

NEGOTIATED RULE MAKING

Dates: September 21 23, 2017

Location: Red Lion Hotel, Renton, Washington

Participants: Family Home Child Care Providers
Center Child Care Providers
Families/Parents
Head Start/ECAP Providers
DEL Licensing Staff

Others Present: Tina Chen-Xu, Hallie Wells, Zane Wyrick, Public Consulting Group, Facilitators
Lori Anderson, Department of Early Learning, Mediator
Debbie O'Neil, Tyler Farmer, Department of Early Learning, Data & Content
Experts
Luba Bezborodnikova, Project Manager

Agenda: See Attachment A

Summary: See Attachment B

Public Comment: Rachel Acheson, Little Edisons School, Pullman, WA
Julie Schroath, Washington Child Care Alliance
James Watson
Family Home Child Care Providers

Materials available online at <https://www.del.wa.gov/Negotiated-Rule-Making>

Negotiated Rule Making

Thursday, September 20, 2017
10 AM – 4:00 PM

10:00 – 11:00 AM	Welcome <ul style="list-style-type: none">• Announcement and Logistics• Team Caucus
11:00– NOON	Negotiation <ul style="list-style-type: none">• Subgroup Breakouts
NOON-1:00 PM	LUNCH
1:00 – 1:15 PM	Team Caucus
1:15 – 2:30 PM	Negotiation <ul style="list-style-type: none">• Subgroup Breakouts
2:30 – 2:40 PM	BREAK
2:40- 3:30 PM	Negotiation <ul style="list-style-type: none">• Subgroup Breakouts
3:30 – 3:50 PM	Public Comments** <i>Team Caucus, if time allows</i>
3:50 – 4:00 PM	Wrap up, Friday logistics

Friday, September 21, 2017
8:30 AM – 4:00 PM

8:30 – 9:00 AM	Welcome <ul style="list-style-type: none">• Announcement and Logistics• Team Caucus
9:00 – 10:00 AM	Negotiation <ul style="list-style-type: none">• Subgroup Breakouts
10:00 – 10:10 AM	BREAK
10:10– 11:15 AM	Negotiation <ul style="list-style-type: none">• Subgroup Breakouts
11:15- 11:25 AM	BREAK
11:25- NOON	Negotiation <ul style="list-style-type: none">• Subgroup Breakouts
NOON-1:00 PM	LUNCH

1:00 – 1:15 PM	Team Caucus
1:15 – 2:30 PM	Negotiation <ul style="list-style-type: none"> • Subgroup Breakouts
2:30 – 2:40 PM	BREAK
2:40- 3:30 PM	Negotiation <ul style="list-style-type: none"> • Subgroup Breakouts
3:30 – 3:50 PM	Public Comments** <i>Team Caucus, if time allows</i>
3:50 – 4:00 PM	BREAK
4:00 – 5:00 PM	Planning – Beyond October
5:00 – 6:00 PM	<i>Optional: Negotiation if needed</i>

Saturday, September 22, 2017
8:30 AM – 3:30 PM

8:30 – 9:00 AM	Welcome <ul style="list-style-type: none"> • Announcement and Logistics • Team Caucus
9:00 – 10:00 AM	Consensus Taking
10:00 – 10:10 AM	BREAK
10:10 –11:15 AM	Consensus Taking
11:15- 11:25 AM	BREAK
11:25 – NOON	Consensus Taking
Noon – 1:00 PM	LUNCH
1:00 – 2:15 PM	Consensus Taking
2:15 – 2:25 PM	BREAK
2:25- 2:50 PM	Consensus Taking
2:50 – 3:20 PM	Public Comments**
3:20 – 3:30 PM	Wrap up

** Excess time will be used for negotiation or preparing for the next day, as necessary.

The following table outlines the progress made during the September 2017 Negotiated Rule Making.

ENVIRONMENT		
SECTION	TITLE	RESOLUTION
170-300-0198	Food preparation areas	Consensus reached on 1, 2, and 5 DEL to review/edit 3, 4
170-300-0200	Handwashing and hand sanitizer	Consensus reached
170-300-0205	Child, staff, and household member illness	Consensus reached
170-300-0210	Immunizations	Negotiated by subgroup and in queue for consensus
170-300-0211	Children exempt from immunizations	Re-written by DEL writers and combined into 0210. 0211 eliminated
170-300-0215	Managing and storing medications	Consensus reached
170-300-0220	Bathroom space and toilet training	Consensus reached
170-300-0221	Diaper changing areas and disposal	Consensus reached
170-300-0225	Pets and animals	Consensus reached
170-300-0230	First aid supplies	Consensus reached
170-300-0235	Safe water sources	Consensus reached
170-300-0236	Safe drinking water	Consensus reached
170-300-0240	Clean and healthy environments	Consensus reached
170-300-0241	Cleaning schedules	Consensus reached
170-300-0245	Laundry and equipment	Consensus reached
170-300-0250	Private septic systems	Consensus reached
170-300-0260	Storage of maintenance and janitorial supplies	Consensus reached 1-4 Subsection (5) tabled for TA/Resolution

170-300-0198- Consensus Reached on 1, 2, 5; DEL writers redrafting 3, 4 for further negotiation

Food preparation areas. [AL1]

- (1) An early learning provider or staff must clean and sanitize food preparation [TC2] areas and eating surfaces before and after each use. **Weight #6**

- (2) In an early learning program's food preparation area, kitchens must:
 - (a) Have walls, counter tops, floors, cabinets, and shelves that are:
 - (i) Maintained in good repair including, but not limited to, being properly sealed without chips, cracks, or tears; and
 - (ii) Moisture resistant.
 - (b) Have a properly maintained and vented range hood, exhaust fan, or operable window; and
 - (c) Have a properly maintained and working refrigerator, freezer, or a combination refrigerator and freezer with sufficient space for proper storage and cooling of food. **Weight #6**

* Subsection (3) has been tabled for DEL writers to redraft.

