlight or other emergency lighting device in working condition.

government agency. If a local government agency is not available to conduct a fire safety inspection, a provider must inspect for fire safety using the State Fire Marshal form (found at https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers). Weight #6

(3) To ensure a safe environment for children in care, an early learning provider must comply with the following fire safety requirements:
(a) **Combustible materials.** Combustible materials must be properly discarded pursuant to local jurisdictions, removed from the premises, or properly stored in closed metal containers specifically designed to hold such combustible materials. Combustible materials stored in a closed metal container must not be stored in the premises licensed space or any place that may be accessible to children in care. Combustible materials include, but are not limited to, lint, gasoline, natural gas, diesel, fuel, propane, rags soaked in combustible materials, oils, chemicals, or solvents.
(b) **Furnaces and other heating devices.**
(i) Paper, rubbish, or other combustible materials must be at least three feet from furnaces, fireplaces, or other heating devices;
(ii) Furnaces and other heating devices
in use in the licensed home must be inspected yearly unless the licensee provides a written statement that the chimney, fireplace, wood stove or similar wood-burning device will not be used at any time.

WAC 170-296A-2675
Open flame devices, candles, matches and lighters
(1) Except as provided in WAC 170-296A-2650 or kitchen ranges using natural gas or propane, the licensee must not use or allow the use of open flame devices in the licensed space or any space accessible to the children during operating hours.
(2) The licensee must not use or allow the use of candles during operating hours.
(3) The licensee must keep matches and lighters inaccessible to children.

WAC 170-296A-2725
Portable heaters and generators
(1) The licensee must not use or allow the use of portable heaters or fuel powered generators in any area inside of the family home child care programs.

must be inaccessible to children in care; and
(iii) An appliance or heating device that has a surface capable of burning a child or reaching 110 degrees Fahrenheit must be inaccessible to children in care.

(c) **Electrical motors.** Electrical motor fans and appliances must be regularly cleaned to prevent accumulation of dust or lint.

(d) **Open flame devices, candles, matches and lighters.** Except for the use of a gas kitchen range, open flame devices must not be used in early learning program space or any other space accessible to children in care during operating hours. Candles must not be used during operating hours, matches, and lighters must be inaccessible to children.

(e) **Portable heaters and generators.** Portable heaters or fuel powered generators must not be used inside early learning program space during operating hours.

(i) In case of an emergency, a generator may be used but must be placed at least 15 feet from buildings, windows, doors, ventilation intakes, or other places where exhaust fumes may be vented into the premises or early learning space; and
(ii) Appliances must be plugged directly
(2) When a portable fuel-powered generator is in use:
   (a) The generator must be placed at least fifteen feet from buildings, windows, doors, ventilation intakes, or other places where exhaust fumes may be vented into the home; and
   (b) Appliances must be plugged directly into the generator or to a heavy duty outdoor-rated extension cord that is plugged into the generator.

WAC 170-296A-2950
Smoke and carbon monoxide detectors

(1)(a) The licensee must have and maintain working smoke detectors in the home.

(b) At least one smoke detector must be located:
   (i) In each licensed sleeping area; and
   (ii) On each level of the home.

(c) Smoke detectors must be placed on the ceiling or wall, but not on the wall above any door.

(2) The licensee must have and maintain working carbon monoxide detectors in the home as provided in

(f) Fireplaces, woodstoves, or similar wood burning heating devices.
Chimneys, fireplaces, gas burning fireplaces, wood stoves or similar wood-burning devices must be inspected annually by a state or locally certified inspector, unless the provider submits to the department a written statement that the chimney, fireplace, wood stove or similar word-burning device will not be used at any time.

(g) Fire alarms and smoke and carbon monoxide detectors.
   (i) An early learning program must have and maintain at least one smoke detector per licensed sleeping area and one per floor. Pursuant to the State Building Code, center early learning providers must comply with WAC 51-50-0907 and family early learning providers must comply with WAC 51-51-0314; and
   (ii) An early learning program must have and maintain carbon monoxide detectors. Pursuant to the State Building Code, the State Building Code, center early learning providers must comply with WAC 51-50-0915 and family early learning providers must comply with WAC 51-51-0315.
**RCW 19.27.530 and WAC 51-51-0315.**

(3) One extra battery for each smoke detector and each carbon monoxide detector must be kept on the premises.

**WAC 170-296A-2975**

Additional method to sound an alarm

In addition to working smoke detectors, the licensee must have an additional method to sound an alarm that is used only in a fire, emergency situation or drill.

**WAC 170-296A-3000**

Fire extinguishers

(1) The licensee must have working fire extinguishers, minimum 2 A: 10 BC, readily available. A fire extinguisher must be:

(a) Located on each level of the home used for child care; and
(b) Mounted:
   (i) Within seventy-five feet of an exit; and
   (ii) Along the path of an exit.

(2) A fire extinguisher may be mounted in a closed unlocked closet. There must be:

(a) A sign on the closet door to indicate that a fire extinguisher is mounted inside; and
(b) No obstructions blocking

(h) **Backup method to sound an alarm.** In addition to working smoke detectors, an early learning program must have another method to alert all staff and enrolled children of a fire, emergency situation, or drill.

(i) **Extinguishers.** An early learning program must have and maintain working fire extinguishers that are marked with a minimum rating of 2A:10 BC.

   (i) Fire extinguishers must be readily available for use in case of an emergency;
   (ii) Fire extinguishers must be located on each level of the early learning program space used by children and mounted within seventy-five feet of an exit next to the path of the exit; and
   (iii) If a fire extinguisher is mounted in a closet, there must be a sign indicating the location of the extinguisher and obstructions must not block access to the closet.

(j) **Monthly inspections.** At least once per month a provider must inspect the premises to identify possible fire hazards and eliminate any hazards found. A provider must:

   (i) Involve Lead Teachers responsible for a child or group of children and staff persons responsible for observing the
access to the closet.

(3) The licensee must have documentation on file of annual:
   (a) Fire extinguisher maintenance; or
   (b) Proof of purchasing new extinguishers.

WAC 170-296A-3025
Fire extinguisher, smoke/carbon monoxide detector use and testing
   The licensee and staff must demonstrate to the licensor how to:
   (1) Use fire extinguishers;
   (2) Test and operate the smoke detectors;
   (3) Test and operate carbon monoxide detectors if required under WAC 170-296A-2950; and
   (4) Test alternate alarm device(s).

WAC 170-296A-3050
Monthly fire inspection
   The licensee must inspect the home once each calendar month to identify possible fire hazards and take action to eliminate any hazards found. If the licensee employs a primary staff person, the primary staff person must participate in monthly fire hazard inspections. The licensee must keep records of

| (ii) Keep records of monthly inspections for department review for: |
|-------------------|-------------------|
| (A) Fire extinguishers; |
| (B) Smoke detectors; |
| (C) Alternate alarms; and |
| (D) Emergency lighting. |

Weight #7
monthly inspections.

WAC 170-296A-4475
Emergency exit pathways
   The licensee must keep pathways to all emergency exits free from clutter and obstructions. Emergency exits and pathways to emergency exits are licensed space.

WAC 170-296A-4500
Emergency exits—General
   (1) Each level of the home (floor) used for licensed child care space must have at least two emergency exits that open directly to the exterior of the home.
      (a) The emergency exits on each floor must be remotely located from each other, at opposite ends of the building or as widely spaced as possible.
      (b) One exit must be an emergency exit door as defined in WAC 170-296A-4525 and the other exit may be a door or an emergency window as defined in WAC 170-296A-4550.
   (2) Every room used for child care, except bathrooms, must have two separate ways to exit that must be:
      (a) An emergency exit door and
emergency exit window leading directly to the exterior of the building;

(b) An emergency exit door or emergency exit window and an interior door or doorway leading to an emergency exit pathway; or

(c) Two separate doors or doorways leading to two separate emergency exit pathways.

See WAC 170-296A-4575 for additional requirements for rooms used for sleeping or napping.

(3) If child care is provided in a basement or level of the home accessed by an interior stairway, the stairway must have a self closing door at the top or bottom. As used in this section "basement" means the portion of the home that is partly or completely below grade.

(4) Any basement approved for licensed child care must have two means of emergency exit, which may be one of the following:

(a) Two emergency exit doors that exit directly to the exterior of the home without entering the first floor; or

(b) One of the two emergency exits is an emergency exit window or emergency exit door, and the other exit is an interior stairway that leads
to an emergency exit.

WAC 170-296A-4525
Emergency exit doors
(1) An emergency exit door must open to the exterior of the home.
(2) Any door used as an emergency exit door must:
   (a) Remain unlocked from the inside during operating hours; and
   (b) Be easy to open to the full open position.
(3) If the emergency exit door opens to a landing that is four feet (forty-eight inches) or more above grade, the landing must lead to a stairway or ramp to get to ground level.

WAC 170-296A-4550
Emergency exit windows
(1) Any window used as an emergency exit window must:
   (a) Remain unlocked during operating hours, except a manufacturer-installed latch may be latched;
   (b) Be designed to open from the inside of the room without the use of keys, tools or special knowledge; and
   (c) Be easy to open to the full open position.
(2) An emergency exit window
must be at least five point seven square feet of opened area, except emergency exit windows on the ground floor may be five square feet of opened area. When open, the window opening must be at least:
(a) Twenty inches wide; and
(b) Twenty-four inches tall.

(3) An emergency exit window must have an interior sill height of forty-four inches or less above the interior floor. If the interior sill height is more than forty-four inches above the interior floor, a sturdy platform (which may be a table or other device) may be used to make the distance forty-four inches or less to the interior window sill. The platform must be in place below the window sill at all times during operating hours.

(4) An emergency exit window must have a place to land outside that is forty-eight inches or less below the window which may be either:
(a) The ground; or
(b) A deck, landing or platform constructed to meet current building codes.

WAC 170-296A-4575
Emergency exits from areas used
only for sleeping/napping areas
Each room used for sleeping or napping must have two ways to exit:
(1) One exit must be an emergency exit door or emergency exit window leading directly to the exterior of the building;
(2) The other exit may be an interior door leading to an emergency exit pathway.

WAC 170-296A-4600
Commercial use areas—Fire wall
(1) The licensed space must have a fire resistant wall separating the child care space from any space used as a commercial:
(a) Kitchen;
(b) Boiler;
(c) Maintenance shop;
(d) Laundry;
(e) Woodworking shop;
(f) Storage where flammable or combustible materials are stored;
(g) Painting operation;
(h) Automobile or boat building or repair;
(i) Parking garage; or
(j) Other similar commercial operation.
(2) Emergency exits pathways must not exit to or go through the commercial space.
Justification:
In this regulation addressing fire safety there are three new proposed additions. The first concerns the need for an annual inspection for fire/building purposes for submission to DEL. The second addresses appliances, and adds a caveat that those that can go up to 110 degree F must be kept inaccessible to children. The third requires lead teachers to be involved in the previously required monthly inspections for fire safety.

The first proposed revision conforms to Caring for Our Children, 3rd Edition, Standard 5.1.1.3: Compliance with Fire Prevention Code, which provides that "Every twelve months, the child care facility should obtain written documentation to submit to the regulatory licensing authority that the facility complies with a state-approved or nationally recognized Fire Prevention Code. If documentation should be obtained from a fire prevention official with jurisdiction where the facility is located. Where fire safety inspections or a Fire Prevention Code applicable to child care centers is not available from local authorities, the facility should arrange for a fire safety inspection by an inspector who is qualified to conduct such inspections using the National Fire Protection Association’s NFPA 101: Life Safety Code.”

Caring for Our Children, 3rd Edition notes that heating units must be inaccessible to children, including those at 120 degree F or more at Standard 5.2.1.13. The language reads, “Heating equipment and units, including hot water heating pipes and baseboard heaters with a surface temperature hotter than 120°F, should be made inaccessible to children by barriers such as guards, protective screens, or other devices.” In an effort to prevent any child from harm or a burning hazard, DEL has chosen to require 110 degrees to adhere to standards from the National Institutes of Standards and Technology (part of the Dept. of Commerce) and the American Burn Association. The research conducted indicates that skin begins to feel pain at 111 degrees F. The difference between a scald and touching a hot surface is that a scald normally doesn't damage more than several layers of skin. A burn will damage skin cells and tissue. Scalding is generally dispersed, whereas, a burn is more concentrated.

The third proposed addition, which is to include the lead teacher in classroom inspection that has always been required, is commonsense and consistent with a focus on teacher leadership.

<table>
<thead>
<tr>
<th>Safety – Water hazards and swimming pools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
</tr>
<tr>
<td>WAC 170-296A-5175</td>
</tr>
<tr>
<td>Wading pools – Defined – supervision</td>
</tr>
<tr>
<td>(1) A wading pool:</td>
</tr>
<tr>
<td>(a) is an enclosed pool with water</td>
</tr>
</tbody>
</table>
depth of two feet or less measured without children in the pool; and
(b) Can be emptied and moved.
(2) When a wading pool on the
premises is intended for use by the
children, the licensee must:
   (a) Ensure that pools are inaccessible
to children when not in use;
   (c) Follow any guidelines established
by our local health jurisdiction or the
state department of health;
(2) You must prohibit children from
using or having access to a hot tub
spa, small portable wading pools,
whirlpool, or other similar equipment.
(3) If you have a water table you
must empty and sanitize water tables
or similar water play containers after
each use and more often if
necessary.
(1) The following bodies of water must be inaccessible
to children in care by using a physical barrier with
a locking mechanism:
   (a) Swimming pools when not being used as
part of the early learning program, hot tubs,
spas and jet tubs;
   (b) Ponds, lakes, storm retention
ponds, ditches, fountains, fish ponds,
landscape pools or similar bodies of water;
   (c) Uncovered wells, septic tanks, below
grade storage tanks, farm manure ponds or
other similar hazards.

Weight #8
(2) An early learning provider must comply with the
following requirements when using a swimming
pool as part of the early learning program:
(a) Comply with the supervision requirements
of WAC 170-300-0350;
(b) Audible alarms must be on all doors,
screens, and gates in licensed areas that
lead to a swimming pool. The alarm must be
sufficient to warn staff when children enter
the outdoor area and could access the
swimming pool;
(c) Swimming pools must be maintained
according to manufacturer specifications;
(d) Swimming pools must be cleaned and
sanitized according to manufacturer
instructions and DOH or local health
jurisdiction guidelines;
(e) A swimming pool must not be used if the
main drain is missing; and
### Standards Alignment - Environment

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>(b) A five-foot high fence that blocks access to the swimming pool. When the fence has slats the openings between slats must not be wider than three and one-half inches wide; (c) Gates with a self-latching device at entrance and exit points to the swimming pool and lock each gate; and (d) An unlocking device that is inaccessible to children but readily available to the licensee or staff.</td>
<td>(f) Children in diapers or toilet training must wear swim pants to lower the risk of contaminating the water. <strong>Weight #8</strong></td>
</tr>
<tr>
<td>(3) The licensee must maintain the swimming pool according to manufacturer’s specifications, including cleaning and sanitizing.</td>
<td>(3) Unfiltered wading pools must be inaccessible to enrolled children. “Wading pool” means a pool that has a water depth of less than two feet (24 inches). A portable wading pool is one that is formed of molded plastic or inflatable parts, and can be removed after use. <strong>Weight #7</strong></td>
</tr>
<tr>
<td>(4) When the swimming pool on the premises is used by the children: (a) The licensee must obtain written permission from the parent or guardian of each child using the swimming pool; (e) Children in diapers or toilet training must wear swim pants to lower the risk of contaminating the water.</td>
<td>(4) For bodies of water not located in early learning program space, but that are in close proximity, a physical barrier on the property must make such bodies of water inaccessible to children in care. <strong>Weight #8</strong></td>
</tr>
<tr>
<td>WAC 170-296A-5225 Bodies of water or water hazard on the licensed premises. (1) (a) As used in WAC 170-296A-</td>
<td>(5) Five gallon buckets or other similar containers must not be used for infant or toddler water play. <strong>Weight #8</strong></td>
</tr>
<tr>
<td></td>
<td>(6) Water tables or other similar containers must be emptied and sanitized after each activity session, or more often if necessary. <strong>Weight #6</strong></td>
</tr>
<tr>
<td></td>
<td>(7) “Locking mechanism” means a lock that requires a key, tumbler, dial, passcode, touchpad, or similar device or method to lock and unlock. <strong>Weight NA</strong></td>
</tr>
<tr>
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<td>(8) “Physical barrier” means: (a) A non-climbable fence or wall that is at least</td>
</tr>
</tbody>
</table>
### Standards Alignment - Environment

<table>
<thead>
<tr>
<th>5150 through 170-296A-5250</th>
<th>five feet tall and has no openings greater than two inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>a “body of water” is a natural area or man-made area or device that contains or holds more than two inches of water;</td>
<td>(b) A gate or door that allows entry to and exit from the body of water must meet the following requirements:</td>
</tr>
<tr>
<td>(b) “Body of water” does not include a wading pool as defined in WAC 170-296A-5175, a water activity table, small bird baths or rain puddles with a water depth of two inches or less.</td>
<td>(i) Contain a locking mechanism;</td>
</tr>
<tr>
<td>(2) When children are in care the licensee must:</td>
<td>(ii) Be at least five feet tall;</td>
</tr>
<tr>
<td>(a) Make any body of water in the licensed space inaccessible with a physical barrier (not to include a hedge or vegetation barrier) or fence that is at least five feet tall, except as provided in subsection (c) of this section. When a fence has slats or open grids, openings must not be wider than three and one-half inches.</td>
<td>(iii) Have no openings greater than two inches;</td>
</tr>
<tr>
<td>(c) Make hot tubs spas, or jet tubs inaccessible with a tub cover that is locked; and</td>
<td>(iv) Have a self-closing or self-latching device;</td>
</tr>
<tr>
<td>(d) Not use five gallon buckets or similar containers for infant or toddler water play.</td>
<td>(v) A device used to open the locks must be inaccessible to children but readily available to staff; and</td>
</tr>
<tr>
<td>WAC 170-296A-5250</td>
<td>Weight NA</td>
</tr>
<tr>
<td>Bodies of water outside and near licensed space.</td>
<td>(9) “Swimming pool” means a pool that has a water depth greater than two feet. Weight NA</td>
</tr>
</tbody>
</table>
following bodies of water inaccessible to children in care, and have a written safety plan approved by the department for:

(a) Ponds, lakes, storm retention ponds, ditches, fountains, fish ponds, landscape pools or similar bodies of water located outside and near (in close proximity to) the licensed space, regardless of whether the body of water is on or off the premises; or

(b) Any uncovered well, septic tank, below grad storage tank; farm manure pond or similar hazards that are on the premises.

(2) Unless attending a swimming or water play activity, when outside the licensed premises the licensee or staff must keep children from having access to bodies of water that pose a drowning hazard;

Justification:
Proposed regulation 170-300-0175, Water hazards and swimming pools includes two new provisions, one is a specification that wading pools must be inaccessible to children and the second clarifies that swimming pools must have the main drain intact. The first of these issues is addressed in *Caring for Our Children, 3rd Edition* at STANDARD 6.1.0.6: Location of Play Areas Near Bodies of Water. This standards notes that “outside play areas should be free from the following bodies of water: a) Unfenced swimming and wading pools.” Standard 6.3.1.1: Enclosure of Bodies of Water elaborates further, “All water hazards, such as pools, swimming pools, stationary wading pools, ditches, fish ponds, and water retention or detention basins should be enclosed with a fence that is four to six feet high or higher and comes within three and one-half inches of the ground.” *Caring for Our Children, 3rd Edition* also notes, in STANDARD 6.3.5.3: Portable Wading Pools, that “Portable wading pools should not be permitted.” The rationale provided is that “Small portable wading pools do not permit adequate control of sanitation and safety, and they promote transmission of infectious diseases.”
## Standards Alignment - Environment

*Caring for Our Children, 3rd Edition* addresses drains at STANDARD 6.3.1.6: Pool Drain Covers, stating that “All covers for the main drain and other suction ports of swimming and wading pools should be listed by a nationally recognized testing laboratory in accordance with ASME/ANSI standard “A112.19.8: Standard for Suction Fittings for Use in Swimming Pools, Wading Pools, Spas and Hot Tubs,” and should be used under conditions that do not exceed the approved maximum flow rate, be securely anchored using manufacturer-supplied parts installed per manufacturer’s specifications, be in good repair, and be replaced at intervals specified by manufacturer. Facilities with one outlet per pump, or multiple outlets per pump with less than thirty-six inches center-to-center distance for two outlets, must be equipped with a Safety Vacuum Release System (SVRS) meeting the ASME/ANSI standard “A112.19.17: Manufactured Safety Vacuum Release Systems for Residential and Commercial Swimming Pool, Spas, Hot Tub and Wading Pool Suction Systems” or ASTM International (ASTM) standard “F2387-04: Standard Specification for Manufactured SVRS for Swimming Pools, Spas, and Hot Tubs” standards, as required by the Virginia Graeme Baker Pool and Spa Safety Act, Section 1404(c)(1)(A)(I) (1,2). RATIONALE: In some instances, children have drowned as a result of their body or hair being entrapped or seriously injured by sitting on drain grates (3). Drain covers mitigate the five types of entrapment: hair, body, limb, evisceration, and mechanical jewelry. Use of flat- or flush-mount covers/ grates is prohibited. Use of drain covers under conditions that exceed the maximum flow rate can pose a hazard for entrapment. When drain covers are broken or missing, the body can be entrapped. When a child is playing with an open drain (one with the cover missing), a child can be entrapped by inserting a hand or foot into the pipe and being trapped by the resulting suction. Hair entrapment typically involves females with long, fine hair who are underwater with the head near the suction inlet; they become entrapped when their hair sweeps into and around the cover, and not because of the strong suction forces. Use of a SVRS will not mitigate hair, limb, and mechanical entrapment.”

Washington additionally notes that swimming pool use is prohibited if the main drain is not working, based on the federal law, passed in 2007, known as the Virginia Graeme Baker Pool and Spa Safety Act, [https://www.poolsafely.gov/wp-content/uploads/2016/04/pssa.pdf](https://www.poolsafely.gov/wp-content/uploads/2016/04/pssa.pdf) which focused on this issue due to a child death as a result of a faulty mechanism.

### Food and Nutrition – Meal and snack schedule

<table>
<thead>
<tr>
<th>WAC 170-296A-7625</th>
<th>WAC 170-295-3150</th>
<th>170-300-0180</th>
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</thead>
<tbody>
<tr>
<td>Meal and snack schedule.</td>
<td>How many meals and snacks must I serve?</td>
<td><strong>Meal and snack schedule.</strong></td>
</tr>
<tr>
<td><strong>(1) The licensee must offer meals and snacks to the children in care at intervals of at least two hours apart and no more than three hours unless the child is asleep.</strong></td>
<td>(1) The number of meals or snacks you must serve is based on the number of hours you are open.</td>
<td><strong>(1) An early learning provider must serve meals and snacks to children in care as follows:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a) <strong>Children in care for nine hours or less:</strong></td>
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<td></td>
<td></td>
<td>(i) At least one meal and two snacks; or</td>
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<tr>
<td></td>
<td></td>
<td>(ii) Two meals and one snack.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) <strong>Children in care for more than nine hours:</strong></td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

<table>
<thead>
<tr>
<th>(2) The licensee must offer a snack to children arriving from school.</th>
<th>If you are open:</th>
<th>You must serve at least:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Nine hours or less</td>
<td>(i) Two snacks and one meal; or (ii) One snack and two meals.</td>
<td></td>
</tr>
<tr>
<td>(b) Over nine hours</td>
<td>(i) Two snacks and two meals; or (ii) Three snacks and one meal.</td>
<td></td>
</tr>
</tbody>
</table>

(2) You must also offer:

(a) Food at intervals not less than two hours and not more than three and one-half hours apart;

(b) Breakfast or snack to children in morning care whether or not the child ate before arriving at the center;

(c) Breakfast to the child in nighttime care if the child remains at the center after the child's usual breakfast time;

(d) A snack or meal for children arriving after school;

(i) Two meals and two snacks; or (ii) Three snacks and one meal.

(c) After school snack, dinner, evening snack, and breakfast:

(i) A snack or meal must be provided to a child that arrives to the early learning program after school;

(ii) Dinner must be provided to children in nighttime care if a child is at an early learning program after his or her dinnertime, or has not had dinner;

(iii) An evening snack must be provided to children in nighttime care;

(iv) Breakfast must be provided to children in nighttime care if a child remains in care after the child’s usual breakfast time; and

(v) A breakfast or morning snack must be available to children in care.

Weight #5

(2) Meals and snacks must be served not less than two hours and not more than three hours apart. Weight #5

(3) An early learning provider must offer daily opportunities after a meal or snack for developmentally appropriate tooth brushing activities that are safe, sanitary, educational and with parental permission. Toothbrushes must be stored in a manner that prevents cross contamination. Weight #1
(e) Dinner to children in nighttime care if the children are at the center after their usual dinnertime or have not had dinner; and

(f) An evening snack to children in nighttime care.

**Justification:**

The proposed regulation, 170-300-0180 Meal and snack schedule, is proposed to have four revisions including specifying that 1) dinner must be served if a child is at a program after dinner and has not eaten; 2) breakfast must be served for children who are in night-time care and still at the program during breakfast; 3) snacks/meals must be served at least every 3.5 hours; and 4) oral hygiene and education must be offered after meals and snacks.

The first two items, which provide for dinner service if a child is in care at or after dinnertime, and breakfast service for children in overnight care who are still there at that time, are consistent with the focus in *Caring for Our Children, 3rd Edition* on the provision of food multiple times during an eight hour period, other than while sleeping, as discussed in Standard 4.2.0.5, Meal and Snack Patterns. Children who are participating in overnight or extended hours care must have their food and nutrition needs met, and these proposed regulations help assure that this is done.

The third item is addressed in *Caring for Our Children, 3rd Edition*, Standard 4.2.0.5: Meal and Snack Patterns, and this proposal improves on Caring for our Children. Caring for Our Children sets the interval for providing children with food as follows: “Children should be offered food at intervals at least two hours apart and not more than three hours apart unless the child is asleep.”

The fourth item is addressed in *Caring for Our Children, 3rd Edition*, STANDARD 9.2.3.14: Oral Health Policy, which indicates that “The program should have an oral health policy that includes the following:...d) Implementation of daily tooth brushing or rinsing the mouth with water after eating; and i) Age-appropriate oral health educational activities.” The rationale indicates that “Good oral hygiene is as important for a six month-old child with one tooth as it is for a six-year-old with many teeth. Tooth brushing and activities at home may not suffice to develop the skill of proper tooth brushing or accomplish the necessary plaque removal, especially when children eat most of their meals and snacks during a full day in child care.”

According to the American Academy of Pediatrics (AAP), the top dental problem among preschoolers is tooth decay. The AAP claims decay in baby teeth can negatively affect permanent teeth and lead to future dental problems. The American Dental Association
suggests that an oral hygiene routine (i.e. regular tooth brushing) can help prevent babies from getting cavities or tooth decay. The cost to comply with proposed WAC 170-300-0180(3) cannot be reduced because toothbrushes and toothpaste are typically available from market retailers. Under the proposed rule, an early learning licensee is only required to offer daily opportunities for children to brush teeth. Licensees may also choose to purchase toothbrushes and toothpaste for children to use during these opportunities. The Department of Early Learning believes imposing this new rule is necessary to ensure the health and safety of children by fostering the opportunity for children to routinely brush their tooth to prevent cavities and tooth decay. Proposed WAC 170-300-0180 is a no cost or low cost requirement for center and family home early learning programs to provider children with opportunities to brush their teeth after snacks or meals. Requiring licensees to provide this opportunity, even if supplying toothbrushes and toothpaste, is not expected to exceed the minor cost threshold for businesses in the industry.

### Food and Nutrition – Menus, milk, and food

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-7500&lt;br&gt;Food must meet USDA guidelines.</td>
<td>WAC 170-295-3140&lt;br&gt;What kind of milk can I serve?</td>
<td>170-300-0185&lt;br&gt;Menus, milk, and food. To ensure proper nutrition of children in care, an early learning provider must comply with the child nutrition requirements described in this section.</td>
</tr>
<tr>
<td>The licensee must provide meals and snack foods to children in care according to the current edition of the U.S. Department of Agriculture (USDA) - Child and adult care food program (CACFP) charts for the ages of children in the licensee's care.</td>
<td>(1) Only pasteurized milk or pasteurized milk products can be served to children in your care. (2) Nondairy milk substitutes may be served only with written permission of the child's parent for children over the age of twelve months. (3) The amount of required milk fat in the milk product is determined by the child's age:</td>
<td></td>
</tr>
<tr>
<td>WAC 170-296A-7600&lt;br&gt;Serving milk.</td>
<td>If the age of the child is:</td>
<td>Then the fat content of the milk must be:</td>
</tr>
<tr>
<td>(1) The licensee must serve milk according to the ages of the children in care. The licensee is responsible to serve:</td>
<td>(a) Under 12 months</td>
<td>Full strength formula or full strength breast</td>
</tr>
<tr>
<td>(a) Breast milk or formula to children from birth to twelve months old. The parent or guardian may request breast milk or formula be served to</td>
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</table>
their child after the child turns twelve months of age.
(b) Whole pasteurized milk to children from twelve months through twenty-four months old if the child is ready to be served whole milk.
(c) Pasteurized milk or pasteurized milk product to children over twenty-four months old.
(2) Variations of subsection (1)(a), (b), or (c) of this section require a written statement from the child's health provider.

| (b) Between 12 months and 24 months | Full strength whole milk or breast milk unless there is specific written instructions from a licensed health care provider. |
| (c) Over 24 months | With or without fat content of providers or parents choice. |

(4) Food and beverage substitutions to a scheduled menu must be of equal nutritional value pursuant to subsection (1). **Weight #1**

(5) An early learning provider must only serve water, milk or 100% fruit or vegetable juice. **Weight #5**

(6) An early learning provider must limit the consumption of 100% fruit juice to no more than 4-6 ounces per day for children between one and six years old, and 8-12 ounces per day for children seven through twelve years old. **Weight #1**

(7) An early learning provider must serve a fruit or vegetable as one of the two required components during at least one snack per day. **Weight #1**

WAC 170-295-3160
What kind of food and menus must I have?

(a) Prepare, date, and conspicuously post menus one week or more in advance, containing the meals and snacks to be served;
(b) Provide two weeks or more of meal and snack menu variety before repeating the menu;
(c) Keep six months of past menus on-site for inspection by the department;
(d) Make substitutions of food and beverage as outlined above.

**Weight #1**
Standards Alignment - Environment

| comparable nutrient value and record changes on the menu, when needed; |
| (e) Provide daily a minimum of one serving of Vitamin C fruit, vegetable, or juice; |
| (f) Provide three or more times weekly foods high in Vitamin A; and |
| (g) Maintain at least a three day supply of food and water for emergency purposes based on the number of children in child care. |

(2) Meals eaten at the center must contain the following:

(a) Each breakfast meal the child eats at the center must contain:
   (i) A fruit or vegetable or one hundred percent fruit or vegetable juice.
   (ii) A dairy product (such as milk, cheese, yogurt, or cottage cheese).
   (iii) A grain product (such as bread, cereal, rice cake or bagel).

(b) Each lunch and dinner meal the child eats at the center must contain:
   (i) A dairy product (such as milk, cottage cheese, yogurt, cheese);
   (ii) Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans);
   (iii) A grain product (such as bread, cereal, bagel, or rice cake);
(iv) Fruits or vegetables (two fruits or two vegetables or one fruit and one vegetable to equal the total portion size required). When juice is served in place of a fruit or vegetable it must be one hundred percent fruit or vegetable juice.

