

Bathrooms, Toileting and Diaper Changing

Bathrooms, Toileting and Diaper Changing

Slide #1 Welcome

Welcome to this course titled, “***Bathrooms, Toileting and Diaper Changing***”.

This course is developed as part of the Washington State Department of Children, Youth, and Families (DCYF) alignment process, to prepare providers and licensors in their understanding of the “why”, the “what” and the “how” of complying with the updated Foundational Quality Standards for Early Learning Programs (referred to in each course as the Foundational Quality Standards).

Slide #2 Helpful Hints

WA DCYF is pleased to present this e-Learning course! To help provide a positive learning experience for you, please take a moment to review the following “Helpful Hints” summary, detailing what you can expect from this course. A complete listing of Helpful Hints has been added to the Resources section of your learner’s screen for reference.

- If you would like to access and review the full course text, please visit the Resources section of your learner’s screen. You can view, print, or download a full version of the course text that is narrated within each module. The full text will be included in each course and listed as the first resource in the Resources section of your course frame.
- The time to complete the course will depend on the course topic and the pace at which you advance through the slides.
- To help you get the most out of the course, settings are in place to prevent users from skipping ahead through the slides. You can advance through the course when the narration for each slide concludes by selecting the “Next” button, or, go back to review material already presented by selecting the “Previous” button.
- Web links and additional resources will be utilized in some of the courses to enhance your learning experience. We hope you will take time to explore them to further develop your knowledge about the topics being presented.

Slide #3 Introduction

This course is designed to introduce you to the updated Washington Administrative Code or WAC, as well as outline strategies and examples of WAC compliance. Updated WACs will be detailed in each course as a reference and a full listing of the WAC is included in the Resources section of your learner’s screen. You can print or download this resource at any time, either as a reference while you complete this course, or as a resource after the course is completed.

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Slide #4 Learning Outcomes

This course will help early learning professionals understand how to meet, assess for, and demonstrate ongoing compliance with the Foundational Quality Standards.

Upon completion of this course, participants will:

- Identify facility and space requirements for bathrooms and diaper changing areas
- Be familiar with regulations related to bathing and toilet training of children
- Understand diaper changing practices and conditions conducive to preventing cross contamination, maintaining health and preventing disease

Slide #5 Guiding Principles

As we cover the material in this course, please keep in mind the following Guiding Principles. We will revisit these at the end of the course to “check in” with you and give you an opportunity to assess your understanding and application of the course content.

Guiding Principles:

- Contamination caused by the spread of human waste can result in an unhealthy environment, including disease or illness.
- Bathroom facilities contribute to a child’s progression toward toileting independence.
- Clean and disinfected bathrooms and diaper changing areas help prevent contamination from bodily fluids containing bacteria, viruses, or parasites.

Slide #6 Terms and Definitions

Take a moment to review and familiarize yourself with the following terms and definitions. For your reference, a listing of these terms has been added to the Resources section of your learner’s screen. You can access the list at any time by visiting the Resources section of your learner’s screen. You can download the file to keep as a future reference or print as a desk guide.

Accessible to children means items, areas or materials of an early learning program that a child can reasonably reach, enter, use, or get to on their own.

Bathroom means a room containing a built-in, flush-type toilet.

Center early learning program is a facility providing regularly scheduled care for a group of children birth through twelve years of age for periods of less than twenty-four hours a day, pursuant to RCW [43.216.010](#) (1)(a) (child day care center).

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Clean or **cleaning** means to remove dirt and debris from a surface by scrubbing and washing with a detergent solution and rinsing with water. This process must be accomplished before sanitizing or disinfecting a surface.

Cultural or **culturally** means in a way that relates to the ideas, customs, and social behavior of different societies.

Developmentally appropriate means:

- (a) An early learning provider interacts with each child in a way that recognizes and respects the child's chronological and developmental age;
- (b) Knowledge about how children grow and learn;
- (c) Reflects the developmental level of the individual child; and
- (d) Interactions and activities are planned with the developmental needs of the individual child in mind.

Disinfect means to eliminate virtually all germs from an inanimate surface by the process of cleaning and rinsing, followed by:

- (a) A chlorine bleach and water solution following the manufacturer's instructions;
- or
- (b) Other disinfectant products registered with the EPA, if used strictly according to the manufacturer's label instructions including, but not limited to, quantity, time the product must be left in place, adequate time to allow the product to dry or rinsing if applicable, and appropriateness for use on the surface to be disinfected. Any disinfectant used on food contact surfaces or toys must be labeled "safe for food contact surfaces."

