Child Care and Early Learning Licensing Guidebook

June 2025 Update

DCYF is reviewing the Child Care and Early Learning Licensing Guidebook.

This publication is intended only as guidance. It does not determine a program's compliance with Washington Administrative Code (WAC).

Topics that are being reviewed include:

- WAC and policy language
- Website links
- Guidance for child care programs
- Thoughtful and useful inclusion of DCYF's Strategic Priorities (**https://www.dcyf.wa.gov/practice/strategic-plan**).

Document review updates will be posted to the Guidance on Operating a Licensed Child Care Program (**https://www.dcyf.wa.gov/services/early-learning-providers/operating-licensed-child-care**) and Become a Licensed Child Care & Early Learning Provider (**https://dcyf.wa.gov/services/early-learning-providers/licensed-provider**) webpages.

Child Care and Early Learning Licensing Guidebook

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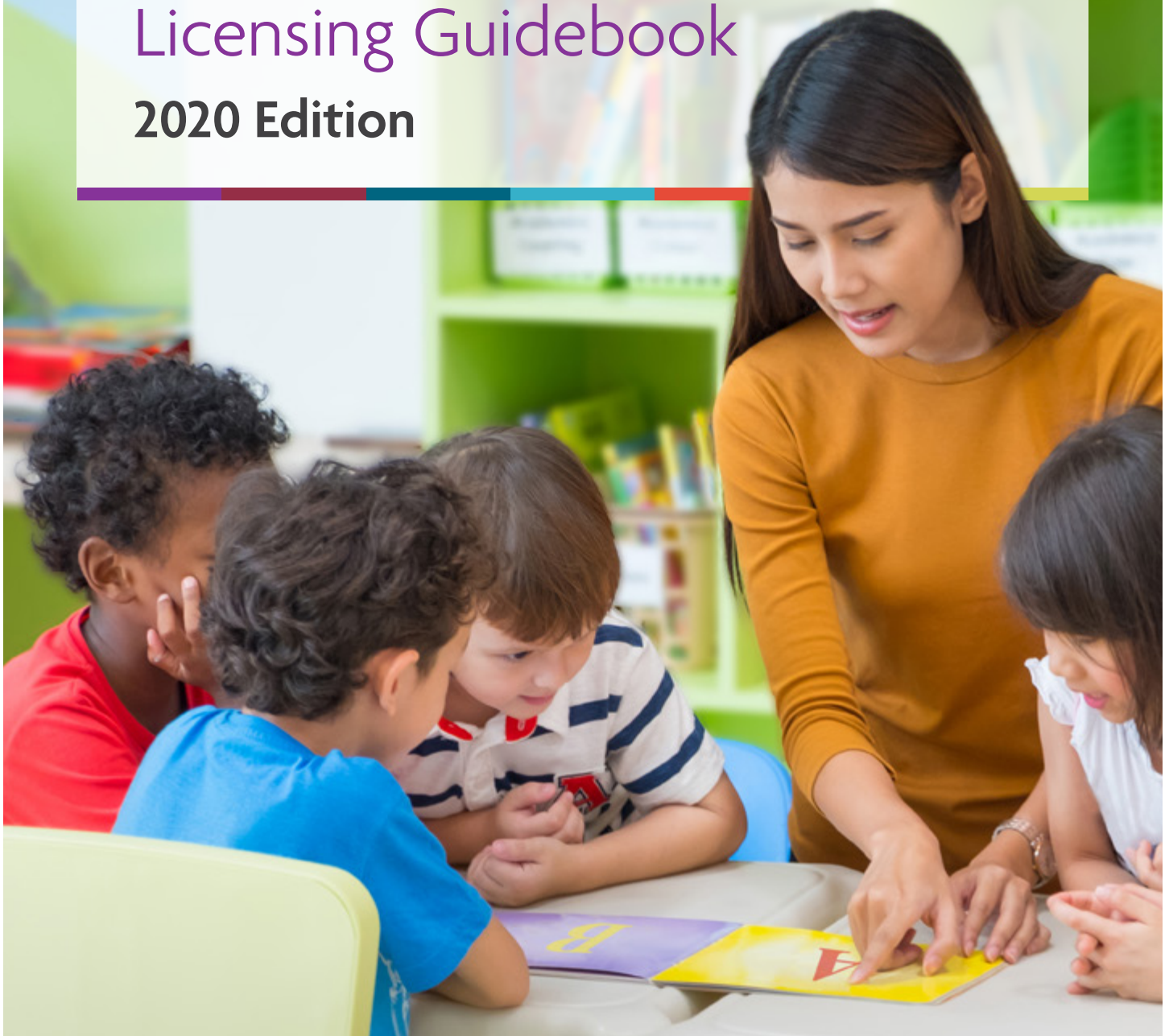
Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Disclaimer

The materials available in this Child Care and Early Learning Licensing Guidebook are for informational purposes only. These materials are not intended to be relied upon as a comprehensive view of licensing regulations or legal advice. Each individual is responsible for understanding and following current Washington State laws and regulations. Current child care laws and rules can be found at chapters 43.216 Revised Code of Washington (RCW) (**app.leg.wa.gov/RCW/default. aspx?cite=43.216**) and 110-300 Washington Administrative Code (WAC) (**app.leg.wa.gov/wac/default. aspx?cite=110-300**).

Introduction

The Foundational Quality Standards for Early Learning Programs (Chapter 110-300 WAC – **app.leg.wa.gov/wac/default.aspx?cite=110-300**) provides a practical framework for early learning professionals, including those who deliver as well as those who monitor services. The Child Care and Early Learning Licensing Guidebook is designed to support early learning programs and licensors alike with successful implementation of licensing standards. It does this by:

(1) Highlighting selected foundational quality standards in Chapter 110-300 WAC,

(2) Providing explanation of the "why" of selected standards, and

(3) Sharing examples, tools and resources that can inform early learning professionals in their work

The Child Care and Early Learning Licensing Guidebook is timely. After a multi-year process of review and revision, the Foundational Quality Standards for Early Learning Programs were implemented on August 1, 2019. Prior to the Foundational Quality Standards implementation, DCYF provided a year-long orientation and education series to support early learning professionals with the interpretation of the updated WACs.

The Child Care and Early Learning Licensing Guidebook is a product of DCYF's continued commitment to provide ongoing support to early learning professionals and give families equitable access to quality early learning environments. This ensures that all children in the state of Washington receive the full benefits of high-quality care and early learning settings to support their safe, healthy and developmentally rich growth.

Children who spend time in high-quality child care have lasting benefits from the experience. Research indicates that children who receive high-quality early learning have better cognitive, language, emotional and social skills as they grow older. Additionally, research shows these children require less special education, progress further in school, have fewer interactions with the justice system and have higher earnings as adults.

The purpose of the Child Care and Early Learning Licensing Guidebook is to help support the success of all early learning professionals – early learning program providers and staff, licensors, coaches, health professionals, parents, guardians or community partners.

INTRODUCTION

Approach

The Child Care and Early Learning Licensing Guidebook is organized around the seven major WAC sections:

- ■ Intent and Authority
- ■ Child Outcomes
- ■ Family Engagement and Partnerships
- ■ Professional Development, Training and Requirements
- ■ Environment
- ■ Interactions and Curriculum
- ■ Program Administration and Oversight

The WACs, which are the regulations for implementing licensing, are grounded in the RCW at Chapter 43.216, which provides the legal authority for licensing and is available at **apps.leg.wa.gov/rcw** .

WACs are reinforced by policies and procedures that provide guidance and support for implementing licensing regulations. The Child Care and Early Learning Licensing Guidebook is part of the support for the Foundational Standards for Early Learning Programs. You can search Chapter 110-300 WAC online at **apps.leg.wa.gov/wac/default.aspx?cite=110-300** .

The Child Care and Early Learning Licensing Guidebook focuses on the foundational quality standards – the WAC themselves – and is designed to interpret selected sections for clarity and consistency of licensing regulations. As you navigate each section of the Child Care and Early Learning Licensing Guidebook, you will see that relevant sections of the WAC are followed by information that helps to clarify why the bolded section is important and to provide examples, references and tools that can inform successful implementation.

There are references in the Child Care and Early Learning Licensing Guidebook to other important early learning programs sponsored by DCYF, such as Early Achievers and the Early Childhood Education and Assistance Program (ECEAP). You can learn more about these programs by following links contained throughout this resource.

While all programs participating in Early Achievers and ECEAP are required to follow the Foundational Quality Standards, there are additional standards that these programs must achieve. The Child Care and Early Learning Licensing Guidebook does not address these additional standards or requirements.

Audience

The Child Care and Early Learning Licensing Guidebook is designed for those who are engaged in providing child care services and early learning programs. It is not intended to orient individuals or organizations who are considering entering the early learning field as it focuses on selected standards and does not seek to provide additional information about each and every standard that makes up Chapter 110-300 WAC.

Washington State has a mixed delivery early learning system representing different types of providers including family home, center, school age and outdoor programs. There are multiple early learning programs in our state, such as Montessori, Waldorf, ECEAP and Head Start.

The mixed delivery early learning programs offer a variety of settings, such as homes, school districts, non-profit and for-profit entities. While parents are choosing what type of provider, program and setting will meet their child's needs, DCYF is making sure that all Washington children have equitable access to services that are high-quality, safe and healthy. We do that by promoting an adequate supply of care, ensuring our rules reflect best practices in health and safety and supporting our providers as professionals.

History of Updated Foundational Quality Standards for Early Learning Programs

In 2015, DCYF recognized our child care licensing rules were outdated, disorganized and internally conflicting. We embarked on an inclusive process, known as standards alignment. Family home providers, center providers and other stakeholders reviewed and updated our state's child care licensing rules. The updated rules are a product of a collaborative four-year effort by representatives of all Washington providers. Thousands of providers, stakeholders, parents and early learning partners provided their input, feedback and public comments to draft the aligned rules together, creating the Foundational Quality Standards for Early Learning Programs. These licensing standards, which include both center and family home rules, acknowledge the uniqueness of settings and programs and ensure the alignment of quality and equity. The standards alignment process also helped providers and DCYF establish better partnership relationships based on trust, collaboration and transparent communication.

For further details on this historical journey of the Foundational Quality Standards (Chapter 110-300 WAC), please visit the online Foundational Quality Standards for Early Learning Programs Guidebook which will provide more information and additional resources at **www.dcyf.wa.gov/services/early-learning-providers/standards-alignment/events**.

To aid in locating helpful information, icons are included throughout the Child Care and Early Learning Licensing Guidebook to easily identify data and research, examples of compliance and early learning provider testimonials and resources. The guidebook also has a graphic to signify important things to remember.

Icon Key

Data and research

Examples of compliance and testimonials

Resources

Reminders

Section One:
Intent and Authority

INTENT AND AUTHORITY

Intent and Authority

Intent and Authority covers the legal authority behind the licensing regulations as well as the intent of these rules. It provides definitions for terms used throughout chapter 110-300 WAC. This section also covers the types of programs requiring licenses and programs that are exempt from Licensing.

The Child Care and Early Learning Licensing Guidebook addresses selected sections of the Foundational Quality Standards found in chapter 110-300 WAC. This guidebook includes pertinent resources, current data and practical examples. It is not intended to offer a comprehensive view of the Intent and Authority section.

WAC 110-300-0001

Intent and authority

(1) **The department of children, youth, and families was established under chapter 6, Laws of 2017. Chapter 43.216 RCW establishes the department's responsibility and authority to set and enforce licensing requirements and ECEAP standards, including the authority to adopt rules to implement chapter 43.216 RCW.**

(2) **Under chapter 7, Laws of 2015 3rd sp. sess. (Early Start Act), the state legislature directed the department to create a single set of licensing standards for center and family home providers.**

(3) **This chapter reflects the department's commitment to:**

   (a) **Promoting the health, safety, and well-being of children;**

   (b) **Expanding access to high quality early learning opportunities to improve outcomes for young children;**

   (c) **Promoting strong school readiness; and**

   (d) **Recognizing parents and guardians as a child's primary teacher and advocate.**

(4) **Pursuant to this chapter, the department will periodically monitor and assess early learning programs to determine compliance with these foundational quality standards.**

On July 6, 2017, Gov. Inslee signed House Bill 1661, creating the Department of Children, Youth, and Families (DCYF). DCYF was established under chapter 6 Laws of 2017.

DCYF is a cabinet-level agency focused on the well-being of children. This new agency restructured how the state serves all of its children and families with the goal of producing equitable and successful outcomes in all Washington communities.

The Revised Code of Washington (RCW) are Washington's enacted, permanent laws. The role of the Legislature is to pass the laws and the role of the Governor is to sign the laws. Laws can also be developed through a public initiative process. The laws provide DCYF the legal authority to license early learning and school-age programs in Washington State.

The Washington Administrative Code (WAC) contains the regulations about DCYF's licensing process. These rules are adopted to implement chapter 43.216 RCW. DCYF rules are contained in title 110 of WAC Chapter 300 of title 110 WAC guides the agency and early learning providers on how to provide high-quality care that meets the safety, health and well-being needs of children. This licensing chapter is called the Foundational Quality Standards. This was an intentional and meaningful terminology change for licensing and providers as we steered clear of what was the minimum (minimum licensing standards) that could be done on behalf of children to what do children need the most. Additionally, child care licensing is the first step in Washington's quality early learning system.

The current rules, which created a single set of WAC standards for both family home and center providers, were filed on July 5, 2018, and implemented on Aug. 1, 2019. During the most recent writing of the 110-300 rules, federal child care law and DCYF priorities around racial equity, cultural responsiveness and child environmental health and safety contributed to the updates of the licensing regulations.

Different words are used to describe these rules including WAC, licensing standards, regulations, rules and Foundational Quality Standards. All of these terms refer to chapter 300 of title 110.

Through these licensing standards, titled "Foundational Quality Standards for Early Learning Programs," the agency is committed to the health, safety and well-being of children. These standards enable DCYF to help providers expand high-quality early learning opportunities and improve the outcomes for all children. Specifically, these rules focus on improving the quality of care and learning provided to the youngest children in child care settings, at a time when a child's brain is most rapidly developing. This was done to ensure that children will have a strong foundation for lifelong learning and was developed to partner with parents and guardians, whom DCYF recognizes as a child's most important advocates and teachers.

Quality early learning experiences benefit not only the child, but families and communities as well. The 2015 report The Economics of Early Childhood Investments, explains that research finds early education programs are good investments. The report notes that in the short-run, early education programs are shown to increase earnings and employment for parents. It goes on to report that in the long-run, the programs can benefit society by increasing the future earning potential of enrolled children as adults, improving health, reducing anti-poverty spending and reducing crime.[1]

WAC 110-300-0001 details the agency's authority to assess, monitor and issue enforcement actions if needed to ensure the health, safety and protection of children within early learning environments. As a result, early learning programs are monitored by DCYF's Licensing Division (LD) to ensure that children receive quality care and that early learning programs comply with the Foundational Quality Standards.

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1   Executive Office of the President of the United States, "The Economics of Early Childhood Investments," available at **https://obamawhitehouse.archives.gov/sites/default/ files/docs/early_childhood_report_update_final_non-embargo.pdf**, published January 2015.

The use of periodic and consistent monitoring practices enables LD to ensure child care regulations are being met, while at the same time providing support and technical assistance to early learning providers to assist them in their growth and development as early learning professionals. Licensing staff do this through the use of positive reinforcement, using a strength-based approach, demonstrating to providers that they have successfully complied with licensing standards.

Chapter 43.216 RCW. A Washington State Legislature page with the RCWs related to DCYF.
https://apps.leg.wa.gov/RCW/default.aspx?cite=43.216

Early Start Act. A DCYF webpage with information and links related to the Early Start Act of 2015.
www.dcyf.wa.gov/about/government-community/legislative-federal-relations/early-start-act

HB 1491-2015-16. A Washington State Legislature page with links to the Early Start Act documents, bill history and amendments.
https://app.leg.wa.gov/billsummary/
?BillNumber=1491&Year=2015&Initiative=false#documentSection

HB 1661. A Washington State Legislature page with links to documents, videos and amendments related to the bill that created DCYF.
https://app.leg.wa.gov/billsummary?BillNumber=1661&Year=2017

Initiatives & Referenda in Washington State. An Office of the Secretary of State (SOS) manual is designed to inform citizens about the initiative and referendum processes and to serve as a guide to those who wish to exercise these important constitutional rights.
https://leg.wa.gov/LIC/Documents/EducationAndInformation/
SOSInitRefHandbook.pdf

Title 110 WAC. A Washington State Legislature page with links to each of the WAC chapters related to DCYF.
https://app.leg.wa.gov/wac/default.aspx?cite=110

Strong Licensing: The Foundation for a Quality Early Care and Education System. A National Association for Regulatory Administration (NARA) research paper that describes key principles and characteristics of strong licensing programs.
www.naralicensing.drivehq.com/publications/Strong_CC_Licensing_2011.pdf

Supporting and Protecting Children, Youth and Families. The DCYF website homepage.
www.dcyf.wa.gov

WAC 110-300-0005. A complete list of definitions that apply to chapter 110-300 WAC.
https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0005

WAC 110-300-0010

License required

(1) An individual or entity that provides child care and early learning services for a group of children, birth through twelve years of age, must be licensed by the department, pursuant to RCW 43.216.295, unless exempt under RCW 43.216.010(2) and WAC 110-300-0025.

(2) The department must not license a department employee or a member of the employee's household if the employee is involved directly, or in an administrative or supervisory capacity in the:

   (a) Licensing process;

   (b) Placement of a child in a licensed early learning program; or

   (c) Authorization of payment for the child in care.

(3) A license is required when an individual provides child care and early learning services in his or her family home:

   (a) Outside the child's home on a regular and ongoing basis for one or more children not related to the licensee; or

   (b) For preschool age children for more than four hours a day.
   As used in this chapter, "not related" means not any of the relatives listed in RCW 43.216.010(2) (a).

(4) The department may license a center located in a private family residence when the portion of the residence accessible to children is:

   (a) Used exclusively for children during the center's operating hours or when children are in care; or

   (b) Separate from the family living quarters.

Licensing is designed to ensure early learning settings protect the health and safety of children and support child development. Obtaining a license to provide child care services shows the intent to provide safe and healthy care of children, and that the early learning program has been monitored and evaluated to meet foundational standards. In Washington State, a license is required for individuals who provide care for one or more children, ages birth through 12 years old, outside of the child's own home and whom are not exempt from licensing requirements.

According to a 2014 National Association for Regulatory Administration (NARA) research brief, "licensing helps prevent various forms of harm to children - risks from the spread of disease; fire and other building safety hazards; injury; and developmental impairment from the lack of healthy relationships with adults, adequate supervision, or developmentally appropriate activities."[2]

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2 U.S. Department of Health & Human Services, Administration for Children & Families, "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014," available at **https://www.naralicensing.org/assets/docs/ChildCareLicensingStudies/2014CCStudy/center_licensing_trends_brief_2014.pdf**, published November 2015.

INTENT AND AUTHORITY

When an early learning provider is licensed, children are protected in many ways. These protections include but are not limited to:

• Evidence and researched-based standards to improve child outcomes

• Access to State, Federal and Child Protective Services (CPS) background checks for staff

• Regular monitoring for health and safety hazards

• Support and technical assistance from experienced licensing professionals

• Access to coaching support and financial support from Early Achievers

• Access to financial reimbursement programs for meals and snacks

• Access to subsidy payment options for enrollment of low income children and families

In 2019, in the state of Washington, approximately 5,500 early learning providers cared for more than 188,000 children in licensed early learning programs.[3] The impact of these licensed programs is significant. Research shows positive educational outcomes for children who participate in quality early learning programs. A study published in 2017, Impacts of Early Childhood Education on Medium- and Long-Term Educational Outcomes, found that children participating in high-quality early learning programs were less likely to be placed in special education, less likely to be retained in a grade and more likely to graduate from high school than their peers who didn't attend such programs.[4]

RCW defines certain providers that are exempt from the licensing requirement. Some of the most common exempt providers include:

• Relatives

– Any blood relative

– Step-family members

– A person who legally adopts a child or the child's parent, and the natural and other legally adopted children of such persons

– Spouses of those listed, even after the marriage is terminated

• Preschools

– Nursery schools that are engaged in early childhood education with children between the ages of 30 months and 6 years old, and in which children are enrolled for no more than four hours per day

• Seasonal camps

– Programs that are three months or less and engaged primarily in recreational or educational activities

• On-site care

– The parent or guardian remains on the premises to participate in activities other than employment

• A program located within the boundaries of a federally recognized Indian reservation, licensed by the Indian tribe

• A program on a military facility

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3 Washington State Department of Children, Youth, and Families, "Education Goals, Licensed Child Care," available at **https://dcyf.wa.gov/practice/oiaa/agency-performance/education**, published December 2019.

4 Dana C. McCoy, Hirokazu Yoshikawa, Kathleen M. Ziol-Guest, Greg J. Duncan, Holly S. Schindler, Katherine Magnuson, Rui Yang, Andrew Koepp and Jack P. Shonkoff, "Impacts of Early Childhood Education on Medium- and Long-Term Educational Outcomes," *Sage Journal* 46 (8) (2017), available at **https://eric.ed.gov/?id=EJ1161123**.

RCW 43.216.010(2) outlines a complete list of licensing exemptions.

A center early learning program may be licensed to provide child care or early learning services for children birth through 12 years old for periods of less than 24 hours a day. A center early learning program is typically operated outside of a family residence and the maximum allowable capacity is determined by the features of the building structure, available materials and supplies and the number and qualifications of staff.

In some instances, a family home residence may be able to be licensed as a center, as long as additional requirements are able to be met. These requirements include separation of living quarters from licensed child care space and permission from local authorities or municipalities.

A family home early learning program is a program licensed to provide child care or early learning services from the licensee's own residence. A family home provider is able to be licensed for a maximum capacity of 12 children, ages birth through 12 years old. All children on-site during care hours are counted in this capacity, including the licensee's own children. Children who are off-site, but remain in the care of licensing staff, such as on a field trip, also remain counted in the overall capacity. The licensed capacity is determined by licensee qualifications and experience, staffing levels, usable space and materials and the ages and number of children.

Astur is a licensed center early learning provider who provides child care from their family home residence. Astur and the family live in the upper level of the home, and the early learning program is operated on the lower level of the home. Astur has received approval from local authorities or municipalities to provide this type of care. The two levels of the home are separated from one another by a locking door on the staircase leading from the lower level to the upper level. The lower level of Astur's home contains two early learning spaces, an entry area, a restroom with two toilets and a small kitchenette. The lower level has more than 1,000 square feet of usable space. Families access the early learning program through a separate entrance and the outdoor play area is accessed directly from the lower level of the home. Astur is licensed for a capacity of 20 preschool age children in the main room, and seven toddlers in the smaller room. Astur is able to be licensed for a capacity of greater than 12 children in their family home residence since Astur has received approval from local authorities to operate this type of business within the family home residence. Astur has also met additional requirements of center providers.

WAC 110-300-0400 outlines requirements for license application materials.

Family, Friends and Neighbor (FFN) Providers. A DCYF webpage that provides information on subsidy rules for FFN providers.
www.dcyf.wa.gov/services/early-learning-providers/ffn

Getting Help Paying for Child Care. A DCYF webpage with links to Working Connections Child Care (WCCC), Seasonal Child Care (SCC) and Early Childhood Education and Assistance Program (ECEAP) or Head Start preschools.
https://dcyf.wa.gov/services/earlylearning-childcare/getting-help

Licensing and Public Regulation of Early Childhood Programs: A Position Statement of the National Association for the Education of Young Children (NAEYC). A discussion on the role of licensing and regulation in early learning programs.
www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/PSLIC98.PDF

Strong Licensing: The Foundation for a Quality Early Care and Education System. A National Association for Regulatory Administration (NARA) research paper that describes key principles and characteristics of strong licensing programs.
www.naralicensing.drivehq.com/publications/Strong_CC_Licensing_2011.pdf

The Role of Licensing in Supporting Quality Practices in Early Care and Education. A brief that describes a framework for the role of licensing in supporting quality early childhood education.
www.acf.hhs.gov/sites/default/files/documents/opre/cceepra_licensing_and_quality_brief_508.pdf

WAC 110-300-0015

Licensee absence

(1) In a family home early learning program, the licensee must have a written plan for when the licensee will be absent but the program remains open for the care of children. If a family home licensee is absent more than ten consecutive operating days, the licensee must submit a written notification to the department and each child's parent or guardian at least two business days prior to the planned absence.

(2) In a center early learning program, the licensee must have a written plan for when the director, assistant director, and program supervisor will be simultaneously absent but the program remains open for the care of children. If the director, assistant director, and program supervisor are simultaneously absent for more than ten consecutive operating days, an early learning provider must submit a written notification to the department and each child's parent or guardian at least two business days prior to the planned absence.

(3) A written notification under this section must include the following information:

(a) The time period of the absence;

(b) Emergency contact information for the absent early learning provider; and

(c) A written plan for program staff to follow that includes:

(i) A staffing plan that meets child-to-staff ratios;

(ii) Identification of a lead teacher to be present and in charge;

(iii) Early learning program staff roles and responsibilities;

(iv) How each child's needs will be met during the absence; and

(v) The responsibility for meeting licensing requirements.

(4) If a facility licensing compliance agreement (FLCA) is developed as a result of early learning program staff failing to comply with licensing regulations during an absence described in this section, an early learning provider must:

(a) Retrain early learning program staff on the foundational quality standards documented on the FLCA; and

(b) Document that the retraining occurred.

In a family home early learning program, the licensee is responsible for the overall operation of the early learning program. In a center early learning program, overall operation is the responsibility of the director or a team of a director, an assistant director or a program supervisor (program management).

Occasionally, the family home licensee or center program management may need to be absent from the facility. When absent from the program, the management staff remain responsible for ensuring that licensing requirements and program quality are being met. Planning ahead for absences, whether scheduled or unexpected, helps program management ensure requirements will be met during their absence from the program. The licensee or program management help ensure this is the case when they think ahead about their absence and develop a written plan.

INTENT AND AUTHORITY

If the licensee or all members of the program management are simultaneously away for more than 10 consecutive days, and the program remains open and operating, advance written notification must be provided to DCYF. If one or more members of the program management team of an early learning center remain at the center, notification to the agency is not necessary. Similarly, when a family home early learning program has co-licensees, notification to the agency is not required if one of the co-licensees remains present on-site and follows all required regulations.

The written notification is required to be submitted to DCYF and each child's parent or guardian at least two business days before the absence. The written notification must include information to allow parents and guardians to know who is overseeing their child's care during the absence, for how long and the individual they should contact in case of an emergency or concern. Open communication and transparency with parents and guardians helps to build trusting relationships and a respectful program culture.

It is important that staff are able to respond to situations such as questions from families, medical emergencies, staff absences and maintaining licensing requirements. Well-trained staff will allow management to feel confident that the facility will operate fully and safely during their own absence.

In the case of an emergency that prohibits a licensee or program management from providing notification at least two days before their extended absence, a phone call must be made as soon as possible to the licensor to inform the agency of the absence. The qualified individual left in charge of the early learning program should then submit written notification, which covers each of the required items, to DCYF and parents or guardians.

A family home early learning provider in King County reports:

"I've had to be away from my day care for a month and a half, and even two months at a time. Since there needs to be two people for my licensed capacity, I have to hire someone else to be the second person while I am away. When I find that person, I make sure they have training and qualifications, like a background check, CPR training, TB test, Safe Sleep, 30 hour Basics and all the others. I also train them to all the policies. Next, I work with the families to find out how many kids will be present each day I will be away and what time they will arrive and leave each day. I make sure my assistant knows all the systems and schedules, and train my assistant on each child's individual needs. I send the plan to DCYF to review.

It can be hard to be away. I would rather stay with my day care, but when there is a need in my family I have to go. Though I am not at work physically, I'm still working in my mind. My phone rings many times and my staff send me messages about what is going on. Without making a plan with the staff and families in advance, I wouldn't be able to go. The planning and preparing I do before I leave, helps make sure things run smoothly and my children and families get everything they need when I'm away."

A family home licensee has one lead teacher working in the program with them. The licensee will be absent for three weeks due to the birth of a grandchild. The program will remain open during this time. The licensee's own children, who are enrolled in the licensee's program, will be traveling with the licensee, which allows the lead teacher to meet the staff-to-child ratio of the number and ages of children that will be in care. The licensee provides written notification to the families and DCYF that includes their anticipated return date and the licensee's cell phone number for emergency contact. The notification also outlines the lead teacher's responsibilities during the three-week period, including managing children's medications and allergies, cleaning and laundry expectations, and the daily parent communication for the family.

Notification and Staffing Plan for Absence. A form on DCYF's Forms & Documents webpage. The form is available in English, Somali and Spanish.
https://dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents

WAC 110-300-0016

Inactive status—Voluntary and temporary closure

(1) If a center or family home licensee plans to temporarily close their early learning program for more than thirty calendar days, and this closure is a departure from the program's regular schedule, an early learning provider must submit a notification to go on inactive status to the department at least two business days prior to the planned closure. Notifications for inactive status must include:

(b) The date the early learning program will cease operating;

(c) The reasons why the licensee is going on inactive status; and

(d) A projected date the early learning program will reopen.

(2) The requirements of this section do not apply to licensed early learning programs that have temporary closures beyond thirty calendar days as part of their regular schedule, such as programs based on the school year or seasonal occupation.

(3) A licensee may not request inactive status during their first initial licensing period (six months) unless for an emergency.

(4) An early learning provider must inform parents and guardians that the program will temporarily close.

(5) An early learning provider is responsible for notifying the department of changes to program status including voluntary closures, new household members or staff, or other program changes. Program status updates must also be completed in the department's electronic system.

(6) Background check rules in chapter 110-06 WAC, including allegations of child abuse or neglect, will remain in effect during inactive status.

(7) After receiving a notice of inactive status, the department will:

(a) Place the license on inactive status;

(b) Inform the licensee that the license is inactive; and

(c) Notify the following programs of the inactive status:

(i) The department's child care subsidy programs;

(ii) USDA Child and Adult Care Food Program (CACFP); and

(iii) Early achievers, ECEAP, Head Start Grantee, and child care aware of Washington.

(8) A licensee is still responsible for maintaining annual compliance requirements during inactive status pursuant to RCW 43.216.305.

(9) If inactive status exceeds six months within a twelve-month period, the department must close the license for failing to comply with RCW 43.216.305(2). The licensee must reapply for licensing pursuant to RCW 43.216.305(3).

(10) The department may pursue enforcement actions after three failed attempts to monitor an early learning program if:

(a) The early learning provider has not been available to permit the monitoring visits;

(b) The monitoring visits were attempted within a three-month time period; and

(c) The department attempted to contact the provider by phone during the third attempted visit while still on the early learning premises.

(11) When a licensee is ready to reopen after a temporary closure, the licensee must notify the department in writing. After receiving notice of the intent to reopen, the department will:

(a) Conduct a health and safety visit of the early learning program within ten business days to determine that the provider is in compliance with this chapter;

(b) Activate the license and inform the licensee that the license is active; and

(c) Notify the following programs of the active status:

(i) The department's child care subsidy programs;

(ii) CACFP; and

(iii) Early achievers, ECEAP, Head Start Grantee, and child care aware of Washington.

There may be times when an early learning program chooses to close temporarily for an extended period of time. There are many reasons why a program might temporarily close, such as the personal needs of the licensee or the renovation or repair of the physical program space.

Planned closures require advance notification to DCYF of at least two business days before the closure. Communication of the closure, reason and time frame allows DCYF to provide appropriate support and technical assistance during the temporary closure, and plan ahead to ensure a health and safety visit occurs within 10 business days of the early learning program reopening. When notice of temporary closure is received, the agency will place the early learning program in "inactive status" and notify programs such as Early Childhood Education and Assistance Program (ECEAP), Working Connections and Seasonal Child Care Subsidy Programs and Child and Adult Care Food Program (CACFP) of the break in service.

A center early learning program notifies DCYF they are closing for remodeling due to flood damage in the kitchen, restroom and one classroom. The early learning program anticipates the closure will last about eight weeks. In response, DCYF provides the provider the contact information for Child Care Aware of Washington to give to families, provides consultation to the early learning program with a health specialist to review the flood clean-up procedures and remodeling plans and schedules a health and safety visit within 10 days of the anticipated reopening time frame.

Not all early learning programs that close temporarily will be on inactive status. Programs that have less than a full-year schedule and close temporarily as a part of the regular schedule remain in active status during their program closures. Going into inactive status is not permitted during the first six months a program obtains its initial license.

Whether a license status is active or inactive, the licensee remains responsible to ensure regulations are followed. For this reason, the early learning provider must continue to notify the agency of changes during a period on inactive status and must submit their licensing fee, declaration of compliance and program background check documentation even if their compliance date occurs while they are on inactive status.

The provision of inactive status is meant to be a support for early learning programs. If an early learning program closes repeatedly or for an extended period, it can also negatively impact the children, their families and the community. For this reason, an inactive status that is longer than six months in a 12-month period will result in closure of the license.

WAC 110-300-0443 outlines requirements related to enforcement actions, notice and appeal.

WAC 110-300-0425 outlines requirements related annual compliance documents.

WAC 110-300-0470 outlines requirements related to emergency preparedness.

WAC 110-300-0475 outlines requirements related to the duty to protect children and report incidents.

WAC 110-300-0020

Unlicensed programs

(1) **If the department suspects that an individual or agency suspected of providing unlicensed child care, the department must follow the requirements of RCW 43.216.360.**

(2) **If an individual decides to obtain a license, within thirty calendar days from the date of the department's notice in subsection (1) of this section, the individual or agency must submit a written agreement on a department form stating they agree to:**

 (a) **Attend and participate in the next available department licensing orientation; and**

 (b) **Submit a licensing application after completing orientation.**

(3) **The department's written notice under subsection (1) of this section must inform the individual or agency providing unlicensed child care:**

 (a) **That the individual or agency must stop providing child care, pursuant to RCW 43.216.360;**

 (b) **How to respond to the department;**

 (c) **How to apply for a license;**

 (d) **How a fine, if issued, may be suspended or withdrawn if the individual applies for a license;**

 (e) **That the individual has a right to request an adjudicative proceeding (hearing) if a fine is assessed; and**

 (f) **How to ask for a hearing, under chapter 34.05 RCW (Administrative Procedure Act), chapter 43.216 RCW, and chapter 110-03 WAC (department hearing rules).**

(4) **If an individual providing unlicensed child care does not submit an agreement to obtain a license as provided in subsection (2) of this section within thirty calendar days from the date of the department's written notice, the department will post information on its website that the individual is providing child care without a license.**

(5) **A person providing unlicensed child care:**

 (a) **Will be guilty of a misdemeanor pursuant to RCW 43.216.365; and**

 (b) **May be subject to an injunction pursuant to RCW 43.216.355.**

RCW 43.216.295 makes it unlawful to provide unlicensed child care in Washington State.[5] Early learning program licenses are designed to prioritize children's interests and provide baseline protection for their development and their health and safety. "Effective, high quality licensing consists of at least three distinct components: a strong enabling statute, strong program requirements, and strong enforcement."[6]

When DCYF suspects unlicensed care is being provided, written notification will be sent within 10 days. Upon receipt of notice from DCYF, the unlicensed program must stop providing care if they do not meet the exemption requirements. The individual may also apply for a child care license. If a person refuses to participate and continues the illegal care, the agency will pursue steps to protect the children and families in the community. These steps include, but are not limited to, publicizing the illegal care, issuing fines, pursuing misdemeanor charges and using legal injunctions.

RCW 43.216.010 clarifies who is required to obtain a license and those legally exempt from licensing.

To report unlicensed care, call 1-866-ENDHARM (1-866-363-4276).

DCYF values diverse, quality early learning programs and is committed to supporting unlicensed providers with the licensing process when they choose to become licensed.

Become a Licensed Child Care & Early Learning Provider. DCYF's website that provides an introduction to the agency, information on the licensing rules and licensing process and a link to the licensing orientation.
https://dcyf.wa.gov/services/early-learning-providers/licensed-provider

How to Report Child Abuse or Neglect. DCYF's webpage with local reporting intake phone numbers.
www.dcyf.wa.gov/safety/report-abuse

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5   Washington State Legislature, "RCW 43.216.295," available at **https://app.leg.wa.gov/RCW/default.aspx?cite=43.216.295**, retrieved October 5, 2020.
6   Amie L. Payne, Ph.D., "Strong Licensing: The Foundation for a Quality Early Care and Education System," The National Association for Regulatory Administration, available at **www.naralicensing.drivehq.com/publications/Strong_CC_Licensing_2011.pdf**, published May 2011.

WAC 110-300-0025

Certified and exempt programs

(1) The department must not license a child care program that is legally exempt from licensing per RCW 43.216.010(2). However, if a child care program re-quests to become certified by the department, the department shall apply all licensing rules to the otherwise exempt program. In such a case, the department shall apply licensing rules equally to licensed and certified child care programs.

(2) The department may certify an otherwise exempt child care program for subsidy payment without further inspection if the program is:

    (a) Licensed by an Indian tribe, band, nation, or other organized community of Indians, including an Alaska native village as defined in 43 U.S.C. Sec. 1602(c), recognized as eligible for services by the United States Secretary of the Interior;

    (b) (b) Certified by the federal Department of Defense; or

    (c) (c) Approved by the office of superintendent of public instruction (OSPI).

(3) A child care program exempt from licensing pursuant to RCW 43.216.010(2) must use the department's form to submit their exempt status.

(4) A child care program requesting certification must be located on the premises over which the tribe, federal Department of Defense, or OSPI has jurisdiction.

(5) A child care program regulated by a tribe, the federal Department of Defense, or OSPI may request certification:

    (a) For subsidy payment only; or

    (b) As meeting foundational quality standards of this chapter.

(6) The department must not certify a department employee or a member of their household when the employee is involved directly, or in an administrative or supervisory capacity, in the:

    (a) Certification process;

    (a) Placement of a child in a certified program; or

    (b) Authorization of payment for the child in care.

If requested, DCYF may certify an exempt provider if that provider is outside the jurisdiction of DCYF. Tribal programs, U.S. Military programs and programs that are approved by the Washington State Office of Superintendent of Public Instruction (OSPI) are exempt from licensing. U.S. Military programs are certified by the federal Department of Defense (DOD), Tribal early learning programs are regulated by their tribal councils and early learning programs located in public schools are regulated by OSPI. If any of these programs want to receive child care subsidy reimbursement, they may request certification from DCYF. If an exempt program requests certification, the program would be required to meet all the foundational quality licensing regulations.

Administration for Native Americans. This website provides technical assistance to tribes and native organizations.
www.acf.hhs.gov/ana

DCYF Forms & Documents. A page on the DCYF website that includes links to helpful forms like Medication Authorization, Medication Log, Individual Care Plan and others.
https://dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents

How to Become a Child Development Home Provider. A Department of Defense (DOD) webpage with information on becoming a Navy Child Development home provider and a Marine Corps Family Child Care provider.
www.military.com/spouse/career-advancement/military-spouse-jobs/becoming-child-development-home-provider.html

Washington State Office of Superintendent of Public Instruction (OSPI). OSPI's website with information related to Washington's K-12 educations system.
www.k12.wa.us

WAC 110-300-0030

Nondiscrimination

(1) **Early learning programs are defined by state law as places of public accommodation that must:**

   (a) **Not discriminate in employment practices or client services based on race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability; and**

   (b) **Comply with the requirements of the Washington law against discrimination (chapter 49.60 RCW) and the ADA.**

(2) **An early learning program must have a written nondiscrimination policy addressing at least the factors listed in subsection (1) of this section.**

Overall, this section requires two important things. First, providers must not discriminate and must comply with the requirements of chapter 49.60 RCW and the Americans with Disabilities Act (ADA). Second, providers must have a written nondiscrimination policy.

One very important note is that while all providers are required to have a nondiscrimination policy, this policy will differ between what are legally classified as "places of public accommodation" and those that are "distinctly private" child care businesses.

• Places of public accommodation include almost every business. If an early learning program is open to the public, then the business is a place of public accommodation.

• Exceptions include:

   – Distinctly private entities that are usually membership-based clubs. Members pay private dues and have selective acceptance policies.

   – Educational facilities operated or maintained by a bona fide religious institution.

INTENT AND AUTHORITY

Washington State has a strong, historic stance against discrimination. In 1949, Washington lawmakers stated, as they defined discrimination, that "discrimination threatens not only the rights and proper privileges of its inhabitants but menaces the institutions and foundation of a free democratic state."[7]

To better serve Washington's children and families, the Foundational Quality Standards promote inclusive practices and diversity. Early learning providers, children and families in licensed programs shall not be treated differently or less favorably based on their race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion or ability. Rather, early learning programs are encouraged to recognize the benefits of diversity that comes from different cultures, belief systems and abilities.

Supporting diversity and inclusion in early learning settings increases exposure of unfamiliar experiences and ideas to both children and adults. This helps to develop an appreciation of similarities or differences and also to strengthen one's own self-identity.

Some of the ways early learning providers can embed diversity and inclusive practices is by having a variety of materials in their programs that represent multiple cultures, ethnicities and family groupings. Some of these materials might include books showing families of same gender parents or parents and children of different racial backgrounds. Other materials might include paint, paper, crayons and markers with a wide range of skin tones. Dolls or figurines showing people engaged in nontraditional work roles or with differing physical abilities are another type of material that can be included in the learning environment. An early learning provider can also learn basic words in a variety of languages, and post these words around the program or use them when welcoming families. Music that is played, posters that are displayed and food that is served are additional ways a provider can intentionally engage in representation of diversity and inclusion.

When a family or child engages in an early learning program that allows them to see themselves represented through materials, hear their home language being spoken, hear familiar music and smell familiar foods or scents, it lets them know they are valued and matter for who they are. According to Caring for Our Children (CFOC), "The expression of, and exposure to, cultural and ethnic diversity enriches the experience of all children, families and staff."[8]

Conversely, rejection and discrimination can have a detrimental effect on self-identity and self-esteem. The American Psychological Association reports that "discrimination-related stress is linked to mental health issues, such as anxiety and depression, even in children."[9]

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7   Washington State Legislature, "RCW 49.60.010 Purpose of chapter," available at **https://app.leg.wa.gov/RCW/default.aspx?cite=49.60.010**, retrieved October 6, 2020.

8   American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), xx.

9   American Psychological Association, "Stress In America: The Impact of Discrimination," Press release, March 10, 2016, available at **https://www.apa.org/news/press/releases/stress/2015/impact-of-discrimination.pdf**

A history of job, education and housing discrimination for families from marginalized communities has made race and income predictors of success. "Children entering kindergarten with lower skill levels of school readiness generally 'do not progress at the same rate as their more advantaged peers, so achievement gaps tend to widen over time.'"[10] Historically, children of color, boys and children with disabilities have consistently been the disproportionate targets of harsh discipline or expulsion in early learning and school settings.[11] One of the many outcomes of this is opportunity and achievement gaps for children, with families often having less access to quality care. To address these gaps, it is critical for early learning professionals to examine their own biases when considering their approach to hiring staff, screening and enrolling families, curriculum development, environmental factors and practices in the classroom.

The ADA speaks specifically about ensuring persons with disabilities have an equal opportunity to participate in program services. In other words, children with disabilities may not be excluded from an early learning program unless their presence would pose a direct threat to the health or safety of the child or others, or require a fundamental alteration of the program.

Under the ADA, an early learning provider would not be required to remodel an already existing early learning facility to accommodate every potential disability. An early learning provider is required to make "reasonable modifications" to allow a specific person with a disability to participate equally with non-disabled peers. This may be an employee, a child with a disability who wants to enroll in the program or the parent with a disability or relative of an enrolled child who wishes to attend program events. Providers and people with a disability are encouraged to discuss ways to achieve reasonable modifications. An early learning provider has to make reasonable accommodations to their policies and practices to integrate children, parents and guardians with disabilities.

The ADA applies to almost all early learning programs, except for a program run by a religious entity such as a church, synagogue or mosque. DCYF cannot give legal advice regarding specific compliance with the ADA, instead, an early learning provider with questions can contact an attorney.

Advancing Equity Initiative. This National Association for the Education of Young Children (NAEYC) website works to create equitable learning opportunities for young children. **www.naeyc.org/our-work/initiatives/equity**

Diversity in Early Childhood Programs. In this Early Childhood News article, Francis Wardle Ph.D., discusses how to provide diverse, multicultural experiences in early learning. **http://www.earlychildhoodnews.com/earlychildhood/ article_view.aspx?ArticleID=548#:~:text=Supporting%20diversity%20in%20early%20 childhood,experiences%20beyond%20their%20immediate%20lives.**

Employment Discrimination. A Cornell Law School provides an overview on employment discrimination laws and statutes, and several links to supporting resources. **https://www.law.cornell.edu/wex/employment_ discrimination#:~:text=Employment%20Discrimination%20laws%20seek%20to,and%20 various%20types%20of%20harassment**

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10 Washington State Department of Early Learning, "Racial Equity Initiative Data Report," available at **www.dcyf.wa.gov/sites/default/files/pdf/reports/Equity_Initiative_ Data_Report_1.18.2017.pdf**, published January 2017.

11 Children's Equity Project and the Bipartisan Policy Center, "Start with Equity From the Early Years to the Early Grades," available at **https://childandfamilysuccess.asu.edu/ sites/default/files/2020-07/CEP-report-071520-FINAL.pdf**, published July 2020.

