

WAC 170-295-3010

170-295-3010. What kind of health policies and procedures must I have?

(1) You must have written health policies and procedures that are:

- (a) Written in a clear and easily understood manner;
- (b) Shared with all new staff during orientation;
- (c) Posted for staff and families to review; and
- (d) Reviewed, signed and dated by a physician, a physician's assistant or registered nurse when you change your policies and procedures or type of care that you provide, or at least every three years when you are due for relicensing. (For example, if you go from caring for children from twelve months and older to caring for infants, you must update your health policies and procedures and have them reviewed and signed.)

(2) Your health policies and procedures must have information on how you plan to:

- (a) Provide general cleaning of areas including but not limited to bathrooms, floors, walls, and doorknobs;
- (b) Clean and sanitize areas including but not limited to food contact surfaces, kitchen equipment, diapering areas, toys, toileting equipment and areas, equipment that might be shared with several children such as sleep mats, cribs or high chairs;
- (c) Prevent, manage and report contagious diseases;
- (d) Handle minor injuries such as nosebleeds, scrapes and bruises;
- (e) Provide first aid;

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- (f) Screen children daily for illnesses;
- (g) Notify parents that children have been exposed to infectious diseases and parasites;
- (h) Handle minor illnesses;
- (i) Handle major injuries and medical emergencies that require emergency medical treatment or hospitalization;
- (j) Manage medication;
- (k) Assist with handwashing and general hygiene including diapering and toileting;
- (l) Handle food;
- (m) Provide nutritious meals and snacks;
- (n) Respond during any disasters;
- (o) Care for children that may have special needs;
- (p) Care for infants and obtain infant nurse consultation (if licensed for four or more infants); and
- (q) Place infants to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS).

(3) Your health policies and procedures must have information on when you plan to:

- (a) Require ill children to stay home and for how long;
- (b) Allow the ill child to return; and

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(c) Call a parent to pick up their child and how you will care for the child until the parent arrives.

WAC 170-295-3020

Green &
Burgundy

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

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(12) As needed.

WAC 170-295-3030

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

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(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.

WAC 170-295-3040

170-295-3040. How often must children wash their hands?

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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 170-295-3050

170-295-3050. Am I required to give medications to the children in my care?

If a child has a condition where the Americans with Disabilities Act (ADA) would apply you must make reasonable accommodation and give the medication.

WAC 170-295-3060

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;

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(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;

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(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

170-295-3070. How must I store medications?

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(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.

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

WAC 170-295-3080

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

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

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(2) Dispose of it by flushing medication(s) down the toilet.

WAC 170-295-3100

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

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 170-295-3120

170-295-3120. What documentation is required when giving children medication?

You must keep a confidential, written record in the child's file of:

(1) Child's full name, date, time, name of medication and amount given (indicate if self-administered);

(2) Initial of staff person giving medication or observing the child taking the medication with a corresponding signature on the medication record to validate the initials; and

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(3) Provide a written explanation why a medication that should have been given was not given.

WAC 170-295-3130

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.

(2) You must have documentation 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.

WAC 170-295-3140

Green
& Pink

170-295-3140. What kind of milk can I serve?

(1) Only pasteurized milk or pasteurized milk products can be served to children in your care.

(2) Nondairy milk substitutes may be served only with written permission of the child's parent for children over the age of twelve months.

(3) The amount of required milk fat in the milk product is determined by the child's age:

If the age of the child is:

Then the fat content of the milk must be:

(a) Under 12 months

Full strength formula or full strength breast milk unless there is specific written instructions from a licensed health care provider.

(b) Between 12 months and 24 months

Full strength whole milk or breast milk unless there is specific written instruction from a licensed health care provider.

(c) Over 24 months

With or without fat content of providers or parents choice

WAC 170-295-3150

170-295-3150. How many meals and snacks must I serve?

(1) The number of meals or snacks you must serve is based on the number of hours you are open.

If you are open:

You must serve at least:

(a) Nine hours or less

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

(b) Over nine hours

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

(2) You must also offer:

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

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

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

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

(e) Dinner to children in nighttime care if the children are at the center after their usual dinnertime or have not had dinner; and

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

WAC 170-295-3160

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

(1) You must:

(a) Prepare, date, and conspicuously post menus one week or more in advance, containing the meals and snacks to be served;

(b) Provide two weeks or more of meal and snack menu variety before repeating the menu;

(c) Keep six months of past menus on-site for inspection by the department;

(d) Make substitutions of comparable nutrient value and record changes on the menu, when needed;

(e) Provide daily a minimum of one serving of Vitamin C fruit, vegetable, or juice;

(f) Provide three or more times weekly foods high in Vitamin A; and

(g) Maintain at least a three day supply of food and water for emergency purposes based on the number of children in child care.

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

(a) Each breakfast meal the child eats at the center must contain:

(i) A fruit or vegetable or one hundred percent fruit or vegetable juice.

(ii) A dairy product (such as milk, cheese, yogurt, or cottage cheese).

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(iii) A grain product (such as bread, cereal, rice cake or bagel).

(b) Each lunch and dinner meal the child eats at the center must contain:

(i) A dairy product (such as milk, cottage cheese, yogurt, cheese);

(ii) Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans);

(iii) A grain product (such as bread, cereal, bagel, or rice cake);

(iv) Fruits or vegetables (two fruits or two vegetables or one fruit and one vegetable to equal the total portion size required). When juice is served in place of a fruit or vegetable it must be one hundred percent fruit or vegetable juice.

(3) When meals are not provided by the center you must:

(a) Notify parents in writing that meals they provide for their children must meet the daily nutritional requirements;

(b) Provide adequate refrigeration for keeping potentially hazardous foods (such as meats of any type, cooked potato, cooked legumes, cooked rice, sprouts, cut melons or cantaloupes, milk, cheese);

(c) Refrigerate foods requiring refrigeration at 45 degrees Fahrenheit or less and keep frozen foods at 10 degrees Fahrenheit or less until they are cooked or consumed.