- (3) A center early [WH3] learning program must have:
 - (a) A handwashing sink separate from dishwashing facilities;
 - (b) A food preparation sink located in the food preparation area; and
 - (c) A method to clean and sanitize dishes, pans, and kitchen utensils and equipment in the food preparation area using:
 - (i) A two-compartment sink and an automatic dishwasher that reaches at least 155 degrees Fahrenheit; or
 - (ii) A three-compartment sink method (sink one is used to wash, sink two is used to rinse, sink three contains a sanitizer, and the dishes are allowed to air dry). **Weight #6** [CT4]

*Subsection (4) has been tabled for DEL writers to redraft. DEL writers proposed draft is in the box below. Subsection 4 is to go to negotiation.

- (4) An early learning provider must:
 - (a) Clean and sanitize a sink immediately before using it to prepare food to be served to children in care;
 - (b) Use a colander or other method to prevent food and kitchen utensils from touching the sink basin; and
 - (c) Dishes, pans, and kitchen utensils must be:
 - (i) Cleaned and sanitized by an automatic dishwasher that reaches at least 155 degrees Fahrenheit; or
 - (ii) Hand washed, rinsed, sanitized, and allowed to air dry.

Weight #6

- (4) ~~An~~ A family home early learning provider must:

- (a) Clean and sanitize a sink immediately before using it to prepare food to be served to children in care;
- (b) Use a colander or other method to prevent food and kitchen utensils from touching the sink basin; and
- (c) Dishes, pans, and kitchen utensils must be:
 - (i) Cleaned and sanitized by an automatic dishwasher that reaches at least 155 degrees Fahrenheit; or
 - (ii) Hand washed, rinsed, sanitized, and allowed to air dry. **Weight #6**

(5) An early learning provider may use the kitchen for supervised cooking or food preparation activities with children in care. **Weight #N/A**

170-300-0200- Consensus Reached
Handwashing and hand sanitizer.

~~(1) Early learning program staff, including volunteers, must comply with the following handwashing procedures or those defined by the United States Center for Disease Control and Prevention, and children should strongly be encouraged to. DEL recommends the following steps:~~

- (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) [HW5] Turn water faucet off with using a paper towel or single use cloth towel unless it turns off automatically; and
- (g) Properly discard paper single-use cloth towels after each use. **Weight #NA**

(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 Weight #4**

(3) To prevent children from being burned, air hand dryers must have a heat guard (barrier that prevents user from touching heating element) and turn off automatically. **Weight #6**

(4) Early learning program staff must wash their hands following handwashing procedures listed above:

- (a) When arriving at work;
- (b) After toileting a child;
- (c) Before, during, and after diapering a child ~~or~~ (use a wet wipe in place of handwashing during the middle of diapering only) and must wash hands after diapering is complete; [WZ6]
- (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;
- (m) After gardening activities;
- (n) After handling garbage and garbage receptacles; and
- (o) As needed or required by the circumstances. **Weight #7 Weight N/A**[WZ7]

(5) Early learning program staff must direct, assist, teach, and coach, children to wash their hands, using the steps listed above:

- (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) 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~~ ~~Weight N/A~~^[wz8]

- (6) ~~Hand sanitizers~~^[wz9] 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 field trips when proper handwashing facilities are not available or after wiping a child's nose on the playground;~~
 - (b) Hands are not visibly soiled or dirty;
- ~~Weight N/A~~

- (7) Children should be supervised when using hand ~~sanitizers~~^[HW10] to avoid potential ingestion or contact with eyes, nose or mouths.
- (a) Hand sanitizer should not be used in place of proper handwashing
 - (b) An alcohol-based hand sanitizer must contain 60-95% alcohol to be effective ~~Weight #7~~

170-300-0205- Consensus Reached
Child, staff, and household member illness.

(1) An early learning provider must ~~check~~observe 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/licensed early learning space. **Weight #6**

~~(3) When a child becomes ill, a Licensee, Center Director, Assistant Director, or Program Supervisor and early learning provider or school nurse when applicable~~ must determine whether the child should be sent home and/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 reasonably prevent contact between the ill child and healthy children. **Weight #6**

(4) An ill child must be sent home or reasonably isolated from other children;
(a) If the illness or condition prevents the child from participating in normal activities;
(b) If the illness or condition requires more care and attention than the early learning provider can give;
(c) If the required amount of care for the ill child compromises or places at risk the health and safety of other children in care; or
(d) If there is a risk that the child's illness or condition will spread to other children or individuals. **Weight #7_6**

(5) Unless covered under an individual care plan or protected by the ADA, an ill child, staff member, or other individual must be sent home or isolated from children in care if he or she has:

(a) A fever equal to or greater than 100 degrees Fahrenheit for a person's temperature measured under the arm or by a forehead (temporal artery) scanner. Fever alone does not require that a child be sent home unless accompanied by other symptoms;

(b) A fever 101 degrees Fahrenheit measured orally for preschool age children or older. Fever alone does not require that a child be sent home unless accompanied by other symptoms;

(c) An earache, headache, sore throat, or vomiting;

(d) Diarrhea that includes more than one abnormally loose, runny, or watery stool, or one bloody stool;

(e) A rash not associated with heat, diapering, or an allergic reaction;

(f) Drainage of thick mucus or pus from the eye or nose;