(3) When meals are not provided by the center you must:
   (a) Notify parents in writing that meals they provide for their children must meet the daily nutritional requirements;
   (b) Provide adequate refrigeration for keeping potentially hazardous foods (such as meats of any type, cooked potato, cooked legumes, cooked rice, sprouts, cut melons or cantaloupes, milk, cheese);
   (c) Refrigerate foods requiring refrigeration at 45 degrees Fahrenheit or less and keep frozen foods at 10 degrees Fahrenheit or less until they are cooked or consumed.

(4) Each snack the child eats at the center must include at least two of the following four components:
   (a) A milk product (such as milk, cottage cheese, yogurt, cheese);
   (b) A meat or meat alternative (such as meat, legumes, beans,
Standards Alignment - Environment

- A grain product (such as cereal, bagel, rice cake or bread); and
  - Fruit or vegetable.

(5) Each snack or meal must include a liquid to drink. The drink could be water or one of the required components such as milk, fruit or vegetable juice.

(6) You may allow parents to bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. The snacks provided by parents must be limited to store purchased:
  - Uncut fruits and vegetables;
  - Foods prepackaged in original manufacturer's containers.

(7) If a child has a food allergy or special menu requirements due to a health condition, you must:
  - Receive written directions from the child’s health care provider and parent to provide nutritional supplements (such as iron), a medically modified diet (such as a diabetic or an allergy diet). For allergy diets, the parent and child’s health care provider must identify the foods the child is allergic to;
(b) Post each child's food allergies in locations where food is prepared and served;  
(c) Include the allergies on the individual health care plan;  
(d) Specify an alternative food with comparable nutritive value; and  
(h) Notify staff of the allergies and reactions. 

**NOTE:** You can require parents to supply food for supplements and special diets.

**Justification:**
There are six proposed revisions in this area and they include: 1) not providing the same meal or snack menu in any two week period; 2) providing parents/guardians with the dates for menus; 3) posting substitutions and ensuring that they are of equal nutritional value; 4) prohibiting service of drinks with high sugar content including, but not limited to, fruit drinks, sports drinks, sweetened tea, vitamin waters, sodas, or flavored milks; 5) limiting the consumption of 100% fruit juice to no more than 4 ounces per day for children between one and five years old, and 6 ounces per day for children over five years old and 6) limiting serving of certain highly processed meats or fried food to no more than once a week.

*Caring for Our Children, 3rd Edition* incorporates the Child Care and Adult Food Program guidelines as its guidelines for meal content. CACFP regulations are found at [https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf](https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf). The proposed regulations help provide consistency with the CACFP regarding variety of foods and limitations on sugary drinks. DEL looks to current scientific knowledge about how diet and nutrition contribute to childhood obesity. The requirements in this proposed WAC section—particularly those concerning sugary beverages—are consistent with current knowledge that promotes healthy eating habits for young children.

Providing parents/guardians with menus and their dates of use, as well as posting substitutions and ensuing equal nutritional value is found in *Caring for Our Children, 3rd Edition* STANDARD 4.2.0.9: Written Menus and Introduction of New Foods, which calls for “written menus showing all foods to be served...and should make the menus available to parents/guardians. The facility should date and retain these menus .... [and menus should be]amended to reflect any and all changes in the food actually served. Any substitutions should be of equal nutrient value.”
Fruit juice is addressed at Standard 4.2.0.7: 100% Fruit Juice, which states “Juice consumption should be no more than a total of four to six ounces a day for children aged one to six years. This amount includes juice served at home. Children ages seven through twelve years of age should consume no more than a total of eight to twelve ounces of fruit juice per day.”

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>170-300-0186</strong> Food allergies and special dietary needs. (1) An early learning provider must obtain written instructions (The Individual Care Plan) from the child’s health care provider and parent or guardian when caring for a child with a food allergy or special dietary requirement due to a health condition. The Individual Care Plan (WAC 170-300-0300(3)) must: (a) Identify foods that must not be consumed by the child and steps to take in the case of an unintended allergic reaction; (b) Identify foods that can substitute for allergenic foods; and (c) Provide a specific treatment plan for the early learning provider to follow in response to an allergic reaction. The specific treatment plan must include the names of all medication to be administered, directions for how to administer the medication and directions related to medication dosage amounts. The specific treatment plan must also describe allergic reactions and symptoms associated with the child’s particular allergies. <strong>Weight #8</strong></td>
</tr>
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<td></td>
<td>(2) An early learning provider and staff must arrange</td>
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</table>
with the parents or guardians of a child in care to
equip to

(3) If a child suffers from an allergic reaction, the
early learning program staff must promptly
administer medication pursuant to the
instructions in the Individual Care Plan.
Weight #8

(4) Early learning program staff must immediately
notify the parents or guardians of a child if it is
suspected or appears that any of the following
occurred, or is occurring:
(a) The child is having an allergic reaction; or
(b) The child consumed or came in contact
with a food identified by the parents or
guardians that must not be consumed by the
child, even if the child is not having or did not
have an allergic reaction.
Weight #8

(5) Early learning program staff must immediately
contact 911 whenever epinephrine or other
lifesaving medication has been administered.
Weight #8

(6) Early learning program staff must notify the
parents or guardians of enrolled children of the
program’s food allergy policies. Weight #7
Justification:
A revision is proposed on food allergies and special dietary needs at 170-300-0186. It calls for 1) written instructions from the child’s health provider and parent or guardian when caring for a child with a food allergy or special dietary requirement due to a health condition; 2) the program to have the necessary medication, training, and equipment to properly manage a child’s food allergies; 3) use of the written plan if a child suffers from an allergic reaction; 4) notification to parent if the child has an allergic reaction or consumes food associated with a child’s allergies; 5) notification of 911 whenever epinephrine or other lifesaving medication has been administered; 6) notification of parents/guardians on the food allergy policies of the program; 7) review of a child’s written instructions around food allergies; 8) posting of a child’s food allergies or special dietary needs; 9) individual written care plan, medication and mobile phone to be used on field trips.

This proposed standard is derived from Caring for Our Children, 3rd Edition Standard 4.2.0.10: Care for Children with Food Allergies, which details the provisions noted in the proposed regulation.

<table>
<thead>
<tr>
<th>Food and Nutrition – Parent or guardian provided food and Written Food Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Home WAC</td>
</tr>
</tbody>
</table>

(7) Early learning program staff must review each child’s Individual Care Plan for food allergies prior to serving food to children. Weight #8

(8) An early learning provider must post individual children’s food allergies or special dietary needs in a classroom or wherever food is prepared and served. The list must be posted in a location easily viewable by early learning staff but not viewable by children in care, parents, guardians, or other members of the public. Weight #7

(9) To ensure proper treatment of an allergic reaction during field trips, early learning program staff must carry children’s written Individual Care Plans, a mobile phone, and children’s medication. Weight #8
**Standards Alignment - Environment**

<table>
<thead>
<tr>
<th>WAC 170-296A-7525</th>
<th>Parent or guardian-provided food</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) A parent or guardian may provide alternative food for their child if a written food plan is completed and signed by the parent or guardian and the licensee.</td>
<td></td>
</tr>
<tr>
<td>(2) A written food plan is not required for infant formula, breast milk or baby food supplied by the child's parent or guardian.</td>
<td></td>
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<tr>
<td>(3) A written food plan may include accommodations for:</td>
<td></td>
</tr>
<tr>
<td>(a) The child's medical needs;</td>
<td></td>
</tr>
<tr>
<td>(b) Special diets;</td>
<td></td>
</tr>
<tr>
<td>(c) Religious or cultural preference; or</td>
<td></td>
</tr>
<tr>
<td>(d) Family preference.</td>
<td></td>
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<tr>
<td>(4) The licensee must supplement the food provided by the parent or guardian with foods listed in the USDA CACFP requirements if the food provided by the parent or guardian does not meet the nutritional needs of the child.</td>
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</table>

<table>
<thead>
<tr>
<th>WAC 170-295-3160 (3)(a)-(c)</th>
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<tbody>
<tr>
<td>(3) When meals are not provided by the center you must:</td>
<td></td>
</tr>
<tr>
<td>(a) Notify parents in writing that meals they provide for their children must meet the daily nutritional requirements;</td>
<td></td>
</tr>
<tr>
<td>(b) Provide adequate refrigeration for keeping potentially hazardous foods (such as meats of any type, cooked potato, cooked legumes, cooked rice, sprouts, cut melons or cantaloupes, milk, cheese);</td>
<td></td>
</tr>
<tr>
<td>(c) Refrigerate foods requiring refrigeration at 45 degrees Fahrenheit or less and keep frozen foods at 10 degrees Fahrenheit or less until they are cooked or consumed.</td>
<td></td>
</tr>
<tr>
<td>(6) You may allow parents to bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. The snacks provided by parents must be limited to store purchased:</td>
<td></td>
</tr>
<tr>
<td>(a) Uncut fruits and vegetables; and</td>
<td></td>
</tr>
<tr>
<td>(b) Foods prepackaged in original manufacturer's containers.</td>
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<thead>
<tr>
<th>170-300-0190</th>
<th>Parent or guardian provided food and Written Food Plans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) An early learning provider may allow or require parents or guardians to provide food or other special dietary items for their child if a Written Food Plan is completed and signed by the provider and parent or guardian. <strong>Weight #5</strong></td>
<td></td>
</tr>
<tr>
<td>(2) A Written Food Plan may include, but is not limited to, accommodations for a child’s:</td>
<td></td>
</tr>
<tr>
<td>(a) Special feeding needs;</td>
<td></td>
</tr>
<tr>
<td>(b) Special diets;</td>
<td></td>
</tr>
<tr>
<td>(c) Religious or cultural preferences; or</td>
<td></td>
</tr>
<tr>
<td>(d) Family preference. <strong>Weight #5</strong></td>
<td></td>
</tr>
<tr>
<td>(3) An early learning provider must supplement a child’s diet to satisfy USDA CACFP requirements if food provided by a parent or guardian does not satisfy these requirements. <strong>Weight #5</strong></td>
<td></td>
</tr>
<tr>
<td>(4) On special occasions, such as birthdays, an early learning provider may allow parents or guardians to bring in snacks that may not satisfy the nutritional requirements for all children. The snacks provided by parents must be limited to store purchased:</td>
<td></td>
</tr>
<tr>
<td>(a) Uncut fruits and vegetables; and</td>
<td></td>
</tr>
<tr>
<td>(b) Foods prepackaged in original manufacturer's containers. <strong>Weight #4</strong></td>
<td></td>
</tr>
</tbody>
</table>
What are approved food sources?

(2) Prepare all food on site unless it is provided by a:
(b) Parent for individual children.

Justification:
In this proposed regulation, addressing food provided by parents and guardians, there are two proposed additions. The first specifies that the program may require a signed plan for parents or guardians bringing in food, and the second indicates that on special occasions parent or guardians may bring in snacks that do not satisfy nutritional requirements. However, these snacks must be limited to those that are store purchased.

_Caring for Our Children, 3rd Edition_, Standard 4.6.0.1: Selection and Preparation of Food Brought From Home, indicates the need to have a written plan for food that is provided by parents or guardians, stating “The parent/guardian may provide meals for the child upon written agreement between the parent/guardian and the Staff.” This same standard discusses that “The facility, in collaboration with parents/guardians and the food service staff/nutritionist/registered dietitian, should establish a policy on foods brought from home for celebrating a child’s birthday or any similar festive occasion. Programs should inform parents/guardians about healthy food alternatives like fresh fruit cups or fruit salad for such celebrations. Sweetened treats are highly discouraged, but if provided by the parent/guardian, then the portion size of the treat served should be small.” _Caring for Our Children_ notes, in Standard 4.6.0.2 that not all jurisdictions permit home-made food for sharing, and in this instance, DEL is adopting the more protective standard for snacks to be shared.

Pursuant to the Washington State Department of Health Food and Beverage Workers’ Manual, May 2013 (DOH 332-036) food prepackaged in the manufacturer’s containers allows consumers to be informed of the nutritional value of the food, the ingredients of the food product, and the date the food expires. Labels improve safety by helping people avoid food allergies or spoiled food, which could cause injury or illness—especially to young children. Bringing in uncut fruit and vegetables helps prevent issues such as cross contamination from the knife or home kitchen. Uncut and fruits and vegetables can be properly cleaned and inspected in the child care kitchen.

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-7650</td>
<td>WAC 170-295-3170</td>
<td>170-300-0195</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Food service, equipment, and practices.</strong></td>
</tr>
</tbody>
</table>
(1) The licensee or staff may:
(a) Serve each child individually;
or
(b) Serve family style in serving containers that allow each child the opportunity to serve themselves.
(f) Be respectful of each child’s cultural food practices; and
(g) Sit with children during meals when possible.

WAC 170-296A-7675
Food handler permits
(1) New license applicants must obtain a current state food handler permit prior to being licensed.
(2) By March 31, 2013, every licensee must obtain and maintain a current state food handler permit.
(3) When the licensee is not present, one staff person with a current state food handler permit must be present whenever food is prepared or served to children in care.
(4) The licensee or staff person with a current state food handler permit must prepare or supervise preparation of all food served to children in care.
(5) The licensee must keep a copy of each individual’s food handler permit on file.

(1) Early learning program staff, including volunteers, must:
(a) Comply with the DOH’s current Washington State Food and Beverage Workers’ Manual; and
(b) Observe food preparation services.

Weight #6

(2) Snacks and meals must be prepared and served by a program staff person who possesses a valid and current Food Worker card, unless the food is provided pursuant to WAC 170-300-0196(3).

Weight #6

(3) An early learning provider must:
(a) Provide durable and developmentally appropriate individual eating and drinking equipment, or developmentally appropriate single use disposable items;
(b) Clean and sanitize eating and drinking equipment after each use;
(c) Ensure plastic eating and drinking equipment does not contain BPA (a chemical used in hard plastic bottles and as a protective lining in food and beverage cans) or have cracks or chips;
(d) Use gloves, utensils, or tongs to serve food;
(e) Serve each child individually or serve family style dining, allowing each child the opportunity to practice skills such as passing shared serving bowls and serving themselves;
(f) Serve meals or snacks on plates, dishware
### Standards Alignment - Environment

<table>
<thead>
<tr>
<th>Standards</th>
<th>Environment</th>
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<tbody>
<tr>
<td>or trays;</td>
<td>(g) Sit with children during meals and snacks and engage in pleasant conversation, if family style dining is not possible; and</td>
</tr>
<tr>
<td>(h) Be respectful of each child's cultural food practices.</td>
<td>Weight #5</td>
</tr>
</tbody>
</table>

#### Justification:
The proposed regulation, 170-300-0195 Food service, equipment, and practices, as four proposed additions, which are 1) the requirement of staff with valid, current food worker card to prepare and serve food; 2) prohibition of products with BPA or with cracks and chips for food service; 3) use of gloves, tongs or spoons to serve food and; 4) being respectful of children’s cultural food practices.

*Caring for Our Children, 3rd Edition* Standard 4.4.0.1 addresses staffing for food preparation. This standard states, “Trained personnel are essential workers in the food service of facilities to assure the maintenance of nutrition standards required in these facilities.” DEL is addressing this by requiring the use of a valid, current food worker card issued by the Washington State Department of Health (DOH).

In the proposal to prohibit use of BPA serving pieces, or those with cracks and chips, *Caring for Our Children, 3rd Edition* covers this in two standards. Standard 4.5.0.1: Developmentally Appropriate Seating and Utensils for Meals, notes that “Eating utensils should be unbreakable, durable, attractive, and suitable in function, size, and shape for use by children” which supports DEL’s proposal to eliminate use of products with cracks or chips for food service. Further details are provided at STANDARD 4.5.0.2: Tableware and Feeding Utensils, which provides that “Dishes should have smooth, hard, glazed surfaces and should be free from cracks or chips. Sharp edged plastic utensils (intended for use in the mouth) or dishes that have sharp or jagged edges should not be used...[and] made of heavy weight paper, food-grade medium weight or BPA- or phthalates-free plastic) should be permitted for single service if they are discarded after use.”

Food handling is addressed at Standard 4.7.0.1 which says, in the comment “The use of serving utensils should be encouraged to minimize food handling by children.” Standard 4.9.0.2 is even more explicit, indicating “Staff members may not contact exposed, ready-to-eat food with their bare hands and should use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.”
Chapter 4 of *Caring for Our Children, 3rd Edition*, at 4.1, noted the importance of culture and food, “Early food and eating experiences form the foundation of attitudes about food, eating behavior, and consequently, food habits. Responsive feeding, where the parents/guardians or caregivers/teachers recognize and respond to infant and child cues, helps foster trust and reduces overfeeding. Sound food habits are built on eating and enjoying a variety of healthful foods. Including culturally specific family foods is a dietary goal for feeding infants and young children.”

The early learning guidelines of the state, as well, stress the importance of meeting the individual and cultural developmental needs of children. See Washington State Early Learning and Development Guidelines Birth through 3rd Grade 2012. Likewise, in the 23 meetings in April and May 2016, 467 stakeholders shared their feedback on a set of proposed licensing standards drafts, representing all types of early learning providers and a wide variety of racial, ethnic, cultural, refugee and immigrant, income, and linguistic communities including Native American, African-American, Hispanic/Latino, Asian, Yakama Nation, East African, Filipino, Spanish-speaking, Somali-speaking, Oromo-speaking and Russian-speaking. Honoring family culture was an important theme and recommendation of these stakeholders, as was the need to support ongoing child development.

### Food and Nutrition – Food sources

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-7550 Home canned foods.</td>
<td>WAC 170-295-3180 What are approved food sources? You must: (1) Prepare or serve food that is not tampered with or spoiled and is obtained from an approved source including, but not limited to, a licensed caterer, a food service company or a grocery store. Food sources that are not approved include: (a) Left over food that was previously served from outside your center; (b) Home canned, frozen or prepared food unless it is for the person’s own children;</td>
<td>170-300-0196 Food sources. (1) Food prepared and served from an early learning program must not be tampered with or spoiled. <strong>Weight #8</strong> (2) Food prepared and served from an early learning program must be obtained from an approved source licensed and inspected by the local health jurisdiction, the Washington State Department of Agriculture (WSDA), or the USDA. Food items not approved to be served to children in care include: (a) Meat, fish, poultry, eggs, or milk that has not been inspected by the USDA or WSDA; (b) Home canned food; (c) Game meat or other meat that has not been inspected by the WSDA or USDA;</td>
</tr>
</tbody>
</table>
### Standards Alignment - Environment

<table>
<thead>
<tr>
<th>(c) Donated food from restaurants or caterers that was previously served;</th>
<th>(d) Leftover food that was previously served from outside of the early learning program; or</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d) Game meat that has not been inspected by the USDA; and</td>
<td>(e) Food from roadside stands selling without a permit.</td>
</tr>
<tr>
<td>(e) Donated meat, fish, poultry or milk that is not from a source inspected for sale.</td>
<td>Weight #7</td>
</tr>
</tbody>
</table>

(2) Prepare all food on site unless it is provided by a:

(a) Licensed satellite kitchen, catering kitchen or other source licensed by the local health jurisdiction; or
(b) Parent for individual children.

(3) Have a signed contract or agreement with any satellite kitchen or the catering service that you use. Your contract must include written proof that the caterer and the method of transporting the food are approved by the local health jurisdiction as meeting the requirements of the department of health, chapter 246-215 WAC.

(4) Have a written policy if you use a satellite kitchen that describes:

(a) A description of how food will be handled once it is on-site; and
(b) What back up system you will use if the food does not arrive, not enough food arrives, or the food cannot be served.

(3) Food not prepared on-site by early learning program staff pursuant to WAC 170-300-0195(2) must be provided by:

(a) A licensed food service establishment, kitchen, or catering business that meets DOH food service requirements (chapter 246-215 WAC) and is regularly inspected by a local health jurisdiction; or
(b) A parent or guardian for his or her own children.

Weight #6

(4) Fruits and vegetables (produce) grown on site in a garden as part of an early learning program may be served to children as part of a meal or snack. Prior to preparing and serving:

(a) The produce must be thoroughly washed and scrubbed in running cold water to remove soil and other contaminants.
(b) Damaged or bruised areas on the produce must be removed.
(c) Produce that shows signs of rotting must be discarded.

Weight #6
Justification:
In this proposed regulation addressing food sources, there is a proposal to prohibit use of tampered with or spoiled food. In addition, there is a further clarification about sources of inspection for food, and a prohibition on use of leftover food that was previously served outside of the early learning program; donated food; or food from roadside stands selling without a permit. This proposal also includes the inclusion of a food service worker unless food is prepared by licensed food establishments, or brought in by parents or guardians; and specification about using food that is grown at an on-site garden.

Caring for Our Children, 3rd Edition Standard 4.9.0.3: Precautions for a Safe Food Supply provides the basis for the prohibition on using spoiled or tampered food. The basis for the proposals around leftover foods, foods that are donated, and food from non-permitted roadside stands all come from the focus on potential harm to children from contaminated food. Standard 4.9.0.3 addresses this in detail, as does Standard 4.9.0.4, on leftovers, noting the potential for physical harm to children from tainted food. For example, “Safe handling of all food is a basic principle to prevent and reduce foodborne illnesses. For children, a small dose of infectious or toxic material can lead to serious illness. Some molds produce toxins that may cause illness or even death (such as aflatoxin or ergot). (Standard 4.9.0.3) The United States Food and Drug Administration (FDA) inspects food facilities, monitor food products, writes food-safety regulations, and offers guidance to the food industry on how to produce and sell the safest food products. Similarly, the USDA inspects meat, poultry, and egg products to ensure the safe production and resale these types of food. DEL believes the best way to ensure food safety at Washington’s early learning programs is to require food to meet the strict production and handling requirements created by the FDA and USDA. Foods that meet these health and safety standards are not contaminated or past their expiration date.

Caring for Our Children, 3rd Edition Standard 4.9.0.3 also addresses the need to attend to any food grown on-site, noting that “All fruits and vegetables should be washed thoroughly with water prior to use.”

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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<tbody>
<tr>
<td>WAC 170-296A-7680</td>
<td>WAC 170-295-3190</td>
<td>170-300-0197</td>
</tr>
<tr>
<td>Safe food handling</td>
<td>How can I be sure that the food I serve is safe?</td>
<td>Safe food practices.</td>
</tr>
<tr>
<td>(1) The licensee and staff must follow the safe food storage, preparation, cooking, holding proper temperature, and serving guidelines in the current edition of the food</td>
<td>(1) Program staff must follow the safe preparation, cooking, and serving guidelines in the current</td>
<td>(1) Early learning provider staff must wash their hands prior to handling, preparing, and serving food, and ill staff members must not handle, prepare, or serve food. Weight #7</td>
</tr>
</tbody>
</table>

Weight #7
workers manual prepared by the state department of health.
(2) The licensee and staff must:
(a) Wash their hands as required under WAC 170-296A-3675; and
(b) Not prepare food when ill with vomiting or diarrhea.

<table>
<thead>
<tr>
<th>edition of the food workers manual prepared by the state department of health.</th>
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</thead>
<tbody>
<tr>
<td>(2) You must develop a system to record the temperature of each perishable food once it arrives from a satellite kitchen or a catering service. The system must include keeping records on site for six months with the following information:</td>
</tr>
<tr>
<td>(a) The name and the temperature of the food;</td>
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<tr>
<td>(b) The date and time the temperature was checked; and</td>
</tr>
<tr>
<td>(c) The name and signature or recognized initials of the person who is checking and recording the food temperatures.</td>
</tr>
<tr>
<td>(3) You may serve previously prepared food that has not been previously served if it was stored at the proper temperature for less than forty-eight hours after preparation. Leftover foods or open foods in the refrigerator must be labeled with the date that they were opened or cooked.</td>
</tr>
<tr>
<td>WAC 170-295-3200 How do I safely store food?</td>
</tr>
<tr>
<td>You must store food:</td>
</tr>
<tr>
<td>(1) In the original containers or in clean, labeled containers that are</td>
</tr>
</tbody>
</table>

| (2) An early learning provider and staff must comply with the safe food storage, preparation, cooking, proper holding temperature, serving, and dishwashing guidelines in the current Washington State Food and Beverage Workers’ Manual prepared by DOH. Weight #7 |
| (3) For all foods in the early learning provider’s possession, including foods offered by the provider or given to an enrolled child by a parent or guardian, the provider must: |
| (a) Provide appropriate refrigeration to preserve foods from spoiling. Foods that may be subject to spoiling include, but are not limited to, meats, cooked potatoes, cooked legumes, cooked rice, sprouts, cut melons, cut cantaloupes, milk, and cheese; and |
| (b) Refrigerate foods requiring refrigeration at 41 degrees Fahrenheit or less and freeze foods required to be frozen at 10 degrees Fahrenheit or less. Foods required to be frozen must not be allowed to thaw until such food is being prepared for immediate consumption. Weight #7 |
| (4) Stored food must be described as follows: |
| (a) Food must be in original containers or in clean, labeled, dated, and airtight food grade containers. If refrigeration is not required, the container must be stored at least six inches off the floor; |
| (b) Food must be stored in a manner that |
standards alignment - environment

(2) In a manner that prevents contamination from other sources;
(3) In an area separate from toxic materials such as cleaning supplies, paint, or pesticides;
(4) That is not past the manufacturer's expiration or freshness date;
(5) In a refrigerator or freezer if cooling is required;
(6) Raw meat, poultry or fish in the refrigerator, below cooked or ready to eat foods;
(7) Foods not requiring refrigeration at least six inches above the floor in a clean, dry, ventilated storeroom or other areas; and
(8) Dry bulk foods not in their original containers, in containers with tight fitting covers. Containers must be labeled and dated.

WAC 170-295-3210
How do I safely thaw foods?
You must thaw food by one of the following methods:
(1) In a refrigerator;
(2) Under cool running water, in a pan placed in a sink with the stopper removed;
(3) In a microwave, if the food is to be cooked immediately; or
(4) In a manner that prevents contamination from other sources;
(c) Food and food service items (such as utensils, napkins, and dishes) must not be stored in an area with toxic materials (such as cleaning supplies, paint, or pesticides);
(d) Food that is past the manufacturer's expiration or "best served by" date must be discarded; and
(e) Raw meat must be stored in the refrigerator or freezer below cooked or ready to eat foods.

Weight #7

(5) For food requiring temperature control, a center early learning program must maintain a food temperature log by using a calibrated and working metal stem-type or digital food thermometer. Weight #5

(6) Prior to storing leftover food in a refrigerator or freezer, an early learning provider must label the food with the date and time the leftover food was opened or cooked. Weight #5

(7) An early learning provider may serve leftover food that originated from the early learning program if:
(a) The food was not previously served; and
(b) It was stored at the proper temperature for less than 48 hours after preparation. Weight #5

(8) Frozen food must be thawed by one of the

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(4) As part of the continuous cooking process. following methods:
(a) In a refrigerator;  
(b) Under cool running water inside a pan placed in a sink with the drain plug removed; or  
(c) In a microwave if the food is to be cooked immediately as part of the continuous cooking process.

**Justification:**

This proposed regulation, 170-300-0197 Safe food practices, addresses some additional areas, including 1) stipulating that ill food members cannot handle or prepare food; 2) specifying the use of refrigeration for certain foods; 3) labeling any leftover food that is saved; 4) setting forth conditions for use of leftover food; and 5) indicating acceptable methods for defrosting food.

The first proposal, that relates to food handling by those who are ill, is covered at *Caring for Our Children, 3rd Edition* STANDARD 4.9.0.2: Staff Restricted from Food Preparation and Handling, which says “Anyone who has signs or symptoms of illness, including vomiting, diarrhea, and infectious skin sores that cannot be covered, or who potentially or actually is infected with bacteria, viruses or parasites that can be carried in food, should be excluded from food preparation and handling.”

The United State Department of Agriculture (USDA) states that refrigeration slows bacteria growth. Specifically, “bacteria grow most rapidly in the range of temperatures between 40 and 140 degrees Fahrenheit”. Accordingly, the USDA suggests setting a refrigerator at 40 degrees or below to protect most foods. Use of refrigeration is addressed at *Caring for Our Children, 3rd Edition* STANDARD 4.8.0.6: Maintaining Safe Food Temperatures, which indicates that “The facility should use refrigerators that maintain food temperatures of 41°F or lower in all parts of the food storage areas, and freezers should maintain temperatures of 0°F or lower in food storage areas.” *Caring for Our Children, 3rd Edition* Standard 4.9.0.3: Precautions for a Safe Food Supply notes that many categories of food require refrigeration or freezing immediately until use and that list includes, from “Meat, fish, poultry, milk, and egg products.” The proposed regulation also addresses methods for defrosting, which are covered in this same standard, permitting defrosting “In the refrigerator; under cold running water; as part of the cooking process, or by removing food from packaging and using the defrost setting of a microwave oven.”

Standard 4.9.0.5: Preparation for and Storage of Food in the Refrigerator is the source for the proposal on labeling leftover foods. It says “Any pre-prepared or leftover foods that are not likely to be served the following day should be labeled with the date of
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preparation before being placed in the refrigerator.”

The Washington State Department of Health Food and Beverage Workers’ Manual, May 2013 (DOH 332-036) allows cooked, leftover food that was not already served to be repackaged, refrigerated or frozen, and served at a later date. The purpose of not allowing a provider to re-serve food that was already served (i.e. food left on people’s plates) is to limit or prevent bacteria growth in the food. Repackaging and re-serving food that has already been served and partially eaten by others would increase the bacteria in the food, creating a greater risk or illness in young children. The proposal on leftover food derives from the Caring for Our Children standard of the same name, STANDARD 4.9.0.4: Leftovers. It says “Food returned from individual plates and family style serving bowls, platters, pitchers, and unrefrigerated foods into which microorganisms are likely to have been introduced during food preparation or service, should be immediately discarded. Unserved perishable food should be covered promptly for protection from contamination, should be refrigerated immediately, and should be used within twenty-four hours. “Perishable foods” include those foods that are subject to decay, spoilage or bacteria unless it is properly refrigerated or frozen.”

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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</table>
| **WAC 170-296A-7700**  
Washing dishes  
The licensee or staff must wash dishes thoroughly after each use by one of the following methods:  
(1) Automatic dishwasher, using the sanitizing cycle if available; or  
(2) Handwashing method, by immersion in hot soapy water, rinse, sanitize as provided in WAC 170-296A-0010 and air dry.  
**WAC 170-296A-7725**  
Food containers and utensils  
(1) The licensee must not use or allow cookware containers to be used to cook or reheat food in a microwave | **WAC 170-295-3220**  
What type of kitchen material and equipment is required?  
You need the following equipment to cook and serve meals without restrictions on the type of menus or foods that you can cook, serve or store:  
(1) Kitchen walls, counter tops, floors, cabinets and shelves that are:  
(a) Maintained in good repair to include being properly sealed without chips or cracks;  
(b) Moisture resistant; and  
(c) Maintained in a clean and sanitary condition.  
(2) A range with a properly vented hood or exhaust fan, except | **170-300-0198**  
**Food preparation areas.**  
(1) An early learning provider or staff must clean and sanitize food preparation areas and eating surfaces before and after each use. **Weight #7**  
(2) In an early learning program’s food preparation area, kitchens must:  
(a) Have walls, counter tops, floors, cabinets, and shelves that are:  
(i) Maintained in good repair including, but not limited to, being properly sealed without chips, cracks, or tears; and  
(ii) Moisture resistant.  
(b) Have a properly maintained and vented range hood, exhaust fan, or operable window; and  
(c) Have a properly maintained and working |
oven, unless the container is labeled by the manufacturer as "for microwave use," "microwave safe," or similar labeling.