(4) Each snack the child eats at the center must include at least two of the following four components:

(a) A milk product (such as milk, cottage cheese, yogurt, cheese);

(b) A meat or meat alternative (such as meat, legumes, beans, egg);

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(c) A grain product (such as cereal, bagel, rice cake or bread); and

(d) Fruit or vegetable.

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

(6) You may allow parents to bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. The snacks provided by parents must be limited to store purchased:

(a) Uncut fruits and vegetables; and

(b) Foods prepackaged in original manufacturer's containers.

(7) If a child has a food allergy or special menu requirements due to a health condition, you must:

(a) Receive written directions from the child's health care provider and parent to provide nutritional supplements (such as iron), a medically modified diet (such as a diabetic or an allergy diet). For allergy diets, the parent and child's health care provider must identify the foods the child is allergic to;

(b) Post each child's food allergies in locations where food is prepared and served;

(c) Include the allergies on the individual health care plan;

(d) Specify an alternative food with comparable nutritive value; and

(e) Notify staff of the allergies and reactions. NOTE: You can require parents to supply food for supplements and special diets.

WAC 170-295-3170

170-295-3170. What are the food service standards I am required to meet?

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You must maintain on site at least one person with a Washington state department of health food handler's permit to:

(1) Monitor and oversee food handling and service at the center; and

(2) Provide orientation and ongoing training as needed for all staff involved in food handling. Anyone cooking full meals must have a food handlers permit.

WAC 170-295-3180

170-295-3180. What are approved food sources?

You must:

(1) Prepare or serve food that is not tampered with or spoiled and is obtained from an approved source including, but not limited to, a licensed caterer, a food service company or a grocery store. Food sources that are not approved include:

(a) Left over food that was previously served from outside your center;

(b) Home canned, frozen or prepared food unless it is for the person's own children;

(c) Donated food from restaurants or caterers that was previously served;

(d) Game meat that has not been inspected by the USDA; and

(e) Donated meat, fish, poultry or milk that is not from a source inspected for sale.

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

(a) Licensed satellite kitchen, catering kitchen or other source licensed by the local health jurisdiction; or

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(b) Parent for individual children.

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

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

(a) A description of how food will be handled once it is on-site; and

(b) What back up system you will use if the food does not arrive, not enough food arrives, or the food cannot be served.

WAC 170-295-3190

170-295-3190. How can I be sure that the food I serve is safe?

(1) Program staff must follow the safe preparation, cooking, and serving guidelines in the current edition of the food workers manual prepared by the state department of health.

(2) You must develop a system to record the temperature of each perishable food once it arrives from a satellite kitchen or a catering service. The system must include keeping records on site for six months with the following information:

(a) The name and the temperature of the food;

(b) The date and time the temperature was checked; and

(c) The name and signature or recognized initials of the person who is checking and recording the food temperatures.

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(3) You may serve previously prepared food that has not been previously served if it was stored at the proper temperature for less than forty-eight hours after preparation. Leftover foods or open foods in the refrigerator must be labeled with the date that they were opened or cooked.

WAC 170-295-3200

170-295-3200. How do I safely store food?

You must store food:

(1) In the original containers or in clean, labeled containers that are airtight and off the floor;

(2) In a manner that prevents contamination from other sources;

(3) In an area separate from toxic materials such as cleaning supplies, paint, or pesticides;

(4) That is not past the manufacturer's expiration or freshness date;

(5) In a refrigerator or freezer if cooling is required;

(6) Raw meat, poultry or fish in the refrigerator, below cooked or ready to eat foods;

(7) Foods not requiring refrigeration at least six inches above the floor in a clean, dry, ventilated storeroom or other areas; and

(8) Dry bulk foods not in their original containers, in containers with tight fitting covers. Containers must be labeled and dated.

WAC 170-295-3210

170-295-3210. How do I safely thaw foods?

You must thaw food by one of the following methods:

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(1) In a refrigerator;

(2) Under cool running water, in a pan placed in a sink with the stopper removed;

(3) In a microwave, if the food is to be cooked immediately; or

(4) As part of the continuous cooking process.

WAC 170-295-3220

170-295-3220. What type of kitchen material and equipment is required?

You need the following equipment to cook and serve meals without restrictions on the type of menus or foods that you can cook, serve or store:

(1) Kitchen walls, counter tops, floors, cabinets and shelves that are:

(a) Maintained in good repair to include being properly sealed without chips or cracks;

(b) Moisture resistant; and

(c) Maintained in a clean and sanitary condition.

(2) A range with a properly vented hood or exhaust fan, except when serving only snacks;

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

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

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

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

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

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

(a) Rotated or stirred during heating;

(b) Covered to retain moisture; and

(c) Held for two minutes prior to serving to allow the temperature to spread evenly throughout the food.

WAC 170-295-3230

170-295-3230. What type of eating and drinking equipment must I provide?

(1) You must provide eating and drinking equipment that is:

(a) Cleaned and sanitized between use by different children;

(b) Free from cracks or chips;

(c) Individual; and

(d) Developmentally appropriate.

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(2) You must not directly serve food on the table without a plate or paper napkin;

(3) You must use gloves, tongs, or spoons to serve food;

(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.

WAC 170-295-4010

170-295-4010. At what age can I accept infants into care?

You must not accept into care an infant who is less than one month of age.

WAC 170-295-4020

Green
& Pink

170-295-4020. How do I meet the nutritional needs of the infants in my care?

You must:

(1) Have written policies on providing, preparing, storing and sanitizing infant formula, food and utensils; and

(2) Work with the infant's parent to develop a plan for the infant's feedings that is acceptable to the parent and incorporates the following guidelines:

Developmental Stage/Age of Infant

Type of Feeding

(a) Under 4 months of age

Serve only formula or breast milk unless you have a written order from the child's health care provider.

(b) When baby can: (At about 4-6 months of age) Sit with support Hold head steady Close lips over the spoon Keep food in mouth and swallow it.

Serve only formula or breast milk unless you have a written order from the child's health care provider. Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.