Early learning professionals are all early learning providers, child care licensing staff, and other professionals in the early learning field.

Family home early learning program means an early learning program licensed by the department where a family home licensee provides child care or education services for twelve or fewer children in the family living quarters where the licensee resides as provided in RCW **43.216.010** (1)(c) (family day care provider).

Inaccessible to children means a method to prevent a child from reaching, entering, using, or getting to items, areas, or materials of an early learning program.

Licensed space means the indoor and outdoor space on the premises approved by the department for the purpose of providing licensed child care.

RCW means Revised Code of Washington.

WAC means Washington Administrative Code.

Slide #7 Course Introduction

Germs can be spread in a variety of ways, but do you know how quickly germs can be spread by a contaminated object?

One study illustrates how quickly germs from a contaminated object can be spread to individuals in the same environment. In the study, a person with clean hands touches a contaminated ball, then picks up a clean ball. They pass the “clean” ball down a line of five people. The study found the hands of three of the five people in line tested positive for the contaminant after touching the “clean” ball.

Although germs are invisible, they can be easily and unintentionally spread throughout an environment¹.

This is especially true related to bathroom and diaper changing environments where objects or hands can easily be contaminated with bodily fluids containing bacteria, viruses, or parasites. For example, germs causing Norovirus, E.coli, Salmonella, or Listeria can be present in a dirty diaper, even when a child is healthy². While bathroom and diaper changing routines are an essential part of every early learning program, there are practices early learning providers can take to ensure hygienic routines and environments. These practices reduce the potential of contamination being spread into the environment.

Slide #8 Course Introduction

All requirements in the Foundational Quality Standards are designed to protect the health and safety of those in an early learning program. This module will explore the requirements related to bathrooms and diaper changing conditions intended to prevent environmental contamination and limit the spread of germs causing illness.

This module explores the following sections:

- WAC 110-300-0220 Bathroom space and toilet training
- WAC 110-300-0221 Diaper changing areas and disposal

The sections examined in this module are located in the “Environment” section of the Foundational Quality Standards, in the subsection “Health Practice”.

¹ Fight Bac! (N.D.) *Diapering*. Retrieved from http://www.fightbac.org/wp-content/uploads/2015/07/All_Diapering.pdf

The information contained in this learning module may include sample documents and resources that are provided for your reference, such as a Sample Health Care Plan or national recommendations for health. A sample document or reference may contain information that differs from the Washington Administrative Code. As an early learning provider, you are required to follow the Foundational Quality Standards.

² Fight Bac! (N.D.) *Diapering*. Retrieved from http://www.fightbac.org/wp-content/uploads/2015/07/All_Diapering.pdf

The information contained in this learning module may include sample documents and resources that are provided for your reference, such as a Sample Health Care Plan or national recommendations for health. A sample document or reference may contain information that differs from the Washington Administrative Code. As an early learning provider, you are required to follow the Foundational Quality Standards.

Slide #9 WAC 110-300-0220

The Centers for Disease Control and Prevention (or CDC) note the absence of a working bathroom, “can result in an unhealthy environment contaminated by human waste and contributes to the spread of many diseases and conditions that can cause widespread illness³”. Bathrooms, equipped with clean and working toilets and sinks, provide the space for staff and children to take care of personal needs and helps minimize the spread of disease.

WAC 110-300-0220 Bathroom space and toilet training.

(1) An early learning provider must provide at least one indoor bathroom in the licensed space that has the following:

(a) One working flush toilet.

(i) Toilets must be an appropriate height and size for enrolled children. A platform may be used to accommodate the height and size of children. Platforms must be easily cleanable and resistant to moisture and slipping.

Child sized toilets, and platforms providing access to standard sized toilets, allow children to safely build and practice independent toileting skills.

This regulation follows guidance from Caring for Our Children Standard 5.4.1.7. and Standard 5.4.1.1.

Slide #10 WAC 110-300-0220

In center-based early learning programs, the number of toilet users factors in to the bathroom facilities available for children and staff.

WAC 110-300-0220 Bathroom space and toilet training.

(ii) Center early learning programs licensed after this chapter becomes effective must have one working flush toilet for every fifteen children and staff. A child in diapers does not count for purposes of toilet calculations until the child begins toilet training.