(2) The licensee may use disposable serving containers, dishes and utensils that are sturdy, used only once and thrown away after use.

(3) The licensee must keep sharp utensils and other utensils that may cause serious injury or a choking hazard inaccessible to children when the utensils are not in use.

WAC 170-296A-7750
Food preparation area

(1) The licensee or staff must clean and sanitize food preparation and eating surfaces as provided in WAC 170-296A-0010 before and after use. The licensee's food preparation area must:

(a) Have surfaces that are free of cracks and crevices; and

(b) Have a floor area made of a material that is resistant to moisture.

(2) The licensee must not allow pets in the food preparation area while food is being prepared or served.

(3) The licensee may use the kitchen for other child care activities provided there is continual supervision of the

when serving only snacks;

(3) A refrigerator, freezer or a combination refrigerator with sufficient space for proper storage and cooling of food;

(4) Handwashing facilities located in or adjacent to the food preparation area with handwashing procedures posted at each sink used for handwashing and followed by all persons who participate in food preparation.

(5) A method to clean and sanitize equipment using:

(a) A two compartment sink and an automatic dishwasher capable of reaching a temperature of 140 degrees Fahrenheit; or

(b) The means to appropriately clean and sanitize dishes and utensils through the use of a three compartment sink method where sink one is used to wash, sink two is used to rinse, and sink three contains a sanitizing ingredient;

(6) You may use a microwave oven to reheat foods if the food is:

(a) Rotated or stirred during heating;

(b) Covered to retain moisture; and

(c) Held for two minutes prior to serving to allow the temperature to

refrigerator, freezer, or a combination refrigerator and freezer with sufficient space for proper storage and cooling of food.

Weight #6

(3) A center early learning program must have:

(a) A handwashing sink separate from dishwashing facilities;

(b) A food preparation sink located in the food preparation area; and

(c) A method to clean and sanitize dishes, pans, and kitchen utensils and equipment in the food preparation area using:

(ii) A two-compartment sink and an automatic dishwasher that reaches at least 155 degrees Fahrenheit; or

(ii) A three-compartment sink method (sink one is used to wash, sink two is used to rinse, sink three contains a sanitizer, and the dishes are allowed to air dry).

Weight #6

(4) A family home early learning provider must:

(a) Clean and sanitize a sink immediately before using it to prepare food;

(b) Use a colander to prevent food and kitchen utensils from touching the sink basin; and

(c) Dishes, pans, and kitchen utensils must be:

(i) Cleaned and sanitized by an automatic dishwasher that reaches at least 155 degrees Fahrenheit; or

(ii) Hand washed, rinsed, sanitized, and allowed to air dry.
<table>
<thead>
<tr>
<th>children.</th>
<th>spread evenly throughout the food.</th>
<th>Weight #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-295-3230</td>
<td>What type of eating and drinking equipment must I provide? (1) You must provide eating and drinking equipment that is: (a) Cleaned and sanitized between use by different children; (b) Free from cracks or chips; (c) Individual; and (d) Developmentally appropriate. (2) You must not directly serve food on the table without a plate or paper napkin; (3) You must use gloves, tongs, or spoons to serve food; (5) An early learning provider may use the kitchen for supervised cooking or food preparation activities with children in care. <strong>Weight #4</strong></td>
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</table>

**Justification:**

Proposed regulation 170-300-0198 Food preparation areas is proposed to now specify that food preparation areas must 1) be maintained in good repair (including sealing and without chips, cracks, or tears) and have a range hood/exhaust fan, working refrigerator and freezer. In addition, for family only, the sink used to prepare food must be thoroughly cleaned and sanitized immediately before use; a colander must be used; and automatic dishwasher must be used for dishes, pans, and other kitchen utensils.

*Caring for Our Children, 3rd Edition* STANDARD 4.8.0.3: Maintenance of Food Service Surfaces and Equipment addresses the adequacy of food preparation areas, consistent with the proposed regulation. *Caring for Our Children* states “All surfaces that come into contact with food, including tables and countertops, as well as floors and shelving in the food preparation area should be in good repair, free of cracks or crevices, and should be made of smooth, nonporous material that is kept clean and sanitized.”

For family homes, *Caring for Our Children, 3rd Edition* does not generally endorse the use of a sink for more than one purpose. It states, “STANDARD 4.8.0.4: Food Preparation Sinks. The sink used for food preparation should not be used for handwashing or any other purpose. Handwashing sinks and sinks involved in diaper changing should not be used for food preparation. All food service
sinks should be supplied with hot and cold running water under pressure.” However, given DEL’s interest in supporting family home care options, DEL is electing to institute sanitation measures and to require a dishwasher. For family homes, the Department has opted for the more restrictive recommendation in Caring for Our Children based on the need for a highly effective cleaning process for dishes. Standard 4.9.0.12: Dishwashing in Small and Large Family Child Care Homes allows for a multi-compartment dishwashing arrangement or a dishwasher.

### Health Practices – Handwashing and hand sanitizer

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<tr>
<th>Family Home WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-3625</td>
<td>WAC 170-295-3040</td>
<td>170-300-0200</td>
</tr>
<tr>
<td>Handwashing.</td>
<td>How often must children wash their hands?</td>
<td></td>
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<tr>
<td>(1) The licensee and staff must follow and teach children proper handwashing procedures. Proper handwashing procedures include:</td>
<td></td>
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<tr>
<td>(a) Wetting hands with warm water;</td>
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<tr>
<td>(b) Apply soap to the hands;</td>
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<td></td>
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<tr>
<td>(c) Washing hands;</td>
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<tr>
<td>(d) Rinsing hands;</td>
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<tr>
<td>(e) Drying hands with a paper towel, single-use cloth towel or air hand dryer; and</td>
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<tr>
<td>(f) Turning off the water with paper towel or single use cloth towel.</td>
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<tr>
<td>(2) Paper towels must be disposed of after a single use.</td>
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<tr>
<td>(3) If cloth towels are used, the licensee must wash and sanitize each cloth towel after a single use.</td>
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<tr>
<td>(4) If an air hand dryer is used, it must have a heat guard to prevent burning and must turn off automatically.</td>
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</tbody>
</table>

| WAC 170-295-3020     | How often must staff wash their hands? |
| Staff and volunteers must wash their hands with soap and warm water: |
| (1) When arriving at work; |
| (2) After toileting a child; |
| (3) Before, during (may use wet wipe) and after diapering a child; |
| (4) After personal toileting; |

| 170-300-0200 Handwashing and hand sanitizer. |
| (1) Early learning program staff, including volunteers, and children must comply with the following handwashing procedures or those defined by the United States Center for Disease Control and Prevention. When washing hands, staff and children must: |
| (a) Wet hands with warm water; |
| (b) Apply soap to the hands; |
| (c) Rub hands together to wash for at least 20 seconds; |
| (d) Thoroughly rinse hands with water; |
| (e) Dry hands with a paper towel, single-use cloth towel, or air hand dryer; |
| (f) Turn water faucet off with using a paper towel or single use cloth towel; and |
| (g) Properly discard paper and single-use cloth towels after each use. Weight #6 |

(2) An early learning provider must wash and sanitize cloth towels after a single use. Soiled and used towels must be inaccessible to children. Weight #6
### Standards Alignment - Environment

<table>
<thead>
<tr>
<th>When handwashing is required.</th>
<th>(1) The licensee and staff must wash their hands and follow proper handwashing techniques:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) The licensee and staff must wash their hands and follow proper handwashing techniques:</td>
<td>(a) Before and after preparing foods, eating, or feeding a child;</td>
</tr>
<tr>
<td>(a) Before and after preparing foods, eating, or feeding a child;</td>
<td>(b) After handling raw or undercooked meat, poultry or fish;</td>
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<tr>
<td>(b) After handling raw or undercooked meat, poultry or fish;</td>
<td>(c) After using the toilet or helping a child with toileting;</td>
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<tr>
<td>(c) After using the toilet or helping a child with toileting;</td>
<td>(d) Before and after diapering a child.</td>
</tr>
<tr>
<td>(d) Before and after diapering a child. If needed during diapering, a disposable hand wipe cloth may be used;</td>
<td>(e) After touching bodily fluids as described in the licensee’s bloodborne pathogens plan;</td>
</tr>
<tr>
<td>(e) After touching bodily fluids as described in the licensee’s bloodborne pathogens plan;</td>
<td>(f) After being outdoors with the children;</td>
</tr>
<tr>
<td>(f) After being outdoors with the children;</td>
<td>(g) After handling animals or cleaning up animal waste;</td>
</tr>
<tr>
<td>(g) After handling animals or cleaning up animal waste;</td>
<td>(h) After handling garbage and garbage receptacles;</td>
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<tr>
<td>(h) After handling garbage and garbage receptacles;</td>
<td>(i) Before and after giving medication or applying topical ointment; or</td>
</tr>
<tr>
<td>(i) Before and after giving medication or applying topical ointment; or</td>
<td>(j) As needed.</td>
</tr>
<tr>
<td>(j) As needed.</td>
<td>(2) The licensee and staff must direct children to wash their hands or assist children with handwashing:</td>
</tr>
<tr>
<td>(2) The licensee and staff must direct children to wash their hands or assist children with handwashing:</td>
<td>(a) Before and after the eating or participating in food activities;</td>
</tr>
<tr>
<td>(a) Before and after the eating or participating in food activities;</td>
<td>(b) After toileting or diapering (the licensee may use a diaper wipe to</td>
</tr>
<tr>
<td>(b) After toileting or diapering (the licensee may use a diaper wipe to</td>
<td>(5) After attending to an ill child;</td>
</tr>
<tr>
<td>(5) After attending to an ill child;</td>
<td>(6) Before and after preparing, serving, or eating food;</td>
</tr>
<tr>
<td>(6) Before and after preparing, serving, or eating food;</td>
<td>(7) Before and after giving medication;</td>
</tr>
<tr>
<td>(7) Before and after giving medication;</td>
<td>(8) After handling, feeding or cleaning up after animals;</td>
</tr>
<tr>
<td>(8) After handling, feeding or cleaning up after animals;</td>
<td>(9) After handling bodily fluids;</td>
</tr>
<tr>
<td>(9) After handling bodily fluids;</td>
<td>(10) After smoking;</td>
</tr>
<tr>
<td>(10) After smoking;</td>
<td>(11) After being outdoors or involved in outdoor play; and</td>
</tr>
<tr>
<td>(11) After being outdoors or involved in outdoor play; and</td>
<td>(12) As needed.</td>
</tr>
<tr>
<td>(12) As needed.</td>
<td>(3) To prevent children from being burned, air hand dryers must have a heat guard and turn off automatically. Weight #6</td>
</tr>
<tr>
<td>(3) To prevent children from being burned, air hand dryers must have a heat guard and turn off automatically. Weight #6</td>
<td>(4) Early learning program staff must wash their hands:</td>
</tr>
<tr>
<td>(4) Early learning program staff must wash their hands:</td>
<td>(a) When arriving at work;</td>
</tr>
<tr>
<td>(a) When arriving at work;</td>
<td>(b) After toileting a child;</td>
</tr>
<tr>
<td>(b) After toileting a child;</td>
<td>(c) Before and after diapering a child or use a wet wipe in place of handwashing during diapering only, and must wash hands after diapering is complete;</td>
</tr>
<tr>
<td>(c) Before and after diapering a child or use a wet wipe in place of handwashing during diapering only, and must wash hands after diapering is complete;</td>
<td>(d) After personal toileting;</td>
</tr>
<tr>
<td>(d) After personal toileting;</td>
<td>(e) After attending to an ill child;</td>
</tr>
<tr>
<td>(e) After attending to an ill child;</td>
<td>(f) Before and after preparing, serving, or eating food;</td>
</tr>
<tr>
<td>(f) Before and after preparing, serving, or eating food;</td>
<td>(g) After handling raw or undercooked meat, poultry, or fish;</td>
</tr>
<tr>
<td>(g) After handling raw or undercooked meat, poultry, or fish;</td>
<td>(h) Before and after giving medication or applying topical ointment;</td>
</tr>
<tr>
<td>(h) Before and after giving medication or applying topical ointment;</td>
<td>(i) After handling, feeding, or cleaning up after animals;</td>
</tr>
<tr>
<td>(i) After handling, feeding, or cleaning up after animals;</td>
<td>(j) After handling bodily fluids;</td>
</tr>
<tr>
<td>(j) After handling bodily fluids;</td>
<td>(k) After using tobacco or vapor products;</td>
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<tr>
<td>(k) After using tobacco or vapor products;</td>
<td>(l) After being outdoors or involved in outdoor play;</td>
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<tr>
<td>(l) After being outdoors or involved in outdoor play;</td>
<td>(m) After gardening activities;</td>
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<tr>
<td>(m) After gardening activities;</td>
<td>(n) After handling garbage and garbage receptacles; and</td>
</tr>
<tr>
<td>(n) After handling garbage and garbage receptacles; and</td>
<td>(o) As needed or required by the circumstances.</td>
</tr>
<tr>
<td>(o) As needed or required by the circumstances.</td>
<td>Weight #7</td>
</tr>
</tbody>
</table>
clean hands of a child age zero to six months);
(c) After touching bodily fluids, including after sneezing, coughing;
(d) After outdoor play;
(e) After playing with animals or handling animal toys; or
(f) As needed.

(5) Early learning program staff must assist, teach, coach, and ensure children wash their hands:
   (a) When arriving at the early learning premises;
   (b) After using the toilet;
   (c) After diapering;
   (d) After outdoor play;
   (e) After gardening activities;
   (f) Before and after playing with animals;
   (g) After touching body fluids such as blood or after nose blowing or sneezing;
   (h) Before and after eating or participating in food activities including table setting; and
   (i) As needed or required by the circumstances.

   **Weight #7**

(6) Hand sanitizers or hand wipes with alcohol may be used for adults and children over 24 months of age under the following conditions:
   (a) Traditional handwashing is not readily available such as during a field trip or after wiping a child’s nose on the playground;
   (b) Hands are not visibly soiled or dirty;
   (c) An alcohol-based hand sanitizer must contain 60-95% alcohol to be effective; and
   (d) Children should be supervised when using hand sanitizers to avoid potential ingestion or contact with eyes, nose or mouths.

   **Weight #7**

**Justification:**
This proposed regulation 170-300-0200 Handwashing and hand sanitizer proposed to add one element for handwashing (duration for 20 seconds) and newly addresses the use of hand sanitizers.
Standards Alignment - Environment

*Caring for Our Children, 3rd Edition* STANDARD 3.2.2.2: Handwashing Procedure includes the proposed requirement of duration of 20 seconds. The proposed regulation for hand sanitizing is derived from the specific language found in *Caring for Our Children, 3rd Edition* STANDARD 3.2.2.5: Hand Sanitizers, which says, “The use of hand sanitizers by children over twenty-four months of age and adults in child care programs is an appropriate alternative to the use of traditional handwashing with soap and water. For visibly dirty hands, rinsing under running water or wiping with a water-saturated towel should be used to remove as much dirt as possible before using a hand sanitizer. Hand sanitizers using an alcohol-based active ingredient must contain 60% to 95% alcohol in order to be effective to kill germs, including multi-drug resistant pathogens. Child care programs should follow the manufacturer’s instructions for use, check instructions to determine how long the hand sanitizer needs to remain on the skin surface to be effective. Supervision of children is required to monitor effective use and to avoid potential ingestion or inadvertent contact of hand sanitizers with eyes and mucous membranes.”

### Health Practices – Child, staff, and household member illness

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-3210</td>
<td>WAC 170-295-3030</td>
<td><strong>170-300-0205</strong> <strong>Child, staff, and household member illness.</strong></td>
</tr>
<tr>
<td><strong>Contagious disease procedure</strong></td>
<td><strong>When is a child or staff member too ill to be at child care?</strong></td>
<td></td>
</tr>
<tr>
<td>(1) When the licensee becomes aware that he or she, a household member, staff person or child in care has been diagnosed with any of the contagious diseases described in WAC 246-110-010, the licensee must, within twenty-four hours notify:</td>
<td>(1) Your staff must check all children for signs of illness when they arrive at the center and throughout the day.</td>
<td></td>
</tr>
<tr>
<td>(a) The local health jurisdiction or DOH, except notice is not required for a diagnosis of chickenpox or conjunctivitis;</td>
<td>(2) You must exclude children and staff with the following symptoms from care:</td>
<td></td>
</tr>
<tr>
<td>(b) The department; and</td>
<td>(a) Diarrhea (three or more watery stools or one bloody stool within twenty-four hours);</td>
<td></td>
</tr>
<tr>
<td>(c) Parents or guardians of each of the children in care.</td>
<td>(b) Vomiting (two or more times within twenty-four hours);</td>
<td></td>
</tr>
<tr>
<td>(2) The licensee must follow the health plan before providing care or before readmitting the household</td>
<td>(c) Open or oozing sores, unless properly covered with cloths or with bandages;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) For suspected contagious skin</td>
<td></td>
</tr>
</tbody>
</table>
(3) The licensee's health plan must include provisions for excluding or separating a child, staff person, or household member with contagious disease as described in WAC 246-110-010 or any of the following:
(a) Fever of one hundred one degrees Fahrenheit or higher measured orally, or one hundred degrees Fahrenheit or higher measured under the armpit (axially), if the individual also has:
(i) Earache;
(ii) Headache;
(iii) Sore throat;
(iv) Rash; or
(v) Fatigue that prevents the individual from participating in regular activities.
(b) Vomiting that occurs two or more times in a twenty-four hour period;
(c) Diarrhea with three or more watery stools, or one bloody stool, in a twenty-four hour period;
(d) Rash not associated with heat, diapering, or an allergic reaction; or
(e) Drainage of thick mucus or pus from the eye.

When isolation is necessary, an early learning provider must provide a mat or cot in an area away from other children. A provider must supervise the child to prevent contact between the ill child and healthy children. **Weight #6**

(4) An ill child must be sent home or isolated from other children;
(a) If the illness or condition prevents the child from participating in normal activities;
(b) If the illness or condition requires more care and attention than the early learning provider can give;
(c) If the required amount of care for the ill child compromises or places at risk the health and safety of other children in care;
(d) If there is a risk that the child’s illness or condition will spread to other children or individuals. **Weight #7**

(5) Unless covered under an individual care plan or protected by the ADA, an ill child, staff member, or other individual must be sent home or isolated from children in care if he or she has:
(a) A fever equal to or greater than 100 degrees Fahrenheit for a person’s temperature measured under the arm or by a forehead (temporal artery) scanner;
(b) A fever 101 degrees Fahrenheit measured orally for preschool age children or older;
(c) An earache, headache, sore throat, or...
treatment.
(b) Provide a copy of the illness or injury report to the parent; and
(c) Keep a current, written incident log listing date of illness or injury, the child’s name, names of staff involved, and a brief description of the incident for tracking and analysis.
(6) You must notify parents in writing when their children have been exposed to infectious diseases or parasites. The notification may consist of either a letter to parents or posting a notification for parents in a visible location.
(7) You are a mandated disease reporter to the health department per WAC 246-101-415. You can obtain a list of reportable diseases, time frames for reporting and reporting phone numbers from your local health department.

| (d) Diarrhea that includes more than one abnormally loose, runny, or watery stool, or one bloody stool; |
| (e) A rash not associated with heat, diapering, or an allergic reaction; |
| (f) Drainage of thick mucus or pus from the eye or nose; |
| (g) Open sores or wounds discharging bodily fluids; |
| (h) Lice or scabies. Individuals with head lice or scabies must be excluded from the child care premises beginning from the end of the day the head lice or scabies was discovered. An individual with head lice may return to the premises after receiving the first head lice treatment. An individual with scabies may return 24 hours following the beginning of treatment; or |
| (i) Fatigue that prevents participation in regular activities. |

**Weight #7**

(6) At the first opportunity, but in no case longer than 24 hours of learning that an enrolled child, staff member, volunteer, or household member has been diagnosed with a contagious condition listed in the current DOH Notifiable Conditions List (http://www.doh.wa.gov/ForPublicHealthandHealthcare Providers/NotifiableConditions/ListofNotifiableConditions), an early learning provider must provide written notice to:
(a) The department and DOH or the local
(7) An early learning provider must not take ear or rectal temperatures to determine a child’s body temperature.
   (a) Providers must use developmentally appropriate methods when taking infant or toddler temperatures (for example, digital forehead scan thermometers or underarm auxiliary methods);
   (b) Oral temperatures may be taken for preschool through school-age children if single use covers are used to prevent cross contamination; and
   (c) Glass thermometers containing mercury must not be used.

Weight #6

(8) An early learning provider may readmit a child into care or a staff member, volunteer, or household member into the early learning program area with written notification from DOH or a health care provider stating the individual may safely return after being diagnosed with a condition from the current DOH Notifiable Conditions List.

Weight #5

(9) An early learning provider must follow its Health policy (WAC 170-300-0500) before readmitting a child into the program, allowing staff or volunteers
Justification:

170-300-0205 Child, staff, and household member illness, as proposed, includes four additions, specifically 1) staff check of each child for illness; 2) specification of 3 additional reasons when a child must be sent home due to illness (e.g., impacts participation in normal activities; requires more care and attention than the provider can give; compromises or places at risk the health and safety of other children); 3) specification of 3 additional reasons a child or adult would be isolated or sent home, including open sore/wounds; lice or scabies; and fatigue; and 4) child temperature taking.

The child health check is found in Caring for Our Children, 3rd Edition at 3.1.1 Daily Health Check STANDARD 3.1.1.1: Conduct of Daily Health Check, which states that “Every day, a trained staff member should conduct a health check of each child. This health check should be conducted as soon as possible after the child enters the child care facility and whenever a change in the child’s behavior or appearance is noted while that child is in care.”

The three additional reasons for a child to be sent home are found in Caring for Our Children, 3rd Edition Standard 3.6.1.1, which says “When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home (i.e., should be temporarily “excluded” from child care). Most illnesses do not require exclusion. The caregiver/teacher should determine if the illness: a) Prevents the child from participating comfortably in activities; b) Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children; c) Poses a risk of spread of harmful diseases to others. If any of the above criteria are met, the child should be excluded, regardless of the type of illness.”

Caring for Our Children, 3rd Edition STANDARD 3.6.1.1 addresses child temperature taking as does Standard 3.6.1.3: Thermometers for Taking Human Temperatures. Both are consistent with proposed regulation in this area.

Caring for Our Children, 3rd Edition Standard 3.6.2.10: Inclusion and Exclusion of Children from Facilities That Serve Children Who Are Ill notes that children or adults with certain conditions should not be at the facility including “Untreated infestation of scabies or head lice.” Standard 3.6.1.1: Inclusion/Exclusion/Dismissal of Children notes as a reason for exclusion, “An acute change in behavior - this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash,” which includes fatigue as needed in the proposal. And finally, the exclusion of those with open sores or wounds is a commonsense public health precaution.

Health Practices - Immunizations
**Standards Alignment - Environment**

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-3250 Immunization tracking</td>
<td>WAC 170-295-7020 Am I required to track immunizations?</td>
<td><strong>170-300-0210 Immunizations.</strong></td>
</tr>
<tr>
<td>The licensee is required to track each child’s immunization status. The licensee must:</td>
<td>(1) You are required to track each child’s immunization status. To be sure that the children have the required immunizations for their age, you or your staff must:</td>
<td>(1) An early learning provider must obtain from the parent or guardian of an enrolled child one of the following immunization records:</td>
</tr>
<tr>
<td>(1) Except as provided in WAC 170-296A-3275 or 170-296A-3300, have a complete current certificate of immunization status (CIS) form or similar form supplied by a health care professional for each child, submitted on or before the child’s first day of child care;</td>
<td>(a) See that each child has a completed certificate of immunization status form submitted or on file before the first day of child care;</td>
<td>(a) A current and complete DOH certificate of immunization status (CIS) (found at <a href="https://del.wa.gov/providers-educated/publications-forms-and-research/licensing-forms-and-documents-providers">https://del.wa.gov/providers-educated/publications-forms-and-research/licensing-forms-and-documents-providers</a>);</td>
</tr>
<tr>
<td>(2) Develop a system to update and keep individual immunization records current to include when immunizations are received; and</td>
<td>(b) Develop a system to audit and update as scheduled the information on the certificate of immunization status forms;</td>
<td>(b) A current and complete immunization form from the Washington State Immunization Information System (WA IIS); or</td>
</tr>
<tr>
<td>(3) Have the CIS or similar forms for each currently enrolled child available in the licensed space for review by the licensor.</td>
<td>(c) Meet any requirement of state board of health WAC 246-100-166; and</td>
<td>(c) A current and complete DOH certificate of exemption (COE) form signed and dated by a health care provider, pursuant to WAC 170-300-0211 (found at <a href="https://del.wa.gov/providers-educated/publications-forms-and-research/licensing-forms-and-documents-providers">https://del.wa.gov/providers-educated/publications-forms-and-research/licensing-forms-and-documents-providers</a>).</td>
</tr>
<tr>
<td>WAC 170-296A-3275 Accepting a child who does not have current immunizations</td>
<td></td>
<td>Weight #6</td>
</tr>
<tr>
<td>(1) The licensee may accept a child who is not current with immunizations on a conditional basis if immunizations are:</td>
<td>(2) Unless the requirements of subsection (4) are met, an early learning provider must exclude a child from care, on or before the child’s first day of attendance, if the parent or guardian fails to provide an immunization record. <strong>Weight #5</strong></td>
<td></td>
</tr>
<tr>
<td>(a) Initiated before or on enrollment; and</td>
<td>(2) You may accept a child whose immunizations are started but not up to date on a &quot;conditional&quot; basis if:</td>
<td>(3) To track the immunization status for each child in care, an early learning provider must implement a</td>
</tr>
<tr>
<td>(b) Completed as soon as medically</td>
<td>(a) For children whose records are difficult to obtain (such as foster care):</td>
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</tbody>
</table>
Standards Alignment - Environment

| Possible. (2) The licensee must have on file a document signed and dated by the parent or guardian stating when the child's immunizations will be brought up to date. |
|---|---|---|
| children), there is written proof that the case worker or health care provider is in the process of obtaining the child's immunization status prior to the child starting child care; or | (b) The required immunizations are started prior to children starting child care; and | (c) The immunizations are completed as rapidly as medically possible. You must work with the parent, health care provider, or local health department to obtain an immunization plan. |
| (5) The certificate of immunization status forms for children who are currently enrolled must be accessible and maintained on the premises in a confidential manner. | (4) An early learning provider may accept a child into care who is not current on immunizations or does not have a completed and signed COE. To accept such a child, the provider must give written notice to that child’s parent or guardian stating the child may be accepted if the immunizations are completed as soon as medically possible and: |
| (a) The parent or guardian provides written proof the child is scheduled to be immunized on or before the date the child will enroll; or | (b) If the immunization is scheduled to take place after the date the child will enroll, the parent or guardian provides a signed and dated statement detailing when the child’s immunizations will be brought up to date. Statements in this subsection must be kept in a child’s file, if applicable. Weight #5 |
| (5) An early learning provider may accept homeless or foster children into care without immunization records if the child’s family, case worker or health care provider offers written proof that he or she is in the process of obtaining the child’s immunization records. Weight #5 |
(6) For a child attending on a conditional basis under sub-sections (4) or (5), an early learning provider may exclude a child from care if the child’s parent or guardian fails to make progress toward full immunization for the child. Weight #5

(7) For a child admitted into care under a temporary medical exemption, an early learning provider may exclude the child from care if the temporary medical exemption is no longer valid, and the child’s parent or guardian fails to make progress toward full immunization for the child. A temporary medical exemption is when a child is not fully immunized and cannot receive any additional vaccines at that time. Weight #5

**Justification:**

*Caring for Our Children, 3rd Edition*, at STANDARD 7.2.0.2: Unimmunized Children, provides for a similar approach for children who enter without immunizations, stating that “The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations.”

The proposed revision to the regulation emphasizes the support that may be needed for a child who is participating in services and is also homeless and/or in the child welfare system.

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### Health Practices – Children exempt from immunizations

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-3300</td>
<td>WAC 170-295-7020</td>
<td>170-300-0211</td>
</tr>
<tr>
<td>Immunizations—Exemption</td>
<td>Am I required to track immunizations?</td>
<td>Children exempt from immunizations.</td>
</tr>
<tr>
<td>The licensee may accept a child without any immunizations if the parent or guardian provides:</td>
<td></td>
<td>(1) An early learning provider may admit or enroll a child without immunizations if the parent or guardian provides to the provider a DOH certificate</td>
</tr>
<tr>
<td>(3) If a parent or health care</td>
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</table>
Standards Alignment - Environment

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<thead>
<tr>
<th>Standards Alignment - Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) A DOH medical exemption form signed by a health care professional; or (2) A DOH form or similar statement signed by the child’s parent or guardian expressing a religious, philosophical or personal objection to immunization.</td>
</tr>
<tr>
<td>provider chooses not to immunize a child, they must sign the exempt portion of the certificate of immunization status form. (4) You may have a policy that states you do not accept children who have been exempted from immunizations by their parent or guardian, unless that exemption is due to an illness protected by the American With Disabilities Act (ADA).</td>
</tr>
<tr>
<td>of exemption (COE) form: (a) Signed by a health care professional for a medical exemption; (b) Signed by the child’s parent or guardian and health care provider expressing a religious, philosophical or personal objection to immunizations; or (c) When the exemption or illness is covered under the ADA. Weight #5</td>
</tr>
</tbody>
</table>

(2) An early learning provider must notify a parent or guardian of a vaccine exempted child if an outbreak of a vaccine-preventable disease occurs within the early learning program. A provider may exclude the child from the child care premises for the duration of the outbreak of the vaccine-preventable disease. Weight #7

(3) An early learning provider may have a written policy stating children exempted from immunizations by their parent or guardian will not be accepted into care unless that exemption is due to an illness protected by the ADA or by a completed and signed COE. Weight #5

Justifications:
The Washington state legislature established the Department of Early Learning (DEL) and directed the agency “to safeguard and promote the health, safety, and well-being of children receiving child care and early learning assistance.” RCW 43.215.005(4)(c). In this same statute, the legislature plainly states that keeping children healthy and safe “is paramount over the right of any person to provide care.” According to the United States Center for Disease Control (CDC) vaccinations are one of the best ways to protect infants, toddlers, and children. The CDC states “vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly—especially in infants and young children.” [https://www.cdc.gov/vaccines/parents/index.html](https://www.cdc.gov/vaccines/parents/index.html).
DEL believes that requiring infants, toddlers, and other enrolled children to be immunized for vaccine-preventable diseases is critical to protect the health and safety of children. The proposed WACs 170-300-0210 and 0211 require enrolled children to have up-to-date immunizations but also allows children to be exempt from this requirement under certain circumstances. The proposed WAC 170-300-0211(3) permits early learning programs to reject children without immunizations unless the child’s parent or guardian provides a Washington State Department of Health certificate of exemption. This rule allows early learning programs the flexibility to both promote the health and safety of enrolled children and manage their business as they feel is appropriate. Inversely, these exemptions protect children with medical necessities or disabilities covered by the Americans with Disabilities Act from discrimination, as well as parents with religious or philosophical objections to vaccines.