(c) When baby can: (At about 6-8 months) Sit without

Serve only formula or breast milk unless you have a written

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support Begin to chew Sip from a cup with help Grasp and hold onto things

order from the child's health care provider. Start small amounts of juice, or water in a cup. Let baby begin to feed self. Start semisolid foods such as cottage cheese, mashed tofu, mashed soft vegetables or fruits.

(d) When baby can: (At about 8-10 months) Take a bite of food Pick up finger foods and get them into the mouth Begin to hold a cup while sipping from it

Serve only formula or breast milk unless you have a written order from the child's health care provider. Small pieces of cheese, tofu, chicken, turkey, fish or ground meat. Small pieces of soft cooked vegetables, peeled soft fruits. Toasted bread squares, unsalted crackers or pieces of soft tortilla. Cooked plain rice or noodles. Only formula, breast milk, juice or water in the cup.

(e) When a baby can: (10-12 months) Finger Feed Chew and swallow soft, mashed and chopped foods Start to hold and use a spoon Drink from a cup

Serve only formula or breast milk unless you have a written order from the child's health care provider. Begin offering small sized, cooked foods. Variety of whole grain cereals, bread and crackers, tortillas. Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles.

(f) When a baby can eat a variety of foods from all food groups without signs of an allergic reaction

Fruit pieces and cooked vegetables. Yogurt, cheese slices. Offer small amounts of formula, breast milk or water in the cup during meals.

WAC 170-295-4030

170-295-4030. What is a safe way to prepare bottles?

(1) Parents may bring from home filled bottles labeled with the infant's name for daily use (see WAC 170-295-4040).

(2) To prepare bottles you must:

(a) Prepare and fill bottles by washing hands prior to bottle preparation;

(b) Use a sink that is only for bottle preparation, other food preparation or other approved source of water. Water from a handwashing sink may not be used for bottle preparation;

(c) Do not heat a bottle in a microwave or allow bottles to warm at room temperature for more than an hour, to

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limit bacterial growth; and

(d) Bottles must be warmed under running warm water or placed in a container of water that is not warmer than 120 degrees Fahrenheit.

(3) The bottle preparation area including the sink must:

(a) Be located at least eight feet from the outermost edge of diaper changing tables or counters and sinks used for diaper changing; or

(b) Have a barrier to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink. If a barrier is used, it must be:

(i) Solid (without cracks or breaks);

(ii) Sealed;

(iii) Moisture-resistant; and

(iv) At least twenty-four inches in height from the counter surface.

(4) If the infant room does not have a sink that is dedicated to bottle and food preparation, you must provide a clean source of water for preparing bottles such as getting water from the kitchen and keeping it in a container with an airtight cover that:

(a) Is located at least eight feet from the outermost edge of diaper changing tables or counters and sinks used for diaper changing; or

(b) Has a barrier that meets the requirements in WAC 170-295-4030 (3)(b) to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink.

WAC 170-295-4040

Green
& Pink

170-295-4040. What is a safe way to store infant formula and food?

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To store bottles, formula or infant food, you must:

(1) Label all bottles with the infant's full name and the date the bottle was filled to be sure the correct formula or breast milk is given to each infant;

(2) Have a refrigerator accessible to staff to store bottles and unserved, leftover infant food;

(3) Throw away the contents of any bottle not fully consumed within one hour. Do not put bottles that have been used back into the refrigerator;

(4) Throw away or return to the family any unused bottle contents within twelve hours of preparing or arriving at the center;

(5) Not serve infant formula past the expiration date on the manufacturers container; and

(6) Keep bottle nipples covered when not in use to reduce risk of cross contamination and exposure.

WAC 170-295-4050

170-295-4050. What is a safe way to store breast milk?

You can keep frozen breast milk if you:

(1) Label the contents with the child's name and date it was brought into the center;

(2) Store the frozen breast milk at 10 degrees Fahrenheit or less;

(3) Thaw the breast milk in the refrigerator, under warm running water or in a pan of warm water; and

(4) Keep frozen breast milk in the center for no more than two weeks.

WAC 170-295-4060

170-295-4060. What is a correct way to clean bottles and nipples?

Bottles, bottle caps, nipples and other equipment used for bottle feeding must not be reused without first being cleaned and sanitized by:

(1) Washing in a dishwasher; or

(2) Washing, rinsing and boiling for one minute.

WAC 170-295-4070

170-295-4070. Are there specific rules for feeding infants and toddlers?

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

(2) While feeding infants:

(a) Hold infants for bottle feedings to prevent choking;

(b) Place infants who can sit in high chairs or at an appropriate child-sized table and chairs for feeding and sit facing the child during the feeding;

(c) Do not prop a bottle;

(d) To prevent tooth decay:

(i) Do not give a bottle to a reclining child unless the bottle contains only water; and

(ii) Offer juice only from a cup.

(e) Take the bottle from the child when the child finishes feeding.

WAC 170-295-4080

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

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 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.

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WAC 170-295-4100

170-295-4100. What sleep equipment do I need for infants?

- (1) You must not put infants to sleep in infant or car seats.

- (2) You must provide each infant with a single-level crib (stacking cribs must not be used), infant bed, bassinet or playpen for napping until you and the parent agree that the child can safely use a mat, cot or other approved sleeping equipment.

- (3) Effective December 28, 2012, each crib in use in licensed child care must meet U.S. Consumer Product Safety Commission (CPSC) requirements for full size cribs as defined in 16 Code of Federal Regulations (C.F.R.) 1219, or nonfull size cribs as defined in 16 C.F.R. 1220.
 - (a) A crib meets the requirements of this subsection if the crib is labeled by the manufacturer as made on or after June 28, 2011.

 - (b) A crib labeled as made from July 1, 2010, through June 27, 2011, may meet the requirements of this subsection if the licensee has obtained a certificate of compliance from the crib manufacturer or importer, or the licensee has other documentation from the manufacturer that the crib is certified as meeting the CPSC regulations.

 - (c) Any crib that does not meet the requirements of subsection (a) or (b) of this subsection must be removed from the child care facility not later than December 28, 2012.