³ Centers for Disease Control and Prevention. (December 2015). *Toilets and Latrines*. Retrieved from <https://www.cdc.gov/healthywater/global/sanitation/toilets.htm>

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For example, a center early learning program serves 30 children who are capable of, or learning to, use the toilet. In addition, there may be up to 6 adult staff on the premises during child care hours. If there was only 1 toilet for all 36 individuals, there may be longer or more frequent waiting periods when a child needs to access the bathroom. Children are still working toward mastery of bowel and bladder control, so too few toilets available may decrease the likelihood of children having toileting success. The Foundational Quality Standards support child development by requiring the early learning program in our example to have at least 3 working flush toilets and the required number of handwashing sinks for the 36 individuals present in the program. This ratio of individuals to toilets means bathroom facilities are more accessible. This regulation is supported by Standard 5.4.1.6 in Caring for Our Children.

Slide #11 WAC 110-300-0220

The next subsection is about bathroom facilities for early learning program staff.

WAC 110-300-0220 Bathroom space and toilet training.

(iii) Toilets for staff may be located outside of licensed space on the premises.

Consider for example, an early learning program that has a bathroom connected to the administrator's office which is located in unlicensed space. While children would not be permitted to use the toilet in unlicensed space, it could be counted as an available toilet for staff.

Slide #12 WAC 110-300-0220

A functioning bathroom must also include a working sink and faucet where handwashing can take place. As noted in the module "The Golden Rules for Healthy Programs- Understanding Medication, Illness, and Handwashing", hand washing is one of the most effective ways to reduce the spread of germs and disease. Studies show washing one's hands following the recommended CDC method after using the bathroom can reduce the bacteria count on one's hands by nearly 60 percent⁴.

⁴ Harvard Health Publishing. (July 2006). *Wash your hands*. Retrieved from https://www.health.harvard.edu/newsletter_article/wash-your-hands

WAC 110-300-0220 Bathroom space and toilet training.

(b) One working sink and faucet.

(i) Sinks and faucets must be an appropriate height and size for children. A platform may be used to accommodate the height and size of children. Platforms must be easily cleanable and resistant to moisture and slipping.

(ii) A faucet used for handwashing must provide warm running water.

(iii) Sinks and faucets must be located inside the bathroom or immediately outside the bathroom.

This subsection aligns with Caring for Our Children, Standard 5.4.1.10, which notes “the location, access, and supporting supplies to enable adequate handwashing are important to the successful integration of this key routine”. When sinks are accessible to children, both in size and location, it is easier for children to maintain proper handwashing routines. Standard 5.4.1.10 also promotes the availability of warm running water. Warm water helps make hand washing comfortable for children and staff, increasing the likelihood that they will wash for the recommended period of 20 seconds. Water temperature itself is not a factor in the reduction of bacteria.

The location of sinks inside or immediately outside the bathroom is intended to prevent the spread of disease and contaminants. For instance, if a sink was located a far distance from the bathroom, the opportunities for a child with contaminated hands to touch surfaces, like door knobs, walls, or other individuals, increases. If a child only needs to walk a couple of feet to the handwashing sink, the likelihood of contaminating multiple surfaces decreases.

Slide #13 WAC 110-300-0220

Additional sink requirements include:

WAC 110-300-0220 Bathroom space and toilet training.

(iv) Sinks and faucets for staff may be outside of licensed space on the early learning premises.

(v) Water controls on bathroom sinks must be accessible for the intended user.

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

(vii) Center early learning programs must have one working sink and faucet for every fifteen children and staff.

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Similar to the requirements around toilets, subsections (iv), (v), and (vii) are intended to increase access to appropriate facilities.

Subsection (vi) is included as a control for the spread of illness. During the handwashing process, contaminated hands may touch the water controls or faucet. After handwashing, germs and soap residue are rinsed into the basin of the sink. While a sink may not appear visibly unclean, germs like Norovirus, E.coli, or other fungi may remain on the surface.

Slide #14 WAC 110-300-0220

Supervision is necessary for children in a bathroom. Young children require assistance during the toileting process and are still developing the self-control and the judgment needed to make safe and healthy decisions, and to avoid accidents.

Yet, as children develop, their ability or desire to use a bathroom independently should be supported by early learning programs. Caring for Our Children states in Standard 5.4.1.2, “children should be allowed the opportunity to practice modesty when independent toileting behavior is well established”. The next subsection, therefore, includes requirements supporting a child’s toileting independence and privacy.

