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| **Health Practices – Handwashing and hand sanitizer** | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | | |
| WAC 170-296A-3625  Handwashing.  (1) The licensee and staff must follow and teach children proper handwashing procedures. Proper handwashing procedures include:  (a) Wetting hands with warm water;  (b) Apply soap to the hands;  (c) Washing hands;  (d) Rinsing hands;  (e) Drying hands with a paper towel,  single-use cloth towel or air hand dryer; and  (f) Turning off the water with paper towel or single use cloth towel.  (2) Paper towels must be disposed of after a single use.  (3) If cloth towels are used, the licensee must wash and sanitize each cloth towel after a single use.  (4) If an air hand dryer is used, it must have a heat guard to prevent burning and must turn off automatically.  WAC 170-296A-3675  When handwashing is required.  (1) The licensee and staff must wash their hands and follow proper handwashing techniques:  (a) Before and after preparing foods, eating, or feeding a child;  (b) After handling raw or undercooked meat, poultry or fish;  (c) After using the toilet or helping a child with toileting;  (d) Before and after diapering a child. If needed during diapering, a disposable hand wipe cloth may be used;  (e) After touching bodily fluids as described in the licensee's bloodborne pathogens plan;  (f) After being outdoors with the children;  (g) After handling animals or cleaning up animal waste;  (h) After handling garbage and garbage receptacles;  (i) Before and after giving medication or applying topical ointment; or  (j) As needed.  (2) The licensee and staff must direct children to wash their hands or assist children with handwashing:  (a) Before and after the eating or participating in food activities;  (b) After toileting or diapering (the licensee may use a diaper wipe to 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. | WAC 170-295-3040  How often must children wash their hands?  Children must wash their hands with soap and warm water:  (1) On arrival at the center;  (2) After using the toilet;  (3) After the child is diapered;  (4) After outdoor play;  (5) After playing with animals;  (6) After touching body fluids (such as blood or after nose blowing or sneezing); and  (7) Before and after the child eats or participates in food activities.  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;  (5) After attending to an ill child;  (6) Before and after preparing, serving, or eating food;  (7) Before and after giving medication;  (8) After handling, feeding or cleaning up after animals;  (9) After handling bodily fluids;  (10) After smoking;  (11) After being outdoors or involved in outdoor play; and  (12) As needed. | **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   1. To prevent children from being burned, air hand dryers must have a heat guard and turn off automatically. Weight #6   (4) Early learning program staff must wash their hands:  (a) When arriving at work;  (b) After toileting a child;  (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;  (d) After personal toileting;  (e) After attending to an ill child;  (f) Before and after preparing, serving, or eating food;  (g) After handling raw or undercooked meat, poultry, or fish;  (h) Before and after giving medication or applying topical ointment;  (i) After handling, feeding, or cleaning up after animals;  (j) After handling bodily fluids;  (k) After using tobacco or vapor products;  (l) After being outdoors or involved in outdoor play;  (m) After gardening activities;  (n) After handling garbage and garbage receptacles; and  (o) As needed or required by the circumstances.  Weight #7  (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.  *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.” | | | | | |

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| **Health Practices – Child, staff, and household member illness** | | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | | |
| WAC 170-296A-3210  Contagious disease procedure  (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:  (a) The local health jurisdiction or DOH, except notice is not required for a diagnosis of chickenpox or conjunctivitis;  (b) The department; and  (c) Parents or guardians of each of the children in care.  (2) The licensee must follow the health plan before providing care or before readmitting the household member, staff person or child into the child care.  (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. | WAC 170-295-3030  When is a child or staff member too ill to be at child care?  (1) Your staff must check all children for signs of illness when they arrive at the center and throughout the day.  (2) You must exclude children and staff with the following symptoms from care:  (a) Diarrhea (three or more watery stools or one bloody stool within twenty-four hours);  (b) Vomiting (two or more times within twenty-four hours);  (c) Open or oozing sores, unless properly covered with cloths or with bandages;  (d) For suspected contagious skin infection such as impetigo and scabies: The child may return twenty-four hours after starting antibiotic treatment; and  (e) Fever of 100 degrees Fahrenheit or higher and who also have one or more of the following:  (i) Earache;  (ii) Headache;  (iii) Sore throat;  (iv) Rash; or  (v) Fatigue that prevents participation in regular activities.  (3) Children and staff who have a reportable disease may not be in attendance at the child care center unless approved by the local health authority.  (4) You must not take ear or rectal temperatures. Oral temperatures can be taken for preschool through school age if single use disposable covers are used over the thermometer.  (5) When a child becomes ill or injured while in your care, you must:  (a) Keep a confidential, individualized, written record in the child's file that includes the:  (i) Date of an illness or injury;  (ii) Treatment provided while in care; and  (iii) Names of the staff providing the 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. | **170-300-0205**  **Child, staff, and household member illness.**   1. An early learning provider must check all children for signs of illness when they arrive at the early learning program and throughout the day. Parents or guardians of a child should be notified as soon as possible if the child develops signs or symptoms of illness. Weight #6 2. If an early learning provider becomes ill, a Licensee, Center Director, Assistant Director, or Program Supervisor must determine whether that person should be required to leave the premises. Weight #6      1. When a child becomes ill, a Licensee, Center Director, Assistant Director, or Program Supervisor must determine whether the child should be sent home or isolated from others. 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 2. An ill child must be sent home or isolated from other children; 3. If the illness or condition prevents the child from participating in normal activities; 4. If the illness or condition requires more care and attention than the early learning provider can give; 5. If the required amount of care for the ill child compromises or places at risk the health and safety of other children in care; or 6. If there is a risk that the child’s illness or condition will spread to other children or individuals.   Weight #7   1. 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: 2. 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; 3. A fever 101 degrees Fahrenheit measured orally for preschool age children or older; 4. An earache, headache, sore throat, or vomiting; 5. Diarrhea that includes more than one abnormally loose, runny, or watery stool, or one bloody stool; 6. A rash not associated with heat, diapering, or an allergic reaction; 7. Drainage of thick mucus or pus from the eye or nose; 8. Open sores or wounds discharging bodily fluids; 9. 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 10. 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/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions>), an early learning provider must provide written notice to:   1. The department and DOH or the local health jurisdiction; and 2. Parents or guardians of each of the children in care.   Weight #7   1. An early learning provider must not take ear or rectal temperatures to determine a child’s body temperature.    1. Providers must use developmentally appropriate methods when taking infant or toddler temperatures (for example, digital forehead scan thermometers or underarm auxiliary methods);    2. Oral temperatures may be taken for preschool through school-age children if single use covers are used to prevent cross contamination; and    3. 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 to continue work, or allowing household members to participate in child care activities. Weight #6 |  |  | | |
| **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. | | | | |

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| **Health Practices - Immunizations** | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | | |
| WAC 170-296A-3250  Immunization tracking  The licensee is required to track each child's immunization status. The licensee must:  (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;  (2) Develop a system to update and keep individual immunization records current to include when immunizations are received; and  (3) Have the CIS or similar forms for each currently enrolled child available in the licensed space for review by the licensor.  WAC 170-296A-3275  Accepting a child who does not have current immunizations  (1) The licensee may accept a child who is not current with immunizations on a conditional basis if immunizations are:  (a) Initiated before or on enrollment; and  (b) Completed as soon as medically 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. | WAC 170-295-7020  Am I required to track immunizations?  (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:  (a) See that each child has a completed certificate of immunization status form submitted or on file before the first day of child care;  (b) Develop a system to audit and update as scheduled the information on the certificate of immunization status forms;  (c) Meet any requirement of state board of health WAC 246-100-166; and  (d) Have available on the premises the certificate of immunization status forms for review by the health specialist, licensor, the department of health, and nurse consultant.  (2) You may accept a child whose immunizations are started but not up to date on a "conditional" basis if:  (a) For children whose records are difficult to obtain (such as foster 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. | **170-300-0210**  **Immunizations.**  (1) An early learning provider must obtain from the parent or guardian of an enrolled child one of the following immunization records:  (a) A current and complete DOH certificate of immunization status (CIS) (found at <https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers>);  (b) A current and complete immunization form from the Washington State Immunization Information System (WA IIS); or  (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 <https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers>).  Weight #6  (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. Weight #5  (3) To track the immunization status for each child in care, an early learning provider must implement a system to maintain and update each child’s immunization records. For each child currently enrolled in the early learning program, the CIS form, the immunization form from the WA IIS, or COE form must be available in the licensed space for review by department licensors, health specialists, and health consultants. Weight #5  (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   1. 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** | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | |
| WAC 170-296A-3300  Immunizations—Exemption  The licensee may accept a child without any immunizations if the parent or guardian provides:  (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. | WAC 170-295-7020  Am I required to track immunizations?  (3) If a parent or health care 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). | **170-300-0211**  **Children exempt from immunizations.**  (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 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  (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](http://apps.leg.wa.gov/RCW/default.aspx?cite=43.215&full=true#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>.  DEL believes that requiring infants, toddlers, and other enrolled children to be immunized for vaccine-preventable diseases is a 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** | | | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | |
| WAC 170-296A-3315  Medication management  (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.  (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 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 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:   |  |  |  |  | | --- | --- | --- | --- | | Medication Storage 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. | | | | | | (3) | If the medication is a (an): | The medication must be stored in a locked container or cabinet. | The medication must be stored inaccessible to children. | | (a) | Individual’s emergency rescue medications: |  |  | | (i) | Any medication used to treat an allergic reaction; |  | X | | (ii) | Nebulizer medication; |  | X | | (iii) | Inhaler; |  | X | | (iv) | Bee sting kit; |  | X | | (v) | Seizure medication; |  | X | | (vi) | Other medication needed for emergencies. |  | X | | (b) | Nonprescription medications, including herbal or natural: |  |  | | (i) | Pain reliever, cough syrup, cold or flu medication; | X |  | | (ii) | Vitamins, all types including natural; | X |  | | (iii) | Topical nonprescription medication; |  | X | | (iv) | Hand sanitizer, when not in use. |  | X | | (c) | Prescription medication: |  |  | | (i) | Intended use - Topical; | X |  | | (ii) | Intended use - Ingestible, inhaled or by injection. | X |  | | (d) | Pet medications (all types). | X |  |   **WAC 170-296A-3375**  **Medication permission.**  (1) The licensee must have written permission from a child's parent or guardian to give a child any medication. The permission must include:  (a) Child's name;  (b) Name of the medication and condition being treated;  (c) Dose and frequency to be given;  (d) Instructions for any specialized equipment or procedures for giving the child's medication;  (e) Start and stop date for administering medication not to exceed thirty calendar days, except as provided in subsection (2) of this 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 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](http://apps.leg.wa.gov/wac/default.aspx?cite=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](http://apps.leg.wa.gov/wac/default.aspx?cite=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](http://apps.leg.wa.gov/wac/default.aspx?cite=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. | WAC 170-295-3060  Who can provide consent for me to give medication to the children in my care?  (1) Parents must give written consent before you give any child any medication. The parent's written consent must include:  (a) Child's first and last name;  (b) Name of medication;  (c) Reason for giving medication;  (d) Amount of medication to give;  (e) How to give the medication (route);  (f) How often to give the medication;  (g) Start and stop dates;  (h) Expected side effects; and  (i) How to store the medication consistent  with directions on the medication label.  (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.  (5) 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.  (6) 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.  (7) 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.  (8) You must have written consent from a health care provider with prescriptive authority prior to providing:  (a) Vitamins;  (b) Herbal supplements; and  (c) Fluoride.  WAC 170-295-3070  How must I store medications?  (1) You must store medications in 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.  WAC 170-295-3080  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.  WAC 170-295-3090  How do I handle left over medication?  You must not keep old medications on site. When a child is finished with a medication, you must either:  (1) Give it back to the parent; or  (2) Dispose of it by flushing medication(s) down the toilet.  WAC 170-295-3100  When can children take their own medication?  (1) Children can take their own medication if they:  (a) Have a written statement from the parent requesting the child take their own medication;  (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  (c) Meet all other criteria in chapter 170-295 WAC including storage of medications.  (2) A staff member must observe and document that the child took the medication.  **WAC 170-295-3110**  **Do I need special equipment to give medication?**  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.  **WAC 170-295-3130**  **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.  that the staff person has been oriented.  (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 | **170-300-0215**  **Managing and storing medication.**  (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. Weight #8  (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). Weight #7  (3) An early learning provider must administer medication to children in care as follows:   1. **Prescription Medication.**   Prescription medication must only be given to the child named on the prescription. Prescription medication must be prescribed 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:   * 1. A child’s first and last name;   2. The date the prescription was filled;   3. The name and contact information of the prescribing health professional;   4. The expiration date, medical need, dosage amount, and length of time to give the medication;   5. Instructions for the administration, storage, and disposal of the medication; and   6. The possible side effects of the medication.  1. **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.    1. 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;    2. Non-prescription medication must only be given to the child named on the label provided by the parent or guardian; and    3. A medication authorization form allowing a provider to give non-prescription medication to a child must be signed by that child’s parent or guardian. Weight #7   (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 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  (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  (12) A parent or guardian may authorize an early learning provider to administer the following for up to 180 calendar days:   1. Diaper ointments used as needed and intended only for the diaper area of children; 2. Sunscreen; 3. Lip balm or lotions; and 4. Hand sanitizers or hand wipes with alcohol, which may be used only for children over 24 months old. Weight #4   (13) An early learning provider must keep a current written medication log that includes:   1. A child’s first and last name; 2. The name of the medication that was given to the child;   (c) The dose amount that was given to the child;   1. Notes about any side effects exhibited by the child;   (d) The date and time of each medication given or reasons that a particular medication was not given; and   1. The name and signature of the person that gave the medication. Weight #6   (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) recommendations for medication disposal. Weight #5  (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 |  |  | |
| **Justification:**  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.  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** |  |  |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** |  |  | |
| WAC 170-296A-4625  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 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](http://apps.leg.wa.gov/WAC/default.aspx?cite=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](http://apps.leg.wa.gov/WAC/default.aspx?cite=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 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](http://apps.leg.wa.gov/WAC/default.aspx?cite=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](http://apps.leg.wa.gov/WAC/default.aspx?cite=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 provided in WAC [170-296A-0010](http://apps.leg.wa.gov/WAC/default.aspx?cite=170-296A-0010). | WAC 170-295-4080 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.  WAC 170-295-4090 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 requirements of WAC [170-295-5100](http://apps.leg.wa.gov/WAC/default.aspx?cite=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  (e) A mounted toilet paper dispenser within arms reach of the user with a constant supply of toilet paper for each toilet.  (2) Children eighteen months of age or younger are not included when determining the number of required flush-type toilets.  (3) If urinals are provided, the number of urinals must not replace more than one-third of the total required toilets.  (4) Toilet fixture heights must be as follows:   |  |  | | --- | --- | | If the age group is: | The toilet fixture height must be: | | (a) Toddler:  Eighteen months through 29 months | (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. | | (b) Preschool or older:  Thirty months of age through six years of age not enrolled in kindergarten or elementary school | (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. |   (5) Handwashing sink heights must be as follows:   |  |  | | --- | --- | | If the age group is: | The sink height must be: | | (a) Toddler:  Twelve months through 29 months | (i) Eighteen - 22 inches; or  (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink. | | (b) Preschool or older:  Thirty months of age through six years of age not enrolled in kindergarten or elementary school | (i) Twenty-two - 26 inches; or  (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink. | | (c) School age:  Over five years of age or enrolled in kindergarten or elementary school | (i) Twenty-six - 30 inches; or  (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink. |   (6) Infants are not included when 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. | **170-300-0220**  **Bathroom space and toilet training.**   1. An early learning provider must provide at least one indoor bathroom in the licensed space that complies with the following: 2. 