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

- (4) You must provide a crib, infant bed, playpen or bassinet mattress that is:
 - (a) Snug fitting and touches each side of the crib to prevent the infant from becoming entrapped between the mattress and crib side rails;

 - (b) Waterproof; and

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(c) Easily cleaned and sanitized, without tears or tape.

(5) To allow walking room between cribs and reduce the spread of germs you must:

(a) Space cribs a minimum of thirty inches apart. You may place cribs end to end if you provide a barrier. If you use barriers, staff must be able to observe and have immediate access to each child.

(b) Provide a moisture resistant and easily cleanable solid barrier on the side or end adjacent to another crib.

(6) You must provide:

(a) An appropriate fitting sheet or cover for the sleeping surface; and

(b) A clean light weight blanket or suitable cover for the child.

(7) You must launder bedding at least weekly and more often if it becomes soiled.

WAC 170-295-4110

170-295-4110. What additional sleeping arrangements must I make to reduce the risk of sudden infant death syndrome (SIDS)?

(1) You must put infants to sleep on their backs to reduce the risk of SIDS unless you have a written note in the infant's file from both the parent and the infant's health care provider requesting another sleeping position.

(2) Once infants are able to turn over, continue to place them on their back to sleep. You do not need to wake the infants to return them to their back while sleeping.

WAC 170-295-4120

170-295-4120. What must I do to be sure that diaper changing is safe and does not spread infections?

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(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.

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(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.

WAC 170-295-4130

170-295-4130. Do I need a nurse consultant?

(1) If you are licensed to care for four or more infants you must have an infant nurse consultant. The nurse consultant's duties will depend upon the needs of the center. We, center management, teachers, and observations/assessments of the nurse consultant can identify the needs.

(2) If you are required to have an infant nurse consultant, you must:

- (a) Have a written agreement with a nurse consultant who is a currently licensed registered nurse (RN) who has either worked in pediatrics (care of children) or public health in the past year or has taken or taught classes in pediatric nursing at the college level in the past five years;
- (b) Have at least one monthly on-site visit from your nurse consultant when you have infants enrolled (you may skip the monthly visit if no infants are enrolled);

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(c) Have the nurse or a designee that meets the requirements of a nurse consultant available by phone as needed; and

(d) Have written notes of the nurse consultant visit on-site that includes topics discussed, areas of concern, date and signature.

WAC 170-295-4140

170-295-4140. When are children required to have a change of clothing on-site?

(1) You are required to have extra clothing available for the children who wet or soil their clothes.

(2) You may require the parent to provide the clothing, but you must have clothing available for use in case the parent forgets the change of clothing.

WAC 170-295-5010

170-295-5010. What first-aid supplies are required in my center?

(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

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(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.

WAC 170-295-5020

Purple &
Pale Yellow

170-295-5020. How do I maintain a safe environment?

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(1) You must maintain the building, equipment and premises in a safe manner that protects the children from injury hazards including but not limited to:

(a) Burns (for example: Chemicals or other potentially flammable substances);

(b) Drowning;

(c) Choking (for example: Ropes, wires, blind cords, fences not meeting requirements);

(d) Cuts (for example: Broken glass, sharp objects, abrasive surfaces);

(e) Entrapments (for example: The following items must not have openings between three and one-half inches and nine inches wide: Deck and fence rails, stair rails or other equipment);

(f) Falls from excessive heights;

(g) Gunshots by ensuring no firearm or another weapon is on the premises;

(h) Hearing loss by keeping noise at a level where a normal conversation can be heard;

(i) Objects falling on the children (for example: Heavy items on open shelving that could fall in an earthquake or similar emergency);

(j) Pinches from equipment (for example: Broken or cracked areas);

(k) Poison (such as cleaning supplies or lead-based paint);

(l) Puncture (for example: Equipment, building edges or playground equipment with sharp points or jagged edges);

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(m) Shear or crush (for example: Lawn and garden equipment used for yard maintenance);

(n) Shock by electricity;

(o) Trap (for example: Compost bins, old freezers, dryers or refrigerators); and

(p) Trip (for example: Cable wires, ropes, jagged or cracked walkways).

(2) To further prevent injuries, you must

(a) Provide child height handrails on at least one side of the steps, stairways, and ramps;

(b) Provide guardrails for elevated play areas and stairs;

(c) Use listed tamper resistant receptacles or use tamper resistant, nonmoveable, nonremovable cover plates in areas accessible to children preschool age and younger;

(d) Shield light bulbs and tubes by using a protective barrier to prevent shattering into child-accessible areas, food, and storage areas;

(e) Provide screens for windows or limit the opening capability of any windows within reach of children to less than three and one-half inches. Windows with limited opening capabilities cannot be the designated fire escape window. Windows protected with guards must not block outdoor light or air in areas used by children;

(f) Provide a barrier for glass areas such as windows or sliding glass doors that extend down to the child's eye level by placing a barrier between the child and glass or something placed on the glass at the child's eye level such as stickers or art work so that the child does not try to go through the solid glass;

(g) Not place cribs, play pens, bassinets, infant beds, indoor climbing structures next to windows unless of safety glass; and

(h) When using heaters capable of reaching 110 degrees Fahrenheit on the surface, you must protect children

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from burn hazards by making them inaccessible to children or locating them where children cannot reach them.

(3) You may not use portable heaters.

(4) You must implement a method to monitor entrance and exit doors to prevent children from exiting the buildings unsupervised. You may use:

(a) A door alarm;

(b) A bell that can be heard throughout the building;

(c) Adult supervision at the exits; or

(d) Other method to alert the staff (you may not lock the door to prevent an exit. It is against the fire code).

(5) You must maintain one or more telephones on the premises in working order that is accessible to staff at all times.

(6) You must maintain a flashlight or other emergency lighting device in working condition.

WAC 170-295-5030

170-295-5030. What do I need to include in my disaster plan?

(1) You must develop and implement a disaster plan designed for response to fire, natural disasters and other emergencies. The plan must address what you are going to do if there is a disaster and parents are not able to get to their children for two or three days.

(2) The fire plan must follow the requirements in chapter 212-12 WAC or the state fire marshal requirements.