(g) Open sores or wounds discharging bodily fluids;

(h) Lice or scabies. Individuals with head lice or scabies must be excluded from the child care premises beginning from the end of the day the head lice or scabies was discovered. The provider may allow an individual with head

lice or scabies may to return to the premises after receiving the first head lice treatment. An individual with scabies may return 24 hours following the beginning of treatment; (Please check caring for our children and ensure that this should be the same requirement) or

(i) Fatigue that prevents participation in regular activities. **Weight #7_NA**

(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 by a health care professional with a contagious condition listed in the current DOH Notifiable Conditions List |

[HW11](<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions>), an early learning provider must provide written notice to:

- (a) The department and DOH or the local health jurisdiction; and
- (b) Parents or guardians of each of the children in care. **Weight #7**

(7) An early learning provider must not take ear or rectal temperatures to determine a child's body temperature.

- (a) Providers must use developmentally appropriate methods when taking infant or toddler temperatures (for example, digital forehead scan thermometers or underarm auxiliary methods);
- (b) Oral temperatures may be taken for preschool through school-age children if single use covers are used to prevent cross contamination; and
- (c) Glass thermometers containing mercury must not be used. **Weight #6**

(8) An early learning provider may readmit a child into care or a staff member, volunteer, or household member into the early learning program area with written notification from DOH or a health care provider stating the individual may safely return after being diagnosed with a condition from the current DOH Notifiable Conditions List. **Weight #5**

(9) An early learning provider must follow its Health policy (WAC 170-300-0500) before readmitting a child into the program, allowing staff or volunteers to continue work, or allowing household members to participate in child care activities. **Weight #6**

170-300-0210- Subgroup Negotiated/In queue for Consensus Immunizations and exempt children.

~~(1) Unless exempt under WAC 170-300-0211, Before attending an early learning program, aa child is required to be vaccinated against or show proof of acquired immunity for the following vaccine-preventable diseases listed in WAC 246-105-030 as now and hereafter amended. Immunizations forms can be found at <https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers>. A child may be exempt from this requirement pursuant to WAC 170-300-0211. Weight #~~NA~~ before attending an early learning program:~~

- ~~(a) Chickenpox (Varicella);~~
- ~~(b) Diphtheria;~~
- ~~(c) German measles (Rubella);~~
- ~~(d) Haemophilus influenzae type B disease;~~
- ~~(e) Hepatitis B;~~
- ~~(f) Measles (Rubeola);~~
- ~~(g) Mumps;~~
- ~~(h) Pneumococcal disease;~~
- ~~(i) Polio (Poliomyelitis);~~
- ~~(j) Tetanus; and~~
- ~~(k) Whooping cough (Pertussis).~~

~~(2) AAn early learning provider must receive obtain from the parent or guardian of an enrolled child one of the following immunization recordsfor each enrolled child:~~

- ~~(a) A current and complete DOH certificate of immunization status (CIS) or certificate of exemption (COE) or other DOH approved form, pursuant to WAC 246-105-050(found at <https://del.wa.gov/providers-educators/publications-forms-and-research/licensing-forms-and-documents-providers>); or~~
- ~~(b) A current and complete immunization form record 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.or~~
- ~~(e) A form provided by a child's health care provider that contains the same information as the CIS or COE forms.~~

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~~

~~(32) To accept a child who is not current with their immunizations, an early learning 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) The parent or guardian provides a signed and dated statement detailing when the child's immunizations will be brought up to date.

Weight# 3

~~To track the immunization status for each child in care, a~~An early learning provider must implement a system to maintain and update each child's records relating to immunization records or exemptions. For each child currently enrolled in the early learning program, the CIS form, the immunization form from the WA HIS, or COE form ~~All~~These records relating to a child's immunizations or exemptions must be available in the licensed space for review by department licensors, health specialists, and health consultants. ~~Weight #5~~

(34) An early learning provider must maintain and update each child's records relating to immunizations or exemptions, or plans to bring immunizations current. These records must be available in the licensed space for review by department licensors, health specialists, and health consultants.

Weight #5

~~To accept a child into care who does not meet the requirements of subsections (1) and (2) of this section~~a child who is not current with their immunizations, ~~An an~~ 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~~does not meet the requirements of subsections (1) and (2) of this section. T. To accept such a child, the provider must~~ 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, t~~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

(54) An early learning provider may accept homeless or foster children into care without ~~the immunization~~ records listed in this section if the child's family, case worker, or health care provider offers written proof that he or she is in the process of obtaining the child's immunization records. **Weight #5**

(6) For a child attending on a conditional basis under sub-sections (4) or (5), aAn early learning provider may exclude a child from care if:

(a) tThe child's parent or guardian's parent or guardian fails to make progress toward full immunization according to a plan submitted under subsection (34) of this section for the child; or

(b) The parents or guardians of a child with a medical exemption fails to make progress toward full immunization pursuant to WAC 246-105-050(3) upon completion or expiration of medical exemption. for children with medical exemptions.

Weight #5

(72) An early learning provider must notify the 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

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

(1) Weight # NA

170-300-0215- Consensus Reached

Managing and storing medication. Medication

~~(1)~~ Managing medication.

~~(1) An early learning provider must^[CT12] 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 ~~follow~~^{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**

(2) Medication Training. An early learning provider must not give medication to a child if the provider ~~has~~^{has}^[CT13] 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 WAC170-300-0106(10) or other DEL-approved training by DEL.

(c) 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 #6

(3) Medication Administration. An early learning provider ~~must~~^{must}^[CT14] not give medication to any child without written and signed consent from that child's parent or guardian, ~~must administer medication pursuant to directions on the medication label, and~~ ~~(7)~~ using appropriate cleaned and sanitized medication measuring devices.