### Health Practices – Managing and storing medication

<table>
<thead>
<tr>
<th>Family Home WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-3315</td>
<td>WAC 170-295-3060</td>
<td><strong>170-300-0215</strong></td>
</tr>
<tr>
<td>Medication management</td>
<td><strong>Managing and storing medication.</strong></td>
<td><strong>Managing and storing medication.</strong></td>
</tr>
<tr>
<td>(1) The licensee's medication management policy must include: (a) Safe medication storage, including the licensee's family medications; and (b) Whether the licensee chooses to give medications to children in care.</td>
<td>(1) Who can provide consent for me to give medication to the children in my care?</td>
<td>(1) An early learning provider must not give medication to any child without written and signed consent from that child’s parent or guardian, and must administer medication pursuant to directions on the medication label. <strong>Weight #8</strong></td>
</tr>
<tr>
<td>(2) If the licensee chooses to give medications to children in care, the licensee's policy must include: (a) How giving medications will be documented (medication log), including documenting when a medication is given or not given as prescribed or as indicated on the permission form; (b) Permission to give medications to a child signed by the child’s parent or guardian, and by a licensed medical professional when appropriate; and (c) That only the licensee or primary</td>
<td>(2) An early learning provider must have and implement a medication management policy that includes, but is not limited to, policies on safe medication storage, reasonable accommodations for giving medication, mandatory medication documentation, and forms pursuant to WAC 170-300-0500 (Health policy). <strong>Weight #7</strong></td>
<td></td>
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<td></td>
<td>(3) An early learning provider must administer medication to children in care as follows: (a) <strong>Prescription Medication.</strong> Prescription medication must only be given to the child named on the prescription. Prescription medication must be prescribed</td>
<td></td>
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</tbody>
</table>

NRM Draft Only (May 2017)
staff person may give medication or observe a child taking his or her own medication as described in WAC 170-296A-3550.

(3) If the licensee chooses not to give any medications to children in care, the licensee must inform parents in the parent/guardian handbook.

(4) If the licensee or primary staff person decides not to give a specific medication to a child after having received written permission by the child's parent or guardian, the licensee or primary staff person must immediately notify the parent or guardian of the decision to not give the medication.

(5) The licensee must make reasonable accommodations and give medication if a child has a condition where the Americans with Disabilities Act (ADA) would apply.

**WAC 170-296A-3325**

**Medication storage.**

The licensee must store all medications, as well as vitamins, herbal remedies, dietary supplements and pet medications as described in the following table:

1. In a locked container or

(2) The parent consent form is good for the number of days stated on the medication bottle for prescriptions. You may not give medication past the days prescribed on the medication bottle even if there is medication left.

(3) You may give the following medications with written parent consent if the medication bottle label tells you how much medication to give based on the child's age and weight:

   a. Antihistamines;
   b. Nonaspirin fever reducers/pain relievers;
   c. Nonnarcotic cough suppressants;
   d. Decongestants;
   e. Ointments or lotions intended to reduce or stop itching or dry skin;
   f. Diaper ointments and nontalc powders, intended only for use in the diaper area;
   g. Sun screen for children over six months of age; and
   h. Hand sanitizers for children over twelve months of age.

(4) All other over the counter medications must have written directions from a health care provider with prescriptive authority before giving the medication.

by a health care professional with prescriptive authority for a specific child. A medication authorization form that allows a provider to give prescription medication to a child must be signed by the child’s parent or guardian. Prescription medication must be labeled with:

(i) A child’s first and last name;
(ii) The date the prescription was filled;
(iii) The name and contact information of the prescribing health professional;
(iv) The expiration date, medical need, dosage amount, and length of time to give the medication;
(v) Instructions for the administration, storage, and disposal of the medication; and
(vi) The possible side effects of the medication.

(b) **Non-prescription medication.** Non-prescription (over-the-counter) medication brought to the early learning program by a parent or guardian must be in the original packaging.

   i. A parent or guardian must label non-prescription medication with their child’s first and last name, the expiration date, medical need, dosage amount, and length of time to give the medication;

   ii. Non-prescription medication must only be given to the child named on the label provided by the parent or
Standards Alignment - Environment

<table>
<thead>
<tr>
<th>(3)</th>
<th>If the medication is a (an):</th>
<th>The medication must be stored in a locked container or cabinet.</th>
<th>The medication must be stored inaccessible to children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Individual’s emergency rescue medications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5)</th>
<th>You may not mix medications in formula or food unless you have written directions to do so from a health care provider with prescriptive authority.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6)</td>
<td>You may not give the medication differently than the age and weight appropriate directions or the prescription directions on the medication label unless you have written directions from a health care provider with prescriptive authority before you give the medication.</td>
</tr>
<tr>
<td>(7)</td>
<td>If the medication label does not give the dosage directions for the child’s age or weight, you must have written instructions from a health care provider with prescriptive authority in addition to the parent consent prior to giving the medication.</td>
</tr>
<tr>
<td>(8)</td>
<td>You must have written consent from a health care provider with prescriptive authority prior to providing: (a) Vitamins; (b) Herbal supplements; and (c) Fluoride.</td>
</tr>
</tbody>
</table>

WAC 170-295-3070

How must I store medications?

(1) You must store medications in a cabinet until used; or

(2) Inaccessible to children. The licensee must keep emergency rescue medications listed in subsection (3)(a)(i) through (vi) inaccessible but available for emergency use to meet the individual’s emergency medical needs:

<table>
<thead>
<tr>
<th>Medication Storage Table</th>
</tr>
</thead>
</table>

This list is not inclusive of all possible items in each category. Medications must be maintained as directed on the medication label, including refrigeration if applicable.

(4) An early learning provider may allow children to take his or her own medication if the provider and parent or guardian complies with the following requirements:

(a) The parent or guardian must give the provider a written statement, signed and dated by the parent or guardian, that authorizes the child to take his or her own medication;

(b) The parent or guardian must give the provider a signed and dated written statement from the child’s health care provider that has prescriptive authority stating that the child is physically and mentally capable of taking his or her own medication; and

(c) An early learning program staff member must observe and document that the child took the medication.

Weight #7

(5) Medication must be stored and maintained as directed on the packaging or prescription label, including applicable refrigeration requirements. Medication must be maintained in a manner that
<table>
<thead>
<tr>
<th>Options:</th>
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</thead>
<tbody>
<tr>
<td>(i) Any medication used to treat an allergic reaction;</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(ii) Nebulizer medication;</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(ii i) Inhaler;</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(i v) Bee sting kit;</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(v) Seizure medication;</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(v i) Other medication needed for emergencies.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(b) Nonprescription medications, including</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

the original container labeled with:
(a) The child's first and last names;
(b) If a prescription, the date the prescription was filled;
(c) The expiration date; and
(d) Easy to read instructions on how to give the medication (i.e., the bottle is in the original package or container with a clean and readable label).

(2) You must store medications:
(a) In a container inaccessible to children (including staff medications);
(b) Away from sources of moisture;
(c) Away from heat or light;
(d) Protected from sources of contamination;
(e) According to specific manufacturers or pharmacists directions;
(f) Separate from food (medications that must be refrigerated must be in a container to keep them separate from food); and
(g) In a manner to keep external medications that go on the skin separate from internal medications that go in the mouth or are injected into the body.

(3) All controlled substances must be in a locked container.

prevents cross contamination. An early learning provider must comply with the following additional medication storage requirements:
(a) Medication must be inaccessible to children;
(b) Controlled substances must be locked in a container or cabinet which is inaccessible to children;
(c) Medication must be kept away from food in a separate, sealed container;
(d) Medication must be kept away from sources of moisture, heat, or light; and
(e) External medication (designed to be applied to the outside of the body) must be stored separately from internal medication (designed to be swallowed or injected). External medication includes medicated ointments, lotions, or liquids applied to the skin or hair.

Weight #7

(6) An early learning provider must receive written authorization from a child’s parent or guardian and health care provider with prescriptive authority prior to administering:
(a) Vitamins;
(b) Herbal supplements;
(c) Fluoride;
(d) Homeopathic or naturopathic medication; and
(e) Teething gel or tablets (amber bead necklaces are prohibited).

Weight #7
<table>
<thead>
<tr>
<th>herbal or natural:</th>
<th>WAC 170-295-3080</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Pain reliever, cough syrup, cold or flu medication;</td>
<td>Can I use bulk medications (use one container for all the children such as with diaper ointments)? You can keep bulk containers of diaper ointments and nontalc type powders intended for use in the diaper area and sun screen if you: (1) Obtain written parental consent prior to use; (2) Use for no longer than six months; and (3) Notify the parents of the: (a) Name of the product used; (b) Active ingredients in the product; and (c) Sun protective factor (SPF) in sun screen. (4) Apply the ointments in a manner to prevent contaminating the bulk container.</td>
</tr>
<tr>
<td>(ii) Vitamins, all types including natural;</td>
<td></td>
</tr>
<tr>
<td>(ii) Topical nonprescription medication;</td>
<td></td>
</tr>
<tr>
<td>(i) Hand sanitizer, when not in use.</td>
<td></td>
</tr>
<tr>
<td>(c) Prescription medication;</td>
<td></td>
</tr>
<tr>
<td>(i) Intended use - Topical;</td>
<td></td>
</tr>
<tr>
<td>(c) Prescriptions on medication;</td>
<td></td>
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</tbody>
</table>

(7) An early learning provider must not give or allow another to give any medication to a child for the purpose of sedating the child unless the medication has been prescribed for a specific child for that particular purpose by a qualified health care professional. Weight #8

(8) An early learning provider must not accept or give to a child homemade medication, such as diaper cream or sunscreen. Weight #6

(9) An early learning provider must not give medication to a child if the provider has not successfully completed:
   (a) An orientation about the early learning program’s medication policies and procedures; and
   (b) The department standardized training course in medication administration that includes a competency assessment pursuant to WAC 170-300-0106(10). Weight #6

(10) Parents and guardians, or an appointed designee, must provide training to early learning providers for special medical procedures that are part of a child’s Individual Care Plan. This training must be documented and signed by the provider and parent or guardian, or the designee. Weight #7

(11) Parents or guardians must provide to early learning providers appropriate medication measuring devices. Weight #6
(ii) Intended use - Ingestible, inhaled or by injection.

<table>
<thead>
<tr>
<th>WAC 170-295-3100</th>
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</thead>
<tbody>
<tr>
<td>When can children take their own medication?</td>
</tr>
<tr>
<td>(1) Children can take their own medication if they:</td>
</tr>
<tr>
<td>(a) Have a written statement from the parent requesting the child take their own medication;</td>
</tr>
<tr>
<td>(b) Have a written statement from a health care provider with prescriptive authority stating that the child is physically and mentally capable of taking their own medication; and</td>
</tr>
<tr>
<td>(c) Meet all other criteria in chapter 170-295 WAC including storage of medications.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WAC 170-295-3110</th>
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</thead>
<tbody>
<tr>
<td>Do I need special equipment to give medication?</td>
</tr>
<tr>
<td>To give liquid medication you must use a measuring device designed specifically for oral or liquid medications. Parents should provide the measuring devices for individual use.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WAC 170-295-3130</th>
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</thead>
<tbody>
<tr>
<td>(12) A parent or guardian may authorize an early learning provider to administer the following for up to 180 calendar days:</td>
</tr>
<tr>
<td>(a) Diaper ointments used as needed and intended only for the diaper area of children;</td>
</tr>
<tr>
<td>(b) Sunscreen;</td>
</tr>
<tr>
<td>(c) Lip balm or lotions; and</td>
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<tr>
<td>(d) Hand sanitizers or hand wipes with alcohol, which may be used only for children over 24 months old.</td>
</tr>
<tr>
<td>Weight #4</td>
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<table>
<thead>
<tr>
<th>WAC 170-295-3375</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication permission.</td>
</tr>
<tr>
<td>(1) The licensee must have written permission from a child's parent or guardian to give a child any medication. The permission must include:</td>
</tr>
<tr>
<td>(a) Child's name;</td>
</tr>
<tr>
<td>(b) Name of the medication and condition being treated;</td>
</tr>
<tr>
<td>(c) Dose and frequency to be given;</td>
</tr>
<tr>
<td>(d) Instructions for any specialized equipment or procedures for giving the child's medication;</td>
</tr>
<tr>
<td>(e) Start and stop date for administering medication not to exceed thirty calendar days, except as provided in subsection (2) of this WAC 170-295-3100.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>WAC 170-295-3150</th>
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</thead>
<tbody>
<tr>
<td>(13) An early learning provider must keep a current written medication log that includes:</td>
</tr>
<tr>
<td>(a) A child’s first and last name;</td>
</tr>
<tr>
<td>(b) The name of the medication that was given to the child;</td>
</tr>
<tr>
<td>(c) The dose amount that was given to the child;</td>
</tr>
<tr>
<td>(d) Notes about any side effects exhibited by the child;</td>
</tr>
<tr>
<td>(e) The date and time of each medication given or reasons that a particular medication was not given; and</td>
</tr>
<tr>
<td>(f) The name and signature of the person that gave the medication.</td>
</tr>
<tr>
<td>Weight #6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WAC 170-295-3160</th>
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</thead>
<tbody>
<tr>
<td>(14) An early learning provider must return a child’s unused medication to that child’s parent or guardian. If this is not possible, a provider must follow the Food and Drug Administration (FDA) regulations.</td>
</tr>
</tbody>
</table>

NRM Draft Only (May 2017)
section;
(f) Parent or guardian signature; and
(g) Date of signature.

(2) A parent or guardian may give the licensee ninety calendar days permission for use of the following:
(a) Diaper ointments and talc free powders used as needed that are intended specifically for use in the diaper area of children;
(b) Sun screen;
(c) Hand sanitizers; or
(d) Hand wipes with alcohol.

(3) The licensee must keep a written record of medication administration (medication log) that includes the:
(a) Child’s name;
(b) Name of medication;
(c) Dose given;
(d) Dates and time of each medication given; and
(e) Name and signature of the person giving the medication.

(4) The licensee must return any unused medication to the child’s parent or guardian.

(5) Medication permission forms and medication logs must be kept confidential. The licensee must allow a child’s parent or guardian to review their own child’s medication

Can anyone else give medication to children in my care?

(1) Only staff persons who have been oriented to your center’s medication policies and procedures can give medications.

(3) Before a staff may administer medications they must ask parents to provide instruction on specialized medication administration procedures or observations, i.e., how to use the nebulizer, epi-pens or individual child’s preference for swallowing pills

(15) An early learning provider must keep medication authorization forms and medication logs for no less than twelve months, confidential, within the licensed space, and available for review by department staff. **Weight #5**
administration records.

(6) Medication permission forms and medication logs for the previous twelve months must be kept in the licensed space and be available for review by the licensor.

WAC 170-296A-3425

Medication requirements.

The licensee or primary staff person must follow the medication directions for managing and administering prescription and nonprescription medication for the individual children in care. The licensee or primary staff person must not give or allow giving of an expired medication.

WAC 170-296A-3450

Sedating a child prohibited.

The licensee or primary staff person must not give or allow giving of any medication for the purpose of sedating a child unless the medication has been prescribed for that purpose by a qualified health care professional and prescribed for the child receiving the medication.

WAC 170-296A-3475
**Prescription medication.**

The licensee or primary staff person may give a prescribed medication to a child only if the following conditions are met:

1. The medication is prescribed only for the child the medication is being given to;
2. The parent or guardian has provided written permission as described in WAC [170-296A-3375](#);
3. The prescribed medication is given in the amount and frequency prescribed by the child’s health care professional with prescription authority;
4. The prescribed medication must only be given for the purpose or condition that the medication is prescribed to treat;
5. The medication must:
   a. Be in the original container;
   b. Be labeled with the child’s first and last name;
   c. Have a nonexpired expiration date;
6. The container must have or the parent or guardian must provide information from the pharmacy about:
   a. Medication storage;
   b. Potential adverse reactions or side effects; and
(7) The medication has been stored at the proper temperature noted on the container label or pharmacy instructions.

**WAC 170-296A-3525**

**Nonprescription medications.**

The licensee or primary staff person may give nonprescription medications, as defined in this chapter, only when the following conditions are met:

1. The parent or guardian has given signed written permission as provided in WAC 170-296A-3375.
2. The nonprescription medication is:
   a. Given to or used with a child only in the dosage, frequency and as directed on the manufacturer's label;
   b. Given in accordance to the age or weight of the child needing the medication;
   c. Given only for the purpose or condition that the medication is intended to treat;
   d. Is in the original container; and
   e. Has a nonexpired expiration date, if applicable.
3. The medication container or packaging includes, or the parent or guardian provides information about:
(a) Medication storage;
(b) Potential adverse reactions or side effects.
(4) The medication has been stored at the proper temperature noted on the container label or instructions.

**WAC 170-296A-3550**

**Children taking their own medication.**

The licensee may permit a child to take his or her own prescription medication if:

1. The licensee follows all of the requirements in WAC 170-296A-3475 (1) through (6);
2. The child is physically and mentally capable of properly taking the medicine;
3. The licensee has on file the child's parent or guardian written approval for the child to take his or her own medication;
4. The medication and related medical supplies are locked and inaccessible to other children and unauthorized persons, except emergency rescue medications that may be stored inaccessible to other children but not locked; and
5. The licensee or a primary staff
person observes and documents in the child's medication administration record that the medication was taken.

<table>
<thead>
<tr>
<th>Justification:</th>
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<tbody>
<tr>
<td>170-300-0215 Managing and storing medication proposes several changes including 1) the prohibition of teething gel, tablets, and necklaces (amber beads); 2) requirements for orientation about medication policies and procedures as well as training; 3) engagement of parents, guardians or their designees to provide training for any special medical procedures; 4) provision, by parents or guardians, of medication measuring devices; and 5) authorization by parent or guardian, good for 180 days, to early learning provider to authorize non-aerosol sun screen, lip balm, and hand sanitizer for children over 24 months old.</td>
</tr>
</tbody>
</table>

The first revision, regarding orientation and training on medication policies and procedures is found directly within the CCDF federal regulations, at Section 98.41, and requires the State Agency (DEL) to assure training is required for the “Administration of medication, consistent with standards for parental consent.” This proposed regulation reflects the federal requirement, and is consistent with the standards that address this issue in Caring for Our Children, 3rd Edition, see Standard 3.6.3.3: Training of Caregivers/Teachers to Administer Medication, which provides “Any caregiver/teacher who administers medication should complete a standardized training course that includes a competency assessment in medication administration.”

The second revision, to engage parents in training is grounded in the overall support in Caring for Our Children, 3rd Edition to parental involvement. Chapter 2 addresses parent/guardian relationships, stating: “Parents/guardians who use child care services should be regarded as active participants and partners in facilities that meet their needs as well as their children’s.” Comment on STANDARD 2.3.2.1: Parent/Guardian Conferences. Further, Standard 2.3.3.1: Parents'/Guardians’ Provision of Information on Their Child’s Health and Behavior, provides that “the facility should ask parents/guardians for information regarding the child’s health, nutrition, level of physical activity, and behavioral status upon registration or when there has been an extended gap in the child’s attendance at the facility.” Likewise, for those children who require a health care plan, Caring for Our Children makes it explicit that engagement of parents is helpful, stating “A collaborative approach in which the primary care provider and the parent/guardian complete the Care Plan and the parent/guardian works with the child care staff to implement the plan is helpful.” Standard 3.5.0.1: Care Plan for Children with Special Health Care Needs.

The third revision, which relates to parental provision of medical devices, is found in Caring for Our Children, 3rd Edition Standard
3.5.0.2: Caring for Children Who Require Medical Procedures which says “Parents/guardians are responsible for supplying the required equipment.”

The fourth revision, which requires parental authorization for up to 180 days for use of sun screen, lip balm and for children over 24 months old, hand sanitizer, is grounded in *Caring for Our Children, 3rd Edition* Standard 3.4.5.1: Sun Safety Including Sunscreen, which specifies the need for written parental permission. The STANDARD 3.6.3.1: Medication Administration specifically notes that need for written permission for any over the counter medication use, which is interpreted by DEL to include the specific items in this proposed regulation. There is an explicit note in Caring for Our Children providing that non-prescription sunscreen is an example of an over the counter medication requiring parental permission in writing. “Non-prescription sunscreen and insect repellent always require parental consent but do not require instructions from each child’s prescribing health professional.”

### Health Practices – Bathroom space and toilet training

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-4625</td>
<td>WAC 170-295-4080</td>
<td><strong>170-300-0220</strong></td>
</tr>
<tr>
<td>Bathrooms. (1) The licensee must provide at least one indoor bathroom in the licensed space with: (a) A working flush-type toilet; (b) Privacy for toileting for children of the opposite sex who are four years of age or older and for other children demonstrating a need for privacy; (c) A mounted toilet paper dispenser and toilet paper for each toilet; and (d) A toilet of an appropriate height and size for children, or have a platform for the children to use that is safe, easily cleanable and resistant to moisture. (2) Bathroom and toileting areas must be ventilated by the use of a</td>
<td>When should I begin toilet training a child? Toilet training is initiated with consultation with parents: (1) Using positive reinforcement; (2) Cultural sensitivity; (3) Not using foods as a reinforcement; and (4) Following a routine established between the parent and you.</td>
<td><strong>Bathroom space and toilet training.</strong> (1) An early learning provider must provide at least one indoor bathroom in the licensed space that complies with the following: (a) One working flush-type toilet (center early learning programs for every 15 children and staff) that is an appropriate height and size for children. To comply with height and size requirements for children, a platform may be used that is easily cleanable and resistant to moisture and slipping. For purposes of calculating the number of flush-type toilets, a child in diapers is not included in the calculation until the child begins toilet training; (b) One working sink and faucet (center early learning programs for every 15 children and staff) that is an appropriate height and size for children. To comply with the height and</td>
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<td></td>
<td>WAC 170-295-4090</td>
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<td></td>
<td>Can I use potty-chairs for toilet training? You may use potty-chairs that are: (1) Located in the toilet room or similar area that meets the</td>
<td></td>
</tr>
</tbody>
</table>
window that can be opened or an exhaust fan.

WAC 170-296A-4650
Bathroom floors
(1) Floors in a bathroom or toileting area must have a washable surface and be resistant to moisture. The floor must be cleaned and disinfected as provided in WAC 170-296A-0010 daily or more often if needed. (2) Removable rugs may be used in the bathroom. The rugs must be laundered and sanitized as provided in WAC 170-296A-0010 at least weekly or more often if needed.

WAC 170-296A-4675
Bathroom sinks
A sink used for handwashing must be located in or next to bathrooms. The sink must: (1) Have warm running water; and (2) Be of appropriate height and size for children, or have a platform for the children to use that is safe, easily cleanable and resistant to moisture.

WAC 170-296A-7350
Toilet training
The licensee must discuss toilet training with the child's parent or requirements of WAC 170-295-5100 designed for toileting; (2) On a floor that is moisture resistant and washable; (3) Immediately emptied into a toilet; and (4) Cleaned in a designated sink or utility sink separate from classrooms and sanitized after each use. The sink must also be cleaned and sanitized after cleaning potty-chairs.

170-295-5100
What are the requirements for toilets, handwashing sinks and bathing facilities?
(1) You must provide: (a) A toilet room that is vented to the outdoors; (b) A room with flooring that is moisture resistant and washable; (c) One flush-type toilet and one adjacent sink for handwashing within auditory (hearing) range of the child care classrooms for every fifteen children and staff; (d) Toileting privacy for children of opposite genders who are six years of age and older, or when a younger child demonstrates a need for privacy; and

size requirements for children, a platform may be used that is easily cleanable and resistant to moisture and slipping. (i) For handwashing, a faucet must provide warm running water between 80 and 120 degrees Fahrenheit; (ii) Sinks and faucets must be located in the bathroom or immediately outside each bathroom; (iii) Bathroom sinks must have water controls that are accessible to the intended user; and (iv) Bathroom sinks must not be used as a drinking source or for food preparation.

(c) The bathroom must provide privacy while toileting for children of the opposite sex who are four years old or older, and for other children who demonstrate a need for privacy; (d) A mounted toilet paper dispenser for each toilet must be within arm's reach of a child; (e) A window or exhaust fan must ventilate each bathroom; (f) The bathroom floor must have a washable surface, resistant to moisture, and cleaned and disinfected on a daily basis or more often as needed; and (g) If an early learning program premises is equipped with a bathtub or shower, the provider must: (i) Not give a bath or shower to any
guardian when a child is ready for training. The licensee or staff must use:

1. Positive reinforcement;
2. Culturally sensitive methods;
3. Developmentally appropriate methods; and
4. A routine developed in agreement with the parent or guardian.

WAC 170-296A-7375
Potty chairs or modified toilet seats

1. When potty chairs are used, the licensee or staff must immediately after each use:
   a) Empty the potty chair into the toilet; and
   b) Clean and disinfect the potty chair as provided in WAC 170-296A-0010.
2. The floor under the potty chairs must be made of a material that is resistant to moisture.
3. When a modified toilet seat is used, it must be cleaned and disinfected as provided in WAC 170-296A-0010 daily or more often when soiled.
4. If a sink or basin is used to clean a potty chair or modified toilet seat, the sink or basin must be cleaned and disinfected afterwards as

(e) A mounted toilet paper dispenser within arms reach of the user with a constant supply of toilet paper for each toilet.

1. Children eighteen months of age or younger are not included when determining the number of required flush-type toilets.
2. If urinals are provided, the number of urinals must not replace more than one-third of the total required toilets.
3. Toilet fixture heights must be as follows:

<table>
<thead>
<tr>
<th>If the age group is:</th>
<th>The toilet fixture height must be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Toddler: eighteen months through 29 months</td>
<td>(i) Ten - 12 inches (child size); or (ii) Fourteen - 16 inches (adult size) with a safe, easily cleanable platform that is moisture impervious and slip resistant.</td>
</tr>
<tr>
<td>b) Preschool or older: Thirty months of age through six years of age not enrolled in kindergarten or</td>
<td>(i) Ten - 12 inches (child size); or (ii) Fourteen - 16 inches (adult size) with a safe, easily cleanable platform that is moisture impervious and slip resistant.</td>
</tr>
</tbody>
</table>

An early learning provider must discuss toilet training procedures with a child’s parent or guardian when a child is ready for training. A provider must facilitate the toilet training process by encouraging the child with:

1. Positive reinforcement (which may not include food items);
2. Culturally sensitive methods;
3. Developmentally appropriate methods; and
4. A toilet training routine developed in agreement with the parent or guardian.

An early learning provider may use a modified toilet seat if it is cleaned and disinfected using a safe disinfectant at least daily or more often if child without the parent or guardian’s written, signed, and dated consent;

1. Only use the bath or shower to clean a child after an accident such as diarrhea or vomiting incident;
2. Ensure the area around a bathtub or shower is equipped with a conveniently located grab bar, or a nonskid floor, pad, or surface;
3. Provide constant supervision to a child taking a shower or bath; and
4. Make the bathing facility inaccessible to children when not being used by children.
Standards Alignment - Environment

<table>
<thead>
<tr>
<th>Provided in WAC 170-296A-0010</th>
<th>Elementary school</th>
<th>Impervious and slip resistant.</th>
<th>Soiled. Weight #5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5) Handwashing sink heights must be as follows:</td>
<td>If the age group is:</td>
<td>The sink height must be:</td>
<td>(4) Toilet training equipment must be cleaned in a designated sink that must not be used for food preparation, handwashing, or clean up.</td>
</tr>
<tr>
<td></td>
<td>a) Toddler: Twelve months through 29 months</td>
<td>(i) Eighteen - 22 inches; or (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink.</td>
<td>(a) A family home early learning program may use a bathtub or multipurpose sink unless it is used for food preparation. This sink, basin, or bathtub must be cleaned and disinfected after each use with a safe disinfectant. Weight #6</td>
</tr>
<tr>
<td></td>
<td>b) Preschool or older: Thirty months of age through six years of age not enrolled in kindergarten or elementary school</td>
<td>(i) Twenty-two - 26 inches; or (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink.</td>
<td>(5) If a child is developmentally ready, and an early learning provider uses a stand-up diapering procedure, it must be done in the bathroom or a diaper changing area. Weight #5</td>
</tr>
<tr>
<td></td>
<td>c) School age: Over five years of age or enrolled in kindergarten or elementary school</td>
<td>(i) Twenty-six - 30 inches; or (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink.</td>
<td>(6) An early learning provider must post and follow a stand-up diapering procedure (found at <a href="https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers">https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers</a>). Weight #4</td>
</tr>
<tr>
<td></td>
<td>(6) Infants are not included when soiled. Weight #5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
determining the number of sinks required for handwashing.

(7) The sink for handwashing must:
   (a) Be located in or immediately outside of each toilet room;
   (b) Have water controls that are accessible by the intended user; and
   (c) Not be used for food preparation, as a drinking water source or a storage area.

(8) You must have:
   (a) Single-use paper towels and dispensers; or
   (b) Heated air-drying devices.

(9) You must use soap from some type of dispenser to prevent the spread of bacteria from the soap.

(10) If the center is equipped with a bathing facility, you must:
   (a) Have parent permission to bathe children;
   (b) Equip the bathing facility with a conveniently located grab bar and a nonskid pad or surface; and
   (c) Provide constant supervision for the child five years of age and younger and older children who require supervision.

(11) You must make the bathing facility inaccessible to children when not in use.
Standards Alignment - Environment

Justification:
The proposed regulation 170-300-0220 covers bathroom space and toilet training, providing several additions including setting a ratio of 1:15 toilets/child-staff; specifying that handwashing water temperature must be between 60 and 120 degree F; ensuring accessible water controls in bathroom sinks; delineating how bathroom sinks can be used; specifying where toilet training equipment can be cleaned; and addressing the use of stand up diapering.

For the second proposed change, which is to address water temperature for handwashing, Caring for Our Children, 3rd Edition provides that “each sink should be equipped so that the user has access to: a) Water, at a temperature at least 60°F and no hotter than 120°F.” See Standard 5.4.1.10: Handwashing Sinks. The Department of Early Learning relies on this standard.

Accessible water controls are also covered by reference to Standard 5.4.1.10, which places a premium on accessibility for the children using the sink.

Caring for Our Children, 3rd Edition STANDARD 5.4.1.11: Prohibited Uses of Handwashing Sinks provides the basis for the proposed change articulating the use of these sinks, including the prohibition on use of these sinks for toilet equipment cleaning. It states, “Handwashing sinks should not be used for rinsing soiled clothing, for cleaning equipment that is used for toileting, or for the disposal of any waste water used in cleaning the facility.”

Stand up diapering is not addressed by Caring for Our Children but Caring for Our Children makes the assumption that all diapering happens in a diapering or toileting areas, as illustrated by STANDARD 3.2.1.4: Diaper Changing Procedure. STANDARD 5.4.2.4: Use, Location, and Setup of Diaper Changing Areas states “Infants and toddlers should be diapered only in the diaper changing area.” Caring for Our Children has a standard, STANDARD 3.2.1.5: Procedure for Changing Children’s Soiled Underwear/Pull-Ups and Clothing that addresses soiled underwear, which includes stand-up procedure, which requires this to take place in the toileting or diapering area, as specified in the proposed regulation. Since stand up diapering is not specifically addressed in Caring for Our Children, the proposal requires early learning programs to post their policy and approach, reflecting the last change.