(3) In areas where local emergency plans are in place, such as school district emergency plan, centers may follow those procedures and actions in developing their own plan.

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(4) The disaster plan must be:

- (a) Specific to the child care center;
- (b) Relevant to the types of disasters that might occur in the location of your child care center;
- (c) Able to be implemented during hours of operation; and
- (d) Posted in every classroom for easy access by parents and staff.

(5) Your disaster plan must identify:

- (a) The designated position of the person (example: Director, lead teacher, program supervisor, etc.) who is responsible for each part of the plan;
- (b) Procedures for accounting for all children and staff during and after the emergency;
- (c) How you evacuate the premises, if necessary, and the meeting location after evacuation;
- (d) How you care for children with special needs during and after the disaster;
- (e) How you provide for children until parents are able to pick them up;
- (f) How you contact parents or how parents can contact the child care center; and
- (g) Transportation arrangements, if necessary.

(6) Your written records must include a disaster plan, with signatures and dates of persons completing the disaster plan review on-site. The disaster plan must be read, reviewed and signed by:

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(a) The director and staff annually; and

(b) Parents when children are enrolled.

(7) In addition to the requirements for fire drills and training set forth by the state fire marshal in chapter 212-12 WAC, you must:

(a) Document staff education and training of the disaster plan;

(b) Conduct and document quarterly disaster drills for children and staff (you do not have to conduct a drill quarterly for each potential disaster - just one drill per quarter);

(c) Keep written documentation of the drills on-site; and

(d) Debrief and evaluate the plan in writing after each disaster incident or drill.

(8) You must keep the twelve month record indicating the date and time you conducted the required monthly fire evacuation drills on-site for the current year plus the previous calendar year.

WAC 170-295-5040

170-295-5040. How do I maintain a clean and sanitized environment?

(1) Surfaces must be easily cleanable. A cleanable surface is one that is:

(a) Designed to be cleaned frequently;

(b) Moisture-resistant; and

(c) Free from cracks, chips or tears.

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(2) Examples of cleanable surfaces include linoleum, tile, sealed wood, and plastic.

(3) You must maintain the building, equipment and premises in a clean and sanitary manner that protects the children from illness including but not limited to:

(a) Ensure that floors around sinks, toilets, diaper change areas and potty chairs are moisture resistant and easily cleanable for at least twenty-four inches surrounding the surfaces; and

(b) Take measures to control rodents, fleas, cockroaches, and other pests in and around the center premises such as:

(i) Keep all trash and garbage cans tightly sealed;

(ii) Screen open windows and doors;

(iii) Seal and store food properly; and

(iv) Keep floors and other areas free from crumbs and food debris.

(4) Surfaces can be cleaned:

(a) With any cleaning solution such as soap and water, cleanser or cleaning spray;

(b) With a concentration according to label directions; and

(c) Rinsed as needed per label directions.

(5) You may use a bleach solution to sanitize in the following areas:

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- (a) Diapering areas;

- (b) Surfaces exposed to body fluids;

- (c) Bathrooms and bathroom equipment;

- (d) Table tops;

- (e) High chairs;

- (f) Toys;

- (g) Dishes;

- (h) Floors; and

- (i) Sleeping mats.

(6) You may use any solution that is intended for sanitizing if the solution is approved by the department. When you use a product other than bleach to sanitize, you must:

(a) Follow the label directions for use including concentration, contact time and rinsing; and

(b) Be sure that if you use the product on food contact surfaces and items that children might put into their mouths, the label states the product is safe for food contact surfaces.

(7) The following are surfaces that need to be cleaned and sanitized and a minimum schedule for that cleaning:

(a) Tables and counters used for food serving and high chairs before and after each meal or snack;

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(b) Sinks, counters and floors daily, or more often if necessary;

(c) Refrigerators monthly or more often as needed;

(d) Bathrooms (including sinks, toilets, counters and floors) daily and more often if necessary;

(e) Floors will be swept, cleaned and sanitized daily;

(f) Carpet vacuumed at least daily and shampooed as needed but at least every six months;

(g) Toys that children place in their mouth between use by different children;

(h) Infant and toddler toys daily; and

(i) Sleeping mats, cribs and other forms of bedding between use by different children and at least weekly.

(8) Your health policies and procedures must describe your frequency for general cleaning, dusting, cleaning toys, toy shelves, and equipment.

WAC 170-295-5050

170-295-5050. How can I make sure water activities are as safe and sanitary as possible?

(1) To ensure that the children are safe with a swimming pool on the premises, you must:

(a) Ensure that pools are inaccessible to children when not in use;

(b) Provide a certified lifeguard at all times in addition to required staff, when children use a swimming pool;
and

(c) Follow any guidelines established by your local health jurisdiction or the state department of health.

Current with amendments adopted through the 14-8 Washington State Register dated, April 16, 2014.

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(2) You must prohibit children from using or having access to a hot tub spa, small portable wading pools, whirlpool, or other similar equipment.

(3) If you have a water table you must empty and sanitize water tables or similar water play containers after each use and more often if necessary.

WAC 170-295-5060

170-295-5060. How must I store maintenance and janitorial supplies?

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

- (a) Stored in original containers or in department approved safety containers that identify contents;
- (b) Stored to comply with fire safety regulations adopted by the state fire marshal's office; and
- (c) Ventilated either by mechanical ventilation to the outdoors or through a window that opens on the exterior wall.

(2) Your janitorial or housekeeping storage must have:

- (a) Floor surfaces that are moisture impervious and easily cleanable;
- (b) A designated utility or service sink for disposing of wastewater; and
- (c) A place for mop storage that is ventilated to the outside.

WAC 170-295-5070

170-295-5070. How do I make sure my water is safe?

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(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 WAC (Group A systems) or chapter 246-291 WAC (Group B systems); or

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

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

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

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

WAC 170-295-5080

170-295-5080. How do I safely get rid of sewage and liquid wastes?

(1) You must dispose of sewage and liquid waste into a public sewer system or approved on-site sewage disposal system (septic system) designed, constructed and maintained as required in chapters 246-272A and 173-240 WAC and local ordinances.

