

WA DCYF Educational Series
Prohibited Substances in Early Learning Programs

Slide #1 Welcome

Welcome to this course titled, ***“Prohibited Substances in Early Learning Programs.”***

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 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! A complete list of Helpful Hints has been added to the Resources section of your learner’s screen for reference.

Additionally, you will find an e-learning tip sheet to assist you in your learning experience in the Learning Management System (LMS).

Slide #3 Introduction

This course is designed to introduce you to the rules and regulations regarding prohibited substances in early learning facilities, as well as outline strategies and examples of WAC compliance. WACs are detailed in each course as a reference and a full list of the Foundational Quality Standards 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.

Slide #4 Learning Outcomes

Upon completion of this course, participants will:

- Identify substances prohibited from use or storage on early learning program premises
- Understand how exposure to prohibited substances, or persons under the influence of prohibited substances, impacts a child’s health, safety, and development
- Describe examples of ways to limit children’s exposure to prohibited substances while in care at an early learning program

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.

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Guiding Principles:

- It is the role of early learning professionals to provide a healthy and safe environment for children in care, which includes modeling healthy behavior while providing care
- Licensed early learning program space is a place of employment where state law and regulations must be followed
- Exposures to substances like alcohol, tobacco, and cannabis poses negative health risks to adults and children in care and therefore must be avoided

Slide #6 Course Introduction

These Foundational Quality Standards contain important details and information for all early learning professionals. The standards provide a wealth of straightforward information about how to demonstrate and assess for compliance with the WAC.

The course will cover the following section from the Foundational Quality Standards, WAC 110-300-0420 Prohibited substances.

You may have heard the saying “Children are not just tiny adults.”

This is especially true when it comes to the effects of environmental factors or substances, like tobacco smoke or alcohol, have on the bodies of young children when compared to older children or adults.

This is because:

- Young children breathe more air and consume more water per body weight than adults.
- Young children’s organs are rapidly developing. This includes the brain, which is adding more than a million neural connections each second.
- Young children have thinner skin than adults and maintain higher skin contact on surfaces like floors or furniture, which allows for the increased absorption of toxins.
- Young children have a less developed immune system than adults, which leaves them susceptible to illness.
- Young children are dependent on adults. When considering their cognitive or physical development, young children may not be able to explain how they are feeling, follow instructions, or make decisions to keep themselves out of harm.

All of this illustrates the unique vulnerabilities of young children. It is the role of early learning professionals to protect young children while in care from exposures to substances like tobacco smoke or alcohol, which can have immediate and significant negative effects on a child’s health or development.

Slide #7 Eliminate Exposure

For adults, the decision to use or be exposed to substances like alcohol, tobacco products, or cannabis is typically made at their own discretion.

Adults can examine their knowledge and understanding of how the substance may affect

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their health or well-being and determine their personal tolerance of the risk.

Young children are not afforded this discretion. Considering their age and development, they are defenseless in preventing exposure to these substances and the negative effects incurred to their health. They are dependent on adults to make these decisions on their behalf and in their best interest.

This dependence means early learning professionals are responsible for creating an environment which eliminates a child's exposure to these substances while in care. WAC 110-300-0420 is included in the Foundational Quality Standards to protect children in care from exposure to substances or adults under the influence of substances which pose significant risks to their health and safety.

Slide #8 Tobacco Smoke

The Centers for Disease Control and Prevention notes "tobacco smoke contains more than 7,000 chemicals including hundreds that are toxic and about 70 that cause cancer.¹" Studies show even brief exposure to smoke can have a measurable effect on one's health. This is not just the case for the individual who is smoking; for nonsmoking adults and children, second- and third hand smoke can be detrimental.

Secondhand smoke is the smoke inhaled by a person not smoking.² Common scenarios where nonsmokers inhale secondhand smoke include being in the same room or car while someone is smoking or walking past someone smoking on the sidewalk.

Exposure to secondhand smoke is a risk factor associated with children developing asthma, ear infections, and respiratory infections such as bronchitis or pneumonia. It also increases an infant's risk for sudden infant death syndrome (or SIDS) by 2.5 times.