~~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 #88~~

~~(13) An early learning provider must keep a current written medication log that includes:~~

~~(a) A child's first and last name;~~

~~(b) The name of the medication that was given to the child;~~

~~(c) The dose amount that was given to the child;~~

~~(d) Notes about any side effects exhibited by the child;~~

~~(e) The date and time of each medication given or reasons that a particular medication was not given; and~~

~~(f) 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~~

~~(11) Parents or guardians must provide to early learning providers appropriate medication measuring devices. Weight #6~~

(3(a) An early learning provider must administer medication to children in care as follows:

~~(i) 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:

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

and accompanied with medication authorization form that has the medical need and the possible side effects of the medication. Weight #7

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

~~(i) A parent or guardian must label non-prescription medication with their child's first and last name, the expiration date, medical need, dosage amount, and length of time to give the medication;~~ (i) Non-prescription (over-the-counter) medication

needs to be labeled with child's first and last name and accompanied with medication authorization form that has the expiration date, medical need, dosage amount, age, and length of time to give the medication. Early learning providers must follow the instructions on the label or the parent must provide a medical professional's note; and

(ii) Non-prescription medication must only be given to the child named on the label provided by the parent or guardian; and.

(iii) 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

(iii) **Other non-prescription medication:**^[AL15] An early learning provider must ^[CT16] receive written authorization from a child's parent or guardian and health care provider with prescriptive authority prior to administering if the item does not include age, expiration date, dosage amount, and length of time to give the medication:

- (a) Vitamins;
- (b) Herbal supplements;
- (c) Fluoride supplements;
- (d) Homeopathic or naturopathic medication; and
- (e) Teething gel or tablets (amber bead necklaces are prohibited). Weight #6

(iv) **Non-medical items.** ^[CT17] A parent or guardian may authorize an early learning provider to administer the following non-medical items annually:

- (a) Diaper ointments used as needed and intended only for the diaper area of children;
- (b) Sunscreen
- (c) Lip balm or lotions;
- (d) Hand sanitizers or hand wipes with alcohol, which may be used only for children over 24 months old; and
- (e) Fluoride toothpaste for children two or above. Weight #2

(v) An early learning provider may allow children to take his or her own medication with parent or guardian authorization. The early learning staff member must observe and document that the child took the medication. Weight #7

(vi) An early learning provider must not give ^[AL18]^[AL19] or allow another ^[AL20] 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

(b) Medication Documentation (excluding non-medical items). An early learning provider must keep a current written medication log that includes:

- (a) A child's first and last name;
- (b) The name of the medication that was given to the child;
- (c) The dose amount that was given to the child;
- (d) Notes about any side effects exhibited by the child;
- (e) The date and time of each medication given or reasons that a particular medication was not given; and

(f) The name and signature of the person that gave the medication.
Weight #6

~~(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~~

~~(c5) 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~~

~~(ed) External medication (designed to be applied to the outside of the body) must be stored to provide separation separately from internal medication (designed to be swallowed or injected) to prevent cross contamination. External medication includes medicated ointments, lotions, or liquids applied to the skin or hair. Weight #7~~

(d) 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

170-300-0220 – Consensus Reached
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:

(a)^[AL21] 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;

(i) Staff toilets may be located outside of licensed space on the premises^[AL22].

(b) One working sink and faucet (center early learning programs for every 15 children and staff) that is an appropriate height and size for children. To comply with the height and size requirements for children, a platform may be used that is easily cleanable and resistant to moisture and slipping.

(i) Staff sinks and faucets may be located outside of licensed space on the premises^[AL23].

(ii) For handwashing, a faucet must provide warm running water between 60 and 120 degrees Fahrenheit;

(iii) Sinks and faucets must be located in the bathroom or immediately outside each bathroom;

(iv~~#~~) Bathroom sinks must have water controls that are accessible to the intended user; and

(iv) Bathroom sinks must not be used as a drinking source or for food preparation.

(c) The bathroom must provide privacy while toileting for children of the opposite sex who are four years old or older, and for other children who demonstrate a need for privacy; ^[CT24]

(d) A ~~mounted~~ toilet paper dispenser for each toilet must be within arm's reach of a child;

(e) A window or exhaust fan must ventilate each bathroom;

(f) The bathroom floor must have a washable surface, resistant to moisture, and cleaned and disinfected on a daily basis or more often as needed; and

(g) If an early learning program premises is equipped with a bathtub or shower, the provider must:

(i) ~~Not give a~~ Only give a bath or shower to any child ~~without the~~ with parent or guardian's ~~written, signed, and dated~~ consent;

(ii) Only use the bath or shower to clean a child after an accident such as diarrhea or vomiting incident or during non-standard standards hours;

(iii) Ensure the area around a bathtub or shower is equipped with a conveniently located grab bar, or a nonskid floor, pad, or surface;

- (iv) Provide agedevelopmentally-appropriate ~~constant~~ supervision to a child taking a shower or bath; and
- (v) Make the bathing facility inaccessible to children when not being used by children (in center early learning programs only). **Weight #6**

(2) 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:

- (a) Positive reinforcement (which may not include food items);
- (b) Culturally sensitive methods;
- (c) Developmentally appropriate methods; and
- (d) A toilet training routine developed in agreement with the parent or guardian. **Weight #5**

(3) 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**

(4) Toilet training equipment must be cleaned in a designated sink that must not be used for food preparation, handwashing, or clean up.

