

Foundational Quality Standards for Early Learning Programs Covered in this Learning Session

WAC 110-300-0200 Handwashing and hand sanitizer.

(1) Early learning providers must comply with the following handwashing procedures or those defined by the United States Center for Disease Control and Prevention, and children should strongly be encouraged to:

- (a) Wet hands with warm water;
- (b) Apply soap to the hands;
- (c) Rub hands together to wash for at least twenty seconds;
- (d) Thoroughly rinse hands with water;
- (e) Dry hands with a paper towel, single-use cloth towel, or air hand dryer;
- (f) Turn water faucet off using a paper towel or single-use cloth towel unless it turns off automatically; and
- (g) Properly discard paper single-use cloth towels after each use.

(2) An early learning provider must wash and sanitize cloth towels after a single use. Soiled and used towels must be inaccessible to children.

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

(4) Early learning providers must wash their hands following the handwashing procedures listed above:

- (a) When arriving at work;
- (b) After toileting a child;
- (c) Before and after diapering a child (use a wet wipe in place of handwashing during the middle of diapering if needed);
- (d) After personal toileting;
- (e) After attending to an ill child;
- (f) Before and after preparing, serving, or eating food;
- (g) Before preparing bottles;
- (h) After handling raw or undercooked meat, poultry, or fish;
- (i) Before and after giving medication or applying topical ointment;
- (j) After handling or feeding animals, handling an animal's toys or equipment, or cleaning up after animals;
- (k) After handling bodily fluids;
- (l) After using tobacco or vapor products;
- (m) After being outdoors;
- (n) After gardening activities;
- (o) After handling garbage and garbage receptacles; and
- (p) As needed or required by the circumstances.

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

- (a) When arriving at the early learning premises;
- (b) After using the toilet;
- (c) After diapering;
- (d) After outdoor play;
- (e) After gardening activities;
- (f) After playing with animals;
- (g) After touching body fluids such as blood or after nose blowing or sneezing;
- (h) Before and after eating or participating in food activities including table setting; and
- (i) As needed or required by the circumstances.

(6) Hand sanitizers or hand wipes with alcohol may be used for adults and children over twenty-four months of age under the following conditions:

- (a) When proper handwashing facilities are not available; and
- (b) Hands are not visibly soiled or dirty.

(7) Children must be actively supervised when using hand sanitizers to avoid ingestion or contact with eyes, nose, or mouths.

- (a) Hand sanitizer must not be used in place of proper handwashing.
- (b) An alcohol-based hand sanitizer must contain sixty to ninety percent alcohol to be effective.

WAC 110-300-0205 Child, staff, and household member illness.

(1) An early learning provider must observe all children for signs of illness when they arrive at the early learning program and throughout the day. Parents or guardians of a child should be notified, as soon as possible, if the child develops signs or symptoms of illness.

(2) If an early learning provider becomes ill, a licensee, center director, assistant director, or program supervisor must determine whether that person should be required to leave the licensed early learning space.

(3) When a child becomes ill, an early learning provider (or school nurse, if applicable) must determine whether the child should be sent home or separated from others. A provider must supervise the child to reasonably prevent contact between the ill child and healthy children.

(4) An ill child must be sent home or reasonably separated from other children if:

- (a) The illness or condition prevents the child from participating in normal activities;
- (b) The illness or condition requires more care and attention than the early learning provider can give;

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- (c) The required amount of care for the ill child compromises or places at risk the health and safety of other children in care; or
 - (d) There is a risk that the child's illness or condition will spread to other children or individuals.
- (5) Unless covered by an individual care plan or protected by the ADA, an ill child, staff member, or other individual must be sent home or isolated from children in care if he or she has:
- (a) A fever 101 degrees Fahrenheit for children over two months (or 100.4 degrees Fahrenheit for an infant younger than two months) by any method, and behavior change or other signs and symptoms of illness (including sore throat, earache, headache, rash, vomiting, diarrhea);
 - (b) Vomiting two or more times in the previous twenty-four hours;
 - (c) Diarrhea where stool frequency exceeds two stools above normal per twenty-four hours for that child or whose stool contains more than a drop of blood or mucus;
 - (d) A rash not associated with heat, diapering, or an allergic reaction;
 - (e) Open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sores with drooling;
 - (f) Lice, ringworm, or scabies. Individuals with head lice, ringworm, or scabies must be excluded from the child care premises beginning from the end of the day the head lice or scabies was discovered. The provider may allow an individual with head lice or scabies to return to the premises after receiving the first treatment; or
 - (g) A child who appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness.
- (6) At the first opportunity, but in no case longer than twenty-four hours of learning that an enrolled child, staff member, volunteer or household member has been diagnosed by a health care professional with a contagious disease listed in WAC [246-110-010\(3\)](#), as now and hereafter amended, an early learning provider must provide written notice to the department, the local health jurisdiction, and the parents or guardians of the enrolled children.
- (7) An early learning provider must not take ear or rectal temperatures to determine a child's body temperature.
- (a) Providers must use developmentally appropriate methods when taking infant or toddler temperatures (for example, digital forehead scan thermometers or underarm auxiliary methods);
 - (b) Oral temperatures may be taken for preschool through school-age children if single-use covers are used to prevent cross contamination; and
 - (c) Glass thermometers containing mercury must not be used.