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>170-296A-7250</td>
<td>170-295-4120</td>
<td>170-300-0221</td>
</tr>
<tr>
<td>Diapering and toileting</td>
<td>What must I do to be sure that diaper changing is safe and does not spread infections?</td>
<td>Diaper changing areas and disposal.</td>
</tr>
<tr>
<td>(1) The licensee must provide a diaper changing area that is separate from any area where food is stored,</td>
<td>(1) Your diaper changing table and area must:</td>
<td>(1) A center early learning provider must have a designated diaper changing area for each classroom or for every age grouping of children who require diapering. Only one diaper changing</td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

| Prepared or served. | (a) Have a washable, moisture resistant diaper-changing surface that is cleaned and sanitized between children; | area is required at a family home early learning provider. |
| (2) The diaper changing area must: | (b) Be a table or counter with a protective barrier on all sides that is at least three and one-half inches higher than the surface that the child lays on; | (a) A diaper changing area must: |
| (a) Have a sink with hot and cold running water close to the diaper changing area. The sink must not be used for food preparation and cleanup; | (c) Have a garbage can with a lid, plastic liner, and method for disposing of hand drying supplies so that a garbage can lid does not have to be opened with hands; | (i) Be separate from areas where food is stored, prepared, or served; |
| (b) Have a sturdy surface or mat that is: | (d) Be on moisture impervious and washable flooring that extends at least two feet surrounding the diaper changing and handwashing area; and | (ii) Have a sink with hot and cold running water, not used for food preparation and clean up; |
| | (i) Not torn or repaired with tape; | (iii) Have a sturdy surface or mat that: |
| | (ii) Easily cleanable; | (A) Is not torn or repaired with tape; |
| | (iii) Waterproof; and | (B) Washable; |
| | (iv) Large enough to prevent the area underneath from being contaminated with bodily fluids. | (C) Has a moisture resistant surface that is cleaned and disinfected between children, even if using a non-absorbent covering that is discarded after each use; |
| (3) The diapering area must be cleaned and disinfected as provided in WAC 170-296A-0010 between each use. | (e) Be directly adjacent to a sink used for handwashing supplied with: | (D) Large enough to prevent the area underneath the diaper changing area from being contaminated with bodily fluids; and |
| (4) A nonabsorbent, disposable covering that is discarded after each use may be used on the diaper changing mat. | (i) Warm running water (between 85 degrees Fahrenheit and 120 degrees Fahrenheit); | (iv) On moisture resistant, washable material that surrounds and extends at least two feet from the diaper changing station and handwashing area; and |
| (5) The diaper changing surface must be free of all other items not used in diapering the child. | (ii) Soap; and | (v) Be uncluttered and not used for storage of any items not used in diapering a child. |

WAC 170-296A-7275
Diaper disposal
(1) The licensee must provide a container specifically for diaper and

(b) An early learning provider must not leave a
Standards Alignment - Environment

- diapering supply disposal that is not used for other household trash. The diaper disposal container must:
  (a) Have a tight cover;
  (b) Be lined with a disposable plastic trash bag; and
  (c) Be within arm's reach of the diaper changing area.

- If disposable diapers are used, the diaper disposal container must be emptied to the outside garbage can or container daily.

- If cloth diapers are used, the diapers must:
  (a) Not be rinsed; and
  (b)(i) Be kept in the diaper disposal container until picked up by the diaper service; or
  (ii) Placed in a securely closed plastic bag and sent home with the child daily.

- If soiled diapers are sent home they must be kept in a separate closed container used only for diapers and not placed with the child's other belongings.

- belts on diaper changing tables because they are neither cleanable nor safe.

- You must not place anything on the diaper-changing table, counter or sink except the child, changing pad and diaper changing supplies.

- Disposable diapers must be:
  (a) Placed into a covered, plastic-lined, hands free covered container;
  (b) Removed from the facility and the liner changed at least daily and more often if odor is present; and
  (c) Disposed of according to local disposal requirements.

- Reusable diapers must be:
  (a) Individually bagged and placed without rinsing into a separate, cleanable, covered container equipped with a waterproof liner before transporting to the laundry, given to the commercial service or returned to parents for laundry; and
  (b) Removed from the facility daily or more often if odor is present.

- child unattended on the diaper changing surface or mat during the diaper changing process; Weight #8

- An early learning provider must not use safety belts on diaper changing tables because they are neither cleanable nor safe; and Weight #6

- An early learning provider must post an easily viewable diaper changing procedure and must follow each step described in the procedure. Weight #5

- If using a diaper changing station at an early learning program, it must be:
  (a) Within arm’s length of a handwashing sink; and
  (b) On moisture resistant, washable material that surrounds and extends at least two feet from the diaper changing station and handwashing area; and either:
    (i) A table or counter large enough to accommodate the length of a child, with a protective barrier at least three and one-half inches high on all sides; or
    (ii) A wall mounted diaper changing station that meets manufacturer guidelines and specifications in addition to the requirements of this section.

- If reusable or cloth diapers are used, the diapers

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<table>
<thead>
<tr>
<th>Standards Alignment - Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>must:</td>
</tr>
<tr>
<td>(a) Not be rinsed; and</td>
</tr>
<tr>
<td>(b) Placed in a securely closed plastic bag and stored in a separate disposal container away from the child’s other belongings. On a daily basis, the diapers must be delivered to a commercial laundry service or given to the child’s parent or guardian.</td>
</tr>
</tbody>
</table>

**Weight #6**

(4) An early learning provider must provide a container designated for disposing of soiled diapers and diapering supplies only. The diaper disposal container must be:

(a) Hands-free and covered to prevent cross contamination;
(b) Lined with a disposable plastic trash bag;
(c) Within arm’s length of the diaper changing area; and
(d) Emptied, removing contents from the early learning program space, and replaced with a new liner at least daily or more often if odor is present.

**Weight #6**

**Justification:**
The proposed regulation, 170-300-0221 Diaper changing areas and disposal, makes the following changes: it specifies 1) the size of the diaper changing table, including the need for barrier and 2) the placement on a floor that is moisture resistant. At Standard 5.4.2.5: Changing Table Requirements, *Caring for Our Children, 3rd Edition* indicates that the diaper changing barrier should be equipped with railing. DEL has incorporated the need for railing although at a short height than specified but still within the evidence in Caring for Our Children around child risk of failing.

The proposed regulation supports the developmental, health and safety needs of children by specifying size, in order to make sure
the table fits all children using it, and in detailing the flooring around it. By specifying the type of flooring by the table, DEL is addressing issues of ease of sanitation, which is a high priority for diapering.

The cost to comply with proposed WAC 170-300-0221(2) cannot be reduced because diaper changing pads, tables, or stations and moisture resistant, washable materials are typically available from market retailers. Under the proposed rule, an early learning licensee must use specified diaper changing pads, tables, or stations with a raised barrier at least 3.5” high. Licensees must also use moisture resistant and washable material that extends at least two feet from the diaper changing and handwashing area. The Department of Early Learning believes imposing this new rule is necessary to ensure the health and safety of children by requiring equipment that prevents infants from getting injured and preventing the risk of contamination from bacteria, disease, or infection. Proposed WAC 170-300-0221(2) is a requirement for center and family home early learning programs to use appropriately sized diaper changing pads, tables, or stations with a raised barrier to prevent children from falling off. In addition, this proposed rule requires changing areas to be on moisture resistant, washable material that extends at least two feet from the changing area in all directions. This requirement helps prevent the spread of bacteria, infection, or disease, and makes cleaning and sanitizing the diaper changing and handwashing areas easier for providers. Requiring licensees to comply with these requirements is not expected to exceed the minor cost threshold for businesses in the industry.

Soiled diapers can promote and spread bacteria, which may lead to disease or infection if not handled and disposed of properly. Proposed WAC 170-300-0221(4) requires early learning providers to have a “container designed only for disposing of soiled diapers and diapering supplies” and it must be “hands-free and covered to prevent cross contamination.” This is a current requirement for center early learning providers, but would be a new requirement for family home early learning providers. If family home providers do not already have one, they may need to purchase a diaper disposal container that meets these requirements. Proposed WAC 170-300-0221(4) is a low cost requirement for family home early learning programs to have and use hands-free containers to dispose of soiled diapers. Requiring licensees to use such containers is not expected to exceed the minor cost threshold for businesses in the industry.

### Health Practices – Pets and animals

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-4800 Pet and animal policy</td>
<td>WAC 170-295-5170 Can we have animals at the center?</td>
<td><strong>170-300-0225 Pets and animals.</strong></td>
</tr>
<tr>
<td>(1) When animals are on the center premises you must:</td>
<td>(1) An early learning provider may have pets or other animals on the early learning program premises. Weight NA</td>
<td>(2) Before allowing pets or animals on the early</td>
</tr>
<tr>
<td>(a) Notify the parents in writing that animals are on the premises and the potential health risks associated</td>
<td></td>
<td>learning program premises.</td>
</tr>
<tr>
<td>A licensee who has a pet or other animals on the premises must:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Inform children's parents and guardians that the licensee has a pet</td>
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</tbody>
</table>

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or other animals; and

(2) Have a pet/animal policy in the parent handbook that includes:
   (a) How children will have access to pets or other animals;
   (b) How children will be kept safe around pets or other animals;
   (c) Pet or animal immunizations; and
   (d) Handling of pet or animal waste.

WAC 170-296A-4850
Pet/animal health and safety
Pets or other animals that have contact with children must:
   (1) Have current immunizations for contagious diseases if applicable;
   (2) Show no signs of disease, worms or parasites; and
   (3) Be nonaggressive.

WAC 170-296A-4875
Pets or other animals interacting with children.
   The licensee:
   (1) Or primary staff person must directly supervise, or instruct staff to directly supervise, children preschool age and younger when the children are interacting with pets or other animals.
   (2) Must have children and staff with the animals to include how to address the needs of children having allergies to animals;
   (b) Have a signed document from each parent stating they understand the potential health risks;
   (c) Not hang pet containers or cages in corridors, entryways or over where children eat, sleep, and play;
   (d) Post handwashing signs in areas where pets are housed;
   (e) Have containers or cages to prevent debris from spilling out of the container or cage. The container or cage must not be located in corridors, entrance ways, or where children eat, or play;
   (f) Assign responsible staff to ensure pet containers, cages, and litter boxes are cleaned and disinfected at least weekly and more often if needed;
   (g) Not allow animals in food preparation areas. If the sink is used for cleaning food or utensils it cannot be used to clean pet supplies;
   (h) Not allow animals in rooms that typically are used by infants or toddlers;
   (i) Keep on file proof of current rabies vaccinations for all dogs and cats;
      learning program premises, an early learning provider must have and implement a pet and animal policy. Weight #5

(3) An early learning provider must provide written notice to children's parents and guardians that pets or animals are allowed and on the premises. Weight #5

(4) Pets or other animals that have contact with children must:
   (a) Have all required vaccinations pursuant to local and county regulations;
   (b) Show no signs of illness, disease, worms, or parasites. If these symptoms appear, the pet or animal must be removed from the premises until appropriately treated for the condition; and
   (c) Be nonaggressive. If the pet or animal exhibits aggressive behavior, the pet or animal must be removed from the premises. Weight #7

(5) An early learning provider must:
   (a) Directly supervise children who interact with pets or other animals;
   (b) Require children and early learning program staff to wash hands after handling or feeding pets, or handling pet toys or equipment;
   (c) Make reptiles and amphibians that are not part of the early learning program or activities inaccessible to the children due to
Standards Alignment - Environment

WAC 170-296A-3625

Wash their hands as required under WAC 170-296A-3625 after interacting with pets or other animals, or after handling an animal's toys, bedding, litter or equipment.

(3) Must have a written plan to keep a pet or other animal inaccessible to the children if the pet or animal is known to be dangerous or aggressive.

(4) Must make reptiles and amphibians inaccessible to the children due to the risk of Salmonella.

WAC 170-296A-4900

Pet wastes.
The licensee must:

(1) Keep litter boxes inaccessible to the children.

(2) For pets that do not have an indoor litter area, have a designated area outside for pets to relieve themselves that is inaccessible to children in care. This area may not be counted in the licensed outdoor square footage under WAC 170-296A-4925.

(3) Remove feces right away if an animal relieves itself in the outdoor

(j) Meet local requirements in counties with immunization, vaccination and licensing requirements for animals; and

(k) Organize children into small groups for supervised activity for handling of pets.

(2) You must develop policies and procedures for management of pets to include:

(a) How the needs of children who have allergies to pets will be accommodated;

(b) How pet containers, cages, litter boxes will be cleaned and sanitized and who will do it;

(c) How pets will receive food and water, and be kept clean and who will do it;

(d) Curricula for teaching children and staff about safety and hygiene when handling pets; and

(e) Pets (excluding aquatic animals) showing signs of illness must be removed from the facility until they have been seen, treated and given approval to return to the center by a veterinarian. Written proof of veterinary visits must be maintained on file.

The risk of Salmonella;

(d) Require that chickens, ducks, turkeys, doves, pigeons, or other birds are caged, cooped, or penned outside early learning program space when children are in care, at a distance that prevents children from having direct access to the enclosures or waste;

(e) Require indoor birds to be caged;

(f) Have containers or cages for pets and animals. Containers or cages must prevent debris from spilling out of the container or cage;

(g) Not allow pets and animals in the kitchen during food preparation and ensure pets and animals do not come into contact with food, food preparation, or serving areas;

(h) Not use a sink used for cleaning food or utensils to clean pet supplies;

(i) Not allow animals in rooms or areas typically used by infants or toddlers if a center early learning program;

(j) Provide direct supervision when animals are in family home early learning program areas with infants and toddlers, including naptime; and

(k) Store pet and animal medication separate from human medication.

Weight #6

(6) If early learning program activities or special events include or involve reptiles, amphibians, chickens, or ducks, early learning program staff
Standards Alignment - Environment

<table>
<thead>
<tr>
<th>licensed space.</th>
<th>(4) Clean and disinfect the area immediately when a pet leaves feces, urine, blood, or vomit in the indoor licensed space.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(3) Reptiles and amphibians must be in an aquarium or other totally self-contained area except during educational activities involving the reptile. Children five years of age or less must not physically handle reptiles and amphibians.</td>
</tr>
<tr>
<td></td>
<td>(4) Animals with a history of biting or other aggressive behaviors must not be on the premises of the child care center.</td>
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<tr>
<td></td>
<td>(5) You must ensure children wash their hands after handling animals.</td>
</tr>
<tr>
<td></td>
<td>must:</td>
</tr>
<tr>
<td></td>
<td>(a) Directly supervise children interacting with these animals to reduce the risk of Salmonella;</td>
</tr>
<tr>
<td></td>
<td>(b) Wash their hands before and after interacting with these animals; and</td>
</tr>
<tr>
<td></td>
<td>(c) Require that the children wash their hands before and after interacting with these animals. Weight #7</td>
</tr>
<tr>
<td></td>
<td>(7) An early learning provider must require:</td>
</tr>
<tr>
<td></td>
<td>(a) Animals and pets to go to the bathroom outdoors if the animals do not have a designated indoor litter area. The designated outdoor area must be inaccessible to children in care;</td>
</tr>
<tr>
<td></td>
<td>(b) Pet containers, cages, and litterboxes to be cleaned and disinfected at least weekly or more often if needed;</td>
</tr>
<tr>
<td></td>
<td>(c) Litter boxes to be kept inaccessible to children;</td>
</tr>
<tr>
<td></td>
<td>(d) Animal wastes and litter to be disposed of immediately and the area disinfected;</td>
</tr>
<tr>
<td></td>
<td>(e) Animal waste is disposed of in a manner that prevents children from coming into contact with the waste material. All animal waste must be inaccessible to children;</td>
</tr>
<tr>
<td></td>
<td>(f) Animal waste, including fish tank water, must be disposed of in toilets or custodial sinks. Toilets and custodial sink areas must be washed, rinsed, and disinfected after disposal; and</td>
</tr>
</tbody>
</table>
(g) Indoor and outdoor play space to be cleaned and disinfected where animals or birds use the bathroom or vomit. This must be done at the first opportunity, prior to access by children.

**Weight #6**

**Justification:**
There are four proposed revisions to 170-300-0225 Pets and animals. The first addresses enclosures for certain types of farm animals that are penned and removed from the early learning space when children are in care; the second addresses the general need for birds to be caged; the third addresses the need for supervision when children are interacting with reptiles, amphibians, chickens, or ducks, early learning program staff must to reduce the risk of Salmonella; the fourth addresses the procedures for disposing of animal waste; and the fifth addresses clean-up procedures related to animal waste or vomit.

*Caring for Our Children, 3rd Edition,* Standard 3.4.2.3: Care for Animals notes that “Live animals should be prohibited from: a) Food preparation, food storage, and dining areas; b) The vicinity of sinks where children wash their hands; c) Clean supply rooms; d) Areas where children routinely play or congregate (e.g., sandboxes, child care facility playgrounds). The living quarters of animals should be enclosed and kept clean of waste to reduce the risk of human contact with this waste.” This standard informs the first and second proposed changes around enclosures as well as where animals are kept.

As a general matter, relevant to the third revision, *Caring for Our Children, 3rd Edition* sets forth the need for close supervision for any animal interaction, stating, at Standard 3.4.2.1., “All contact between animals and children should be supervised by a caregiver/teacher who is close enough to remove the child immediately if the animal shows signs of distress (e.g., growling, baring teeth, tail down, ears back) or the child shows signs of treating the animal inappropriately.” In recognition of the active interest in certain animals that carry Salmonella, who are generally barred from early learning programs according to *Caring for Our Children,* DEL instead opts for stricter supervision of children around these animals. See 3.4.2.2: Prohibited Animals.

While *Caring for Our Children, 3rd Edition* does not address the fourth and fifth revision, which addresses animal waste, these are commonsense provisions necessary given the increasing interest in and use of animals as part of the learning environment, and are designed to minimize health and safety risks.

**Health Practices – First aid supplies**
<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-4075</td>
<td>WAC 170-295-5010</td>
<td><strong>170-300-0230</strong></td>
</tr>
<tr>
<td><strong>Standards Alignment - Environment</strong></td>
<td><strong>First aid supplies.</strong></td>
<td><strong>First aid supplies.</strong></td>
</tr>
<tr>
<td>1) The licensee must have a complete first-aid kit at all times:</td>
<td>(1) You must maintain on the premises adequate first-aid supplies conforming to the center's first-aid policies and procedures. The center's first-aid supplies must include:</td>
<td>(1) An early learning provider must maintain a complete first aid kit in the licensed space, on any off-site trip, and in a vehicle used to transport children in care. <strong>Weight #7</strong></td>
</tr>
<tr>
<td>(a) In the licensed space;</td>
<td>(a) A supply for each vehicle used to transport children; and</td>
<td>(2) A first-aid kit must only include:</td>
</tr>
<tr>
<td>(b) On any off-site trip; and</td>
<td>(b) A portable supply, which can be taken on walks and field trips.</td>
<td>(a) Disposable nonporous protective gloves;</td>
</tr>
<tr>
<td>(c) In any vehicle used to transport children in care.</td>
<td>(2) You must store first aid supplies:</td>
<td>(b) Adhesive bandages of various sizes;</td>
</tr>
<tr>
<td>(2) A complete first-aid kit must include clean:</td>
<td></td>
<td>(c) Small scissors;</td>
</tr>
<tr>
<td>(a) Disposable nonporous protective gloves;</td>
<td></td>
<td>(d) Tweezers;</td>
</tr>
<tr>
<td>(b) Adhesive bandages of various sizes;</td>
<td></td>
<td>(e) An elastic wrapping bandage;</td>
</tr>
<tr>
<td>(c) Small scissors;</td>
<td></td>
<td>(f) Sterile gauze pads;</td>
</tr>
<tr>
<td>(d) Tweezers;</td>
<td></td>
<td>(g) Ice packs;</td>
</tr>
<tr>
<td>(e) An elastic wrapping bandage;</td>
<td></td>
<td>(h) A mercury free thermometer that uses disposable sleeves, or is cleaned and sanitized after each use;</td>
</tr>
<tr>
<td>(f) Sterile gauze pads;</td>
<td></td>
<td>(i) A sling, or a large triangular bandage;</td>
</tr>
<tr>
<td>(g) Ice packs;</td>
<td></td>
<td>(j) Adhesive tape;</td>
</tr>
<tr>
<td>(h) A CPR mask with a one way valve; and</td>
<td></td>
<td>(k) A CPR mask with a one way valve; and</td>
</tr>
<tr>
<td>(j) Adhesive tape.</td>
<td></td>
<td>(l) A current first-aid manual. <strong>Weight #1</strong></td>
</tr>
<tr>
<td>(3) The first-aid kit must include a current first-aid manual.</td>
<td>(3) Your first-aid kit must include at least:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) A current first-aid manual;</td>
<td>(a) Be stored in an easily accessible location for staff;</td>
</tr>
<tr>
<td></td>
<td>(b) Sterile gauze pads;</td>
<td>(b) Be inaccessible to children;</td>
</tr>
<tr>
<td></td>
<td>(c) Small scissors;</td>
<td>(c) Be separate from food or chemicals;</td>
</tr>
<tr>
<td></td>
<td>(d) Band-Aids of various sizes;</td>
<td>(d) Be kept clean and sanitary;</td>
</tr>
<tr>
<td></td>
<td>(e) Roller bandages;</td>
<td>(e) Be stored in a manner that prevents contamination; and</td>
</tr>
<tr>
<td></td>
<td>(f) Large triangular bandage (sling);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(g) Nonsterile protective gloves;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(h) Adhesive tape;</td>
<td></td>
</tr>
</tbody>
</table>
(i) Tweezers; 
(j) One-way CPR barrier or mask; and 
(k) At least one unexpired bottle of Syrup of Ipecac that must be given only at the direction of a poison control center.

(f) Have sufficient supplies for the number of enrolled children and staff consistent with the early learning program’s licensed capacity, or sufficient supplies for each room in the licensed space.

Weight #6

**Justification:**

As proposed, 170-300-0230 First aid supplies, seeks to clarify that no over-the-counter products may be in a first aid kit; adds a requirement for a CPR mask pursuant to the American Heart Association; and clarifies that the first aid kit must be separate from food or chemicals; stored appropriately; and have sufficient supplies for its intended use (room versus total facility).

*Caring for Our Children, 3rd Edition* STANDARD 5.6.0.1: First Aid and Emergency Supplies discusses the need to keep the first aid kit in an accessible location under lock, and supports DEL’s clarification that the kit must be separate from food or chemicals, and stored appropriately. Caring for Our Children provides a list of minimum supplies that excludes any over the counter products. DEL is seeking to make explicit the implicit assumption in Caring for our Children around having an adequately sized first aid kit for the population.

The cost to comply with proposed WAC 170-300-0230 cannot be reduced because CPR masks with one-way valves are typically available from market retailers or emergency devices companies. Under the proposed rule, an early learning program must have a CPR mask with a one-way valve in each first aid supply kit. The Department of Early Learning believes imposing this new rule is necessary to ensure the health and safety of children by having lifesaving devices immediately available in cases of emergency. The Department of Early Learning also believes the estimated one-time and on-going costs are necessary to protect children in early learning environments. Proposed WAC 170-300-0230 is a low cost requirement for center and family home early learning programs to have a CPR mask with a one-way valve in all first aid supply kits. CPR masks can be critically important in cases of emergency. The cost of purchasing one CPR mask ($5 to $16) for each first aid kit is not expected to exceed the minor cost threshold for businesses in the industry.

<table>
<thead>
<tr>
<th>Health Practices – Safe water sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
</tr>
<tr>
<td>WAC 170-296A-1400</td>
</tr>
<tr>
<td>Private well and water system.</td>
</tr>
<tr>
<td>(1) If the licensed family home</td>
</tr>
<tr>
<td><strong>Center WAC</strong></td>
</tr>
<tr>
<td>WAC 170-295-5070</td>
</tr>
<tr>
<td>(1) You must have hot and cold running water.</td>
</tr>
<tr>
<td><strong>Proposed WAC</strong></td>
</tr>
<tr>
<td>Adopted Permanent Rule</td>
</tr>
<tr>
<td>170-300-0235</td>
</tr>
<tr>
<td>Safe water sources.</td>
</tr>
<tr>
<td>(1) Hot and cold running water shall be supplied to</td>
</tr>
</tbody>
</table>

NRM Draft Only (May 2017)
child care gets water from a private well on the premises, the licensee must follow the local health jurisdiction’s requirements for periodic water testing.

(2) If there are no local health jurisdiction requirements for periodic water testing, the licensee must have the water tested for coliform bacteria and nitrates by the local public health authority or private testing laboratory certified to analyze drinking water samples under chapter 173-50 WAC:

(a) Within six months prior to submitting an initial license application under WAC 170-296A-1250; and

(b) Every three years after the first initial license is issued to the license applicant under this chapter.

The test results must indicate no presence of coliform bacteria, and must not exceed ten parts per million (ppm) for nitrate.

(3) If test results indicate the presence of coliform bacteria or nitrate greater than ten ppm the licensee must:

(a) Immediately retest the water; and

(b) If the retest indicates the presence of coliform bacteria or nitrate greater than ten ppm, immediately stop using the well water.

(2) Hot water that is accessible to children must be between 85 degrees Fahrenheit and 120 degrees Fahrenheit.

(3) To be sure your water is safe for drinking, cleaning, cooking and handwashing, you must:

(a) Receive drinking water from a public water system approved by and maintained in compliance with either the department of health or a local health jurisdiction under chapter 246-290 WAC (Group A systems) or chapter 246-291 WAC (Group B systems); or

(b) Have a source of potable water approved for child care center use by the state department of health or the local health jurisdiction; and

(c) Take any other actions required or requested by the state department of health, the local health jurisdiction or the department of social and health services to ensure the safety and reliability of the water supply.

(4) If your water connection is interrupted or your water source becomes contaminated:

(a) A correction must be made within twenty-four hours or the facility must close until corrections are made; and

(b) Consult with the department of health for technical assistance;

(c) Contact and advise the department of health of the water test results and steps taken to protect enrolled children;

(d) Notify all parents and guardians of the test results; and

(e) Notify the department once lead and copper levels are below the current EPA action level.

(2) An early learning provider must use a Washington state certified water laboratory accredited by the department of ecology to analyze drinking water to test the program water supply for lead and copper within six months of the date this section becomes effective. All fixtures used to obtain water for preparing food or infant formula, drinking, or cooking must be tested prior to licensing and at least once every six years. Testing must be done pursuant to current environmental protection agency standards. A copy of the water testing results must be kept on the licensed premises. If the test results are at or above the current EPA action level, an early learning provider must immediately:

(a) Close the early learning program to prevent children from using or consuming water, or supply bottled or packaged water to meet the requirements of this chapter;

(b) Consult with the department of health for technical assistance;

(c) Contact and advise the department of health of the water test results and steps taken to protect enrolled children;

(d) Notify all parents and guardians of the test results; and

(e) Notify the department once lead and copper levels are below the current EPA action level.

Weight #7
### Standards Alignment - Environment

| in the child care and inform the local health jurisdiction and the department; |
| (c) Take steps required by the local health jurisdiction to repair the well or water system; and |
| (d) Test the water as often as required by the local health jurisdiction until tests indicate no presence of coliform bacteria and nitrate levels not exceeding ten ppm. |

(4)(a) If directed by the local health jurisdiction or the department, the licensee must suspend child care operations until repairs are made; or
(b) If the local health jurisdiction and the department determine that child care operations may continue with an alternate source of safe water, provide the alternate safe water as directed.

(5) Water testing and system repair records must be kept on the premises and made available to the department upon request.

| can be made; or |
| (b) The facility must obtain an alternative source of potable water approved by the state department of health or local health jurisdiction in an amount adequate to ensure the requirements in this chapter for safe drinking water, handwashing, sanitizing, dishwashing, and cooking are met. |

(3) If an early learning program space receives water from a private well, the well must comply with Chapter 173-160 WAC minimum standards for construction and maintenance of wells.
(a) Well water must be tested within six months of the date this section becomes effective and at least once every 12 months thereafter for coliform bacteria and nitrates by a Washington state certified laboratory accredited by the department of ecology to analyze drinking water. To achieve desirable results the test must indicate:
   (i) No presence of coliform bacteria; and
   (ii) The presence of less than ten parts per million (ppm) for nitrates. If test results for nitrates are greater than five but less than ten ppm, the water must be retested within six months.
(b) If well water tests positive for coliform bacteria, or greater than ten ppm for nitrates, the provider must:
   (i) Immediately stop using the well water in the child care premises; and
   (ii) Immediately inform the local health jurisdiction or the department of health and the department of the positive test results.
(c) If directed by the department, an early learning provider must discontinue child care operations until repairs are made to the water system and water tests indicate desirable results pursuant to subsection 3(a) of this section.
| (d) If the department determines that child care operations may continue while an unsafe water system is being repaired or installs treatment, an early learning provider must: (i) Provide an alternate source of water, approved by the department; and (ii) Repair the well or install treatment as required and re-test until the water meets the water quality standards pursuant to subsection 3(a) of this section. **Weight #7** |
| (4) An early learning provider must immediately notify the department when the water connection to an early learning program space is interrupted for more than one hour, or the water source becomes contaminated: (a) The department may require the early learning provider to temporarily close until the water connection is restored or the water source is no longer contaminated; or (b) The early learning provider must obtain an alternative source of potable water such as bottled or packaged water. The amount of the alternative source of potable water must be sufficient to ensure compliance with the requirements of this chapter for safe drinking water, handwashing, sanitizing, dishwashing, and cooking. **Weight #7** |

**Justification:**
As proposed, 170-300-0235 Safe water sources includes 1) testing the water for lead and copper; 2) testing well water every 12 months, with retesting under certain conditions, more frequently; 3) specifying procedures if the water supply is interrupted.

*Caring for Our Children, 3rd Edition* STANDARD 5.2.6.3: Testing for Lead and Copper Levels in Drinking Water provides for the testing of water for lead and copper, stating, “Drinking water, including water in drinking fountains, should be tested and evaluated in accordance with the assistance of the local health authority or state drinking water program to determine whether lead and copper levels are safe.” Caring for Our Children further notes the importance of this in an early learning setting due to the consequences for child development.

Well water is also addressed, at *Caring for Our Children, 3rd Edition* STANDARD 5.2.6.2: Testing of Drinking Water Not From Public System, with a requirement for annual testing.

Finally, *Caring for Our Children, 3rd Edition*, at Standard 5.2.6.5: Emergency Safe Drinking Water and Bottled Water, discusses alternative water supply, which is part of the proposed revision. The first portion of the revision, which address the potential for shutting a facility without water supply, are deeply embedded in Caring for Our Children which stresses the need for water as an ongoing aspect that is needed for an early learning program to be operational. See for example, Chapter 4 regarding nutrition and food services Standard 4.2.0.6: Availability of Drinking Water, which states “Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day.” See also Chapter 5 addressing facilities and environmental health.