Slide #9 Thirdhand Smoke

Thirdhand smoke is the residue of nicotine and more than 250 other chemicals from smoke which is absorbed into surfaces like carpeting, walls, furniture, or clothing and hair.

This toxic residue can remain on surfaces for months at a time, long after a user has ceased smoking in the area. It is difficult to remove, and it cannot be removed by opening windows or airing out a room.

A nonuser is exposed to thirdhand smoke through direct contact; that is touching surfaces and absorbing through the skin, or through inhaling the toxins as they dissipate from the surface into the air.

¹ Centers for Disease Control and Prevention. (N.D.). *Secondhand Smoke (SHS) Facts*. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

² Farber, H. & Walley, S. (November 2015). *Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke*. Pediatrics. Retrieved from <http://pediatrics.aappublications.org/content/136/5/1008>

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Take a moment and imagine how young children could be exposed to thirdhand smoke in an early learning program where surfaces are contaminated by tobacco smoke:

- An infant being held by an early learning provider who has thirdhand smoke residue on their clothing is likely to absorb the toxins through their skin as they cuddle.
- A toddler mouths toys as they play, ingesting the residue of thirdhand smoke.
- A preschooler plays with building blocks, breathing in toxins which are slowly being emitted from contaminated walls, despite a window being open for ventilation.
- A school age child sits on soft furniture as they look at books, absorbing the thirdhand smoke residue contained on the fabric of the soft furnishings.

Because children are highly vulnerable to the toxins in smoke, the American Academy of Pediatrics strongly recommends all children be protected from smoke, including second and thirdhand exposure³.

Slide #10 WAC 110-300-0420 (1)

Exposure to tobacco smoke is common among children, with 2 out of every 5 children ages three to eleven exposed to secondhand smoke regularly⁴. Since there is no documented “risk-free” level of smoke exposure for children, this makes the requirements of WAC 110-300-0420 critically important. This WAC begins with the following:

WAC 110-300-0420 Prohibited substances.

(1) Chapter 70.160 RCW prohibits smoking in public places and places of employment.

Early learning programs, including those located in private family homes are included in the definition of “public places” and “places of employment” in RCW 70.160.020.

Prohibiting smoking in places accessed by the public or employees is designed to reduce the exposure to second- or thirdhand smoke. Studies show implementing smoke-free laws in workplaces and public places is associated with the reduction of hospital admissions for heart attacks, heart disease, and respiratory disease (including lung cancer) among non-smokers⁵.

In short, a smoke-free early learning program benefits everyone’s health!

³ American Academy of Pediatrics. (April 2017). *How Parents Can Prevent Exposure to Thirdhand Smoke*. Retrieved from <https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/How-Parents-Can-Prevent-Exposure-Thirdhand-smoke.aspx>

⁴ Centers for Disease Control and Prevention. (N.D.). *Secondhand Smoke (SHS) Facts*. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

⁵ Centers for Disease Control and Prevention. (N.D.) *Smokefree Policies Improve Health*. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/improve_health/index.htm

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Slide #11 WAC 110-300-0420 (2)

Vaping, or the use of electronic cigarettes has recently been marketed as an alternative to smoking. Generally, vaping devices contain fewer toxic chemicals than tobacco products, however, this does not mean they are safe. They still contain harmful toxins including nicotine, heavy metals like lead or tin, and aerosol.

Studies on the long-term effects of vaping use or exposure are limited.

In the following subsections, vaping is included along with smoking as a prohibited activity.

WAC 110-300-0420 Prohibited substances.

(2) Pursuant to RCW [70.160.050](#), an early learning provider must:

- (a) Prohibit smoking, vaping, or similar activities in licensed indoor space, even during nonbusiness hours;**
- (b) Prohibit smoking, vaping, or similar activities in licensed outdoor space unless:
 - (i) Smoking, vaping or similar activities occurs during nonbusiness hours; or**
 - (ii) In an area for smoking or vaping tobacco products that is not a "public place" or "place of employment," as defined in RCW [70.160.020](#).****

This regulation applies to all individuals in the early learning program space, not just early learning professionals.