WAC 110-300-0220 Bathroom space and toilet training.

- (c) A means of providing privacy for children who demonstrate the need for privacy while toileting;**
- (d) A toilet paper dispenser for each toilet that is appropriate for the height and size of children;**

Take a moment to think about factors that might influence the way an early learning program can provide privacy to children, while still maintaining appropriate supervision.

Factors like:

- The age of the child
- The child’s abilities
- Classroom/facility noise levels
- The layout of the facility
- The layout of the restroom
- Staffing levels
- Activities the rest of the class and group is currently engaged in

Can you think of other factors?

Supervision responsibilities are outlined in WAC 110-300-0345; they include requirements to position one’s self to supervise all areas accessible to children, be

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aware of what the children are doing, be able to promptly assist or redirect as necessary, and check on children on many occasions with little time in between.

You can access further information related to supervising children in DCYF's e-learning courses:

- Capacity, Ratio and Supervision in your Family Home Early Learning Program – Key Elements for Success and,
- Capacity Ratio, and Supervision in your Center Early Learning Program – Key Elements for Success.

Slide #15 WAC 110-300-0220

Subsection (1) closes with bathroom space requirements designed to promote cleaning and sanitation practices.

WAC 110-300-0220 Bathroom space and toilet training.

(e) An operable window or exhaust fan; and

(f) An easily cleanable floor.

(i) Floors must have a washable surface;

(ii) Be resistant to moisture; and

(iii) Cleaned and disinfected daily, or more often as needed.

An operable window or exhaust vent create ventilation methods to control for odors related to bathroom use or during the cleaning and disinfecting process. This standard follows guidance from Caring for Our Children Standard 5.2.1.6.

When cleaning and disinfecting a bathroom, a floor meeting the requirements in subsection (1)(f) protects against the penetration of water or liquids into permeable surfaces, where the bacteria may be allowed to grow. For more information on maintaining a healthy environment through cleaning and sanitation practices, review module "Keeping it Clean, Sanitary and Safe for Kids!"

Slide #16 WAC 110-300-0220

Bathtubs or showers can provide essential personal care for children and may be used in early learning programs. However, bathtubs or showers also introduce potential hazards into the environment.

Every year, more than 43,000 children in the United States are injured in bathtubs or showers. More than half of these injuries happened to children four years of age or

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younger⁵. Another study found over the course of four years, there were 348 fatalities involving children aged five and younger involving bathtubs or bath related products⁶.

WAC 110-300-0220 Bathroom space and toilet training.

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

(a) Only give a bath or shower to a child with consent from that child's parent or guardian;

(b) Only use the bath or shower:

(i) To clean a child after an accident, such as diarrhea or vomiting;
or

(ii) During overnight care hours.

Parental consent allows the parent to remain the primary decision maker about the activities in which their child participates. This may be especially important as many parents or children may have strong preferences related to modesty or previous experiences that may be sensitive in nature. Obtaining parental consent also opens communication between the early learning provider and the parents.

For instance, an early learning provider cares for a child while in overnight care. The early learning provider informs the parent that an evening bath is an option as a part of the bedtime routine. The parent declines, sharing their personal preference is for their child to bathe only at home.

Slide #17 WAC 110-300-0220

Additional requirements to increase safety around baths and showers include:

WAC 110-300-0220 Bathroom space and toilet training.

(c) Ensure the area around a bathtub or shower is resistant to slipping or equipped with a conveniently located grab bar; and

(d) Keep the bathtub or shower inaccessible to children when not in use by children (in center early learning programs only).

⁵ American Academy of Pediatrics. (July 2009). *Bathtub danger: thousands of kids injured each year in slips and falls*. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/Bathtub-Danger-Thousands-of-Kids-Injured-Each-Year-in-Slips-and-Falls.aspx>

⁶ U.S. Consumer Product Safety Commission. (September 2012). *Submersions related to non-pool and non-spa products, 2012 report*. Retrieved from <https://www.cpsc.gov/s3fs-public/pdfs/nonpools2012.pdf>

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Given more than 80 percent of bath or shower related injuries were slips or falls, grab bars or nonslip surfaces reduce this risk. Standard 5.4.3.2. in Caring for Our Children supports the use of grab bars or nonslip surfaces.