INTENT AND AUTHORITY

General Non-Discrimination Policy Tips. A U.S. Equal Employment Opportunity Commission webpage with information and tips for developing a nondiscrimination policy.
www.eeoc.gov/employers/small-business/general-non-discrimination-policy-tips

Information and Technical Assistance on the Americans with Disabilities Act. The U.S. Department of Justice Civil Rights Division website with information and resources for the ADA.
www.ada.gov

Start with Equity: From the Early Years to the Early Grades. Children's Equity Project and Bipartisan Policy Center present data. Research and an actionable child equity policy agenda for disproportionate harsh discipline, segregation of children with disabilities and inequitable access to bilingual learning opportunities.
https://childandfamilysuccess.asu.edu/sites/default/files/2020-07/CEP-report-071520-FINAL.pdf

Racial Equity and Social Justice Framework (HR_0003). A DCYF approach to eliminating disparities so race and family income are no longer predictors of well-being and to building systems which support every child, young person and family to thrive.
www.dcyf.wa.gov/sites/default/files/pubs/HR_0003.pdf

Racial Equity Initiative Data Report 2017. DCYF's (formerly the Department of Early Learning) report for the data collection and evaluation of racial and ethnic data of Washington's licensed early learning programs.
www.dcyf.wa.gov/sites/default/files/pdf/reports/Equity_Initiative_Data_Report_1.18.2017.pdf

Reasonable Accommodation Policy Tips. A U.S. Equal Employment Opportunity Commission webpage with information and tips for developing a policy for reasonable accommodation.
www.eeoc.gov/employers/small-business/reasonable-accommodation-policy-tips

Resources for Welcoming All Families. This Welcoming Schools webpage offers information and resources for creating a welcoming environment for diverse families.
www.welcomingschools.org/resources/school-tips/diverse-families-what/

Understanding Prejudice. A website that offers educational resources and information on prejudice, discrimination, multiculturalism and diversity to reduce the level of intolerance and bias in society. The Exercises and Demonstrations tab includes surveys and tests to uncover your unconscious attitudes.
https://secure.understandingprejudice.org/

Section Two:
Child Outcomes

CHILD OUTCOMES

Child Outcomes

The Child Care and Early Learning Licensing Guidebook addresses only selected sections of the Foundational Quality Standards found in Chapter 110-300 WAC. This guidebook includes pertinent resources, current data and practical examples. It is not intended to offer a comprehensive view of Child Outcomes.

WAC 110-300-0055

Developmental screening and communication to parents or guardians.

(1) **An early learning provider must inform parents or guardians about the importance of developmental screenings for each child from birth through age five.**

(2) **If not conducted on-site, an early learning provider must share information with parents or guardians about organizations that conduct developmental screenings such as a local business, school district, health care provider, specialist, or resources listed on the department website.**

Caring adults involved in children's lives informally observe and monitor children day-to-day to see how they are growing, learning, moving and behaving as they develop. Developmental screening looks more closely at this progress.

Developmental screening is used to determine if a child is at risk for cognitive, motor, communication and language or social and emotional delays. These delays may interfere with expected growth, learning and development, but there are opportunities for positive supports. For this reason, the licensing standards require an early learning provider to discuss the importance of developmental screenings with parents and guardians.

This information from Help Me Grow Washington is useful to help early learning professionals and families understand why this regulation is good for children:

"Developmental screening is important for ALL kids! 1 in 6 kids has a developmental delay, but only 30% of those kids are detected through parent observations and regular checkups. Often, the signs are hard to see, even for a professional.

"Screening all kids regularly is the best way to catch delays early, when intervention is most effective. Even for families with kids developing on track, screening is a fast, flexible and fun way to learn about what's coming next and what you can do to encourage healthy growth!" [12]

There are many ways to share information with parents and guardians about developmental screening. An early learning provider may choose to inform the parent or guardian about developmental screenings in the manner that best suits the early learning program and the individual family. The information might be communicated through written handouts, on your website, within the parent handbook, posted on-site for easy viewing or communicated verbally at enrollment orientation or during meetings with the parent or guardian.

12 Help Me Grow Washington - Parenthelp123: **www.parenthelp123.org/child-development/help-me-grow-washington**

To support effective exchange about developmental screening, the following is an example of a key message an early learning provider might communicate with a parent or guardian about developmental screenings.

"Have you ever heard of or done a developmental checkup (or screening) with your child?"

"A developmental checkup is done as part of a developmental screening process like we practice here to learn more about your child and how we can best support your child's healthy development. The first five years of a child's life are very important in their development – there is so much going on. From infancy, children are learning all about how their bodies work and exploring the world around them."

"Their brains are developing so fast and they are learning important skills connected to many areas of development. These areas can be thought of like developmental milestones or markers of development within gross motor, fine motor, communication and social-emotional development. (This can stem into a more detailed conversation about each area of development.)"

"As a parent, you know your child better than anyone else and it's important for us to work together to learn about your child's development so we can learn about your child's strengths and any areas of need."

"Are you interested in learning more about your child's development?"

There are many resources available to educate early learning professionals and families about child development and screening, and how to meet a child's needs. Both national and state-level sites provide information about assessing the need for and the approach to screening. The following sites represent a small cross-section of the resources available to support early learning professionals and families.

- Centers for Disease Control and Prevention (CDC). CDC works to protect America from health, safety and security threats, both foreign and in the U.S. **www.cdc.gov/ncbddd/childdevelopment/screening.html**

- ParentHelp123. ParentHelp123 offers information about Washington State health and food services, benefit programs and resources **www.parenthelp123.org/child-development/child-development-screening-public**

- Office of Superintendent of Public Instruction (OSPI) Child Find (children over 3 years of age). OSPI is the primary agency responsible for overseeing public K-12 education in Washington State. **www.k12.wa.us/student-success/special-education/program-improvement/technical-assistance/child-find**

- OSPI Washington Kindergarten Inventory of Developing Skills (WaKIDS). WaKIDS is a process that helps children and families transition to the K-12 educational system. **www.k12.wa.us/student-success/testing/state-testing-overview/washington-kindergarten-inventory-developing-skills-wakids/whole-child-assessment**

- Early Support for Infants and Toddlers (ESIT) (children under 3 years of age). ESIT is a DCYF program for early intervention services to support children's success during early childhood and in their future. **www.dcyf.wa.gov/services/child-development-supports/esit**

- Washington Communities for Children (WCFC). WCFC is a network of coalitions dedicated to improving the well-being of children, families and communities. **www.washingtoncfc.org**

WAC 110-300-0065

School readiness and family engagement activities.

(1) **At least once per calendar year, an early learning provider must supply to parents or guardians kindergarten or school readiness materials when developmentally appropriate for enrolled children.**

(2) **Kindergarten or school readiness materials must be the same or similar to resources posted online by OSPI, the department, or other equivalent organizations. These materials may address:**

  (a) **Kindergarten transition activities, if applicable; and**

  (b) **Developmentally appropriate local school and school district activities designed to engage families.**

This graph shows that in Washington State, across all ethnic groups, less than 50 percent of children are ready for kindergarten (as measured by the WaKIDS assessment).

This important assessment is part of a transition process that supports successful school experiences for K-12 children and takes the whole child approach. Furthermore, the inventory found that discrepancies exist across ethnic groups for readiness in math and language and literacy proficiencies, as well as gender discrepancies in math proficiencies. This information helps to underscore the critical role early learning professionals play with young children.

Kindergarten Readiness by Race/Ethnicity, 2018

Race/Ethnicity	Readiness
AI/AN	30.10%
Asian	56.90%
Black	40.00%
Hispanic/Latino	26.90%
Multiracial	50.70%
NH/PI	30.80%
White	51.40%

WA (dashed line at approximately 45%)
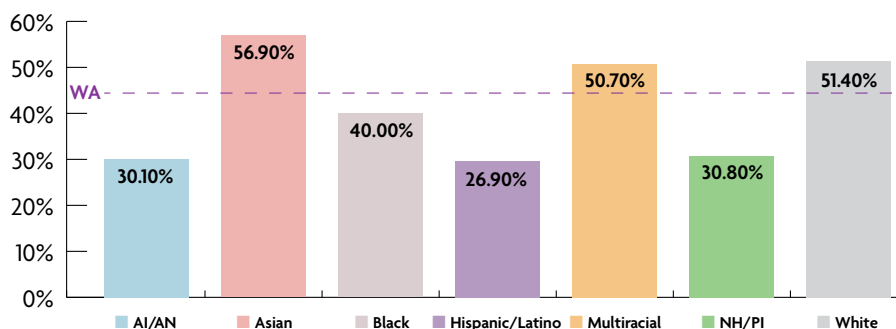
Licensing requirements related to school readiness support the premise that children have more success when families have a connection to kindergarten or school readiness. The requirements are applicable to early learning programs that serve a child or children developmentally ready to transition to kindergarten or school. Early learning providers can help families understand and navigate the change from preschool to kindergarten in many different ways.

One action an early learning provider can take is to develop a relationship with nearby schools and kindergarten programs. An early learning provider with connections to local kindergarten programs can help inform families about upcoming transition activities. Providers may also be able to help familiarize families with the systems used by the kindergarten or school or even help coordinate initial contact between the parent or guardian and the school. Additional supports are available through the local Educational Services Districts (ESD) and Early Learning Regional Group through WCFC.

A helpful resource is the WaKIDS page on the OSPI website: **www.k12.wa.us/student-success/testing/state-testing-overview/washington-kindergarten-inventory-developing-skills-wakids**.

One of the main components of WaKIDS is to promote collaboration between early learning providers and school districts. On the website, an early learning provider will find useful information and tools to help children and families experience a smooth transition.

When thinking about how a provider might deliver school readiness materials, consider the clientele being served. Families may have easy access to electronic documents or documents might be better handed out as paper copies. Furthermore, all program staff can help promote children's success by being informed about local resources and sharing information with families regarding kindergarten transition and school readiness.

For examples of strategies related to school readiness, review the following statements from two Washington State early learning providers.

A family home early learning provider in Thurston County reports:

"I request every parent attend an orientation where we go over kindergarten readiness, transitions and what it might look like for their child and for them as the parent or guardian. At conferences, we review the developmental progression information on WaKIDS and then set goals together for their child. We have district information posted in our entryway in all the languages spoken in our care. Parents are encouraged to check the materials out whenever they have questions or come to me if there's something they cannot find. In the spring, we take a field trip to the local elementary school and visit a classroom. At our end of year graduation program, we invite a kindergarten teacher to come and talk to the parents about what they can do to help their child throughout the summer. "

A child care center early learning provider in Whitman County reports:

"We start transition meetings and supports with our children's very first transition at the center to help our parents become familiar with what it feels like for a child to transition. We set up time for them to meet the new teachers, tour the classroom and other activities. We also provide guides to our individual classrooms to help them anticipate what to expect in the new room.

Because we make transitioning with support such a part of their lives here at the center, the transition to kindergarten is no different. We provide our parents with the contact information for the schools, we notify them of the upcoming kindergarten enrollment days and roundups that are happening and we have built a great relationship with our local elementary schools to make the relationship one that parents can trust. We give each parent a copy of the full enrollment packet they will need to go to kindergarten along with a copy of their child's most recent assessment and our contact information if they want to share it with the child's kindergarten teacher. We have had several kindergarten teachers reach out to us with questions about certain children throughout the years.

We spend a lot of time in our classroom discussing kindergarten with our pre-k class before they make the move to school. By the time August comes, they are so excited about their next adventure! Our teachers have incorporated curriculum in the classroom using some of the same things used in the public schools (Zoo Phonics, for example) so the transition into kindergarten can be as seamless as possible."

As you have experienced here, there are a variety of ways to communicate with families and partner with them in your support toward successful outcomes for children. From educating parents or guardians about the value of developmental screening to kindergarten readiness, relationships and communication are key to smooth transitions and children getting the supports that they may need in their development.

Section Three:

Family Engagement and Partnerships

Family Engagement and Partnerships

The Child Care and Early Learning Licensing Guidebook addresses only selected sections of the Foundational Quality Standards found in Chapter 110-300 WAC. This guidebook includes pertinent resources, current data and practical examples. It is not intended to offer a comprehensive view Family Engagement and Partnerships.

WAC 110-300-0080

Family support self-assessment.

An early learning provider must assess their program within one year of being licensed, or within six months of the date this section becomes effective, to identify ways to support the families of enrolled children. A provider must complete the strengthening families program self-assessment, or an equivalent assessment, applicable to the early learning program type (center or family home).

It is important that early learning professionals understand and recognize children as part of a family. The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect.[13]

The Strengthening Families self-assessment aims to engage families, programs and communities in building five protective factors:

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

The Strengthening Families Self-Assessment tool is based on findings from a national study of early learning programs from across the country. This tool can help you customize your program to support the families you serve.

13 Center for the Study of Social Policy **www.cssp.org/our-work/project/strengthening-families**

The Strengthening Families Self-Assessment tools for center and family home early learning programs are available at no cost online at **www.strengtheningfamiliesevaluation.com**.

Upon completion of the online Strengthening Families Assessment, programs can run reports that will assist them in identifying their strengths and areas to enhance their programs.

When an early learning provider uses an equivalent self-assessment approved by DCYF, it must include the five protective factors as found in the Strengthening Families Self-Assessment:

1. **Parental Resilience:** Managing stress and functioning well even when faced with challenges, adversity and trauma.

2. **Social Connections:** Positive relationships that provide emotional, informational, instrumental and spiritual support.

3. **Knowledge of Parenting and Child Development:** Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.

4. **Concrete Support in Times of Need:** Access to concrete support and services that address a family's needs and helps minimize stress caused by challenges.

5. **Social and Emotional Competence of Children:** Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

According to Child Welfare Gateway Information,[14] these protective factors help parents to find resources, supports or coping strategies that allow them to parent effectively, even under stress. When an early learning provider completes the self-assessment, they learn where they can focus their efforts to support families and children's well-being. This requirement must be met within the first year of licensing. Be sure to retain a copy of your assessment.

Your time and attention in assessing your program are valuable. It is paramount to learning how to meet the needs of the families within your program. Now that you have successfully discovered important information, it's time to take action! There are a variety of methods to create an action plan and you will need to pick a format that works best for you. The important item to remember is that now that your assessment has uncovered programmatic needs, the action plan lays out your strategies to support your families. A customized program ensures that any gaps or areas needing extra supports will be prioritized.

For ideas about activating your assessment in practical and effective ways, please refer to this Sample Action Plan available online at: **dcyf.wa.gov/sites/default/files/pdf/ Strengthening_Families_PlanofAction.pdf**.

FAMILY ENGAGEMENT AND PARTNERSHIPS

14 Child Welfare Gateway Information. (2017). *Protective Factors to Promote Well-Being.* Retrieved from **www.childwelfare.gov/topics/preventing/promoting/protectfactors/**

FAMILY ENGAGEMENT AND PARTNERSHIPS

WAC 110-300-0085

Family partnerships and communication.

(1) An early learning provider must communicate with families to identify individual children's developmental goals.

(2) An early learning provider must attempt to obtain information from each child's family about that child's developmental, behavioral, health, linguistic, cultural, social, and other relevant information. The provider must make this attempt upon that child's enrollment and annually thereafter.

(3) An early learning provider must determine how the program can best accommodate each child's individual characteristics, strengths, and needs. The provider must utilize the information in subsection (2) of this section and seek input from family members and staff familiar with a child's behavior, developmental, and learning patterns.

(4) An early learning provider must:

(a) Attempt to discuss with parents or guardians information including, but not limited to:

   (i) A child's strength in areas of development, health issues, special needs, and other concerns;

   (ii) Family routines or events, approaches to parenting, family beliefs, culture, language, and child rearing practices;

   (iii) Internal transitions within the early learning program and transitions to external services or programs, as necessary;

   (iv) Collaboration between the provider and the parent or guardian in behavior management; and

   (v) A child's progress, at least two times per year.

(b) Communicate the importance of regular attendance for the child;

(c) Give parents or guardians contact information for questions or concerns;

(d) Give families opportunities to share their language and culture in the early learning program;

(e) Arrange a confidential time and space for individual conversations regarding children, as needed;

(f) Allow parents or guardians access to their child during normal hours of operation, except as excluded by a court order; and

(g) Communicate verbally or in writing:

   (i) Changes in drop-off and pickup arrangements as needed; and

   (ii) Daily activities.

Strong connections with parents or guardians is imperative to children's success and there is flexibility in an early learning program's ability to meet this licensing standard. In order to demonstrate that you are communicating with families, it will be important for you to develop a systematic and intentional approach.

This proactive communication is a way for children and families to see themselves, their culture, their race and their ethnicity reflected in the early learning environment and program. Building strong connections with families by determining what they believe their child's strengths and needs are helps to improve family and child outcomes.

There are many resources that include tips and strategies for building relationships with families, including the "Family Partnerships for Children's Success" and "Creating a Positive Learning Environment" modules at **www.dcyftraining.com**.

A few highlights to point out in WAC 110-300-0085 are:

1. The rules in 110-300-0085(4) do not state how the specified information needs to be communicated. This will be an important discussion between licensors and providers that communication is happening with families. Providers can decide how best to meet the requirements of this subsection, except for the information detailed under subsection 0085(4)(g) which is information about drop off, pick up and daily activities. This must be communicated "verbally or in writing."

2. Subsection 0085(4)(a)(v): An attempted discussion with families on their child's progress is required two times per year. The discussion allows for two-way communication. The early learning program needs to be able to demonstrate how this requirement is met.

3. Subsection 0085(4)(e): There are many methods available for early learning programs to provide confidential time and space for individual conversations, including on-site, telephone, electronic or home visiting.

4. Subsection 0085(4)(f): Families must have open access to their child at all times while in care, except as excluded by court order.

WAC 110-300-0450(2)(b) requires you to develop a Family Engagement and Partnership Communication Plan.

Section Four:

Professional Development, Training and Requirements

Professional Development, Training and Requirements

This section covers the expectations for early learning providers in the areas of staff qualifications, training, program policies and procedures for staff evaluation and supervision, recordkeeping and other staff supports. Both family home and center requirements are included in this section, and special attention is given to the differences in these two early learning settings, when appropriate.

The Child Care and Early Learning Licensing Guidebook addresses select sections of the Foundational Quality Standards found in Chapter 110-300 WAC. This guidebook includes resources, current data and practical examples. It does not offer a comprehensive overview of the Professional Development, Training and Requirements section.

Early learning professionals who understand and can nurture children's development and learning directly impact their outcomes and future. An early learning provider can find more about the importance of high-quality early learning in Transforming the Workforce for Children Birth Through Age 8, a publication of the Institute of Medicine and the National Research Council. This resource provides a thorough review of the contribution of early learning professionals to children's development and learning and offers recommendations to strengthen the workforce.

Due to the impact of an early learning provider's professional knowledge and skills on child outcomes, the Foundational Quality Standards establishes qualification requirements according to the duties and responsibilities of an early learning provider's role. While individual early learning programs may use different job titles for their staff, please refer to the roles as defined in the Foundational Quality Standards for understanding qualifications for that role.

DCYF values and encourages diversity in the early learning provider workforce. In 2020, Washington State had more than 5,400 licensed child care providers with a mixed-delivery approach that included family home, center and school-age programs for more than 175,000 children. This state strives to offer programming that meets the cultural, linguistic and other individualized needs of the community. Approximately 92% of all providers speak English and 38% are bilingual or multilingual providers serving children and their families throughout the state. More than 2,000 providers speak Spanish, Somali or American Sign Language. There are also recruitment and support efforts to continue diversifying the early learning provider workforce so that we can meet the needs of families in our state.

WAC 110-300-0100 covers professional development qualifications for a variety of early learning program roles. To assist guidebook users, there is a reference table that first shows the various roles and staff qualifications. This is followed by the relevant Foundational Quality Standards specifically for the staff qualifications for family home early learning providers. Next, the relevant standards for center early learning programs are explored for understanding and role clarity. After this, the portion of WAC 110-300-0100 that covers both family home and centers is cited and discussed. We end with the educational pathways and equivalencies to meet the qualifications required under WAC 110-300-0100.

WAC 110-300-0100 Educational Qualifications Chart provides a summary of the educational requirements by role.

WAC 110-300-0100 Educational Qualifications Chart

Family Homes	Age	Minimum Hiring Requirement	Educational Requirement	Timeline
Family Home Licensee	18	High School Diploma	Initial Certificate (12 credits)	By Aug. 1, 2026, or Within five years of being licensed
			Short Certificate (20 credits)	Within two years of receiving Initial Certificate
Family Home Lead Teacher	18	High School Diploma	Initial Certificate (12 credits)	By Aug. 1, 2026, or Within five years of promotion or hire date
Family Home Assistant Teacher	18	High School Diploma	Initial Certificate (12 credits)	By Aug. 1, 2026, or Within five years of promotion or hire date
Family Home Aide	14	High School Diploma or Enrolled	High School Diploma or Enrolled	N/A
Family Home Volunteer or Other Personnel	14	None Required	None	N/A

WAC 110-300-0100 Educational Qualifications Chart

Centers	Age	Minimum Hiring Requirement	Educational Requirement	Timeline
Center Director	18	10 Early Childhood Education (ECE) Credits (12 or less children) 25 ECE credits (13-24 children) 45 ECE credits (25 or more children)	State Certificate (47 credits)	By Aug. 1, 2026, or Within five years of promotion or hire date
Center Assistant Director	18		State Certificate (47 credits)	By Aug. 1, 2026, or Within five years or promotion or hire date
Center Program Supervisor	18		State Certificate (47 credits)	By Aug. 1, 2026, or Within five years or promotion or hire date
Center Lead Teacher	18	High School Diploma	Initial Certificate (12 credits)	By Aug. 1, 2026, or Within five years of promotion or hire date
			Short Certificate (20 credits)	Within two years from completing the initial
Center Assistant Teacher	18	High School Diploma	Initial Certificate (12 credits)	By Aug. 1, 2026, or Within five years of promotion or hire date
Center Aide	14	High School Diploma or Enrolled	High School Diploma or Enrolled	N/A
Center Volunteer or Other Personnel	14	None Required	None	N/A

A. Early Learning Family Home Provider Qualifications and Role
WAC 110-300-0100

General staff qualifications

All early learning providers must meet the following requirements prior to working:

(1) Family home early learning program licensees work from their private residence to provide early learning programing to a group of no more than twelve children present at one time.

    (a) A family home licensee must meet the following qualifications upon application:

        (i) Be at least eighteen years old;

        (ii) Have a high school diploma or equivalent; and

        (iii) Complete the applicable preservice requirements pursuant to WAC 110-300-0105.

    (b) A family home licensee must meet the following qualifications:

        (i) Have an ECE initial certificate or equivalent by August 1, 2026, or within five years of being licensed by the department, whichever occurs later; and

        (ii) Have an ECE short certificate or equivalent by August 1, 2028, or within two years of receiving an ECE initial certificate;

        (iii) Beginning August 1, 2026, a family home licensee must:

            (A) Have an ECE initial certificate or equivalent within five years of being licensed by the department; and

            (B) Have an ECE short certificate or equivalent within two years of receiving an ECE initial certificate;

    (c) Family home licensees must have all ECE certificates or equivalent qualifications approved and verified in the department's electronic workforce registry;

    (d) Family home licensees must have their professional development progress documented annually; and

    (e) Family home licensees must provide the following services:

        (i) Be on-site for the daily operation of the early learning program fifty percent or more of weekly operating hours, or designate a person with the qualifications of a family home licensee to be on-site when not present;

        (ii) Comply with these foundational quality standards;

        (iii) Develop a curriculum philosophy, communicate the philosophy to all early learning program staff and parents, and train staff to ensure the philosophy serves all children in the early learning program;

        (iv) Have knowledge of community resources available to families, including resources for children with special needs and the ability to share these resources with families; and

        (v) Oversee early learning program staff and support staff in creating and maintaining staff records.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

In 2020, there were more than 3,289 family home providers serving approximately 32,866 children in Washington State. The family home early learning environment is unique to early learning providers who are licensed to provide care in their own homes. This regulation lays out the requirements for educational qualifications and core services.

The Foundational Quality Standards calls out different factors that will help parents or guardians who are selecting a caregiving environment to better understand the program. For example, the curriculum philosophy describes a program's educational approach and may help a family understand if there is a good fit between their values and those of the program. Current families may need additional support from time to time. Partnerships with community agencies and access to resources could help individuals navigate the world around them.

WAC 110-300-0305 outlines requirements related to curriculum philosophy and planning.

These licensing standards also have increased requirements for education and training. DCYF has resources to help family home providers successfully pursue the needed education and training. These resources and supports are located in the resource section below.

Parents and guardians consider many things when choosing a family home setting for their children. Some of the things that may come up in their decision-making include the need for flexible schedules, affordable costs and location. Other considerations may also include:

• Cultural, language or individual needs

• Group sizes

• Local community relationships

• Keeping siblings together

• Specialty programming (for example, outdoor preschool)

Equitable care for children is emphasized throughout these standards to ensure that regardless of the child care setting children will receive high-quality care. "High-quality family child care has been linked to improvements in children's cognitive, social-emotional, and physical development."[15]

To see a chart that shows the specific family home early learning provider educational requirements and the equivalencies that are permitted, see *Equivalent Options for Education* (EPS_0037), available online at **www.dcyf.wa.gov/sites/default/files/pubs/EPS_0037.pdf** .

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15 U.S. Department of Health & Human Services, Commissioner's Office of Research and Evaluation, and the Head Start Bureau, Administration for Children & Families Office of Child Care, "Final Report," **www.acf.hhs.gov/sites/default/files/documents/occ/occ_fcc_brief.pdf** , retrieved October 14, 2020.

A family home provider in Clallam County shares:

"Being close to retirement and having been a licensed family child care provider for close to 30 years, I felt overwhelmed, and honestly, a little apprehensive about the newly required education qualifications. With long days and the demands of operating a family child care business, along with spending time with my family and a busy personal life, I couldn't see how I could take on one more thing.

I love my work and am passionate about the children I care for. My goal is always to give children as much opportunity as possible, so with that in mind and the fact that I wasn't ready to retire, I started doing research. I found there were grants and scholarships available to help with the financial obligation of earning my short certificate.

I found a program through the Imagine Institute where classes were scheduled on Saturdays and the instructors are themselves family child care providers who personally understand the field and daily life we live. I thought, how unique – this program could work for me!

Through the Imagine Institute, I am currently working on my Initial Certificate, earning college credits and then will start on my Short Certificate. This program has been a wonderful experience! I have received so much out of my classes and have met experienced providers from across Western Washington. I enjoy the classes and the camaraderie of my classmates, who are all family child care professionals. There is a wealth of knowledge and experience, as we exchange ideas from diverse perspectives. If something comes up, a question or concern about a child care situation, we are all there for each other, problem solving for the well-being of a child or a family in need of support.

The information from my classes has enhanced my own child care program. I've learned about effective observations from a neutral standpoint. I've learned about child assessments and what resources to use. I am more aware of conversations with children and how to expand a basic conversation to increase the child's vocabulary and knowledge and how to provide open-ended experiences. At first, I was apprehensive and a bit intimidated with the prospect of going back to college, but once I jumped in, it has been a very positive and great experience!"

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

A coach also provides her experience supporting family home providers.

A Snohomish County Early Achiever's Coach shares:

"I am working with a family home provider who speaks two languages, Farsi is her home language and English is the language she is learning. She has been taking early childhood education courses at Edmonds Community College, and works closely with her instructors who I know must admire her drive and determination. I see first-hand this provider's new knowledge translates to sound early childhood practices for infants through 12-year-olds. This provider's exceptionally hard work and devotion are evidenced by the transformation I have observed in her program, moving from basic and minimal care to a truly enriched and thoughtful learning environment. This provider uses her acquired education, training and experience to continually develop her community-based program. When I first met her, she told me her goal was to have the best program in the area. Shortly after our Early Achievers journey began, without my knowledge, she enrolled in school and set out on her journey. Last winter, this provider's child care program received an Early Achievers quality rating of level 3, and we celebrated with flowers and chocolate! I'm excited to see what develops between now and graduation!"

A Skagit/Island County Early Achiever's Coach shares:

"Two years ago, I started building a coaching relationship with a family child care provider who was struggling. She had an environment that she felt was disorganized, children in her care who displayed challenging behaviors and she felt very discouraged. In the past two years, while this provider has pursued her initial certificate, two short certificates and most recently earned her one-year Washington State ECE Certificate, I have seen a transformation. Her confidence in her ability is inspiring. She has a well-organized environment with thoughtful materials displayed. She has implemented positive behavior guidance techniques she has learned through coursework and coaching. Other providers in her community now look to her for support and answers for their own family child care homes."

B. Early Learning Center Director, Assistant Director and Program Supervisor Qualifications and Roles

WAC 110-300-0100

General staff qualifications

(2) Center early learning program licensees must meet the requirements of a center director, listed in subsection (3) of this section, or hire a center director who meets the qualifications prior to being granted an initial license. Center licensees who fulfill the role of center director in their early learning program must complete all trainings and requirements for center directors.

(3) Center directors or assistant directors manage the early learning program and set appropriate program and staff expectations.

    (a) A center director must meet the following qualifications:

        (i) Be at least eighteen years old;

        (ii) Have an ECE state certificate or equivalent as approved and verified in the electronic workforce registry by the department as follows:

            (A) A center director must complete an ECE state certificate or equivalent by August 1, 2026;

            (B) A center director hired or promoted after this chapter becomes effective must have an ECE state certificate or equivalent within five years of the time of hire.

        (iii) Have two years of experience as a teacher of children in any age group enrolled in the early learning program and at least six months of experience in administration or management or a department approved plan;

        (iv) Complete the applicable preservice requirements, pursuant to WAC 110-300-0105;

        (v) If a center director does not meet the minimum qualification requirements, the center early learning program must employ an assistant director or program supervisor who meets the minimum qualifications of these positions;

        (vi) Have their continued professional development progress documented annually.

    (b) An assistant director must meet the following qualifications:

        (i) Be at least eighteen years old;

        (ii) Have an ECE state certificate or equivalent as approved and verified in the electronic workforce registry by the department as follows:

            (A) An assistant director working at the time this chapter becomes effective must complete an ECE state certificate or equivalent by August 1, 2026;

            (B) An assistant director hired or promoted after this chapter becomes effective must have an ECE state certificate or equivalent within five years of the time of hire.

        (iii) Have two years of experience as a teacher of children in any age group enrolled in the early learning program or two years of experience in administration or management, or a department approved plan;

        (iv) Complete the applicable preservice requirements, pursuant to WAC 110-300-0105;

        (v) Have their continued professional development progress documented annually.

    (c) A center director or assistant director or equivalent must provide the following services:

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

    (i) Be on-site for the daily operation of the early learning program fifty percent or more of weekly operating hours up to forty hours per week, or designate a person with the qualifications of an assistant director, program supervisor, or equivalent. A center director may act as a substitute teacher if acting as a substitute does not interfere with management or supervisory responsibilities;

    (ii) Comply with foundational quality standards;

    (iii) Develop a curriculum philosophy, communicate the philosophy to all early learning program staff and parents, and train staff to ensure the philosophy serves all children in the early learning program (or designate a program supervisor with this responsibility);

    (iv) Have knowledge of community resources available to families, including resources for children with special needs and be able to share these resources with families; and

    (v) Oversee professional development plans for early learning program staff including, but not limited to:

        (A) Providing support to staff for creating and maintaining staff records;

        (B) Setting educational goals with staff and locating or coordinating state-approved training opportunities for staff; and

        (C) Observing and mentoring staff.

(4) Center program supervisors plan the early learning program services under the oversight of a center director or assistant director.

  (a) A program supervisor must meet the following qualifications:

    (i) Be at least eighteen years old;

    (ii) Have an ECE state certificate or equivalent by August 1, 2026, if a director or assistant director does not have an ECE state certificate or equivalent as required by this section;

    (iii) Have two years of experience as a teacher of children in any age group enrolled in any early learning program;

    (iv) Complete the applicable preservice requirements, pursuant to WAC 110-300-0105; and

    (v) Have their continued professional development progress documented annually.

  (b) (b) A program supervisor performs the following duties:

    (i) Guide the planning of curriculum philosophy, implementation, and environmental design of the early learning program;

    (ii) Comply with foundational quality standards;

    (iii) Act as a teacher or director as long as it does not interfere with the program supervisor's primary responsibilities; and

    (iv) Manage the professional development plans and requirements for staff as needed.

  (c) One person may be the center director, assistant director, and the program supervisor when qualified for all positions, provided that all requirements of subsection (3)(a) and (b) of this section are met.

(5) Any individual hired or promoted into a position detailed in subsections (2), (3), and (4) of this section who does not have an ECE state certificate or equivalent as required under subsections (3)(a)(ii), (b)(ii), and (4)(a)(ii) of this section must instead meet the following requirement as approved and verified in the electronic workforce registry by the department:

If a center is licensed for this number of children:	Then the director, assistant director, or program supervisor must have completed at least this number of college quarter credits in early childhood education core competencies:
(a) 12 or fewer	10
(b) 13 to 24	25
(c) 25 or more	45

Choosing child care is one of the most difficult and important decisions that parents or guardians make on behalf of their children. The process often involves accessing web-based information, visiting the facility and interviewing the program director or staff.

The center early learning environment is unique to early learning providers who are licensed at a facility or potentially on their own residential premises, if appropriately zoned. This regulation lays out requirements for educational qualifications as well as the core services required of center early learning providers. When parents or guardians are selecting a caregiving environment for their children, the Foundational Quality Standards ensure that the early learning program develops a curriculum philosophy and knowledge of community resources and that these are shared with families. These licensing standards also provide increased requirements for education and training. DCYF has resources to help center early learning providers be successful in gaining the needed education and training. These resources and supports are located in the resource section below.

WAC 110-300-0305 outlines requirements related to curriculum philosophy and planning.

Many parents and guardians choose a center early learning setting based on programming. Programming details may include age group sizes, mixed-age groupings, language, staff educational standards, outdoor program, location or whether it meets the cultural, language or individual needs of the child or family. Equitable care for children is emphasized through these standards to ensure that regardless of the child care setting, children receive high-quality care.

In Washington State during 2020, there were more than 1,628 center early learning providers serving approximately 115,262 children. Additionally, our state also had 481 school-age providers serving 26,563 children. Maintaining, supporting and expanding all high-quality learning programs will increase the ability to meet the needs of all Washington State families.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

The center director or assistant director and program supervisor set the stage for how the early learning program functions and performs. They also provide essential leadership and management for the overall program. This is implemented through how they supervise and lead their staff, design program plans, oversee daily activities and assure the sound management and organization of the center. They bring knowledge and expertise in multiple areas:

- Programming
- Family relationships
- Community partnerships
- Budgeting and finance
- Staff development and supervision
- Learning and cognition
- Child development
- Healthy interactions and behavior management

For a center director to consistently make timely and well-informed decisions that support the well-being of children and families, as well as a healthy staff team, they must have their own history and experience to draw from. According to Caring for Our Children (CFOC), "Past experience working in an early childhood setting is essential to running a facility."[16] For this reason, the licensing standards require a center director have two years of experience as a teacher of children in an age group served by the program and at least six months of experience in administration or management.

The director, assistant director and program supervisors are key leadership roles that impact everyone in the center environment — the other early learning professionals who work directly with children and families, the families who use the services and other staff and consultants, such as financial, accounting, housekeeping and food service. Strong leaders in these roles enhance program quality[17] and create the foundational base for a positive experience for all.

A person must meet the qualifications for any role that they fulfill. This is true for their main role and also if they step in to substitute or cover for another role. In an early learning center program where the director does not meet the minimum qualifications, the program must have an assistant director or program supervisor who does meet the qualifications. This provision allows for flexibility in the program management structure while assuring that the minimum standards outlined in the regulations are followed.

16 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), 11.
17 McCormick Center for Early Childhood Leadership at National Louis University, "Theory of Change," available at **https://mccormickcenter.nl.edu/impact/theory-of-change/**, retrieved October 11, 2020.

C. Early Learning Program Staff (Lead and Assistant Teachers, Aides, Volunteers) Qualifications and Role in Centers and Family Home Early Learning Settings

The next section focuses on several critical teaching and support roles that may apply to both center and family home early learning settings. This includes lead teachers, assistant teachers, aides and volunteers serving at both family home and center early learning programs. Each of these roles contributes to the overall impact and success of the early learning program. The Foundational Quality Standards identify the core educational expectations and key duties for the people in these roles. We note that not all programs include all of these roles. To see a chart that shows the specific educational requirements and the equivalencies that are permitted, see *Equivalent Options for Education* (EPS_0037), available online at **www.dcyf.wa.gov/sites/default/files/pubs/EPS_0037.pdf** .

WAC 110-300-0100

General staff qualifications

(6) **Lead teachers are responsible for implementing the center or family home early learning program. Lead teachers develop and provide a nurturing and responsive learning environment that meets the needs of enrolled children.**

   (a) **A lead teacher must meet the following qualifications:**

   (i) **Be at least eighteen years old;**

   (ii) **Have a high school diploma or equivalent; and**

   (iii) **Complete the applicable preservice requirements, pursuant to WAC 110-300-0105.**

   (b) **A center lead teacher must meet the following requirements:**

   (i) **Have an ECE initial certificate or equivalent by August 1, 2026, or within five years of being hired or promoted into this position, whichever occurs later; and**

   (ii) **Have an ECE short certificate or equivalent by August 1, 2028, or within two years of receiving an ECE initial certificate;**

   (iii) **Beginning August 1, 2026, a center lead teacher must:**

   (A) **Have an ECE initial certificate or equivalent within five years of being hired or promoted into this position; and**

   (B) **Have an ECE short certificate or equivalent within two years of receiving an ECE initial certificate;**

   (c) **Have all ECE certificates or equivalent qualifications approved and verified in the department's electronic workforce registry; and**

   (d) **Have their professional development progress documented annually.**

   (e) **A family home lead teacher must meet the following requirements:**

   (i) **Have an ECE initial certificate or equivalent by August 1, 2026, or within five years of being hired or promoted into this position, whichever occurs later;**

   (ii) **Beginning August 1, 2026, a family home lead teacher must have an ECE initial certificate or equivalent within five years of being hired or promoted into this position;**

   (iii) **Have all ECE certificates or equivalent qualifications approved and verified in the department's electronic workforce registry; and**

   (iv) **Have their professional development progress documented annually.**

(7) Assistant teachers help a lead teacher or licensee provide instructional support to children and implement developmentally appropriate programs in center or family home early learning programs.

(a) An assistant teacher must meet the following qualifications:

(i) Be at least eighteen years old;

(ii) Have a high school diploma or equivalent;

(iii) Have an ECE initial certificate or equivalent by August 1, 2026, or within five years of being hired or promoted into this position, whichever occurs later;

(iv) Beginning August 1, 2026, an assistant teacher must have an ECE initial certificate or equivalent within five years of being hired or promoted into this position;

(v) Have all ECE certificates or equivalent qualifications approved and verified in the department's electronic workforce registry;

(vi) Complete the applicable preservice requirements, pursuant to WAC 110-300-0105; and

(vii) Have their professional development progress documented annually.

(b) Assistant teachers may work alone with children with regular, scheduled, and documented oversight and on-the-job classroom training from the classroom's assigned lead teacher who is primarily responsible for the care of the same group of children for the majority of their day.

(c) For continuity of care, assistant teachers can act as a substitute lead teacher up to two weeks. If longer than two weeks, the provider must notify the department with a plan to manage the classroom.

(8) Aides provide classroom support to an assistant teacher, lead teacher, program supervisor, center director, assistant director, or family home licensee. Aides must meet the following qualifications:

(a) Be at least fourteen years old;

(b) Have a high school diploma or equivalent, or be currently enrolled in high school or an equivalent education program;

(c) Complete the applicable preservice requirements, pursuant to WAC 110-300-0105;

(d) Have their professional development progress documented annually; and

(e) Aides may be counted in the staff-to-child ratio if they are working under the continuous oversight of a lead teacher, program supervisor, center director, assistant director, assistant teacher, or family home licensee.

(i) Aides working nineteen or fewer hours per month can be counted towards staff-to-child ratio with applicable preservice requirements pursuant to WAC 110-300-0105 but without in-service training requirements pursuant to WAC 110-300-0107 (1)(a).

(ii) (Aides who work more than nineteen hours per month and who have a cumulative twelve months of employment must complete applicable preservice requirements detailed in WAC 110-300-0105 and the in-service training detailed in WAC 110-300-0107 (1)(a).

(9) Other personnel who do not directly care for children and are not listed in subsections (1) through (8) of this section must meet the following qualifications:

(a) Complete and pass a background check, pursuant to chapter 110-06 WAC;

(b) Have a negative TB test, pursuant to WAC 110-300-0105; and

(c) **Complete program based staff policies and training, pursuant to WAC 110-300-0110.**

(10) **Volunteers help at early learning programs. Volunteers must meet the following qualifications:**

(a) **Be at least fourteen years old (volunteers must have written permission to volunteer from their parent or guardian if they are under eighteen years old);**

(b) **Work under the continuous oversight of a lead teacher, program supervisor, center director, assistant director, assistant teacher, or family home licensee;**

(c) **Regular, ongoing volunteers may count in staff-to-child ratio if they:**

(i) **Complete and pass a background check, pursuant to chapter 110-06 WAC;**

(ii) **Complete a TB test, pursuant to WAC 110-300-0105;**

(iii) **Complete the training requirements, pursuant to WAC 110-300-0106;**

(iv) **Complete program based staff policies and training, pursuant to WAC 110-300-0110; and**

(v) **Have their professional development progress documented annually.**

(d) **Occasional volunteers must comply with (a) and (b) of this subsection and cannot count in staff-to-child ratio. Occasional volunteers may include, but are not limited to, a parent or guardian helping on a field trip, special guest presenters, or a parent or guardian, family member, or community member helping with a cultural celebration.**

Qualifications for each role are designed to relate to the responsibilities of the role. This means that the qualifications must be met by anyone fulfilling one of the roles. Additionally, if a person is substituting for someone else, and their role is different, that person must meet the qualifications for the substitute role that they have assumed. The one exception in WAC concerns the assistant teacher substituting for a lead teacher for up to two weeks. This is permitted to maintain continuity of care as the assistant teacher's ongoing role is to work with the lead teacher. They will know the children if the lead teacher is not available and be familiar with the curriculum philosophy, daily activities and the individualized needs of the children with whom they are interacting.

The Role, Ratio and Responsibility Chart provides an overview of the various roles outlined in the Foundational Quality Standards in early learning programs. It addresses three fundamental questions about the roles that are defined in the licensing standards.

(1) Can the person in the role be counted in the ratio?

(2) Can the person be left alone with children?

(3) What is the responsibility of the role?

DCYF values the diverse business structures represented in early learning programs across Washington State. The requirements were intentionally developed to preserve the ability for different business structures.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

Role, Responsibility and Ratio Chart

Role	What is their responsibility?	Can they be counted in ratio?	Can they be alone with children?
Family Home Licensee	Authorized by DCYF to operate a family home early learning program within the licensee's family living quarters.	Yes	Yes
Center Licensee	The entity licensed and authorized by DCYF to operate a center early learning program.	Yes, if it doesn't interfere with primary responsibilities	Yes
Director	Responsible for the overall management of a center early learning program including the facility and operation.	Yes, if it doesn't interfere with primary responsibilities	Yes
Assistant Director	Responsible for the overall management of a center early learning program including the facility and operation.	Yes, if it doesn't interfere with primary responsibilities	Yes
Program Supervisor	Guides the planning of the curriculum philosophy, implementation and environmental design of the learning program.	Yes, if it doesn't interfere with primary responsibilities	Yes
Lead Teacher	Implement the early learning program.	Yes	Yes
Assistant Teacher	Helps a lead teacher or family home licensee. Can serve as a lead teacher for up to two weeks.	Yes	Yes, with supervision
Aide	Provides support. If working 19 hours or less per month, does not need to complete in-service requirements.	Yes	No, requires continuous oversight
Other Personnel	Does not directly care for children.	No	No

Role, Responsibility and Ratio Chart

Role	What is their responsibility?	Can they be counted in ratio?	Can they be alone with children?
Volunteer Ongoing	Help early learning programs. To count in ratio, must complete additional requirements and may not be left alone with children.	Yes, with additional requirements listed in subsection 10(c)(i-iv)	No, requires continuous oversight
Volunteer Occasional	Help early learning programs. May include special guests.	No	No, requires continuous oversight

Post-high school education is not required for the roles of aide, volunteer and other personnel. These roles allow early learning providers to contribute to program operations while acquiring skills and experience. Individuals in these roles may not be left alone with children. Other personnel roles may include those in positions like a cook, receptionist or maintenance worker. These are roles that do not have direct responsibility for children in the program but may potentially have contact with children when performing their daily duties.

Individuals who interact with children and who are not employees fit the role of a volunteer. Individuals in the role of an aide or volunteer must remain under continuous oversight. Continuous oversight is auditory and visual supervision, within the same licensed space as the aide or volunteer's responsibility. The individual supervising cannot be supervising more than one licensed space at a time.

Any volunteer who the program plans to count in the ratio must meet all of the requirements established in the WAC, which include background checks, TB tests, training requirements, program-based policy and training and documentation of professional development annually.

These volunteers carry out responsibilities of the program, and as they are included in the ratio, additional expectations are necessary to protect and advance the health, safety and well-being of the children.

If these individuals are not counted in the ratio, they do not need to complete the volunteer training. Parent or guardian authorization is required if these individuals will be alone with a child or children. The child(ren) would be signed out of care and then back into the early learning program.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

Examples are provided below to assist early learning programs in assessing which volunteers must complete the training requirements, program-based policy and training and documentation of professional development annually, and which sign-in and sign-out procedures apply. It is important to note that all but occasional volunteers must complete and pass a background check, pursuant to chapter 110-06 WAC.

- A gymnastics teacher offers classes for families at the early learning program who pay additional money for this service. An early learning program staff is always with them. If the gymnastics teacher is included in the ratio, they must complete the required health and safety training requirements. If they are not included in the ratio, they do not need to complete the training.

- A therapist hired by the parent works one-on-one with a child at the early learning program. This person is never alone with the child. The therapist is never included in the ratio. Under these circumstances, they fit the volunteer role.

- A social worker picks up a child for a family visit and brings them back to the early learning program. The social worker must sign the child out and back in as authorized by the family.

- A high school or college student that needs to do their observation for their child development course. If they are not included in the ratio, they do not need to complete the training.

Early learning family home and center-based programs depend on their personnel to plan and deliver all services. The Foundational Quality Standards for personnel are fundamental to support providers in their work with children and families. The Early Learning Network's research teams at the University of Virginia, Ohio State University and the University of Nebraska–Lincoln confirm that teacher-child relationships matter. "Evidence shows that young children's positive interactions with teachers strengthen all aspects of their development, including language, cognition and social-emotional skills, regardless of their age, gender, race, ethnic, language and income level."[18] The international Organisation for Economic Co-operation and Development (OECD) points to the importance of teacher training and qualification to best serve children.[19]

Training requirements for early learning staff can be found in WAC 110-300-0105, 110-300-0106, 110-300-0107 and 110-300-0110 which outlines pre-service and in-service training.