This regulation also applies to smoke that may enter licensed space. Smoking may occur in unlicensed space; however, smoke is not allowed to escape into licensed space, ensuring children are not exposed to smoke.

For example, before afternoon pick up begins, an early learning provider notices a parent is walking toward the building using their vape pen. Before the early learning provider goes outside to meet the parent, they first ensure there are adequate staff present to maintain staff-to-child ratios and supervision requirements. While outside, the provider reminds the parent of the no smoking and no vaping policy in the licensed space. The provider also reminds the parent that this information is included in the parent handbook and recommends the parent review the policy for additional information. The parent returns the vaping device to their car before coming inside the building to pick up their child.

Slide #12 WAC 110-300-0420 (2)(c)

Air quality studies performed in cars show the concentrations of secondhand smoke in cars is far greater than any other environment tested, including a smoker or non-smoker's home or the outdoor air. To eliminate the risk of exposure to smoke or vapor toxins in vehicles, the following requirement must be met:

WAC 110-300-0420 Prohibited substances.

(c) Prohibit smoking, vaping, or similar activities in motor vehicles used to transport enrolled children;

Before we review a scenario related to this requirement, it is important to point out that the requirement of subsection (c) is that smoking, vaping, or similar activities are not allowed at any time in a motor vehicle that is used to transport enrolled children, not just when the children are present and being transported.

Let's now take a moment to consider this scenario: an early learning program is taking a field trip in which early learning providers are volunteering to assist in carpooling. The early learning providers volunteering to drive are asked to review the transportation and field trip policy with the early learning program director prior to the event. The program has included this subsection as part of their transportation policy. After reviewing the transportation policy, one early learning staff shares with the early learning program director that they will not be able to drive in the carpool since they have smoked in their car. The early learning program director thanks the staff for their honesty and looks for another driver.

Slide #13 WAC 110-300-0420 (2)(d)

Subsection (2) continues:

WAC 110-300-0420 Prohibited substances.

(d) Prohibit smoking, vaping, or similar activities by any provider who is supervising children, including during field trips;

Not only does refraining from smoking or vaping while supervising children limit their exposure to the negative effects of second- and thirdhand smoke, one can also serve as a positive role model for encouraging children to make healthy decisions about smoking as they are growing up.

In Washington, almost 32 percent of youth under the age of 18 years old have reported using a tobacco product, including e-cigarettes⁶. One factor associated with tobacco use among youth is parental smoking, or tobacco use shown as an acceptable activity by trusted adults. Early learning providers are a big part of a child's network of trusted adults. If an early learning provider were to model smoking as an acceptable activity, this could result in a negative influential effect on children in care.

The American Academy of Pediatrics states, one of the most important things a child can do to

⁶ Centers for Disease Control and Prevention. (September 2018). *Extinguishing the Tobacco Epidemic in Washington*. Retrieved from <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/washington/>

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prepare for a healthy life is by avoiding the usage of tobacco⁷.

In addition, research shows exposure to secondhand smoke increases the likelihood children will become teen or adult smokers, and if they do smoke, it will be more difficult for them to quit⁸.

Slide #14 WAC 110-300-0420 (2)(e)&(f)

To promote and maintain a smoke free early learning environment, subsection (2) concludes:

WAC 110-300-0420 Prohibited substances.

(e) Prohibit smoking, vaping, or similar activities within twenty-five feet from entrances, exits, operable windows, and vents, pursuant to RCW [70.160.075](#); and

(f) Post "no smoking or vaping" signs. Signs must be clearly visible and located at each building entrance used as part of the early learning program.

Studies have shown tobacco smoke can be measured in high quantities more than 20 feet from the source in outdoor settings⁹. Some early learning providers may choose to include a map identifying locations which are further than 25 feet from their location's entrances, exits, windows, or vents in parent or employee handbooks, or mark designated smoking areas with signs to provide guidance to parents or employees of permissible locations for smoking.

A printable "No smoking or vaping" sign is available in the Resources section of your learner's screen.

Slide #15 Test Your Learning!

Before we continue, Let's test your learning. Review the question and select True or False?