Keeping bathtubs or showers inaccessible when not in use protects children against injuries from falls, as well as drowning.

This subsection is specific to center based early learning programs, as bathtubs and showers are standard features in family home bathroom facilities. However, the statistics we reviewed about bathtub and shower related injuries, remind us that family home early learning providers can help minimize the risk potential for accidents by remaining aware and alert when the bathroom facility is in use by a child.

The next subsection we will review is related to toilet training.

Slide #18 WAC 110-300-0220

Toilet training is a big developmental step and major learning experience for children. While children may begin this process anywhere from age 18 months to three years old, the American Academy of Pediatrics notes the initiation of toilet training should “always be based on the child’s developmental level rather than a child’s age⁷”. The early learning provider can play a key role in supporting a child in their toilet training progress while the child is in care. To promote a consistent and positive experience for the child, early learning providers and families must work collaboratively for the benefit of the child.

WAC 110-300-0220 Bathroom space and toilet training.

(3) An early learning provider must discuss toilet training procedures with that 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.**

The goal is to work with the family to create a process for the child that can be supported within the early learning program and at home. This open communication allows for both parents and the early learning program to have a mutual understanding.

⁷ Pediatrics. (June 1999). *Toilet training guidelines: day care providers- the role of the day care provider in toilet training*. Retrieved from https://pediatrics.aappublications.org/content/103/Supplement_3/1367

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For example, an early learning provider and parent of a two-year-old child are talking during an evening pick up. The parent shares the child has shown an interest in using the toilet and so they have started toilet training at home. The parent asks about accommodations that can be made while the child is in care. The early learning provider shares their program philosophies and practices, including how frequently they ask or take the child to the restroom, how they determine the level of assistance they offer the child, and their practices around toileting accidents. The early learning provider asks the parent how they can best support the child. The parent asks if their child can bring their sticker chart to the program during the week to track their toileting success. The early learning provider agrees.

Slide #19 WAC 110-300-0220

Modified toilet seats may be used to increase accessibility or independent toilet use among your children.

WAC 110-300-0220 Bathroom space and toilet training.

(4) 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.

For example, an early learning program bathroom has standard sized toilets. They notice the toddlers in care have difficulty sitting on the standard sized toilet seat. To help the children feel more comfortable in the bathroom, the early learning provider uses a modified toilet seat, so young children can more securely and comfortably sit on the toilet. At the end of each day, or more often as needed, the early learning provider cleans and disinfects the modified toilet seat, so it will be ready for use the following day.

Slide #20 WAC 110-300-0220

Toilet training equipment can be beneficial supports for children as they process toward toileting independence. During use, though, this equipment can become contaminated with bacteria, viruses, parasites, or other infections which are spread through fecal contamination. With these types of contaminants introduced to the environment, thoroughly cleaning and disinfecting toilet training equipment is crucial to prevent the spread of illness.

WAC 110-300-0220 Bathroom space and toilet training.

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

(a) A family home early learning program may use a bathtub or multipurpose sink to clean toilet training equipment unless it is used for food preparation.

(b) The sink, basin, or bathtub in a family home early learning program used to clean toilet training equipment must be cleaned and disinfected after each use with a safe disinfectant.

The sink, basin, or bathtub must be cleaned and disinfected after each use because traces of contaminants rinsed from the toilet training equipment will likely remain in the sink basin, or on the faucet or water controls. They can then be transferred to an individual's hands or other items that may touch the sink.

Family home early learning programs exist in spaces designed for private residence, so the sinks may be designed for multipurpose use. These regulations allow for accommodations to be made to protect against contamination where multipurpose sinks or tubs must be used.

For example, an early learning provider located in a family home may choose to clean toilet training equipment in the bathtub at the end of each day. As part of their cleaning routine, they also clean and disinfect the tub.

Slide #21 WAC 110-300-0220

Stand-up diapering is another potential toilet training practice.

WAC 110-300-0220 Bathroom space and toilet training.

(6) 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.

Soiled diapers or pull-ups can promote and spread bacteria when not handled or disposed of properly. Subsection (6) limits the potential for contamination to the bathroom and diaper changing areas rather than other areas around the early learning program.

Caring for Our Children, Standard 3.2.1.5 reminds us to further limit contamination with practices including:

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- ensuring all potentially needed materials are gathered in the changing area before bringing the child,
- removing the child's clothes, shoes and socks, and
- when a pull up or diaper is soiled, use the tabs to pull the sides apart rather than sliding the garment down the child's legs.