18 Early Learning Network, "Emerging Theme: Teacher-Child Relationships," available at **https://earlylearningnetwork.unl.edu/2019/05/20/teacher-child-relationships/ #:~:text=Evidence%20shows%20that%20young%20children%E2%80%99s,ethnic%2C%20language%20and%20income%20level**, published May 20, 2020.
19 Encouraging Quality in Early Childhood Education and Care, "Research Brief: Qualifications, Education and Professional Development Matter," available at **www.oecd.org/education/school/49322232.pdf**, retrieved October 11, 2020 .

D. Education Pathways and Equivalencies

This section addresses multiple pathways to meet the requirements for education. Please go to the WAC 110-300-0100 Educational Qualifications Chart in the introduction of this section to review the full table of required qualifications. There are many different ways to meet the educational qualification requirements for each role. An early learning provider can find the path that works for them individually. To see a chart that shows the equivalencies that are permitted, see *Equivalent Options for Education* (EPS_0037), available online at **www.dcyf.wa.gov/sites/default/files/pubs/EPS_0037.pdf** .

DCYF is committed to meeting the varied educational needs of early learning providers in a culturally and linguistically responsive manner. DCYF provides equivalency options for educational qualifications, which recognizes the experience of existing educators and helps to sustain a diverse early childhood workforce.

Washington has created its own early learning certificates that build upon each other and provide a starting point to education steps that are consistent through colleges across the state. There are three certificates:

• Initial Certificate: 12 college credits in early childhood education

• Short Certificate: Initial Certificate plus eight credits, for a total of 20 credits

• State Certificate: Short Certificate plus 27 to 32 credits, for a total of at least 47 credits

A Washington State early learning professional who wants to further their professional development has a clear path to follow. One step or achievement will build upon the next. Early learning providers must check with their local colleges or the colleges that they wish to use to ensure that the pathway Career Planning Portal (**https://ececareers.del.wa.gov/what-is-early-learning**) that they are interested in is available through that college.

To support early learning professionals in gaining these credentials throughout the entire state, all training, as well as the three Early Childhood Education (ECE) stackable certificate courses (e.g., Initial Certificate, Short Certificate and State Certificate) have been aligned with *Washington's Core Competencies for Early Care and Education Professionals* (EPS_0023) (**www.dcyf.wa.gov/sites/default/files/pubs/EPS_0023.pdf**).

The core competencies cover these areas:

• Child Growth and Development

• Curriculum and Learning Environment

• Ongoing Measurement of Child Progress

• Family and Community Partnerships

• Health, Safety and Nutrition

• Interactions

• Program Planning and Development

• Professional Development and Leadership

In addition to creating new pathways for early learning professionals to gain Washington State certificates, DCYF has provided another option. The option of equivalency recognizes the role of experience, assures an equitable approach and supports a diverse workforce.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

Equivalency, when referring to staff qualifications, means an individual is allowed to meet the requirements of this chapter through:

- Experience-Based Competency
- Alternative Credential College/Credit-Bearing Certificates
- Community-Based Training

Existing providers with two years of experience before Aug. 1, 2019, and who have maintained their training history as needed for their role may choose "demonstration of competency" to meet licensing staff qualifications.

An alternative credential is a degree, certificate or educational achievement that meets the requirement of the stackable certificate.

Washington's Early Achievers program, which is the state's quality rating improvement system, offers workforce supports and program enhancements. An overview of Early Achievers is available at **www.dcyf.wa.gov/services/earlylearning-childcare/early-achievers**.

Additional supports are available to early learning programs that participate in Early Achievers, such as opportunities for in-person coaching, online professional development and scholarships toward certificates and degrees in ECE or similar, approved fields. Visit **https://childcareawarewa.org/providers/** to learn more.

To learn more about the multiple options for meeting the licensing standards for staff qualifications, visit the Staff Qualifications: Education, Training, Equivalencies page of DCYF's Professional Development website available online at **www.dcyf.wa.gov/services/earlylearning-profdev/early-learning-provider**.

Use of MERIT (Electronic Workforce Registry) to Verify Qualifications and Training

For each role in an early learning program, the Foundational Quality Standards requires the early learning professional's training and qualifications to be approved and verified within "the electronic workforce registry." The electronic workforce registry is called MERIT.

MERIT is an online portal and database that helps early learning providers in Washington:

- Keep track of their qualifications and training experience
- Find training opportunities by state-approved trainers
- Share their qualifications with employers
- Complete a portable background check application

Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation. An Institute of Medicine (IOM) and National Research Council (NRC) research summary explores the science of child development, particularly looking at implications for the professionals who work with children.
http://k12accountability.org/resources/Early-Intervention/NAS_Birth_to_Age-8_ Unified_Framework.pdf

Transforming the Early Education Workforce: A Multimedia Guidebook. This multimedia guidebook is drawn from Transforming the Workforce for Children from Birth Through Age 8: A Unifying Foundation (National Academies Press, 2015). This guidebook provides key takeaways, videos, interactive tools and a glossary for three different audiences: educators who work directly with children, educators in higher education who prepare those educators and policymakers interested in improving early learning settings for children from B–8. Interactive guide here:
www.newamerica.org/in-depth/transforming-early-education-workforce/

MERIT – DCYF's electronic workforce registry.
https://apps.dcyf.wa.gov/MERIT/Home/Welcome

MERIT. DCYF's webpage with information and links for MERIT support, educational verification and appeals, training, training reimbursement and state-approved trainer resources.
www.dcyf.wa.gov/services/earlylearning-profdev/merit

DCYF's Professional Development Workforce Registry Team. For questions regarding WAC education and training requirements or personal records.
dcyf.merit@dcyf.wa.gov

Professional Development

DCYF's child care and early learning professional development website with information and links on staff qualifications, education and scholarships, MERIT, the substitute pool and more.
www.dcyf.wa.gov/services/earlylearning-profdev

I'm an Early Learning Provider. A DCYF webpage with information and links on staff qualifications, hiring requirements, education, equivalents, training requirements by role and role checklists.
www.dcyf.wa.gov/services/earlylearning-profdev/early-learning-provider

Equivalent Options for Education (EPS_0037). This DCYP publication identifies approved experience and credential alternatives to the education pathways.
www.dcyf.wa.gov/sites/default/files/pubs/EPS_0037.pdf

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

Career Portal

Early Childhood Education Career Planning Portal. A DCYF webpage with information on career options, education pathways and financial aid resources for early learning professionals.
https://ececareers.del.wa.gov/

Education Levels for an Early Learning Professional. A DCYF webpage that explores educational levels of early learning professions. Includes classes and credit descriptions for each of the stackable certificates.
https://ececareers.del.wa.gov/what-is-early-learning

Competencies and Frameworks. A DCYF webpage with information and links related to Washington State Core Competencies for Child and Youth Development Professionals.
www.dcyf.wa.gov/services/earlylearning-profdev/workforce-development/competencies

Other Resources:

The Impact of Teacher Education on Outcomes in Center-Based Early Childhood Education Programs: A Meta-analysis. A NIEER study that looks at the research findings on the relationship of teacher educational attainment and measures of classroom quality and child development in center-based early childhood care and education settings.
http://nieer.org/research-report/the-impact-of-teacher-education-on-outcomes-in-center-based-early-childhood-education-programs-a-meta-analysis

High-Quality Early Educations and Care Requires High Standards for Early Educator Qualifications. A Center for the Study of Child Care Employment article that explores the importance of skilled early learning professionals on children's successful outcomes.
https://cscce.berkeley.edu/high-quality-early-education-and-care-requires-high-standards-for-early-educator-qualifications/

Who's at School Today? A 17-minute T.E.A.C.H. Early Childhood® video. Explores how access to higher education, improved compensation and job retention for thousands of early childhood teachers across America is transforming their lives and the lives of millions of children in their care each day.
www.youtube.com/watch?time_continue=1&v=gxbGFmdKHNI&feature=emb_title

WAC 110-300-0105

Preservice requirements

(1) **All applicants, coapplicants, family home licensees, center directors, assistant directors, and program supervisors must complete a department provided orientation for the applicable early learning program. Prior to being in charge of the early learning program fifty percent of the time or more, those newly promoted or assuming a role of one of the roles listed here must complete or be registered in orientation training.**

(2) **Early learning providers and household members in a family home early learning program must complete a department background check, pursuant to chapter 110-06 WAC.**

(3) **Early learning providers, including volunteers and household members in a family home early learning program ages fourteen and over, must provide documentation signed within the last twelve months by a licensed health care professional of tuberculosis (TB) testing or treatment consisting of:**

   (a) **A negative TB symptom screen and negative TB risk assessment;**

   (b) **A previous positive FDA-approved TB test and a current negative chest radiograph and documentation of clearance to safely work or reside in an early learning program; or**

   (c) **A positive symptom screening or a positive risk assessment with documentation of:**

      (i) **A current negative FDA-approved TB test;**

      (ii) **A previous or current positive FDA-approved TB test; and**

      (iii) **A current negative chest radiograph and documentation of clearance to safely work or reside in an early learning program.**

(4) **Upon notification of TB exposure, early learning providers may be required to be retested for TB as directed by the local health jurisdiction.**

Preservice requirements in this licensing standard cover three primary areas:

(1) DCYF-provided early learning program licensing orientation.

(2) DCYF background check.

(3) Tuberculosis (TB) testing or treatment.

These three primary areas are essential to the start-up of an early learning program. The licensing orientation provides basic information about the licensing requirements and helps the early learning provider be prepared to know what is involved to operate a program that meets the legal requirements of Washington State. The operation of an early learning program is a complex endeavor and the orientation is designed to provide enough information to help potential licensed programs make sound decisions for planning and operating a program.

The other two areas are included as essential to public health and safety.

Licensing orientation is required for those that are in charge of the early learning program. This includes all applicants, co-applicants, family home licensees, center directors, assistant directors, program supervisors and family home lead teachers who meet the requirements of a licensee and may be in charge of the early learning program 50% of the time or more. Licensing orientation is a free, online training that will ensure leadership staff in the early learning program:

• Have a general understanding of Washington's quality rating improvement system

• Learn the difference between WAC and RCW, and how to navigate the WAC

• Understand the requirements for a facility to be licensed or certified

• Identify what a licensing visit looks like and the expectations of the licensee

• Understand the application process and timelines

• Understand the role of DCYF

A second preservice requirement is background check clearance. A DCYF portable background check reduces the risk of harm to children from individuals who have been convicted of certain crimes or who pose a risk to children. DCYF's background check process evaluates background information related to a person's character and suitability related to keeping children safe. For this reason, a background check is required for all individuals who care for or have unsupervised access to children. This includes, but is not limited to, early learning licensees, employees, staff, ongoing volunteers, interns and family home household members ages 16 and older. Additionally, according to WAC 110-06-0045(1)(b), individuals ages 13-16 who are residing in a licensed or certified family home child care must submit a noncriminal background check. A new hire must have DCYF background check clearance before working in the program. A portable background check may require the completion of fingerprinting.

An early learning professional's portable background check clearance is valid for three years and remains valid whether they remain at the early learning program or move to another early learning program within the three-year period.

According to DOH, 222 cases of TB were reported in Washington State in 2019.[20]

TB is a contagious infection that mainly affects the lungs. Most infected children and adults do not have signs or symptoms of the disease. TB is typically transmitted by adults and adolescents, as they have the force necessary to emit the tiny contagious particles into the air when they cough or sneeze.[21] To protect children's health, therefore, all early learning providers, volunteers and household members over the age of 14 in a family home early learning program must provide documentation from within the last 12 months of negative TB testing or clearance to safely work in an early learning program. Documentation must be provided before being on-site at the program.

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20 Washington State Department of Health, "Tuberculosis Cases Statewide by Year," available at **www.doh.wa.gov/Portals/1/Documents/Pubs/343-108-TBWA-Summary2019.pdf**, published September 2020.

21 American Academy of Pediatrics, Pediatric Patient Education, Pediatric & Adolescent Medicine, "Tuberculosis," available at **www.pediatricandadolescentmedicine.net/**Tuberculosis-TB, retrieved September 6, 2020.

TB testing might be a skin test or a blood test administered by a primary care provider. A local pharmacy, low or no-cost medical clinic or county health department may also administer TB tests. When a skin test is administered, the individual will need to return after about two or three days for the results to be assessed. When a person is found to be infected with TB, a chest x-ray or radiograph may show there is no active TB. An individual with a positive TB test, symptom screening or risk assessment may work or reside in an early learning program only with a current negative TB test, or negative chest radiograph and documentation of clearance.

Hansen has applied for an assistant position at a family home early learning program. Hansen completed a TB skin test with their medical provider, Dr. Johnson. Hansen returned to Dr. Johnson's office after three days and learned the results were positive. Dr. Johnson scheduled a radiograph of Hansen's chest for the following week. The radiograph showed no active TB. Dr. Johnson gave Hansen documentation of the negative radiograph and clearance to work at the family home early learning program. Hansen gave copies of the documentation to the family home licensee to be placed in their personnel file.

DCYF's Background Check Requirements webpage contains information on background check requirements and links to background check payment information, fingerprint processes and background check forms.
www.dcyf.wa.gov/services/early-learning-providers/background-checks

Licensing Process. A DCYF webpage with information and links for DCYF-provided orientation modules. The online modules are provided in English, Spanish and Somali. Instructions are provided to request the orientation in another language or for special accommodation.
www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/licensing-process

Tuberculosis (TB). A CDC website with information on TB risk factors, spread, symptoms, testing, diagnosis, research, treatment and more.
www.cdc.gov/tb/default.htm

Tuberculosis (TB). DOH website with information, data and resources.
www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis

WAC 300-110-0106

Training Requirements

(1) **Early learning providers licensed, working, or volunteering in an early learning program before the date this section becomes effective must complete the applicable training requirements of this section within three months of the date this section becomes effective unless otherwise indicated. State or federal rules may require health and safety training described under this chapter to be renewed annually. Early learning providers hired after the date this section becomes effective must complete the training requirements of subsections (4) through (10) of this section within three months of the date of hire and prior to working in an unsupervised capacity with children.**

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

(2) License applicants and early learning providers must register with the electronic workforce registry prior to being granted an initial license or working with children in an unsupervised capacity.

(3) License applicants, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides must complete the child care basics training as approved or offered by the department:

(a) Prior to being granted a license;

(b) Prior to working unsupervised with children; or

(c) Within three months of the date this section becomes effective if already employed or being promoted to a new role.

(4) Early learning providers must complete the recognizing and reporting suspected child abuse, neglect, and exploitation training as approved or offered by the department according to subsection (1) of this section. Training must include the prevention of child abuse and neglect as defined in RCW 26.44.020 and mandatory reporting requirements under RCW 26.44.030.

(5) Early learning providers must complete the emergency preparedness training as approved or offered by the department (applicable to the early learning program where they work or volunteer) according to subsection (1) of this section.

(6) Early learning providers licensed to care for infants must complete the prevention and identifying shaken baby syndrome/abuse head trauma training as approved or offered by the department according to subsection (1) of this section.

(7) Early learning providers must complete the serving children experiencing homelessness training as approved or offered by the department according to subsection (1) of this section.

(8) License applicants and early learning providers licensed to care for infants must complete the safe sleep training as approved or offered by the department. This training must be completed annually and:

(a) Prior to being licensed;

(b) Prior to caring for infants; or

(c) According to subsection (1) of this section.

(9) Family home licensees, center directors, assistant directors, program supervisors, and lead teachers must complete the medication management and administration training as approved or offered by the department prior to giving medication to an enrolled child, or as indicated in subsection (1) of this section.

(10) Early learning providers who directly care for children must complete the prevention of exposure to blood and body fluids training that meets Washington state department of labor and industries' requirements prior to being granted a license or working with children. This training must be repeated pursuant to Washington State department of labor and industries regulations.

(11) Family home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and any other early learning providers counted in staff-to-child ratio, or who could potentially be counted in ratio, must be trained in first-aid and cardiopulmonary resuscitation (CPR)

(a) Proof of training can be shown with a certification card, certificate, or instructor letter.

(b) The first-aid and CPR training and certification must:

(i) Be delivered in person and include a hands-on component for first aid and CPR demonstrated in front of an instructor certified by the American Red Cross, American Heart Association, American Safety and Health Institute, or other nationally recognized certification program;

(ii) Include child and adult first-aid and CPR; and

(iii) Infant first aid and CPR, if applicable.

(12) Early learning providers who prepare or serve food to children at an early learning program must obtain a current food worker card prior to preparing or serving food. Food worker cards must:

(a) Be obtained through the local health jurisdiction; and

(b) Be renewed prior to expiring.

Child Care Development Fund (CCDF) is the primary source of federal funding for early learning in Washington State. It helps fund child care assistance for low-income families as well as supports quality services. CCDF establishes requirements states must follow that include health and safety training for early learning providers to build a strong foundation and to establish the best outcomes for children while in care. The Foundational Quality Standards incorporates these federally required topics of child development, health and safety trainings.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

A southwest region trainer shares:

"There is nothing quite as rewarding as when a provider shows up to your trainings time and time again because they feel a connection, or when you hear from their coach that they were excited to be able to take something and apply it to their environment or in their practice. Connecting with providers and building relationships with them through a shared love of learning means the world to me and I love hearing feedback about helpful tips, tricks or tools they have in their toolbox now that have made a difference for them and for the children and families they serve."

As new employees are hired, it is important to ensure that training requirements are met on time. Newly hired staff and volunteers have three months to complete the trainings, and they may not work unsupervised with a child or children until they are completed.

Child Care Basics (CCB) is the initial training to meet the health and safety requirements for early learning providers working in licensed or certified programs. This 30-hour training meets part of the health and safety requirements for educators working in licensed facilities WAC 110-300-0106(3). The content included meets the federally mandated topics required by CCDF. Any early learning provider who has satisfied the CCB requirement and has it recorded in MERIT also meets the requirements for the Individual Health and Safety Modules.

Other required health and safety trainings include:

(1) **Recognizing and reporting suspected child abuse and neglect.** This training teaches about the prevention of child abuse and neglect and an early learning provider's mandatory requirement to report. This training empowers an early learning provider with the knowledge to protect the children in care. This is included in CCB.

WAC 110-300-0475 outlines requirements related to an early learning provider's duty to protect children and report incidents.

(2) **Emergency preparedness** training teaches early learning providers how to plan and prepare for disasters and emergencies. By thinking about, anticipating and planning, an early learning provider is better equipped to respond to a disaster or emergency event. Emergency preparedness training applicable to the program where one works is critical to keep children safe. This is included in CCB.

WAC 110-300-0470 outlines requirements for a written emergency preparedness plan specific to the early learning program and is reviewed at program orientation and annually with staff.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

(3) Shaken Baby Syndrome/Abuse Head Trauma.
Experts believe that about 1,000 to 1,500 infants per year are impacted by this form of physical abuse.[22] The training educates early learning providers about the risks, to recognize the signs and symptoms and to learn coping skills for dealing with frustration toward an infant. This is included in CCB.

(4) Serving Children Experiencing Homelessness. The National Alliance to End Homelessness reported in 2018 that a total of 552,830 people were experiencing homelessness, with 33% representing families with children.[23] Understanding the complexities of homelessness is crucial when caring for children. Early learning providers can provide a welcome and nurturing space for children and their families as well as help connect families to supports and resources when they are needed. This is included in CCB.

(5) Safe Sleep. According to the American Academy of Pediatrics, in 2016, approximately 3,500 infants died annually in the U.S. from sleep-related deaths.[24] Safe Sleep training explores the causes of sleep-related infant deaths. It also teaches safe sleep practices that reduce sudden infant deaths like the practice of putting infants to sleep on their back in a crib without blankets, toys or other items that could cause suffocation or overheating. The Safe Sleep training is required for all employees in an early learning program before working with infants, before being licensed and must be completed annually. This training can be found on the DCYF Training Portal online at **https://dcyftraining.com/**.

WAC 110-300-0291 outlines safe sleep requirements.

(6) Medication Management. Medications can be very harmful if the wrong amount or type of medication is given to a child. According to the National Safety Council (NSC), one in every 150 2-year-olds visit the emergency room for unintentional overdose,[25] which they note comes from "mistakes in dosing by caregivers or children finding and ingesting medication." This training discusses different types of medication, why and how it is given, as well as how to store, administer and document medication. This is included in CCB.

WAC 110-300-0215 outlines requirements related to medication.

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22 Tina Joyce and Martin R. Huecker, "Pediatric Abusive Head Trauma," *US National Library of Medicine National Institutes of Health, last updated October 15, 2020, available at* **www.ncbi.nlm.nih.gov/books/NBK499836/**

23 National Alliance to End Homelessness, "State of Homelessness: 2020 Edition," available at **https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/**, retrieved September 6, 2020.

24 AAP Task Force on Sudden Infant Death Syndrome, "SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment," *Official Journal of the American Academy of Pediatrics 138 (5) (2016), available at* **https://pediatrics.aappublications.org/content/138/5/e20162938**

25 National Safety Council, "Misuse, Abuse of Medicines can Seriously Harm Children," available at **www.nsc.org/home-safety/safety-topics/child-safety/medicine**, retrieved September 7, 2020.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

(7) Prevention of Exposure to Blood and Body Fluids. Blood can carry infectious microorganisms that can cause diseases in humans, like hepatitis C, hepatitis B and Human Immunodeficiency virus (HIV).[26] Through this training, staff learn to prevent or reduce the spread and transmission of disease to themselves and others. Early learning providers who directly care for children must take bloodborne pathogen training that meets standards set forth by the Washington State Department of Labor and Industries (L&I), and repeated annually. This training can be completed in the community through trainings.

(8) CPR and First Aid training. According to The American Heart Association, "CPR can double or triple a person's chance of survival after cardiac arrest."[27] Training will provide staff with the ability to recognize and respond to an emergency situation. An early learning provider will learn how to administer potentially life-saving CPR and respond to incidents of bleeding, choking and more. The training provided to staff must include child and adult first aid and CPR, as well as infant CPR if the facility is licensed to care for infants. While online training provides facts about emergency response methods, only in-person training provides the skills and trainer feedback needed to best respond in a future emergency.

> WAC 110-300-0230 outlines further CPR requirements.

(9) Food Worker's Card. Young children, because of their size and developing immune systems, are more likely to develop a foodborne illness. Foodborne illness can be prevented with proper food handling.[28] To ensure safe food service practices, all early learning providers must have food safety training before handling or serving food. A food worker's card is obtained through a Washington State Food Worker Course. This training is required not only for the individual who cooks the food but also for anyone who serves food to children. Often, cooks will bring food to a classroom and teachers will provide the food to the children at tables. In that scenario, both the cook and the staff that are serving the food are required to have a current food worker card. In cases where children bring their own food to the facility, staff that are serving the food to the children still must have the required food worker training.

All of the health and safety trainings, except CPR and first aid, blood and bodily fluids and food workers card, are provided by DCYF within the DCYF Training Portal. The three that are not provided must be completed in the community by a trainer or instructor meeting WAC or L&I requirements.

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26 United States Department of Labor, Occupational Safety and Health Administration, "Bloodborne Pathogens and Needlestick Prevention," available at **www.osha.gov/bloodborne-pathogens,** retrieved September 7, 2020.

27 American Heart Association CPR & First Aid Emergency Cardiovascular Care, "CPR Facts & Stats," available at **https://cpr.heart.org/en/resources/cpr-facts-and-stats,** retrieved September 7, 2020.

28 Centers for Disease Control and Prevention, "Foodborne Germs and Illnesses," available at **www.cdc.gov/foodsafety/foodborne-germs.html,** last updated March 18, 2020.

These trainings were added to CCB in October 2018. If an early learning provider met the CCB requirement by any method previously offered before August 2018 and have it recorded in their MERIT record, they are not required to complete the 'Individual Health and Safety Modules.' These updates on new federal health and safety topics are provided through the *Health and Safety Supplement Guide* (EPS_0038) as new information is released. The guides are available in the following languages:

- English:
  www.dcyf.wa.gov/sites/default/files/pubs/EPS_0038.pdf
- Spanish:
  www.dcyf.wa.gov/sites/default/files/pubs/EPS_0038SP.pdf
- Somali:
  www.dcyf.wa.gov/sites/default/files/pubs/EPS_0038SM.pdf

Health and Safety Training Table				
Training	**Included in CCB?**	**Provided by DCYF?**	**Who**	**Frequency**
Child Care Basics	N/A	Yes, and offered by community trainers	License applicants, center directors, assistant directors, program supervisors, lead teachers, assistant teachers and aides	Before working unsupervised with children and Within three months of hire Completed one time only
Recognizing and Reporting abuse neglect, and exploitation	Yes	Yes	All early learning providers	Within three months* Completed one time only
Shaken Baby Syndrome/ Abuse Head Trauma	Yes	Yes	All early learning providers when licensed to care for infants	Within three months* Completed one time only
Emergency Preparedness	Yes	Yes	All early learning providers	Within three months* Completed one time only
Serving Children Experiencing Homelessness	Yes	Yes	All early learning providers	Within three months* Completed one time only

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

Health and Safety Training Table

Training	Included in CCB?	Provided by DCYF?	Who	Frequency
Medication Management	Yes	Yes	Administers medication	Before giving medication* and Within three months Completed one time only
Safe Sleep	No	Yes	All early learning providers when licensed to care for infants	Before caring for infants, within three months Completed Annually
Prevention of Exposure to Blood and Body Fluids	No	No	Directly care for children	Before working with children and completed according to L&I
CPR and First Aid (Pediatric and adult, infant if applicable)	No	No	Counted in the ratio	Before being counted in ratio, within three months Renewed before expiring
Food Worker Card	No	No	Prepare or serve food	Before preparing or serving food and Renewed before expiring

*If at any time the federal government requires an annual review of these trainings, the requirement would apply to early learning providers in Washington State.

Adult Educator Resources. A DCYF webpage with a collection of resources for state-approved trainers and relationship-based professionals when attending class or learning more about early care and education.
www.dcyf.wa.gov/services/earlylearning-profdev/support-early-learning-provider/educator-resources

Completing Child Care Basics (EPS_0035). Provides information on the different ways CCB can be obtained, what is included in the course and other frequently asked questions.
www.dcyf.wa.gov/sites/default/files/pubs/EPS_0035.pdf

I'm an Early Learning Provider. A DCYF webpage with information and links on staff qualifications, hiring requirements, education, equivalents, training requirements by role and role checklists.
www.dcyf.wa.gov/services/earlylearning-profdev/early-learning-provider

Training Portal. Find and take trainings provided by DCYF.
https://dcyftraining.com/

Training Requirements and Completion Timeline. A DCYF summary document for training and in-service requirements for all roles.
www.dcyf.wa.gov/sites/default/files/pdf/TrainingRequirements_WACGuidebook.pdf

Training Library. A DCYF webpage with links to training requirements as well as links to resources that support and expand learning on several required training topics.
www.dcyf.wa.gov/services/earlylearning-profdev/early-learning-provider/training-library

WAC 296-823-120. WAC related to requirements to train your employees about their risk of exposure to bloodborne pathogens and ways to protect themselves.
https://apps.leg.wa.gov/wac/default.aspx?cite=296-823-120

Washington State Food and Beverage Workers' Manual. DOH website has the manual available in many languages. The manual provides information that is based in Washington State Retail Food Code WAC 246-215.
www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/FoodWorkerManual

Washington State Food Worker Course. The only authorized online training program to get a valid Washington State Food Worker Card. Available in many languages.
www.foodworkercard.wa.gov

WAC 110-300-0107

In-service training

(1) An early learning provider must complete ten hours of annual in-service training after twelve months of cumulative employment.

   (a) Family home licensees, center directors, assistant directors, program supervisors, lead teachers, and assistant teachers must complete the department enhancing quality of early learning (EQEL) in-service training within thirty-six months of being hired in a licensed facility, unless the provider has completed a department approved alternative training. EQEL hours may count towards the ten hours of annual in-service training.

   (b) Every thirty-six months, following the completion of EQEL or a department approved alternative training, family home licensees, center directors, assistant directors, and program supervisors, must complete a minimum of ten hours of in-service training on "child development" and a minimum of ten hours of in-service training on "leadership practices."

      (i) Child development training includes the following Washington state core competencies: Child growth and development, curriculum and learning environment, ongoing measurements of child progress, family and community partnerships, health, safety, nutrition, and interactions.

      (ii) Leadership practices training includes the following Washington state core competencies: Program planning and development, professional development, and leadership.

(2) In-service training requirements of this chapter may be met by completing college courses that align with the Washington state core competencies. These courses must be delivered by a postsecondary institution and approved by the department.

(3) Only five in-service training hours that exceed the requirements of subsection (1) of this section may be carried over from one fiscal year to the next fiscal year.

In-service training – also known as annual continuing education, ongoing training or professional development – serves many purposes. It allows an early learning provider to maintain their foundational knowledge of child development, teaching strategies as well as program administration and provides the opportunity to build new skills and keep up with new knowledge and research. In-service training can also spark interest or growth in an unexpected area, allow networking with professionals in the early learning field and help provide strategies to tackle identified problems in the early learning program. These benefits to the early learning provider translate into continued improvements in meeting the learning and development needs of children.

Some in-service training is available virtually and requires the use of a computer. If an early learning provider does not have access to technology to log on to the internet due to an emergency, such as the COVID-19 pandemic, they may be eligible to receive support. Contact Child Care Aware (CCA) of Washington to learn more about how to get assistance or access supports.

Findings from a review of research studies that evaluated in-service training effects for early learning professionals found that such quality improvement is a key mechanism to accelerate the development of young children.[29]

To support early learning providers with their growth and development to achieve the best outcomes for children, the Foundational Quality Standards requires 10 hours of in-service training annually. This requirement applies to all early learning providers except aides who work less than 20 hours a month and volunteers. In-service training hours are sometimes known as "STARS hours" or "state-approved training." The hours are calculated using DCYF's fiscal year, July 1 through June 30.

WAC 110-300-0106 requires license applicants, center directors, assistant directors, program supervisors, lead teachers, assistant teachers and aides to complete CCB training before being granted a license, before working unsupervised with children and within three months of being hired or promoted.

Completion of CCB meets the in-service training requirement for the fiscal year in which it is completed. After that fiscal year, 10 hours are required each year. If the in-service training hours for each required early learning provider are not completed by the end of the fiscal year, the program would be out of compliance until the individual has completed the required training. An early learning provider can find in-service training, track their in-service trainings and share them with their employer through the electronic workforce registry, MERIT.

In-service hours are met through:

- A state-approved trainer who records training completion in MERIT. These classes may be in-person training, online training or distance/correspondence training.
- A conference pre-approved in MERIT as in-service training hours.
- A Continuing Education Proposal – this is an application in MERIT completed by the provider for training completed that is not by a state-approved trainer. For example, the Washington Office of Superintendent of Public Instruction (OSPI) clock hours that align with the Core Competencies for Early Learning and Care Professionals can be submitted this way to meet in-service hours.
- College coursework aligned with the core competencies and recorded and verified in MERIT.

WAC 110-300-0100 and 110-300-0106 outline requirements for registering with the electronic workforce registry.

29 Franziska Egert, Ruben G. Fukkink and Andrea G. Eckhardt, "Impact of In-Service Professional Development Programs for Early Childhood Teachers on Quality Ratings and Child Outcomes: A Meta-Analysis," *Sage Journals* 88 (3) (2018): 401-433, available at **https://journals.sagepub.com/ doi/10.3102/0034654317751918#articleCitationDownloadContainer**

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

The Enhancing Quality of Early Learning Training Series (EQEL) is required for new family home licensees or newly hired center directors, assistant directors, program supervisors, lead teachers and assistant teachers. Aides are not required to complete EQEL training. EQEL training must be completed within 36 months of beginning the role of the licensee or listed program staff. This does not apply to those who were hired before Aug. 1, 2019, (as verified in MERIT) even if they move roles or facilities. The EQEL series counts as the in-service training requirements for the first two years after completion of CCB. This 20-hour training series builds upon the foundational knowledge and skills that were gained with CCB.

The first year of EQEL is 10 hours and includes Culturally Responsive Practices, Brain Building, Executive Functioning and Responsive Caregiving. The second 10 hours, or year two, includes Positive Behavior Support and Engaging Environments and Interactions. EQEL trainings can be completed with a community trainer or online. To find a training, use the "Find Training" tab in in MERIT.

Before Year 1	Year 1	Year 2	Beyond Year 2
Child Care Basics	**EQEL Part I** Culturally Responsive Practices Brain Building Executive Functioning Responsive Caregiving	**EQEL Part II** Engaging Environments Engaging Interactions Positive Behavior Support	Annual In-Service Training
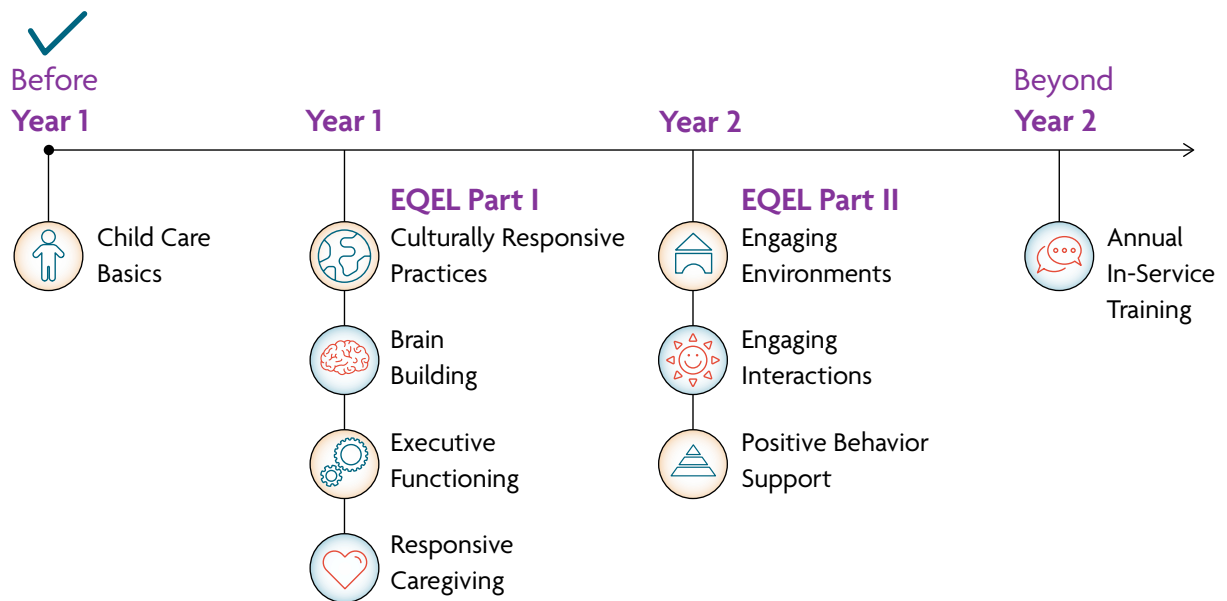
While working on CCB or EQEL, additional in-service training hours are not required, unless a provider chooses to do so. After an early learning provider has completed CCB and EQEL, annual in-service training will be selected by their areas of interest within the Washington State Core Competencies, as shown in the table below. Additionally, family home licensees, program supervisors, assistant directors and center directors must ensure that, in three years, their in-service hours include at least 10 hours in the competency areas of leadership practices, which includes Program Planning and Development and Professional Development and Leadership. This requirement recognizes the essential role of the leader in providing overall management, instructional and business leadership within an early learning program.

Washington State Core Competencies	
Category	**Competency**
Child Development	• Child Growth and Development • Curriculum and Learning Environment • Ongoing Measurement of Child Progress • Family and Community Partnerships • Health, Safety and Nutrition • Interactions
Leadership Practices	• Program Planning and Development • Professional Development and Leadership For additional information, go to Leadership Practices (**www.dcyf.wa.gov/ publications-library?combine_1=&combine=leadership&field_ program_topic_value=All&field_languages_available_value=All**)

In the event an early learning provider completes more than 10 hours of in-service training in one fiscal year (July 1 – June 30), up to five of the hours over the required 10 may be applied to the next fiscal year. For example, if 18 in-service hours were completed in 2020, up to five of those training hours could be applied to meet the 2021 in-service training requirement. This is intended to give more flexibility to an early learning provider who may have a great interest in a training, but who may have already completed their required hours for the year.

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I'm an Early Learning Provider. A DCYF webpage with information and links on staff qualifications, hiring requirements, education, equivalents, training requirements by role and role checklists.
www.dcyf.wa.gov/services/earlylearning-profdev/early-learning-provider

Training Portal. Find and complete trainings offered by DCYF.
https://dcyftraining.com/

Training Requirements and Completion Timeline. A DCYF summary document for training and in-service requirements for all roles.
www.dcyf.wa.gov/sites/default/files/pdf/TrainingRequirements_WACGuidebook.pdf

Enhancing Quality of Early Learning Training Series (EQEL). A two-minute video from DCYF to help illustrate in-service training requirement progression.

- English: **www.youtube.com/watch?v=5JZYHxzVyDk&list=PLBt_fNZuVDgRjNtgytAgVpifbUBu-4Zu5&index=7&t=0s**

- Spanish: **www.youtube.com/watch?v=5n9KRNmIk78&feature=youtu.be**

Making Professional Development Work for Early Educators. An article from the Harvard Graduate School of Education discusses the role professional growth plays to make a difference for children.
www.gse.harvard.edu/news/19/10/making-professional-development-work-early-educators

What research tells us: Why early educators are important. A Penn State Extension article that acknowledges the important role of early learning providers and encourages continued professional growth.
https://extension.psu.edu/programs/betterkidcare/early-care/tip-pages/all/what-research-tells-us-why-early-educators-are-important

WAC 110-300-0110

Program based staff policies and training

(1) **An early learning provider must have and follow written policies for early learning program staff. Staff policies must include those listed in subsections (2) and (3) of this section and must be reviewed and approved by the department prior to issuing a provider's initial license. Providers must notify the department when substantial changes are made.**

(2) **Early learning program staff policies must include, but are not limited to:**

(a) **All of the information in the parent or guardian handbook except fees;**

(b) **Job descriptions, pay dates, and benefits;**

(c) **Professional development expectations and plans;**

(d) **Expectations for attendance and conduct;**

(e) **Early learning program staff responsibilities for:**

(i) **Child supervision requirements, including preventing children's access to unlicensed space;**

(ii) **Child growth and development;**

  (iii) Developmentally appropriate curriculum;

  (iv) Teacher-child interaction;

  (v) Child protection, guidance, and discipline techniques;

  (vi) Safe sleep practices, if applicable;

  (vii) Food service practices;

  (viii) Off-site field trips, if applicable;

  (ix) Transporting children, if applicable;

  (x) Health, safety, and sanitization procedures;

  (xi) Medication management procedures;

  (xii) Medical emergencies, fire, disaster evacuation and emergency preparedness plans;

  (xiii) Mandatory reporting of suspected child abuse, neglect, and exploitation, per RCW 26.44.020 and 26.44.030 and all other reporting requirements;

  (xiv) Implementation of child's individual health care or special needs plan;

  (xv) Following nonsmoking, vaping, alcohol and drug regulations;

  (xvi) Overnight care, if applicable;

  (xvii) Religious, equity and cultural responsiveness;

  (xviii) Nondiscrimination;

  (xix) Planned daily activities and routines.

 (f) Staff responsibilities if the family home licensee, center director, assistant director, or program supervisor is absent from the early learning program;

 (g) A plan that includes how both administrative and child caretaking duties are met when a job requires such dual responsibilities; and

 (h) Observation, evaluation, and feedback policies.

(3) An early learning provider must have and follow written policies requiring staff working, transitioning, or covering breaks with the same classroom or group of children to share applicable information with each other on a daily basis regarding:

 (a) A child's health needs, allergies and medication;

 (b) Any change in a child's daily schedule;

 (c) Significant educational or developmental information;

 (d) Any communications from the family; and

 (e) Information to be shared with the family.

(4) An early learning provider must develop, deliver, and document the delivery of early learning staff training specific to the early learning program and premises.

 (a) Training topics must include:

  (i) Staff policies listed in subsections (2) and (3) of this section;

  (ii) Chapter 43.216 RCW; and

  (iii) Chapters 110-300 and 110-06 WAC.

 (b) Training must be updated with changes in program policies and state or federal regulations.

Staff policies are essential to establish quality practices in early learning programs and support compliance with the licensing standards, reflect an early learning provider's philosophies and help ensure each is met through the daily operation of the early learning program.

WAC 110-300-0110(2), (3) and (4) list each topic required to be included in an early learning program's written policies. The policies demonstrate the approach of the early learning program on each required topic. Ensuring staff policies are in writing will help facilitate consistent communication with staff and show the value the program places on supporting staff along with children and families. Written staff policies also convey to staff and families the quality of the early learning services and the value of the children's and staff's well-being.

An essential component of effective policies is consistent implementation. All early learning providers in a program must apply and follow policies in the same way. If policies are not applied, children's health, safety or development may be placed at risk. An early learning program that does not consistently support the implementation of their stated policies will likely experience challenges asserting accountability, integrity of the program and maintaining compliance with the licensing standards.

A center early learning program's policy for receiving prescription medication states that medication must be received in the original container labeled with the child's first and last name and prescription information, and a medication authorization form completed by the parent or guardian. Aspen, a toddler, has medication that must be taken daily. Aspen was in the toddler room for about a year and the teacher was very familiar with the child's medication needs. A couple of times, Aspen's parent forgot to bring a new supply of medication. Aspen's parent carries a small plastic container of the medication for emergencies. The parent told the teacher they could just pour it into the center's medication bottle for Aspen. The teacher recognized that the liquid in the container looked and smelled like the child's medication and that the parent had no reason to give the teacher the wrong medication. They also knew the child must take the medication for their health and allowed the parent to pour the medication into the bottle. This practice may have compromised the health of the child, it did not follow the center's policy and it also had a potential impact on this staff's employment due to lack of adherence to protocol which may have placed a child at risk.

An early learning program's written policies must be reviewed by DCYF before use. The purpose is to confirm that the written policies meet the regulations outlined for each topic as contained in Chapter 110-300 WAC. This review will be conducted before the issuance of an initial license. Throughout a program's operation, an early learning provider might change or update one or more policies. An update could be in response to an incident or experience at the early learning program, or in response to new data or research. When a substantial update or change is made to the previously DCYF-approved policy, an early learning provider must re-submit the policy for DCYF review. A substantial update is one where the policy content is changed, not updates such as grammar or language changes to make an existing policy more clear.

Clear, concise, relevant and applied early learning program policies protect the well-being of all enrolled children and staff. As early learning program staff are hired, training them to the written policies provides a foundational understanding of their employment agreements and their role and responsibilities in meeting the licensing standards. Early learning program policies also will support staff in the program for later reference as needed.

A family home early learning provider in Benton County shares:

"In my program, I complete an orientation with newly hired staff before they can start working. We go through the basics of health and safety. I make sure they meet all of their qualifications and understand their job description and expectations. I'm a CPR instructor, so I also go through CPR and First Aid training with them. Before a new staff person can start working with children in my program, they will also need to complete a week-long training. The training consists of reviewing all the policies and talking about program specifics, such as having the children remove their shoes and taking their temperature when they arrive. There are many policies for them to learn so I am incredibly detailed. I have Spanish speaking assistants, so I give them the policies in English and Spanish. People learn best in different ways, so I print and email the policies to them. After the first week, the new staff shadows my lead teacher and me. This allows them to see the process and learn the policies while working hands-on. I follow up by asking the new staff for their feedback. If they are comfortable or if there is something they think should change to be better, I'm open to new insight. Periodically, I do refreshers with them to help them remember the policies. If the policies change, I review all the changes with the staff."

Observation, evaluation and feedback is an important policy component of quality programs. The requirement to observe and evaluate staff work and provide feedback to them about that work is important to both management, the individual staff and the families they serve. Considering the cultural and individual needs of the staff person will ensure that the feedback and evaluation are meaningful, respectful and useful. According to the Head Start Early Childhood Learning & Knowledge Center (ECLKC), "Supervision is not only about staff accountability. It also involves the commitment to nurture and guide staff so that they have the tools to engage children and families successfully. Effective relationships between supervisors and staff contribute to the ability to reflect upon and cope with the stresses and demands of their work."[30]

Early learning program staff will benefit from ongoing and intentional classroom observation to receive meaningful feedback toward enhancing child interaction skills, leadership growth, competency level and curriculum fulfillment. This type of informal observation can happen throughout the program's activity schedule with a variety of times to capture moments of transition, classroom management and staff to child relationships. The support of structured and reflective supervision will increase early learning program staff's skills, strengths and confidence in the work they do as a professional.

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The informed evaluation process validates the hard work that staff are doing and strengthens relationships between the provider and their staff. It supports individual staff's professional development and maps out their goals for success in the early learning profession. Evaluation processes provide an opportunity to ensure policies are being followed and assess whether policies are meeting the needs and values of the early learning program. This reflective time also gives an opportunity to provide important guidance and support to each staff and to get feedback and insight from staff. Seeking staff input to improve the overall operations of the early learning program and their own staff development will provide value and investment to the quality of the program.

Feedback and communication about position responsibilities, staff to child interactions, curriculum, room arrangement and communication with parents and families help to improve both the facility and the staff person's individual growth as an early learning professional. This process could be an informal weekly check-in with staff, a formal process as part of an annual review or an occasional unscheduled observation in the environment.

