

NRM Environment 0260-0296 Questions

WAC	Question	Answer
170-300-0260(2) Storage areas and storage rooms must:(a)Be inaccessible to children;(b)Have locking doors or other methods to prevent child access; (c)Have moisture resistant and easily cleanable floors;(d)Have shielded or shatter-resistant lighting;(e)Have a designated maintenance or janitorial utility sink, or another method to dispose of wastewater (kitchen sinks must not be used for disposal of wastewater); and(f)Be kept clean and sanitary.	Is this for Centers only? Clarification	No. WAC 170-300-0260(2) applies to all early learning providers, which is defined and includes family home providers.
170-300-0260(3) Storage areas and rooms that contain chemicals, utility sinks, or wet mops must be ventilated to the outdoors or exterior window or mechanical ventilation.	Is this for Centers only? Clarification	No. WAC 170-300-0260(2) applies to all early learning providers, which is defined and includes family home providers.
170-300-0260(4) Maintenance and janitorial supplies and equipment must be stored in a location that is inaccessible to children including, but not limited to: tools, saws, power tools, lawn mowers, mops, brooms, toilet plungers, toilet brushes, and vacuums.	Is this for Centers only? Clarification Does this apply to child size brooms? What does "inaccessible" mean? (outside the door? in a cabinet? Having a broom down the hall isn't helpful)	No. WAC 170-300-0260(4) applies to all early learning providers, which is defined and includes family home providers. Inaccessible would mean not accessible. "Accessible to children" is defined and means "items, areas, or materials of an early learning program that a child can reasonably reach, enter, use, or get to on their own."
170-300-0265(1) An early learning provider must offer a supervised daily rest period for children preschool age and younger who remain in care more than six hours per day, or who show a need for rest.	Concerns on this 30 inches away, If providers are not able to comply will their capacity be effected?	The capacity of the early learning program will be determined by the square footage for children found in WAC 170-300-0354. WAC 170-300-0265 (8) requires that there be 30 inches on each side of the mat to prevent the spread of germs between children. According to CFOC, although children freely interact with each other throughout the day

NRM Environment 0260-0296 Questions

		while awake, the nap mat distance will reduce the overall dose of germs or infectious diseases during rest periods.
170-300-0270(4)An early learning provider must:(a)Keep children in continuous sight and hearing range at all times while they are awake, except where children demonstrate the need for privacy to change clothes prior to sleeping and can safely do so;(b)Maintain required staff-to-child ratios; and(c)Have department approval prior to using night latches, deadbolts, or security chains.	Is it possible for you to supervise (see and hear) infants while sleeping and see and hear all other children at the same time?	DEL is working on revision to supervision standards. Alternate language will be discussed by stakeholders during NRM.
170-300-0275(2) An early learning provider must complete the department required Infant Safe Sleep training pursuant to WAC 170-300-0106(8).	Clarification? Why is this for all provider? Not all enroll infants	Additional language will be included in this section to align with the training requirement. In WAC 170-300-0106(9), it states “Early learning providers licensed to care for infants or toddlers must complete the department Safe Sleep training.”
170-300-0280(3)To prepare bottles, an early learning provider must:(a) Clean bottles and nipples before each use using warm soapy water and a bottlebrush and sanitize by boiling in hot water for one minute, or pursuant to WAC 170-300-0198;(b) Wash hands in a sink cleaned and sanitized prior to preparing bottles;(c) Obtain water from a sink used for bottle or food preparation only, or from another approved source, such as bottled water. Water from a handwashing or diaper changing sink may not be used for bottle preparation;(d) Use bottles and nipples in good repair with no stains, discoloration, or	Are we washing the bottles twice?	No. This section only requires providers to wash and sanitize bottles “before each use”.