### Health Practices – Safe drinking water

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-7575</td>
<td>WAC 170-295-3230 (4) You may have inclined jet-type drinking fountains. Bubble-type drinking fountains and drinking fountains attached to or part of sinks used for any purpose other than the drinking fountain cannot be used; and (5) You must not have drinking fountains in restrooms.</td>
<td>170-300-0236 Safe drinking water. (1) An early learning program’s drinking water must: (a) Be offered frequently and readily available to children at all times; (b) Be offered in outdoor play areas, in each classroom for centers, and in the licensed space for family homes; (c) Be served in a manner that prevents contamination; (d) Not be obtained from a handwashing sink used with toileting; and</td>
</tr>
</tbody>
</table>
(e) Be served fresh daily or more often as needed.  
   Weight #7

(2) All drinking equipment must be cleaned and sanitized:
   (a) On a daily basis or more often as needed; and
   (b) Between uses by different children.  
   Weight #7

(3) An early learning program may serve drinking water from:
   (a) Single use or reusable drinkware;
   (b) Individual water bottles;
   (c) Pitchers; or
   (d) Drinking fountains.  
   Weight #5

(4) Drinking fountains at an early learning program must:
   (a) Not be attached to handwashing sinks;
   (b) Not be located in bathrooms;
   (c) Not be a "bubble type" fountain; and
   (d) Be cleaned and sanitized daily, or more often as needed.  
   Weight #6

**Justification:**
170-300-0236 Safe drinking water proposes to add provisions that include 1) availability of water for children; 2) prohibition on drinking water from a handwashing sink; 3) daily offering of water; 4) cleaning of drinking equipment after each use; 5) options for serving containers for water; and 6) specifications around drinking fountains.
The first and third of these proposals square with language in *Caring for Our Children, 3rd Edition*, Standard 4.2.0.6: Availability of Drinking Water, which states “Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day.” *Caring for Our Children* also informs the proposal to prohibit drinking water from a handwashing sink with issues of using sinks for specific purposes (handwashing vs food preparation vs drinking) found in multiple chapters and sections of *Caring for Our Children*.

The last three changes are not specific to *Caring for Our Children*, and instead reflect the guidance the Washington state Department of Health and the Washington state building code—specifically its adoption and amendment of the 2015 Uniform Plumbing Code. See chapter 51-56 WAC. The requirements of this proposed section help prevent contamination of harmful viruses or bacteria between children in early learning programs. This proposed section requires early learning providers to clean drinking equipment frequently and regularly. This section also requires providers to offer children water or other drinks in drinking equipment that limits the possibility for one child to contaminate another. These requirements are in line with the goal of the Washington state retail food code (chapter 246-215 WAC), which is to “safeguard public health” and provide food and drink that is not contaminated with harmful germs, bacteria, or viruses.

The requirements in this proposed section concerning drinking fountains help prevent cross-connections in early learning programs. Cross-connections are “any actual or potential physical connection between a public water system or the consumer’s water system and any source of non-potable liquid, solid, or gas, that could contaminate the potable water supply by backflow.” WAC 246-290-010(63). This proposed section requires drinking fountains not to be located in areas with high levels of bacteria and contaminants (such as bathrooms), requires drinking fountains to have appropriate water flow and pressure, and requires frequent cleaning. These requirements ensure early learning programs use drinking fountains that will limit enrolled children’s exposure to contaminants that could cause illness.

### Cleaning and Sanitation – Clean and healthy environment

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-3700</td>
<td>WAC 170-295-5040</td>
<td><strong>170-300-0240</strong></td>
</tr>
<tr>
<td>The licensee must clean installed carpet in the licensed space at least once each calendar year or more often when soiled, using a carpet shampoo machine, steam cleaner, or dry carpet cleaner.</td>
<td>(1) Surfaces must be easily cleanable. A cleanable surface is one that is: (a) Designed to be cleaned frequently; (b) Moisture-resistant; and (c) Free from cracks, chips or</td>
<td><strong>Clean and healthy environment.</strong> (1)Early learning program premises and program equipment must be clean and sanitary. <strong>Weight #7</strong></td>
</tr>
<tr>
<td>WAC 170-296A-3875</td>
<td></td>
<td>(2)Early learning program surfaces including, but not limited to, floors, walls, counters, bookshelves, and tables must be smooth and easily cleanable. A cleanable surface must be:</td>
</tr>
</tbody>
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NRM Draft Only (May 2017)
The licensee must clean and sanitize toys as provided in WAC 170-296A-0010:

1. Before a child plays with a toy that has come into contact with another child’s mouth or bodily fluids;
2. After being contaminated with bodily fluids or visibly soiled; or
3. Not less than weekly when the toys have been used by the children.

WAC 170-296A-3925
(1) The following table describes the minimum frequency for cleaning, sanitizing, or disinfecting items in the licensed space.

<table>
<thead>
<tr>
<th>CHART</th>
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</table>
| (2) "Disinfect" or "disinfecting" means to eliminate virtually all germs on a surface by the process of cleaning and rinsing, followed by:
  (a) A chlorine bleach and water solution of one tablespoon of chlorine bleach to one quart of cool water, allowed to stand wet for at least two minutes; or
  (b) Other disinfectant product if used strictly according to the manufacturer’s label instructions including, but not limited to, quantity used, time the product must be left in place, adequate time to allow the tears.
| (3) Examples of cleanable surfaces include linoleum, tile, sealed wood, and plastic.
| (3) You must maintain the building, equipment and premises in a clean and sanitary manner that protects the children from illness including but not limited to:
  (a) Ensure that floors around sinks, toilets, diaper change areas and potty chairs are moisture resistant and easily cleanable for at least twenty-four inches surrounding the surfaces; and
  (b) Take measures to control rodents, fleas, cockroaches, and other pests in and around the center premises such as:
    (i) Keep all trash and garbage cans tightly sealed;
    (ii) Screen open windows and doors;
    (iii) Seal and store food properly; and
    (iv) Keep floors and other areas free from crumbs and food debris.
| (4) Surfaces can be cleaned:
  (a) With any cleaning solution such as soap and water, cleanser or cleaning spray;
  (b) With a concentration according to label directions; and
| (a) Designed to be cleaned frequently and made of sealed wood, linoleum, tile, plastic, or other solid surface materials;
| (b) Moisture resistant; and
| (c) Free of chips, cracks, and tears. Weight #6 |

(3) An early learning provider must have at least 24 inches of moisture resistant and cleanable material around sinks, drinking fountains, toilets, and diaper changing areas. Weight #5

(4) An early learning provider must clean all surfaces before sanitizing or disinfecting. Surfaces must be cleaned with a soap and water solution or spray cleaner. If using a spray cleaner, directions on the label must be followed. Weight #6

(5) Aerosol sprays and air fresheners must not be used during child care hours. Weight #5

(6) If a bleach solution is used for sanitizing or disinfecting, an early learning provider must use one that is fragrance-free and follow DOH’s current Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments. Weight #6

(7) If an early learning provider uses a product other than bleach to sanitize or disinfect, the product must be:
  (a) Approved by the department prior to use;
  (b) Registered with the EPA and have Safety Data Sheets (SDS) available;
product to dry or rinsing if applicable, and appropriateness for use on the surface to be disinfected. Any disinfectant used on food contact surfaces or toys must be labeled safe for food contact surfaces.

(3) "Sanitize" means to reduce the number of microorganisms on a surface by the process of:
(a) Cleaning and rinsing, followed by using:
   (i) A chlorine bleach and water solution of three-quarters teaspoon of chlorine bleach to one quart of cool water, allowed to stand wet for at least two minutes; or
   (ii) Another sanitizer product if used strictly according to manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, and adequate time to allow the product to dry, and appropriateness for use on the surface to be sanitized. If used on food contact surfaces or toys, a sanitizer product must be labeled as safe for food contact surfaces; or
   (b) For laundry and dishwasher use only, "sanitize" means use of a bleach and water solution or temperature control.
(b) Surfaces exposed to body fluids;
(c) Bathrooms and bathroom equipment;
(d) Table tops;
(e) High chairs;
(f) Toys;
(g) Dishes;
(h) Floors; and
(i) Sleeping mats.
(5) You may use a bleach solution to sanitize in the following areas:
(a) Diapering areas;
(b) Bathrooms and bathroom equipment;
(c) Bathrooms and bathroom equipment;
(d) Table tops;
(e) High chairs;
(f) Toys;
(g) Dishes;
(h) Floors; and
(i) Sleeping mats.
(6) You may use any solution that is intended for sanitizing if the solution is approved by the department. When you use a product other than bleach to sanitize, you must:
(a) Follow the label directions for use including concentration, contact time and rinsing; and
(b) Be sure that if you use the product on food contact surfaces and items that children might put into their mouths, the label states the product is safe for food contact surfaces.
(c) Used in accordance with the manufacturer's label, which must include:
   (i) Directions for use;
   (ii) A description of the safety precautions, procedures, and equipment that must be used for mixing the substitute product concentration, if applicable;
   (iii) A description of the safety precautions and procedures if the substitute product contacts skin or is inhaled, if applicable; and
   (iv) A description of the procedures and safety precautions for rinsing cleaned areas and cleaning equipment, if applicable.
(d) Labeled as safe to use on food surfaces if the product will be used to sanitize:
   (i) Food contact surfaces; or
   (ii) Items such as eating utensils or toys used by the child or put into the child’s mouth; and
(e) Fragrance-free.

Weight #6

(8) Sanitizing or disinfecting wipes must not be used in the licensed space. Weight #4
Standards Alignment - Environment

Justification:
The proposed regulation, 170-300-0240 Clean and healthy environment, makes three changes, which are 1) to provide a 24 inch area by all sinks, drinking fountains, toilets, and diaper changing areas that must be moisture resistant and easily cleanable, 2) to eliminate use of air fresheners during hours that children are at the early learning program, and 3) to prohibit use of wipes.

Caring for Our Children, 3rd Edition notes, at Standard 5.3.1.6: Floors, Walls, and Ceilings, that “Floors, walls, and ceilings should be in good repair, and easy to clean when soiled. Only smooth, nonporous surfaces should be permitted in areas that are likely to be contaminated by body fluids or in areas used for activities involving food,” thus informing the proposal for flooring. In keeping with DEL’s commitment to clarity and specificity in the regulations, the 24 inch area is included to make it easier for early learning programs to implement the proposed regulation.

Air fresheners are covered in Caring for Our Children, 3rd Edition Standard 5.2.1.6: Ventilation to Control Odors, which recommends against any use of air fresheners, stating “Chemical air fresheners or air sanitizers should not be used.” DEL has modified this and specifies the restriction during hours that children are in the facility.

The requirement not to use sanitizing or disinfecting wipes in licensed early learning space is based on health and safety concerns for children. According the United States Environmental Protection Agency (EPA), sanitizing or disinfecting wipes use chemicals that could be hazardous to health and development of enrolled children. The EPA states that “Manufacturers are not required to list all the ingredients on the label” and “Only chemicals the chemicals that kill bacteria, viruses, or mold (disinfectants) have to be labeled.” See the EPA’s Green Cleaning Toolkit for Early Care and Education, page 32 (found at: https://www.epa.gov/childcare/healthy-child-care-trainings-and-webinars-government-agencies). Because disinfecting or sanitizing wipes utilize chemicals that are not registered with the EPA, even though they are available at most stores, DEL’s proposed requirement prohibiting sanitizing and disinfecting wipes is based on the best science and data, and is intended to adequately protect the health and safety of enrolled children in early learning settings.

Cleaning and Sanitation – Cleaning schedules

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-3875</td>
<td>WAC 170-295-5040</td>
<td>170-300-0241 Cleaning schedules.</td>
</tr>
</tbody>
</table>

The licensee must clean and dusting, cleaning toys, toy shelves, and equipment.
sanitize toys as provided in WAC 170-296A-0010:
(1) Before a child plays with a toy that has come into contact with another child's mouth or bodily fluids;
(2) After being contaminated with bodily fluids or visibly soiled; or
(3) Not less than weekly when the toys have been used by the children.

WAC 170-296A-3925
(1) The following table describes the minimum frequency for cleaning, sanitizing, or disinfecting items in the licensed space.

(7) The following are surfaces that need to be cleaned and sanitized and a minimum schedule for that cleaning:
(a) Tables and counters used for food serving and high chairs before and after each meal or snack;
(b) Sinks, counters and floors daily, or more often if necessary;
(c) Refrigerators monthly or more often as needed;
(d) Bathrooms (including sinks, toilets, counters and floors) daily and more often if necessary;
(e) Floors will be swept, cleaned and sanitized daily;
(f) Carpet vacuumed at least daily and shampooed as needed but at least every six months;
(g) Toys that children place in their mouth between use by different children;
(h) Infant and toddler toys daily; and
(i) Sleeping mats, cribs and other forms of bedding between use by different children and at least weekly.
(8) Your health policies and procedures must describe your frequency for general cleaning.

(1) An early learning provider must develop and follow a cleaning schedule that includes:
(a) Food preparation areas, tables and chairs, high chairs, and food service counters must be cleaned and sanitized before and after each meal and snack with single use paper towels or one time use wiping cloths;
(b) Eating utensils, bottles, drinking equipment, and dishes must be cleaned and sanitized after each use;
(c) Pacifiers must be cleaned and sanitized after each use (sanitizing must be done by washing and boiling the pacifier or washing the pacifier in the dishwasher);
(d) Appliances used to prepare food must be cleaned after each use and sanitized daily, or more often as needed;
(e) Refrigerators and freezers must be cleaned and sanitized monthly or more often as needed; and
(f) Toys must be cleaned and sanitized daily, or as needed, including but not limited to being removed from the play area or cleaned and sanitized prior to reuse when a toy comes into contact with another child’s mouth or bodily fluids.

(2) Machine washable clothes and toys must be laundered weekly or more often as needed.
Standards Alignment - Environment

(3) Sleeping equipment must be:
   (a) Cleaned and sanitized after each use if used by more than one child; or
   (b) Cleaned and sanitized weekly or more often as needed if assigned to a child.
   Weight #5

(4) Bedding must be:
   (a) Laundered and sanitized weekly or more often as needed when assigned to a child. A sanitizer must be added to the rinse cycle.
   (b) Laundered and sanitized after each use if used by more than one child. A sanitizer must be added to the rinse cycle.
   Weight #5

(5) Sinks that are not used for handwashing after toileting, diapering, or food preparation must be cleaned and sanitized daily or more often as needed. Weight #5

(6) Toileting and diaper changing areas including, but not limited to, toilets, counters, sinks, floors, and bathroom garbage cans must be cleaned and disinfected daily or more often as needed. Weight #6

(7) Diaper changing tables and changing pads must be cleaned and disinfected after each use. Weight #7

(8) Diaper pails and garbage receptacles must be
emptied, cleaned, and disinfected daily or more often as needed. **Weight #6**

(9) Floors must be:
   (a) Cleaned by either sweeping or vacuuming at least once per day or more often as needed; and
   (b) Cleaned and sanitized at least once per day or more often as needed for moisture resistant flooring. **Weight #5**

(10) Large area rugs or installed carpet must be cleaned at least once every six months or when visible dirt or stains are present, using a carpet shampoo machine, steam cleaner, or other method that minimizes the exposure of children in care to pathogens and allergens.
   (a) An early learning provider must not use dry shampoos or dry chemical sanitizers or disinfectants.
   (b) If caring for infants, a provider must either supply a safe and clean material over large rugs or carpet, or clean rugs or carpet if visible stains are present and at least once per month. **Weight #5**

(11) Small area rugs must be shaken outdoors or vacuumed daily, and laundered weekly. **Weight #5**

(12) Carpets or area rugs soiled with bodily fluids
must be cleaned and disinfected with an EPA registered product. Precautions must be used to limit exposure to blood and body fluids during cleanup. **Weight #7**

(13) Children must not:
(a) Be present when carpets are cleaned or vacuumed; or
(b) Use or play on or near carpet areas until dry.

**Weight #5**

**Justification:**

170-300-0241 Cleaning schedules proposed the following revisions: 1) pacifier cleaning (after each use); 2) refrigerator/freezer cleaning (monthly); 3) toy cleaning (daily); 4) laundering of toys and clothes (weekly, or more frequently, as needed); 5) rug/carpet cleaning, monthly, if infants are included in the program; 6) EPA approved materials to clean rugs/carpet that have had bodily fluid on them; 7) prohibition on children present during carpet/rug cleaning process, including drying.

In *Caring for our Children, 3rd Edition*, pacifiers, refrigerators, and toy cleaning and laundering are addressed in Appendix K, which provides for the Routine Schedule for Cleaning, Sanitizing, and Disinfecting, and is incorporated into this proposal. Appendix J and L together address the approach to cleaning rugs and carpets with bodily fluid on them. “The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in reducing or inactivating germs. Many bleach and hydrogen peroxide products are EPA registered and can be used to sanitize or disinfect.” Appendix L and Appendix J addresses the 7th change, and says that, when disinfecting rugs/carpets, to “Apply when children are not present in the area. Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after the required contact time before allowing children back into the area.” Appendix L addresses the removal of bodily fluids, and noted the importance of disinfecting products to do this, which is what is noted above, and addressed in the Appendix J. Appendix L specifically states, “Treat urine, stool, vomit, blood, and body fluids, except for human milk, as potentially infectious. Spills of body fluid should be cleaned up and surfaces disinfected immediately.” It goes on, “For blood and body fluid spills on carpeting, blot to remove body fluids from the fabric as quickly as possible. Then disinfect by spot-cleaning with a combination detergent/disinfectant, and shampooing, or steam cleaning the contaminated surface.”
The change regarding the necessity of cleaning carpets at least monthly for infants relates to the overall discouragement of the use of carpets and rugs in *Caring for Our Children, 3rd Edition*. *Caring for Our Children, 3rd Edition*, Standard 5.3.1.6 states “Carpeting should be clean, in good repair, nonflammable, and nontoxic.” While a regular schedule for cleaning is not specified, in keeping with DEL’s commitment to as much specificity as possible, the proposed regulation defines regular as monthly.

Proposed WAC 170-300-0241 is a low cost requirement for center and family home early learning programs to shampoo or steam clean large area rugs and carpets monthly or at least every six months depending on what age group of children the licensee cares for. Shampooing or steam cleaning rugs and carpets is necessary to promote the health and safety of children by helping prevent exposure to bacteria, allergens, mold spores, lead dust, and other harmful elements. These elements are particularly harmful to infants and toddlers, so the proposed rule requires cleaning at least once per month for licensees that care for these age groups. The cost of renting or purchasing carpet cleaning machines, or paying for this service to be done professionally, is not expected to exceed the minor cost threshold for the businesses in this industry.

### Cleaning and Sanitation – Laundry and equipment

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
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</thead>
<tbody>
<tr>
<td><strong>WAC 170-296A-3850</strong>&lt;br&gt;Cleaning laundry</td>
<td><strong>WAC 170-295-5110</strong>&lt;br&gt;What are the requirements if I do laundry on the premises or offsite?</td>
<td><strong>170-300-0245</strong>&lt;br&gt;&lt;strong&gt;Laundry and equipment.&lt;/strong&gt;</td>
</tr>
<tr>
<td>(1) Laundry soap or detergent; and (2)(a) Temperature control (warm or hot cycle); or (b) Chlorine bleach.</td>
<td>(1) If you choose to do laundry on the premises or offsite you must be sure the laundry is: (a) Cleaned and rinsed; (b) Sanitized with hot water that reaches at least 140 degrees Fahrenheit or use an alternative method such as chlorine bleach that has been approved by the department; (c) Stored to keep soiled linen and laundry separate from clean linen; (d) Separate from kitchen and food preparation areas; and (e) Inaccessible to children. (2) You also must ensure the dryer is</td>
<td>(1)Laundry and laundry equipment at an early learning program must be inaccessible to children and separated from areas where food is prepared to prevent cross contamination. <strong>Weight #1</strong></td>
</tr>
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<td></td>
<td></td>
<td>(2) Dirty or soiled laundry must be: (a) Kept separate from clean laundry; <strong>Weight #6</strong> (b) Cleaned with laundry soap or detergent; <strong>Weight #5</strong> (c) Rinsed; and (i) Sanitized with bleach or a similar sanitizer registered by the EPA; or (ii) Sanitized by using a “sanitize” setting on a washing machine that reaches at least 140 degrees Fahrenheit, if possible. <strong>Weight #5</strong></td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

(3) A dryer must be vented to outside of the building. Weight #5

Justification:
The proposed revision to 170-300-0245 Laundry and equipment adds venting of a dryer to the outside. *Caring for Our Children, 3rd Edition* 5.4.4.2: Location of Laundry Equipment and Water Temperature for Laundering states that "Dryers should be vented to the outside."

<table>
<thead>
<tr>
<th>Cleaning and Sanitation – Private septic systems</th>
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<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
</tr>
<tr>
<td>WAC 170-296A-1375 Private septic system—Inspection and maintenance.</td>
</tr>
</tbody>
</table>

(1) If the licensed premises is served by a private septic system (not connected to a sewer system) the septic system must be maintained in a manner acceptable to the local health jurisdiction.

(2) The licensee must follow the local health jurisdiction’s requirements for periodic septic system inspection and maintenance.

(3) If there are no local health jurisdiction’s requirements for periodic septic system inspections the licensee must:

(a) Have the system inspected by a septic system inspector certified by the local health jurisdiction;

(b) Pumped at least once every three years or more often as required by the state or a local health jurisdiction.

Weight #6

(2) A private septic system must be:

(a) Inspected by a septic system inspector certified by the local health jurisdiction; and

Weight #5
submitting a license application under WAC 170-296A-1250; and

(ii) Every three years after an initial license is issued to the license applicant under this chapter.

(b) Maintain the septic system as required by the inspection report.

(4) Septic system inspection and maintenance records must be kept on the premises and made available to the department upon request.

(ii) That drain field venting does not vent onto the playground.

(3) The most recent private septic system pumping and inspection records must be kept on the premises and made available to the department upon request. **Weight #4**

(4) An early learning program must have inspection documentation from the state, local health jurisdiction, or a private company. This documentation must state that the private septic system and drain field can accommodate the number of occupants, including children and adults, currently using or planned to use the private septic system. **Weight #5**

(5) If an early learning provider does not have the documentation described in subsection (4) of this section, the provider must obtain from the state, local health jurisdiction, or a department approved private company such documentation within three months of the date this section becomes effective. **Weight #4**

(6) Playgrounds must not:

(a) Interfere with access to or the operation of a private septic system, including a private septic system’s drain field and tanks; and

(b) Be located or placed on the private septic system’s drain field or tanks. **Weight #6**

(7) An early learning provider must provide notice to the department and local health jurisdiction if there is a problem, concern, or malfunction with a private septic system. **Weight #6**
Standards Alignment - Environment

(8) If a private septic system malfunctions or a problem arises that interferes with the proper operation of the system, the state, local health jurisdiction, or department may require an early learning program to close until the system is repaired and operates according to the manufacturer’s standards. Weight #6

Justification:
This regulation addressing private septic systems proposes to specify that a playground cannot interfere with a septic system, that notice must be provided if there is a problem with a septic system, and that a facility may be closed if there is a problem with a septic system.

*Caring for Our Children, 3rd Edition* Standard 5.2.7.1: On-Site Sewage Systems addresses playgrounds, stating “The wastewater or septic system drainage field should not be located within the outdoor play area of a child care program, unless the drainage field has been designed by a sanitation engineer with the presence of an outdoor play area in mind and meets the approval of the local health authority. The exhaust vent from a wastewater or septic system and drainage field should not be located within the children’s outdoor play area.”

In Washington state, private septic systems (or “onsite sewage systems” as defined in WAC 246-272A-0010) are regulated by the Washington state Department of Health. See chapters 256-272A through 256-273 WAC. Because these systems contain various bacteria such as fecal coliform that can contaminate water supplies and endanger the health and safety of children, DEL may require an early learning program to close if a private septic system malfunctions and there is no alternative way to provide safe, clean water to children in care. Closing an early learning program ensures the health and safety of enrolled children by preventing contamination from a compromised septic system. DEL would follow guidance from the local health jurisdiction or the Washington state Department of Health to learn when the private septic system is repaired and operating properly—at that time DEL would allow the early learning program to reopen.

<table>
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<tr>
<th>Cleaning and Sanitation – Pest control</th>
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<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
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<tr>
<td>WAC 170-296A-3950</td>
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<tr>
<td><strong>Pest control.</strong></td>
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</tbody>
</table>

NRM Draft Only (May 2017)
When pests are present in the licensed space, the licensee must:

1. Take action to remove or eliminate pests; and
2. (a) Where possible, use nonchemical methods of control instead of chemical controls; or (b) If chemical pesticides are used, the licensee must:
   (i) Not spray pesticides when children are present. Wipe down surfaces that have been sprayed and air out rooms before allowing children to use sprayed areas; 
   (ii) Place and store rodent poison or insect baits inaccessible to children; and 
   (iii) Post a notice visible to parents and guardians of children in care forty-eight hours in advance of the application of pesticides, except when pesticides must be used to control pests that may pose an immediate risk to children's health or safety.

(1) To use pesticides, you must comply with licensing requirements of chapter 17.21 RCW (The Pesticide Application Act) which requires you to:
   (a) Establish a policy on the use of pesticides that includes your posting and notification requirements; 
   (b) Provide to parents a written copy of your pesticide policies that includes your posting and notification requirements annually or on enrollment; 
   (c) Notify parents, guardians, and any other interested parties forty-eight hours in advance of the application of pesticides; and 
   (d) Require the pesticide applicator to provide a copy of the records required within twenty-four hours of when the pesticide is applied.

(2) Your notification must include a heading stating "Notice: Pesticide Application and..." at a minimum must state the:
   (a) Product name of the pesticide being used;
   (b) Intended date and time of application;
   (c) Location where the pesticide will be applied;

(1) An early learning program must keep premises free from pests such as insects, mice, rats, fleas, and cockroaches. Weight #7

(2) An early learning provider must prevent or control pests in or around the premises by:
   (a) Keeping garbage cans covered except for those containing only paper; 
   (b) Maintaining properly fitting screens in good condition for all exterior doors and windows when in use; 
   (c) Properly sealing and storing food; and 
   (d) Keeping floors and other areas free from crumbs and food debris. Weight #6

(3) An early learning provider must remove and eliminate pests discovered on the premises, and take steps to prevent future pests. A provider must have policies in place that use an Integrated Pest Management (IPM) program to reduce the risk of chemical exposure to children in care. IPMs must be an effective and environmentally sensitive approach to pest management that relies on a combination of common sense practices and applies pesticide as a last resort. IPMs must include:
   (a) Prevention. A provider must take steps to prevent attracting pests including, but not limited to, identifying and removing food and water sources that attract pests. 
   (b) Inspection. Indoor and outdoor areas in and around the premises must be inspected
(d) Pest to be controlled; and
(e) Name and number of a contact person at the facility.

(3) To notify people that a pesticide has been used, you must place a marker at each primary point of entry to the center grounds. The marker must be:
   (a) A minimum of four inches by five inches;
   (b) Printed in colors contrasting to the background; and
   (c) Left in place for at least twenty-four hours following the pesticide application or longer if a longer restricted period is stated on the label.

(4) The marker must include:
   (a) A headline that states "This landscape has recently been sprayed or treated with pesticides";
   (b) Who has treated the landscape; and
   (c) Who to call for more information.

for evidence of pests. A provider must document the date and location if evidence is found.

(c) **Identification.** Pests found on the premises must be identified and documented so the pest may be properly removed or exterminated.

(d) **Management.** A provider must document steps taken to remove or exterminate the pests if found on the premises.

Weight #6

(4) At enrollment, and annually thereafter, a written copy of the early learning program’s pesticide policies must be given to the parents or guardians of enrolled children. Pesticide policies must require postings on the child care premises and written notice to parents or guardians when:
   (a) Evidence of pests on the premises is discovered; and
   (b) The early learning program plans to use pesticides or other approved chemicals to eliminate pests.

Weight #5

(5) An early learning provider must use, apply, or implement the least hazardous or toxic method of pest management available. If using chemical pesticides:
   (a) The individual applying the chemical pesticide must read and follow all directions on the pesticide’s product label.
   (b) Chemical pesticides must not be used,
applied, or disbursed when enrolled children are present.
(c) Before children may occupy and use areas treated with pesticides, surfaces that may have come into contact with pesticides must be cleaned and rinsed, and rooms where the pesticide was used must be sufficiently ventilated pursuant to the pesticide manufacturer’s instructions.
(d) Pest baits, poison, traps, and other chemicals or pesticides must be inaccessible to children.
(e) In addition, a center early learning provider must:
   (i) Comply with the Washington State Department of Agriculture’s guide for Pesticide Use at Public Schools (K-12) and Licensed Day Care Centers, as now or hereafter amended; and
   (ii) Post a notice to parents or guardians and staff 48 hours before a chemical pesticide is used, applied, or disbursed on the licensed premises, pursuant to RCW 43.215.220 and 17.21.415 as now or hereafter amended. The notice must include:
       (A) The product name of the pesticide to be applied;
       (B) The intended date and time of application;
       (C) The location to which the pesticide is to be applied;
       (D) The pest to be controlled; and
### Justification:
The proposed regulation, 170-300-0255 Pest control, there are X changes proposed: 1) mandatory strategies for pest control including coverage of garbage cans except for those with paper only; maintenance of screens on exterior doors and windows; properly sealing and storing food; and keeping floors and area free from food debris; 2) having an integrated pest management program; 3) using the least hazardous pest management approach available, including posting prior to use.

*Caring for Our Children, 3rd Edition* STANDARD 5.2.7.3: Containment of Garbage states “Waste containers should be kept covered with tight-fitting lids or covers when stored.” Screens are addressed at STANDARD 5.1.3.3: Screens for Ventilation Openings, which says “All openings used for ventilation should be screened against insect entry.” Standard 4.9 and its multiple sub-parts extensively address food storage and food safety, and form the basis for this proposal. Standard 5.3.1.4: Surfaces of Equipment, Furniture, Toys, and Play Materials addresses the issue of floors, stating “Walls, ceilings, floors, furnishings, equipment, and other surfaces should be suitable to the location and the users. They should be maintained in good repair, free from visible soil and in a clean condition.”

*Caring for Our Children, 3rd Edition* Standard 5.2.8.1: Integrated Pest Management provides for the adoption of an integrated pest management program. With regard to the third change, the standard supports notification, stating “Notification should be given to parents/guardians and staff before using pesticides, to determine if any child or staff member is sensitive to the product.” In addition, the standard says “Warning Signs: Child care facilities must post warning signs at each area where pesticides will be applied. These signs must be posted forty-eight hours before and seventy-two hours after applications and should be sufficient to restrict uninformed access to treated areas.” Throughout the standard the emphasis is on the least hazardous approach possible, as noted in the proposed regulation.

### Cleaning and Sanitation – Storage of maintenance and janitorial supplies

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
</table>
| WAC 170-296A-4100-(1)(a)(b); (2)(b)(c)(f)(g)(h)(i) | WAC 170-295-5060 | **170-300-0260**
|                 |            | Storage of maintenance and janitorial supplies. |
|                 |            | (1)You must provide safe |
|                 |            | (1)An early learning provider must ensure all |
(1) The licensee must:

(a) Store poisons inaccessible to children and where poisons will not contaminate food.

(b) If poisons are not in the original container, clearly label the container with the name of the product and the words "poison" or "toxic."

(2) The following describes chemicals and other substances that must be stored inaccessible to children:

(b) Sanitizers and disinfectants;

(c) Household cleaners and detergents;

(f) Ice melt products;

(g) Pool chemicals;

(h) Pesticides or insecticides;

(i) Fuels, oil, lighter fluid, or solvents;

storage for flammable and combustible liquids and chemicals used for maintenance purposes and operation of equipment. They must be in a location designed to prevent child access at all times. The liquids and chemicals must be:

(a) Stored in original containers or in department approved safety containers that identify contents;

(b) Stored to comply with fire safety regulations adopted by the state fire marshal's office; and

(c) Ventilated either by mechanical ventilation to the outdoors or through a window that opens on the exterior wall.

(2) Your janitorial or housekeeping storage must have:

(a) Floor surfaces that are moisture impervious and easily cleanable;

(b) A designated utility or service sink for disposing of wastewater; and

(c) A place for mop storage that is ventilated to the outside.

poisonous or dangerous substances including, but not limited to, fuels, solvents, oils, detergents, sanitizing products, and disinfectants are stored:

(a) In a location that is inaccessible to children;

(b) Separate and apart from food preparation areas, food items, and food supplies;

(c) In their original containers or clearly labeled with the name of the product if not in the original container; and

(d) In compliance with the manufacturer's directions including not storing products near heat sources.