Slide #22 Test Your Learning!

Before we continue, let's test your learning. Review the question and select the best response.

After brushing their teeth in the bathroom, a child asks for a cup, so they may take a drink of water from the bathroom sink. How should the early learning provider respond to the child, so they are in compliance with WAC 110-300-0220?

- A. Provide the child a cup so they may use the bathroom sink as a drinking source.
- B. Redirect or assist the child to get water from the kitchen or approved drinking source outside the bathroom.

Slide #23 Test Your Learning!

Review the question and select the best response.

To accommodate for a child's height or size, a platform may be used to help children access toilets or sinks. Which of the following are requirements for the platforms?

- A. They must be easily cleanable.
- B. They must be resistant to moisture.
- C. They must be resistant to slipping.
- D. All of the above

Slide #24 WAC 110-300-0221

Now, we will focus on WAC 110-300-0221 Diaper changing areas and disposal. Changing diapers introduces the potential exposure of many gastrointestinal tract diseases caused by bacteria, viruses, or parasites which may exist in an individual's stool. In fact, the CDC estimates there can be up to a trillion germs in one gram of fecal matter⁸. For early learning programs serving children who wear diapers, diaper changing area and disposal requirements are designed to promote personal hygiene and limit environmental contamination.

WAC 110-300-0221 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.

This regulation aligns with guidance from Caring for Our Children, Standard 5.4.2.1.

Consider this example: an early learning program enrolls a preschool age child into their program. Because of the child's medical diagnosis, they wear pull-ups and will require assistance in changing. Because the child can stand, the early learning provider designates part of the bathroom as a diaper changing area where the early learning provider can assist the child in stand-up diapering.

Slide #25 WAC 110-300-0221

Preventing cross contamination between diapering changing areas and food preparation or service areas is essential, as germs like Salmonella, Listeria, E. coli, or Norovirus, can be found in stool even when a child is healthy⁹.

WAC 110-300-0221 Diaper changing areas and disposal.

- (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;**

⁸ Centers for Disease Control and Prevention. (July 2016). *Diapering*. Retrieved from <https://www.cdc.gov/healthywater/hygiene/diapering/index.html>

⁹ Fight Bac! (N.D.) *Diapering*. Retrieved from http://www.fightbac.org/wp-content/uploads/2015/07/All_Diapering.pdf

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This regulation is supported by Standard 5.4.2.4 in *Caring for Our Children*, which states, “diaper changing should not be conducted in food preparation areas” and “food and drinking utensils should not be washed in sinks in diaper changing areas”.

Consider this example. An early learning program has a classroom with a bathroom and one sink. The sink is located immediately outside the bathroom, and children use it to wash their hands after using the toilet. Where can the early learning provider get drinking water for children in care?

In this example, the early learning provider fills a container with water from a food preparation sink in the kitchen. They pour the water into disposable paper cups throughout the day and, when necessary, refill the container in the kitchen.

Slide #26 WAC 110-300-0221

Subsection (1)(a)(iii) outlines sanitary diaper changing surfaces.

WAC 110-300-0221 Diaper changing areas and disposal.

- (iii) Have a sturdy surface or mat that:**
 - (A) Is not torn or repaired with tape;**
 - (B) Is washable;**
 - (C) Has a moisture resistant surface that is cleanable; and**
 - (D) Is large enough to prevent the area underneath the diaper changing area from being contaminated with bodily fluids.**

Diaper changing surfaces repeatedly come into contact with bacteria and other germs. Bacteria need water to grow, so we can greatly reduce the risk of contamination by limiting moisture on and around diaper changing surfaces.

To ensure a healthy and safe environment for children, the diaper surface must not allow liquids or soiling to permeate the surface, and must promote effective cleaning and disinfecting procedures.

Caring for Our Children calls this an “impervious surface” in Standard 5.4.2.5.

Slide #27 WAC 110-300-0221

Additional requirements of the diaper changing areas include:

WAC 110-300-0221 Diaper changing areas and disposal.

- (iv) Be 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.**

Moisture resistant flooring, or floor covering, facilitates the cleaning and disinfecting process. It also ensures bodily fluids are not permeating upholstered or carpeted areas, which may lead to bacterial growth.