- (a) A family home early learning program may use a bathtub or multipurpose sink unless it is used for food preparation. This sink, basin, or bathtub must be cleaned and disinfected after each use with a safe disinfectant. **Weight #6**

(5) If a child is developmentally ready, and an early learning provider uses a stand-up diapering procedure, it must be done in the bathroom or a diaper changing area. **Weight #5**

(a) If applicable, ~~a~~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**

170-300-0221- Consensus Reached Diaper changing areas and disposal.

(1) A center early learning provider must have a designated diaper changing area, including stand-up diapering, 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. [CT25]

(a) A diaper changing area must:

(i) Be separate from areas where food is stored, prepared, or served;
(ii) Have a sink with hot and cold running water, not used for food preparation and clean up;

(iii) Have a sturdy surface or mat that:

(A) Is not torn or repaired with tape;

(B) Washable;

(C) Has a moisture resistant surface that is ~~cleaned and disinfected between children, even if using a non-absorbent covering that is discarded after each use;~~ cleanable

(D) Large enough to prevent the area underneath the diaper changing area from being contaminated with bodily fluids; and

(iv) On moisture resistant, washable material that horizontally or vertically surrounds and extends at least two feet from the diaper changing station and handwashing area; and

(v) Be uncluttered and not used for storage of any items not used in diapering a child. **Weight #6**

(b) An early learning provider must not leave a child unattended on the diaper changing surface or mat during the diaper changing process; **Weight #78**

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

[(Family Home Providers) weight is to high-1]

(d) An early learning provider must post an easily viewable diaper changing procedure at each station and must follow each step described in the procedure. **Weight #45**

[(Family Home Providers) weight is to high-1]

[(HS/ECEAP) Allow ECEAP programs to choose to use a "stand-up diapering procedure" per the age group served

Most ECEAP sites do not have room for a diaper changing area and typically would never/seldom use it]

(2) If using a diaper changing station at an early learning program, it must be [CT26]:

(a) Within arm's length of a to a handwashing sink or readily accessible to prevent cross contamination; and

(b) On moisture resistant, washable material that horizontally or vertically surrounds and extends at least two feet from the diaper changing station and handwashing area; and either:

(i) A table or counter large enough to accommodate the length of a child, with a protective barrier at least three and one-half inches high on all sides from the surface the child lays on; or

(ii) A wall mounted diaper changing station that meets manufacturer guidelines and specifications in addition to the requirements of this section. **Weight #5**

{(Family Home Providers) weight is to high-1}

{(DEL Licensing) (b)(i) A table or counter large enough to accommodate the length of a child, with a protective barrier at least three and one-half inches high on all sides from the surface the child lays on}

(3) If reusable or cloth diapers are used, the diapers must:

(a) Not be rinsed; and

(b) Placed in a securely ~~closed~~ sealed plastic moisture impervious 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**

{(Family Home Providers) weight is to high-1}

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

(a) Hands-free and covered to prevent cross contamination;

(b) Lined with a disposable plastic trash bag;

(c) Within arm's length of the diaper changing area.

(d) Emptied, removing contents from the early learning program space, and replaced with a new liner at least daily or more often if odor is present.

Weight #6

170-300-0225- Consensus Reached

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 If an early learning provider keeps pets or animals on the early learning program premises, an early learning provider must have and **implement follow** a pet and animal policy and provide written notice to children's parents and guardians. **Weight #5**
 - ~~(a) — 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~~
- (43) 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~~ licensed space 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~~ licensed space.
Weight #7
- (45) 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; [CT27]
 - (e) Require indoor birds to be caged;
 - (f) ~~Have containers or cages for pets and animals. If C~~ containers or cages are used for pets and animals; the container must have the ability to 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 while food is served;
 - (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

(56) [CT28] If early learning program activities or special events include or involve animals that carry Salmonella, which include but is not limited to reptiles, amphibians, chickens, or ducks reptiles, amphibians, chickens, or ducks, early learning program staff must:

- (a) Directly supervise children interacting with these animals to reduce the risk of Salmonella; Weight #7
- (b) Wash their hands ~~before and~~ after interacting with these animals; and Weight NA
- (c) Require that the children wash their hands ~~before and~~ after interacting with these animals. Weight NA [CT29] ~~Weight #7~~

(67) 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 ~~and;~~ litterboxes cleaned daily;
- (c) Litter boxes to be kept inaccessible to children;
- (d) Animal wastes and litter to be disposed of as soon as possible and the area disinfected;
- ~~(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 unlicensed space or 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 bird waste or vomit is presents ~~use the bathroom or vomit~~. This must be done as soon as possible ~~at the first opportunity,~~ or prior to access by children. Weight #6

170-300-0230 – Consensus Reached

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~~ (a) A first aid kit must:

- (i) Be stored in an easily accessible location for staff;
- (ii) Be inaccessible to children;
- (iii) Be separate from food or chemicals;
- (iv) Be kept clean and sanitary;
- (v) Be stored in a manner that prevents contamination; and
- (vi) 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 #7

(2) A first-aid kit must ~~only~~ include:

- (a) Disposable nonporous protective non-latex 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 disposable or 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 barrier mask with a ~~one-way~~one-way valve or both an adult and pediatric CPR mask with a one-way valve; ~~and~~
- (l) A current first-aid manual; and
- (m) Hand-sanitizer (for adult use only). **Weight #1**

170-300-0235 – Consensus Reached
Safe water sources.