An early learning provider may smoke in licensed outdoor space, provided it is after business hours.

- True
- False

⁷ Farber, H. & Walley, S. (November 2015). *Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke*. Pediatrics. Retrieved from <http://pediatrics.aappublications.org/content/136/5/1008>

⁸ National Institutes of Health. (May 2011). *How Secondhand Smoke Affects the Brain*. U.S. Department of Health and Human Services. Retrieved from <https://www.nih.gov/news-events/nih-research-matters/how-secondhand-smoke-affects-brain>

⁹ American Academy of Pediatrics. (April 2017). *Why are Smoke-Free Environments a Big Deal?* Retrieved from <https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Why-Smoke-free-Environments-Big-Deal.aspx>

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Slide #16 Test Your Learning!

Review the question and select the best response.

Which of the following are risk factors associated with a child's exposure to secondhand smoke?

- A. Developing asthma
- B. Ear infections
- C. Respiratory infections
- D. All of these

Slide #17 WAC 110-300-0420 (3)

Substances like alcohol, illegal drugs, or misused prescription drugs can alter the physical and psychological state of the user, which may be a risk to children.

These effects can include:

- Impaired brain function, which may result in poor judgment, reduced reaction time, or loss of motor skills
- Confusion, anxiety, or paranoia
- In some cases, violent outbursts or psychosis, where a user may be seeing or hearing things that are not there

These effects can prevent early learning providers from providing appropriate care to children and pose a danger to children in care. This requirement aligns with *Caring for Our Children, 4th Edition, National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* (or *Caring for Our Children*), Standard 3.4.1.1.

WAC 110-300-0420 Prohibited substances.

(3) An early learning provider must:

- (a) Prohibit any person from consuming or being under the influence of alcohol on licensed space during business hours;**
- (b) Prohibit any person within licensed space from consuming or being under the influence of illegal drugs or prescription drugs to the extent that it interferes with the care for children as required by this chapter;**

Slide #18 WAC 110-300-0420

Consider the following example: an early learning provider has been prescribed a new medication, which must be taken with food.

This is the third day the provider has been taking this medication. During the previous two days of taking this medication, the provider did not feel the effects of the medication were adequate for her needs.

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During the provider’s lunch break today, the provider decides to take an extra half tablet of their prescribed pills and return to work.

Shortly thereafter, the program director notices the early learning provider is acting unusual. While in the classroom, they are having difficulty balancing and their speech is slurred.

The program director pulls the provider aside and soon discovers the early learning provider took the incorrect dose of medication. While the provider calls their doctor, the program director calls the provider’s emergency contact to pick them up. While staffing assignments are shifted around to ensure adequate coverage and ratios, the early learning provider and children in care are protected from what could have escalated into a dangerous situation.

Slide #19 Nicotine

The primary ingredient in tobacco or vapor products is nicotine. Even vapor products advertised as “nicotine free” have been found to contain nicotine¹⁰. Nicotine is toxic and even small amounts can cause symptoms in children. As little as 1 milligram of nicotine can cause poisoning symptoms in an infant. As a reference, a cigarette butt contains 5- 7 milligrams of nicotine, and a whole cigarette contains between 13 and 30 milligrams of nicotine¹¹.

Mild nicotine poisoning can cause nausea, vomiting, dizziness, tremors, and high blood pressure. Severe poisoning cases can lead to seizures and be life threatening.

As we know, young children are naturally curious as they explore their surroundings. They may taste, mouth, or eat items they find. As some tobacco or vapor products feature fruity or minty flavors or smells, this may be even more enticing for a young child.

Children also imitate the behavior of adults. It is not uncommon for a child who has seen adults smoke, to mimic the behavior if they have access to a cigarette or a pipe, which may lead to accidental nicotine ingestion.

Slide #20 WAC 110-300-0420 (3)(c)&(d)

To protect against this risk, subsection (3) continues:

WAC 110-300-0420 Prohibited substances.