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; 3. 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 size requirements for children, a platform may be used that is easily cleanable and resistant to moisture and slipping.    1. For handwashing, a faucet must provide warm running water between 80 and 120 degrees Fahrenheit;    2. Sinks and faucets must be located in the bathroom or immediately outside each bathroom;    3. Bathroom sinks must have water controls that are accessible to the intended user;and    4. Bathroom sinks must not be used as a drinking source or for food preparation. 4. 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; 5. A mounted toilet paper dispenser for each toilet must be within arm’s reach of a child; 6. A window or exhaust fan must ventilate each bathroom; 7. 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 8. If an early learning program premises is equipped with a bathtub or shower, the provider must:    1. Not give a bath or shower to any child without the parent or guardian’s written, signed, and dated consent;    2. Only use the bath or shower to clean a child after an accident such as diarrhea or vomiting incident;    3. Ensure the area around a bathtub or shower is equipped with a conveniently located grab bar, or a nonskid floor, pad, or surface;    4. Provide constant supervision to a child taking a shower or bath; and    5. Make the bathing facility inaccessible to children when not being used by children. Weight #6 9. 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: 10. Positive reinforcement (which may not include food items); 11. Culturally sensitive methods; 12. Developmentally appropriate methods; and 13. A toilet training routine developed in agreement with the parent or guardian. Weight #5 14. 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 soiled. Weight #5 15. Toilet training equipment must be cleaned in a designated sink that must not be used for food preparation, handwashing, or clean up. 16. 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 17. 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 18. An early learning provider must post and follow a stand-up diapering procedure (found at <https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers>). Weight #4 |  |  | |
| **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. | | | | |

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| **Health Practices – Diaper changing areas and disposal** | | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | | |
| WAC 170-296A-7250  Diapering and toileting  (1) The licensee must provide a diaper changing area that is separate from any area where food is stored, prepared or served.  (2) The 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 clean up;  (b) Have a sturdy surface or mat that is:  (i) Not torn or repaired with tape;  (ii) Easily cleanable;  (iii) Waterproof; and  (iv) Large enough to prevent the area underneath from being contaminated with bodily fluids.  (3) The diapering area must be cleaned and disinfected as provided in WAC [170-296A-0010](http://apps.leg.wa.gov/WAC/default.aspx?cite=170-296A-0010) between each use.  (4) A nonabsorbent, disposable covering that is discarded after each use may be used on the diaper changing mat.  (5) The diaper changing surface must be free of all other items not used in diapering the child.  WAC 170-296A-7275  Diaper disposal  (1) The licensee must provide a container specifically for diaper and 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.  (2) If disposable diapers are used, the diaper disposal container must be emptied to the outside garbage can or container daily.  (3) 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.  (4) 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. | WAC 170-295-4120 What must I do to be sure that diaper changing is safe and does not spread infections?  (1) Your diaper changing table and area must:  (a) Have a washable, moisture resistant diaper-changing surface that is cleaned and sanitized between children;  (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;  (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;  (d) Be on moisture impervious and washable flooring that extends at least two feet surrounding the diaper changing and handwashing area; and  (e) Be directly adjacent to a sink used for handwashing supplied with:  (i) Warm running water (between 85 degrees Fahrenheit and 120 degrees Fahrenheit);  (ii) Soap; and  (iii) A sanitary method for drying hands (single-use towels).  (2) You must have the diaper changing procedure posted and must follow the steps included.  (3) You must not leave the child unattended during the diaper change.  (4) You must not use the safety belts on diaper changing tables because they are neither cleanable nor safe.  (5) You must not place anything on the diaper-changing table, counter or sink except the child, changing pad and diaper changing supplies.  (6) 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.  (7) Reuseable 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. | **170-300-0221**  **Diaper changing areas and disposal.**   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 area is required at a family home early learning provider. 2. A diaper changing area must:    1. Be separate from areas where food is stored, prepared, or served;    2. Have a sink with hot and cold running water, not used for food preparation and clean up;    3. Have a sturdy surface or mat that:       1. Is not torn or repaired with tape;       2. Washable;       3. 