In WAC 110-300-0110(2), you will find a list of policies required for an early learning program. This is a list where more information on specific policies are located within their respective WACs:

Topic	WAC
Child supervision, including preventing children's access to unlicensed space	110-300-0345 and 110-300-0350 Unlicensed space is defined in 110-300-0005
Infant safe sleep practices	110-300-0291
Food service practices	110-300-0195
Off-site field trips	110-300-0480
Medication management procedures	110-300-0215
Medical emergencies, fire, disaster evacuation and emergency preparedness	110-300-0166
Mandatory reporting of suspected child abuse, neglect, and exploitation	110-300-0475
Individual health care or special needs plan	110-300-0300
Nonsmoking, vaping, alcohol and drug regulations	110-300-0420
Overnight care	110-300-0270
Nondiscrimination	110-300-0030
Staff responsibilities if the family home licensee, center director, assistant director, or program supervisor is absent from the early learning program	110-300-0015
Protecting children and reporting	110-300-0475
Background check requirements	110-300-0100 110-300-0105 110-300-0425 and Chapter 110-06

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

Child Care Health. Seattle and King County Public Health webpage that includes information and a variety of model policies for early learning programs, including emergency preparedness and health policies.
https://kingcounty.gov/depts/health/child-teen-health/child-care-health/model-health.aspx

Child Care Provider Resources and Services. Snohomish Health District website that includes information and model policies for early learning programs, including family home and center health policies and Disaster plan.
www.snohd.org/238/Child-Care-Providers

Child Care Staff Evaluation. An example early learning program staff evaluation form provided by Virtual Lab School.
https://static.virtuallabschool.org/atmt/guidance/MG.Guidance_3.AdminSupport_A1.EvaluationExample.pdf

Become a Better Supervisor by Using Effective Feedback. A 14-minute video where TSNE MissionWorks trainer Joanne Horgan walks through the steps for the "Feedback for Learning" approach to supervision.
www.tsne.org/blog/become-better-supervisor-using-effective-feedback

Developing Policies, Procedures and Statements in Early Childhood Education and Care Services: A Practical Guide. A 2018 publication by Tusla Early Years Inspectorate, a Child and Family Agency in Ireland, explores the importance of policies and procedures, planning for them and making sure they are implemented in early learning settings. This resource is for early learning programs in Ireland but offers plenty of information applicable to early learning programs in Washington State.
www.barnardos.ie/media/1541/developing-policies-a-practical-guide.pdf

Guidance: Designing Program Level Policies and Practices. A Virtual Lab School web lesson with information and videos on program-level policies and practices concerning positive guidance principles. Through the lens of a program manager role, this resource discusses written policies, supporting staff, staff assessment to achieve the program value and philosophies around positive guidance.
www.virtuallabschool.org/management/guidance/lesson-2

Observe, Reflect and Apply: Ways to Successfully Mentor Early Childhood Educators. A Dimensions of Early Childhood article with strategies to effective mentoring and long term improvement in early learning teaching practices.
https://supportingfamiliestogether.org/wp-content/uploads/Dimensions_Vol40_3_Chu.pdf

Practical Management Practices and Procedures. A Virtual Lab School web lesson with information and videos on effective procedures and processes to running a family early learning program.
www.virtuallabschool.org/fcc/program-management/lesson-6

Program Management Policies and Practices That Support Staff Members' Competence and Self-Care Practices. A Virtual Lab school web lesson on the importance of creating program policies, practices and an overall climate that support staff member's competence and self-care practices.
www.virtuallabschool.org/management/self-culture/lesson-3

Three Building Blocks of Reflective Supervision. A Zero to Three article that discusses reflective supervision as a context for learning and professional development.
www.zerotothree.org/resources/412-three-building-blocks-of-reflective-supervision

To help keep policies current to state and federal regulations and up to date with what is happening across the field of early learning:

- Sign up for DCYF's distribution list to receive agency updates:
  https://public.govdelivery.com/accounts/WADEL/subscriber/new

- Sign up for Google Alerts relating to the subjects of "child care" or "early childhood education":
  www.google.com/alerts

- Visit the National Association for the Education of Young Children website to explore multiple resources and subscribe to email updates from the organization:
  www.naeyc.org

- Subscribe to the Child Care Aware blog for updates:
  https://info.childcareaware.org/blog

WAC 110-300-0111

Staff oversight

(1) **An early learning provider who oversees staff must:**

    (a) **Establish a work plan with clear expectations;**

    (b) **Be aware of what staff members are doing; and**

    (c) **Be available and able to respond in an emergency as needed to protect the health and safety of children in care.**

(2) **When the family home licensee, center director, assistant director, program supervisor, lead teacher, or assistant teacher is the only staff supervising an aide or volunteer, the aide or volunteer may be out of the supervisor's visual and auditory range only when the aide, volunteer or supervisor is attending to personal needs.**

Oversight and supervision of all early learning program staff are important to the success of the early learning program and increase the quality of care for children. If a licensee takes a position of positive oversight and relationship-based perspective, this will ultimately build an early learning program that is stable and full of integrity. The National Center for Infants, Toddlers & Families, Zero to Three indicates that there are three building blocks to reflective supervision that frames the context for staff learning and their professional growth. These three components are reflection, collaboration and regularity.[31]

Early learning program staff must understand the critical nature of their role and responsibilities with connection to child outcomes. Oversight includes a clearly outlined work plan which informs the staff of the program goals and their position duties and responsibilities. Clear expectations help guide staff performance and increase the likelihood that they understand and can meet them. All employees should fully understand and acknowledge the expectations of their role. The communication of job duties and expectations is completed through new staff orientation upon hire and may also be reviewed during mentoring or coaching opportunities. If there are any changes to an early learning program staff's program duties, communication will be imperative to update them in their daily duties. Staff are supported in their success when the work plan allows the opportunity for staff to ask questions and receive constructive and supportive feedback.

WAC 110-300-0110 outlines required program policies to which staff must be trained.

As a person who oversees staff, the early learning provider must be aware of what staff are doing and the effectiveness of their performance within the program. This is imperative for child safety, professional growth of staff and in the event of an emergency. Emergencies may include accidents or injuries, inappropriate interactions or personal emergencies. To be aware of what staff are doing, early learning providers in supervisory roles can check in regularly with the staff and learning environment. This gives the opportunity to take note of the environment, activities and interactions between program staff and children, and support the staff in any way that is needed.

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31 Zero to Three: National Center for Infants, Toddlers & Families, "Three Building Blocks of Reflective Supervision," available at **www.zerotothree.org/resources/ 412-three-building-blocks-of-reflective-supervision**, published March 8, 2016.

A center early learning provider from Kitsap County shares:

"It's easy to get caught up with paperwork and to-do lists, but also so important to build a routine around checking in with staff daily. We do this by doing "rounds" at least 2-3 times a day at varying times. We check counts, assess staff energy levels, catch the positive things staff are doing, check to see if planned curriculum activities are happening and find where support might be needed. We use a daily memo to keep our staff informed about new enrollments, upcoming deadlines, staffing changes and to offer daily kudos and reminders. From 7-9:30 a.m. and again from 3:30-5:30 p.m., my assistant director and I don't plan any meetings or desk tasks. Instead, we are visible and available to staff and families during busy drop-off and pick-up times. We ensure rooms maintain appropriate ratios and sometimes jump in to help when needed. We have an open format building, so there are always extra eyes, ears and helping hands nearby. We also utilize the phones in each classroom, as well as the walkie talkies available on the playgrounds to maintain communication when needs, requests or emergencies arise."

Archie takes great pride in the roll of a program supervisor. In addition to the day-to-day checking and general awareness of staff and classrooms, Archie sets Friday mornings aside to observe and communicate with staff to give productive feedback. The more staff see Archie visiting their classrooms and experience the constructive feedback, the more they trust that Archie's presence is designed to help them and the entire program be successful.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

WAC 110-300-0115

Staff records

(1) An early learning provider must establish a records system for themselves, household members, staff, and volunteers that complies with the requirements of this chapter. Early learning program staff records must be:

(a) Verified by the licensee, center director, assistant director, or program supervisor;

(b) Entered and maintained in the electronic workforce registry, if applicable. Paper records may be discarded once entered into the electronic workforce registry and confirmed by the department;

(c) Updated to delete staff names from the electronic workforce registry when no longer employed at the early learning program; and

(d) Kept on-site or in the program's administrative office in a manner that allows the department to review the records.

(2) Records for each early learning provider and staff member must include:

(a) First and last name;

(b) Date of birth;

(c) Job title;

(d) First and last day of employment, if applicable;

(e) Proof of professional credentials, requirements, and training for each early learning staff member, pursuant to WAC 110-300-0100 through 110-300-0110.

(3) A licensee, center director, assistant director, or program supervisor must maintain the following records for each early learning provider and program staff in a confidential manner. These records must be reviewable by the department and must include at a minimum:

(a) A copy of current government issued photo identification;

(b) Emergency contact information;

(c) Completed employment application or resume;

(d) Annual observation, evaluation, and feedback information;

(e) The licensee's Social Security number, federal EIN, or a written document stating the licensee does not possess either; and

(f) Immunization records including exemption documents (center early learning programs only).

According to CFOC, staff records are important because "complete identification of staff, paid or volunteer, is an essential step in safeguarding children in child care."[32] Keeping records for each staff verifies the individual meets qualifications and background requirements suited to provide the type of care children require. Staff records also help an early learning provider make sure staff are trained with the information necessary to support the health, safety and development of children. Records allow an early learning provider to identify which staff have taken required trainings, which staff still need them and when staff need to renew reoccurring requirements. Staff records can also be used to assist in identifying topics and areas for further training and professional development plans.

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32 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed. (Itasca, IL: American Academy of Pediatrics, 2019),* 424.

Family home early learning programs have an additional requirement of keeping and maintaining documentation for household members who reside in the home. This requirement provides parents and guardians assurance that persons with regular access to the early learning program meet basic qualifications.

DCYF provides an electronic workforce registry called MERIT to assist with the organization and tracking of most staff records and trainings. MERIT allows early learning providers to document and track their qualifications and training, and share the information with their employers. The licensee, center director, assistant director or program supervisor (program management) must ensure all staff have properly registered in MERIT and are connected to their early learning program. When an early learning facility registers in MERIT, program management gains the ability to see the information entered into MERIT for each of its staff. Program management must verify the employment for each staff person, and change the "Status" to "Confirmed" in MERIT. When a staff person no longer works for the facility, program management must enter the employment end date in MERIT. This will remove the program management's ability to view the individual's records and help keep the program's records organized and current.

Staff records must be kept on the premises or in the program's administrative office. This allows program management to regularly review and utilize the records to manage staff qualifications and professional development plans. The location of records also ensures the records are available to be viewed by DCYF staff when needed. The records need to be accessible to DCYF staff during an on-site visit, by either paper copies on-site, electronically or by sending the licensor to a program's administrative location (other than the early learning program) to view the documents.

Early learning providers have the legal and ethical responsibility to manage records with private or sensitive information in a manner that protects confidentiality. Records with personal information like Social Security numbers, emergency contact information, employee performance and feedback, health or medical data, and other personal information must be stored and handled to protect the privacy of the individual.

Strategies an early learning provider may use to keep sensitive and personal information confidential may include:

- Develop written policies that outline how records are to be handled and stored

- Store confidential information in a locked cabinet, office or other administrative location

- Limit the number of people with access to confidential information

- Minimize the number of documents by keeping confidential information on the same sheet of paper, or as few sheets as possible

- Store all confidential information in the same place to reduce the number of areas needing close monitoring

- Use passwords and login criteria for electronic documents

- Label confidential documents and files as confidential

WAC 110-300-0455(3) outlines requirements for keeping daily staff attendance records for each center classroom or family home program.

WAC 110-300-0100 through 110-300-0110 outlines professional credentials, requirements and training required for each early learning staff member.

WAC 110-300-0120(3) states that a staff person who has not been vaccinated or shown proof of immunity to a contagious disease may be required to remain off-site during an outbreak of a contagious disease.

I'm an Early Learning Provider. A DCYF webpage with information and links on staff qualifications, hiring requirements, education, equivalents, training requirements by role and role checklists.
www.dcyf.wa.gov/services/earlylearning-profdev/early-learning-provider

MERIT. DCYF's webpage to access the MERIT portal. Also provides information and links for MERIT support, educational verification and appeals, training, training reimbursement and state-approved trainer resources.
www.dcyf.wa.gov/services/earlylearning-profdev/merit

Program Support. A Virtual Lab School web lesson that discusses the importance of hiring and welcoming new staff members to the program, how ongoing professional development plays a role in enhancing program quality and includes information about staff performance evaluations and goal setting.
www.virtuallabschool.org/management/program-management/lesson-2?module=11796

WAC 110-300-0120

Providing for personal, professional, and health needs of staff

(1) A licensee must provide for the personal and professional needs of staff by:

   (a) Having a secure place to store personal belongings that is inaccessible to children;

   (b) Having a readily accessible phone to use for emergency calls or to contact the parents of enrolled children; and

   (c) Providing file and storage space for professional materials.

(2) An early learning provider must be excluded from the early learning premises when that provider's illness or condition poses a risk of spreading a harmful disease or compromising the health and safety of others. The illnesses and conditions that require a staff member to be excluded are pursuant to WAC 110-300-0205.

(3) If a staff person has not been vaccinated, or shown documented immunity to a vaccine preventable disease, that person may be required by the local health jurisdiction or the department to remain off-site during an outbreak of a contagious disease described in WAC 246-110-010. A center early learning program staff person or volunteer who has not been vaccinated against measles, mumps, and rubella or shown proof of immunity from measles must not be allowed on the center early learning premises except as provided in (a) and (b) of this subsection.

   (a) A center early learning program may allow a person to be employed or volunteer on the center early learning premises for up to thirty calendar days if the person signs a written attestation that the employee or volunteer has received the measles, mumps, and rubella vaccine, or is immune from measles, but requires additional time to obtain and provide his or her immunization records. The required records must include immunization records indicating the employee or volunteer has received the measles, mumps, and rubella vaccine; or records that show proof of immunity from measles through documentation of laboratory evidence of antibody titer or a health care provider's attestation of the person's history of measles sufficient to provide immunity against measles.

   (b) A center early learning program may allow a person to be employed or volunteer on the center early learning premises if the person provides the center early learning program with a written certification signed by a health care practitioner, as defined in RCW 28A.210.090(3), that the measles, mumps, and rubella vaccine is, in the practitioner's judgment, not advisable for the person. This subsection (3)(b) does not apply if a person's health care practitioner determines that the measles, mumps, and rubella vaccine is no longer contraindicated.

(4) An early learning program's health policy, pursuant to WAC 110-300-0500, must include provisions for excluding or separating staff with a contagious disease described in WAC 246-110-010, as now and hereafter amended.

The Center for American Progress reports that "the workforce is the most critical component of quality in an early childhood program."[33] When early learning professionals have the resources and support they need, they are better able to focus on the children's needs and provide quality learning experiences. For this reason, the Foundational Quality Standards require basic personal and professional needs of staff are addressed.

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33 Center for American Progress, "Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program," available at **www.americanprogress.org/issues/early-childhood/reports/2017/02/13/414939/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/**, published February 13, 2017.

PROFESSIONAL DEVELOPMENT, TRAINING AND REQUIREMENTS

Providing a secure place to store their personal belongings can allow staff the comfort of knowing their belongings are protected and a sense of being valued and respected. Secure storage of staff's personal items also protects children from potentially dangerous items. This may include medications, keys, coins, wallets, purses, needles or other items. Staff storage could be located in an unlicensed space or a locker, drawer, container or cabinet in the licensed space, as long as the items are inaccessible to children.

A readily accessible business phone allows staff to communicate with families, program management, emergency services or other relevant individuals in the event of an emergency or urgent situation. It can also provide staff reassurance that they can be reached to be informed of an urgent or emergency situation, if necessary, during their work hours. Personal cell phones are not required to be readily accessible to early learning providers.

Consistent and organized storage of professional materials helps ensure the potentially limited time for planning is as efficient and productive as possible. This supports thoughtful and prepared daily schedules and planned activities for the children.

Research suggests that teacher stress can interfere with positive teacher-child relationships and "is related to unfavorable teaching practices."[34] Meeting basic personal and professional needs of staff can result in staff who are more relaxed and less distracted.

Another aspect of providing for staff needs is protecting their physical health. There are times when an ill child or staff need to be removed from the early learning program space for the protection of others in the program. In determining whether an early learning provider should be excluded, the same guidelines that pertain to children should be used for staff. Early learning providers who are ill at work can spread the germs and contagious diseases to children and staff. If a staff person has an illness that can potentially spread to others, they must be excluded from the early learning premises until they have recovered. If the early learning program staff have been diagnosed with a contagious disease, there must be notification from a health care provider or health jurisdiction that is it safe for the individual to return to work.

WAC 110-300-0205 outlines requirements related to child, staff and household member illness.

Staff may also be excluded if they are unvaccinated and there is an outbreak of a contagious disease. Exclusion protects the staff person's own health and also protects others in the program from potential infection. In the case of an outbreak, an unvaccinated individual should monitor closely for symptoms and seek immediate medical help if symptoms of the disease develop.[35]

According to the Centers for Disease Control and Prevention (CDC) "vaccines may be available at private doctor offices, pharmacies, workplaces, community health clinics, health departments or other community locations, such as schools and religious centers."[36] Federally funded health centers can provide services for those without health insurance or a regular source of health care. The payment of this service is based on the individual's income.

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34 Child Care & Early Education Research Connections, "Early Care and Education Teacher Well-being," available at
    www.nccp.org/wp-content/uploads/2020/05/text_1224.pdf, published March 2019.
35 British Columbia Immunize BC, "Your risks and responsibilities with an unvaccinated child," available at
    https://immunizebc.ca/your-risks-and-responsibilities-unvaccinated-child, last updated March 24, 2020
36 Centers for Disease Control and Prevention, "Where to Find Vaccines," available at **www.cdc.gov/vaccines/adults/find-vaccines.html**, last updated March 31, 2017.

"Per state law, any staff or volunteer not in compliance with immunization requirements is not allowed to work or volunteer at a licensed child care center."[37] WAC 110-300-0120 addresses immunization records of center employees and volunteers. It states all licensed child care center staff and volunteers must provide one of the following:

• An immunization record indicating that they have received at least one dose of measles, mumps and rubella (MMR) vaccination.

• Lab evidence of immunity to measles disease (also known as a blood test or titer).

• Documentation from a health care provider that the person has had measles disease sufficient to provide immunity against measles.

• Written certification signed by a health care practitioner, licensed in Washington State – medical doctor (MD), naturopathic doctor (ND), osteopathic doctor (DO), advanced registered nurse practitioner (ARNP) or a physician's assistant (PA) – that the MMR vaccine is, in the practitioner's judgment, not advisable for the person.

Child care center staff and volunteers may not be exempted from the requirement to provide documentation of MMR immunity for personal and religious reasons. A center early learning provider may be onsite for up to 30 days if they sign a statement that they have been vaccinated to MMR or are immune, but more time is needed to obtain the written record.

👆 WAC 110-300-0210 outlines requirements for immunizations and exempt children.

37 Washington State Department of Children, Youth & Families, "House Bill 1638 Removes MMR Vaccine Exemption for Schools & Child Care Centers," available at **https://dcyf.wa.gov/news/house-bill-1638-removes-mmr-vaccine-exemption-schools-child-care-centers**, published June 25, 2019.

Adult Immunizations Frequently Asked Questions. A Washington State Department of Health (DOH) webpage with information on why immunizations are important and where you can get them and how much they cost.
www.doh.wa.gov/YouandYourFamily/Immunization/Adult/FAQ#3

Vaccines and Contagious Diseases. A Centers for Disease Control and Prevention (CDC) webpage with information about vaccines, including who should and should not be vaccinated, ages at which vaccines should be administered and possible side effects from vaccines.
www.cdc.gov/vaccines/vpd/index.html

Child Care Aware (CCA). A website with resources and supports for early learning providers. Reach out to your local Child Care Aware representative for more support and guidance.
www.childcareaware.org/

Early Care and Education Teacher Well-Being: Associations with Children's Experience, Outcomes and Workplace Conditions: A Research-to-Policy Brief. A research brief that examines forms of stress and their associations with early learning teaching practices, children's learning and workplace conditions.
www.nccp.org/wp-content/uploads/2020/05/text_1224.pdf

House Bill 1638 Removes MMR Vaccine Exemption for Schools and Child Care Centers. A DCYF webpage providing information and clarification related to the removal of the option for a personal or philosophical exemption to the MMR vaccine requirement for schools and child care centers.
www.dcyf.wa.gov/news/house-bill-1638-removes-mmr-vaccine-exemption-schools-child-care-centers

Immunizations for Children Birth to 6 years. The Washington State Department of Health webpage for children's immunizations. It includes links to schedules, information, handouts and other resources.
www.doh.wa.gov/YouandYourFamily/Immunization/Children

MMR Vaccine Exemption Law Change 2019. A Washington State Department of Health webpage with information and resources related to the vaccine exemption law. This webpage includes links with sample letters to give to child care staff or parents and guardians to help them understand the law.
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange

Program Management Policies and Practices That Support Staff Members' Competence and Self-Care Practices. A Virtual Lab school web lesson on the importance of creating program policies, practices and an overall climate that support staff member's competence and self-care practices.
www.virtuallabschool.org/management/self-culture/lesson-3

Supporting the Educators Who Support Children and Families: The Team Behind the Teacher. A NAEYC article that discusses ways early learning providers can be supported. **www.naeyc.org/resources/pubs/yc/nov2015/supporting-educators-who-support-children-families**

Staff Wellness: Managing Stress. An ECLKC newsletter that identifies signs and symptoms of stress and tips on how to manage stress. **https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/health-services-newsletter-201408.pdf**

Why it's Important to Support the Psychological Well-Being of Early Childhood Educators. An American Psychological Association article that provides resources educators can use to support their transition into the early learning profession. **http://psychlearningcurve.org/psychological-well-being-of-early-childhood-educators/**

Worksite Wellness. A Washington State Department of Health website with tips for creating an environment that supports health. **www.doh.wa.gov/CommunityandEnvironment/WorksiteWellness**

Section Five:
Environment

Environment

The Environment section constitutes the largest 110-300 category of the Foundational Quality Standards. It defines the expectations and requirements for the provision of a safe, healthy and educational environment in consideration of the uniqueness of both the family home and center settings. This section focuses on the safety and health of the child's surroundings which greatly impacts their success, understanding that children must be healthy and safe to develop in positive ways and be school ready. There are eight subcategories, including: space and furnishings, activities, safety, food and nutrition, health practices, cleaning and sanitation, sleep and rest, and infant and toddler-specific regulations.

The Child Care and Early Learning Licensing Guidebook addresses selected sections of the Foundational Quality Standards found in Chapter 110-300 WAC. This guidebook includes pertinent resources, current data and practical examples. It is not intended to offer a comprehensive view of the Environment section.

Space and Furnishings

WAC 110-300-0130

Indoor early learning program space

(1) **Indoor early learning program space must be accessible during program operating hours.**

(2) **Early learning program space, ramps, and handrails must comply with, be accessible to, and accommodate children and adults with disabilities as required by the Washington law against discrimination (chapter 49.60 RCW) (https://app.leg.wa.gov/RCW/default.aspx?cite=49.60) and the ADA, as now and hereafter amended.**

(3) **Early learning program space must allow children to move between areas without disrupting another child's work or play.**

(4) **A family home licensee must provide a signed and dated declaration form annually stating that the early learning program meets the following requirements, as applicable, in unlicensed space:**

   (a) **Furnace area safety, or smoke or carbon monoxide detector requirements pursuant to WAC 110-300-0170(3) (https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0170);**

   (b) **Guns, weapons, or ammunition storage pursuant to WAC 110-300-0165 (2)(e) (https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0165);**

   (c) **Medication storage pursuant to WAC 110-300-0215 (https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0215);**

   (d) **Refrigerator or freezer pursuant to WAC 110-300-0165 (3)(d) (https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0165);**

   (e) **Storage areas that contain chemicals, utility sinks, or wet mops pursuant to WAC 110-300-0260 (https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0260); or**

   (f) **Swimming pools under WAC 110-300-0175 (https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0175).**

A child's environment has a profound impact on their learning and development. Thoughtfully developed indoor environments enhance children's opportunities to develop and practice skills as well as keep them safe. Well-designed environments also help maximize early learning professionals' efforts to support the child's learning and development.

According to Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th Edition, the amount of space and the accessibility of that space can influence children's behavior in an early learning program.[38] For example, a child may be more emotionally content and productive when there is enough room to engage in program activities without having to overlap space with their peers. Intentionally providing adequate space for work and play activities can reduce disruptions and promote more positive social interactions. Additionally, adults "require space to implement programs and facilitate interactions with children."[39] Another consideration for adequate spacing is that infectious diseases can spread more quickly when children are in closer proximity, sneezing, coughing and breathing near one another.[40]

When designing early learning program space, it is important to ensure that all individuals affiliated with the program – children, early learning providers and families – can equally access each area of the early learning program. An inclusive program that responds to the needs of children with developmental delays or disabilities provides opportunity and welcomes all children. Private and government-run businesses that are open to the public are required to comply with the Americans with Disabilities Act (ADA). The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation and all public and private places that are open to the general public.

The Center for Early Childhood Education, Eastern Connecticut State University provides helpful resource videos regarding classroom space.

Arranging Classroom Space: three-minute video
http://www.easternct.edu/cece/guiding-segment-2-objevtive-1-arranging-classroom-space/

Family Child Care Environments Webinar – National Association for Family Child Care (NAFCC): 48 minutes, retrieved from
www.youtube.com/watch?v=2qvDvH5nEvY

A focus for the Foundational Quality Standards included requirements for accessibility and accommodation in response to statewide community collaboration. DCYF received feedback from stakeholders and our statewide community that equitable care is highly valued in our state, and aims to ensure that all children receive the same high quality of care. Additionally, by emphasizing inclusion in our early learning programs, we help eliminate the opportunity gap for all children or adults. Almost all child care providers, regardless of size or number of employees, must comply with the ADA. A family home early learning program's obligation to make ADA provisions applies when one or more children who require ADA accessibility are enrolled.

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38 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), 216.

39 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 216.

40 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 317.

The United States Departments of Education and Health and Human Services issued a joint policy statement in 2015, the Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs, that provides a summary of the scientific basis for inclusion:

> *Children with disabilities, including those with the most significant disabilities and the highest needs, can make significant developmental and learning progress in inclusive settings. Some studies have shown that children with disabilities in inclusive settings experienced greater cognitive and communication development than children with disabilities who were in separate settings, with this being particularly apparent among children with more significant disabilities. Further, children with disabilities tend to have similar levels of engagement as their typically developing peers, and are more likely to practice newly acquired skills in inclusive settings as compared to separate settings. Likewise, research suggests that children's growth and learning are related to their peers' skills and the effects are most pronounced for children with disabilities. High quality inclusion that begins early and continues into school likely produces the strongest outcomes. In addition to making learning and achievement gains, children with disabilities in inclusive early childhood programs also demonstrate stronger social-emotional skills than their peers in separate settings. Children without disabilities can also benefit from inclusive early childhood programs. Studies indicate that typically developing children can show positive developmental, social, and attitudinal outcomes from inclusive experiences. They are capable of demonstrating greater compassion and empathy and can have a more positive perception of children with disabilities when peer interactions are adequately supported by classroom teachers. They can also develop a better understanding of diversity and disability as concepts.*[41]

Early learning programs can improve their approach to the successful inclusion of children with developmental delays and disabilities. Parents or guardians are a valuable source of information about their children and may help identify accommodations that may allow the child to experience equitable care. When an early learning provider listens to the child's primary caregivers and also makes inquiries, this will enable further education and support the creation of a tailored approach to meet the individual needs of a child in the early learning program.

Another important requirement for indoor space is specifically applicable to family home early learning programs. In the family home environment, circumstances outside the licensed space could potentially put the health or safety of children at risk. For instance, how guns, ammunition, medication and other chemicals are stored. To address this concern and help protect the health and safety of children, the family home licensee must annually declare their compliance with licensing standards that are outside of the licensed space, specific to furnace area safety, or smoke or carbon monoxide detectors; guns, weapons and ammunition storage; medication storage; refrigerators and freezers; storage areas containing chemicals, utility sinks or wet mops; and swimming pools. The family home providers' declaration form is provided as a part of the initial licensing process, and annually thereafter. The declaration form is in addition to the annual compliance documents related to the annual

41 U.S. Department of Education, "Policy Statement On Inclusion Of Children With Disabilities In Early Childhood Programs," available at **https://sites.ed.gov/idea/files/joint-statement-full-text.pdf**, published September 14, 2015.

licensing fee and background check compliance confirmation. These documents are provided by DCYF to the early learning licensee.

Every Child Belongs: Welcoming a Child with a Disability. The National Association for the Education of Young Children (NAEYC) resource for early learning providers when considering how to support children with disabilities or developmental delays. **www.naeyc.org/resources/pubs/tyc/ sep2017/every-child-belongs**

The Division for Early Childhood of the Council for Exceptional Children provides an online guidebook of recommended practices that provides guidance to practitioners and families about the most effective ways to improve learning outcomes and promote the development of young children, birth through age 5, who have or are at-risk for developmental delays or disabilities. **https://divisionearlychildhood.egnyte.com/dl/tgv6GUXhVo/**

ADA.gov. This site provides information and technical assistance on the Americans with Disabilities Act. **www.ada.gov**

Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act **www.ada.gov/childqanda.htm**

Developmental Disabilities Administration (DDA). DDA, operated by the Washington State Department of Social and Health Services, provides support and partnerships that empower people to live the lives they want. **www.dshs.wa.gov/dda**

Early Childhood Learning and Knowledge Center (ECLKC). ECLKC, Office of Head Start (OHS) helps children from low-income families prepare to succeed in school through local programs. **https://eclkc.ohs.acf.hhs.gov/children-disabilities**

Early Support for Infants and Toddlers (ESIT). ESIT, operated by the Washington State Department of Children, Youth, and Families, provides early intervention services to children birth to age 3 who have disabilities or developmental delays. **www.dcyf.wa.gov/services/child-development-supports/esit**

Washington Law Against Discrimination. Chapter 49.60 RCW. **https://apps.leg.wa.gov/rcw/default.aspx?cite=49.60**

WAC 110-300-0135

Routine care, play, learning, relaxation, and comfort

(1) **An early learning provider must have accessible and child-size furniture and equipment (or altered and adapted in a family home early learning program) in sufficient quantity for the number of children in care. Tables must not be bucket style.**

(2) **Furniture and equipment must be:**

(a) **Maintained in a safe working condition;**

(b) **Developmentally and age appropriate;**

(c) **Visually inspected at least weekly for hazards, broken parts, or damage. All equipment with hazardous, broken parts, or damage must be repaired as soon as possible and must be inaccessible to children until repairs are made according to the manufacturer's instructions, if available;**

(d) **Arranged in a way that does not interfere with other play equipment;**

(e) **Installed and assembled according to manufacturer's specifications;**

(f) **Stored in a manner to prevent injury; and**

(g) **Accessible to the child's height so that he or she can find, use, and return materials independently.**

(3) **An early learning provider must supply soft furnishings in licensed space accessible to children. Soft furnishings may include, but are not limited to, carpeted areas and area rugs, upholstered furniture, cushions or large floor pillows, and stuffed animals.**

Appropriate furniture and equipment are a key part of a successful early learning program. The early learning program must consider the ages, development stages and number of the children they serve in the environmental setup. This will ensure that children can easily access equipment or furnishings and also keep children safe during their daily activities. Adapted or altered equipment is allowable in the family home programs to meet children's needs.

There are many ways to adapt the family home early learning environment and existing materials to meet the needs of children in care. Some examples include:

- Dining room tables can be used for school-age children to do homework, work on puzzles or eat meals.

- Moving a card table alongside a wall and placing a small rug and books or other materials close by creates a cozy little area designated for quiet reading or quiet time.

- Couches and pillows for quiet areas or spaces where children can be on their own and get a break from group play.

- Waterless wading pool for an infant ball pit or cozy area.

- Affix puzzle boards on a wall or table for an activity that may aid older infants or toddlers in developing their standing or walking skills.

Early learning programs also have the responsibility to make every effort to protect children from injury as they use furniture and equipment. Regular and diligent inspection of program furniture and equipment, along with repair or removal of items in disrepair, helps to protect children from major (life-threatening) injury, as well as minor injuries like pinches, slices and pokes. According to Caring for Our Children, "Equipment and furnishings that are not sturdy, safe or in good repair, may cause falls, entrap a child's head, or limbs, or contribute to other injuries."[42]

Another crucial component of protecting the safety of children is making sure all equipment used within an early learning program is assembled, installed and used according to the manufacturer's instructions. When an early learning program introduces new equipment into the environment, it will be important for the provider to keep the manufacturer's instructions with their program files for reference if needed at a later time. Adhering to the manufacturer's instructions also helps protect the early learning provider from liability risks.

If children feel prevented from an activity by the furnishings, it may impact their social-emotional well-being and their learning outcomes. An example would be a child wanting to join an activity at the table but there are not enough chairs, only broken chairs are left or the seating does not allow the child to access the table by themselves. Furniture that is dependably safe, accessible and developmentally appropriate supports the equitable opportunity for each of the children in care. Well-designed early learning space gives every child access to the available learning activities, as well as the ability to connect and collaborate with the other children and early learning providers.

A bucket-style table is an example of furniture that is not permitted in a licensed early learning environment. A bucket-style table is one where the individual chairs are encased on the table top. Children cannot access the seating in the bucket style table themselves and must be placed into or removed from the chair by an adult. Bucket-style tables also pose health concerns related to the children's proximity to each other and in which a child can easily take or contaminate their peer's food. Further, this style table does not align with guidance from Caring for Our Children – children should be able to have their feet reach the floor while eating which helps to prevent choking and improve posture.[43]
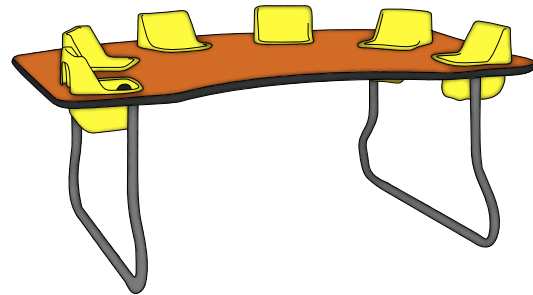
Shelving, tables and chairs that are appropriate to the child's size and stage of development allow the child to comfortably explore and manipulate their environment and help the child to master a range of skills. Children develop self-reliance when they can reach and select learning materials from a shelf and return it when finished. This opportunity helps to develop physical skills as they get into and out of a chair on their own. Children even build self-regulation skills when they remain in their seats by their own choice, waiting for permission to be excused, instead of being in a chair they may not get out of on their own.

42 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children.* 254.

43 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children.* 254.

According to the National Education Association, when children can complete self-help skills, they feel a great sense of pride, build a sense of independence and boost their confidence and self-esteem. These experiences are crucial to a child's development and it prepares young children for future school readiness.[44] Opportunities for self-help and independence can either be helped or hindered by the furnishings and equipment in a room.

Using real-life objects and props can allow children to transfer and adapt what they have learned from one context to another. In a learning interest area, incorporating cleaned containers of regular grocery items and safe utensils can help create a real-life environment where the child can freely explore and learn new skills. It is important to sufficiently supply each interest area so that play and exploration are not slowed down by a lack of materials to engage in imaginative play.

Having toys and materials that are on high shelves and bins or in containers may prevent a child's independence if they have trouble reaching or accessing the items. A solution may be to have infant and toddler toys on the lower shelves, pre-school on the middle shelves and school-age materials on the top shelves. Ask the older children to help with ideas on how to organize certain areas of the environment to make materials more accessible for the different ages of children in care. Even incorporating different responsibilities for children to manage different parts of their environment may help develop more independence and self-esteem.

An example for an infant or toddler area is to create an open and safe space to crawl by providing materials that invite the child to move toward them for play and exploration. For children in older age groups, provide accessible stacking or nesting toys, a ballet bar mounted on a wall for children to pull themselves up or dance, sensory tables and balls of various sizes and textures. Accessible materials and activities will create many opportunities for children to learn how to increase their independence.

When early learning providers ensure that equipment is safe and appropriate, and there are enough materials for the number of children present, the children may develop a sense of security and a sense that they are capable as an individual.

Areas in the room that are intended for one child at a time and areas that include soft comfortable items contribute to a child's comfort, their ability to take care of their own needs and their ability to regulate their emotions. When designing the early learning program space, locating soft areas and quiet spaces away from loud and busy spaces will encourage the children's use of the classroom to develop self-management and self-regulation strategies. These private spaces will allow children to retreat, when needed, from a more stimulating environment to calm, reflect, relax or regroup themselves. It is important to keep in mind that although private for the child, early learning program staff need to provide appropriate supervision for continued safety at all times.

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44 National Education Association, *A Parent's Guide to Preparing Your Child for School,* (n.d.), available at **http://www.nea.org/home/59838.htm**, retrieved May 14, 2020.

Community Investment Collaborative for Kids Resource Guide Three. An informational guide for equipping and furnishing early childhood facilities.
www.lisc.org/media/filer_public/de/b0/deb03f6a-804e-4a0a-8a70-44a99f55c6a3/2005_cick_guide_vol3_equipping.pdf

Your Kids Table – Best Positions for Meal Time. An informational webpage focused on seating children for table activities and why it matters.
https://yourkidstable.com/best-position-for-your-child-during-mealtime

WAC 100-300-0140

Room arrangement, child-related displays, private space, and belongings

(1) Early learning materials and equipment must be visible, accessible to children in care, and must be arranged to promote and encourage independent access by children.

(2) An early learning provider must display age and developmentally appropriate early learning materials. Materials must be located at enrolled children's eye level and related to current activities or curriculum.

(3) An early learning provider must offer, or allow a child to create, a place for privacy.
This space must:

(a) Allow the provider to supervise children; and

(b) Include an area accessible to children who seek or need time alone or in small groups.

(4) An early learning provider must have extra clothing available for children who wet, soil, or have a need to change clothes.

(5) An early learning provider must supply individual storage space for each child's belongings while in attendance. At a minimum, the space must be:

(a) Accessible to the child; and

(b) Large enough and spaced sufficiently apart from other storage space to:

   (i) Store the child's personal articles and clothing; and

   (ii) Promote or encourage children to organize their possessions.

(6) Child usable and accessible areas must be arranged to provide sufficient space for routine care, child play, and learning activities. These areas must be designed to:

(a) Allow the provider to supervise or actively supervise the children, depending on the nature of the activities;

(b) Allow children to move freely; and

(c) (Allow for different types of activities at the same time (for example: Blocks, puppets, language and literary materials, art materials, clay or play dough, music and movement, or dramatic play).

Each day when a child enters the early learning environment, the visual and spatial arrangements set the tone for the many creative possibilities a child has for learning, engaging in their peer or adult relationships, and what kind of control the child has of their world. According to the National Clearinghouse for Educational Facilities, "Young children need spaces where they feel both

autonomous and masterful."[45] Autonomy for children is the ability to act independently and have control over themselves and the choices they make.

An early learning environment that is inclusive of developmentally appropriate materials will enable children to engage in play and activities with minimal wait periods. The materials supplied should be based on the children's interests or skill levels and challenge their growth and development. The materials displayed at the child's eye level will give them the ability to see the accomplishment of their project and allows staff to save time helping children look for activities or for missing pieces. When children enter an environment that is set up with them in mind, they can more readily engage in the available learning opportunities and develop skills at their own pace.

A family home early learning program may have the challenge of developing shared learning spaces that are safe and developmentally appropriate for multiple age groups. In this case, the location of personal items, such as a child's toy with small parts or electronic device, must be strategically stored so that older children can access the items by themselves, while young children do not inadvertently have access to an item or items potentially hazardous to them. Similarly, the family home early learning provider must thoughtfully design their early learning program to allow older children access to smaller or more sophisticated materials which may pose a safety risk to younger children.

For example, older children may use small building bricks to practice their thinking, planning, creativity and fine motor skills. Those same bricks, however, are a size and shape that can pose a choking hazard for children under 3 years of age. A family home early learning provider may store the bricks strategically up high and in a container with a lid that seals. The provider might also limit the play area to the full-size kitchen table when the bricks are in use, so the youngest children cannot reach the tabletop and gain access to the bricks. The early learning provider would also have planned activities with the younger children, to keep them engaged and closely supervised, while the older children are using the small bricks.

Another important component of a room designed for children is that it allows the child to get away from the busy activities of their peers. The feeling of a private space where the child can reduce the number of stimuli being processed can promote the child's sense of well-being. A private space within staff supervision may offer a child the chance to calm themselves and refocus. Research also indicates children sometimes seek privacy because they want control over their own time and space.[46] This opportunity to manage their own time and space can be achieved by giving children the choice to work or relax quietly away from their peers.

Depending on how the environment is arranged, it can either encourage children to discover and explore or to have conflict and accidents. The environment is so important in early childhood that it is often referred to as another teacher. Children's behavior will often be one of the first indicators that a space is not working. While there can be multiple influences on behavior, making sure the environment is set up for success is a way to help children have improved social interactions and engage in learning.

45 Dan Butin and Jennifer Woolums, "Early Childhood Centers," *National Clearinghouse for Educational Facilities* (2009), available at **https://files.eric.ed.gov/fulltext/ED508012.pdf**

46 Lisa Lynch, "A Space Apart: Enabling the Creation of a Withdrawal Space in the Preschool," *SAGE Open,* (2017), available at **https://journals.sagepub.com/doi/10.1177/2158244016684538**

For example, in an early learning program, a child is on the floor sorting toys by color. Nearby, two children are dressed in scarves and costumes while pretending they are dancers in front of an audience. One of the children twirls about and spins through the sorted stacks of toys, sending several of the toys into the piles of another color. The other child, frustrated, kicks at the feet of the child who was twirling in an attempt to move them out of the sorting work space. The twirling child cries out and swings with their fists in retaliation at the child that was sorting the toys.

In this example, the early learning provider can check the environment to determine whether the program room arrangement can be better designed to allow children to move freely and allow for different types of activities at the same time. Perhaps a table can be provided for activities like sorting and puzzles, or maybe the two activity areas could be physically separated by a low shelf or other furniture.

The following are additional examples of behaviors that may be influenced by room arrangement and environment.

Child Behavior	Check Environment
Aimlessly wandering or running inside	Furniture placement can prevent running and create logical work or play areas (low shelves form a space for protected block building)
Repeated conflicts for the same materials or toys	Are there multiples of basic items that are in demand (scissors, crayons)?
Not helping with clean-up	Does the storage of materials make sense to children?
Asking for help finding materials	Are materials arranged neatly on shelves or in baskets with a picture of the item attached to the outside of the container?
Hiding under tables, behind sofas	Are there soft and quiet areas that invite children to relax or take a break? Do dramatic play areas have spaces for children to go into and out of while still being supervised (ex., large box or playhouse without roof)?
Does not continue projects or interests over time	Are children's interests documented and displayed in photos? Are some 3D structures protected so they may be worked on over days or weeks?
Never looks at or discusses what is on walls	Discuss with the children what to put on the walls to display their work? Are these work products changed regularly to reflect current interests?

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A well-designed indoor early learning space supports visual and auditory supervision of the children and allows staff to remain constantly aware of who is coming and going in the environment. It shows the children they are valued by reflecting the children's artwork along with a variety of cultures, including their own. When designing a child-centered program space, consider the program's typical daily routines.

- How do children move from the entrance to play or from one area to another?
- How are each of the senses engaged when entering the space?
- What impressions do families receive when they walk into the child care space?

The following table includes additional items to consider when designing an early learning space.

Designing with Sensory Experiences in Mind	A Few Questions to Consider (Add More of Your Own)	Brainstorm Ideas (Visit Other Programs for More Ideas)	Safety and Health Check (Find and Read Related WACs)
Taste and smell	Where will we eat lunch and have snacks inside and outside the early learning program? Do we have enough materials for children to smell, mouth or explore? Is the outdoor play area free of car exhaust or other unhealthy levels of air pollutants?	Promote children's participation in meal and snack preparation (child-sized utensils, chairs). Avoid adding harsh cleaning or artificial air fresheners to room environments.	Are all accessible play materials safe for infants and toddlers to put in their mouths? Have we checked for recalled product items that need to be removed? (See web link at end of section.)
Sounds	Are we able to hear language or is it so noisy children are tuning out human voices? Are children able to make music, shake natural objects and play with sound?	Soundproof with rugs, soft furniture or acoustic tiles in the ceiling. Provide materials that create a variety of sounds.	When we listen, are we able to hear language clearly? Do children have experiences listening to and making music with simple percussion (drums, chimes) instruments?

Designing with Sensory Experiences in Mind	A Few Questions to Consider (Add More of Your Own)	Brainstorm Ideas (Visit Other Programs for More Ideas)	Safety and Health Check (Find and Read Related WACs)
Color and visual interest	How will we use some of the walls as learning spaces? Are wall displays at children's eye level? Does blank space between displays and objects allow children to see a logic to the grouping of materials and pictures? Do we change displays to reflect current children's projects?	Optional idea - Walls, furniture and floor coverings are warm or neutral in color. Children's toys, art, and photos provide some bright color and visual interest. Avoid overwhelming with bright colors everywhere.	Do children see their culture and family reflected in the environment? Are positive representations of a diversity of people, abilities, places, and economic classes represented in books or visuals?
Textures and surfaces	How will we vary textures for interest? Are we avoiding having only plastic materials by bringing in some natural items? Do we use recycled or natural materials such as boxes, stones, twigs and leaves?	Keep table surfaces clear of clutter to maximize work and learning spaces for daily experiences. Add tactile interest (ex., a sea grass rug, a pebble mat).	Have storage places for adult materials out of reach of children. Know what plants or other materials are toxic and to be avoided.
Light and air	Do rooms have natural light and comfortable temperatures for children? Are children able to see outside?	Wind chimes, kites, natural outdoor materials accessible for children to explore and experiment with.	Is each room safe and clean, and is fresh air available?
Learning zones to explore	Are there pathways between activity areas to allow for movement and protection of children's work and play materials and experiences? How do we adapt environments to allow all ages and children with special needs to be involved in all parts of a multipurpose room?	Change materials in zones periodically to reignite children's interest. Messy play supported by an easy-to-clean-up room and materials (ex., cleanable floors, smocks). Furnishings define use areas.	Are caregivers able to see an overview of the room and supervise all children even when working with one child? Do children have places to retreat to (cozy corners) that are in view of the provider?