(1) Hot and cold running water shall be supplied to early learning program premises. **Weight #7**

~~(2)~~^{[AL30][AL31][AL32]} 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 or easily accessible from an central administrative office. If the test results are at or above the current EPA action level, an early learning provider must immediately ~~(no more than~~within 24 hours):

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

(b) 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;

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

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

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

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

(e) Notify the department once lead and copper levels are below the current EPA action level. **Weight #7**

(3) If an early learning program space receives water from a private well, the well must comply with Chapter 173-160 WAC minimum standards for construction and maintenance of wells.

(a) Well water must be tested within six months of the date this section becomes effective and at least once every 12 months thereafter for coliform bacteria and nitrates by a Washington state certified laboratory accredited by the department of ecology to analyze drinking water. To achieve desirable results the test must indicate:

(i) No presence of coliform bacteria; and

(ii) The presence of less than ten parts per million (ppm) for nitrates. If test results for nitrates are greater than five but less than ten ppm, the water must be retested within six months^[TC33].

(b) If well water tests positive for coliform bacteria, or greater than ten ppm for nitrates, the provider must:

(i) Immediately (within 24 hours) stop using the well water in the child care premises; and

(ii) Inform the local health jurisdiction or the department of health and the department of the positive test results.

Immediately ~~(within 24 hours) inform the local health jurisdiction or the department of health and the department of the positive test results.~~

(c) If directed by the department, an early learning provider must discontinue child care operations until repairs are made to the water system and water tests indicate desirable results pursuant to subsection 3(a) of this section.

(d) If the department determines that child care operations may continue while an unsafe water system is being repaired or installs treatment, an early learning provider must:

(i) Provide an alternate source of water, approved by the department; and

(ii) Repair the well or install treatment as required and re-test until the water meets the water quality standards pursuant to subsection 3(a) of this section. **Weight #7**

(4) An early learning provider must **immediately** ^[TC34] notify the department when the water connection to an early learning program space is interrupted for more than one hour, or the water source becomes contaminated:

(a) The department may require the early learning provider to temporarily close until the water connection is restored or the water source is no longer contaminated; or

(b) The early learning provider must obtain an alternative source of potable water such as bottled or packaged water. The amount of the alternative source of potable water must be sufficient to ensure compliance with the requirements of this chapter for safe drinking water, handwashing, sanitizing, dishwashing, and cooking. **Weight #7**

170-300-0236- Consensus Reached

Safe drinking water.

- (1) An early learning program's drinking water must:
 - (a) Be offered frequently and readily available to children at all times;
 - (b) Be offered in outdoor play areas, in each classroom for centers, and in the licensed space for family homes;
 - (c) Be served in a manner that prevents contamination;
 - (d) Not be obtained from a handwashing sink used with toileting or diapering; and
 - (e) Be served fresh daily or more often as needed. **Weight #67**
- ~~(2) All drinking equipment must be cleaned and sanitized:
 - ~~(a) On a daily basis or more often as needed; and~~
 - ~~(b) Between uses by different children. Weight #7~~~~
- ~~(3) An early learning program may serve drinking water from:
 - ~~(a) Single use or reusable drinkware;~~
 - ~~(b) Individual water bottles;~~
 - ~~(c) Pitchers; or~~
 - ~~(d) Drinking fountains. Weight #5~~~~
- (~~2~~4) Drinking fountains at an early learning program must:
 - (a) Not be attached to handwashing sinks or disabled;
 - (b) Not be located in bathrooms;
 - (c) Not be a "bubble type" fountain (the water flow must form an arch); ~~and~~
 - (d) Be cleaned and sanitized daily, or more often as needed; and
 - (e) Be located above water impervious flooring. **Weight #6**

170-300-0240- Consensus Reached

Clean and healthy environment.

(1) Early learning program premises and program equipment must be clean and sanitary^[WZ35]. ~~Weight #7~~^[WZ36]

~~(a)~~^[AL37] ~~(2)~~ Early learning program hard surfaces including, but not limited to, hard floors^[WZ38], walls, counters, bookshelves, and tables must be smooth and easily cleanable. A cleanable surface must be:^[WZ39]

(a) Designed to be cleaned frequently and made of sealed wood, linoleum, tile, plastic, or other solid surface materials;

(b) Moisture resistant; and

(c) Free of chips, cracks, and tears. ~~Weight #6~~

~~(3b)~~^[AL40] An early learning provider must have at least 24 inches of moisture resistant and cleanable material, or barrier, around sinks, drinking fountains, toilets, ~~and diaper changing areas~~^[WZ41]^[WZ42]^[WZ43]. ~~Weight #5~~

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

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

~~(6e)~~^[AL44] If a bleach solution is used for sanitizing or disinfecting, an early learning provider must use one that is fragrance-free and follow DOH's current Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments^[WZ45]. ~~Weight #6~~

~~(7f)~~ If an early learning provider uses a product other than bleach, including wipes, to sanitize or disinfect, the product must be: ^[WZ46]

(a) Approved by the department prior to use; ^[WZ47]

(b) Used by trained staff only;

~~(bc)~~ Registered with the EPA and have Safety Data Sheets (SDS) available;

~~(de)~~ Used in accordance with the manufacturer's label, which must include:

(i) Directions for use;

(ii) A description of the safety precautions, procedures, and equipment that must be used for mixing the substitute product concentration, if applicable;

(iii) A description of the safety precautions and procedures if the substitute product contacts skin or is inhaled, if applicable; and

(iv) A description of the procedures and safety precautions for rinsing cleaned areas and cleaning equipment, if applicable.

(d) Labeled as safe to use on food surfaces if the product will be used to sanitize:

- (i) Food contact surfaces; or
- (ii) Items such as eating utensils or toys used by the child or put into the child's mouth; and
- (e) Fragrance-free. ~~Weight #6~~

~~(8g) Sanitizing or disinfecting wipes must not be used in the licensed space during child care hours. ~~Weight #4~~~~

Weight #6

170-300-0241 – Consensus Reached
Cleaning schedules.