NRM Environment 0260-0296 Questions

<p>cracks; (e) Use glass or stainless steel bottles or use plastic bottles labeled with "1," "2," "4," or "5" on the bottle. A plastic bottle must not contain the chemical bisphenol-A or phthalates;(f) Prepare infant formula according to manufacturer’s directions and never serve infant formula past the expiration date on the container;(g) Not heat a bottle in a microwave; (h) Warm bottles under running warm water or in a container of water not warmer than 120 degrees Fahrenheit;(i) Keep bottle nipples covered if bottles are prepared ahead, and clearly label the bottle with the infant’s first and last name and date it was prepared; (j) Store prepared and unserved bottles in the refrigerator;(k) Not allow infants or toddlers to share bottles or cups; and(l) Throw away contents of any bottle not fully consumed within one hour (partially consumed bottles must not be put back into the refrigerator)</p>		
<p>170-300-0281(2)Label the breast milk container with the child’s first and last name and the date received;</p>	<p>For In home or center?</p>	<p>This section applies to both family home and center early learning environments.</p>
<p>170-300-0281(4)Keep frozen breast milk for no more than two weeks;</p>	<p>Proof behind it? Federal regulation?</p>	<p><i>Caring for Our Children, 3rd Edition</i> Standard 4.3.1.3, specifies that human milk stored in the freezer compartment of a refrigerator may be frozen up to two weeks. While certain other types of freezers may preserve human milk for longer periods, for purposes of simplicity for the early learning programs, this standard is proposed.</p>
<p>170-300-0291(1)(c)Placing an infant to sleep on his or her back or following the current</p>	<p>If the infant rolled over in its sleep, it's able to independently roll over. Disruptive to roll</p>	<p>Being “able to independently roll” means that an infant must both be able to “roll from back</p>

NRM Environment 0260-0296 Questions

<p>standard of American Academy of Pediatrics. If an infant turns over while sleeping, the provider must return the infant to his or her back until the infant is able to independently roll from back to front and front to back;</p>	<p>children over. Is this in Safe Sleep?</p>	<p>to front and front to back”. This standard is consistent with the AAP recommendations of proper and safe sleeping positions for infants.</p>
<p>170-300-0295(2)An early learning provider must ensure an adequate supply of age and developmentally appropriate program materials and equipment for infants and toddlers in the early learning program. Materials and equipment must meet individual, developmental, and cultural needs of children in care, and must be:(a)Clean and washable or disposable;(b)Nonpoisonous, free of toxins, and meet ASTM D-4236 (the American Society for Testing and Materials labeling requirements for chronic health hazards); (c)Large enough to prevent swallowing or choking;(d)Safe and in good working condition;(e)Child-size;(f)Accommodating to a range of abilities and special needs of enrolled children, if applicable; (g)Accessible for children to find, use, and return independently; and(h)Removed from the early learning premises as soon as a provider becomes aware an item has been recalled by CPSC.</p>	<p>Clarification? How to reach approval on ASTM?</p>	<p>This standard only requires documentation from the manufacturer that their products meet these standards.</p>
<p>170-300-0296(2)Developmentally appropriate curriculum includes, but is not limited to: (a)Developing infant and toddler language and communication by:(i)Talking and listening to children, encouraging soft infant sounds, naming objects, feelings and desires, and describing actions;(ii)Giving individual</p>	<p>EA requirement ?</p>	<p>This standard is a foundational level of infant and toddler developmental needs. CFOC 2.1.2 indicates the variety of techniques needed to address critical milestones in infant and toddler development. This standard also blends concepts within current family home and center rules.</p>

NRM Environment 0260-0296 Questions

<p>attention to children when needed;(iii)Playing and reading with children;(iv)Mirroring similar infant sounds and sharing a child’s focus of attention;(v)Communicating throughout the day and during feeding, changing, and “cuddle times”; and(vi)Providing materials and equipment that promote language development and communication such as soft books, interactive storybook reading, rhymes and songs, and finger puppets.(b)Developing infant and toddler physical and cognitive abilities by:(i)Allowing each infant supervised tummy time at least three times daily when the infant is awake. As used in this section, “tummy time” means placing an infant in a nonrestrictive prone position, lying on his or her stomach when not in sleeping equipment;(ii)Providing infants and toddlers freedom to explore and learn on their own on the floor in uncluttered or crowded space;(iii)Providing infants and toddlers access to active outdoor playtime. An early learning provider must enforce sun safety precautions for infants younger than six months old by keeping them out of the direct sunlight and limiting sun exposure when ultraviolet rays are strongest (typically from 10:00 a.m. to 2:00 p.m.); and (iv)Encouraging infants and toddlers to play, crawl, pull up, and walk such as, but not limited to, materials and equipment that encourage:(A)Physical and cognitive activities, for example rattles, grasping and reaching toys, busy boxes, nesting cups, small push, and pull toys, riding</p>		<p>As part of the Early Start Act alignment, the Department of Early Learning analyzed all existing licensing, both family home and center rules. The issues identified included duplication, inconsistency, dual language learners (DLL), inclusion and equity, and underscored the importance of the connections between policy, practice, and reporting. There was an identified need to have consistent and clear connections in early learning programs in order to best support providers and the children and families that they serve. At the same time, gaps were noted between family home and center rules, many because of more recent revisions to family home rules than center rules. The revisions respect each unique setting but also seek to align center and family home as appropriate.</p>
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NRM Environment 0260-0296 Questions