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(2) If you have an on-site sewage system, you must:

(a) Have written verification that the system has been approved by the department of health or local health jurisdiction; and

(b) Locate your drain field and venting to be sure that:

(i) Playgrounds are not on and do not interfere with the access to or operation of the on-site sewage system including the drain field; and

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

WAC 170-295-5090

170-295-5090. What are the fence requirements?

(1) You must fence the outdoor play area to:

(a) Prevent unauthorized people from entering; and

(b) Prevent children from escaping and having access to hazardous areas.

(2) At a minimum fences and gates must:

(a) Be safe, and maintained in good repair; and

(b) Be designed to discourage climbing and prevent entrapment.

WAC 170-295-5100

170-295-5100. What are the requirements for toilets, handwashing sinks and bathing facilities?

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(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 five 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.

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(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 five 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.

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- (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.

WAC 170-295-5110

170-295-5110. What are the requirements if I do laundry on the premises or offsite?

1) If you choose to do laundry on the premises or offsite you must be sure the laundry is:

- (a) Cleaned and rinsed;
- (b) Sanitized with hot water that reaches at least 140 degrees Fahrenheit or use an alternative method such as chlorine bleach that has been approved by the department;
- (c) Stored to keep soiled linen and laundry separate from clean linen;
- (d) Separate from kitchen and food preparation areas; and
- (e) Inaccessible to children.

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(2) You also must ensure the dryer is ventilated to outside the building.

WAC 170-295-5120

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

Sleeping and nap equipment must be available for each toddler and preschool age child not using a crib and remaining in care for at least six hours and any other child requiring a nap or rest period.

(1) You must:

(a) Provide a separate, firm and waterproof mat or mattress, cot or bed for each child or have a system for cleaning the equipment between children;

(b) Place mats or cots at least thirty inches apart at the sides and arrange children head to toe or toe to toe;

(c) Be sure that the bedding consists of a clean sheet or cover for the sleeping surface and a clean blanket or suitable cover for the child;

(d) Launder the bedding weekly or more often if necessary and between uses by different children;

(e) Store each child's bedding separately from bedding used by other children. Once the bedding has been used, it is considered dirty. One child's bedding cannot touch another child's bedding during storage;

(f) Keep mats clean and in good repair. Once a mat is torn it is not cleanable. You may not use duct tape or fabric to repair sleeping mats or mattresses; and

(g) Use only cots with a surface that can be cleaned with a detergent solution, disinfected and allowed to air dry.

(2) You may not use the upper bunk of a bunk bed for children under six years of age.

WAC 170-295-5140

170-295-5140. Are there any requirements for storage space provided for children?

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You must provide accessible individual storage space for each child's belongings that prevents the spread of diseases or parasites such as scabies and lice.

WAC 170-295-5150

170-295-5150. Are there temperature requirements for my facility?

(1) You must maintain all rooms used by children at temperature of:

(a) Sixty-eight degrees Fahrenheit to 75 degrees Fahrenheit during winter months; and

(b) Sixty-eight degrees Fahrenheit to 82 degrees Fahrenheit during the summer months.

(2) In addition, you must:

(a) Equip the room or building with a mechanical air cooling system or equivalent when the inside temperature of child-occupied areas exceeds 82 degrees Fahrenheit. This includes but is not limited to, swamp coolers, fans, air conditioners, or drip systems;

(b) Not take children outdoors during extremes temperatures that put children at risk for physical harm.

WAC 170-295-5160

170-295-5160. What do I need to know about pesticides?

(1) To use pesticides, you must comply with licensing requirements of chapter 17.21 RCW (The Pesticide Application Act) which requires you to:

(a) Establish a policy on the use of pesticides that includes your posting and notification requirements;

(b) Provide to parents a written copy of your pesticide policies that includes your posting and notification requirements annually or on enrollment;

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(c) Notify parents, guardians, and any other interested parties forty-eight hours in advance of the application of pesticides; and

(d) Require the pesticide applicator to provide a copy of the records required within twenty-four hours of when the pesticide is applied.

(2) Your notification must include a heading stating ‘Notice: Pesticide Application and... ‘ at a minimum must state the:

(a) Product name of the pesticide being used;

(b) Intended date and time of application;

(c) Location where the pesticide will be applied;

(d) Pest to be controlled; and

(e) Name and number of a contact person at the facility.

(3) To notify people that a pesticide has been used, you must place a marker at each primary point of entry to the center grounds. The marker must be:

(a) A minimum of four inches by five inches;

(b) Printed in colors contrasting to the background; and

(c) Left in place for at least twenty-four hours following the pesticide application or longer if a longer restricted period is stated on the label.

(4) The marker must include:

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- (a) A headline that states ‘This landscape has recently been sprayed or treated with pesticides’;
- (b) Who has treated the landscape; and
- (c) Who to call for more information.

WAC 170-295-5170

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;

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- (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.

WAC 170-295-6010

170-295-6010. What are the regulations regarding discrimination?

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(1) Child care centers are defined by state and federal law as places of public accommodation and must not discriminate in employment practices and client services on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, class, age, religion, or disability.

(2) You must:

(a) Post a nondiscrimination poster where families and staff can easily read it;

(b) Have a written nondiscrimination policy; and

(c) Comply with the requirements of the Americans with Disabilities Act.

WAC 170-295-6020

170-295-6020. What are the regulations regarding religious activities?

You must:

(1) Respect and facilitate the rights of the child in care to observe the tenets of the child's faith, consistent with state and federal laws;

(2) Not punish or discourage the child for exercising these rights; and

(3) Maintain a written description of the center's religious policies and practices that affect the child in care.

WAC 170-295-6030

170-295-6030. What are the special requirements regarding American Indian children?

When five percent or more of the center's child enrollment consists of American Indian children, you must develop social services resource and staff training programs designed to meet the special needs of such children through coordination with tribal, Indian health service, and Bureau of Indian Affairs social service staff, and appropriate

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urban Indian and Alaska native consultants.