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Designing with Sensory Experiences in Mind	A Few Questions to Consider (Add More of Your Own)	Brainstorm Ideas (Visit Other Programs for More Ideas)	Safety and Health Check (Find and Read Related WACs)
Quiet or soft spaces to think or rest	Clearly defined areas for children to read, rest, play quietly or feel they are safe to watch others or retreat from interaction. Located out of walking paths.	Soft spaces invite children to relax or think alone. Small rugs or trays (for example) define spaces for individual work.	Do soft furnishings have washable slip covers, pillows, rugs or other cleanable surfaces?
Toileting and diapering	Do we have cleanable surfaces, water and fresh air access to maintain good hygiene and appealing smells?	Changing table located near a water source or sink, and cleanable surface underneath.	Diapering and toileting policies communicated to all staff, parents and guardians.
Predictable locations for materials, furniture	Is the licensed space homey feeling combined with a sense of order or organization? Are areas uncluttered so children can find what they need? Do we have multiples of items in frequent demand? Do children know our system for how to find and replace objects on shelves, in baskets?	Adequate amount of child-sized furniture and materials for the ages and numbers of children in the early learning program. Place for each child's personal belongings (tub with name, shelf, hook for coat).	Unsafe adult items are kept out of sight and reach of children. Children's hats, coats and personal belongings separated from each other.
Materials	Access to simple, open-ended materials (water in tub with supervision or unit blocks) and accessories to add complexity (pitchers for pouring, cars to add to block area).	Rotate materials in and out of spaces while keeping items in predictable zones or use areas for children.	All ages have materials available that fit their age, or developmental and learning needs, including those with special needs or disabilities.

Another way the program space supports children's feelings of independence is by providing a designated space for the child's belongings. Ensuring that children can access the storage space themselves promotes their independence and allows them to practice organizing their possessions. Separate storage space for belongings suggests to a child that they belong and are valued. The

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storage space may be shared by two children as long as the children are not in care at the same time. Possibilities to meet this standard include cubbies, well-spaced hooks or individual bins for children's items. The separation in storage also assists with the reduction of cross-contamination and limits the spread of lice and communicable diseases.

Center for Early Childhood Education, Eastern Connecticut State University.
This webpage includes information and videos to help an early learning provider arrange their classroom.
www.easternct.edu/center-for-early-childhood-education/guiding-young-childrens-behavior/segment-2-arranging-the-classroom.html

Community Playthings Infant and Toddler Spaces. Informational article specific to infant and toddler learning space considerations.
www.communityplaythings.com/-/media/files/cpus/library/training-resources/booklets/it-spaces.pdf

Infant Toddler Materials Guide. A document to support the thoughtful selection of equipment and materials for infants and toddlers.
https://scchildcare.org/media/35572/InfantToddlerMaterialsGuide.pdf

Community Investment Collaborative for Kids – Equipping and Furnishing Early Childhood Facilities. A publication to help with the selection and arrangement of furnishing in early learning spaces from infancy through preschool.
www.lisc.org/media/filer_public/de/b0/deb03f6a-804e-4a0a-8a70-44a99f55c6a3/2005_cick_guide_vol3_equipping.pdf

WAC 110-300-0145

Outdoor early learning program space

(1) **An early learning provider must visually inspect outdoor program space and equipment daily to ensure outdoor areas and equipment are free of hazards.**

(2) **Outdoor play space must contain a minimum of seventy-five square feet of licensed usable space per child accessing the play space at any given time. An early learning provider may develop an alternate plan if an early learning program does not have enough outdoor play space to accommodate all enrolled children at once (for example, rotating groups of children to play outdoors or using an off-site play area). The department must approve alternate plans to use off-site play spaces.**

(3) **An early learning program must have shaded areas in outdoor play space provided by trees, buildings, or shade structures.**

(4) **Outdoor play space must promote a variety of age and developmentally appropriate active play areas for children in care. Activities must encourage and promote both moderate and vigorous physical activity such as running, jumping, skipping, throwing, pedaling, pushing, pulling, kicking, and climbing.**

(5) When the licensed outdoor play space is not immediately adjacent to the early learning program site, an early learning provider must use a safe route when moving to and from the licensed outdoor play space.

(6) Licensed outdoor play areas must be enclosed with a fence or barrier that is intended to prevent children from exiting and discourages climbing. If the outdoor play area is enclosed by a barrier that is not a fence, the barrier may be a wall constructed with brick, stone, or a similar material.

(7) Licensed outdoor play areas must be enclosed to deter people without permission from entering the area.

(8) Fences, barriers, and gates must be in good condition, have no gap through which a sphere with a diameter of three and one-half inches can pass, and have a minimum height of forty-eight inches or conform in height to applicable local codes.

(9) The opening between a fence post and gate or fence post and building must have no gap through which a sphere with a diameter of three and one-half inches can pass.

(10) An early learning provider must not install any wooden fence, playground structure, or furniture if it contains chromated copper arsenate (CCA), creosote or pentachlorophenol. If wooden fences, structures, and furniture are suspected of having CCA, they must be tested. If CCA is present, fences, structures, and furniture must be removed or sealed with an oil-based outdoor sealant annually or as needed within six months of the date this section becomes effective.

(11) Within six months of the date this section becomes effective or prior to licensing, exiting mechanisms on gates from a licensed outdoor play area to unlicensed space must be equipped with a self-closing and self-latching mechanism (shuts automatically when released from an individual's control). A gate that is not an emergency exit must be locked or self-closing and self-latching.

(12) Outdoor play areas must have two exits that must not be partially or entirely blocked, with at least one exit located away from the building.

Outdoor play is an important component of a high-quality early learning program. Research shows that open air, sunlight and natural elements contribute to bone development, a stronger immune system and increased physical activity in children.[47] The outdoor environment is uniquely suited for active play like running, jumping, throwing and climbing. When children engage in active play, they release energy and develop their large muscles, coordination and social skills. Children engaged in active play also receive aerobic exercise and burn more calories. The benefits of outdoor play, however, are not limited to greater physical fitness and gross motor development.[48] Research also shows that children who engage in quality outdoor play experiences will have improved self-regulation skills, improved nutrition, increased self-confidence, improved eyesight, improved concentration and decreased symptoms of ADHD.[49] Early learning providers can even engage children in working together to create an outdoor obstacle course using outdoor materials and equipment. Ultimately, use creativity with children in care to come up with fresh new ways for them to feel like they contribute and are valued for their ideas.

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47 Gabriela Bento and Gisela Dias, "The importance of outdoor play for young children's healthy development," *Porto Biomedical Journal* 2 (5) (2017), available at **www.sciencedirect.com/science/article/pii/S2444866416301234**

48 Allen Cooper, "Nature and the Outdoor Learning Environment: The Forgotten Resource in Early Childhood Education," *International Journal of Early Childhood Environmental Education* 3 (1) (2015), available at **https://files.eric.ed.gov/fulltext/EJ1108430.pdf**

49 Allen Cooper, "Nature and the Outdoor Learning Environment: The Forgotten Resource in Early Childhood Education," *International Journal of Early Childhood Environmental Education* 3 (1) (2015), available at **https://files.eric.ed.gov/fulltext/EJ1108430.pdf**

A parent from a Mason County outdoor early learning program shares:

Steven was a quiet, shy, curious child and easily overwhelmed. Once he transitioned to the outdoor program, his confidence level grew and his communication increased by leaps and bounds. The curriculum used for the overall child engagement was evident and his attention span has doubled. The daily communication from his teachers and routine communication from the administrative team came together in a cohesive, engaging environment for my once shy little boy.

Outdoor environments are a place for learning and growth in children. To ensure the benefits of outdoor play, the play space must be dependably safe and free of hazards. For this reason, the outdoor play space must be fully enclosed with a fence or barrier to keep children from exiting and unauthorized people from entering without permission. This means the barrier must be at least 48 inches high (or conform to local height codes) and be free of gaps that a child could fit through, or get stuck in while trying to fit through. The barrier or fence must have at least two exits (gates) with at least one of the exits located away from the building. This ensures an alternate route away from the building or play space in case of an emergency.

Gates in early learning programs are often used by families, staff and visitors when arriving and departing from the program. The requirement for self-closing and latching mechanisms on the gates that exit into unlicensed space ensures that the gate is secured, even if the person who went through the gate forgets to close and latch it themselves. The required self-closing mechanism allows the gate to spring back when released and close automatically. The latch should be installed on the outside of the fence or otherwise inaccessible to children. When children are in care, gate locks on emergency exit gates must remain unsecured. This assures access and safe egress in the event of an emergency. Collaborate with child care licensing and, if applicable, the local fire authority to determine what is appropriate for gates and mechanisms when questions arise. If the licensed outdoor play space is not immediately adjacent to the early learning program site, identify and use a transition and supervision plan to access it safely.

A thorough daily inspection of an early learning program's outdoor environment will help prevent accidents and injuries to children that may result from damaged equipment or other unsafe conditions. Early learning professionals can help prevent injuries by inspecting the outdoor environment and equipment for missing or broken parts; protrusion of nuts and bolts; chipping or peeling paint; sharp edges, splinters and rough surfaces; stability of handholds; visible cracks; stability of non-anchored large play equipment (for example, playhouses); and wear and deterioration. Developing a system to ensure the outdoor play areas are being regularly assessed for safety before children's daily play will help prevent injuries and help maintain compliance with the Foundational Quality Standard's requirements. Early learning providers may choose to develop a system for documenting the inspection of outdoor play areas for tracking solutions and corrections in the outdoor play area. This regular practice will also maximize the lifespan of the outdoor play environment investment to ensure regular playground maintenance is occurring.

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The Consumer Product Safety Commission (CPSC) website has numerous resources related to safety, including playground safety guides and inspection checklists. **www.cpsc.gov/Safety-Education/Safety-Guides/outdoors/playgrounds**

Children & Nature Worldwide: An Exploration of Children's Experiences of the Outdoors and Nature with Associated Risks and Benefits. A joint publication of the Children & Nature Network and The International Union for Conservation of Nature (IUCN) Commission on Education and Communication (CEC) on the importance of children's play and connections with nature. **www.childrenandnature.org/wp-content/uploads/2015/04/ CECCNNWorldwideResearch.pdf**

Virtual Lab School Outdoor Learning Environment Inventory. A checklist tool to prompt considerations of an outdoor learning environment. **www.virtuallabschool.org/infant-toddler/learning-environments/lesson-3/act/13841**

10 Tips to Enhance Your Outdoor Play Space. Creative ideas for an outdoor play space by Head Start Body Start. **https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/ten-tips-enhance-outdoor-play-space.pdf**

A well-planned outdoor space will invite children's active play and grant a sense of adventure or curiosity opportunities. Children benefit most from their outdoor play experiences when the equipment is developmentally appropriate for the age group using the space. The outdoor environments of an early learning program should provide enough space for different types of developmentally appropriate physical activities to take place simultaneously. This is an important consideration as not all children develop at the same pace. Having adequate outdoor space, and the ability to provide a variety of activities at the same time, will enable children to engage in physical activities that both meet and challenge their current developmental abilities. The Foundational Quality Standards describe the specific space requirements for outdoor play areas. An early learning program must have 75 square feet of licensed, usable space for each child that will be accessing the play space at any given time. If space is a concern at an early learning program, alternate systems may be used. For instance, a program may decide to divide children into smaller groups and rotate the groups through the outdoor play area. For questions related to space concerns, contact your local licensing office for assistance or to obtain approval for an alternate plan.

WAC 110-300-0146

Equipment and surfaces in outdoor early learning space

(1) Playground equipment and surfacing used by an early learning provider must comply with applicable CPSC guidelines, as now and hereafter amended including, but not limited to, installing, arranging, designing, constructing, and maintaining outdoor play equipment and surfacing.

  (a) Climbing play equipment must not be placed on or above concrete, asphalt, packed soil, lumber, or similar hard surfaces;

  (b) The ground under swings and play equipment must be covered by a shock absorbing material (grass alone is not an acceptable) such as:

    (i) Pea gravel at least nine inches deep;

    (ii) Playground wood chips at least nine inches deep;

    (iii) Shredded recycled rubber at least six inches deep; or

    (iv) Any material that has a certificate of compliance, label, or documentation stating it meets ASTM standards F1292-13 and F2223-10, as now and hereafter amended.

(2) Permanently anchored outdoor play equipment must not be placed over septic tank areas or drain fields, and must be installed according to the manufacturer's directions.

(3) Handmade playground equipment must be maintained for safety or removed when no longer safe. Prior to construction of new handmade playground equipment, the provider must notify the department and have plans and a materials list available upon request.

(4) Bouncing equipment including, but not limited to, trampolines, rebounders and inflatable equipment must be inaccessible and locked. This requirement does not apply to bounce balls designed to be used by individual children.

In the outdoor early learning space, various elements of design and resources can be used to support children's learning and development. These elements can include the provision of natural spaces and materials, areas for gross motor play and the appropriate resources, climbing equipment with appropriate surfacing and an intentional arrangement of these elements to increase children's engagement and learning.

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An outdoor early learning provider in Mason County shares:

"Erin Kenny has a quote I use often: "children cannot bounce off the walls if we take the walls away."

"Over the past three years, I have had the privilege of watching this in action. I have witnessed the quietest child become the group leader. The child who disrupted class multiple times a day in our brick and mortar program became fully engaged. In fact, this particular child went from having a behavioral management plan to teaching her peers how to self-manage. Learning happens naturally without commercialized materials, environments change daily making every day a new learning experience. Our kiddos have built structures from natural materials that are still standing three years later. They have watched the entire life cycle of the salmon in our creek and in pre-k scientific language they can tell you all about those salmon. Daily they are having hands-on experiences with their natural world. They are not just learning about colors and numbers they are also learning about flora and fauna. Neuroscience has proven we are not wired to be in four walls, we are wired to be in greenspace."

Integrating natural elements, such as trees, native plants, lawns and gardens, into your outdoor early learning space can provide a safe, cost-effective and stimulating environment for children. Natural outdoor learning environments can provide many benefits to children's health and development, including increased creativity, cognitive development, nutrition, physical activity and improved social interactions. There are also many design elements or activity settings that can add value to the outdoor learning environment, such as multi-use lawns, water features and gardens. Play and learning opportunities are also supported by loose natural materials, such as logs, rocks, sticks, wood chips and leaves.

A center early learning provider in Thurston County shares:

"We have found that outdoor, nature-inspired child care is easy to incorporate into any child care or Early Childhood Education Program or School. Building in additional outdoor play into the daily schedule for all children, even infants, is possible. We spend most of our day outdoors and have created nature-inspired play structures for children to interact with. This could be a garden, tree stumps, wood blocks for building, large metal trucks for gross motor play, a raised wooden deck, boulders for children to climb, climbing structures made from logs, a small tub for water play or an outdoor kitchen for mud pies."

Please note that when providing garden-based learning opportunities and growing food with children in care, programs must follow WAC 110-300-0148 (Gardens in outdoor early learning program space), and 110-300-0196 (Food sources).

According to the Centers for Disease Control and Prevention (CDC), most injuries in an outdoor early learning space occur on climbers than any other equipment.[50] To protect the safety of children, the Foundational Quality Standards require playground equipment and surfacing to meet the U.S. Consumer Product Safety Commission (CPSC) safety guidelines. CPSC is a federal regulatory agency that works to protect the public against unreasonable risks of injuries associated with consumer products.[51] The guidelines for outdoor play areas, equipment and surfacing for family home early learning programs are found in CPSC's *Outdoor Home Playground Safety Handbook*. The CPSC guidelines for center and school-age early learning programs are found in *CPSC Public Playground Safety Handbook*. The links to these handbooks are listed in the resource section.

Additionally, the American Society for Testing and Materials (ASTM) International is an organization that develops voluntary product standards. Government regulators often give these voluntary standards the force of law by citing them in regulations and codes.[52] An example of this is found in the Foundational Quality Standards, WAC 110-300-0146 (1)(b)(iv), regarding shock-absorbing material under play equipment.

Approved playground surfacing materials will absorb much of the impact when a child falls from play equipment to the ground, and minimize the risk of severe head injury. The surfacing placed beneath playground equipment must meet ASTM International standards F1292-13 and F2223-10. There are several approved options for surfacing materials around playground equipment. Some materials are loose, like shredded rubber, and some are mats, tiles or poured matting. This table identifies the maximum height of a play structure for the number of inches of a particular loose material.[53]

Table 2. Minimum compressed loose-fill surfacing depths				
Inches	**Of**	**(Loose-Fill Material)**	**Protects to**	**Fall Height (feet)**
6*		Shredded/recycled rubber		10
9		Sand		4
9		Pea Gravel		5
9		Wood mulch (non-CCA)		7
9		Wood chips		10

*Shredded/recycled rubber loose-fill surfacing does not compress in the same manner as other loose-fill materials. However, care should be taken to maintain a constant dept as displacement may still occur.

To maintain the required depth of loose playground surfacing material (pea gravel, wood chips) around play structures, regular raking of the material must be done to position the material back in the high traffic areas to reduce material loss, material compression and prevent rutting. Furthermore, a border around the play area will help contain loose playground surfacing materials and maintain the measured

50 Centers for Disease Control and Prevention, "Playground Injuries: Fact Sheet," available at **www.cdc.gov/HomeandRecreationalSafety/Playground-Injuries/playgroundinjuries-factsheet.htm**, last updated March 29, 2012.
51 U.S. Consumer Product Safety Commission, "Who We Are – What We Do for You," (n.d.), available at **www.cpsc.gov/Safety-Education/Safety-Guides/General-Information/Who-We-Are---What-We-Do-for-You**, retrieved June 25, 2020.
52 ASTM International, "Frequently Asked Questions," (n.d.), available at **www.astm.org/FAQ/#test**, retrieved June 25, 2020.
53 U.S. Consumer Product Safety Commission. *Public Playground Safety Handbook*. (Bethesda, MD: U.S. Consumer Product Safety Commission, 2010), 11. Available at **www.cpsc.gov/s3fs-public/325.pdf**

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depth. Some of the surfacing materials available require professional installation. The manufacturer's documentation will verify whether the surfacing meets the ASTM standards for safety.

There are a variety of wood chips available for purchase. Playground wood chips are specifically manufactured for this purpose. They are sometimes called "engineered wood fiber." Playground wood chips are usually about two inches or smaller and are made from only untreated wood. Other wood chips may be treated with chemicals, be several inches long or have splinters. When selecting wood chips, be sure to choose a material that is intended for playground surfacing.
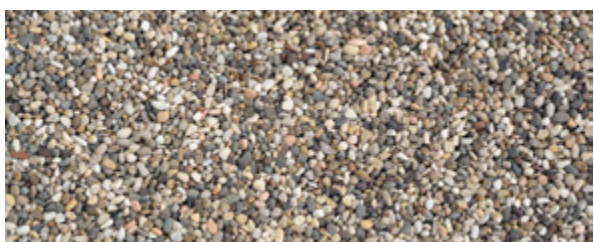
Pea gravel is approximately pea-sized and is rounded rocks.

Before selecting a protective surfacing, consider visiting local parks and elementary schools to see and compare the variety of playground surfacing and installation methods.

ASTM International. A webpage for ASTM product and services consensus standards. **www.astm.org** .

Consumer Products Safety Commission Standards

Outdoor Home Playground Safety Handbook. The CPSC standards for family home early learning programs.
www.cpsc.gov/s3fs-public/324.pdf

CPSC Public Playground Safety Handbook. The CPSC standards for center and school-age early learning programs.
https://www.cpsc.gov/s3fs-public/325.pdf

Natural Learning Initiative

Benefits of Connecting Children with Nature. A Natural Learning Initiative publication naturalizing outdoor learning environments.
https://naturalearning.org/wp-content/uploads/2017/09/Benefits-of-Connecting-Children-with-Nature_InfoSheet.pdf

Adding Value to Early Childhood Outdoor Play and Learning Environments. A collection of the top ten activity settings according to Natural Learning Initiative.
https://naturalearning.org/wp-content/uploads/2017/09/Top-Ten-Activity-Settings_InfoSheet.pdf

It is important to note that bouncing equipment such as trampolines, rebounders and inflatable amusements are hazardous to children. According to a report published by the CPSC in February 2015, there were an estimated 113,272 emergency department-treated injuries associated with inflatable amusements in the years 2003-2013. Sixty-one percent of the estimated injuries in the years 2011-2013 were in the 4 to 15-year age group. Most of the reported injuries were to the limbs, with leg and arm injuries accounting for 66%. And tragically, there were 12 deaths reported to CPSC involving inflatable amusements that occurred in the years 2003-2013.[54] Trampolines are now the second highest cause of consumer-product related injury occurring outside the home for children ages 0-4. For children ages 5-9, trampolines are the third-highest cause of injury occurring outside the home, behind bicycles and playground equipment.[55]

Because of these statistics, the Foundational Quality Standards prohibit the use of bouncing equipment in licensed early learning environments. If this equipment is on the premises, the equipment must be locked and inaccessible to children in care.

WAC 110-300-0147

Weather conditions and outdoor hazards

(1) **An early learning provider must observe weather conditions and other possible hazards to take appropriate action for child health and safety. Conditions that pose a health or safety risk may include, but are not limited to:**

  (a) **Heat in excess of 100 degrees Fahrenheit or pursuant to advice of the local authority;**

  (b) **Cold less than 20 degrees Fahrenheit, or pursuant to advice of the local authority;**

  (c) **Lightning storm, tornado, hurricane, or flooding if there is immediate or likely danger;**

  (d) **Earthquake;**

  (e) **Air quality emergency ordered by a local or state authority on air quality or public health;**

  (f) **Lockdown notification ordered by a public safety authority; and**

  (g) **Other similar incidents.**

(2) **An early learning provider must dress children for weather conditions during outdoor play time.**

54 U.S. Consumer Product Safety Commission. *Estimated Number of Injuries and Reported Deaths Associated with Inflatable Amusements, 2003-2013.* (Bethesda, MD: U.S. Consumer Product Safety Commission, 2015), 10. Available at **www.cpsc.gov/s3fs-public/Inflatable_Amusements_Deaths_and_Injuries_2015.pdf**

55 Kids In Danger, "Summer Safety: Product Injury Patterns for Children," available at **https://kidsindanger.org/docs/research/Summer%20Safety%20Report%202018.pdf?_t=1533056288**, published July 2018.

There are many benefits of daily outdoor play experiences for children during all types of weather. In 2018, research by Dr. Tanja Sobko from the University of Hong Kong revealed that children who were identified as having a closer connection with nature had less distress, less hyperactivity, fewer behavioral and emotional difficulties and improved pro-social behavior.[56] Because of the generally mild climate of Washington State, children are typically able to enjoy the benefits of going outside to play each day in every season.

When planning the schedule for outdoor play consider the time of day, weather, temperature, and shade conditions. For instance, outdoor playtime during a drizzly western Washington winter will likely call for jackets and rain boots while a hot eastern Washington summer will require sunscreen and shade. Ensuring extra clothing and outerwear are available allows children to participate in outdoor play comfortably, and meets the needs of those children that will need to change after becoming wet or soiled.

A family home early learning provider in Pierce County reports:

"I truly believe there is no such thing as bad weather, just bad clothing. I invest in mud suits for all my little ones. The mud suits are great for the rainy/muddy days of the Pacific Northwest. The suits, plus rain boots, let our students run around on rainy days outside. My kiddos splash, sit, stomp and stay dry underneath! What a way to enjoy our climate and explore the environment (our outdoor classroom)."

Outdoor play has long been blamed for colds and the flu. In reality, viruses are spread by close contact with other people. According to healthline.com, "germs make you sick, not cold weather itself. You have to come in contact with rhinoviruses to catch a cold. And you need to be infected with influenza viruses to contract the flu."[57] If a family requests that their child stay inside because they are not feeling well, the child may be too ill to participate in the program and should consider remaining out of care until able to participate with all activities.

56 Neuroscience News.com, "Connection of Children to Nature Brings Less Distress, Hyperactivity and Behavioral Problems," available at **https://neurosciencenews.com/child-nature-exposure-behavior-10507/**, published January 11, 2019.

57 Healthline, "Myth Busters: Does Cold Weather Make You Sick?" available at https://www.healthline.com/health/does-cold-weather-make-you-sick#culprits, last updated September 29, 2018.

An early learning provider is responsible for assessing weather conditions and other outdoor hazards and taking action as appropriate to keep children safe. At times, there may be circumstances outdoors that could put the health or safety of children at risk. The American Academy of Pediatrics notes that because children's bodies have developing anatomy and physiology, a child is more susceptible to temperature extremes and the related health effects than an adult.[58] Temperatures greater than 100 degrees F place a child at risk of heat stroke, heat cramps, heat exhaustion and dehydration. Temperatures lower than 20 degrees F may result in hypothermia, frostbite and dehydration.

It is also important to keep in mind that additional factors may impact overall weather conditions. For example, wind chills affect the rate of heat loss, making an otherwise acceptable 26 degrees feel colder. When children are playing outside during high and low-temperature extremes, early learning providers should observe children for signs of heat or cold stress. Signs of heat or cold stress include, but are not limited to, dizziness, nausea, irritability, thirst, red or flushed skin, shivering, heavy perspiration, headache or weakness. If these signs are noted in children, early learning providers must take appropriate action to protect the children's health and safety. This may include taking children indoors and beginning a warming or cooling down process.

Another important aspect of a safe outdoor play experience is the air quality. The level of pollution in the air is impacted by things like vehicle emissions, industrial facilities, diesel exhaust and smoke. In the recent past, Washington State has experienced the impact wildfires can have on the quality of air. The National Oceanic and Atmospheric Administration (NOAA) states that "Wildfires release large amounts of carbon dioxide, black carbon, brown carbon, and ozone precursors into the atmosphere."[59] The polluted air can impact our respiratory health, and according to the U.S. Environmental Protection Agency (EPA), children are often more vulnerable to pollutants.[60] Even more so, according to the CDC, 1 in 12 children have asthma and more than half of all children with asthma had one or more asthma attacks in 2016.[61] For this reason, it is important to protect children by keeping them indoors on days when the state or local authority has issued an emergency air quality order. It is also important to remember that smoke can remain in both indoor and outdoor air days after wildfires have ended so it is important to continuously check local air quality.[62] This can be done by visiting **airnow.gov** and entering the location.

58 American Academy of Pediatrics, "Extreme Temperatures: Heat and Cold," (n.d.), available at **www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/ Children-and-Disasters/Pages/Extreme-Temperatures-Heat-and-Cold.aspx**, retrieved April 23, 2020.

59 The National Oceanic and Atmospheric Administration. *The Impact of Wildfires on Climate and Air Quality.* Data provided by NOAA Chemical Sciences Laboratory, Boulder, Colorado, USA available at **www.esrl.noaa.gov/csl/factsheets/csdWildfiresFIREX.pdf**

60 U.S. Environmental Protection Agency, "Managing Air Quality – Human Health, Environmental and Economic Assessments," available at **www.epa.gov/air-quality-management-process/managing-air-quality-human-health-environmental-and-economic**, last updated August 15, 2018.

61 Centers for Disease Control and Prevention, "Asthma In children," available at **www.cdc.gov/vitalsigns/pdf/2018-02-vitalsigns.pdf**, published February 2018.

62 Centers for Disease Control and Prevention, "Wildfire Smoke and Children," available at **www.cdc.gov/air/wildfire-smoke/children.htm**, last updated May 29, 2019.

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AirNow provides information about air quality for the local area and also at state, national and world view. Simply type a zip code into the search box to learn the air quality in that area.
AirNow.gov

American Academy of Pediatrics (AAP). Extreme Temperatures: Heat and Cold
www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Extreme-Temperatures-Heat-and-Cold.aspx

Child Care Weather Watch. Document to understand the weather forecast, wind-chill and heat index.
www.c-uphd.org/documents/wellness/weatherwatch.pdf

Centers for Disease Control and Prevention (CDC). Tips for Preventing Heat-Related Illness.
www.cdc.gov/disasters/extremeheat/heattips.html

National Weather Service – Tracks and reports severe weather threats across the United States
https://www.weather.gov/

EPA Publication: Protecting Children from Wildfire Smoke and Ash.
www3.epa.gov/airnow/smoke_fires/protecting-children-from-wildfire-smoke-and-ash.pdf

Protecting Children's Environmental Health. The EPA website for children's health related to the environment.
www.epa.gov/children

Washington's Air Monitoring Network. Department of Ecology's air quality monitoring website. Obtain hourly, region-specific information regarding how clean or polluted the air is, and the health effects that are associated with the amount of pollution.
https://fortress.wa.gov/ecy/enviwa/

The Washington State Department of Health has provided guidance for air pollution and activities for school-age children. The activity recommendations listed are based on air quality conditions.
www.doh.wa.gov/Portals/1/Documents/Pubs/334-332.pdf

WAC 110-300-0360 outlines the required daily outdoor play timeframes by age and program operation.

WAC 110-300-0470 requires the early learning provider to outline their plan to respond to emergencies that may impact the early learning program in an emergency preparedness plan.

WAC 110-300-0148

Gardens in outdoor early learning program space

(1) A garden in an early learning program space must:

(a) Have safeguards in place to minimize risk of cross-contamination by animals;

(b) Use soil free from agricultural or industrial contaminants such as lead or arsenic if gardening directly in the ground;

(c) If gardening in raised beds use:

(i) New soil that is labeled "organic" or "safe for children" and was obtained from a gardening supply store or other retail store; or

(ii) Composted soil made from material that is safe according to the Washington State University's extension master gardener composting guidelines; and

(d) Use water that comes from a private well approved by the local health jurisdiction or from a public water system. An early learning provider must make water for gardens inaccessible to children if the provider uses irrigation water.

(2) Garden beds must be made of materials that will not leach chemicals into the soil including, but not limited to, wood treated with chromated copper arsenate, creosote or pentachlorophenol, reclaimed railroad ties, or tires.

(3) Any herbicide or pesticide must be applied pursuant to the product manufacturer's directions. The product must not be applied while children are present. Children must not apply the product, or have access to the garden during the manufacturer's prescribed waiting period following application.

(4) Commonplace toxic plants or plants with poisonous leaves (for example: Tomato, potato, or rhubarb) may be grown in the garden. An early learning provider must actively supervise children who are able to access a garden where commonplace toxic plants or plants with poisonous leaves are growing.

Gardening can be an educational and fun activity for children. In a garden, children have the opportunity to connect with their senses as they explore the soil, water and living plants. They can experience what it feels like to nurture plant life and may grow to appreciate or try foods they might not have otherwise tasted. Public Broadcasting Service (PBS) Kids for Parents reports that one study showed that children who participated in gardening projects scored higher in science achievement than those who did not.[63]

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63 Nimali Fernando and Melanie Potock, "Gardening with Kids: How It Affects Your Child's Brain, Body and Soul," *Public Broadcasting Service* (2016), available at www.pbs.org/parents/thrive/gardening-with-kids-how-it-affects-your-childs-brain-body-and-soul

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If an early learning program chooses to include a garden in their program, they must ensure proper supervision when using materials, equipment, plants and soil. One of the main health and safety considerations for children related to gardens has to do with potential exposure to harmful chemicals and contaminants. According to the EPA, contaminants such as lead, arsenic, mercury and other heavy metals can harm a child's healthy growth and development.[64] These contaminants are sometimes found in the soil in residential settings, or in wood treated to prevent decay. Skin can absorb contaminants in the soil, and children can ingest them when they touch their face and mouth with their hands. An early learning provider reduces the risk of exposure to harmful chemicals and contaminants when approved soil is used, when water is obtained only from approved sources and when the provider selects garden borders and containers which are made from and treated with only known and safe materials. These actions minimize potential poisoning and exposure from contaminants leached into the soil or the edible produce of the gardens.

To further ensure healthy gardening experiences for children, this WAC requires that water be accessed from a private well or public water system. Well water is naturally filtered as it travels through the earth. Additionally, well water and public water are bound by monitoring and maintenance requirements to meet health standards. Collecting and using water runoff or rain barrel collected water runs the risk of introducing chemicals and contaminants, like lead, copper or animal droppings, into the garden. This water is not tested and regulated to be free of harmful contaminants and therefore must not be used in the garden. If irrigation systems are used, the water source must be inaccessible to children to prevent drowning and exposure to contaminants in the water.

WAC 110-300-0175 outlines further water safety requirements.

WAC 110-300-0255 outlines further requirements related to pesticide use.

For soil testing and other information and resources related to gardening, contact your local Washington State University (WSU) Extension office. The local extension office can be found at **https://extension.wsu.edu/locations/**.

64 U.S. Environmental Protection Agency, "Lawn and Garden," available at **www.epa.gov/safepestcontrol/lawn-and-garden**, last updated May 27, 2020.

Containers, hanging baskets, raised beds or fenced garden spaces are examples of appropriate options for gardening activities within an early learning program. These options can increase the early learning provider's control over the garden environment to ensure children's health and safety. They also help minimize the risk of contamination by animals.

Another potential exposure to chemicals in gardening is related to any herbicides or pesticides that are sometimes used to manage pests or weeds. According to healthychildren.org, there are conflicting studies about connections between childhood cancers and exposure to pesticides. For this reason, any herbicides or pesticides must be applied according to the product manufacturer's directions and when no child is present. Healthychildren.org recommends the use of non-chemical pest control methods whenever possible.[65]

Chromated Copper Arsenate (CCA) Pressure Treated Wood
– An informational flier related to CCA
www.cpsc.gov/s3fs-public/270_0.pdf

Gardening in Washington State. WSU Extension Program's gardening home page.
http://gardening.wsu.edu/home/

Grow a Salad! Preschoolers Plan and Prepare Their Food. A NAEYC article demonstrating children's involvement in growing their food.
www.naeyc.org/resources/pubs/tyc/apr2013/grow-a-salad

KidsGardening.org. An organization that supports opportunities for kids to play and learn through gardening, by offering inspiration, support and grants to educators and families.
https://kidsgardening.org/garden-ideas-kids-parents-teachers/

National Capital Poison Center, Poison Control. A listing of poisonous and non-poisonous plants.
https://www.poison.org/articles/plant

65 American Academy of Pediatrics, "Protecting Children from Pesticides: Information for Parents," *healthychildren.org*, last updated (2020), available at
www.healthychildren.org/English/safety-prevention/all-around/Pages/Protecting-Children-from-Pesticides-Information-for-Parents.aspx

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Activities

WAC 110-300-0150

Program and activities

(1) An early learning provider must supply children in care with early learning materials that are age and developmentally appropriate. For each age group of children in care, a provider must supply a variety of materials that satisfy individual, developmental, and cultural needs. Early learning materials must be:

(a) Clean;

(b) Washable or disposable;

(c) Accommodating to a range of abilities of children in care;

(d) Available to children in care appropriate to a child's age and developmental level;

(e) Nonpoisonous and free of toxins. If an early learning provider is using prepackaged art materials, the materials must be labeled "non-toxic" and meet ASTM standard D-4236 as described in 16 C.F.R. 1500.14 (b)(8)(i), as now and hereafter amended;

(f) In good and safe working condition;

(g) Accommodating to special needs of children in care; and

(h) Removed from the early learning program space once an item has been recalled by CPSC.

(2) An early learning provider must ensure a sufficient quantity and variety of materials to engage children in the early learning program (for example: Arts and crafts supplies, various textured materials, construction materials, manipulative materials, music and sound devices, books, and social living equipment). Materials must:

(a) Encourage both active physical play and quiet play activities;

(b) Promote imagination and creativity;

(c) Promote language development and literacy skills;

(d) Promote numeracy (counting and numbers) and spatial ability;

(e) Encourage discovery and exploration; and

(f) Promote learning skills.

Children are continuously learning from the people and materials in their environment. In an early learning program, the materials present are the pathway by which the child learns about things like cause and effect, social interactions, and the world around them. According to research conducted at the Massachusetts Institute of Technology, as children play with materials, they learn about the material's physical properties and what the material can do in the world; for example, how objects can be rolled, stacked or moved.[66] The materials children are given access to have the ability to transform their play and provide opportunities for them to make new connections with themselves, others and their environment. It is important, therefore, to ensure that materials are safe, interesting, diverse, well-organized and carefully selected to support learning goals.

66 Louisa Penfold, "Material Matter in Children's Creative Learning," *Journal of Design and Science* (2019), available at **https://jods.mitpress.mit.edu/pub/bwp6cysy/release/1**

Additionally, materials and activities can provide a wide experience for children to observe different family life styles, traditions or cultural practices. The use of culturally, ethnic and gender diverse dolls, books, pictures, games, music or other materials does influence child development.[67] Children will become aware and appreciate a variety of diverse beliefs and cultures through an early introduction.

Some examples of incorporating diversity into the environment, activities and curriculum include:

- Serving a variety of foods that are reflective of the children in care and the cultures in their areas. Exposing children to foods and cultures they may not be familiar with is a wonderful opportunity to educate and explore other cultures and norms. This can be expanded by engaging the children in conversations about different foods and inviting the child's family to a family day where parents and guardians also have an opportunity to learn along with their children. Sending home recipes from this experience or music lists may increase conversations at home about different cultures.

- Create books with children that include the languages and pictures of children in care, or different cultures around the world. Some early learning providers make counting books in English, Somali and Spanish that incorporate learning phrases, greetings and pictures that support language skills and cultural education. Including familiar language, pictures and magazine clippings that children may often use in their home language helps support inclusion. Including a variety of other languages, pictures and practices from other parts of the world expands the child's awareness of the unique differences that are in their world and outside their community.

- In the dramatic play area, including a variety of dress-up items of different textures, styles or traditional clothing from other cultures. Play music from different parts of the world so children can experience different sites and sounds in their exploration and learning.

- Art materials should appropriately represent a variety of color in the construction paper, paints, pencils and clay to represent different skin tones. Poll the children for ideas on what is missing by asking the children what kinds of arts and craft materials (and colors) the program does not have, or should include. Work together to create homemade puzzles using cardboard boxes and pictures from magazines or their family so that all cultures and traditions are honored.

67 Larissa Gaias, Diana Gal, Tashia Abry, Michelle Taylor and Kristen Granger, "Diversity exposure in preschool: Longitudinal implications for cross-race friendships and racial bias," Journal of Applied Developmental Psychology 59 (2018): 5-15, available at www.sciencedirect.com/science/article/pii/S0193397317302411

What can I do to make my classroom more diverse?
www.pre-kpages.com/multicultural/

Guide for Selecting Anti-Bias Children's Books
https://socialjusticebooks.org/guide-for-selecting-anti-bias-childrens-books/

Creating a Culturally Diverse Child Care Environment
**www.teachingforchange.org/wp-content/uploads/2012/08/ec_
creatingaculturallydiverse_english.pdf**

"It's Hard to Be What You Can't See." So, read more.
www.learning-next.com/2018/09/its-hard-to-be-what-you-cant-see-so.html

For safety reasons, early learning programs must ensure materials in the learning space are not found on the Consumer Safety Products Commission (CPSC) list of recalled items. A CPSC recall is issued by the government when a product has been determined to have a defect or pose a potential hazard. An early learning provider can visit **www.cpsc.gov/Recalls** to learn if a recall has been issued for a given product. Any item found on the CPSC list of recalled items must be removed from the early learning program space. If the CPSC recall notice provides a way to remedy the safety hazards of the product, the product can be returned to the early learning program space once the product has been remedied.

On August 15, 2012, CPSC issued a recall notice (**www.cpsc.gov/Recalls/2012/Baby-Seats-Recalled-for-Repair-by-Bumbo-International-Due-to-Fall-Hazard**) for the Bumbo Baby Seat which stated:

Hazard: Babies can maneuver out of or fall from the Bumbo seat, posing a risk of serious injuries.

Remedy: Consumers should immediately stop using the product until they order and install a free repair kit, which includes: a restraint belt with a warning label, installation instructions, safe use instructions and a new warning sticker. The belt should always be used when a child is placed in the seat. Even with the belt, the seat should never be used on any raised surface. Consumers should also immediately stop using Bumbo seat covers that interfere with the installation and use of the belt. A video demonstrating proper installation of the restraint belt and proper use of the Bumbo seat is available at **www.BumboUSA.com**.

Another basic measure to ensure materials in an early learning environment are safe is to ensure they are clean and in good repair. Regular schedules for cleaning and sanitizing toys, as well as a consistent schedule for inspecting them for cracks, chips and other damage, minimizes the chance for cross-contamination and injury.

WAC 110-300-0241 (1)(g)(i-iii) outlines requirements for cleaning and sanitizing toys.

Learning includes sensory exploration, so materials must be free of toxins. Children will explore colors, textures, shapes, smells and sounds by touching, moving, manipulating, sniffing and sometimes tasting the items and materials in their environment. This is why prepackaged art materials that are used in an early learning program must be labeled "non-toxic" and meet ASTM standards.[68] ASTM International is an organization that develops voluntary product standards. WAC 110-300-0150 (1)(e) requires prepackage art materials to meet the standards established by ASTM D-4236 (**www.astm.org/Standards/D4236.htm**). Art materials accessible to children in the early learning program are not required to be stored in the original labeled packaging once the early learning provider has verified the item meets the requirement.

For the safety of children in mixed-age early learning settings, care must be taken to ensure that learning materials are appropriate for all children who will have access to them. Some materials suited for older children in care could be hazardous to their younger peers. When purchasing materials, make sure to check the manufacturer has designed the product for the age group that will be using it. Additionally, early learning providers help protect children by thoughtfully storing and locating materials potentially hazardous out of reach to younger children.

In mixed-age early learning settings, as well as settings with groups of similar age children, it is important to recognize that each child develops at their own pace. Providing a variety of materials allows a child to engage in activities at their own skill level. Making sure accessible materials accommodate a range of abilities is essential to supporting the learning of the group as well as the individual child. By including some materials that are easy to use and explore, along with some that are more challenging or advanced, the needs of children at different developmental stages can be met. It also allows the individual child to achieve a new developmental level when the time is right for them.

Materials at a writing station may include shapes, letters or words that can be traced with a finger or wand, as well as writing instruments and paper for a child to try writing the shape, letter or word themselves. The station might also include a chunky crayon to allow the younger child to become more controlled and complex in their drawing, as well as a pencil and lined paper to allow the more sophisticated student the opportunity to practice greater fine motor control.

68 ASTM International, "Frequently Asked Questions," (n.d.), available at **www.astm.org/FAQ/#test**, retrieved June 25, 2020.

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Materials may also be modified or adapted to accommodate the special needs of an individual child. For example, an early learning program may modify a set of blocks by attaching Velcro, so the blocks stay together more easily. The program might also provide a set of light foam blocks that do not make as much noise when the block tower tumbles, or modify the handle on a paintbrush to make it easier to hold.

When children can engage independently with the materials in the environment, they can play and process in their timing, explore their areas of interest and develop problem-solving and self-regulation skills. Independent play can build a child's self-esteem and sense of being capable. Additionally, when an early learning environment includes opportunities for children to play independently, early learning providers may have more time to work with small groups or independently with other children.

The availability of learning materials in an early learning environment can influence the children's learning, as well as their engagement and behavior. Ensuring a sufficient quantity and variety of materials will provide children options in which they can experiment and explore according to their interests and curiosities. Research from the American Association of Pediatrics suggests active free play can decrease stress in children because the mutual joy, shared communication and serve and return interactions during play regulate the body's stress response. This active free play can occur during both physical or quiet play.[69]

Materials promoting imagination and creativity are an important component to have in early learning environments. When children are allowed to engage in imaginary play, they can create their own world. More importantly, imaginary play can enhance children's self-regulation skills.[70] Research suggests this type of play positively predicts children's capacity to shift attention, make transitions and problem-solve using different ideas and approaches which are essential to kindergarten readiness and future academic success.[71]

Early childhood years are a critical time for language and literacy development. Young children who develop an awareness and interest in language and literature are more likely to begin school with increased literacy skills.[72] As a result, the integration of materials and activities that promote both language development and literacy skills is essential in early learning environments. Writing centers, books, felt boards, labels and puppets are some examples of materials that can help promote these skills. Early learning providers can engage children in language and literacy experiences by thoughtfully including items such as these in the learning environment. Furthermore, the NAEYC recommends children practice real-life literacy infused in play, within child center contexts like a library, writing centers and dramatic play.[73]

69 Michael Yogman, Andrew Garner, Jeffrey Hutchinson, Kathy Hirsh-Pasek, and Roberta Michnick Golinkoff, "The Power of Play: A Pediatric Role in Enhancing Development in Young Children," *American Academy of Pediatrics* 142 (3) 1-16 (2018), available at **https://pediatrics.aappublications.org/content/pediatrics/142/3/e20182058.full.pdf**

70 Signe Juhl Moller, "Playfulness, imagination, and creativity in play with toys: A cultural-historical approach," *International Research in Early Childhood Education* 7 (2) (2016): 111-128, available at **https://files.eric.ed.gov/fulltext/EJ1138772.pdf**

71 Sharyn Beth Matthews, "The Relationship Among Self-Regulation, Sociodramatic Play, and Preschoolers' Readiness for Kindergarten," *Doctoral Dissertation, Northeastern University* (2008), available at **https://repository.library.northeastern.edu/files/neu:987/fulltext.pdf**

72 Child Care & Early Education Research Connections, "Promoting Language and Literacy in Early Childhood Care and Education Settings," published April 2004.

73 Kathleen Paciga, Jessica Hoffman, and William Teale, "The National Early Literacy Panel and Preschool Literacy Instruction: Green Lights, Caution Lights, and Red Lights," *YC Young Children* 66 (6) (2011): 50-57, available at **www.jstor.org/stable/42731100?seq=1**

Math and numeracy materials are also critical in an early learning environment. The development of math concepts and skills begin the moment children are born, as they begin to construct ideas about mathematics through everyday routines, experiences and interactions with adults.[74] Math and numeracy materials are those that encourage exploration with concepts such as counting, measuring, rhythm, and constructing. Research conducted by Vanderbilt University established that regardless of early childhood experiences, all children benefit from high exposure to advanced mathematics content.[75] Early learning providers can contribute to this development by having materials and activities promoting math and numeracy, and being sure to engage and support the child playing with them.

Here are examples of items that an early learning provider can include in the early learning space to promote exploration and development of numeracy:

- Printed materials such as newspapers, magazines, signs and brochures that contain numbers, symbols and graphs.

- Items with numbers on them, such as calculators, telephones, dice and spinners.

- Patterned items from nature such as shells or leaves.

- Patterns that children can match such as pattern cards with beads and string, or patterned blocks.

- Paired items that have one-to-one correspondence such as pegboards or egg cartons with plastic eggs.

- Everyday things that fit together that children can manipulate and take apart, such as plastic storage containers with lids, clothing with different fasteners such as buttons or hook and eye fasteners and nesting items.