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;       4. Large enough to prevent the area underneath the diaper changing area from being contaminated with bodily fluids; and    4. On moisture resistant, washable material that surrounds and extends at least two feet from the diaper changing station and handwashing area; and    5. Be uncluttered and not used for storage of any items not used in diapering a child. Weight #6 3. An early learning provider must not leave a child unattended on the diaper changing surface or mat during the diaper changing process; Weight #8 4. An early learning provider must not use safety belts on diaper changing tables because they are neither cleanable nor safe; and Weight #6 5. An early learning provider must post an easily viewable diaper changing procedure and must follow each step described in the procedure. Weight #5 6. If using a diaper changing station at an early learning program, it must be: 7. Within arm’s length of a handwashing sink; and 8. On moisture resistant, washable material that surrounds and extends at least two feet from the diaper changing station and handwashing area; and either:    1. 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    2. A wall mounted diaper changing station that meets manufacturer guidelines and specifications in addition to the requirements of this section. Weight #5 9. If reusable or cloth diapers are used, the diapers must: 10. Not be rinsed; and 11. 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.   Weight #6   1. An early learning provider must provide a container designated for disposing of soiled diapers and diapering supplies only. The diaper disposal container must be: 2. Hands-free and covered to prevent cross contamination; 3. Lined with a disposable plastic trash bag; 4. Within arm’s length of the diaper changing area; and 5. 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** |  |  |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | | |
| WAC 170-296A-4800  Pet and animal policy  A licensee who has a pet or other animals on the premises must:  (1) Inform children's parents and guardians that the licensee has a pet 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 wash their hands as required under WAC [170-296A-3625](http://apps.leg.wa.gov/wac/default.aspx?cite=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](http://apps.leg.wa.gov/wac/default.aspx?cite=170-296A-4925).  (3) Remove feces right away if an animal relieves itself in the outdoor licensed space.  (4) Clean and disinfect the area immediately when a pet leaves feces, urine, blood, or vomit in the indoor licensed space. | WAC 170-295-5170  Can we have animals at the center?  (1) When animals are on the center premises you must:  (a) Notify the parents in writing that animals are on the premises and the potential health risks associated 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;  (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.  (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.  (4) Animals with a history of biting or other aggressive behaviors must not be on the premises of the child care center.  (5) You must ensure children wash their hands after handling animals. | **170-300-0225**  **Pets and animals.**   1. An early learning provider may have pets or other animals on the early learning program premises. Weight NA 2. Before allowing pets or animals on the early 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 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 must:  (a) Directly supervise children interacting with these animals to reduce the risk of Salmonella;  (b) Wash their hands before and after interacting with these animals; and  (c) Require that the children wash their hands before and after interacting with these animals. Weight #7  (7) An early learning provider must require:  (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;  (b) Pet containers, cages, and litterboxes to be cleaned and disinfected at least weekly or more often if needed;  (c) Litter boxes to be kept inaccessible to children;  (d) Animal wastes and litter to be disposed of immediately and the area disinfected;  (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;  (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  (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. | | | | | |

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| **Health Practices – First aid supplies** | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | | |
| WAC 170-296A-4075  1) The licensee must have a complete first-aid kit at all times:  (a) In the licensed space;  (b) On any off-site trip; and  (c) In any vehicle used to transport children in care.  (2) A complete first-aid kit must include clean:  (a) Disposable nonporous protective gloves;  (b) Adhesive bandages of various sizes;  (c) Small scissors;  (d) Tweezers;  (e) An elastic wrapping bandage;  (f) Sterile gauze pads;  (g) Ice packs;  (h)(i) Mercury free thermometer that is:  (A) Used with a disposable sleeve; or  (B) Cleaned and sanitized after each use; or  (ii) A single-use thermometer that is disposed of after a single use;  (i) A sling, or a large triangular bandage; and  (j) Adhesive tape.  (3) The first-aid kit must include a current first-aid manual. | WAC 170-295-5010    (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:  (a) A supply for each vehicle used to transport children; and  (b) A portable supply, which can be taken on walks and field trips.  (2) You must store first aid supplies:  (a) Inaccessible to children;  (b) In an area easily accessible to staff;  (c) Separate from food; and  (d) In a clean and safe manner to prevent contamination such as in a tackle box or other container, away from chemicals and moisture.  (3) Your first-aid kit must include at least:  (a) A current first-aid manual;  (b) Sterile gauze pads;  (c) Small scissors;  (d) Band-Aids of various sizes;  (e) Roller bandages;  (f) Large triangular bandage (sling);  (g) Nonsterile protective gloves;  (h) Adhesive tape;  (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. | **170-300-0230**  **First aid supplies.**  (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. Weight #7  (2) A first-aid kit must only include:  (a) Disposable nonporous protective gloves;  (b) Adhesive bandages of various sizes;  (c) Small scissors;  (d) Tweezers;  (e) An elastic wrapping bandage;  (f) Sterile gauze pads;  (g) Ice packs;  (h) A mercury free thermometer that uses disposable sleeves, or is cleaned and sanitized after each use;  (i) A sling, or a large triangular bandage;  (j) Adhesive tape;  (k) A CPR mask with a one way valve; and  (l) A current first-aid manual. Weight #1  (3) A first aid kit must:   1. Be stored in an easily accessible location for staff; 2. Be inaccessible to children; 3. Be separate from food or chemicals; 4. Be kept clean and sanitary; 5. Be stored in a manner that prevents contamination; and 6. 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 kid 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. | | | | | |

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| **Health Practices – Safe water sources** | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | |
| WAC 170-296A-1400  Private well and water system.  (1) If the licensed family home 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](http://apps.leg.wa.gov/WAC/default.aspx?cite=173-50) WAC:  (a) Within six months prior to submitting an initial license application under WAC [170-296A-1250](http://apps.leg.wa.gov/WAC/default.aspx?cite=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;  (b) If the retest indicates the presence of coliform bacteria or nitrate greater than ten ppm, immediately stop using the well water 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. | WAC 170-295-5070  (1) You must have hot and cold running 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](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-290) WAC (Group A systems) or chapter [246-291](http://apps.leg.wa.gov/WAC/default.aspx?cite=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 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. | **Adopted Permanent Rule**  **170-300-0235**  **Safe water sources.**   1. Hot and cold running water shall be supplied to early learning program premises. Weight #7 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:    1. 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;    2. Consult with the department of health for technical assistance; 3. Contact and advise the department of the water test results and steps taken to protect enrolled children; 4. Notify all parents and guardians of the test results; and 5. Notify the department once lead and copper levels are below the current EPA action level. Weight #7 6. 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.    1. 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:    2. No presence of coliform bacteria; and    3. 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.    4. If well water tests positive for coliform bacteria, or greater than ten ppm for nitrates, the provider must:       1. Immediately stop using the well water in the child care premises; and       2. Immediately inform the local health jurisdiction or the department of health and the department of the positive test results.    5. 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.    6. 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:   1. 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 2. 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 a 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. | | | | |

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| **Health Practices – Safe drinking water** | | | | | |
| **Family Home WAC** | **Center WAC** | **Proposed WAC** | **Satisfactory/Minor/Major revisions; Concerns; Suggested Alternate Language** | **Conflicts with ECEAP, Head Start, Schools District Standards and Practices** | | |
| WAC 170-296A-7575  The licensee must supply safe drinking water for the children in care. Drinking water must be served in a safe and sanitary manner and be available throughout the day. See WAC [170-296A-1400](http://apps.leg.wa.gov/WAC/default.aspx?cite=170-296A-1400) for water testing requirements for a family home child care that receives its drinking water from a private well and water system. | 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. | **170-300-0236**  **Safe drinking water.**   1. An early learning program’s drinking water must: 2. Be offered frequently and readily available to children at all times; 3. Be offered in outdoor play areas, in each classroom for centers, and in the licensed space for family homes; 4. Be served in a manner that prevents contamination; 5. Not be obtained from a handwashing sink used with toileting; and 6. Be served fresh daily or more often as needed.   Weight #7   1. All drinking equipment must be cleaned and sanitized: 2. On a daily basis or more often as needed; and 3. Between uses by different children. Weight #7 4. An early learning program may serve drinking water from: 5. Single use or reusable drinkware; 6. Individual water bottles; 7. Pitchers; or 8. Drinking fountains. Weight #5 9. Drinking fountains at an early learning program must: 10. Not be attached to handwashing sinks; 11. Not be located in bathrooms; 12. Not be a “bubble type” fountain; and 13. 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. | | | | |