Ensuring only items used during diapering are stored on the diaper changing area, the early learning provider limits potential cross contamination.

For example, consider an early learning provider who keeps a basket of books or toys next to the diaper changing area for a child to use while having their diaper changed. How might this increase the spread of bacteria?

If a child is given a toy during the diaper changing process, there is the potential for the transmission of germs from the child's, the early learning provider's hands, or even from the diaper changing surface if the child drops the toy. These germs may continue to spread if the toy is then returned to the basket or taken by the child back into the play area. To prevent against this cross contamination, these items should not be stored or present in the diaper changing area.

Slide #28 WAC 110-300-0221

Many diaper changing surfaces are elevated several feet off the ground, and children may move unpredictably. This puts children at risk for falling off a changing table or pulling a changing table onto themselves. In 2016, 3,900 children younger than five years were treated in emergency departments from injuries related to changing tables¹⁰. It is the responsibility of early learning provider to ensure the safety of children when on or near a diaper changing surface.

¹⁰ U.S. Consumer Product Safety Commission. (December 2017). *Injuries and deaths associated with nursery products among children younger than age five*. Retrieved from https://www.cpsc.gov/s3fs-public/Nursery-Products-Annual-Report-2017_0.pdf?iVo_dIqsrUW_Aep2RzahKbFcsiCfXZhK

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- (b) An early learning provider must not leave a child unattended on the diaper changing surface or mat during the diaper changing process;**
- (c) An early learning provider must not use safety belts on diaper changing tables because they are neither cleanable nor safe; and**
- (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.**

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Caring for Our Children, Standard 3.2.1.4. recommends against the use of safety straps or harnesses on diaper changing tables, as the safety strap “cannot be relied upon to restrain the child and could become contaminated during diaper changing”.

Posting diaper changing procedures within view of the diaper changing area will serve as a reminder to follow the diaper changing procedure, which is “designed to reduce the contamination of surfaces that will later come in contact with uncontaminated surfaces such as hands, furnishings, or floors.”¹¹ You can find a diaper changing poster from the Department of Health in the Resources section of your learner’s screen.

For instance, an early learning provider is preparing to change a child’s diaper. As they place the child onto the diaper changing surface they scan the diaper changing procedure posting. The posting reminds the provider to wash her hands before beginning the diaper changing process. What should the early learning provider do?

The early learning provider knows it is unsafe to leave the child unattended, so she removes the child from the changing surface and places the child on a mat on the floor while she washes her hands. The early learning provider then retrieves the child and proceeds with the diaper change.

Please visit the Resources section of your learner’s screen, where you will find, the *King County Stand-up Diapering Procedure* PDF along with other toilet training and diaper changing resources in the Extend Your Learning PDF.

¹¹ American Academy of Pediatrics; American Public Health Association. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. Retrieved from <http://nrckids.org>

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Subsection (2) outlines requirements for diaper changing stations.

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(2) If an early learning provider uses a diaper changing station, the station must:

- (a) Have a handwashing sink within arm's reach of, or be readily accessible to, an early learning provider to prevent cross contamination; and**

As noted previously in this module, handwashing is one of the most effective methods of limiting the spread of bacteria or germs. Handwashing is also an essential step in a diapering procedure. Having a sink close to where the diapering is taking place avoids the “transfer of contaminants to other surfaces en route to washing the hands of staff of students” as described in Standard 5.4.2.3 of Caring for Our Children.

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Diaper changing stations should be intentionally designed to protect the safety of children and to contain contamination.

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(b) Be 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.**

In alignment with Caring for Our Children, Standard 5.4.2.5, moisture resistant surfaces are required because their non-porous nature makes them easier to clean and disinfect. This also limits diaper changing stations from being located on soft surfaces like upholstered furniture or carpeted floors, where bodily fluids may leak into or saturate the material.

For instance, a family home early learning program has a utility room adjacent to the licensed family room. They are thinking of installing a wall mounted diaper changing station because there is a sink in the utility room, and they can even see into the family room from the sink's location. They realize, however, that the flooring in the utility room is carpet. What can the early learning provider do?

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The early learning provider could replace the utility room flooring with a moisture impervious option, or they could put down a moisture impervious mat below the sink and extending at least 2 feet all the way around the diaper changing station.

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Some families may prefer their children use reusable or cloth diapers. Where this is the case, the handling of cloth diapers to limit spread of bacteria or germs differs from disposable diapers.