An example of incorporating numeracy in the early learning program may be that providers can create counting materials for children by allowing them to collect items that interest them and setting up stations where they count and sort the item into different containers or trays. For preschool children, they can increase their collection which will then allow them to count to 10, 20 and beyond. Their collection can be items blended with other learning experiences, such as pine cones, sticks or other nature-related items. For infants and toddlers, early learning providers will want to provide materials for children to sort and count that do not pose a choking hazard. To help toddlers sort items, early learning providers can count out loud and let the child place the objects in the container or on the tray. This provides a great opportunity to introduce words like "less" or "more" in addition to using numbers to compare the totals. With infants, early learning providers can engage in math and numeracy by counting out loud and providing visual cues by holding up your fingers while also sorting and placing the objects into different containers or trays.[76]

74 Jan Greenberg, "More, All Gone, Empty, Full: Math Talk Every Day in Every Way," *YC Young Children* 67 (3) (2012): 62-64, available at **www.jstor.org/stable/42731176?seq=1**
75 Amy Claessens, Mimi Engel and F. Chris Curran, "Academic Content, Student Learning, and the Persistence of Preschool Effects," *American Educational Research Journal* 51 (2) (2014): 403-434, available at **www.jstor.org/stable/24546692?seq=1**
76 Circle Time Magazine, "Counting Collections," 1 (n.d.): 7, available at **https://online.flowpaper.com/7411070b/CircleTimeMagazineEp1/**, retrieved July 15, 2020.

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Adapting Activities & Materials for Young Children with Disabilities. An Early Intervention Technical Assistance publication with examples of potential adaptions to common materials.
https://tats.ucf.edu/wp-content/uploads/sites/9/2018/05/adaptingactivitiesand_materialsec-1.pdf

Art Materials Business Guidance. A CPSC webpage providing business guidance related to art materials that are designed or intended primarily for children 12 years of age or younger.
www.cpsc.gov/Business--Manufacturing/Business-Education/Business-Guidance/Art-Materials

The Creative and Art Materials Institute. Provides safety guidance on art materials for children.
https://acmiart.org/index.php/art-material-safety/safety-tips-what-you-need-to-know

Engaging Interactions and Environments. An Office of Head Start, Early Childhood Learning and Knowledge Center webpage with 15-minute videos providing professional development, which focus on engaging interactions and environments.
https://eclkc.ohs.acf.hhs.gov/teaching-practices/article/engaging-interactions-environments

The Environment: Materials. A Virtual Lab School webpage which provides guidance on how to choose materials based on cultural relevance, children's interests, variety and learning goals.
www.virtuallabschool.org/preschool/learning-environments/lesson-4

Circle Time Magazine. A Cultivate Learning professional development web series for early childhood educators. Topics related to working with young children are discussed including tips and expertise related to materials and activities.
https://cultivatelearning.uw.edu/circle-time-magazine-episodes/

Meaningful Makeover. A web series from Cultivate Learning which focuses on transforming early learning environments. Each episode highlights simple improvements that are easy to make.
http://cultivatelearning.uw.edu/meaningfulmakeover/

Recall List. The CPSC website for the government issued product recalls.
www.cpsc.gov/Recalls

The Power of Play: A Pediatric Role in Enhancing Development in Young Children. An Official Journal of the American Academy of Pediatrics article on the importance of play.
https://pediatrics.aappublications.org/content/142/3/e20182058

WAC 110-300-0155

Use of television, video, and computers

If an early learning provider offers screen time to children in care:

(1) **The screen time available for each child:**

  (a) **Must be educational, developmentally and age appropriate, nonviolent, and culturally sensitive; and**

  (b) **Should be interactive with staff.**

(2) **Children must not be required to participate in screen time activities. Alternative activities must be provided to children in care when screen time is offered.**

(3) **Screen time must not occur during scheduled meals or snacks.**

(4) **Total screen time must not exceed two and one-half hours per week for each child over twenty-four months of age through preschool in full-day care (one and one-quarter hours per child in half-day care).**

(5) **For school-age children, screen time must be limited to two and one-half hours per week for each child unless computer use is required for homework or a part of curriculum.**

(6) **There must not be intentional screen time for children under twenty-four months of age. An infant or toddler must be redirected from an area where screen time is displayed.**

Technology and screens have become increasingly present in today's culture and the lives of children. While licensed early learning programs have an option to include screens as a component in their learning curriculum, it is not mandatory. Screen time refers to watching, using or playing television, computers, video games, video or DVD players, mobile communication devices, or similar devices. To best support children's development, screen time must be used purposefully as an educational tool. When used in a thoughtful and developmentally appropriate way, technology can help support children's learning, especially when early learning providers play an active role in their use.

Excessive screen time has shown negative or detrimental impacts on children. According to Mayo Clinic, too much poor quality screen time has been linked to obesity, irregular sleep schedules, shorter duration of sleep, behavioral problems, loss of social skills, violence, and less time for play.[77] For this reason, when screen time is included in an early learning curriculum, early learning providers are responsible to ensure the time is not only educational but also that it is limited to a maximum of 2.5 hours a week for children 2 years of age and older, when in a full-day program. For school-age children, screen time required to complete homework or educational curriculum is not counted against the 2.5-hour maximum. Video chatting with families and assistive technologies are also not counted against the 2.5-hour limit.

Early learning providers must ensure that children under 2 years of age are not exposed to intentional screen time. For these young children, screen time holds little meaning and studies show it can be detrimental to their development. These studies found the more television an infant or toddler was exposed to, the poorer the language outcomes, attention and executive function skills as the child grew.[78] According to a study published by the Journal of Developmental and Behavioral Pediatrics, 18-month-old children who were exposed to an additional 30 minutes per day of mobile media devices such as a smartphone or tablet, were associated to have 2.3 times of an increased risk of

77 Mayo Clinic, "Screen time and children: How to guide your child," available at **www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/screen-time/art-20047952**, published June 20, 2019.

78 Katherine Hanson, "The Influence of Early Media Exposure on Children's Development and Learning," *Doctoral Dissertation, University of Massachusetts* (2017), available at **https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1961&context=dissertations_2**

parent-reported expressive speech delay.[79] Since large amounts of screen time can hinder children's development, it is important to use screen time with caution. For this reason, if screens are in use in an early learning program, infants and toddlers must be redirected to another area.

When screen time is used in the early learning program, an early learning provider increases its value when the screen time is presented in a way that is interactive with staff. Just as with other learning materials in the environment, the early learning provider can help the child make connections between what the child is viewing and the real world. The early learning provider can interact by doing things like answering the child's questions, asking questions of the child, pointing events out or labeling what is on the screen.

An early learning provider is responsible to ensure that screen time material is developmentally educational, age-appropriate, non-violent and culturally sensitive. Not all children's programming is educational or valuable for children. Well-designed children's shows, however, can have a positive effect on children's development, and improve their cognitive, literacy and social outcomes.[80] When choosing an educational program, look for one that encourages the child to participate in some way, such as answering a question or repeating a word.

Just as a chapter book would not be developmentally or age-appropriate for a preschool-aged child, some shows or games are too advanced in content for young children to understand. For example, a computer game where children are asked to complete words by finding a missing letter may be appropriate for a 5-year-old who is learning their letters and to read simple words in kindergarten but may be frustrating for a 3-year-old who has only begun recognizing the letter with which their name begins. When selecting shows or games for screen time, it is important to consider the developmental stage of those participating in the activity.

Another factor to consider when selecting screen time content is that the program is culturally sensitive. This will help children make connections to help understand that the world in which we live includes diverse people and cultures. Research suggests children are exposed to media where people of color are usually underrepresented and portrayed negatively. As a result, when children see negative racial stereotypes, the stereotypes can affect children's perceptions of ethnicity and impact their behaviors toward others of different races.[81] With this in mind, early learning providers must be intentional in selecting culturally sensitive content for the screen time used in their early learning programs.

It is also important to ensure that the content of screen time does not include depictions of violence. According to research, violent content can negatively impact executive function in young children because they are unable to distinguish everyday reality from what happens on screen.[82] This is important to keep in mind because children may also learn and model after behaviors seen from their experiences with screen time.

79 Meta van den Heuvel, Julia Ma, Cornelia Borkhoff, Christine Koroshegyi, David Dai, Patricia Parkin, Jonathon Maguire and Catherine Birken, "Mobile Media Device Use is Associated with Expressive Language Delay in 18-Month-Old Children," *Journal of Developmental & Behavioral Pediatrics* 40 (2) (2019): 99-104, available at **https://journals.lww.com/jrnldbp/Fulltext/2019/02000/Mobile_Media_Device_Use_is_Associated_with.3.aspx**

80 Jenny Radesky and Dimitri Christakis, "Media and Young Minds," *Official Journal of the American Academy of Pediatrics* 138 (5) (2016), available at **https://pediatrics.aappublications.org/content/138/5/e20162591**

81 Megan Reynolds, "Minorities in Children's Television Commercials: An Examination of Representation and Status," *The College of New Jersey Journal of Student Scholarship* 16 (2014), available at **https://joss.tcnj.edu/wp-content/uploads/sites/176//2014/04/2014-Reynolds.pdf**

82 Canadian Paediatric Society, Digital Health Task Force, "Screen time and young children: Promoting health and development in a digital world," Paediatrics & Child Health 22 (8) (2017): 461-468, available at **https://academic.oup.com/pch/article/22/8/461/4392451**

Common Sense Media. A website that provides information, reviews and recommendations for technology and entertainment for parents and educators.
www.commonsense.org/education/

How am I Doing? A Fred Rogers Center publication for identifying exemplary uses of technology for early learning.
www.fredrogerscenter.org/2014/02/how-am-i-doing-checklist-exemplary-uses-of-technology-early-learning/

Introducing Technology to Young Children. A five-minute video produced by Eastern Connecticut State University on the successful integration of computers in early childhood education.
www.easternct.edu/cece/e-clip-introducing-technology/

Technology and Interactive Media as Tools in Early Childhood Programs Serving Children from Birth through Age 8. A position statement produced cooperatively by the NAEYC and the Fred Rogers Center for Early Learning and Children's Media at Saint Vincent College.
www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/topics/PS_technology_WEB.pdf

WAC 110-300-0160

Promoting acceptance of diversity

(1) An early learning provider must provide culturally and racially diverse learning opportunities. Diverse learning opportunities must be demonstrated by the provider's curriculum, activities, and materials that represent all children, families, and staff. A provider must use equipment and materials that include, but are not limited to:

(a) Diverse dolls, books, pictures, games, or materials that do not reinforce stereotypes;

(b) Diverse music from many cultures in children's primary languages; and

(c) A balance of different ethnic and cultural groups, ages, abilities, family styles, and genders.

(2) An early learning provider must intervene appropriately to stop biased behavior displayed by children or adults including, but not limited to:

(a) Redirecting an inappropriate conversation or behavior;

(b) Being aware of situations that may involve bias and responding appropriately; and

(c) Refusing to ignore bias.

Research indicates children as young as 2.5 to 3 years of age become aware of and begin to understand socially prevailing ideas, feelings, and stereotypes about people and themselves. A child's interaction with parents, other children, child care providers, community and the media shape their perception and judgment of others.[83] For this reason, the attitude and actions of an early learning provider matter to the children and staff around them. When an early learning professional intervenes, discredits and rejects bias in the early learning environment, they teach the value of equity and influence the perception and judgment to all those in the early learning program.

Materials and equipment in an early learning program also convey a message to children about what is valuable. When an early learning program chooses materials that reflect the culture, gender, family styles and abilities of the children in care, the children learn that they are personally valuable. When an early learning program includes materials that represent and honor a variety of cultures, races, ethnicities, family styles, ages and abilities, it fosters respect for other people and communities. It also fosters children's ability to relate to people who are different than themselves.

Research has shown the presence of diverse materials can predict lower levels of racial bias by children later on as school-age children. These results suggest that the integration of diverse dolls, books, pictures, games, music or other materials is influential in children's development and may reduce their bias toward others later on in life.[84] When children have opportunities to experience diverse people and cultures, they gain the skills to interact with others in a diverse world.

A good way to get started is to connect with both program staff and families of children in the early learning program and ask about special holidays or traditions they would like to share with the program. Spending time to recognize and become familiar with those in the early learning program provides cultural learning opportunities, and sharing their family traditions with the program is an approach to cultivate an appreciation of the diversity within the community. Programs can also celebrate diversity by having special events where staff, children and families bring in components of their culture to share either during the daily program or on a special night.

83 University of Nebraska-Lincoln, "Cultural Diversity," (n.d.), available at **https://child.unl.edu/cultural-diversity**, retrieved June 22, 2020.

84 Larissa Gaias, Diana Gal, Tashia Abry, Michelle Taylor and Kristen Granger, "Diversity exposure in preschool: Longitudinal implications for cross-race friendships and racial bias," Journal of Applied Developmental Psychology 59 (2018): 5-15, available at **www.sciencedirect.com/science/article/pii/S0193397317302411**

Bias Isn't Just a Problem, It's a Preschool Problem. A two-minute NPR video discussing a 2016 Yale research study related to bias in preschool. **www.youtube.com/watch?v=ucEAcIMkS0c**

Building Anti-Bias Early Childhood Programs: The Role of the Leader. A NAEYC framework detailing practical strategies for programs to work strategically with staff, families and the community to implement an anti-bias approach in early learning programs. **www.naeyc.org/resources/pubs/yc/may2015/ building-anti-bias-programs**

Creating a Culturally Diverse Child Care Environment. A checklist of considerations that can be used to assess for a culturally diverse child care environment. **www.teachingforchange.org/wp-content/ uploads/2012/08/ ec_creatingaculturallydiverse_english.pdf**

Project Implicit. A website to educate the public about hidden biases. Recognizing one's own biases is critical to our role as an early learning professional. These implicit bias tests by Harvard measure attitudes and beliefs people may have and might reveal an unknown attitude or bias. **https://implicit.harvard.edu/implicit/**

Racial Equity, Diversity and Inclusion. A DCYF webpage. **www.dcyf.wa.gov/practice/racial-equity-diversity-inclusion**

Since Time Immemorial Early Learning Curriculum. The Early Learning Tribal Sovereignty Curriculum is a unique curriculum designed by Native Early Learning educators, through the Washington Office of Superintendent of Public Instruction (OSPI), the Office of Native Education, for all early learners in Washington State. The curriculum consists of three lessons designed for our early learners to experience concepts related to tribal sovereignty and local tribal history. **www.dcyf.wa.gov/tribal-relations/since-time-immemorial**

Six things never to say about disabilities. A Diversity Inc. webpage with tips to promote inclusivity. **www.diversityinc.com/diversity-leaders-6-things-never-to-say-about-disabilities**

The Environment: Materials. A Virtual Lab School webpage which provides guidance on how to choose materials based on cultural relevance, children's interests, variety and learning goals. **www.virtuallabschool.org/preschool/learning-environments/lesson-4**

WAC 110-300-0165

Safety requirements

(1) An early learning provider must keep indoor and outdoor early learning program space, materials, and equipment free from hazards and in safe working condition. Equipment and toys purchased and used must be compliant with CPSC guidelines or ASTM standards, as now and hereafter amended. Playground equipment and surfaces must meet the requirements of WAC 110-300-0146.

(2) An early learning provider must take steps to prevent hazards to children including, but not limited to:

(a) Making inaccessible to infants and toddlers any equipment, material, or objects that may pose a risk of choking, aspiration, or ingestion. For the purposes of this section, equipment, material, or objects that have a diameter or overall dimension of one and three-quarter inches or less shall be considered items that may pose a risk of choking, aspiration, or ingestion. Small parts from larger equipment, material, or objects that have a diameter or overall dimension of one and three-quarter inches or less, that may become detached from the larger equipment, materials, or object shall also be considered items that may pose a risk of choking, aspiration, or ingestion;

(b) Eliminating and not using in the licensed space, pursuant to RCW 43.216.380, any window blinds or other window coverings with pull cords or inner cords capable of forming a loop and posing risk of strangulation to children.

   (i) Window blinds and other window coverings that have been manufactured or properly retrofitted in a manner that eliminates the formation of loops posing a risk of strangulation are allowed; and

   (ii) A window covering must not be secured to the frame of a window or door used as an emergency exit in a way that would prevent the window or door from opening easily.

(c) Making inaccessible to children straps, strings, cords, wires, or similar items capable of forming a loop around a child's neck that are not used during supervised early learning program activities;

(d) Making inaccessible to children plastic bags and other suffocation hazards;

(e) Ensuring firearms, guns, weapons, and ammunition are not on the premises of a center early learning program. Firearms, guns, weapons, and ammunition on the premises of a family home early learning program must be stored in a locked gun safe or locked room inaccessible to children. If stored in a locked room, each gun must be stored unloaded and with a trigger lock or other disabling device. The locked room must be inaccessible to children at all times;

(f) Preventing children from walking into or through a glass door, window, or other glass barrier, by placing stickers or art work at the children's eye level on the glass; and

(g) Cribs, play pens, bassinets, infant beds, and indoor climbing structures must not be placed next to windows, to prevent harm from shattered glass, unless the window is made of safety glass.

(3) An early learning provider must take measures intended to prevent other hazards to children in care in early learning program space including, but not limited to:

(a) Cuts, abrasions, and punctures. Equipment, materials, and other objects on the premises that have splintered edges, sharp edges, points, protruding nails, bolts, or other dangers must be repaired, removed, or made inaccessible to children;

(b) Burns. Equipment, materials, or products that may be hot enough to injure a child must be made inaccessible to children;

(c) Sheering, crushing, or pinching. Broken or cracked equipment, materials, and objects must be repaired, removed, or made inaccessible to children;

(d) Entrapment. Freezers, refrigerators, washers, dryers, compost bins, and other entrapment dangers must be inaccessible to children unless being actively supervised;

(e) Tripping. Tripping hazards must be eliminated. Uneven walkways, damaged flooring or carpeting, or other tripping hazards must be removed or repaired;

(f) Falling objects. Large objects that pose a risk of falling or tipping must be securely anchored. Large objects include, but are not limited to, televisions, dressers, bookshelves, wall cabinets, sideboards or hutches, and wall units; and

(g) Equipment in poor condition. Equipment in poor condition (loose parts, rusty parts, flaking paint, or other dangers) must be repaired, removed, or made inaccessible to children.

(4) To ensure a safe environment for children in care, an early learning provider must comply with the following requirements:

(a) Indoor temperatures for the premises. The temperature of indoor early learning licensed space must be between 68 and 82 degrees Fahrenheit. If indoor licensed space is colder than 68 or hotter than 82 degrees Fahrenheit, an early learning provider must use climate control devices that are inaccessible to children to bring the temperature within the required range;

(b) Window openings. Windows within the reach of children must only open up to three and one-half inches or have some barrier or preventative measure to discourage children from exiting through the window. The three and one-half inch opening does not apply to exit windows in family home early learning programs;

(c) Licensed space lighting. Early learning program space must have natural or artificial light that provides appropriate illumination for early learning program activities and supervision. A provider must comply with all light fixture manufacturers' installation and use requirements. A provider must also ensure compliance with the following requirements:

   (i) Light fixtures must have shatter-resistant covers or light bulbs;

   (ii) Lights or light fixtures used indoors must be designed for indoor use only;

   (iii) Free standing lamps must be attached or secured to prevent tipping; and

   (iv) Halogen lamps and bulbs are prohibited.

(d) Safe noise levels. Noise levels must be maintained at a level in which a normal conversation may occur;

(e) Safe water temperature. All water accessible to enrolled children must not be hotter than 120 degrees Fahrenheit;

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(f) Stairway safety.

   (i) There must not be clutter or obstructions in the stairway;

   (ii) All stairways (indoor and outdoor), not including play structures, must meet local building codes pursuant to RCW 43.216.340 (http://app.leg.wa.gov/RCW/default.aspx?cite=43.216.340).

      (A) Open stairways with no walls on either side must have handrails with slats (balusters) that prevent a child from falling off either side of the stairway.

      (B) Stairways with a wall on only one side must have a handrail with slats (balusters) on the side without the wall that prevents a child from falling off the stairway.

      (C) Stairways with a wall on both sides must have a handrail no higher than thirty-eight inches on at least one side of the stairway.

   (iii) Stairways must have a pressure gate, safety gate or door to keep stairs inaccessible to infants and toddlers when not in use. Openings between slats on pressure or safety gates must not be large enough to allow a sphere that is three and one-half inches wide to pass through.

(g) Platforms and decks. All platforms and decks used for child care activities must meet local building codes pursuant to RCW 43.216.340 (http://app.leg.wa.gov/RCW/default.aspx?cite=43.216.340). This does not include play equipment. All platforms and decks with a drop zone of more than eighteen inches must have guardrails in sections without steps.

(8) To ensure a safe environment for children in care, an early learning provider must comply with the following electrical requirements:

(a) In areas accessible to children, electrical outlets must have automatic shutters that only allow electrical plugs to be inserted (tamper-resistant) or that are covered by blank plates or other tamper-resistant covers appropriate to the electrical outlet;

(b) Outlets near sinks, tubs, toilets, or other water sources must be inaccessible to children or be tamper-resistant and equipped with a ground fault circuit interrupter (GFCI) outlet type;

(c) Electrical cords must be in good working condition, not torn or frayed, and not have any exposed wires;

(d) Electrical cords must be plugged directly into a wall outlet or a surge protector;

(e) Power strips with surge protectors may be used but must not be accessible to children in care;

(f) Extension cords may only be used for a brief, temporary purpose and must not replace direct wiring; and

(g) Electrical devices accessible to children must not be plugged into an electrical outlet near a water source such as sink, tub, water table, or swimming pool.

One of the ways children learn is by using their senses as they explore their environment. The nature of this type of exploration often leads young children to thoroughly investigate and manipulate the items by touching, tasting and smelling them. Over time, equipment and toys may become damaged or cracked because of the weather, prolonged use or other contributing factors. The role of the early learning provider is to ensure that all program space, materials and equipment can be explored without causing harm to the child or children. When early learning providers regularly and systematically assess the early learning program space, equipment and materials, they minimize the risk to children. Limiting hazards in the environment not only helps keep children safe, but it also gives educators and families peace of mind. Children can confidently enjoy their environment and early learning.

While WAC 110-300-0165 outlines many important safety requirements, a few of the key standards will be reviewed here.

The first key licensing requirement to provide a safe environment is to ensure that equipment and toys meet CPSC guidelines and ASTM standards. CPSC is a federal regulatory agency that works to protect the public against unreasonable risks of injuries associated with consumer products[85]. ASTM International is an organization that develops voluntary product standards. Government regulators often give these voluntary standards the force of law by citing them in regulations and codes.[86] This is precisely what is found in WAC 100-300-0165 (1) concerning equipment and toys in licensed early learning program settings. Equipment and toys can be verified as meeting this requirement by referencing the informational documents or specifications that come with equipment, or by visiting the webpage for the product or manufacturer.

This facility feasibility checklist can be used as a guide to review an environment for safety:
www.dcyf.wa.gov/sites/default/files/pdf/el-license/15-963.pdf

This document is used by the data collectors in Early Achievers to check for safety in gross motor environments, it is aligned with the WAC and can be used to evaluate the safety of a gross motor space:
www.ersi.info/PDF/playground%20revised%207-31-18.pdf

This is the website to CPSC website for government-issued product recalls.
www.cpsc.gov/Recalls

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85 U.S. Consumer Product Safety Commission, "Who We Are – What We Do for You," (n.d.), available at **www.cpsc.gov/Safety-Education/Safety-Guides/General-Information/Who-We-Are---What-We-Do-for-You**, retrieved June 25, 2020.
86 ASTM International, "Frequently Asked Questions," (n.d.), available at **www.astm.org/FAQ/#test**, retrieved June 25, 2020.

Preventing choking is an important component of program safety. While a person of any age can experience choking, the AAP reports that nearly 90% of fatal choking incidents occur in children younger than 4 years old.[87] Young children are at a developmental stage where their exploration of the environment is more likely to include placing items in their mouths. Objects that have a diameter or overall dimension of one and three-quarter inches or less are items that may pose a risk and must be made inaccessible to infants and toddlers. There are devices available to assist an early learning provider with assessing whether an item is equal to or greater than the overall dimension to pose a choking risk. A choking tube can be used to make sure materials accessible to young children do not pose a choking risk. An item that fits into the tube is considered a choking hazard.

Mixed-age early learning settings are particularly susceptible to choking hazards, as materials suited for the older children in care could be hazardous to their younger peers. Early learning providers help protect children by thoughtfully storing and locating items potentially hazardous to younger children out of their reach. Additionally, keep in mind some toys, such as small cars and stuffed animals, have parts that can become loose over time and pose a choking hazard. When early learning providers regularly inspect materials, by either throwing materials in the garbage or repairing items, this will ensure a safe environment for children.

Another critical safety consideration in an early learning program is to ensure that strings, cords, straps, ropes and similar items capable of forming a loop around a child's neck, are inaccessible to children when not being used during a supervised program activity. Anything that can loop around a child's neck poses a possible hazard, therefore, it is important to only allow the use of strings or ropes when doing a specific activity under close adult supervision. Whether the string, cord or strap is a singular item, or attached to a toy or piece of clothing, children can become entangled.

Many window blinds have been found to include cords capable of forming a loop. The hazardous cords could be the outer pull cords, or could also be the inner cords that run through the middle of the blinds.

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87 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 193.

According to the AAP journal, Pediatrics, more than 16,000 children went to the emergency room between 1990 and 2015 for injuries resulting from window blinds. It goes on to say that while 93% of the injuries were minor, 271 of the injuries resulted in the death of the child.[88] Window blinds or other window coverings with cords capable of forming a loop must be removed or properly retrofitted to eliminate the ability to form a loop. Contact your local DCYF licensing office guidance regarding proper retrofitting or removal.

Window Covering Safety Council. An informational website on window covering hazards and remediation.
https://windowcoverings.org/window-cord-safety/

Firearm and gun storage is another essential safety consideration in early learning programs. In 2017, at least 285 children under the age of 17 gained access to a gun and unintentionally shot themselves or someone else. Nearly 30% of these children were ages 4 and younger.[89] To minimize this risk, firearms, guns, weapons and ammunition are not permitted on the premises of a center early learning program. In a family home early learning program, these items must be stored in a locked gun safe or locked room inaccessible to children. A gun cabinet with glass doors is not considered a gun safe. When these items are not stored in a gun safe, each gun must be stored unloaded and with a trigger lock or other disabling device. The early learning provider must monitor that the door remains closed and locked throughout the day while children are on site.

Law enforcement and security officers in possession of their duty firearm while on-site would be considered inaccessible to children. There is no Washington State law or rule that addresses open carry or concealed weapons in licensed child care and early learning environments. It is up to the early learning provider to permit or prohibit a parent or guardian from entering into the environment while wearing a gun. Early learning providers may want to seek legal advice to learn about their rights.

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88 Bridget Onders, Eun Hye Kim, Thitphalak Chounthirath, Nichole Hodges and Gary Smith, "Pediatric Injuries Related to Window Blinds, Shades, and Cords," *Official Journal of the American Academy of Pediatrics* 141 (1) (2018), available at **https://pediatrics.aappublications.org/content/141/1/e20172359**
89 Every Town for Gun Safety Support Fund, "#NotAnAccident Index," (n.d.), available at **https://everytownresearch.org/notanaccident/#4043**, retrieved June 28, 2020.

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Appropriate power outlets keep children safe from electric shock. Each year, approximately 2,400 children are injured by inserting objects into electrical outlets. For the majority of these incidents, the child is under the age of 6 years old. Tamper-resistant electrical outlets prevent children from placing fingers or objects in the exposed outlet. This image shows a compliant electrical outlet, where the shutter must be moved to access the electrical outlet and the shutters stay closed when not in use.[90]

The ground fault circuit interrupter type of outlet represented in this image is compliant with WAC 110-300-0165 subsection (5)(b), which notes that outlets near water sources and accessible to children must be tamper-resistant and also equipped with a ground fault circuit interrupter (GFCI). A GFCI outlet has a sensor that will automatically shut off the flow of electricity when there is a change in the normal electric current. While the outlets look like they are open, they have built-in "shunts" that make them inaccessible to power unless a two-prong outlet is inserted. The GFCI outlet is also compliant with the standard in subsection (5)(a), so it could be used for any outlet, not just the outlets near water.

WAC 110-300-0170

Fire safety

(1) **An early learning provider must comply with the state building code, as now and hereafter amended, pursuant to RCW 19.27.031.**

(2) **An early learning provider must arrange for a fire safety inspection annually. A provider must arrange a fire safety inspection with a local government agency. If a local government agency is not available to conduct a fire safety inspection, a provider must inspect for fire safety using the state fire marshal form.**

(3) **To ensure a safe environment for children in care, an early learning provider must comply with the following fire safety requirements:**

(a) **Combustible materials.**

(i) **Combustible materials must be properly discarded pursuant to local jurisdictions, removed from the premises, or properly stored in closed metal containers specifically designed to hold such combustible materials;**

(ii) **Combustible materials stored in a closed metal container must not be stored in the premises licensed space or any place that may be accessible to children in care;**

(iii) **Combustible materials include, but are not limited to, lint, gasoline, natural gas, diesel, fuel, propane, rags soaked in combustible materials, oils, chemicals, or solvents.**

90 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 233.

(b) **Furnaces and other heating devices.**

(i) Paper, rubbish, or other combustible materials must be at least three feet from furnaces, fireplaces, or other heating devices;

(ii) Furnaces and other heating devices must be inaccessible to children in care; and

(iii) An appliance or heating device that has a surface capable of burning a child or reaching 110 degrees Fahrenheit must be inaccessible to children in care unless a program activity involves such an appliance or device and children are being actively supervised.

(c) **Electrical motors.** Electrical motor fans and appliances must be regularly cleaned to prevent accumulation of dust or lint.

(d) **Open flame devices, candles, matches and lighters.**

(i) Except for the use of a gas kitchen range, open flame devices must not be used in early learning program space or any other space accessible to children in care during operating hours;

(ii) Candles must not be used during operating hours;

(iii) Matches and lighters must be inaccessible to children.

(e) **Portable heaters and generators.** Portable heaters or fuel powered generators must not be used inside early learning program space during operating hours.

(i) In case of an emergency, a generator may be used but must be placed at least twenty feet from buildings, windows, doors, ventilation intakes, or other places where exhaust fumes may be vented into the premises or early learning space; and

(ii) Appliances must be plugged directly into a generator or into a heavy duty outdoor-rated extension cord that is plugged into a generator.

(f) **Fireplaces, woodstoves, or similar wood burning heating devices.** Chimneys, fireplaces, gas burning fireplaces, wood stoves or similar wood-burning devices must be inspected annually by a state or locally certified inspector, unless the provider submits to the department a written statement that the chimney, fireplace, wood stove or similar wood-burning device will not be used at any time.

(g) **Fire alarms and smoke and carbon monoxide detectors.**

(i) An early learning provider must have and maintain at least one smoke detector per licensed sleeping area and one per floor. Pursuant to the state building code, center early learning providers must comply with WAC 51-50-0907, as now and hereafter amended, and family early learning providers must comply with WAC 51-51-0314, as now and hereafter amended; and

(ii) An early learning provider must have and maintain carbon monoxide detectors. Pursuant to the state building code, center early learning providers must comply with WAC 51-50-0915 (https://apps.leg.wa.gov/wac/default.aspx?cite=51-50-0915), as now and hereafter amended, and family early learning providers must comply with WAC 51-51-0315 (https://apps.leg.wa.gov/wac/default.aspx?cite=51-51-0315), as now and hereafter amended.

(h) **Backup method to sound an alarm.** In addition to working smoke detectors, an early learning provider must have another method to alert all staff and enrolled children of a fire, emergency situation, or drill.

(i) Extinguishers. An early learning provider must have and maintain working fire extinguishers that are marked with a minimum rating of 2A:10 BC.

  (i) Fire extinguishers must be located pursuant to the state building code chapter 51-54A WAC, as now and hereafter amended, and must be readily available for use in case of an emergency;

  (ii) Fire extinguishers must be located on each level of the early learning program space used by children and mounted within seventy-five feet of an exit next to the path of the exit; and

  (iii) If a fire extinguisher is mounted in a closet, there must be a sign indicating the location of the extinguisher and obstructions must not block access to the closet.

(j) Monthly inspections. An early learning provider must involve staff responsible for different groups of children or individual classrooms during monthly inspections. At least once per month, a provider must inspect the premises to identify possible fire hazards and eliminate any hazards found including, but not limited to:

  (i) Fire extinguishers;

  (ii) Smoke detectors;

  (iii) Alternate alarms; and

  (iv) Emergency lighting.

In many cases, fires are preventable emergencies. WAC 110-300-0170 outlines steps early learning providers must take to minimize the risk of fire in their early learning program space.

Setting aside recurring, dedicated time to assess the safety of the program's environment and making the necessary change is an essential component of protecting the safety of the children in the program. For this reason, both child care center and family home early learning programs must arrange for a fire safety inspection with a local government agency every year. For early learning programs that are equipped with a managed fire suppression system, it is important to note that the suppression system inspection conducted by the system company does not meet the requirement for the annual fire safety inspection.

If a local government agency is not available to conduct a fire safety inspection, a provider must inspect for fire safety using the state fire marshal form applicable to the program facility type. The early learning provider must document the inspection results on the form, and retain the record.

The state fire marshal form for child care center and family home early learning programs can be accessed here: **www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents**.

According to National Fire Protection Association (NFPA), heating equipment is the second-leading cause of U.S. home fires and the third-leading cause of home fire deaths.[91] More than half of all home heating fire deaths resulted from fires that began when heating equipment was too close to things that can burn, such as upholstered furniture, clothing, mattresses or bedding. Between 2011 and 2015, portable and stationary space heaters accounted for more than 43% U.S. home heating fires and 85% home heating fire deaths. Because of the high risk of such devices, portable space heaters and fuel-powered emergency generators cannot be used in early learning programs during operating hours. In an emergency, a generator may be used only when it is located at least 20 feet from the early learning building. An example of an appropriate time to use a fuel-powered generator would be after a winter storm where fallen trees have caused an electric power failure. In that circumstance, a fuel-powered generator may be used to provide electricity to the early learning facility until conventional power is restored.

According to the CPSC, smoke alarms are critical for the early detection of a fire and could mean the difference between life and death. A smoke alarm provides continuous protection and when it first senses smoke, it sounds a shrill alarm. This often allows the precious, but limited, time needed to escape. About two-thirds of fire deaths occur in facilities with no smoke alarms or non-working smoke alarms. As a result, to ensure the safety of the staff and children in the program, there must be a smoke detector in each sleeping area and on each floor of the program. Inspection of smoke detectors is a required element of the emergency safety plan. The recommendation from the CPSC is that smoke detectors are checked monthly, batteries are replaced yearly and the smoke detector is replaced every 10 years.[92]

Carbon Monoxide is a colorless, odorless gas and when inhaled it can cause sudden illness or death. Although carbon monoxide poisoning can be fatal to anyone, children, pregnant women, older adults and persons with chronic illness are particularly vulnerable.[93] Locating carbon monoxide detectors on each level of a licensed program and in each area where children sleep minimizes the risk of carbon monoxide poisoning.

The sooner an early learning program is notified of an emergency, the more time there is to respond. WAC 110-300-0170 (3)(h) focuses on a backup method to sound an alarm during an emergency. The backup method might be a whistle, a bike horn, bells or an announcement over an intercom. When practicing evacuation drills, remember to practice using both the sound of the smoke detector and the backup alarm method. Consistent practice of safety drills and exposure to the emergency alarm sounds will ensure children and staff in the program will know how to respond to an emergency.

While fire extinguishers may be used to extinguish a fire, Caring for Our Children Standard 5.2.5.2 summarizes the fundamental priority during a fire emergency: "Staff should be trained that the first priority is to remove the children from the facility safely and quickly. Fighting a fire is secondary to the safe exit of the children and staff."[94]

WAC 110-300-0470 (4) (a-d) details requirements for fire and other emergency drills with staff and children.

91 National Fire Protection Association, "Space heaters account for 43 percent of U.S. home heating fires and 85 percent of associated deaths," available at **www.nfpa.org/News-and-Research/Publications-and-media/Press-Room/News-releases/2018/Space-heaters-account-for-43-percent-of-US-home-heating-fires-and-85-percent-of-associated-deaths**, published January 9, 2018.

92 U.S. Consumer Product Safety Commission, "Smoke Alarms – Why, Where, and Which," (2008), available at **www.cpsc.gov/s3fs-public/559.pdf**

93 American Academy of Pediatrics, "Protecting Children from Carbon Monoxide Poisoning," (n.d.), available at **www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Protecting-Children-from-Carbon-Monoxide-Poisoning.aspx**, retrieved June 22, 2020.

94 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 235.

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WAC 110-300-0175

Water hazards and swimming pools

To prevent injury or drowning and ensure the health and safety of children, an early learning provider must comply with the requirements described in this section.

(1) **The following bodies of water must be inaccessible to children in care by using a physical barrier with a locking mechanism in compliance with WAC 246-260-031(4) (https://apps.leg.wa.gov/wac/default.aspx?cite=246-260-031):**

   (a) **Swimming pools when not being used as part of the early learning program, hot tubs, spas and jet tubs;**

   (b) **Ponds, lakes, storm retention ponds, ditches, fountains, fish ponds, landscape pools or similar bodies of water; and**

   (c) **Uncovered wells, septic tanks, wastewater, wastewater tanks, below grade storage tanks, farm manure ponds or other similar hazards.**

(2) **An early learning provider must comply with the following requirements when using a swimming pool as part of the early learning program:**

   (a) **Comply with the supervision requirements of WAC 110-300-0350 (https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0350);**

   (b) **Audible alarms must be on all doors, screens, and gates in licensed areas that lead to a swimming pool. The alarm must be sufficient to warn staff when children enter the outdoor area and could access the swimming pool;**

   (c) **Swimming pools must be maintained according to manufacturer specifications;**

   (d) **Swimming pools must be cleaned and sanitized according to manufacturer instructions, chapter 246-260 WAC (https://apps.leg.wa.gov/wac/default.aspx?cite=246-260), and department of health or local health jurisdiction guidelines;**

   (e) **A swimming pool must not be used if the main drain cover is missing; and**

   (f) **Children in diapers or toilet training must wear swim pants to lower the risk of contaminating the water.**

(3) **Filtered wading pools must be inaccessible to children when not in use. Wading pools that do not have a filtering system are not permitted in the early learning program space.**

(4) **For bodies of water not located in early learning program space, but that are in close proximity, a physical barrier on the property must make such bodies of water inaccessible to children in care.**

(5) **Five gallon buckets or other similar containers must not be used for infant or toddler water play.**

(6) **If an early learning provider uses water tables or similar containers, the tables or containers must be emptied and sanitized daily, or more often if necessary.**

Water can be fun for play, can provide great learning opportunities, and is also hazardous. According to the CDC, drownings are the leading cause of death for young children ages 1 to 14, and three children die every day as a result of drowning.[95] "Most children drown within a few feet of safety and in the presence of a supervising adult."[96] The Washington State Department of Health reports that among children ages 1 to 4 years old, most drownings occur in residential pools. The young children involved

95 Centers for Disease Control and Prevention, "Drowning Prevention," available at **www.cdc.gov/safechild/drowning/index.html**, last updated February 6, 2019.
96 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 297.

in these types of drownings had been out of sight for less than five minutes and were in the care of one or both parents or guardians at the time.[97] Nationwide, infants most commonly drown in bathtubs, buckets or toilets, and children, in general, can drown in as little as an inch of water.[98]

Because the risk of harm to children is so great, the Foundational Quality Standards require a physical barrier with a locking mechanism for listed bodies of water when not in use. This might be a fence with a locked gate to prevent a child's access to a pond or open well, or it could mean a closed and locked hot tub cover. The physical barrier must be in good repair and the body of water inaccessible to children. An additional requirement to protect children from potential drowning is to include audible alarms on doors and gates that lead to a swimming pool, in order to alert staff if a child could access it.

Swimming and wading pools are subject to additional regulations that protect children's health. According to the CDC, Recreational Water Illnesses (RWI) are caused by germs and chemicals found in the water we swim in.[99] To prevent illnesses and health issues related to pools, they must be maintained, cleaned and sanitized according to the manufacturer's specifications and health jurisdiction guidelines. Additionally, only filtered wading pools are permitted.

Infants and toddlers are particularly vulnerable to water containers, such as a five-gallon bucket. Their heads are bigger in relation to the size of their bodies, so their center of gravity is higher. For this reason, these young children are more likely to fall over if they lean forward. According to the Journal of the American Medical Association (JAMA), the large size and heavy construction of these buckets, as well as the toddlers' top-heavy center of gravity and undeveloped coordination, prohibit the toddlers from getting themselves out after peering into and falling inside the buckets.[100] Five-gallon buckets and similar containers, are therefore prohibited from infant and toddler water play.

The most important preventive measure during water activities and near swimming pools is to maintain the active supervision of children present. To actively supervise means a heightened standard of care beyond supervision. Actively supervising requires an early learning provider to see and hear the children they are responsible for, and is required by WAC during higher-risk activities. While children are engaged with water, an early learning provider must be able to instantly respond to unsafe or harmful events. WAC 110-300-0350 outlines requirements for supervising children during water activities.

Stay Safe and Healthy in your Backyard Pool. CDC webpage for healthy swimming. **www.cdc.gov/healthywater/swimming/safe-swimming-week/feature.html**

Water Smart Broward. Pool and water safety brochures and handouts to share with families. **www.watersmartbroward.org/resources/brochures-handouts/**

97   Washington State Department of Health, "Pool Safety," (n.d.), available at **www.doh.wa.gov/CommunityandEnvironment/WaterRecreation/PoolSafety**, retrieved June 22, 2020.
98   Washington State Department of Health, "Drowning," (2013), available at **www.doh.wa.gov/portals/1/Documents/2900/DOH530090Drown.pdf**
99   Centers for Disease Control and Prevention, "Recreational Water Illnesses," available at **www.cdc.gov/safechild/drowning/index.html**, last updated June 4, 2020.
100 Mary Jumbelic and Michael Chambliss, "Accidental Toddler Drowning in 5-Gallon Buckets," 263 (14) (1990), available at **https://jamanetwork.com/journals/jama/article-abstract/381347**

Food and Nutrition

WAC 110-300-0180

Meal and snack schedule

(1) An early learning provider must serve meals and snacks to children in care as follows:

(a) Meals and snacks must be served not less than two hours and not more than three hours apart unless the child is asleep;

(b) Children in care for five to nine hours:

(i) At least one meal and two snacks; or

(ii) Two meals and one snack.

(c) Children in care for more than nine hours:

(i) Two meals and two snacks; or

(ii) Three snacks and one meal.

(d) After school snack, dinner, evening snack, and breakfast:

(i) A snack or meal must be provided to a child that arrives to the early learning program after school;

(ii) Dinner must be provided to children in nighttime care if a child is at an early learning program after his or her dinnertime, or has not had dinner;

(iii) An evening snack must be provided to children in nighttime care;

(iv) Breakfast must be provided to children in nighttime care if a child remains in care after the child's usual breakfast time; and

(v) A breakfast or morning snack must be available to children in care.

(2) At least once per day, an early learning provider must offer children an opportunity for developmentally appropriate tooth brushing activities.

(a) Tooth brushing activities must be safe, sanitary, and educational.

(b) Toothbrushes used in an early learning program must be stored in a manner that prevents cross contamination.

(c) The parent or guardian of a child may opt out of the daily tooth brushing activities by signing a written form.

"One of the basic responsibilities of every…caregiver/teacher is to provide nourishing food daily that is clean, safe, and developmentally appropriate for children."[101] In addition to keeping children free from hunger and ensuring healthy nutrition, the experiences children have around meals and eating can also impact their cognitive, social and emotional development. Regular meal and snack times contribute to healthy eating habits by establishing routines related to food. According to CFOC, "early food and eating experiences form the foundation of attitudes about food, eating behavior, and consequently, food habits."[102] The Foundational Quality Standards, therefore, include regulations about how often food is served in an early learning environment.

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101 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), 161.

102 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 162.

WAC 110-300-0180 (1)(a) requires an early learning provider to offer a meal or snack not less than two hours apart and not more than three hours apart. This ensures a child in care for up to five hours has a minimum of one food offering and possibly two, depending on the timing of the hours in care. Plenty of food offerings are important for children because they have small stomachs, so they feel full faster than adults. To provide the energy a child needs, they require nourishment between meals to support their growth and developmental needs.[103]

The longest period children will go without nourishment for their bodies is likely the overnight hours. For children who are in care for more than nine hours, WAC 110-300-0180 (1)(d)(v) requires that breakfast or morning snack must be available. The early morning offering will help ensure children have the nourishment to support their learning, growth and developmental needs starting early in the day. Please note that this WAC standard is required regardless of whether the early learning program is participating in the U.S. Department of Agriculture (USDA), Food and Nutrition Service, Child and Adult Food Program (CACFP) for meal and snack reimbursement.

Ensuring that foods are offered with plenty of time in between, but not too far apart, supports the child's development in a couple of ways. This helps to prevent over and under-eating in children. It also helps young children learn to regulate their appetites and identify their body's cues.[104] For instance, a child that trusts that food will soon be offered again begins to build confidence in their choice to decline food when they don't feel hungry.

The AAP notes that it is normal for the appetites of toddlers and preschoolers to go in spurts, in relation to their period of growth.[105] This means they may go from eating very little to eating quite a lot in just a couple of days. For this reason, it is important to support children in developing the skills to identify hunger and fullness (satiety) cues and have the confidence to make decisions based upon them. This is part of why the WAC provides for frequent meals in which a variety of foods are offered to the child.

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103 American Academy of Pediatrics, "Making Sure Your Child is Eating Enough," *healthychildren.org, last updated (2012), available at* **www.healthychildren.org/English/ healthy-living/nutrition/Pages/Making-Sure-Your-Child-is-Eating-Enough.aspx**

104 Silvia Scaglioni, Valentina De Cosmi, Valentina Ciappolino, Fabio Parazzini, Paolo Brambilla and Carlo Agostoni, "Factors Influencing Children's Eating Behaviours," *Nutrients 10 (6) (2018), available at* **www.ncbi.nlm.nih.gov/pmc/articles/PMC6024598**

105 American Academy of Pediatrics, "Childhood Nutrition," *healthychildren.org, last updated (2016), available at* **www.healthychildren.org/English/healthy**

Here are several examples of how to meet the required number of meals and snacks for an early learning program operating nine or more hours a day.