<p>toys, balls, squeezable toys, books, dolls, and press-together blocks.(B) Spatial and numeracy understanding, for example counting toys, soft blocks and toys with different sizes (measuring cups, spoons, etc.), and toys with different shapes and colors to help introduce sorting and categorization.(c)Developing infant and toddler social and emotional abilities by:(i)Providing social contact with infants and toddlers in addition to time spent feeding, diapering and bathing by playing with children, naming and acknowledging emotions, and encouraging peer interaction;(ii)Immediately investigating cries or other signs of distress; (iii)Providing comfort to an upset or hurt child;(iv) Responding to a child’s verbal and non-verbal cues;(v)Responding to infants and toddlers without being harsh;(vi)Intervening during negative peer interactions such as when a child grabs other children’s toys, pulls hair, or bites;(vii)Providing physical stimulation through holding, cuddling, rocking, talking, singing, playing, carrying, and changing positions; and(viii)Providing materials and equipment that promote social and emotional activities such as pictures of children and adults exhibiting different emotions, pictures of infants and family members, dolls and soft toys, rattles, music, and dancing scarves.</p>		
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WAC	Question	Answer
170-300-0160 (2)	What does it look like “to stop” biased behavior? Will there be a guide or reference doc on what this looks like?	<p>The provider can intervene to stop biased behaviors in a variety of ways, including redirection or guiding the child into a different area. Modeling is an effective method to affirm children in appropriate behaviors. Providers can elect to stop this behavior in the way they feel is best for their staff, enrolled children, and circumstances of any given situation.</p> <p>DEL is collaborating on training components with stakeholders and internal expertise to provide implementation support to this new standard.</p>
170-300-0165 (1) (b)	Can you confirm that (b) is not weighted because it refers to section 0146 which is weighted? Could (b) read as “Weight NA”? This seems duplicative; does it need to be included?	Currently section 0165(1)(b) has a weight of #3. DEL will review the potential duplication in 0146 to ensure that appropriate and duplicative language is removed.
170-300-0165 (2) (g)	Can you clarify what “next to” means in terms of distance?	“Next to” should be interpreted as commonly understood and in conjunction with the circumstances of any given case. Assessment of risk of harm or hazard must be considered when choosing the placement of items that children will be in our access.
170-300-0165 (3) (e)	What is the data around “Entrapment” occurring?	DEL will research this request

170-300-0165 (5) (b) (g)	Can you clarify what “near” means in terms of distance?	“Near” should be interpreted as commonly understood and in conjunction with the circumstances of any given case. Assessment of risk of harm or hazard must be considered when choosing the placement of items that children will be in our access.
170-300-0170 (2)	When can we expect this form to be available?	The SFM has developed the form and it currently is in the final review. The form will be accessible to DEL prior to the August 2018 implementation of WAC 170-300. The form will be posted on DEL’s website and a link will be established for online use within the standards.
170-300-0265 (8)	What is the intention of positioning children “head to toe” or “toe to toe”?	<p>The head to toe or toe to toe standard is to reduce the spread of disease from one child to another. Although children interact all throughout the day and can spread germs while awake, rest mat distance and positioning can help reduce the overall exposure at least during rest periods. This rest placement also supports less interaction between children to promote settling during rest time.</p> <p>This is consistent with CFOC recommendations.</p>