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(3) If an early learning provider uses reusable or cloth diapers, the diapers must:

- (a) Not be rinsed;**
- (b) Be placed in a securely sealed moisture impervious bag;**
- (c) Be stored in a separate disposal container; and**
- (d) Be delivered to a commercial laundry service or given to the child's parent or guardian at least daily.**

Standard 3.2.1.1 in Caring for Our Children notes that rinsing of stool into a toilet “increases the likelihood that other surfaces will be contaminated during disposal¹²”.

Consider this example, a new family is enrolling their toddler in an early learning program. They are utilizing cloth diapers and request the early learning provider rinse the cloth diapers before returning the soiled diaper. How might the early learning provider respond?

The early learning provider can let the parent know that while they can accommodate the use of cloth diapers, they are unable to rinse the diapers after use as required by the Foundational Quality Standards. To support the family's preference for cloth diapers, the early learning provider asks the parent to provide large zip-top bags in which they may seal the cloth diapers after use and they designate a small lined disposal container for the child's cloth diaper storage where the parent can pick up the used cloth diapers at the end of each day.

¹² Standard 3.2.2.2 in American Academy of Pediatrics; American Public Health Association. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. Retrieved from <http://nrckids.org>

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The proper disposal of diapers is a key step in the containment of body fluids which may spread illness or disease.

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(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 with a lid to prevent cross contamination;**
- (b) Lined with a disposable plastic trash bag; and**
- (c) Within arm's length of the diaper changing area.**

Caring for Our Children Standard 5.4.1.9. notes how lidded containers contribute to the sanitary disposal of materials. Hands-free access prevents the spread of germs or bacteria to or from an early learning provider's hands during the diaper changing process. The lining of a disposal container with a trash bag will contain any leak or spill from a soiled diaper from spreading to the disposal container or spreading to the environment when diapers are removed from the container.

Consider this example, at the end of the day, an early learning provider is responsible for emptying all garbage cans throughout the early learning program, including diaper disposal containers. When they come to the infant's classroom, they notice a strong smell coming from the diaper disposal container. Upon opening, they see a diaper has leaked. Because the garbage can was lined with a plastic trash bag, the bodily fluid is contained in the bag and has not spread to the interior of the garbage can.

Slide #34 Test Your Learning!

Before we continue, let's test your learning. Review the question and select the best response.

Which of the following requirements apply when cloth diapers are being used?

- A. Cloth diapers must not be rinsed.
- B. Cloth diapers may be laundered on site.
- C. Soiled cloth diapers in a securely sealed bag may be stored in a child's individual storage space or bag.
- D. Cloth diapers are not allowable in early learning programs.

Slide #35 Test Your Learning!

Review the question and select the best response.

True or false?

If the diapering mat is ripped, it may be repaired with tape.

- True
- False

Slide #36 Guiding Principles

This concludes the content portion of this course! Thank you for your participation! Before this course ends, please take a moment to reflect and set personal goals related to the following Guiding Principles and ways that each of the principles relate to early learning professionals.

Guiding Principles:

- Contamination caused by the spread of human waste can result in an unhealthy environment, including disease or illness.
- Bathroom facilities contribute to a child's progression toward toileting independence.
- Clean and disinfected bathrooms and diaper changing areas help prevent contamination from bodily fluids containing bacteria, viruses, or parasites.

What take-a-ways do you have? How will you change your practices as a result of participation in this learning module?

Slide # 37 Course Evaluation

Please take a moment to answer the following end-of-course evaluation questions by selecting the appropriate choice.

This course improved my understanding of the course content.

- True
- False

Slide #38 Course Evaluation

The information presented in this course was clearly connected to the session and Learning Outcomes.

- True
- False

Slide #39 Course Evaluation

There are opportunities for application of this course content in my role as an early learning professional.

- True
- False

Slide #40 Course Evaluation

I would recommend this course to others who work in the field.

- True
- False

Slide #41 Course Conclusion

This concludes this course. If you have questions following this session, please contact your supervisor or licensor.

We hope this course has been helpful in providing information about the WAC and how programs can meet the new standards with compliance.

Our goal is that all early learning professionals viewing this course have left with an increased understanding and knowledge of the updated WAC, and that you will be able to either assess programs for compliance or be able to maintain and demonstrate compliance.

Be sure to visit the Learning Management System to review and select additional learning modules that are part of this series.