Weight #7

(2) Storage areas and storage rooms must:

(a) Be inaccessible to children;

(b) Have locking doors or other methods to prevent child access;

(c) Have moisture resistant and easily cleanable floors;

(d) Have shielded or shatter-resistant lighting;

(e) Have a designated maintenance or janitorial utility sink, or another method to dispose of wastewater (kitchen sinks must not be used for disposal of wastewater); and

(f) Be kept clean and sanitary.

Weight #7

(3) Storage areas and rooms that contain chemicals, utility sinks, or wet mops must be ventilated to the outdoors or exterior window or mechanical ventilation. Weight #6
Justification:
The proposed regulation 170-300-0260 Storage of maintenance and janitorial supplies suggests three changes: 1) use of manufacturing instructions for poisonous substances, including storage near heat; 2) use of a designated janitorial sink or an alternative method for disposing of wastewater; and 3) ventilation for storage areas that contain chemicals, utility sinks or wet mops, whether mechanical or exterior window. STANDARD 5.2.9.1: Use and Storage of Toxic Substances provides that “The following items should be used as recommended by the manufacturer and should be stored in the original labeled containers:....toxic materials,” consistent with this proposal.

The second issue of a designated sink or alternative wastewater disposal method is addressed in Caring for Our Children, 3rd Edition at STANDARD 5.4.1.12: Mop Sinks, which says “Centers with more than thirty children should have a mop sink. Large and small family child care homes should have a means of obtaining clean water for mopping and disposing of it in a toilet or in a sink used only for such purposes. RATIONALE: Handwashing and food preparation sinks must not be contaminated by wastewater. Contamination of hands, toys, and equipment in the room plays a role in the transmission of diseases in child care settings (1,2). COMMENTS: Mop sinks are installed on the floor, similar to a shower pan, and are usually located in janitor’s closets or laundry facilities.” DEL is proposing to have a standard of a sink and to permit an alternative, regardless of children served, if a sink is not available.

Ventilation for storage areas is addressed in Caring for Our Children, 3rd Edition at STANDARD 5.7.0.6: Storage Area Maintenance and Ventilation which says, Storage areas should have appropriate lighting and be kept clean. If the area is a storage room, the area should be mechanically ventilated to the outdoors when chemicals or a janitorial sink are present,” which is the basis for the proposed change.

### Sleep and Rest – Sleep, rest, and equipment

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<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-3725 Where children may sleep</td>
<td>WAC 170-295-2050 Must we provide rest periods?</td>
<td><strong>170-300-0265 Sleep, rest, and equipment.</strong></td>
</tr>
<tr>
<td>(1) The licensee must provide mats, cots, or other sleeping</td>
<td>You must:</td>
<td>(1) An early learning provider must offer a supervised daily rest period for children preschool age and</td>
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<tr>
<td></td>
<td>(1) Offer a supervised rest period</td>
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</tbody>
</table>
### Standards Alignment - Environment

- **Mats, cots, or other sleeping equipment**
  1. The licensee must provide mats, cots, or other approved sleeping equipment that are made of material that can be cleaned and sanitized as provided in WAC 170-296A-0010.
  2. Mats, cots, or other sleeping equipment must be in good repair, not torn or with holes or repaired with tape.
  3. A sleeping mat must be at least one inch thick.
  4. Mats, cots, or other sleeping equipment must be cleaned, sanitized, and air dried:
     - (a) At least once a week or as needed if used by one child; or
     - (b) Between each use if used by different children.
  5. When in use, mats, cots, or other sleeping equipment long enough and wide enough for the size of the child. (2) The licensee must never place the children directly on the floor to sleep.
  3. When children are sleeping there must be enough space between children to give staff access to each child.

- **WAC 170-295-5120**
  What kind of sleep and nap equipment do I need for children not in cribs, bassinets, infant beds or playpens?

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### Regulations

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other sleeping equipment must be arranged to allow the licensee or staff to access the children.

(6) Mats, cots, and other sleeping equipment must be stored so that the sleeping surfaces are not touching each other, unless they are cleaned and sanitized after each use.

WAC 170-296A-3775
Bedding

Each child’s bedding, including sleeping bags and slumber bags, must:

(1) Meet the child’s developmental needs;
(2) Consist of a clean sheet or blanket to cover the sleeping surface;
(3) Include a waterproof moisture barrier under the sheet or blanket;
(4) Have a clean, suitable cover for the child; children must not nap directly on the waterproof moisture barrier or the floor;
(5) Be laundered weekly or more often if soiled or used by different children; and
(6) Be stored separately from other sleeping equipment.

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<tr>
<th></th>
<th>Standards Alignment - Environment</th>
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<tbody>
<tr>
<td>(7)</td>
<td>Floor mats designed for sleeping and mattresses must be at least one inch thick. <strong>Weight #4</strong></td>
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</tbody>
</table>
| (8) | Floor mats must be spaced apart from other floor mats, cots, and mattresses to reduce germ exposure and allow early learning providers access to each child during sleep time as follows:  
|     | (a) There must be at least 30 inches on each side between each floor mat, cot, or mattress; and  
|     | (b) Floor mats, cots, and mattresses must be arranged so children are head to toe, or toe to toe.  
|     | **Weight #4** |
| (9) | Each child’s bedding must:  
|     | (a) Have a clean sheet or blanket to cover the sleeping surface and a clean blanket for the child that is suitable given the child’s size and room temperature;  
|     | (b) Be laundered weekly or more often if soiled, or laundered daily if used by more than one child; and  
|     | (c) Be stored separately from bedding used by another child, unless it is cleaned and sanitized after each use.  
|     | **Weight #5** |
| (10)| An early learning provider must not allow children less than six years of age to use loft style beds or upper bunks of bunk beds. **Weight #6** |
bedding used by another child.

WAC 170-296A-3825
Loft style and bunk beds

The licensee must not allow children less than six years of age to use:

(1) Loft style beds; or
(2) Upper bunks of bunk beds.

WAC 170-296A-6800
Rest periods

(1) The licensee must offer a daily supervised rest period for children.

(2) The supervised rest period must be:

(a) Offered to all children five years of age and younger who remain in care more than six hours per day; and

(b) Offered to any child who shows a need for rest.

(3) The licensee must:

(a) Not force a child to sleep;

(b) Provide quiet activities for the children who do not require rest. These activities must be offered with a minimum of disruption to sleeping children;

(c) Communicate with the parent or guardian about the child's sleep needs and patterns; and

(d) Allow infants and toddlers to
follow individual sleep patterns.
(4) See WAC 170-296A-3725 through 170-296A-3825 regarding sleeping equipment and bedding requirements.

Justification:
As part of the Early Start Act alignment, the Department of Early Learning analyzed all existing licensing, both family home and center rules. The issues identified included duplication, inconsistency, dual language learners (DLL), inclusion and equity, and underscored the importance of the connections between policy, practice, and reporting. There was an identified need to have consistent and clear connections in early learning programs in order to best support providers and the children and families that they serve. At the same time, gaps were noted between family home and center rules, many because of more recent revisions to family home rules than center rules. The revisions respect each unique setting but also seek to align center and family home as appropriate.

### Sleep and Rest – Evening and overnight care

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-3800</td>
<td>WAC 170-295-2060</td>
<td><strong>170-300-0270</strong></td>
</tr>
<tr>
<td>Overnight sleeping</td>
<td>What are the requirements for evening and nighttime care?</td>
<td>Evening and overnight care.</td>
</tr>
<tr>
<td>If the licensee is approved by the department to provide overnight care, the licensee must provide every child a bed or other sleeping equipment to sleep that:</td>
<td></td>
<td>(1) An early learning provider must be approved by the department to provide evening and overnight care between eight o’clock at night and six o’clock in the morning. <strong>Weight #6</strong></td>
</tr>
<tr>
<td>(1) Is safe and in good condition;</td>
<td>In addition to meeting the other requirements of chapter <strong>170-295</strong> WAC, if you offer child care during evening and nighttime hours, you must:</td>
<td>(2) If approved by the department to provide overnight care, an early learning provider must provide every child a bed or other sleep equipment that:</td>
</tr>
<tr>
<td>(2) Is waterproof or washable; and</td>
<td>(1) Adapt the program, equipment, and staffing pattern to meet the physical and emotional needs of the child away from home at night such as:</td>
<td>(a) Is safe and in good working condition;</td>
</tr>
<tr>
<td>(3) Meets the child’s developmental needs.</td>
<td>(a) In centers operating past midnight, you must provide for each</td>
<td>(b) Is made of moisture resistant material that can be cleaned and sanitized;</td>
</tr>
<tr>
<td>WAC 170-296A-3825</td>
<td></td>
<td>(c) Meets the child’s developmental needs; and</td>
</tr>
<tr>
<td>Loft style and bunk beds</td>
<td></td>
<td>(d) Is stored so sleeping surfaces are not</td>
</tr>
<tr>
<td>The licensee must not allow children less than six years of age to use:</td>
<td></td>
<td>worn through the night.</td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

(1) Loft style beds; or
(2) Upper bunks of bunk beds.

170-296A-4425
Night latches, deadbolts and security chains
When overnight care is provided, the licensee must have a department approved safety plan in place before using any of the following on an exit door that is not used as an emergency exit:
  (1) Night latches;
  (2) Deadbolts; or
  (3) Security chains.

170-296A-6850
Overnight care
The licensee must be approved by the department to provide overnight care. If the licensee provides overnight child care:
  (1) The licensee or primary staff person must be awake until all children in care are asleep;
  (2) The licensee or a primary staff person must be on the same level of the home as the children in care;
  (3) The licensee or primary staff person must maintain required staff-to-child ratios; and
  (4) The daily schedule under WAC 170-296A-6550 must include evening
  child a crib, mat or cot, or mattress pad, that is easily sanitized;
  (b) Make arrangements for bathing as need
  (c) Make arrangements for personal hygiene including tooth brushing;
  (d) Have individual bedding appropriate for overnight sleeping; and
  (e) Have separate dressing and sleeping areas for boys and girls ages six years and older or younger children demonstrating a need for privacy.
  (2) Maintain the same staff-to-child ratio that is in effect during daytime care;
(3) Keep the child within continuous visual and auditory range at all times;
  (4) Ensure that the staff in charge during evening and nighttime hours meets the requirements of a lead teacher; and
  (5) Ensure all staff attending to children in care are awake.

(3) Each child’s bedding must:
   (a) Have a clean sheet or blanket to cover the sleeping surface and a clean cover for the child;
   (b) Be laundered weekly or more often if soiled. Bedding must be laundered daily if used by different children;
   (c) Be stored separately from bedding used by another child, unless it is cleaned and sanitized after each use.

Weight #5

(4) An early learning provider must:
   (a) Keep children in continuous sight and hearing range at all times while they are awake, except where children demonstrate the need for privacy to change clothes prior to sleeping and can safely do so;
   (b) Maintain required staff-to-child ratios; and
   (c) Have department approval prior to using night latches, deadbolts, or security chains.

Weight #6

(5) An early learning provider must ensure all program staff providing care for children remain awake when supervising children, regardless if children are asleep or awake.

Weight #6

(6) An early learning provider must remain in hearing range of children while they are asleep.
or overnight care.

See WAC 170-296A-3725 through 170-296A-3825 regarding sleeping equipment and bedding requirements.

See WAC 170-296A-4400 and 170-296A-4425 regarding door alarms, night latches, deadbolts, and security chains.

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**Justification:**

Proposed regulation 170-300-0270 Evening and overnight care puts forward the following changes: 1) departmental approval is required to offer services between 8 p.m. and 6 a.m.; 2) overnight care providers must provide a bed or departmental approved alternative; 3) requires ongoing supervision (sight and sound) unless privacy is needed for changing clothes for bedtime and 4) specifically requires ongoing supervision (sound) while children are sleeping.

In keeping with the need for a specific approach to evening/overnight care, as articulated by *Caring for Our Children, 3rd Edition* Standard 9.2.3.13: Plans for Evening and Nighttime Child Care, “Facilities that provide evening and nighttime care should have plans for such care that include the supervision of sleeping children,” DEL has determined that permission is needed prior to providing these services.

*Caring for Our Children, 3rd Edition* Standard 5.4.5.1: Sleeping Equipment and Supplies Facilities states that there should be “an individual crib, cot, sleeping bag, bed, mat, or pad that has not been recalled for each child who spends more than four hours a day at the facility.” Using this standard, DEL is specifying that children in overnight care have a bed (currently in the rule) or an approved alternative.

The final two proposed revisions are intended to clarify the ongoing need for supervision of children at all times, including while they are sleeping. *Caring for Our Children, 3rd Edition* STANDARD 2.2.0.1: Methods of Supervision of Children, which states “Caregivers/teachers should directly supervise infants, toddlers, and preschoolers by sight and hearing at all times, even when the
Proposed WAC 170-300-0270 requires center and family home early learning providers that elect to offer evening and overnight care to provide adequate sleeping equipment and materials for enrolled children. This proposed rule also requires providers to properly staff and actively supervise enrolled children at nighttime even if the child is sleeping. The costs to comply with this requirement do not disproportionally affect small businesses because all child care businesses in Washington state are small businesses. The cost to comply with this proposed rule may cause providers to make new and different staffing and hiring decisions if the providers elect to offer this service. The costs of compliance for equipment and materials are likely negligible if a provider decides to offer this care because the provider likely already owns the required sleeping material and equipment. The staffing costs are estimated to range from $32,120 to $40,150 per staff member and are due to the factors and assumptions listed in section 3 of this statement including the new, higher minimum wage as passed by Washington state voters. However, these costs are likely to be offset by the price a provider charges parents for overnight care in the same way providers charge for child care services during the daytime.

<table>
<thead>
<tr>
<th>Infant and Toddler – Infant and toddler care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
</tr>
<tr>
<td>WAC 170-296A-5700</td>
</tr>
<tr>
<td>Language states that infants can be in care at “birth”</td>
</tr>
<tr>
<td>170-296A-7000</td>
</tr>
<tr>
<td>Wheeled baby walkers prohibited The licensee must not use or allow the use of wheeled baby walkers in the family home child care during operating hours.</td>
</tr>
<tr>
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<tr>
<td>Standards Alignment - Environment</td>
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<tr>
<td><strong>Standards Alignment</strong></td>
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<tr>
<td><strong>Environment</strong></td>
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<tr>
<td></td>
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<tr>
<td><strong>Needs:</strong></td>
</tr>
<tr>
<td>(2) If you are required to have an infant nurse consultant, you must:</td>
</tr>
<tr>
<td>(a) Have a written agreement with a nurse consultant who is a currently licensed registered nurse (RN) who has either worked in pediatrics (care of children) or public health in the past year or has taken or taught classes in pediatric nursing at the college level in the past five years;</td>
</tr>
<tr>
<td>(b) Have at least one monthly on-site visit from your nurse consultant when you have infants enrolled (you may skip the monthly visit if no infants are enrolled);</td>
</tr>
<tr>
<td>(c) Have the nurse or a designee that meets the requirements of a nurse consultant available by phone as needed; and</td>
</tr>
<tr>
<td>(d) Have written notes of the nurse consultant visit on-site that includes topics discussed, areas of concern, date and signature.</td>
</tr>
</tbody>
</table>

| **Employment or contract work between a center early learning program and an infant nurse consultant must include:** |
| (a) A written agreement with an infant nurse consultant currently licensed as a registered nurse (RN) who has worked in pediatrics (care of children) or public health within the past year, or has taken or taught classes in pediatric nursing at the college level within the past five years; |
| (b) At least one on-site visit from the nurse consultant monthly, if infants are enrolled; |
| (c) A nurse or designee that meets the requirements of a nurse consultant available by phone as needed; and |
| (d) The nurse consultant’s written notes from the on-site visit, which must include topics discussed, areas of concern, date, and signatures of the consultant and a representative from the early learning program. |

**Weight #5**

**Justifications:**
As part of the Early Start Act alignment, the Department of Early Learning analyzed all existing licensing, both family home and center rules. The issues identified included duplication, inconsistency, dual language learners (DLL), inclusion and equity, and underscored the importance of the connections between policy, practice, and reporting. There was an identified need to have consistent and clear connections in early learning programs in order to best support providers and the children and families that they serve. At the same time, gaps were noted between family home and center rules, many because of more recent revisions to family home rules than center rules. The revisions respect each unique setting but also seek to align center and family home as appropriate.

### Infant and Toddler – Bottle preparation

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>170-296A-7125</td>
<td>170-295-4030</td>
<td><strong>170-300-0280</strong></td>
</tr>
<tr>
<td>The licensee must:</td>
<td>What is a safe way to prepare bottles?</td>
<td><strong>Bottle preparation.</strong></td>
</tr>
<tr>
<td>(1) Use glass bottles or use plastic bottles labeled with &quot;1,&quot; &quot;2,&quot; &quot;4,&quot; or &quot;5&quot; on the bottle. A plastic bottle must not contain the chemical bisphenol-A or phthalates.</td>
<td>170-295-4040</td>
<td>(1) An early learning provider may allow parents to bring from home filled bottles clearly labeled with the date and infant's first and last name for daily use. Bottles must be refrigerated immediately. <strong>Weight #5</strong></td>
</tr>
<tr>
<td>(2) If heating a bottle, heat the bottle in warm water that is not more than one hundred twenty degrees Fahrenheit;</td>
<td>170-295-4060</td>
<td>(2) A bottle preparation area including a sink must:</td>
</tr>
<tr>
<td>(3) Not use a microwave oven to warm the contents of a bottle;</td>
<td>“What is the correct way to clean bottles and nipples?”</td>
<td>(a) Be located at least eight feet from any diaper changing tables or counters and sinks used for diaper changing; or</td>
</tr>
<tr>
<td>(4) Clean bottles and nipples before each use by washing, with warm soapy water, and a bottlebrush or using a dishwasher;</td>
<td>(1) Parents may bring from home filled bottles labeled with the infant’s name for daily use (see WAC 170-295-4040).</td>
<td>(b) Be physically separated from the diaper changing area by means of a barrier to prevent cross contamination. If a barrier is used, it must be:</td>
</tr>
<tr>
<td>(5) Keep bottle nipples covered if bottles are prepared ahead, and label the bottle with the date it was prepared;</td>
<td>(2) To prepare bottles you must:</td>
<td>(i) Smooth and easily cleanable;</td>
</tr>
<tr>
<td>(6) Not allow infants to share bottles or infant cups;</td>
<td>(a) Prepare and fill bottles by washing hands prior to bottle preparation;</td>
<td>(ii) Sealed, if made of wood;</td>
</tr>
<tr>
<td></td>
<td>(b) Use a sink that is only for bottle preparation, other food preparation or other approved source of water. Water from a handwashing sink may not be used for bottle preparation;</td>
<td>(iii) Moisture resistant; and</td>
</tr>
<tr>
<td></td>
<td>(c) Do not heat a bottle in a microwave or allow bottles to warm</td>
<td>(iv) Extend at least 24 inches in height from the counter or changing surface. <strong>Weight #6</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) To prepare bottles, an early learning provider must:</td>
</tr>
</tbody>
</table>
(7) Have a method to identify the individual child's bottle or cup;  
(8) Keep the contents of a child's bottle inaccessible to other children; and  
(9) Throw away milk, breast milk, or formula if it has been sitting at room temperature for more than one hour.

Breast milk. When breast milk is provided for a child, the licensee must:  
(1) For breast milk to be used on the day received, refrigerate and label the breast milk container;  
(2) If the breast milk is to be frozen, label the container with the child's name and date the milk was brought to the child care. The licensee must:  
(a) Store frozen breast milk at ten degrees Fahrenheit or less;  
(b) Keep frozen breast milk not more than two weeks;  
(c) Use frozen breast milk within twenty-four hours after thawing;  
(d) Thaw breast milk in the refrigerator, under warm running water, or in a container with warm water that is not more than one hundred twenty degrees Fahrenheit; and  
(e) Never thaw or heat breast milk in a microwave oven or on the stove.

<table>
<thead>
<tr>
<th>Standards Alignment - Environment</th>
</tr>
</thead>
</table>
| (a) Clean bottles and nipples before each use using warm soapy water and a bottlebrush and sanitize by boiling in hot water for one minute, or pursuant to WAC 170-300-0198;  
(b) Wash hands in a sink cleaned and sanitized prior to preparing bottles;  
(c) Obtain water from a sink used for bottle or food preparation only, or from another approved source, such as bottled water. Water from a handwashing or diaper changing sink may not be used for bottle preparation;  
(d) Use bottles and nipples in good repair with no stains, discoloration, or cracks;  
(e) Use glass or stainless steel bottles or use plastic bottles labeled with "1," "2," "4," or "5" on the bottle. A plastic bottle must not contain the chemical bisphenol-A or phthalates;  
(f) Prepare infant formula according to manufacturer’s directions and never serve infant formula past the expiration date on the container;  
(g) Not heat a bottle in a microwave;  
(h) Warm bottles under running warm water or in a container of water not warmer than 120 degrees Fahrenheit;  
(i) Keep bottle nipples covered if bottles are prepared ahead, and clearly label the bottle with the infant’s first and last name and date it was prepared;  
(j) Store prepared and unserved bottles in the refrigerator;  

| (3) The bottle preparation area including the sink must:  
(a) Be located at least eight feet from the outermost edge of diaper changing tables or counters and sinks used for diaper changing; or  
(b) Have a barrier to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink. If a barrier is used, it must be:  
(i) Solid (without cracks or breaks);  
(ii) Sealed;  
(iii) Moisture-resistant; and  
(iv) At least twenty-four inches in height from the counter surface.  
(4) If the infant room does not have a sink that is dedicated to bottle and food preparation, you must provide a clean source of water for preparing bottles such as getting water from the kitchen and keeping it in a container with an airtight cover that:  
(a) Is located at least eight feet from the outermost edge of diaper |

NRM Draft Only (May 2017)
### Standards Alignment - Environment

<table>
<thead>
<tr>
<th><strong>Standards Alignment - Environment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>changing tables or counters and sinks used for diaper changing; or (b) Has a barrier that meets the requirements in WAC 170-295-4030 (3)(b) to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink. 170-295-4050 What is a safe way to store breast milk? You can keep frozen breast milk if you: (1) Label the contents with the child's name and date it was brought into the center; (2) Store the frozen breast milk at 10 degrees Fahrenheit or less; (3) Thaw the breast milk in the refrigerator, under warm running water or in a pan of warm water; and (4) Keep frozen breast milk in the center for no more than two weeks.</td>
</tr>
</tbody>
</table>

### Justification:
In the proposed regulation addressing bottle preparation, there are three proposed changes: 1) the length of time needed for sanitizing a bottle before use; 2) how to use infant formula; and 3) prohibitions on re-use of partially used bottles.

*Caring for Our Children, 3rd Edition* STANDARD 4.3.1.10: Cleaning and Sanitizing Equipment Used for Bottle Feeding provides for a one-minute rule, as noted: Bottles, bottle caps, nipples and other equipment used for bottle feeding should not be reused without first being cleaned and sanitized by washing in a dishwasher or by washing, rinsing, and boiling them for one minute."

*Caring for Our Children, 3rd Edition* STANDARD 4.3.1.5: Preparing, Feeding, and Storing Infant Formula indicates that, as is indicated...
Standards Alignment - Environment

in the proposed regulation, “The primary source for proper and safe handling and mixing is the manufacturer’s instructions that appear on the can of powdered formula.” This same standard addresses the prohibition on re-use of partially used bottles, stating “Any prepared formula must be discarded within one hour after serving to an infant.”

### Infant and Toddler – Breast milk

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>170-300-0281</strong> Breed milk. When breast milk is provided for a child, an early learning provider must:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1) Immediately freeze breast milk or refrigerate milk to be used the day received; <strong>Weight #7</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Label the breast milk container with the child’s first and last name and the date received; <strong>Weight #6</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Store frozen breast milk at 10 degrees Fahrenheit or less, and in a manner that prevents contamination; <strong>Weight #6</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) Keep frozen breast milk for no more than two weeks; <strong>Weight #5</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5) Use frozen breast milk within 12 hours after thawing; <strong>Weight #6</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(6) Thaw frozen breast milk in the refrigerator, under warm running water, or in a container with warm water that is no more than 120 degrees Fahrenheit; <strong>Weight #6</strong></td>
</tr>
<tr>
<td>Standards Alignment - Environment</td>
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</tr>
<tr>
<td>(7) Never thaw or heat breast milk in a microwave oven or on the stove; <strong>Weight #7</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Return any unused refrigerated bottles or containers of breast milk to the parent at the end of the day; <strong>Weight #5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Return any unused frozen breast milk to the parent after two weeks; and <strong>Weight #5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Obtain parental consent prior to feeding infant formula to an otherwise breastfed infant. <strong>Weight #6</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Justification:**

Proposed regulation 170-300-0281 Breast milk makes four changes, including 1) specifying a 12 hour limit on use of frozen human milk; 2) return of unused refrigerated breast milk to parents each day; 3) returning unused frozen breast milk after two weeks; and 4) obtaining parental consent before using formula with a breast-fed baby.

The first revision DEL developed the 12 hour time limit for using frozen human milk as the safest measure to help protect the health and safety of infants in early learning settings. This requirement is based on findings of the Academy of Breastfeeding Medicine (ABM). According to the ABM, frozen milk can start to grow bacteria once thawed. Although the ABM states “Previously frozen human milk that has been thawed for 24 hours should not be left out at room temperature for more than a few hours”, DEL believes that limiting this time to half (12 hours) adds a greater degree of protection. See *ABM Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants* (2010), pg. 128 (found at: [http://www.bfmed.org/Resources/Protocols.aspx](http://www.bfmed.org/Resources/Protocols.aspx)); see also La Leche League International guidelines for storing pumped milk found at: [http://www.lilli.org/faq/milkstorage.html](http://www.lilli.org/faq/milkstorage.html) (“Previously frozen milk that has been thawed can be kept in the refrigerator for up to 24 hours.”) DEL’s 12 hour requirement even further helps protect infants from ingesting bacteria that may have developed in the thawed milk once thawed.

The second revision is found in *Caring for Our Children, 3rd Edition* Standard 4.3.1.3: Preparing, Food, and Storing Human Milk, which provides “The filled, labeled containers of human milk should be kept refrigerated. Human milk containers with significant amount of contents remaining (greater than one ounce) may be returned to the mother at the end of the day as long as the child has not fed directly from the bottle.”
The third revision is found in the chart accompanying *Caring for Our Children, 3rd Edition* Standard 4.3.1.3, and it specifies that human milk that is stored in the freezer compartment of a refrigerator may be frozen up to two weeks. While certain other types of freezers may preserve human milk for longer periods, for purposes of simplicity for the early learning programs, this standard is proposed.

The fourth revision is found in *Caring for Our Children, 3rd Edition* Standard 4.3.1.3: Preparing, Feeding, and Storing Human Milk, which says “infant formula should not be used for a breastfed infant without the mother’s written permission.”

<table>
<thead>
<tr>
<th>Infant and Toddler – Infant and toddler nutrition and feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
</tr>
<tr>
<td>170-296A-7175 Bottle feeding infants.</td>
</tr>
</tbody>
</table>

Bottle feeding infants.

(1) When bottle feeding, the licensee or staff must:
(a) Test the bottle contents before feeding, to avoid scalding or burning the infant’s mouth;
(b) Hold infants when the infant is unable to hold his or her bottle;
(c) Not prop bottles when feeding an infant;
(d) Not give a bottle or cup to an infant who is lying down;
(e) Feed infants on demand or based on the parent or guardian’s recommended feeding schedule;
(f) Stop feeding the infant when he or she shows signs of fullness; and
(g) Not add medication, cereal, supplements, or sweeteners to the contents of the bottle unless prescribed by a health care provider.

(2) When an infant can hold his or her
own bottle, the licensee or staff:
(a) May hold the infant or place the
infant in a semi-reclining or upright
position during bottle feeding; and
(b) Must be in the same room within
visual range of the infant during
feeding.
(3) The licensee or staff must take the
bottle from the infant when the child
finishes feeding.
WAC 170-296A-7200
Feeding solid food to infants.
(1) The licensee must consult with
and have approval from an infant's
parent or guardian before introducing
solid food to an infant.
(2) When serving infants solid food
the licensee or staff must:
(a) Hold or sit the infant in a semi-
reclining or upright position;
(b) Not allow infants to share the
same dish or utensil;
(c) Stir and test for safe temperature
after heating food and before serving;
(d) Throw away any uneaten food
from the serving container;
(e) Serve solid food by utensil or let
the child feed themselves; and
(f) Feed the infant when hungry
unless the parent or guardian gives
written instructions for an alternative
feeding schedule, and stop feeding
when the infant shows signs of
Close lips over the spoon
Keep food in mouth and swallow it.
Serve only formula or breast milk
unless you have a written order from
the child's health care provider.
Begin iron fortified baby cereal and
plain pureed fruits and vegetables
upon consultation with parents.
(c) When baby can: (At about 6-8
months)
Sit without support
Begin to chew
Sip from a cup with help
Grasp and hold onto things
Serve only formula or breast milk
unless you have a written order from
the child's health care provider.
Start small amounts of juice, or
water in a cup.
Let baby begin to feed self.
Start semisolid foods such as cottage
cheese, mashed tofu, mashed soft
vegetables or fruits.
(d) When baby can: (At about 8-10
months)
Take a bite of food
Pick up finger foods and get them
into the mouth
Begin to hold a cup while sipping
from it
Serve only formula or breast milk
unless you have a written order from
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from it
Serve only formula or breast milk
unless you have a written order from
the child's health care provider.
Standards Alignment - Environment

WAC 170-296A-7225
(1) If the licensee uses high chairs in the child care, each high chair must:
   (a) Have a base that is wider than the seat;
   (b) Have a safety device that prevents the child from climbing or sliding down the chair;
   (c) Be free of cracks and tears; and
   (d) Have a washable surface.
(2) When a child is seated in a high chair, the chair’s safety device must be used to secure the child.
(3) The licensee or staff must clean and sanitize high chairs as provided in WAC 170-296A-0010 after each use.
170-296A-7725
(4) The licensee must not serve food to infants or toddlers using polystyrene foam (commonly known as styrofoam) cups, bowls and plates.

| Small pieces of cheese, tofu, chicken, turkey, fish or ground meat. Small pieces of soft cooked vegetables, peeled soft fruits. Toasted bread squares, unsalted crackers or pieces of soft tortilla. Cooked plain rice or noodles. Only formula, breast milk, juice or water in the cup. |
| Finger Feed Chew and swallow soft, mashed and chopped foods Start to hold and use a spoon Drink from a cup Serve only formula or breast milk unless you have a written order from the child's health care provider. Begin offering small sized, cooked foods. Variety of whole grain cereals, bread and crackers, tortillas. Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles. (f) When a baby can eat a variety of foods from all food groups without signs of an allergic reaction Fruit pieces and cooked vegetables. Yogurt, cheese slices. Offer small amounts of formula, older than 12 months from a cup; (h) Increasing the texture of the food from strained, to mashed, to soft table foods as a child’s development and skills progress between six and twelve months of age. Soft foods offered to older infants should be cut into pieces ¼ inch or smaller to prevent choking; (i) Allowing older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment; (j) Placing infants or toddlers who can sit up on their own in high chairs or at an appropriate child-size table and chairs when feeding solid foods or liquids from a cup, and having an early learning provider sit facing the child. If high chairs are used, each high chair must: (i) Have a base that is wider than the seat; (ii) Have a safety device, used each time a child is seated, that prevents the child from climbing or sliding down the chair; (iii) Be free of cracks and tears; and (iv) Have a washable surface. (k) Not leaving infants or toddlers alone more than 15 minutes in high chairs waiting for meal or snack time, and immediately removing a child once he or she finishes eating; (l) Not allowing infants or toddlers to share the same dish or utensil; (m) Throwing away any uneaten food from the
Are there specific rules for feeding infants and toddlers?