WAC 170-295-6040

170-295-6040. What are the requirements regarding child abuse and neglect?

(1) You and your staff must protect the child in care from child abuse, neglect, or exploitation, as required under chapter 26.44 RCW.

(2) You must immediately report an instance when you or the staff have reason to suspect that child physical, sexual, or emotional abuse, child neglect, or child exploitation as defined in chapter 26.44 RCW has occurred. This report must be made to children's administration central intake.

(3) If there is immediate danger to a child you must also make a report to local law enforcement.

WAC 170-295-6050

170-295-6050. What substances are prohibited in the child care center or on the premises?

(1) You, your staff, parents, and volunteers must not be under the influence of, consume, or possess an alcoholic beverage or illegal drug while on the child care premises or during work hours while you are responsible for children in care.

(2) You, your staff, parents, and volunteers must not smoke:

(a) Inside the center building;

(b) While supervising children outdoors; or

(c) In a motor vehicle while transporting children.

(3) You, your staff, parents, and volunteers may smoke outdoors, off the premises and out of view of the children.

WAC 170-295-6060

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170-295-6060. Who is allowed to have unsupervised access to children in care?

(1) During operating hours or while a child is in care, individuals allowed to have unsupervised access to the child in care are:

(a) You;

(b) An employee or volunteer who has been authorized by DEL to care for or have unsupervised access to children in child care; and

(c) A representative of a governmental agency who has specific, verifiable authority supported by documentation for the access.

(2) A parent can have unsupervised access only to his or her own child. A parent may sign an authorization for an individual to have unsupervised access to his or her own child (for example a therapist).

(3) You must not allow anyone else to have unsupervised access to a child in child care.

WAC 170-295-7010

170-295-7010. Information to be kept in the child's individual file.

(1) Licensees must keep current organized confidential records and information about each child in care on the premises as provided in WAC 170-295-7031, and must make sure that each child's record contains, at a minimum:

(a) Completed enrollment application signed by the parent;

(b) Name, birth date, dates of enrollment and termination, and other identifying information;

(c) Name, address, and home and business telephone number of the parent and other person to be contacted in case of an emergency;

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(d) Health history;

(e) Individual plan of care when needed for chronic health conditions and life threatening medical conditions;

(f) Written consent from the parent for the licensee to seek and approve medical care in an emergency situation, a court order waiving the right of informed consent, or the parent's alternate plans for emergency medical and surgical care if the parent can not be reached;

(g) Information on how to contact the parents, especially in emergencies;

(h) Instructions from the parent or health care providers related to medications, specific food or feeding requirements, allergies, treatments, and special equipment or health care needs if necessary;

(i) Written records of any illness or injury that occurs during child care hours and the treatment provided; and

(j) Written records of any medications given while the child is at child care.

(2) Licensees must include the following authorizations in each child's record:

(a) Name, address, and telephone number of the person authorized to remove the child from the center;

(b) Written parental consent for transportation to and from school; and

(c) Written parental consent for transportation provided by the center to and from field trips, including field trip location, date of trip, departure and arrival times and any other additional information on which the parent may need to be advised.

(3) Licensees may use any health history form that the licensee chooses as long as it includes:

(a) The date of the child's last physical exam or the date the child was last seen by a health care provider for reasons other than immunizations;

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(b) Allergies, expected symptoms, and method of treatment if necessary;

(c) Health and developmental concerns or issues;

(d) Any life threatening medical condition that requires an individual health plan;

(e) A list of current medications used by the child;

(f) Name, address, and phone number of the child's health care provider; and

(g) Name, address, and phone number of the child's dentist, if the child has a dentist.

(4) The individual records, including the certificate of immunization status, must be kept on the premises:

(a) For each child currently in care; and

(b) For five years after the child leaves enrollment in the licensee's care.

WAC 170-295-7020

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;

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- (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, licenser, 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.
- (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).
- (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.

WAC 170-295-7030

170-295-7030. Attendance records.

Licensees must keep daily attendance records.

- (1) The parent or other person authorized by the parent to take the child to or from the center must:

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(a) Sign in the child on arrival and sign out the child at departure, using their full signature and writing the time of arrival and departure; or

(b) Record the child's attendance using an electronic system if used by the licensee under WAC 170-295-7032;

(2) When the child leaves the center to attend school or participate in offsite activities as authorized by the parent, the licensee or staff must sign out the child, and sign in the child on return to the center; and

(3) Paper and electronic attendance records and invoices for state subsidized children must be kept on the premises for at least five years after the child leaves the licensee's care as provided in WAC 170-295-7031.

WAC 170-295-7031

170-295-7031. Recordkeeping-Records available to the department.

The licensee must keep all records required in this chapter for a minimum of five years:

(1) Current records (including records from the previous twelve months) must be kept in the licensed space and be available for the department's review.

(2) Records older than twelve months to five years old must be provided to the department within two weeks of the date of the department's written request.

WAC 170-295-7032

170-295-7032. Electronic attendance records-Records retention.

(1) Licensees may use an electronic system to record attendance in lieu of a paper sign-in record.

(2) If an electronic system is used to record attendance, it must record either an electronic signature, swipe card, personal identification number (PIN), biometric reader, or similar action by the parent or designee when signing the child in and out of the licensee's care.

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(3) The electronic system selected must ensure the authenticity, confidentiality, integrity, security, accessibility, and protection against repudiation of the electronic records, and must be able to:

(a) Produce an authentic, verifiable written record for each transaction upon demand that complies with all legal and other requirements regarding the record's structure, content, and time of creation or receipt;

(b) Authenticate (prove the identity of) the sender of the record and ensure that the electronic record has not been altered;

(c) Uniquely identify each record;

(d) Capture an electronic record for each transaction conducted;

(e) Maintain the integrity of electronic records as captured or created so that they can be accessed, displayed, and managed as a unit;

(f) Retain electronic records in an accessible form for their legal minimum retention period;

(g) Search and retrieve electronic records in the normal course of business throughout their entire legal minimum retention period;

(h) Produce authentic copies of electronic records and supply them in useable formats, including hard copies, for business purposes and all public access purposes;

(i) Develop an approach to maintain the authenticity and integrity of electronically signed electronic records;

(j) Ensure that the electronic system performs in an accurate, reliable, and consistent manner in the normal course of business; and

(k) Limit system access to authorized individuals and for authorized purposes, and maintain physical and environmental security controls.