- (c) Store any tobacco or vapor products, or the packaging of tobacco or vapor products in a space that is inaccessible to children;**
- (d) Prohibit children from accessing cigarette or cigar butts or ashes;**

¹⁰ Centers for Disease Control and Prevention. (N.D.) *Electronic Cigarettes: What’s the Bottom Line?* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf

¹¹ Mekonnen, S. (July 2013). *My Child Ate a Cigarette*. National Capital Poison Center. Retrieved from <https://www.poisson.org/articles/2013-jul/my-child-ate-a-cigarette>

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The following scenario is an example of how a provider meets compliance with this requirement: an early learning provider whose program is located in a private family home has guests visiting over the weekend while the early learning program is closed. One guest prefers to smoke. Since it is nonbusiness hours, the early learning provider asks their guest to smoke outside, in compliance with WAC 110-300-0420 (2)(b). The guest stands at least 25 feet away and downwind from any door, window, or vent for the home to ensure that the smoke does not enter licensed space.

Prior to the early learning program opening on Monday morning, the early learning provider removes the tin used to collect cigarette and cigar butts and ashes from the area and stores this in the garage, which is inaccessible to children during program hours. The early learning provider also sweeps the area to ensure no loose remnants of cigarettes, cigars or ash remain in the licensed program space where children may accidentally access the material.

Slide #21 Cannabis and Paraphernalia

The next section of the WAC addresses cannabis and paraphernalia. According to the American Association of Poison Control Centers, the rate of children being exposed to cannabis rose 148% between 2006 and 2013 and continues to rise in each subsequent year¹². Cannabis, or marijuana, contains the chemical THC, or tetrahydrocannabinol.

When consumed, THC can have physical and mind-altering effects. They may include altered mood or perception, increased heart rate, impaired coordination, difficulty problem solving, or forgetfulness. With certain strains of cannabis, effects may also include anxiety, paranoia, or temporary psychosis.

For children, the most common overdose incidents occur when children ingest an edible form of cannabis. “Edibles” often come in the form of cookies or candies and as a result, young children may mistake these items for regular food and may consume the entire product. The large dose of THC can have a more severe effect on a small child due to their lower body mass and developing organs. Effects include loss of coordination, difficulty breathing, and sleepiness, anywhere from a mild drowsiness to the loss of consciousness¹³.

Slide #22 WAC 110-300-0420 (3)(e)

Subsection (3)(e) is in place to minimize the risk of children’s exposure to cannabis in any form.

WAC 110-300-0420 Prohibited substances.

(e) Store any cannabis or associated paraphernalia out of the licensed space and in a space that is inaccessible to children; and

¹² Center on Addiction. (April 2018). *Toddlers and THC: The Number of Young Children Exposed to Marijuana is on the Rise*. Retrieved from <https://www.centeronaddiction.org/the-buzz-blog/toddlers-and-thc-number-young-children-exposed-marijuana-rise>

¹³ Children’s Hospital Colorado. (N.D.) *Acute Marijuana Intoxication*. Retrieved from <https://www.childrenscolorado.org/conditions-and-advice/conditions-and-symptoms/conditions/acute-marijuana-intoxication/>

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Early learning providers who may have these products on their premises will need to follow the same requirements and methods for storage as they will for tobacco or alcohol located on the premises. Licensors who have additional questions can reach out to their supervisor for further guidance.

Slide #23 WAC 110-300-0420 (3)(f)

Finally, subsection (3)(f) addresses the storage of alcohol:

WAC 110-300-0420 Prohibited substances.

(f) Store alcohol in a space that is inaccessible to children (both opened and closed containers).

Alcohol, whether in a beverage like beer, wine, or liquor, can pose a serious risk to children when consumed. Young children have a smaller body mass than adults. Consequently, even a small amount of alcohol can put a child at risk for alcohol poisoning, which may result in seizures or coma.

For early learning providers where alcohol is on the premises, compliance can be achieved by storing alcohol in a locked cabinet in the kitchen, in an inaccessible closet or room, or in a locking refrigerator or freezer.

If, at any time, you suspect a child has accidentally ingested tobacco or vapor products, cannabis, alcohol, or another substance which poses a risk to a child, call 911 for assistance. Then, immediately contact the Washington Poison Control Center at 1-800-222-1222. For additional information on the reporting requirement, please visit the following link at [WAC 110-300-0475](#).
Duty to protect children and report incidents.