(1) An early learning provider must develop and follow a cleaning schedule that includes:

(a) Food preparation areas, tables and chairs, high chairs, and food service counters must be cleaned and sanitized before and after each meal and snack with single use paper towels or one-time use wiping cloths;

(b) Eating utensils, bottles, drinking equipment, and dishes must be cleaned and sanitized after each use;

(c) Pacifiers must be cleaned and sanitized either:

(i) after each use; or,

(ii) may be reused by an individual child only if they have been rinsed off after each use and stored within a separate storage device or container that prevents contamination, and both must be cleaned and sanitized daily; and,

~~(ii) after each use~~ (sanitizing must be done by washing and boiling the pacifier or washing the pacifier in the dishwasher).

(d) Appliances used to prepare food must be cleaned after each use and sanitized daily, or more often as needed;

(e) Refrigerators and freezers must be cleaned and sanitized monthly or more often as needed; and

(f) Toys must be cleaned and sanitized under the following conditions:

(i) Infant and toddler toys must be cleaned and sanitized at least daily or more often if needed

(ii) all other toys must be cleaned and sanitized weekly or as needed

~~(iii) Toys must be cleaned and sanitized daily, or as needed, including but not limited to being removed from the play area or cleaned and sanitized prior to reuse~~ when a toy comes into contact with ~~another a~~ child's mouth or bodily fluids it must be removed from use until it can be cleaned and sanitized prior to reuse.

(g) furniture and equipment cleaning monthly or as needed **Weight #6**

(2) Machine washable clothes and toys must be laundered ~~weekly or more~~ monthly or more often as needed. ~~Weight #5~~ Weight #4

(3) Sleeping equipment must be:

(a) Cleaned and sanitized after each use if used by more than one child; or

(b) Cleaned and sanitized weekly or more often as needed if assigned to a child. **Weight #5**

(4) Bedding must be:

(a) Laundered and sanitized weekly or more often as needed when assigned to a child. ~~A sanitizer must be added to the rinse cycle.~~

(b) Laundered and sanitized after each use if used by more than one child. ~~A sanitizer must be added to the rinse cycle.~~ **Weight #5**

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

(6) Toileting and diaper changing areas including, but not limited to, toilets, counters, sinks, and floors, ~~and bathroom garbage cans~~ [wz48] must be cleaned and disinfected daily or more often as needed. **Weight #6**

(7) Diaper changing tables and changing pads must be cleaned and disinfected between children after each use, even if using a non-absorbent covering that is discarded after each use. **Weight #7**

~~(8) Diaper pails and garbage receptacles must be emptied, cleaned, and disinfected daily or more often as needed. Contents must be removed from the licensed space, and replaced with a new liner at least daily or more often if odor is present.~~ [wz49]; **Weight #6**

(a) [(Family Home Providers) weight is to high 1] Garbage cans and receptacles not intended for diapers must be emptied on a daily basis and cleaned and disinfected as needed. [wz50]

Weight #6 [wz51]

(9) ~~FF~~ floors must be:

(a) Cleaned by either sweeping or vacuuming at least once per day or more often as needed; and

(b) moisture resistant flooring -must be cleaned and sanitized at least once per day or more often as needed ~~for moisture resistant flooring~~. **Weight #5**

(10) Large area rugs or installed carpet must be cleaned at least once every six months or when visible dirt or stains are present, using a carpet shampoo machine, steam cleaner, or other method that minimizes the exposure of children in care to pathogens and allergens.

(a) An early learning provider must not use dry shampoos or dry chemical sanitizers or disinfectants, unless pre-approved by DEL [wz52].

(b) If caring for infants, a provider must either supply a safe and clean material over large rugs or carpet, or clean rugs or carpet if visible stains are present and at least once per month. **Weight #5**

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

(12) Carpets or area rugs soiled with bodily fluids must be cleaned and disinfected with an EPA registered product or high-heat. Precautions must be used to limit exposure to blood and body fluids during cleanup. ~~Weight #7~~ **Weight #6**

(13) [wz53] Children must not:

- (a) Be present when carpets are cleaned or vacuumed,
 - (i) unless spot vacuuming a spill and children are not within the immediate area; and
 - (ii) if using a vacuum to spot clean, it must have a HEPA filter
- (b) Use or play on or near carpet areas until dry. **Weight #5**

170-300-0245- Consensus Reached
Laundry and equipment.

(1) Laundry and laundry equipment at an early learning program must be inaccessible to children and separated from areas where food is prepared to prevent cross contamination. ~~Weight #1~~ Weight #4

(2)^[AL54]^[AL55] Dirty or soiled laundry must be:

(a) Kept separate from clean laundry Weight #6

(b) Cleaned with laundry soap or detergent; ~~Weight #5~~

(c) Rinsed; and

(i) Sanitized with bleach or a similar sanitizer registered by the EPA; or

(ii) Sanitized by using a "sanitize" setting on a washing machine setting that reaches at least 140 degrees Fahrenheit or dryer that has a specific sanitize setting, if possible. ~~Weight #5~~^[WZ56]

~~Weight #6~~^[WZ57]

(3)^[AL58] A dryer must be vented to outside of the building or following manufacturer's specifications. ~~Weight #5~~

Private septic systems.*

~~(b)~~ If an early learning program is served by a private septic system, the septic^[WH61] system must be designed, constructed, and maintained in accordance with state and local health jurisdiction requirements. For purposes of this section, a septic system is a "private septic system" if the septic system is not connected to a public sewer system maintained by a government agency. A "private septic system" includes, but is not limited to, the septic system's drain field and tanks.