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(8) An early learning provider may readmit a child, staff member, volunteer or household member into the early learning program area with written permission of a health care provider or health jurisdiction stating the individual may safely return after being diagnosed with a contagious disease listed in WAC [246-110-010](#)(3), as now and hereafter amended.

WAC 110-300-0215 Medication.

(1) **Managing medication.** A medication management policy must include, but is not limited to, safe medication storage, reasonable accommodations for giving medication, mandatory medication documentation, and forms pursuant to WAC [110-300-0500](#).

(2) **Medication training.** An early learning provider must not give medication to a child if the provider has not successfully completed:

(a) An orientation about the early learning program's medication policies and procedures;

(b) The department standardized training course in medication administration that includes a competency assessment pursuant to WAC [110-300-0106](#)(10) or equivalent training; and

(c) If applicable, a training from a child's parents or guardian (or an appointed designee) for special medical procedures that are part of a child's individual care plan. This training must be documented and signed by the provider and the child's parent or guardian (or designee).

(3) **Medication administration.** An early learning provider must not give medication to any child without written and signed consent from that child's parent or guardian, must administer medication pursuant to directions on the medication label, and using appropriate cleaned and sanitized medication measuring devices.

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

(i) **Prescription medication.** Prescription medication must only be given to the child named on the prescription. Prescription medication must be prescribed by a health care professional with prescriptive authority for a specific child. Prescription medication must be accompanied with medication authorization form that has the medical need and the possible side effects of the medication. Prescription medication must be labeled with:

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

(B) The date the prescription was filled;

(C) The name and contact information of the prescribing health professional;

(D) The expiration date, dosage amount, and length of time to give the medication; and

(E) Instructions for administration and storage.

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

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- (A) Nonprescription (over-the-counter) medication needs to be labeled with child's first and last name and accompanied with medication authorization form that has the expiration date, medical need, dosage amount, age, and length of time to give the medication. Early learning providers must follow the instructions on the label or the parent must provide a medical professional's note; and
- (B) Nonprescription medication must only be given to the child named on the label provided by the parent or guardian.
- (iii) **Other nonprescription medication:** An early learning provider must receive written authorization from a child's parent or guardian and health care provider with prescriptive authority prior to administering if the item does not include age, expiration date, dosage amount, and length of time to give the medication:
 - (A) Vitamins;
 - (B) Herbal supplements;
 - (C) Fluoride supplements;
 - (D) Homeopathic or naturopathic medication; and
 - (E) Teething gel or tablets (amber bead necklaces are prohibited).
- (iv) **Nonmedical items.** A parent or guardian must annually authorize an early learning provider to administer the following nonmedical items:
 - (A) Diaper ointments (used as needed and according to manufacturer's instructions);
 - (B) Sunscreen;
 - (C) Lip balm or lotion;
 - (D) Hand sanitizers or hand wipes with alcohol, which may be used only for children over twenty-four months old; and
 - (E) Fluoride toothpaste for children two years old or older.
- (v) An early learning provider may allow children to take his or her own medication with parent or guardian authorization. The early learning staff member must observe and document that the child took the medication.
- (vi) An early learning provider must not give or permit another to give any medication to a child for the purpose of sedating the child unless the medication has been prescribed for a specific child for that particular purpose by a qualified health care professional.
- (b) Medication documentation (excluding nonmedical items). An early learning provider must keep a current written medication log that includes:
 - (i) A child's first and last name;
 - (ii) The name of the medication that was given to the child;
 - (iii) The dose amount that was given to the child;
 - (iv) Notes about any side effects exhibited by the child;
 - (v) The date and time of each medication given or reasons that a particular medication was not given; and
 - (vi) The name and signature of the person that gave the medication.

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(c) Medication must be stored and maintained as directed on the packaging or prescription label, including applicable refrigeration requirements. An early learning provider must comply with the following additional medication storage requirements:

(i) Medication must be inaccessible to children;

(ii) Controlled substances must be locked in a container or cabinet which is inaccessible to children;

(iii) Medication must be kept away from food in a separate, sealed container; and

(iv) External medication (designed to be applied to the outside of the body) must be stored to provide separation from internal medication (designed to be swallowed or injected) to prevent cross contamination.

(d) An early learning provider must return a child's unused medication to that child's parent or guardian. If this is not possible, a provider must follow the Food and Drug Administration (FDA) recommendations for medication disposal.

(e) An early learning provider must not accept or give to a child homemade medication, such as diaper cream or sunscreen.