Slide #24 Test Your Learning!

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

Which of the following substances may be stored in licensed early learning program space provided it remains inaccessible to children?

- A. Tobacco or vapor products
- B. Cannabis or associated paraphernalia
- C. Alcohol
- D. All of these

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Slide #25 Test Your Learning!

Review the question and select the best response.

Which of the following symptoms may be present if a child accidentally ingests a tobacco product?

- A. Sleepiness
- B. Nausea
- C. Dizziness
- D. All of these

Slide #26 Test Your Learning!

Review the question and select the best response.

If an early learning provider suspects a child has accidentally ingested a prohibited substance or other poison, what should they do?

- A. Have the child lay down and monitor for at least 30 minutes before contacting the Poison Control Center
- B. Call 911, then immediately contact the Washington Poison Control Center at 1-800-222-1222
- C. Give the child a cup of milk to drink
- D. Send the child outside to play

Slide #27 WAC 110-300-0420 (4)

Cannabis, whether used recreationally or medicinally, can affect users in ways that may negatively impact the quality of child care or pose a risk of harm to the user. The effects on a user may include dizziness, slower reaction time, confusion or difficulty thinking.

Because of these associated side effects, subsection (4) has been added to ensure safety of children in care:

WAC 110-300-0420 Prohibited substances.

(4) A center early learning provider must prohibit any person from using, consuming, or being under the influence of cannabis in any form on licensed space.

This requirement includes business and nonbusiness hours and aligns with Initiative 502, which legalized cannabis use in Washington. Cannabis use or being under the influence of cannabis in a public space is prohibited.

For example, an early learning provider lives a few blocks from the early learning program where they work. After coming home from work, the early learning provider consumes an

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“edible” but then realizes they have left their wallet at the early learning program which is closing soon. The provider knows they could probably walk to the program and back to retrieve their wallet before any of the effects of the edible set in. However, they decide they will have to wait until tomorrow to pick up their wallet to comply with this regulation.

Slide #28 WAC 110-300-0420 (5)

For early learning programs located in a family home, the following regulation applies:

WAC 110-300-0420 Prohibited substances.

(5) A family home early learning provider must prohibit any person from using, consuming, or being under the influence of cannabis products in any form on licensed space during business hours.

Here cannabis use is permitted outside of business hours in the licensed space given the provisions of cannabis use in private residential space under Washington law.

While cannabis use is permitted, the early learning provider must maintain compliance with all regulations in this section. For instance, an early learning provider may decide to use cannabis during an evening after business hours in their home. This is permissible under subsection (5). However, the early learning provider must remain compliant with WAC 110-300-0420 (2)(a), described earlier in this section which prohibits smoking or vaping in licensed space, even after

business hours. For this early learning provider, they may choose to smoke or vape cannabis in compliance with WAC 110-300-0420(2)(b)(i) and (ii) before returning to the licensed space or consume cannabis in a smokeless form inside the licensed space.

Slide #29 Test Your Learning!

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

When can cannabis be used or consumed in licensed program space?

- A. In both family home and center settings outside of business hours
- B. Cannabis may only be consumed in a family home setting outside of business hours
- C. Only in a center setting outside of business hours
- D. In neither family home or center settings outside of business hours

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Slide #30 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:

- It is the role of early learning professionals to provide a healthy and safe environment for children in care, which includes modeling healthy behavior while providing care
- Licensed early learning program space is a place of employment where state law and regulations must be followed
- Exposures to substances like alcohol, tobacco, and cannabis poses negative health risks to adults and children in care and therefore must be avoided

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

Slide #31 End of Course

This concludes this course on **Prohibited Substances in Early Learning Programs**. If you have any questions following this session, please contact your supervisor.

We hope this course has been helpful in providing information about the licensing role and job expectations.

Our goal is that all early learning professionals viewing this course have left with an increased understanding and knowledge of Prohibited Substances in Early Learning Programs, and that you will be able to assess programs for compliance.