Weight #6

(1)

~~(c)~~ ~~(A)~~ A private septic system must be:

a. inspected by a septic system inspector certified by the local health jurisdiction; and pumped as directed by the septic system inspector.^[WZ62] Weight #NA

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

Weight #5

~~(d)~~ (B) The most recent private septic system pumping and inspection records must be kept on the premises and/or made available to the department upon request. ~~Weight #4~~ Weight #NA

~~(1)~~ An early learning program must have inspection documentation from the state, local health jurisdiction, or a private company. This documentation^[WH63] must state that the private septic system and drain field can accommodate the number of occupants, including children and adults, currently using or planned to use the private septic system. ~~Weight #5~~^[WZ64]

~~11) The early learning program must have documentation from a septic designer or professional engineer licensed by the Washington State Department of Licensing or local health jurisdiction that states that the septic system and drainfield can accommodate the facility or household plus the proposed child care children and staff, if applicable.~~

~~2) A septic pumper or Operations and Maintenance (O&M) inspection report within 3 years showing that the septic system is in good working order, if applicable. (this would replace the wording for -0400 (b) (iii) above).~~^[WZ65]^[WH66] Weight #5

^[WZ67]

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

~~Weight #4~~ Weight #5

~~Dependent on #4~~^[WZ68]

(d) An early learning provider must provide notice to the department and local health jurisdiction if there is a problem, concern, or malfunction with a private septic system. Weight #NA

(e) If a private septic system problem, concern, or malfunction that interferes with the proper care of children and an approved alternative option is not available malfunctions or a problem arises that interferes with the proper operation of the system, the state, local health jurisdiction, or department may require an early learning program to close until the system is repaired, and operates inspected, and approved by the local health jurisdiction and is operational according to the manufacturer's standards. Weight #NA

(2) Pursuant to 170-300-0146 (2), ~~p~~Playground ~~designs~~ must not:

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

(b) Be located or placed ~~on the~~in a way that impacts private septic system's drain field or tanks as determined by local officials. ~~Weight #NA~~6

~~(3) An early learning provider must provide notice to the department and local health jurisdiction if there is a problem, concern, or malfunction with a private septic system. Weight #6 Moved to 1 D~~

~~(4) If a private septic system problem, concern, or malfunction that interferes with the proper care of children and an approved alternative option is not available malfunctions or a problem arises that interferes with the proper operation of the system, the state, local health jurisdiction, or department may require an early learning program to close until the system is repaired, and operates inspected, and approved by the local health jurisdiction and is operational according to the manufacturer's standards. Weight #6 Moved to 1 E~~

170-300-0255- Subgroup Negotiated/In queue for Consensus^[HW69]

Pest control.

(1) An early learning provider must take steps to prevent or control pest in or around the premises. **Weight #7**

(2) Prevention steps **must** include^[CT70]:

(a) Prevention. A provider must take steps to prevent attracting pests including, but not limited to, identifying and removing food and water sources that attract pests.

(i) Keeping garbage cans covered except for those containing only paper;

(ii) Maintaining properly fitting screens in good condition for all exterior doors and windows when in use;

(iii) Properly sealing and storing food; and

(b) Inspection. Indoor and outdoor areas in and around the premises must be inspected for evidence of pests. A provider must document the date and location if evidence is found.

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

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

Weight #NA

(3) A provider must have policies in place that use an Integrated Pest Management (IPM) program to reduce the risk of chemical exposure to children in care. IPMs must be an effective and environmentally sensitive approach to pest management that relies on a combination of common sense practices and applies pesticide as a last resort. IPMs must include prevention, inspection, identification and management.^[CT71] **Weight NA**

170-300-0260- Consensus Reached 1-4; Subsection 5 has been tabled for further negotiation

Storage of maintenance and janitorial supplies.

(1) An early learning provider must ensure all poisonous or dangerous substances including, but not limited to, fuels, solvents, oils, laundry, dishwasher, and other detergents, sanitizing products, and disinfectants are stored: [WZ72]

- (a) In a location that is inaccessible to children;
- (b) Separate and apart from food preparation areas, food items, and food supplies;
- (c) In their original containers or clearly labeled with the name of the product if not in the original container; and
- (d) In compliance with the manufacturer's directions including not storing products near heat sources. **Weight #7**

(2) Storage areas and storage rooms must:

- (a) Be inaccessible to children;
- (b) Have locking doors or other methods to prevent child access;
- (c) Have moisture resistant and easily cleanable floors;
- (d) Have shielded or shatter-resistant lighting; [WZ73]
- (e) Have a designated maintenance or janitorial utility sink, or another method to dispose of wastewater (kitchen sinks must not be used for disposal of wastewater); and
- (f) Be kept clean and sanitary. **Weight #7**

(3) A center early learning provider must have storage areas and rooms that contain chemicals, utility sinks, or wet mops, must be ventilated to the outdoors or exterior window or mechanical ventilation to prevent the buildup of odors, fumes, or other hazards. [WZ74] **Weight #6** [WZ75]

(4) family home providers must store and maintain chemicals and wet mops to minimize buildup of odors, fumes, or other hazards. **Weight #6** [WZ76]

***Subsection 5 has been tabled for further negotiation**

(45) Maintenance and janitorial supplies and equipment must be stored in a manner that prevents access to a location that is inaccessible to children including, but not limited to: tools, saws, power tools, lawn mowers, mops, adult sized brooms, toilet plungers, toilet brushes, and vacuums. **Weight #7** [WA77]