(1) Infants must be fed according to their need rather than according to an adult prescribed time schedule.

(2) While feeding infants:
   (a) Hold infants for bottle feedings to prevent choking;
   (b) Place infants who can sit in high chairs or at an appropriate child-sized table and chairs for feeding and sit facing the child during the feeding;
   (c) Do not prop a bottle;
   (d) To prevent tooth decay:
      (i) Do not give a bottle to a reclining child unless the bottle contains only water; and
      (ii) Offer juice only from a cup.
   (e) Take the bottle from the child when the child finishes feeding.
   (f) Not serving food to infants or toddlers using polystyrene foam (Styrofoam) cups, bowls, or plates.

Justification:
These proposed changes at 170-300-0285 Infant and toddler nutrition and feeding include the following: 1) a policy, and using it, for infant feeding; 2) a plan, after consultation with parents/guardians, that includes breastfeeding support; 3) feeding infants and toddlers when hungry unless parents given written alternative instructions; 4) restricting infants to breast milk or formula unless there is a written health care order; 5) introducing a cup based on the child’s development; 5) introducing solid foods between four and six months, based on the infant’s ability to sit; 6) eliminating 100% juice or sweetened beverages to infants and using a cup only for children older than 12 months; 7) increasing the texture of the food from strained, to mashed, to soft table foods as a child’s development and skills progress between six and twelve months of age; 8) allowing older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment; and 9) not leaving infants or toddlers alone more than 15 minutes in high chairs.
waiting for meal or snack time, and immediately removing a child once he or she finishes eating.

_Caring for Our Children, 3rd Edition_ offers support for changes one and two in general at Standard 4.3.1 Nutrition for Infants and more specifically at STANDARD 4.3.1.1: General Plan for Feeding Infants addresses the first and second change, which is to have a policy that is used for infant feeding-including breastfeeding. This standard provides “Food should be appropriate for the infant’s individual nutrition requirements and developmental stages as determined by written instructions obtained from the child’s parent/guardian or primary care provider.” More generally, _Caring for Our Children, 3rd Edition_ STANDARD 4.2.0.8: Feeding Plans and Dietary Modifications calls for the use of a specific plan for each child in an early learning program, stating “Before a child enters an early care and education facility, the facility should obtain a written history that contains any special nutrition or feeding needs for the child, including use of human milk or any special feeding utensils.” Standard 4.3.1.1 also provides extensive information about how to provide for breastfeeding support.

_Caring for Our Children, 3rd Edition_ STANDARD 4.3.1.2: Feeding Infants on Cue by a Consistent Caregiver/Teacher supports the third proposed revision. This standard states,” Caregivers/teachers should feed infants on the infant’s cue unless the parent/guardian and the child’s primary care provider give written instructions otherwise.”

The fourth revision, which specifies that if human milk or formula are not the only elements of the infant’s diet, then these should be signed off by a health care provider, if the child is very young, is consistent with _Caring for Our Children, 3rd Edition_ Standard 4.2.08 (feeding plans) and Standard 4.3.1.1., which explains the basis for use of breast milk and/or formula. By having a health care provider sign off on other diets for a very young infant, DEL is underscoring what is known about optimizing infant health and development through nutrition. This is further supported by STANDARD 4.3.1.7: Feeding Cow’s Milk, which specifies “The facility should not serve cow’s milk to infants from birth to twelve months of age, unless provided with a written exception and direction from the child’s primary care provider and parents/guardians.”

The fifth change is supported by _Caring for Our Children, 3rd Edition_ Standard 4.3.1.1, which says “Age-appropriate solid foods (complementary foods) may be introduced no sooner than when the child has reached the age of four months, but preferably six months and as indicated by the individual child’s nutritional and developmental needs.”

The sixth change is addressed by _Caring for Our Children, 3rd Edition_ STANDARD 4.2.0.7: 100% Fruit Juice, which says “The facility should serve only full-strength (100%) pasteurized fruit juice or full-strength fruit juice diluted with water from a cup to children twelve months of age or older.” Previously, the standards around infant food stress the importance of human milk and formula as the appropriate liquids for infants. Moreover, standard 4.3.1.11 says “Infants, birth up to one year of age, should not be served juice.”
The proposed rule would require early learning providers to develop a child’s eating behavior by “increasing the texture of the food from strained, to mashed, to soft table foods as a child’s development and skills progress between six and twelve months of age.” This rule was developed based on best practices indicated by the American Academy of Pediatrics (AAP). The AAP offers direction on why it is developmentally appropriate to introduce children to solid food at an early age. “Late introduction of solid foods may increase the risk of allergic sensitization to food and inhalant allergens. AAP, Introduction of Solid Foods and Allergic Reactions (2009) (found at: https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/Introduction-of-Solid-Foods-and-Allergic-Reactions.aspx). The APP specifically “recommends the introduction of solid foods between the ages of 4 and 6 months.” The requirement in this proposed rule follows AAP guidelines by requiring providers to introduce infants to solid food through an incremental process based on texture (strained to mashed to solid). This process helps DEL achieve its duty of promoting child development and health.

Self-feeding is supported by Caring for Our Children, 3rd Edition STANDARD 4.3.2.3: Encouraging Self-Feeding by Older Infants and Toddlers, which says “Caregivers/teachers should encourage older infants and toddlers to hold and drink from an appropriate child-sized cup, to use a child-sized spoon (short handle with a shallow bowl like a soup spoon), a child-sized fork (short, blunt tines and broad handle similar to a salad fork), all of which are developmentally appropriate for young children to feed themselves, and to use their fingers for self-feeding.”

Finally, the specific proposal around infant toddler time waiting for food in a chair, or staying in a chair, are supported by the focus in Caring for Our Children, 3rd Edition at Standard 4.5., Meal service, Seating and Supervision, which emphasizes in its various standards the importance of socialization during meals as well as Standard 4.1, Introduction, which provides that “Family homes and center-based out-of-home early care and education settings have the opportunity to guide and support children’s sound eating habits and food learning experiences. Early food and eating experiences form the foundation of attitudes about food, eating behavior, and consequently, food habits. The fifteen minute time limitation is provided to make concrete Caring for Our Children, 3rd Edition Standard 2.2.0.2: Limiting Infant/Toddler Time in Crib, High Chair, Car Seat, Etc., which says “A child should not sit in a high chair or other equipment that constrains his/her movement indoors or outdoors for longer than fifteen minutes, other than at meals or snack time.”

<table>
<thead>
<tr>
<th>Infant and Toddler – Infant and toddler sleep, rest, and equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
</tr>
<tr>
<td>WAC 170-296A-7075</td>
</tr>
<tr>
<td>Infant and toddler sleeping or napping equipment</td>
</tr>
<tr>
<td>(1)For infants, an early learning provider must provide a single level crib, playpen, or other sleep equipment.</td>
</tr>
</tbody>
</table>
Standards Alignment - Environment

(1) The licensee must:
   (a) Provide and use a single level crib, toddler bed, playpen or other sleeping equipment for each infant or toddler in care that is safe and not subject to tipping. The equipment must be of a design approved for infants or toddlers by the U.S. Consumer Product Safety Commission (see WAC 170-296A-7085 regarding approved cribs);
   (b) Provide sleeping or napping equipment with clean, firm, and snug-fitting mattress designed specifically for the particular equipment and that does not have tears or holes or is repaired with tape;
   (c) Provide mattresses covered with waterproof material that is easily cleaned and sanitized as provided in WAC 170-296A-0010;
   (d) Provide the appropriate fitted sheet for the sleeping equipment;
   (e) Arrange sleeping equipment to allow staff access to children;
   (f) Remove sleeping children from car seats, swings or similar equipment; and
   (g) Consult with a child's parent or guardian before the child is transitioned from infant sleeping equipment to other approved sleeping equipment.

(1) You must not put infants to sleep in infant swings, car seats, or similar equipment.
   (2) You must provide each infant with a single-level crib (stacking cribs must not be used), infant bed, bassinet or playpen for napping until you and the parent agree that the child can safely use a mat, cot or other approved sleeping equipment.
   (3) You must provide a crib, infant bed, playpen or bassinet mattress that is:
      (a) Snug fitting and touches each side of the crib to prevent the infant from becoming entrapped between the mattress and crib side rails;
      (b) Waterproof; and
      (c) Easily cleaned and sanitized, without tears or tape.
   (4) To allow walking room between cribs and reduce the spread of germs you must:
      (a) Space cribs a minimum of thirty inches apart. You may place cribs end to end if you provide a barrier. If you use barriers, staff must be able to observe and have immediate access to each child.
      (b) Provide a moisture resistant and easily cleanable solid barrier on the side or end adjacent to another crib.

(2) For toddlers, an early learning provider must provide and use a single level crib, playpen, toddler bed, or other developmentally appropriate sleep equipment. Weight #6

(3) Sleep equipment must:
   (a) Be of a design approved by CPSC and ASTM International safety standards for use by infants and toddlers;
   (b) For cribs, have a certificate of compliance, sticker, or documentation from the manufacturer or importer stating the crib meets 16 Code of Federal Regulations (C.F.R.) 1219 and 1220;
   (c) Have a clean, firm, and snug-fitting mattress designed specifically for the particular equipment that does not have tears or holes and is not repaired with tape;
   (d) Have a moisture resistant and easily cleaned and sanitized mattress;
   (e) Have an appropriate fitted sheet laundered at least weekly in between uses, or more often if soiled;
   (f) Be arranged and spaced at least 30 inches apart; and
   (g) Have a moisture resistant and easily cleanable solid barrier if cribs are placed end to end closer than 30 inches. Weight #7
### Standards Alignment - Environment

<table>
<thead>
<tr>
<th>(2) Children able to climb out of their sleeping equipment must be transitioned to an alternate sleeping surface.</th>
<th>(5) You must provide an appropriate fitting sheet or cover for the sleeping surface.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAC 170-296A-7085 Cribs</td>
<td>(6) You must launder bedding at least weekly and more often if it becomes soiled.</td>
</tr>
<tr>
<td>In order to meet federal requirements, a licensee who uses a crib with children in care must comply with this section.</td>
<td>(7) Effective December 28, 2012, each crib in use in licensed child care must meet U.S. Consumer Product Safety Commission (CPSC) requirements for full size cribs as defined in 16 Code of Federal Regulations (C.F.R.) 1219, or nonfull size cribs as defined in 16 C.F.R. 1220.</td>
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<td>(a) A crib meets the requirements of this subsection if the crib is labeled by the manufacturer as made on or after June 28, 2011.</td>
</tr>
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<td>(2) A crib meets the requirements of this section if the crib is labeled by the manufacturer as made on or after June 28, 2011.</td>
<td>(b) A crib labeled as made from July 1, 2010 through June 27, 2011, may meet the requirements of this subsection if the licensee has obtained a certificate of compliance from the crib manufacturer or importer, or the licensee has other documentation from the manufacturer that the crib is certified as meeting the CPSC regulations.</td>
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<td>(c) Any crib that does not meet the requirements of (a) or (b) of this subsection must be removed from the child care facility not later than</td>
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</table>

(4) An early learning provider must:
- (a) Immediately remove sleeping children from car seats, swings, or similar equipment not designed for sleep;
- (b) Consult with a child’s parent or guardian before the child is transitioned from infant sleeping equipment to other sleep equipment; and
- (c) Transition children who are able to climb out of their sleeping equipment to developmentally appropriate sleep equipment.

Weight #7
Standards Alignment - Environment

<table>
<thead>
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<th>Regulations</th>
<th>December 28, 2012</th>
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<tbody>
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<td>(4) Any crib that does not meet the requirements of subsection (2) or (3) of this section must be removed from the child care facility not later than December 28, 2012.</td>
<td>(d) The licensee must keep in the licensed space a log documenting that each crib in use meets the requirements of this section.</td>
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<td>(5) The licensee must keep in the licensed space a log documenting that each crib in use meets the requirements of this section.</td>
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</table>

**WAC 170-296A-7100**

Infant safe sleep practices

(1) Infant safe sleep practices must be followed when infants are napping or sleeping. The licensee or staff must:

(a) Place an infant to sleep on his or her back. If the infant has turned over while sleeping, the infant does not need to be returned to his or her back;

(b) Place an infant in sleeping equipment consistent with WAC 170-295-4100 and 170-296A-7075 and 170-296A-7085;

(c) Not allow blankets, stuffed toys, pillows, crib bumpers and similar items in the infant sleeping equipment, or allow a blanket to cover or drape over the sleeping equipment;

(d) Not cover an infant's head and face during sleep;

(2) The licensee must keep in the licensed space a log documenting that each crib in use meets the requirements of this section.

**WAC 170-295-4110**

What are infant safe sleep practices?

(1) Infant safe sleep practices must be followed when infants are napping or sleeping. The staff must:

(a) Place an infant to sleep on his or her back. If the infant has turned over while sleeping, the infant does not need to be returned to his or her back;

(b) Place an infant in sleeping equipment consistent with WAC 170-295-4100;

(c) Not allow blankets, stuffed toys, pillows, crib bumpers and similar items in the infant sleeping equipment, or allow a blanket to cover or drape over the sleeping equipment;

(d) Not cover an infant's head and face during sleep;
(e) Take steps so infants do not get too warm during sleep with the infant's arms free; and

(f) Not place the infant in another sleeping position other than on their back, or use a sleep positioning device unless required by a written directive or medical order from the infant's health care provider. This directive or medical order must be in the infant's file.

(2) The licensee must:
(a) Complete annual infant safe sleep training as required in WAC 170-296A-1800; and
(b) Provide and document annual infant safe sleep training for all staff and volunteers as required in WAC 170-296A-2075.

(3) When the department finds the licensee in violation of infant safe sleep practices, the licensee must:
(a) Post the notice of violation in the licensed space as required by RCW 43.215.525 (1)(c); and
(b) Within five working days of receiving notice of the violation, provide the parents and guardians of enrolled children with:
   (i) A letter describing the safe sleep violation; and
   (ii) Written information on safe sleep practices for infants.

(e) Take steps so infants do not get too warm during sleep with the infant's arms free; and

(f) Not place the infant in another sleeping position other than on their back, or use a sleep positioning device unless required by a written directive or medical order from the infant's health care provider. This directive or medical order must be in the infant's file.

(2) The staff must:
(a) Complete annual infant safe sleep training as required in WAC 170-295-1090; and
(b) Document annual infant safe sleep training for all staff and volunteers as required in WAC 170-295-7050.

(3) When the department finds the licensee in violation of infant safe sleep practices, the licensee must:
(a) Post the notice of violation in the licensed space as required by RCW 43.215.525 (1)(c); and
(b) Within five working days of receiving notice of the violation, provide the parents and guardians of enrolled children with:
   (i) A letter describing the safe sleep violation; and
   (ii) Written information on safe sleep practices for infants.
Standards Alignment - Environment

sleep practices for infants.

Justification:
Regulation 170-300-0290 Infant and toddler sleep, rest, and equipment proposes three revisions that include: 1) demonstrate compliance with regulations concerning cribs; 2) placing rest equipment at least 30 inches apart; and 3) using a moisture resistant, cleanable barrier if cribs are placed end to end less than 30 inches.

Caring for Our Children, 3rd Edition Standard 5.4.5.2: Cribs addresses many aspects of cribs, and includes the basic health and safety rationale for why early learning programs must demonstrate compliance with federal regulations concerning cribs. Standard 5.4.5.1: Sleeping Equipment and Supplies states “Cribs, cots, sleeping bags, beds, mats, or pads in/on which children are sleeping should be placed at least three feet apart,” providing the rationale for the rest equipment placement issue. This same standard says “The sleeping surfaces of one child’s rest equipment should not come in contact with the sleeping surfaces of another child’s rest equipment during storage” which provides the basis for DEL’s proposed regulation about appropriate barriers if cribs, from end to end, are used without ample spacing.

Infant and Toddler – Infant and toddler safe sleep practices

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
<th>Proposed WAC</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Adopted Permanent Rule</strong> 170-300-0291 Infant and toddler safe sleep practices.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a) Actively supervising infants or toddlers by visibly checking often and being within sight and hearing range, including when an infant goes to sleep, is sleeping, or is waking up;</td>
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<td>(b) Following the current standard of American Academy of Pediatrics concerning safe sleep practices including SIDS/SUIDS risk reduction;</td>
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<tr>
<td></td>
<td></td>
<td>(c) Placing an infant to sleep on his or her back</td>
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</table>
or following the current standard of American Academy of Pediatrics. If an infant turns over while sleeping, the provider must return the infant to his or her back until the infant is able to independently roll from back to front and front to back; **Weight #7**

(d) Not using a sleep positioning device unless directed to do so by an infant's or toddler’s health care provider. The directive must be in writing and kept in the infant’s or toddler’s file; **Weight #7**

(e) Sufficiently lighting the room in which the infant or toddler is sleeping to observe skin color; **Weight #7**

(f) Monitoring breathing patterns of an infant or toddler; **Weight #7**

(g) Allowing infants and toddlers to follow their own sleep patterns; **Weight #6**

(h) Not allowing loose blankets, stuffed toys, pillows, crib bumpers, or similar items inside an occupied crib, bassinet, or other equipment where infants commonly sleep; **Weight #8**

(i) Not allowing a blanket or any other item to cover or drape over an occupied crib, bassinet, or other equipment where infants commonly sleep; **Weight #8**

(j) Not allowing a blanket, bedding, or clothing to cover any portion of an infant’s or toddler’s head or face while sleeping, and readjusting these items when necessary; and **Weight #8**

(k) Preventing infants from getting too warm
while sleeping; which may be exhibited by indicators that include, but are not limited to, sweating; flushed, pale, or hot and dry skin, warm to the touch, a sudden rise in temperature, vomiting, refusing to drink, a depressed fontanelle, or irritability; and

Weight #7

(2) An early learning provider who receives notice of a safe sleep violation must:
   (a) Post the notice in the licensed space for two weeks or until the violation is corrected, whichever is longer; and
   (b) Within five business days of receiving notice of the violation, provide all parents and guardians of enrolled children with:
      (i) A letter describing the safe sleep violation; and
      (ii) Written information on safe sleep practices for infants and toddlers.

  Weight #5

Justification:
Proposed regulation 170-300-0291 Infant and toddler safe sleep practices puts forward the following change: the early learning provider must ensure no bedding touches an infant’s head while sleeping. See proposed WAC 170-300-0291 (1)(h), (i), and (j).

Caring for Our Children at Standard 3.1.4.1: Safe Sleep Practices and SIDS/Suffocation Risk Reduction states “Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs.” The proposed regulation clarifies what conduct is prohibited and emphasizes the importance of keeping dangerous items out of the reach of infants, so no cloth could touch the child’s head while sleeping.
### Standards Alignment - Environment

<table>
<thead>
<tr>
<th>Family Home WAC</th>
<th>Center WAC</th>
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</thead>
<tbody>
<tr>
<td>WAC 170-296A-7025</td>
<td>WAC 170-295-2010</td>
<td>170-300-0295</td>
</tr>
<tr>
<td>Infant &quot;tummy time&quot; positioning. When infants are awake, the licensee or staff must allow each infant supervised tummy time at least three times daily. As used in this section, &quot;tummy time&quot; means placing the infant in a nonrestrictive prone position, lying on his or her stomach, when not in sleeping equipment.</td>
<td>You must:</td>
<td>Infant and toddler programs and activities.</td>
</tr>
<tr>
<td>WAC 170-296A-6575</td>
<td>(1) Provide a variety of easily accessible learning and play materials of sufficient quantity to implement the centers program and meet the developmental needs of children in care.</td>
<td>(1) An early learning provider must support each infant and toddler’s culture, language, and family.</td>
</tr>
<tr>
<td>The licensee must provide activities that support each child’s developmental stage including:</td>
<td>(3) You must ensure the lesson plan, daily schedule of events, available toys and equipment contains a range of learning experiences to allow each child the opportunity to:</td>
<td>(2) An early learning provider must ensure an adequate supply of age and developmentally appropriate program materials and equipment for infants and toddlers in the early learning program. Materials and equipment must meet individual, developmental, and cultural needs of children in care, and must be:</td>
</tr>
<tr>
<td>(1) Social, emotional and self development;</td>
<td>(a) Gain self-esteem, self-awareness, self-control, and decision-making abilities;</td>
<td>(a) Clean and washable or disposable;</td>
</tr>
<tr>
<td>(2) Positive self concepts;</td>
<td>(b) Develop socially, emotionally, intellectually, and physically;</td>
<td>(b) Nonpoisonous, free of toxins, and meet ASTM D-4236 (the American Society for Testing and Materials labeling requirements for chronic health hazards);</td>
</tr>
<tr>
<td>(3) Language and literacy;</td>
<td>(c) Learn about nutrition, health, and personal safety; and</td>
<td>(c) Large enough to prevent swallowing or choking;</td>
</tr>
<tr>
<td>(4) Physical development, including daily opportunities to develop the child’s small and large muscles;</td>
<td>(d) Experiment, create, and explore.</td>
<td>(d) Safe and in good working condition;</td>
</tr>
<tr>
<td>(5) Spatial concepts (including, but not limited to, size or position); and</td>
<td>WAC 170-295-2120</td>
<td>(e) Child-size;</td>
</tr>
<tr>
<td>(6) Numeracy (counting and numbers).</td>
<td>(1) When you care for infants and toddlers you must:</td>
<td>(f) Accommodating to a range of abilities and special needs of enrolled children, if applicable;</td>
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<td></td>
<td>(a) Encourage them to handle and manipulate a variety of objects;</td>
<td>(g) Accessible for children to find, use, and return independently; and</td>
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<tr>
<td></td>
<td>(b) Provide a safe environment for climbing, moving and exploring;</td>
<td>(h) Removed from the early learning premises as soon as a provider becomes aware an item has been recalled by CPSC.</td>
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</tbody>
</table>
Standards Alignment - Environment

| WAC 170-296A-6600 | (c) Provide materials and opportunities for large and small muscle development;  
|                   | (d) Read and talk to them daily;  
|                   | (e) Provide daily indoor opportunities for freedom of movement outside their cribs, in an open, uncluttered space;  
|                   | (f) Place them in a prone (lying on the tummy) position part of the time when they are awake and staff are observing them;  
|                   | (g) Not leave them in car seats once they arrive at the center even if they are asleep; and  
|                   | (h) Not be left in playpens for extended periods of time excluding sleep time.  
|                   | (i) Talk to and interact with each infant and toddler often and encourage them to respond. Naming objects and describing care encourages language development;  
|                   | (j) Hold and cuddle infants and toddlers to encourage strong relationships; and  
|                   | (k) Respond to and investigate cries or other signs of distress immediately.  
|                   | (2) You must provide toys, objects and other play materials that:  
|                   | (a) Are cleanable;  
|                   | (b) Are nonpoisonous or free of toxins;  
|                   | (c) Are washable and clean;  
|                   | (3) For infants, toddlers, or children at those developmental levels, large enough to avoid swallowing or choking. |
Standards Alignment - Environment

(b) Are nontoxic; and
(c) Cannot cause a choking 
   hazard for infants or toddlers.

Justification:
Proposed regulation 170-300-0295 Infant and toddler programs and activities, clarifies that 1) the program must support each child’s culture, language, and family and 2) materials/equipment must be accessible for independent use.  *Caring for Our Children, 3rd Edition*, Standard 2.1.1.1: Written Daily Activity Plan and Statement of Principles, references the importance of culture, language and family.  For example, in addressing principles for the provision of services, *Caring for Our Children, 3rd Edition* calls out “Family development, which acknowledges the role of the family, including culture and language” as a critical part of implementing this standard.  *Caring for Our Children, 3rd Edition* STANDARD 2.1.1.7: Communication in Native Language Other Than English goes on to say “At least one member of the staff should be able to communicate with the parents/guardians and children in the family’s native language (sign or spoken), or the facility should work with parents/guardians to arrange for a translator to communicate with parents/guardians and children. Efforts should be made to support a child’s and family’s native language while providing resources and opportunities for learning English.  Children should not be used as translators. They are not developmentally able to understand the meaning of all words as used by adults, nor should they participate in all conversations that may be regarding the child.”  The next standard also supports the proposal.  *Caring for Our Children, 3rd Edition* STANDARD 2.1.1.8: Diversity in Enrollment and Curriculum provides that “Programs should work to increase understanding of cultural, ethnic, and other similarities and differences by enrolling children who reflect the cultural and ethnic diversity of the community. Programs should provide cultural curricula that engage children and families and teach multicultural learning activities. Indoor and outdoor learning/play environments should have an array of toys, materials, posters, etc. that reflect diverse cultures and ethnicities. Stereotyping of any culture must be avoided.” 

The early learning guidelines of the state, as well, stress the importance of meeting the individual and cultural developmental needs of children.  See Washington State Early Learning and Development Guidelines Birth through 3rd Grade 2012.  Likewise, in the 23 meetings in April and May 2016, 467 stakeholders shared their feedback on a set of proposed licensing standards drafts, representing all types of early learning providers and a wide variety of racial, ethnic, cultural, refugee and immigrant, income, and linguistic communities including Native American, African-American, Hispanic/Latino, Asian, Yakama Nation, East African, Filipino, Spanish-speaking, Somali-speaking, Oromo-speaking and Russian-speaking.  Honoring family culture was an important theme and recommendation of these stakeholders, as was the need to support ongoing child development.

Ensuring that materials and equipment are accessible for independent use is also emphasizes in *Caring for Our Children, 3rd Edition* Standard 2.1.1.1  which says “Material such as blocks, clay, paints, books, puzzles, and/or other manipulatives should be available indoors and outdoors to the children to further the planned curriculum.”  Other infant-toddler standards also address this issue, noting...
the importance of having relationships with infants and toddlers formed in the context of everyday routines (diapering, feeding, etc.) (Standard 2.1.2.1) Caring for Our Children, 3rd Edition STANDARD 2.1.2.3: Space and Activity to Support Learning of Infants and Toddlers adds to the notion of accessible materials and equipment for infants and toddlers, when it states “The facility should provide a safe and clean learning environment, both indoors and outdoors, colorful materials and equipment arranged to support learning. The indoor and outdoor learning/play environment should encourage and be comfortable with staff on the floor level when interacting with active infant crawlers and toddlers. The indoor and outdoor play and learning settings should provide opportunities for the child to act upon the environment by experiencing age-appropriate obstacles, frustrations, and risks in order to learn to negotiate environmental challenges. The facility should provide opportunities for play that....b) Enable the child to explore and experience the natural world; d) Use symbols (words, numbers, etc.) e) Manipulate objects; f) Exercise physical skills; i) Strengthen the child’s identity as a member of a family and a cultural community; j) Promote sensory exploration.” This is summed up as follows “Opportunities to be an active learner are vitally important for the development of motor competence and awareness of one’s own body and person, the development of sensory motor skills, the ability to demonstrate initiative through active outdoor and indoor play, and feelings of mastery and successful coping.”

<table>
<thead>
<tr>
<th>Infant and Toddler – Infant and toddler development</th>
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<tbody>
<tr>
<td><strong>Family Home WAC</strong></td>
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<tr>
<td><strong>170-300-0296 Infant and toddler development.</strong></td>
</tr>
<tr>
<td>(1) An early learning provider must expose infants and toddlers to a developmentally appropriate curriculum supported by a sufficient quantity and variety of materials and equipment that engages all enrolled infants and toddlers. <strong>Weight #5</strong></td>
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<tr>
<td>(2) Developmentally appropriate curriculum includes, but is not limited to:</td>
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<tr>
<td>(a) Developing infant and toddler language and communication by:</td>
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<td>(i) Talking and listening to children, encouraging soft infant sounds, naming objects, feelings and desires, and describing actions;</td>
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<tr>
<td>(ii) Giving individual attention to children</td>
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</tbody>
</table>
Standards Alignment - Environment

- (iii) Playing and reading with children;
- (iv) Mirroring similar infant sounds and sharing a child’s focus of attention;
- (v) Communicating throughout the day and during feeding, changing, and “cuddle times”; and
- (vi) Providing materials and equipment that promote language development and communication such as soft books, interactive storybook reading, rhymes and songs, and finger puppets.

(b) Developing infant and toddler physical and cognitive abilities by:
- (i) Allowing each infant supervised tummy time at least three times daily when the infant is awake. As used in this section, “tummy time” means placing an infant in a nonrestrictive prone position, lying on his or her stomach when not in sleeping equipment;
- (ii) Providing infants and toddlers freedom to explore and learn on their own on the floor in uncluttered or crowded space;
- (iii) Providing infants and toddlers access to active outdoor playtime. An early learning provider must enforce sun safety precautions for infants younger than six months old by keeping them out of the direct sunlight and limiting sun exposure when ultraviolet rays are strongest (typically from 10:00 a.m. to 2:00 p.m.); and
(iv) Encouraging infants and toddlers to play, crawl, pull up, and walk such as, but not limited to, materials and equipment that encourage:

(A) Physical and cognitive activities, for example rattles, grasping and reaching toys, busy boxes, nesting cups, small push, and pull toys, riding toys, balls, squeezeable toys, books, dolls, and press-together blocks.

(B) Spatial and numeracy understanding, for example counting toys, soft blocks and toys with different sizes (measuring cups, spoons, etc.), and toys with different shapes and colors to help introduce sorting and categorization.

(c) Developing infant and toddler social and emotional abilities by:

(i) Providing social contact with infants and toddlers in addition to time spent feeding, diapering and bathing by playing with children, naming and acknowledging emotions, and encouraging peer interaction;

(ii) Immediately investigating cries or other signs of distress;

(iii) Providing comfort to an upset or hurt child;

(iv) Responding to a child’s verbal and non-verbal cues;
<table>
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<tr>
<th><strong>Standards Alignment - Environment</strong></th>
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<tbody>
<tr>
<td>(v) Responding to infants and toddlers without being harsh; (vi) Intervening during negative peer interactions such as when a child grabs other children’s toys, pulls hair, or bites; (vii) Providing physical stimulation through holding, cuddling, rocking, talking, singing, playing, carrying, and changing positions; and (viii) Providing materials and equipment that promote social and emotional activities such as pictures of children and adults exhibiting different emotions, pictures of infants and family members, dolls and soft toys, rattles, music, and dancing scarves.</td>
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</tbody>
</table>

**Justification:**
Proposed 170-300-0296 Infant and toddler development adds greater specificity and clarity about the infant-toddler program. It is well supported by Chapter 2, specifically Standard 2.1.2 Program Activities for Infants and toddlers, which lays out the basis for children’s development and learning at this age, and the variety of techniques that are needed to address their development and learning. See specifically *Caring for Our Children, 3rd Edition* STANDARD 2.1.2.1: Personal Caregiver/Teacher Relationships for Infants and Toddlers, Standard 2.1.2.2: Interactions with Infants and Toddlers and 2.1.2.3: Space and Activity to Support Learning of Infants and Toddlers, which, taken together, form the basis for this expanded regulation in support of infant and toddler development.