(4) Electronic attendance records must contain all of the information necessary to reproduce the entire electronic

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record and associated signatures in a form that permits the person viewing or printing the entire electronic record to verify:

- (a) The contents of the electronic record;
- (b) The method used to sign the electronic record, if applicable;
- (c) The person signing the electronic record; and
- (d) The date when the signature was executed.

(5) As used in this section:

‘Electronic record’ means a record generated, communicated, received, or stored by electronic means for use in an information system or for transmission from one information system to another.

‘Electronic signature’ means a signature in electronic form attached to or logically associated with an electronic record including, but not limited to, a digital signature. An electronic signature is a paperless way to sign a document using an electronic sound, symbol, or process, attached to or logically associated with a record, and executed or adopted by a person with the intent to sign the record.

‘Sign’ includes signing by physical signature, if available, or electronic signature.

WAC 170-295-7040

170-295-7040. Facility records.

The licensee must keep a file on-site containing copies of the most recent child care center monitoring checklist and facility licensing compliance agreement for any deficiencies noted.

WAC 170-295-7050

170-295-7050. What personnel records and policies must I have?

(1) Each employee and volunteer who has unsupervised access to a child in care must complete the following forms on or before their date of hire:

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(a) An application for employment on a form prescribed by us, or on a comparable form approved by the department; and

(b) A background check form.

(2) You must submit the background check form to us within seven calendar days of the employee's first day of work. The form authorizes a criminal history background inquiry for that person.

(3) Until the background check results are returned and show the employee to not be disqualified, you must not leave the employee unsupervised with the children.

(4) We discuss the information on the background check form with you, the director, or other person responsible for the operation of the center, such as a human resources professional, if applicable.

(5) If you employ five or more people you must have written personnel policies. These policies must describe staff benefits, if any, and duties and qualifications of staff.

(6) You must maintain a system of record keeping for personnel. In addition to the other requirements in this chapter, you must keep the following information on file on the premises for yourself, each staff person and volunteer:

(a) An employment application, including work and education history;

(b) Documentation that a background check form was submitted;

(c) A copy of the department notification of background clearance authorization.

(d) Written documentation of trainings and meetings such as but not limited to:

(i) Orientation;

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(ii) On-going trainings;

(iii) Bloodborne pathogen training (including HIV/AIDS);

(iv) CPR/first aid;

(v) Food handler's cards (if applicable);

(vi) STARS;

(vii) Staff meetings; and

(viii) Child abuse and neglect.

(e) Documentation of the results of tuberculosis (TB) testing by the Mantoux skin test prior to starting work.

(7) You must keep the following information on file for the owner of the facility:

(a) If the center is solely owned by you:

(i) A photocopy of your Social Security card that is valid for employment or verification of your employer identification number (EIN); and

(ii) A photocopy of your photo identification issued by a government entity.

(b) If the center is owned by a corporation, verification of the corporation's EIN.

(8) Training documentation must include a certificate, card, or form with a copy placed in each individual employees file that contains the:

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- (a) Topic presented;
- (b) Number of clock hours;
- (c) Date and names of persons attending; and
- (d) Signature and organization of the person conducting the training.

WAC 170-295-7060

170-295-7060. What injuries and illnesses or child abuse and neglect must I report?

You or your staff must report immediately:

- (1) A death or a serious injury or illness that requires medical treatment or hospitalization of a child in care must be reported by telephone and in writing to the parent, licensor, and child's social worker, if the child has a social worker;
- (2) Any instance when you or your staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or child neglect, child endangerment, or child exploitation as required under described in chapter 26.44 RCW. You may make a report by calling the statewide number at 1-800-562-5624 or 1-866-ENDHARM; and
- (3) An occurrence of food poisoning or reportable contagious disease, as required by the state board of health to the local public health department and to the licensor, by telephone.

WAC 170-295-7070

170-295-7070. What circumstantial changes must I report to my licensor?

A child care center license is valid only for the address, person, and organization named on the license. You must promptly report to the licensor any major changes in administrative staff, program, or premises affecting the center's classification, delivery of safe, developmentally appropriate services, or continued eligibility for licensor. A major change includes the following:

- (1) Center's address, location, space or phone number;

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- (2) Maximum number and age ranges of children you wish to serve compared to the current license specifications;
- (3) Number and qualifications of the center's staffing pattern that may affect staff capability to carry out the specified program, including:
 - (a) Change of ownership, chief executive, director, or program supervisor; and
 - (b) Death, retirement, or incapacity of the person licensed;
- (4) Name of the licensed corporation, or name by which the center is commonly known, or changes in the center's articles of incorporation and bylaws;
- (5) A fire, major structural change, or damage to the premises; and
- (6) Plans for major remodeling of the center, including planned use of space not previously approved by the fire marshal's office or us.

WAC 170-295-7080

170-295-7080. Materials that must be posted.

Licensees must post the following items so that they are clearly visible to the parent and staff:

- (1) The center's child care license issued under this chapter;
- (2) A schedule of regular duty hours with the names of staff;
- (3) A typical activity schedule, including operating hours and scheduled mealtimes;

(4) Meal and snack menus for the month;

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(5) Fire safety record and evacuation plans and procedures, including a diagram of exiting routes;

(6) Emergency telephone numbers near the telephone;

(7) Nondiscrimination poster;

(8) For the staff, the licensee must post:

(a) Dietary restrictions and nutrition requirements for particular children;

(b) Handwashing practices;

(c) Diaper changing procedures, if applicable;

(d) Disaster preparedness plan; and

(e) Center policies and procedures.

(9) The licensee must post a notification advising parents that the licensee is required to keep a file on-site for their review containing copies of the most recent child care center monitoring checklist and facility licensing compliance agreement for any deficiencies noted.