Example 1:

Two meals, two snacks - without school-age children

- 6:30 a.m. Open
- 8 a.m. Breakfast
- 10 a.m. Morning Snack
- Noon Lunch
- 3 p.m. Afternoon Snack
- 6 p.m. Close

Example 2:

Two meals, two snacks - with school-age children and early opening
(school breaks for instance)

- 6 a.m. Open
- 7 a.m. Breakfast
- 9:30 a.m. Morning Snack
- Noon to 12:30 p.m. Lunch
- 3 p.m. Afternoon Snack
- 6:30 p.m. Close

Example 3:

Three snacks and one meal - with late opening

- 7 a.m. Open
- 9 a.m. Morning Snack
- 11:30 a.m. to Noon Lunch
- 2:30 p.m. Early Afternoon Snack
- 5:30 p.m. Late Afternoon Snack
- 7 p.m. Close

Tooth brushing is another healthy routine supported by WAC 110-300-0180. Daily tooth brushing in an early learning environment helps children establish habits that promote good oral health and prevent gingivitis and tooth decay. According to the CDC, tooth decay is the most common early childhood illness.[106] When children do not practice adequate tooth brushing, they may experience pain and struggle with their dental health. Regular tooth brushing practice in the early learning program helps teach children the importance of oral health and encourages them to adopt preventative habits. According to research, childhood oral health directly influences oral health later on in life and is a strong predictor of adult oral health.[107]

An early learning provider must provide tooth brushing opportunities that are developmentally appropriate, safe and sanitary at least once a day. Adult supervision during tooth brushing minimizes cross-contamination of toothbrushes and allows for the education and support of the children. Generally, children do not have the needed hand-eye coordination for independent brushing until approximately 6 years old.[108] As a result, gentle instruction or assistance may be necessary. Young children can learn about brushing their teeth in a variety of ways, such as:

- Watching a provider demonstrate brushing their own teeth
- Reviewing the steps using a large mouth model
- Practicing by pretending to brush during group activities
- Reading books about tooth brushing
- Singing songs
- Looking at pictures or posters

One method for sanitary tooth brushing is the table method. In this method, tooth brushing supplies for each child are brought to the table and children participate in the tooth brushing activity as a group. Some of the ways that the table method meets the requirements for tooth brushing that is safe, sanitary, educational and developmentally appropriate include:

- Greater potential for supervision and guidance
- Less chance of contamination from brushing close to a handwashing sink or dropping their toothbrush in the bathroom
- Less chance of children contaminating each other's toothbrush if children are adequately spaced apart (i.e., same space as during eating meals)
- The ability for early learning providers to demonstrate effective tooth brushing

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106 Centers for Disease Control and Prevention, "Hygiene-related Diseases," available at **www.cdc.gov/healthywater/hygiene/disease/dental_caries.html**, last updated September 22, 2016.

107 Anja Heilmann, Georgios Tsakos and Richard G. Watt, *A Life Course Perspective on Health Trajectories and Transitions*. (Switzerland: Springer International Publishing, 2015). Chapter 3: 39-59.

108 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 108.

Another method for sanitary tooth brushing is the sink method. When using the sink method, children are located at a sink while brushing. In this method, an adult generally supervises a child or two at a time while offering needed instruction, assistance and monitoring to minimize potential cross-contamination. For health reasons, when an early learning program uses a handwashing sink that is also used for toileting or diapering, the sink must be disinfected before tooth brushing. Additionally, water given to the child to rinse their mouth and for rinsing the toothbrushes should be obtained from a food preparation sink or other approved water source, rather than the handwashing sink.

Please refer to WAC 110-300-0236 for requirements related to safe drinking water.

It should be noted that the Foundational Quality Standards do not require that tooth brushing include the use of toothpaste for any age group of children. If an early learning program opts to use toothpaste, it may be provided by the early learning program or by the parent or guardian for their own child. When parents or guardians bring a tube of toothpaste, it must be labeled with the child's name, matched with the child and the child's toothbrush. This is necessary to avoid cross-contamination. If one child's toothpaste tube is used on another child's toothbrush, the toothbrush is then contaminated.

WAC 110-300-0215 (3)(a)(iv) requires an annual parent or guardian authorization for the administration of fluoride toothpaste for children 2 years old or older. The intent of this WAC is that fluoride toothpaste is not used for children under 2 years old.

One tube of toothpaste can be used for all the children. To implement this method, the early learning provider places the correct amount of toothpaste on the rim of a separate, clean and disposable cup, napkin or piece of paper and guides children to scoop it onto their own toothbrush. This method removes the possibility of contamination from the toothpaste tube touching a child's toothbrush and removes the need to label the toothpaste.

When children are done with their tooth brushing, the toothbrush should be rinsed to remove any remaining toothpaste and food particles. To maintain sanitary conditions, care must be taken to prevent each toothbrush from potential cross-contamination. Toothbrushes should not touch an un-sanitized sink, table or countertop, or other children's toothbrushes after brushing or during storage.

For babies, there are other considerations about what is developmentally appropriate. CFOC recommends brushing new baby teeth as soon as the first tooth erupts.[109] Early learning providers can discuss with parents and guardians the importance of tooth brushing, establishing a routine and seeking a professional dental health provider for their child.

109 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children. 108.*

While there is a requirement to offer tooth brushing at least once a day, it is up to the early learning programs to decide when to offer tooth brushing – early learning programs have many options to consider. It may be easier to include this activity after a snack or meal, whether using the table method or the sink method. Tooth brushing is a self-care activity for children and provides an opportunity for children to learn about how taking care of their teeth contributes to overall healthy bodies.

A family home early learning provider in Snohomish County shares:

"Our daily tooth brushing activity starts with hand washing, getting the table ready, setting up the small cups with toothpaste and their individual toothbrushes. I show them how to do it, we sing a song while tooth brushing and they are very good at following instructions, they are natural. They also show their own techniques and how they do it at home. Since tooth brushing is part of our program, it has become easier every day. It is one way to engage with children and at the same to be a good model. The children get excited for tooth brushing. We provide colorful toothbrushes where we make the routine fun and at the same time healthy. They even do it on their own now. Parents are very supportive and happy that we added tooth brushing in our program. It is a teamwork effort that results in a positive outcome, healthy habits for young children. Like they always say, "start them young."

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Tooth Brushing Videos. The following list has several video links of early learning programs implementing tooth brushing activities. These provide good visual examples of how to store toothbrushes, how to set up tooth brushing activities when access to a sink or bathroom is limited, how to engage a group in the activity and how to model tooth brushing for children:

- 30-second video (Head Start): Brushing Teeth! A tooth brushing song at a sink.
  www.youtube.com/watch?v=Dh3xulpqL0o

- Three-minute video (Head Start): Preschool Oral Health and Tooth Brushing
  www.youtube.com/watch?v=_PRsq6uwC0o

- Six-minute video (Head Start): Steps for Tooth Brushing at the table: Growing Healthy Smiles in Early Care and Education Programs
  https://eclkc.ohs.acf.hhs.gov/video/steps-toothbrushing-table-growing-healthy-smiles-early-care-education-programs

- 90-second video (BoysTown Pediatrics): While this video doesn't take place in an early learning setting, it does show how to wash a baby's gums and gives tips for brushing teeth with children under the age of two
  www.youtube.com/watch?v=NFiH6wwoMpQ

- Three-minute video (Snohomish Health District): Teaching Tooth Brushing in Child Care
  www.youtube.com/watch?v=iSlRQXJhLNE

- One-minute video (Snohomish Health District): Teaching Toddlers to Brush Teeth
  www.youtube.com/watch?v=YyPoZfeaMPY

CACFP is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, family child care homes and adult day care facilities.
www.fns.usda.gov/cacfp

CACFP Child Day Care resource webpage provides a list of information and resource webpages about food and nutrition in child care.
www.fns.usda.gov/cacfp/child-day-care-centers

Dental Health & Hygiene for Young Children at healthychildren.org provides information related to oral health in children.
www.healthychildren.org/English/healthy-living/oral-health/Pages/Teething-and-Dental-Hygiene.aspx

Healthy Living - Nutrition at healthychildren.org provides more than 100 articles about a wide variety of food topics, including allergies, food substitutions, picky eaters, serving portions and food safety.
www.healthychildren.org/English/healthy-living/nutrition/Pages/default.aspx

Healthy from the Start covers how feeding nurtures your young child's body, heart and mind. It is an informational brochure from Zero to Three on meals and mealtime.
www.zerotothree.org/resources/352-healthy-from-the-start

Oral Health Birth to 6 Months and other ages. The Snohomish Health District Dental Resources page includes educational materials about caring for teeth by age. This publication is provided in English, Arabic, Russian and Spanish languages.
www.snohd.org/234/Dental-Resources

Tooth Brushing Policy. The Snohomish Health District has created a sample tooth brushing policy for an early learning program, which includes guidance for both the table method and the sink method.
www.snohd.org/DocumentCenter/View/2747/Model-Toothbrushing-Policy--2019

Tooth Brushing at the Table. A Snohomish Health District publication with step-by-step instructions for a tooth brushing table activity in an early learning program, with additional guidance and tips.
www.snohd.org/DocumentCenter/View/2726/SHD-Toothbrushing-Guidance-Posters

Washington Dental Association. This is a great resource to share with parents or guardians if they are looking for a dentist for their child or a dentist who serves individuals with developmental or acquired special needs. The pediatric dental search requires parents or guardians to complete a referral form where they will be contacted by a representative to assist them in finding a dentist. Parents or guardians can request assistance in their preferred language, including Spanish, Somali, Russian, Vietnamese and more.
www.wsda.org/public

WAC 110-300-0185

Menus, milk, and food

To ensure proper nutrition of children in care, an early learning provider must comply with the child nutrition requirements described in this section.

(1) Meals, snack foods, and beverages provided to children in care must comply with the requirements contained in the most current edition of the USDA Child and Adult Care Food Program (CACFP) standards, or the USDA National School Lunch and School Breakfast Program standards.

(a) An early learning provider must supply dated menus.

(b) Food and beverage substitutions to a scheduled menu must be of equal nutritional value.

(c) An early learning provider must only serve water, unflavored milk or one hundred percent fruit or vegetable juice.

(d) An early learning provider must limit the consumption of one hundred percent fruit juice to no more than four to six ounces per day for children between one and six years old, and eight to twelve ounces per day for children seven through twelve years old.

(2) An early learning provider must serve a fruit or vegetable as one of the two required components during at least one snack per day.

Children need proper nutrition to support their growth and development. The quality of the foods that children eat can influence their health over their lifetime. According to research, a balanced diet along with daily age-appropriate physical activity can reduce diet-related risks including overweight, obesity and chronic disease later in life.[110]

For optimal growth, children's bodies need to be supplied with a variety of essential vitamins, minerals and other nutrients, while taking in minimal added sugars and saturated fats.

The WAC requirement to provide children with meals complying with either CACFP or the USDA National School Lunch and School Breakfast Program standards helps ensure a balanced diet. The CACFP and USDA National School Lunch and School Breakfast programs are federal programs that provide financial reimbursements for nutritious meals and snacks at participating early learning programs. Enrollment in a food program is optional for all early learning providers. To receive eligible reimbursements for the cost of food, an early learning provider on each food program is required to serve foods that meet certain nutritional standards. In addition to the financial reimbursements, enrollment in the food program has other incentives, which include menu development support, nutritional education, training and resources. To support all children's growth and development, the Foundational Quality Standards require that all early learning program's menus meet the nutritional standards of these programs, whether or not they are participating in them. The standards for each program can be found at **www.fns.usda.gov/cn** .

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110 U.S. Department of Agriculture and U.S. Department of Health and Human Services, *Dietary Guidelines for Americans 7th ed.* (Washington, DC: U.S. Government Printing Office, 2010), available at **www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf**

A family home early learning provider in Yakima County shares:

"It was easy to start the food program. From the beginning of my work, I thought about the children I care for should have the best nutrition so I looked for information. My favorite part about my own program is the children are able to help me plan what they would like to eat. I cook multicultural foods for them from Mexican or Italian spaghetti, which I learned to cook here when I worked at the migrant council where I worked as a cook assistant. We cannot forget about the Mexican Pozole with pork or chicken with different vegetables. Also, there is American food like hamburgers and delicious macaroni and cheese and sandwiches. They eat everything. I would encourage others to participate in the food program so the children can have the benefits from the nutrition programs they offer because in the end all the benefits of the program are for them to grow up healthy."

To ensure daily meals and snacks meet the required nutritional components, an early learning provider needs to plan ahead. Creating a menu does more than help the early learning program to track that the foods served each day meet the nutritional requirements. A planned menu also allows the early learning provider to budget their funds and ensure the needed amount of nutritious food is on-site when it is time to prepare and serve the meals or snacks. The CACFP meal pattern establishes minimum serving sizes offered to children according to their age. For instance, the serving size for the protein component is different for toddlers than it is for preschool-age children. Anticipating the required serving sizes in relation to program enrollment will aid the early learning program in better estimating the amount to purchase so there is plenty of food and minimize waste. Menus also communicate to parents, guardians and staff what is being served ahead of time, in the event an adjustment needs to be made. For convenience, an early learning program may choose to develop a rotating menu.

To maintain compliance with the guidelines, when food and beverage substitutions are made to the menu, the item must be of equal nutritional value. For example, the CACFP requires breakfast to include fluid milk, a vegetable or fruit or both and a grain. If an early learning provider plans on children eating whole-grain toast, strawberries and milk for breakfast and realizes the strawberries are expired while prepping, they must provide another fruit or vegetable to substitute the strawberries. Substituting a grain, like crackers, for the strawberries would not meet the CACFP guideline or WAC. In this scenario, the provider has bananas available and serves this with the toast and milk and updates their menu in case a parent or guardian inquires about breakfast, they can inform them about the substitution.

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A few sample menus have been provided to demonstrate what a well-developed menu with variety and balance might look like:

Snohomish Health District provides a Sample Menu for children ages
1 to 12 years in a program operating more than nine hours. To download this menu, go to
https://www.snohd.org/DocumentCenter/View/2722/Sample-Menu--2019 .

Food program sponsor Metropolitan Development Council (MDC) shares sample breakfast, lunch and snack servings to meet CACFP requirements.
To download this menu, go to **www.dcyf.wa.gov/sites/default/files/pdf/lic-guide/LIC_0010_MDC_Sample_Menu.pdf** .
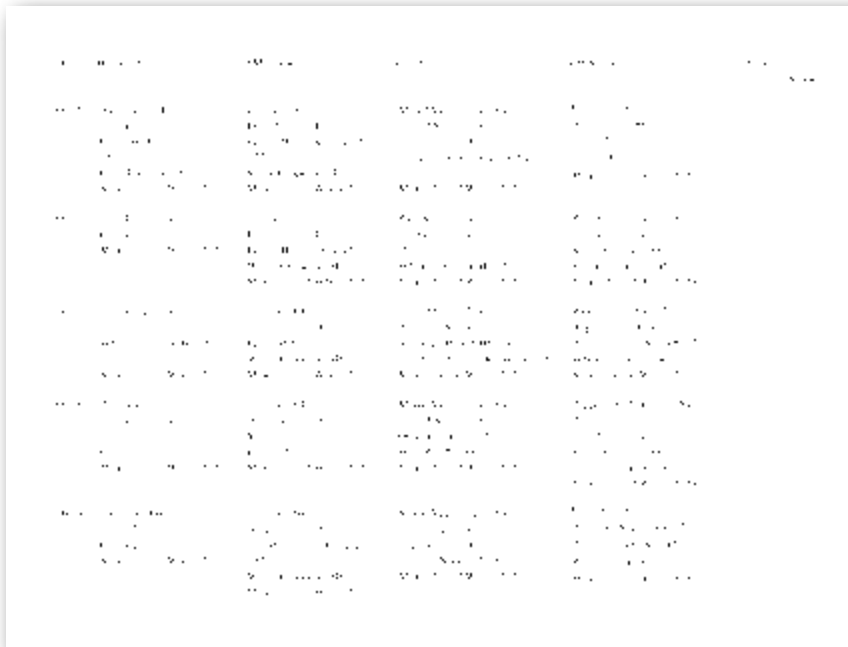
A family home early learning provider in Clark County provides a sample menu for children ages preschool through school-age for a program operating more than nine hours. To download this menu, go to **www.dcyf.wa.gov/sites/default/files/pdf/ lic-guide/LIC_0010_Sample_menu_Clark_County_Early_Learning_Provider.pdf** .
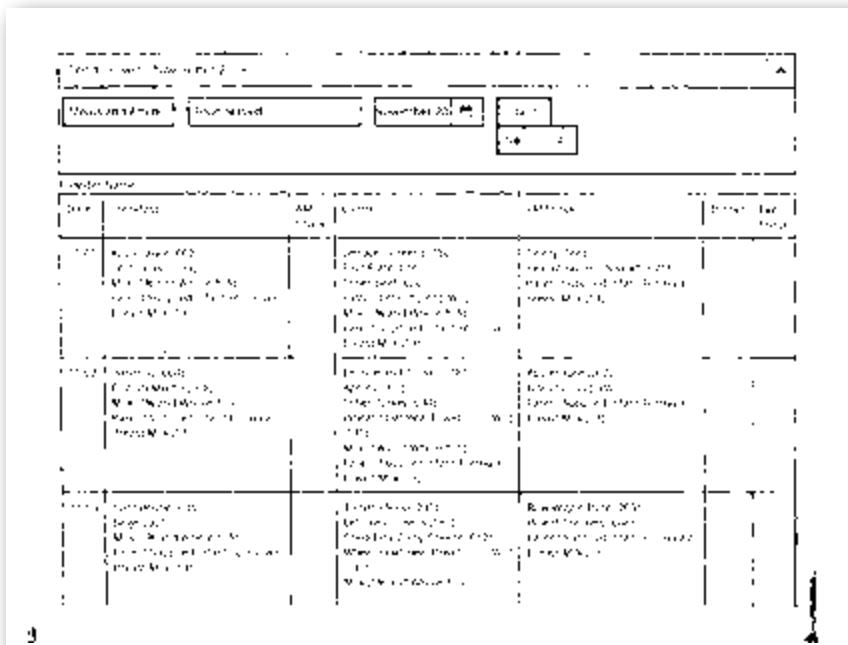
A family home early learning provider in Clark County provides a sample menu for children ages infant through school age. To download this menu, go to **www.dcyf.wa.gov/sites/default/files/pdf/lic-guide/LIC_0010_Sample_menu_Clark_ County%20family_home.pdf** .

Menus and mealtimes in an early learning program can offer a fun and exciting way to celebrate community and diversity through the exploration of foods and flavors. In a center early learning program, the director asks families to share a favorite recipe during enrollment and discusses the family's eating rituals. Each Tuesday, a family recipe is incorporated into the program menu. Staff and children converse together during mealtime about the food, family traditions and the culture. The meals might even include cultural experiences like eating with their hands or using different utensils such as chopsticks.

CACFP Child Day Care resource webpage provides a list of information and resource webpages about food and nutrition in child care.
www.fns.usda.gov/cacfp/child-day-care-centers

CACFP Training Tools provides a list of tools and resources to implement the meal pattern requirements.
www.fns.usda.gov/tn/training-tools-cacfp

Child Meal Pattern. United States Department of Agriculture's at-a-glance charts for CACFP required nutritional components and serving sizes, for each meal and snack, by child age group.
https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_childmealpattern.pdf

Family Home CACFP sponsors. A list of agencies that a family home early learning provider may contact to participate in the CACFP food program.
www.k12.wa.us/sites/default/files/public/childnutrition/ FDCH%20Sponsors%202020.pdf

Nutrition & Physical Activity. A Snohomish Health District Child Care webpage with resource links including resources for nutrition and child care menu planning.
www.snohd.org/252/Nutrition-Physical-Activity

Selecting Foods of Children's Cultural Backgrounds for a Preschool Menu: A Practical Solution. A study included in The Journal of Child Nutrition & Management. This study explores practical ways to incorporate foods that reflect the cultural backgrounds of children enrolled in preschool.
https://schoolnutrition.org/uploadedFiles/5_News_and_Publications/4_The_Journal_ of_Child_Nutrition_and_Management/Spring_2004/8-smith.pdf

Serving Up Tradition: A Guide for School Food in Culturally Diverse Communities. A Food Corps Massachusetts guide for creating more culturally appropriate menu items in school programs. It outlines steps to take, case studies and recipes to try. While school districts are the intended audience much of the content may be adapted for early learning, and inspire continued creativity and diversity.
www.massfarmtoschool.org/wp-content/uploads/2017/12/ServingUpTradition.pdf

How to Handle Picky Eaters. A Zero to Three article with tips for how to introduce and encourage the sampling of new foods.
www.zerotothree.org/resources/1072-how-to-handle-picky-eaters

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WAC 110-300-0186

Food allergies and special dietary needs

(1) An early learning provider must obtain written instructions (the individual care plan) from the child's health care provider and parent or guardian when caring for a child with a known food allergy or special dietary requirement due to a health condition. The individual care plan pursuant to WAC 110-300-0300 must:

(a) Identify foods that must not be consumed by the child and steps to take in the case of an unintended allergic reaction;

(b) Identify foods that can substitute for allergenic foods; and

(c) Provide a specific treatment plan for the early learning provider to follow in response to an allergic reaction. The specific treatment plan must include the:

    (i) Names of all medication to be administered;

    (ii) Directions for how to administer the medication;

    (iii) Directions related to medication dosage amounts; and

    (iv) Description of allergic reactions and symptoms associated with the child's particular allergies.

(2) An early learning provider must arrange with the parents or guardians of a child in care to ensure the early learning program has the necessary medication, training, and equipment to properly manage a child's food allergies.

(3) If a child suffers from an allergic reaction, the early learning provider must immediately:

(a) Administer medication pursuant to the instructions in that child's individual care plan;

(b) Contact 911 whenever epinephrine or other lifesaving medication has been administered; and

(c) Notify the parents or guardians of a child if it is suspected or appears that any of the following occurred, or is occurring:

    (i) The child is having an allergic reaction; or

    (ii) The child consumed or came in contact with a food identified by the parents or guardians that must not be consumed by the child, even if the child is not having or did not have an allergic reaction.

(4) Early learning providers must review each child's individual care plan information for food allergies prior to serving food to children.

Childhood food allergies are a public health problem. Children have the greatest number of food allergies, impacting about 8% of children.[111] "There is no cure for food allergies. Strict avoidance of the food allergen is the only way to prevent a reaction. However, because it is not always easy or possible to avoid certain foods, staff in early care and education programs (ECE) should develop plans for preventing an allergic reaction and responding to a food allergy emergency, including anaphylaxis. Early and quick recognition and treatment can prevent serious health problems or death."[112] This WAC is designed to ensure that the early learning program is aware of known food allergies and special diets, and is prepared with rapid recognition and treatment if a problem occurs.

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111 Centers for Disease Control and Prevention, "Food Allergies" available at **www.cdc.gov/healthyschools/foodallergies/index.htm**, last updated June 8, 2020.

112 Centers for Disease Control and Prevention, "Food Allergies" available at **www.cdc.gov/healthyschools/foodallergies/index.htm**, last updated June 8, 2020.

Food allergies are rising[113] and can lead to emergency room visits as well as death. According to Food Allergy Research & Education:

- There are 32 million Americans with potentially life-threatening food allergies.
- 200,000 emergency room visits occur each year due to food allergies.
- 200 people die from food allergy complications.[114]

Allergic reactions can range from mild to severe. Mild symptoms may include itchy mouth, itchy or runny nose, sneezing, mild itchy skin or a few hives or mild nausea.

Severe symptoms may include widespread hives, vomiting or anaphylaxis. Anaphylaxis is the result of a release of chemicals causing one's body to go into shock. When this happens, a person's blood pressure drops and their airway narrows, which blocks breathing. It is severe and life-threatening.

Due to the potentially serious consequences of food allergies, early learning programs must ensure they are informed about allergies of children in their program. Thorough communication between the parent or guardian and the early learning provider is critical. Communication allows the early learning provider to adequately prepare and plan, so the chance of an allergic reaction is minimized, and they are ready to handle an allergic reaction if necessary. The Foundational Quality Standards support this communication with the requirement to have written instructions in the form of an individual care plan.

An individual care plan is a plan to meet the individual needs of a child with a food allergy, a special dietary requirement due to a health condition or other special needs. This may include children with food allergies or intolerances, or children whose medical diagnosis impacts their diet. For example, a child may have difficulty swallowing, diabetes, a metabolic disorder or developmental disability that necessitates special dietary requirements.

To ensure the plan meets the health needs of the child and also represents the family's medical values, the plan is developed in consultation with the parent or guardian, and when applicable, the health care provider. The purpose of the plan is to provide specific information for the early learning program about the child's food allergies. This will include the specific allergy, signs or symptoms of the allergic reaction, medication information, alternate foods that can be provided and the steps to take if the child has an allergic reaction.

WAC 110-300-0300 outlines requirements for an individual care plan.

WAC 110-300-0190 outlines requirements related to written food plans.

113 Jessica Savage and Christina B. Johns, "Food Allergy: Epidemiology and Natural History," *Immunology and Allergy Clinics of North America 35 (1) (2015): 45-59,* available at **www.ncbi.nlm.nih.gov/pmc/articles/PMC4254585/**

114 Food Allergy Research & Education, "I Am So Much More Than My Food Allergies," available at **www.foodallergy.org**, retrieved March 2020.

Getting information from the family provides a common system for monitoring and protecting the health and safety of the child. As the child's caregiver, take the time to speak with the family about the child's needs and obtain the information, supplies and training from the child's parent or guardian so the plan can be fully implemented by early learning program staff. Ensure the written instructions are understood, the necessary medication is in a convenient location and that the medication is not expired. Keep in mind that life-saving medications need to be easily accessible to staff and not locked in a cabinet. Any other equipment to properly manage an allergic reaction must be readily available to staff. Please also note that anytime an EpiPen, or any other lifesaving medication, is administered, 911 and the parents or guardians must be called.

Allergy and Food Modifications Posting List. A Snohomish Health District resource to assist early learning programs in ensuring that they are keeping track of children's food allergies and follow-up plans.
www.snohd.org/DocumentCenter/View/2705/Allergy--Food-Modifications-Posting-List-7-2019?bidId

Create an Allergy and Anaphylaxis Emergency Plan: AAP Report Explained. A healthychildren.org webpage on Allergic Reactions which includes a sample American Academy of Pediatrics emergency plan for allergies.
www.healthychildren.org/English/health-issues/conditions/allergies-asthma/Pages/Create-an-Allergy-and-Anaphylaxis-Emergency-Plan.aspx

Food Allergies in Child Care. A Seattle and King County Public Health comprehensive resource guide for supporting children with food allergies in child care programs.
www.kingCounty.gov/depts/health/child-teen-health/child-care-health/healthy-habits/~/media/depts/health/child-teen-health/child-care-health/documents/FoodAllergyHandbook.ashx

Food Allergy Research & Education (FARE). A comprehensive website providing information about children with food allergies. This link provides safety tips, written management plans, frequently asked questions and more.
www.foodallergy.org/resources?_limit=12&_page=1&audience=19

This link provides resources for teaching young children how to "Be a PAL (Protect a Life)" to children with food allergies - that is how to keep friends safe. Printable materials are available in English and Spanish:
www.foodallergy.org/education-awareness/be-a-pal

Kids with Food Allergies: A portion of this site is dedicated to keeping children safe at school. Many of the resources, including curriculum and tip sheets, can be adapted for preschool-age children.
www.kidswithfoodallergies.org/planning-for-school.aspx

How to Understand and Use the Nutrition Facts. A U.S. Food & Drug Administration website that gives visual examples for reading ingredients on nutrition fact labels.
www.fda.gov/food/labelingnutrition/ucm274593.htm

WAC 110-300-0190

Parent or guardian provided food and written food plans

(1) **A written food plan must be developed by the provider and a child's parent or guardian, signed by all parties, and followed when accommodating a child's:**

   (a) **Special feeding needs;**

   (b) **Special diets;**

   (c) **Religious or cultural preferences;**

   (d) **Family preference; or**

   (e) **Other needs.**

(2) **An early learning provider may allow or require parents or guardians to bring food for their child.**

(3) **If a parent or guardian provides meals for their child, an early learning provider must:**

   (a) **Notify the parent or guardian in writing of the USDA CACFP requirements for each meal; and**

   (b) **Supplement a child's meal that does not satisfy USDA CACFP requirements if necessary.**

(4) **On special occasions, such as birthdays, an early learning provider may allow parents or guardians to bring in snacks that may not satisfy the nutritional requirements for all children. The snacks provided must be limited to:**

   (a) **Store purchased fruits and vegetables (uncut);**

   (b) **Foods prepackaged in the original manufacturer containers; or**

   (c) **Snacks prepared, cooked, or baked at home by parents or guardians of a child in care. Prior to serving, an early learning provider must receive written permission from each child's parent or guardian stating their child may consume food prepared, cooked, or baked by another child's parent or guardian.**

Serving a healthy diet of foods with a variety of vitamins, minerals and other nutrients is important to support children's growth and development. Sometimes, however, the details surrounding a healthy diet can vary. Families enrolled in an early learning program may have dietary needs or requests that fall outside of the general program menu. A written food plan is a document designed to accommodate a child's dietary preferences, special diets or feeding needs by giving alternative food to a child in care. The written food plan must describe in detail modifications regarding how food may be prepared, stored and served to eliminate contact with allergens.

For instance, an early learning program may have a child with a medical diagnosis such as a food allergy or sensitivity, a child who struggles to gain weight or a child who cannot swallow or digest food. Situations such as these might impact the type of food that may be served or how the food is presented. For example, a child may need food presented in soft or liquid form, or given through a tube.

While serving their community, an early learning program is also likely to encounter families whose values or religious faith include observances related to food. A child's family may choose to observe a vegetarian or vegan diet. The family may have only certain meats permitted or their diet may change at different times of the year. The families and children enrolled in an early learning program will be diverse and may have diverse food needs.

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A family home early learning provider from Franklin County shares:

"At first, I had a baby who started to eat solid foods and the truth is, we were afraid what we gave her would give her a reaction. So the plan we made with her parents was that they would give her food first and then they would see if the child had a reaction or not and they would let us know. This way, we were able to see if we could give the child the food or not. Now this child has been with me for a few years and it is much easier to follow her written food plan because she's already tried the food and cooperates as well. The truth is, it has been easy to follow the written food plan with this child because we have always had very good communication with the parents and we are always working together to support the nutritional development of the child. For me, what is especially most important is the communication with the parents of the child needing help because this way a plan is developed and it is carried out together with the family."

To accommodate a child's individual food needs, a written food plan will establish a mutual understanding of what foods may be eaten while in care and any instruction regarding how the food will be served. This written food plan must be signed by the early learning provider, the parent or guardian, it must be followed, and kept on file.

An early learning program may allow or require the parent or guardian to bring food for their own child. Whether the food is provided by the early learning program or by the parent or guardian, it must meet the requirements outlined in WAC 110-300-1085 for menus, milk and food. To ensure the menu meets the nutritional requirements, the early learning program must notify the parents in writing, of the USDA CACFP requirements for each meal. If these foods provided by the parent or guardian do not meet the CACFP requirements, it is the responsibility of the early learning program to supplement the child's meal to meet the dietary requirements, within the parameters of the written food plan.

WAC 110-300-0185 establishes requirements for menus, milk and food.

When food is prepared and served by early learning program staff, enrolled families have the reasonable assurance that the food served to their child is healthy and was prepared following basic health and sanitation procedures. On special occasions, families may provide foods that are prepared by themselves or others and do not meet the required nutritional requirements. Each time food is prepared off-site, a parent or guardian must provide written permission stating their child is allowed to consume the food. This written permission ensures that enrolled families are fully informed about their child's diet and have the opportunity to make the best decisions for their family. The written permission also serves as clear communication that the early learning program is not responsible for the safety or sanitation of the food prepared off-site.

Early learning programs may also pursue other ways to celebrate special occasions that do not require written consent from the family of each child. For example, muffins could be prepared on-site in the program's kitchen facilities to celebrate children's birthdays. Children may even be able to participate in measuring, pouring and mixing ingredients. The early learning program might also choose to have celebrations that do not involve food. They might have a sticker sharing activity among the children to celebrate a birthday or an activity where children place notes with birthday wishes in an envelope for the child.

A family home early learning provider from Benton County shares:

"I celebrate birthdays in my program by taking pictures of the children in the Fall or when a new student enrolls. In the picture, the child holds a poster with the date of their birthday. I post the pictures on a birthday wall. This helps the children get to know each other and it helps me stay ahead when preparing for upcoming birthdays. Also, each month the calendar shows who is having a birthday that month and we take note of it and look forward to it. On their birthday, we sing happy birthday and I present a birthday card with their age on it and a note from me. I also present an age-appropriate and fun and interactive book or workbook as a gift. I choose the item based on what I have learned the child is interested in as well as information families have shared with me. I participate in the scholastic book club, so when families purchase books, my program earns points and free books. I use this to get free items for their birthdays and graduation gifts in the summer. Families tell me that they appreciate the book or workbook that I give to their child on their birthday and that they use and enjoy them. Children appreciate that I choose something that interests them."

CACFP Child Day Care Centers resource webpage provides a list of information and resource about food and nutrition in child care.
www.fns.usda.gov/cacfp/child-day-care-centers

Child Meal Pattern. The United States Department of Agriculture provides at a glance charts for CACFP required nutritional components and serving sizes, for each meal and snack, by child age group.
https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_childmealpattern.pdf

Religion and Dietary Choices. An article on the Independent Nurse webpage that provides an overview of dietary observances for five different religions, as well as, other dietary considerations. Independent Nurse is a resource for primary care and community nurses and provides clinical articles.
www.independentnurse.co.uk/clinical-article/religion-and-dietary-choices/145719/

Healthy & Active Parties. This Action for Healthy Kids webpage provides ideas and tips for healthier classroom celebrations, along with links to healthy celebration tip sheets and may other healthy celebration webpages.
www.actionforhealthykids.org/activity/healthy-active-parties/

WAC 110-300-0195

Food service, equipment, and practices

(1) **An early learning provider preparing or serving food must comply with the current department of health Washington State Food and Beverage Workers' Manual and supervise services that prepare or deliver food to the early learning program.**

(2) **Snacks and meals must be prepared and served by an early learning provider who possesses a valid and current food worker card pursuant to WAC 110-300-0106(12).**

(3) **An early learning provider must:**

(a) **Supply durable and developmentally appropriate individual eating and drinking equipment, or developmentally appropriate single use disposable items;**

(b) **Clean and sanitize eating and drinking equipment after each use. Water cups or bottles must be cleaned and sanitized daily if designated for a single child;**

(c) **Ensure plastic eating and drinking equipment does not contain BPA (a chemical used in hard plastic bottles and as a protective lining in food and beverage cans) or have cracks or chips;**

(d) **Use gloves, utensils, or tongs to serve food;**

(e) **Serve meals or snacks on plates, dishware, containers, trays, or napkins or paper towels, if appropriate. Food should not be served directly on the eating surface; and**

(f) **Be respectful of each child's cultural food practices.**

(4) **An early learning provider must:**

(a) **Serve each child individually or serve family style dining, allowing each child the opportunity to practice skills such as passing shared serving bowls and serving themselves; and**

(b) **Sit with children during meals.**

Meal and snack times in an early learning program can provide many rich learning and skill-building opportunities for nutrition, independence and social relationships. An early learning program supports these experiences by making sure meals and snacks begin with safe, healthy and developmentally appropriate food service practices that minimize the risk of foodborne illnesses. Foodborne illnesses happen when a person eats food contaminated by bacteria or their toxins, parasites, viruses, chemicals or other agents.[115] According to the CDC, children younger than 5 years of age are three times more likely to be hospitalized if they get a Salmonella infection.[116] Fortunately, many instances of foodborne illness can be prevented by proper food handling and cooking practices. These practices are outlined in the Washington State Food and Beverage Workers' Manual[117] and must be followed by early learning providers.

To ensure basic training of safe food practices, every early learning provider who provides food service to children must possess a valid food worker card. This requirement applies to early learning providers who are responsible to prepare meals and snacks, and also early learning providers who serve food to children.

WAC 110-300-0106 (12) outlines food worker card requirements.

To further support safe and healthy food and mealtime experiences, early learning providers must be cautious to prevent cross-contamination. Germs left behind on unwashed eating and drinking equipment, tabletops and hands are not readily visible and may pass from one item to another without a person's knowledge. For this reason, food must not be served with a bare hand or directly on the tabletop or eating surface. The potential for foods to be contaminated by dirty hands is diminished when using gloves or appropriate serving utensils. Additionally, the use of serving dishes with appropriate utensils can help measure adequate or proper serving sizes according to the age of the child.

Developmentally appropriate utensils and equipment will aid children in practicing appropriate manners, independence in eating and reduce frustrations at mealtime. If the supports to children are in place ahead of time, their learning will come easily. The children will be more likely to have success scooping and pouring when eating equipment is developmentally appropriate, and more likely to relax and enjoy the experience.

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115   U.S. Food & Drug Administration, "Foodborne Pathogens," available at **www.fda.gov/food/outbreaks-foodborne-illness/foodborne-pathogens**, last updated March 5, 2020.
116   Centers for Disease Control and Prevention, "People With a Higher Risk of Food Poisoning," available at **www.cdc.gov/foodsafety/people-at-risk-food-poisoning.html**, last updated January 24, 2019.
117   Washington State Department of Health, "Food Worker Manual," available at **www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/FoodWorkerManual**, retrieved July 12, 2020.

For example, in the toddler room of a center early learning program the younger children are only beginning to develop the coordination and motor control to gather food on a spoon and bring it to their mouth. The early learning staff, therefore, help feed the children with a spoon, modeling the act of putting food on the spoon and bring it to the child's mouth. The provider also allows the young children to hold a small plastic spoon of their own. The young children are given the opportunity to practice holding and using the spoon. Meanwhile, the older toddlers in the room sit at a table with small serving dishes. The children use ¼ cup measuring cups to scoop the food from the serving dish and bring it to their plate. The children also practice pouring water from a small pitcher into a small plastic cup. The pitcher is covered with a lid to increase success for the toddler. Once they have practiced scooping and pouring to serve themselves, the older toddlers use small spoons and forks to eat on their own. When the children reach the age to move to the preschool room, they will use a pitcher that has no lid but is filled only about 1/3 of the way full to reduce the waste when a spill happens. When a spill does happen, the early learning provider allows the child to help clean up the spill.

Mealtimes are special moments to encourage healthy eating habits and routines. An important aspect of enjoyable mealtimes in an early learning program is demonstrating to children that their cultural food practices are valued and accepted. Food practices, including what food is prepared or how it is eaten, differ across cultures. A child's family may choose to observe a vegetarian or vegan diet, they may eat with chopsticks or their fingers or eat with only their right hand. Where cultural food practices differ, children should not receive negative feedback in following their cultural eating norms. An early learning provider needs to communicate with the family to better understand the cultural practice and how support can be given to the child while in care.

A family home early learning provider from King County shares:

"I had a mom come to me and tell me she didn't want her child to eat certain meats. She said it was because of her culture. I said "okay," and found out what the child could eat. When the holidays came around, I contacted the mom and asked what food I could include so that their culture was represented too. Do you know that mom cried and thanked me for including them? I didn't do it for that, I did it because it is right and everyone is important!"

An early learning program may choose to serve children individually or use family-style service. When served individually, the meals may be pre-plated or buffet style. Buffet style in an early learning program is not common, however, pre-plated is a popular alternative to family-style. Pre-plated is where the food is portioned into appropriate servings for each child on an individual dish and then offered to the children. This ensures that each child receives the recommended serving size of each of the food groups as recommended by the CACFP. Pre-plating is most common with infants and young children who cannot feed themselves and are working toward developmental capabilities to participate in family-style service opportunities.

For either serving style, the Foundational Quality Standards require early learning providers to sit with children during meals. In a child care setting, sitting close to where the children are eating helps early learning providers fully engage and supervise eating activities. A young child can inadvertently eat a food item that may become a choking hazard if it begins to slide down their throat without getting chewed or is too big to adequately chew. When an adult is actively supervising nearby, these episodes can be easily avoided.

An early learning provider is sitting at the table enjoying lunch with the children. They notice that a little child across from them is adding food into their mouth quickly and doesn't appear to be swallowing before the next spoonful goes in. The provider encourages the child to eat more slowly, chew and swallow their food before putting more food in. The child begins to gag. The provider moves quickly to the child and encourages them to spit the food out into the napkin to clear their mouth. The provider also has the child take a drink of milk after their mouth is empty. The provider explains to the child they were putting a lot of food into their mouth without time to chew and swallow in between. The provider explains to the child that chewing and swallowing help keep us safe from choking. While sitting at the table, the early learning provider models eating slowly, chewing and swallowing. The child mirrors the provider's actions and soon is eating at a more reasonable rate that avoids gagging and choking.

There are several reasons for this beyond the appropriate supervision of the children. CFOC includes the following additional rationale for adults sitting to eat with the children:

"Caregivers/teachers sitting and eating with children is an opportunity to engage children in social interactions with each other and for positive role-modeling by the adult caregiver/teacher. Conversation at the table adds to the pleasant mealtime environment and provides opportunities for informal modeling of appropriate eating behaviors, communication about eating, and imparting nutrition learning experiences. The presence of an adult or adults, who eat with the children, helps prevent behaviors that increase the possibility of fighting, feeding each other, stuffing food into the mouth and potential choking, and other negative behaviors."[118]

118 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 190.

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Family-style dining is a great option to help develop children's growth and development in several areas. When children serve themselves and pass dishes to a peer, they practice fine and gross motor development, along with hand-eye coordination. They also practice spatial skills as they decide where to place bowls and plates on the table. A child gains the opportunity to assess the size of the dish and the space available to place it. Children learn that they are capable and independent when they choose which foods they will eat, select the portion size and use a serving spoon or tongs to successfully retrieve the food. Additionally, when children control how much food to take, they maintain the body's innate ability to self-regulate and pay attention to hunger cues and the feeling of being full (satiety cues). During family-style dining, early learning program staff may help children by modeling, coaching and assisting the children to serve themselves.

Feeding & Eating. A Kids Health, Growth and Development webpage from Nemours. Includes articles for a variety of age groups on feeding and eating.
https://kidshealth.org/en/parents/growth/?WT.ac=en-p-slpmsh-lm

Family Style Dining Guide: A Mealtime Approach for Early Care and Education Programs. A toolkit developed by Nemours and the Ohio Child Care Resource and Referral Association that outlines benefits, rational, skill development and a full set of guidelines for getting started and being successful at family-style dining.
https://d3knp61p33sjvn.cloudfront.net/2016/02/FamilyStyleDiningToolkit.pdf

Feeding Young Children in Group Settings. An educational website from the University of Idaho designed for child care professionals and anyone who trains staff or parents on issues related to feeding. Explore the website handouts and videos on a wide range of topics related to food, mealtimes and more. Handout topics include helping children learn to feed themselves, building relationships during mealtimes, serving food to groups of children and choking hazards.
www.cals.uidaho.edu/feeding/forteachers/handouts.html

Infant Choking: How to keep your baby safe. Tips from the Mayo Clinic for supervising children at the table.
www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/infant-choking/art-20044661

Nurturing Young Eaters. A free online STARS course from the University of Washington Center for Public Health Nutrition offers training on creating engaging healthy mealtimes that promote learning.
https://nutr.uw.edu/cphn/resources/stars-training/

Safety and Injury Prevention - Choking. A Seattle Children's Hospital article tips to avoid choking.
www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/choking/

Selecting Foods of Children's Cultural Backgrounds for a Preschool Menu: A Practical Solution. A study included in The Journal of Child Nutrition & Management. This study explores practical ways to incorporate foods that reflect the cultural backgrounds of children enrolled in preschool.

https://schoolnutrition.org/uploadedFiles/5_News_and_Publications/4_The_Journal_ of_Child_Nutrition_and_Management/Spring_2004/8-smith.pdf

Religion and Dietary Choices. An article on the Independent Nurse webpage that provides an overview of dietary observances for five different religions, as well as, other dietary considerations. Independent Nurse is a resource for primary care and community nurses and provides clinical articles.

www.independentnurse.co.uk/clinical-article/religion-and-dietary-choices/145719/

Serving Up Tradition: A Guide for School Food in Culturally Diverse Communities. A Food Corps Massachusetts guide for creating more culturally appropriate menu items in school programs. It outlines steps to take, case studies and recipes to try. While school districts are the intended audience much of the content may be adapted for early learning, and inspire continued creativity and diversity.

www.massfarmtoschool.org/wp-content/uploads/2017/12/ServingUpTradition.pdf

The Ellyn Satter Institute. A website with information on making meals positive and joyful events.

www.ellynsatterinstitute.org/how-to-feed/

Washington State Food and Beverage Workers' Manual. The DOH website has the manual available in many languages. The manual provides information that is based in Washington State Retail Food Code WAC 246-215.

www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/ FoodWorkerManual

Washington State Food Worker Course. The only authorized online training program to get a valid Washington State Food Worker Card. Available in many languages.

www.foodworkercard.wa.gov/

WAC 110-300-0196

Food sources

(1) Food prepared and served from an early learning program must not be tampered with or spoiled.

(2) Food prepared and served from an early learning program must be obtained from an approved source licensed and inspected by the local health jurisdiction, the Washington state department of agriculture (WSDA), or the USDA. Food items not approved to be served to children in care include:

(a) Meat, fish, poultry, eggs, or milk that has not been inspected by the USDA or WSDA;

(b) Home canned food;

(c) Game meat or other meat that has not been inspected by the WSDA or USDA;

(d) Leftover food that was previously served from outside of the early learning program; or

(e) Food from roadside stands selling without a permit.

(3) Food not prepared on-site by an early learning provider, pursuant to WAC 110-300-0195(2), must be provided by:

(a) A licensed food establishment, kitchen, or catering business that meets food service requirements (chapter 246-215 WAC) (https://apps.leg.wa.gov/wac/default.aspx?cite=246-215) and is regularly inspected by a local health jurisdiction;

(b) A parent or guardian for his or her own children; or

(c) A manufacturer of prepackaged food.

(4) Fruits and vegetables (produce) grown on-site in a garden as part of an early learning program may be served to children as part of a meal or snack. Prior to preparing and serving:

(a) The produce must be thoroughly washed and scrubbed in running cold water to remove soil and other contaminants;

(b) Damaged or bruised areas on the produce must be removed; and

(c) Produce that shows signs of rotting must be discarded.

How foods are prepared, handled and stored greatly impacts whether it is safe to eat. Foods incorrectly handled can be contaminated with high numbers of bacteria or toxins that can cause illness when consumed. Children are at a higher risk than adults when exposed to these foodborne pathogens because their immune systems are not fully developed and they have limited capability to fight infections.[119] When serving food to children, therefore, it is important to make sure it is safe and not contaminated with bacteria or other germs.

While there are times when the look or odor of food suggests that the food is not safe to eat, in many cases, a person can't see, smell or taste the germs that will cause poisoning.[120] It is for this reason that food served in an early learning program must be obtained from sources that are licensed and inspected by the appropriate authority. Inspection from the local health jurisdiction, the Washington State Department of Agriculture (WSDA) or the USDA ensures that the foods coming into the early learning program are handled and stored in a manner minimizing the risk for foodborne pathogens.

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119 The Pew Charitable Trusts, "Young Children and Foodborne Illness," available at **www.pewtrusts.org/en/research-and-analysis/fact-sheets/2014/11/young-children-and-foodborne-illness**, published November 2014.

120 KidsHealth, "Food Poisoning," available at **https://kidshealth.org/en/parents/food-poisoning.html**, last updated July 2018.

To meet the needs of the early learning program, food may be prepared off-site and served to children in care. The Foundational Quality Standards limits off-site food services to establishments, kitchens or catering companies that meet food service requirements and are also inspected by the local health authority, a manufacturer of prepackaged food or food provided by a child's own parent or guardian. The requirements for approved off-site food preparation are also intended to help ensure that foods are prepared, handled and stored in ways that minimize the risk of foodborne pathogens.

A center early learning program serving Jefferson and Clallam counties shares:

"Five little noses are pressed against the window, watching Chef Craig roll the cart up the hill. "Here comes Chef Craig!" they shout. Craig rolls the cart into the room and greets the children with smiles and shouts. "What did you bring us today?" the children ask. "My famous puz-ghetti!" Craig grins, "Now where is my helper?"

Craig and the children wash their hands while a teacher finishes sanitizing the tables and setting out dishes. Craig pulls the conveniently located clipboard down, opens the thermal carriers and quickly checks the temperature on all the foods. "Let's make sure the hot foods are hot and the cold foods are cold," he tells his helper. He records the temperatures and any menu substitutions on the menu along with the time.

Because Craig has timed his delivery well, the lunch food is served immediately. He and his helper deliver the lunch items to the table. The food for the afternoon's snack and breakfast the next morning is placed in the refrigerator. Craig checks the thermometer in the refrigerator and briefs the teacher on the items for the next two meals. Craig takes a few minutes to visit with the children and staff, laughing and sharing a story or two before he is off to the next room. He gathers the dishes and puts them on the cart to take to the satellite kitchen to wash and sanitize.

As Chef Craig heads out the door, the children wave and shout their thanks to him. One child hops up to hug him. Sitting down to a hearty, nutritious meal, one child says, "Chef Craig is the best cooker."

Using a satellite kitchen means a few extra steps and a lot of organization to ensure that the food arrives safe, fresh, at the correct temperature and ready to eat, but Craig handles it every day with finesse. And the relationships he has built with the children and staff certainly add more than nutrition to their day."

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If an early learning program chooses to have a third party provide catering services, there are a couple of items to keep in mind. If the program is not serving the food immediately upon delivery, they must make sure that the food maintains appropriate holding temperatures, per the Washington State Food and Beverage Workers' Manual, until it is served.[121] This helps make sure bacteria levels in the food remain at a healthy level between the time the food was cooked and the time that it is served. It is important to record the temperature when the food arrives and again immediately before it is served.

Standards for foods requiring temperature control are outlined in WAC 110-300-0197 (5).

An example of an off-site food program might be an early learning program located as part of a school district. The district may prepare the food in the district kitchen and then deliver it to the early learning program each day. The off-site kitchen meets the requirements of WAC 110-300-0196(3)(a); because it is permitted by the local health jurisdiction and regularly inspected for quality preparation and storage practices.

If a parent or guardian provides a child's food, the provider must ensure the food is handled and stored in a manner limiting bacteria growth. When food from home contains potentially hazardous foods (i.e., foods that require proper cold holding), the provider must ensure that those components are kept at the appropriate temperatures to avoid the danger zone of 40° -140° F.

If an early learning program chooses to include a garden in their program, the garden's produce may be consumed by the children in care. Potential contamination must be cleaned from the produce by scrubbing it under cold running water to protect the children from foodborne illness.

WAC 110-300-0148 outlines requirements for gardens as part of an early learning program.

Seven Tips for Cleaning Fruits, Vegetables. A U.S Food & Drug Administration webpage with tips for protecting from foodborne illness.
www.fda.gov/consumers/consumer-updates/7-tips-cleaning-fruits-vegetables

United States Department of Agriculture (USDA). Agency website.
www.usda.gov/

Washington State Department of Agriculture (WSDA). Agency website.
https://agr.wa.gov/washington-agriculture

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121 Washington State Department of Health, "Food Worker Manual," available at **www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/FoodWorkerManual**, retrieved July 12, 2020.

WAC 110-300-0197

Safe food practices

(1) Early learning providers must wash their hands, pursuant to WAC 110-300-0200.

(2) Early learning providers must store, prepare, cook, hold food, and wash dishes, pursuant to WAC 110-300-0195.

(3) For all foods offered by the provider or given to an enrolled child by a parent or guardian, the provider must:

   (a) Provide appropriate refrigeration to preserve foods from spoiling. Foods that may be subject to spoiling include, but are not limited to, meats, cooked potatoes, cooked legumes, cooked rice, sprouts, cut melons, cut cantaloupes, milk, and cheese; and

   (b) Refrigerate foods requiring refrigeration at 41 degrees Fahrenheit or less and freeze foods required to be frozen at 10 degrees Fahrenheit or less.

(4) Food must be stored as follows:

   (a) In original containers or in clean, labeled, dated, and airtight food grade containers, if appropriate;

   (b) Food not required to be refrigerated or frozen must not be stored directly on the floor;

   (c) In a manner that prevents contamination;

   (d) Food and food service items (such as utensils, napkins, and dishes) must not be stored in an area with toxic materials (such as cleaning supplies, paint, or pesticides);

   (e) Food that is past the manufacturer's expiration or "best served by" date must not be served to enrolled children; and

   (f) Raw meat must be stored in the refrigerator or freezer below cooked or ready to eat foods.

(5) For food requiring temperature control, a center early learning program must maintain a food temperature log by using a calibrated and working metal stem-type or digital food thermometer.

(6) Prior to storing leftover food in a refrigerator or freezer, an early learning provider must label the food with the date the leftover food was opened or cooked.

(7) An early learning provider may serve leftover food that originated from the early learning program if the leftover food was not previously served and:

   (a) Refrigerated leftover food must be stored and then served again within forty-eight hours of originally being prepared; or

   (b) Frozen leftover food must be promptly served after thawing and being cooked.

(8) Frozen food must be thawed by one of the following methods:

   (a) In a refrigerator;

   (b) Under cool running water inside a pan placed in a sink with the drain plug removed; or

   (c) In a microwave if the food is to be cooked as part of the continuous cooking process.

Early learning providers and parents have likely seen how quickly illness can spread among the children in care. One way that illness is spread in an early learning program is through the food that children eat. Food may become contaminated in a variety of ways, but according to the Washington State Food and Beverage Workers' Manual, most foodborne illnesses are caused by biological hazards (germs).[122] There are several practices that, when regularly used by an early learning program, reduce the potential for spreading illness through food.

Most of the foods produced and sold in the United States are safe to eat. The USDA, the Food and Drug Administration (FDA) and other government agencies establish regulations and monitoring systems to ensure safe food supply. Early learning providers, however, must work to maintain the food's safety once it is on-site. A primary measure to prevent germs from contaminating food is to ensure food is handled with clean hands. All persons preparing or serving food must thoroughly wash their hands with soap and running water. Thorough handwashing includes the hands being rubbed together for at least 20 seconds. To keep food safe, hands may need to be washed thoroughly multiple times while preparing food.

An early learning provider is going to prepare lunch for the day. Upon entering the kitchen, they wash their hands in the handwashing sink. They gather the supplies, preheat the oven and begin to prepare the food. They place hamburger, egg, breadcrumbs and seasoning into a bowl and use their hands to mix everything together and form a meatloaf. Since their hands have touched raw meat, they wash their hands again at the handwashing sink. They then start a pot of water to boil for the steamed broccoli and set out whole wheat rolls to warm in the oven. They hear the sound of the front door alarm and leave the kitchen. A parent has brought a bag of extra clothes for their child. The early learning provider takes the bag, places it in the child's cubby in the classroom, goes to the outdoor play area and informs the child's teacher, comes back inside and returns to the kitchen. Since their hands have been contaminated, they wash them again at the handwashing sink before finishing up the lunch preparation.

Requirements related to handwashing procedures are outlined in WAC 110-300-0200.

Another vital practice for preventing foodborne illness is to monitor and maintain proper food temperatures. Hot and cold temperatures slow the growth of most bacteria. To keep food safe, cold foods must be kept at 41°F or colder. Hot foods must be kept at 135°F or hotter. The range of temperatures between 41°F and 135°F is called the Danger Zone.[123] When foods meant to be hot or cold are in the Danger Zone, there is an increased risk that bacteria will grow.

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122 Washington State Department of Health, "Food Safety is Everybody's Business – Study Manual," available at **www.doh.wa.gov/CommunityandEnvironment/Food/ FoodWorkerandIndustry/FoodWorkerManual/FoodSafetyisEverybodysBusiness**, retrieved July 13, 2020.

123 Washington State Department of Health, "Food Safety is Everybody's Business – Study Manual," available at **www.doh.wa.gov/CommunityandEnvironment/Food/ FoodWorkerandIndustry/FoodWorkerManual/FoodSafetyisEverybodysBusiness**, retrieved July 13, 2020.

Since the bacteria grow at a rapid rate in the Danger Zone, it is important to limit the amount of time the food spends there. This is why the Foundational Quality Standards require foods to be refrigerated at 41°F or less and frozen and 10° or less – to slow bacteria growth.

Temperature monitoring is particularly important for those programs who are cooking, cooling and then reheating foods, as this takes the food through the Danger Zone several times. If this is done incorrectly, it can lead to high bacteria growth that can make people sick. When foods have been cooked, making sure to serve them promptly reduces the time they may be in the Danger Zone. The early learning provider must ensure the food is also cooled sufficiently to avoid any burns to the child while eating.

Achieving proper cooking temperatures for raw meats is especially important. The only way to know if food is cooked to a high enough temperature is by using a food thermometer. A thermometer with a thin tip is best to use when meat is cut into small pieces. Seeing a temperature log near food may help remind early learning providers to double-check temperatures, and is a required practice for foods that require temperature control.

Properly storing food helps to preserve the quality and nutritional value, and prevents spoilage. Placing food in airtight, sealed containers helps keep bacteria out, retain moisture and prevents food from picking up odors from other foods in the refrigerator.[124] Foods must be labeled with an expiration date or date the food was opened to further assist in assessing that it is safe to eat. Food past its expiration date may have high bacteria growth, and therefore cannot be served to children.

In early learning programs, food safety is everyone's responsibility. Remember that early learning program staff often come in contact with food served to the children and should be familiar with safe food handling practices.

Food Safety Temperatures

165°F — Reheating all foods rapidly within 2 hours. Minimum temperature for cooking poultry and poultry products, including ground poultry.

155°F — Minimum temperature for cooking ground meats, except ground poultry (see above).

145°F — Minimum temperature for cooking pork and pork products. Minimum cooking temperature for all other foods (fish, shellfish, lamb, beef, rice, potatoes, vegetables).

135°F — Minimum hot holding temperature.

Danger Zone 135°F to 41°F

Check temperatures often, bacteria can GROW!

41°F — Maximum cold holding temperature.

0°-10°F — Freezer storage temperature.

Make sure your thermometer is working properly by calibrating it often.

124 U.S. Department of Agriculture, Food Safety Information. "Leftovers and Food Safety," available at **www.fsis.usda.gov/shared/PDF/Leftovers_and_Food_Safety.pdf**, last updated May 2012.

Fighting Bac!: This website is full of resources around fighting bacteria through hygiene and cleaning practices. Website highlights include:

- Printable PDFs about the four core food safety practices: Clean, Separate, Chill and Heat:
  www.fightbac.org/food-safety-basics/the-core-four-practices/

- Resources designed for the unique cleaning and food preparation needs of early learning programs:
  www.fightbac.org/kidsfoodsafety/young-children-child-care-training/

- Resources designed to use with children, including coloring sheets, activity pages, posters and online games:
  www.fightbac.org/kidsfoodsafety/kids-games-and-activities/

How to Thaw Foods Properly. A video from the USDA on strategies for thawing frozen food.
www.youtube.com/watch?time_continue=3&v=T5C335jleZA

Leftovers and Food Safety. A USDA food safety publication.
www.fsis.usda.gov/shared/PDF/Leftovers_and_Food_Safety.pdf

Refrigeration and Food Safety. A USDA webpage on food safety.
www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/refrigeration-and-food-safety/ct_index#:~:text=Top%20of%20Page%5D-,Placement%20of%20Foods,juices%20from%20contaminating%20other%20foods

Washington State Food and Beverage Workers' Manual. The DOH website has the manual available in many languages. The manual provides information that is based in Washington State Retail Food Code WAC 246-215.
www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/FoodWorkerManual

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www.foodworkercard.wa.gov/

WAC 110-300-0198

Food Preparation areas

(1) (An early learning provider or staff must clean and sanitize food preparation areas and eating surfaces before and after each use, pursuant to WAC 110-300-0241 (1)(a).

(2) In an early learning program's food preparation area, kitchens must:

   (a) Have walls, counter tops, floors, cabinets, and shelves that are:

      (i) Maintained in good repair including, but not limited to, being properly sealed without chips, cracks, or tears; and

      (ii) Moisture resistant.

   (b) Have a properly maintained and vented range hood, exhaust fan, or operable window; and

   (c) Have a properly maintained and working refrigerator, freezer, or a combination refrigerator and freezer with sufficient space for proper storage and cooling of food.

(3) An early learning provider must:

   (a) Have at least eight feet between the food preparation area and any diaper changing tables or counters and sinks used for diaper changing;

   (b) Clean and sanitize a sink immediately before using it to prepare food to be served to children in care;

   (c) Use a colander or other method to prevent food and kitchen utensils from touching the sink basin; and

   (d) Clean dishes, pans, baby bottles, and kitchen utensils as follows:

      (i) Cleaning and sanitizing with an automatic dishwasher that uses heat or chemicals to sanitize; or

      (ii) Handwashing, rinsing, sanitizing, and allowing to air dry.

(4) Center early learning programs licensed after the date this chapter becomes effective must have:

   (a) A handwashing sink separate from dishwashing facilities;

   (b) A food preparation sink located in the food preparation area; and

   (c) A method to clean and sanitize dishes, pans, kitchen utensils, and equipment in the food preparation area using:

      (i) A two-compartment sink and an automatic dishwasher that sanitizes with heat or chemicals; or

      (ii) A three-compartment sink method (sink one is used to wash, sink two is used to rinse, sink three contains a sanitizer, and the dishes are allowed to air dry).

(5) An early learning provider may use the kitchen for actively supervised cooking or food preparation activities with children in care.

Keeping food preparation areas clean and sanitized is critical to reducing the spread of germs and cross contamination, while maintaining a healthy environment. Sealed and moisture resistant surfaces allow for effective cleaning and sanitation where surfaces are cracked or allow moisture to penetrate, bacteria will thrive.

ENVIRONMENT

After years of use in a kitchen, a section of the laminate countertop has been chipped, exposing the porous surface beneath the laminate. Cleaning and sanitizing procedures are ineffective on the porous surface which now harbors moisture and bacteria left behind during normal use. Because the general temperature in the kitchen falls within the Danger Zone, the bacteria thrive. If left unaddressed, the bacteria could potentially contaminate other foods prepared there, or mold could grow, exposing the kitchen and food to mold and bacterial spores.

WAC 110-300-0240 outlines regulations for cleaning and sanitizing to ensure clean and healthy environments while WAC 110-300-0241 outlines cleaning and sanitizing schedules.

The layout and design of early learning programs vary widely. Some early learning programs prepare food in a kitchen that is in a separate building from classrooms, while other early learning programs may prepare food in a space located near areas children play.

Gastrointestinal pathogens are commonly passed through improper health or sanitation practices related to diaper changing and bathroom processes. This includes norovirus, which can remain infectious for up to 42 days on a surface.[125] Commonly, norovirus may be spread to foods when a person's hands are contaminated by virus particles and they touch food or serving utensils, foods or utensils are placed on a surface or counter contaminated with norovirus particles, or an infected individual emits particles through the air which may land on food. For this reason, keeping diaper changing areas separate from food preparation spaces is essential.

The food preparation sink is another area where cross-contamination potential is high. For this reason, CFOC does not generally endorse the use of a sink for more than one purpose.[126] Sinks used for food preparation should not be used for hand washing or any other purpose. Sinks for different purposes are required for centers. Separate sinks are not always available in a family home child care program. However, all programs – whether centers or family homes – must clean and sanitize the sink immediately before using it to prepare food, along with the use of a colander so foods don't touch the sink basin.

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125 Cortney Miller, Angela Fraser, Roman Sturgis, Xi Chen, Anna Saunders and U.S. Department of Food, Nutrition, and Packaging Sciences, "Changing Dirty Diapers," available at **www.fightbac.org/kidsfoodsafety/young-children-child-care-training/**, last updated February 27, 2013.

126 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children. 198.*

Health Practices

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.

(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.**

Children in early learning programs are at risk of catching infectious diseases at a higher frequency and severity than their peers who do not attend early learning programs.[127] Frequent handwashing by staff and children is one of the best protections providers have against the spread of germs.[128] One study found child care centers that implemented strong handwashing practices saw a 50% decrease in the incidence of diarrheal illness. Other studies report a reduction in upper respiratory diseases.[129] However, the effectiveness of handwashing is dependent on the handwashing procedures employed. Fortunately, early learning professionals can take action. There are simple strategies that can, when consistently practiced, significantly reduce the spread of infectious disease and illness.

Each of the required steps in the handwashing procedure serves an important purpose. Wetting hands helps to remove visible soil and allows the soap to lather. Lathering soap on the surface of the skin creates friction. Friction is critical for lifting and removing dirt, germs and microbes from the skin.

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127 Maria Nesti and Moisés Goldbaum "Infectious diseases and daycare and preschool education," *Journal of Pediatrics 83* (4) (August 2007), available at **www.scielo.br/pdf/jped/v83n4/en_v83n4a04.pdf**

128 Centers for Disease Control and Prevention, "Show Me the Science," available at **www.cdc.gov/handwashing/show-me-the-science.html**, last updated April 7, 2020.

129 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), 332.

While one study found the average handwashing duration was approximately six seconds,[130] research shows that washing at least 20 seconds removes more germs than washing for shorter periods.[131] According to the CDC, the temperature of the water does "not appear to affect microbe removal."[132] Instead, the requirement for warm water has more to do with comfort. A person is more likely to wash their hands for the recommended amount of time if the water is warm, rather than too hot or too cold. Warm water also promotes adequate rinsing. Rinsing the lather off into a sink removes the soil, germs and lather from the hands.

The step of drying hands also has a purpose; it reduces the likelihood germs can be transferred. Any germs a person may have missed during the handwashing process could end up on the towel. Though one study found single-use paper towels are the most effective and hygienic way to dry hands after handwashing,[133] single-use cloths or air hand dryers are still permitted.

Make handwashing a fun teaching moment! Choose a well-known song and create new lyrics about how to wash hands. This helps children remember the steps in addition to achieving the correct length of time for removing germs, which is 20 seconds. Also, ensure that children and staff use a single-use towel or paper towel to turn off the faucet to prevent further spread of germs.

130 Michelle Sconce Massaquoi, "You are probably washing your hands wrong," *Scientific American* (December 2017) available at **www.scientificamerican.com/article/you-are-probably-washing-your-hands-wrong/**

131 Centers for Disease Control and Prevention, "Show Me the Science - How to Wash Your Hands," available at **www.cdc.gov/handwashing/show-me-the-science-handwashing.html, last updated March 4, 2020.**

132 Centers for Disease Control and Prevention, "Show Me the Science - How to Wash Your Hands," available at **www.cdc.gov/handwashing/show-me-the-science-handwashing.html, last updated March 4, 2020.**

133 Cunrui Huang, Ma Wenjun and Susan Stack, "Hygienic Efficacy of Different Hand-Drying Methods: A Review of the Evidence," *US National Library of Medicine National Institutes of Health* 87 (8) (2012): 791-798, available at **www.ncbi.nlm.nih.gov/pmc/articles/PMC3538484/**

ENVIRONMENT

A family home early learning provider from King County shares:

"We teach kids a routine for handwashing so they know all the steps. When it is time to do handwashing, we give the children notice. Our system is that two children line up and the other children do a handwashing activity while they wait. I put items on the table like drawing, manipulatives, singing or something else engaging. We teach them when their name is called they can use the restroom if they need to, and then they wash their hands. They are taught to flush with a tissue and throw it into the toilet as it goes down. They then get a paper towel to turn on the faucet. Our program has a timer that counts down how long they have to wash, rinse and dry their hands. The timer changes colors when it is time for the child to move from one step to the next. Once they wash and rinse their hands they get two paper towels. They use one to dry their hands and the other to turn off the faucet. When they are done, the children are taught to clap their hands or keep them up high so that they don't touch anything on their way to the food table or to wherever they are going next. An early learning teacher is always supervising and cleans and sanitizes after and staff have been trained. The children are happy and healthy. We tell them what they are doing correct and we do it with each child. We have earned an Early Achiever rating of 4 using this method and it all goes smoothly because the children feel nothing but love!"

WAC 110-300-0505 (2)(d) requires the posting of this handwashing poster.

For drying hands, if an early learning provider chooses to use reusable single-use towels, the used towels need to be stored in an inaccessible manner. Inaccessible means that the items must be stored in a way where children cannot access them. For example, the provider uses a step or foot operated garbage receptacle to place and store soiled hand towels.

Air hand dryers may also be used to dry hands, but only if there are precautions taken to prevent burns.

With active supervision, hand sanitizers that have at least 60% alcohol may be used as an alternative to handwashing with soap and water under certain circumstances.[134] Sanitizer is permitted only for children 24 months and older when a handwashing sink and soap are not available and the child's hands are not visibly soiled.

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134 Centers for Disease Control and Prevention, "Show Me the Science – When & How to Use Hand Sanitizer in Community Settings," available at **www.cdc.gov/handwashing/ show-me-the-science-hand-sanitizer.html#swallowing**, last updated March 3, 2020.

The children in a family home early learning program are playing in the outdoor play area. An early learning provider observes a 3-year-old child who is riding a tricycle stop the bike and sneeze into their hand. The early learning provider gives the child hand sanitizer to rub on their hands before placing their hands back on the handlebars of the tricycle. Then, when the child can get to a sink, they can wash their hands with running water and soap.

To use hand sanitizer appropriately, follow the directions on the back of the bottle. An ample amount of hand sanitizer must be placed in the palm of one hand. Enough product needs to be used to cover the entire surface of the hands, the tops and bottoms, as well as all fingers and both thumbs, up to the wrists. Rub the product into the palms of the hands, get between the fingers by interlacing fingers and rubbing while interlaced, rub the backs of fingers on opposing palms, be sure to rub each thumb in its entirety and get the tips of all fingers. This process should take at least 20 seconds. The hands should remain wet with the product while rubbing it in. When the process is complete, the hands should be dry.

WAC 110-300-0215 requires annual parent or guardian authorization to be on file for each child allowing the use of hand sanitizer. The hand sanitizer must be stored in an inaccessible manner when not being used. It is extremely important to remember to keep the hand sanitizer out of the reach of children when not in use as it can cause alcohol poisoning and only allow its use with proper adult supervision. According to the American Association of Poison Control Centers (AAPCC), they have managed almost 13,687 exposure cases regarding hand sanitizer in children under 12 years old between January 1, 2020, and July 31, 2020.[135]

Note: Next to handwashing, the best way to limit spreading germs is to teach children how to cover coughs, sneezes and blow their noses correctly. Help them to:

• Keep a tissue handy (use a tissue rather than a coat sleeve or the back of their hand to catch a sneeze, cover a cough or wipe a runny nose).

• Turn their head away from others and cough, sneeze or blow their nose into their upper arm or sleeve.

• Throw away used tissues. Do not reuse or share a tissue.

• Use disposable tissues rather than handkerchiefs, and wash hands afterward to reduce the spread of germs.

135 American Association of Poison Control Centers, "Hand Sanitizer," available at **https://aapcc.org/track/hand-sanitizer**, last updated July 31, 2020.

Be a Germ-Buster...Wash Your Hands. The DOH handwashing poster.
www.doh.wa.gov/Portals/1/Documents/Pubs/130-012.pdf

Coughing and Sneezing. A CDC webpage with tips and information to minimize the spread of germs through coughing and sneezing etiquette.
www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

Hand Washing: A Powerful Antidote to Illness. Information from the American Academy of Pediatrics on building the handwashing habit, the steps and antibacterial soap.
https://kidshealth.org/en/parents/hand-washing.html

Handwashing: Clean Hands Save Lives. A CDC webpage with tips, science and data, promotion materials and other resources.
www.cdc.gov/handwashing/index.html

Healthy Habits to Help Prevent Flu. A CDC webpage with information on preventing the flu, including handwashing.
www.cdc.gov/flu/prevent/actions-prevent-flu.htm

How to Hand Rub? A World Health Organization poster breaking down the steps to ensure all surfaces of the hands are reached when washing and using hands sanitizer.
www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf

Using Hand Washing Songs to Encourage Children in Child Care to Wash Hands Thoroughly. An acritical on the Extension Alliance for Better Child Care website.
https://childcare.extension.org/using-hand-washing-songs-to-encourage-children-in-child-care-to-wash-hands-thoroughly/

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;

(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 the ill individual 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, ringworm, or scabies was discovered. The provider may allow an individual with head lice, ringworm, 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 pursuant to 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. For more information, go to https://app.leg.wa.gov/wac/default.aspx?cite=246-110-010 .

(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 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.

(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 pursuant to WAC 246-110-010(3), as now and hereafter amended. For more information online, go to https://app.leg.wa.gov/wac/default.aspx?cite=246-110-010 .

The Foundational Quality Standards include regular observations of children's health as a way to help reduce the spread of illness, but also to ensure children are receiving the necessary interventions to sustain their health. Due to their close interaction with children, early learning providers are well-suited to observe for signs of illness or uncharacteristic changes in behavior. CFOC refers to these observations as daily health checks.[136]

136 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 95.

Children use their senses to explore their environments. They touch toys, furniture, their noses, their peers and everything else around them. With this in mind, it is not surprising that children and staff in early learning programs are at a higher risk of exposure to germs. According to the University of Utah, babies, toddlers and preschoolers get about seven to eight colds a year, whereas, school-age children average five to six colds a year. In addition to colds, children get diarrhea illnesses, with or without vomiting, two to three times a year.[137]

Here are some strategies to conduct a health check:

1. Observe the child for signs of illness or injury. This can include looking for:

   - Changes in a child's appearance or behavior, such as whether the child seems unusually tired, upset or irritable compared to the previous day.

   - Any skin rashes, boils, weeping sores or itchy skin or scalp.

   - Signs of fever such as a flushed appearance or shivering (Note: temperature screenings are not required, but if a child appears feverish, a temperature check is appropriate).

   - Complaints of pain or feeling sick.

   - Other signs of illness, such as vomiting, diarrhea, drainage from eyes, cuts, lacerations or pain.

2. Ask the parent or guardian at the time of arrival how the child is feeling. For example, you could say "How was Lea's night last night?" or "How has Ayaan been doing since we last saw him?" or "How is Javaid feeling today?"

3. If age-appropriate, ask the child how they feel. Questions should be open-ended and not leading. For example, you could say "Marco, is there something that I can help you with today?" Or "Marco, is there something bothering you today?" – rather than saying "Marco, does your eye hurt?" Or, you could simply ask "How are you feeling this morning?"

If an early learning provider notices a child is exhibiting unusual symptoms or behavior, call the parent or guardian right away. Children who are too ill to remain in care need to be separated from other children until the parent or guardian can pick the child up. For example, a mat in a quiet part of the early learning space or the director's office could be used. Ensure the child, if age-appropriate, understands that they have not done anything wrong or that they are not in trouble. Early learning providers must have full supervision of the child during this separation period. If the parent or guardian cannot be reached or cannot pick up the child in a reasonable amount of time, the child's emergency contacts should be called.

137 University of Utah Health, "Should I Be Worried If My Child Gets Sick Too Often?" available at **https://healthcare.utah.edu/the-scope/shows.php?shows=0_5nzgsffm**, published May 17, 2018.

A record of the illness should be kept in the child's file. This documentation can be useful later in the child's treatment. For example, if a child has a documented history of getting headaches, the parent or guardian can use the record to help identify any patterns or give this information to the child's doctor for reference. Also, by keeping a record of each child's illnesses, it shows the steps taken by the early learning program to protect the child and others in care.

In WAC 110-300-0465(5)(j), the provider is required to maintain "child incident and illness logs."

Whether a child in care or a staff member in the early learning program, there are times when a person who is ill should be removed from the early learning program space. Exclusion from the program is done to reduce the spread of contagious diseases. More broadly, when an individual is ill, their energy is limited. So, the purpose of removing the individual is not only to reduce the spread of illness but also to allow the individual the time, space and resources necessary to regain their health.

In determining whether an early learning provider should be excluded, the same guidelines that pertain to children should be used. Early learning providers who are ill can easily spread the germs to children if they come to work when sick. Ensure policies and procedures are in place to deal with staff absences due to symptoms or illnesses that require exclusion.

WAC 110-300-0500 requires an early learning program to inform parents or guardians about policies related to observing children for signs of illness and what to expect regarding the exclusion of ill children and staff. This may include recommendations to the parent that they have backup care plans in place should an early learning provider be unable to properly staff their program.

A child being excluded from care due to illness can have a significant impact on working parents or guardians. For this reason, early learning programs must apply exclusion guidelines responsibly and consistently. There are specific guidelines that early learning programs are required to follow when determining whether a child or staff needs to be excluded from care due to illness or symptoms of illness.

In general, children or staff need to be kept home or sent home when they are too ill to participate in normal activities, have an illness or condition that may be spread to others or children need more care or attention than can be reasonably or safely provided.

A common symptom of illness is a rise in body temperature. There are specific guidelines that early learning providers are required to follow when taking a child's temperature. Remember, fever alone, without any other symptoms, is not a reason for the exclusion of a child or staff member. However, if a child or staff member does have a fever, monitor the individual closely for other symptoms.

This table contains symptoms of illness requiring exclusion from the program. The details on the right side of the table can inform an early learning provider's decision on whether or not an ill child, staff

member or other individuals must be sent home or be separated from other children in care.

WAC 110-200-0205 Exclusion Guideline	Helpful Tips
A fever of 101°F (or 100.4°F for infants less than 2 months) that is accompanied by a change in behavior or another symptom of illness (such as sore throat, earache, headache, rash, vomiting, diarrhea).	Fever alone with no other symptoms of illness or changes in behavior is not a cause for exclusion.
Vomiting two or more times in the previous 24 hours.	This includes instances of vomiting that occurred at home the previous night.
Diarrhea where stool frequency exceeds two stools above normal per 24-hours for that child or stool that contains more than a drop of blood or mucus.	Stool that cannot be contained in a diaper is a cause for exclusion.
A rash that is not associated with heat, diapering or an allergic reaction.	A child or staff with a rash accompanied by fever or behavioral changes should be excluded from care until the primary health care provider has determined that the illness is not an infectious disease.[138]
Open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sores with drooling.	Wounds with drainage should be covered completely and taped on all four sides.
Lice, ringworm or scabies – exclude at the end of the day it was discovered. Children can return after the first treatment is started.	Early learning programs may choose to have more strict policies for lice, ringworm and scabies, provided the requirements are written clearly in the program health policy.
Other signs of illness which may include lethargy, persistent crying, difficulty breathing or a significant change in behavior or activity level.	If a child appears ill and cannot participate in activities, they should be sent home.

It is helpful if there is a specific diagnosis from a health care provider for children or staff who are ill. Identifying the illness can help in determining if or how long a child or staff needs to be excluded from the early learning program.

138 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), 143.

In alignment with DOH, the Foundational Quality Standards require early learning programs to report the outbreak of contagious diseases to DCYF, the local health department and parents or guardians.[139] The spread of contagious disease is a serious risk to children and adults, especially for those with compromised immune systems or who are unvaccinated. The act of reporting the presence of these contagious diseases allows for local health jurisdictions to take community-wide action, which may limit the spread of potential outbreaks. Reporting to parents or guardians allows decision making in the best interest of their child to prevent contracting the illness.

While DOH WAC 246-110-010[140] contains a list of specific diseases that require notification, it is important to note that the regulation says "Contagious diseases include, but are not limited to…" This means that even though a disease may not be on the list, it may still require notification.

DOH explains "Other rare diseases of public health significance' means a disease or condition, of general or international public health concern, which is occasionally or not ordinarily seen in the state of Washington including, but not limited to, spotted fever rickettsiosis, babesiosis, tick paralysis, anaplasmosis, and other tick borne diseases. This also includes public health events of international concern and communicable diseases that would be of general public concern if detected in Washington."[141]

An example of this is the Novel Coronavirus (COVID-19) outbreak in 2020. If a staff person or child is diagnosed with a disease and there is a question whether or not it must be reported, the early learning provider should contact DOH for guidance.

A family home early learning provider in Snohomish County shares:

*"A child in my care was diagnosed with Campylobacteriosis, also referred to as "Campy."
This disease was not specifically called out on the list of notifiable diseases but fell
under the category of diarrheal diseases. I wasn't sure if it needed to be reported, but I
went ahead and reached out to my county health department for guidance. The health
department acknowledged the notification, and also came out to the program to offer
technical assistance, ensured that the bleach sanitizing and disinfecting solutions were
being mixed and used properly and ensured the facility was clean and disinfected. They
also offered supportive information to share with the families of my program. The child
was kept home until he was cleared by his doctor to return to the early learning program.
The incident was an isolated occurrence and no other people were affected by the
exposure. I continue to stay in contact with my local health department through social
media and email distributions. When in doubt, I reach out!"*

139 Washington State Legislature, "Chapter 246-110 WAC," available at **https://app.leg.wa.gov/wac/default.aspx?cite=246-110**, retrieved July 17, 2020.
140 Washington State Legislature, "WAC 246-110-010," available at **https://app.leg.wa.gov/wac/default.aspx?cite=246-110-010**, retrieved July 18, 2020.
141 Washington State Department of Health, "Notifiable Conditions Reporting: Health Care Providers," available at
       www.doh.wa.gov/Portals/1/Documents/5100/210-001-Poster-HCP.pdf, retrieved April 9, 2020.

ENVIRONMENT

For a list of conditions and contagious diseases, visit:

Contagious Diseases: WAC 246-110-010:
https://apps.leg.wa.gov/WAC/default.aspx?cite=246-110-010

Notifiable Conditions:
WAC 246-101: https://app.leg.wa.gov/wac/default.aspx?cite=246-101

For information on what needs to be reported to the local health department, visit the Washington State Department of Health website
www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions

Outbreaks of other illnesses are also reportable to the local health department, such as norovirus, chickenpox or influenza. If several children or staff members are all out at the same time with the same symptoms, report it to your local health department and the health professionals will provide guidance to the early learning program.

Parents or guardians need to be notified in writing of any disease that can be spread from one person to another. Make sure that any information shared with others about illnesses comes from a reliable health source, such as the CDC or DOH.

Children or staff members who have been excluded from an early learning program due to symptoms of illness and who do not have a specific diagnosis of a contagious illness can often return when the symptoms are gone. An early learning provider must have written permission from a health care provider or health jurisdiction before allowing staff or children excluded due to contagious illness to return to the early learning program. When a notifiable condition is reported to DOH, they will inform the early learning provider of the requirements that need to be met before the individual can return to care. In some cases, the individual will have to be excluded until specifically released in writing by their health provider or DOH (such as when negative test results are needed). In other cases, an individual will need to be on medication for a particular number of days before they can return.

Communicable Disease Prevention and Control. A Seattle and King County Public Health webpage with posters and sample letters for common childhood illnesses for early learning providers to share information with families.
www.kingcounty.gov/depts/health/child-teen-health/child-care-health/disease-prevention.aspx

Diseases and Conditions. A CDC webpage with links to information on a wide variety of different diseases and conditions in an A-Z directory.
www.cdc.gov/DiseasesConditions/

How to Take a Child's Temperature. A healthychildren.org webpage. Description of temperature devices and methodology. Ear and rectal methods are not permitted in licensed child care.
www.healthychildren.org/English/health-issues/conditions/fever/Pages/Best-Ways-to-Take-a-Temperature.aspx

Local Health Jurisdiction Communicable Disease Reporting Lines. A Department of Health chart with the communicable disease reporting phone number for each local health jurisdiction in Washington State.
www.doh.wa.gov/Portals/1/Documents/1200/LHJCommunicableDiseaseReporting.pdf

Managing Infectious Diseases in Child Care and Schools, 5th Edition. A 2019 publication by the American Academy of Pediatrics and written by Susan S. Aronson, MD, FAAP, and Timothy R. Shope, MD, MPH, FAAP.
https://shop.aap.org/managing-infectious-diseases-in-child-care-and-schools-5th-ed-paperback/

Washington State Local Health Departments and Districts. A DOH webpage with contact information and links to the local health department webpage for each county in Washington State.
www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

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WAC 110-300-0210

Immunization and exempt children

(1) Before attending an early learning program, a child must be vaccinated against or show proof of acquired immunity for the vaccine-preventable disease, pursuant to chapter 246-105 WAC. An early learning provider may accept children without proof of vaccinations or immunity as otherwise indicated in this section. For more information online, go to https://app.leg.wa.gov/wac/default.aspx?cite=246-105.

(2) Pursuant to WAC 246-105-050 (https://app.leg.wa.gov/wac/default.aspx?cite=246-105-050), an early learning provider must receive for each enrolled child:

   (a) A current and complete department of health approved certificate of immunization status (CIS) form;

   (b) A department approved certificate of exemption (COE) form, if applicable; or

   (c) A current immunization record from the Washington state immunization information system (WA IIS).

(3) To accept a child who is not current with their immunizations, an early learning provider must give written notice to that child's parent or guardian stating the child may be accepted if the immunizations are completed consistent with chapter 246-105 WAC (https://app.leg.wa.gov/wac/default.aspx?cite=246-105) and:

   (a) Prior to enrollment the parent or guardian provides written proof the child is scheduled to be immunized; or

   (b) The parent or guardian provides a signed and dated statement detailing when the child's immunizations will be brought up to date.

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

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

(6) An early learning provider must exclude a child from care according to the criteria listed in WAC 246-105-080. For more information, go to https://app.leg.wa.gov/wac/default.aspx?cite=246-105-080.

(7) If an outbreak of a vaccine-preventable disease occurs within an early learning program, an early learning provider must notify the parents or guardians of children exempt from immunization for that disease and children without vaccination documents. A provider may exclude the child from the child care premises for the duration of the outbreak of that vaccine-preventable disease.

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

According to the CDC, "vaccines are one of the greatest success stories in public health. Through use of vaccines, we have eradicated smallpox and nearly eliminated wild poliovirus. The number of people who experience the devastating effects of preventable infectious diseases like measles, diphtheria, and whooping cough is at an all-time low."[142]

The human immune system uses antibodies to fight germs and other harmful substances that enter the body. A vaccine introduces a very small amount of a weakened or dead version of the harmful substance into the body, prompting the creation of antibodies. The antibodies then remain in the body to fight off infections. Vaccines reduce a child's risk of infection by working with his or her body's natural defenses to help safely develop immunity to disease.[143]

As a critical part of establishing and maintaining children's health and safety, children enrolling in an early learning program must have the required immunizations for the diseases listed in WAC 246-105-030 available online at **https://app.leg.wa.gov/wac/default.aspx?cite=246-105-030**. School-aged children (children in grades kindergarten through 12) must meet the immunization requirements for their grade in school. These requirements follow the Advisory Committee on Immunization Practices (ACIP) Immunization Schedule, per WAC 246-105-040 available online at **https://app.leg.wa.gov/wac/default.aspx?cite=246-105-040**.

Early learning programs may be interacting with health providers, health officers, DOH and local health jurisdictions. A Health care provider refers to a licensed, registered or certified individual to provide health care. A Local Health Officer is attached to DOH. Health jurisdiction refers to the local county health department.

Children who are experiencing homelessness or experiencing foster care can present unique challenges to caregivers regarding tracking down and obtaining child records, including immunizations. For this reason, a child experiencing these situations may be accepted into care once the child's family, caseworker or health care provider gives written proof that they are in the process of obtaining the records.

Proof of vaccination or acquired immunity may be provided in a few different ways. A family may choose to complete the Certificate of Immunization Status (CIS) form by hand and have it signed by the health care provider, or they could complete the CIS form by hand and attach the health care provider's vaccination record.[144] In this scenario, the health care provider's record would need the health care provider's signature stamp or signature. A family might also choose to print the form with the child's immunization record filled in from the WA Immunization Information System (WA IIS) available online at **www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem**.

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142 Centers for Disease Control and Prevention, "Making the Vaccine Decision: Addressing Common Concerns," available at **www.cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Freasonstovaccinate%2Findex.html**, last updated August 5, 2019.

143 Centers for Disease Control and Prevention, "Making the Vaccine Decision: Addressing Common Concerns," available at **www.cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Freasonstovaccinate%2Findex.html**, last updated August 5, 2019.

144 Washington State Department of Health, "Certificate of Immunization Status (CIS) form," available at **www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization** retrieved July 19, 2020.

The WA IIS is a Washington State registry that keeps track of immunization records for people of all ages. Another state's IIS is also acceptable. Parents or guardians may also print a CIS showing their child's completed immunizations by signing up with Washington Immunization Information System (MyIR) online at **https://wa.myir.net/**. When a parent or guardian registers with MyIR, they are allowed access to their child's immunization records at any time.

Washington State Law allows parents or guardians to exempt their child from the school or early learning program immunization requirements, for most immunizations. Exemptions may be claimed for medical, religious, personal or philosophical reasons. To request an exemption at an early learning program, a completed Certificate of Exemption (COE) form must be submitted by the parent or guardian to the early learning program. The COE must be reviewed and signed by a health care professional unless the child is a member of a religious body that denies access to medical treatment.

The Measles, Mumps, and Rubella (MMR) vaccine is one of the vaccines required for all public and private center and family home early learning programs. For children, MMR cannot be exempted for personal or philosophical reasons. Paperwork showing that the child is fully immunized, has started the vaccine series or has an exemption must be submitted on or before the child's first day of attendance (per RCW 28A.210-080) For more information, go to **https://app.leg.wa.gov/RCW/default. aspx?cite=28A.210.080**.

Children who are not in compliance with vaccine requirements can be admitted with documented communication with the parent. The early learning provider must inform the parent in writing the child may be accepted into care only if the immunizations are completed according to chapter 246-105 WAC, available online at **https://apps.leg.wa.gov/wac/default.aspx?cite=246-105**, and the early learning provider must receive from the parent or guardian written proof or a signed schedule of completion. This ensures there is a common understanding between the early learning provider and the parent or guardian related to the child's plan and schedule to complete immunization requirements.

WAC 110-300-0120 outlines requirements for staff vaccinations.

Please note the following immunization requirements:

- Children who are experiencing homelessness must be allowed to enroll, attend classes and fully participate in the program. According to the McKinney-Vento Act, available online at **https://apps.leg.wa.gov/wac/default.aspx?cite=246-105**, they cannot be excluded for being out of compliance with the immunization requirements.

- Staff and volunteers may not be exempted from the requirement to provide documentation of immunity for personal and religious reasons. The only exception a staff member may have is a written certification signed by a health care practitioner, licensed in Washington State, that the MMR vaccine is, in the practitioner's judgment, not advisable for the individual. The only health care practitioners that can serve in this capacity are a medical doctor (MD), naturopathic doctor (ND), osteopathic doctor (DO), advanced registered nurse practitioner (ARNP) or a physician's assistant (PA).

- The early learning program may allow a person to be employed or volunteer on the premises for up to 30 calendar days if the individual signs a written statement that they have received the MMR vaccine or are immune from measles, but require additional time to obtain and provide the records.

To control the spread of disease during an outbreak, a local health officer may exclude children and staff in early learning programs based on WAC 246-110-020 available online at **https://app.leg.wa.gov/wac/default.aspx?cite=246-110-020**. Early learning programs must keep and have ready access to immunization records of children, should they be required in the event of an outbreak. For center early learning programs, it is required that staff records must include immunization or exemption records for this purpose as well. To learn more, DOH has provided a set of frequently asked questions: **www.doh.wa.gov/Portals/1/Documents/Pubs/348-732-OutbreakFAQsSchoolChildCares.pdf**

School and Child Care Immunization. A DOH webpage with links to many informational resources, frequently asked questions and forms. This webpage contains links to both the Certificate of Immunization Status (CIS) form and the COE form in 10 languages, as well as sample letters to notify parents or guardians of exclusion from care and conditional status.
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization

Immunizations for Children Birth to 6 years. The DOH webpage for children's immunizations. It includes links to schedules, information, handouts, other resources.
www.doh.wa.gov/YouandYourFamily/Immunization/Children

MMR Vaccine Exemption Law Change 2019. A DOH webpage with information and resources related to the vaccine exemption law. This webpage includes links with sample letters to give to child care staff or parents and guardians to help them understand the law.
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange

For exclusion and conditional letters in different languages, please visit the Seattle King County Public Health partner website.
www.kingcounty.gov/depts/health/communicable-diseases/immunization/providers.aspx

House Bill 1638 Removes MMR Vaccine Exemption for Schools and Child Care Centers. A DCYF webpage providing information and clarification related to the removal of the option for a personal or philosophical exemption to the MMR vaccine requirement for schools and child care centers.
https://dcyf.wa.gov/news/house-bill-1638-removes-mmr-vaccine-exemption-schools-child-care-centers

Immunization Publications. The DOH webpage with all forms, brochures and other publications related to immunizations. The Certificate of Immunization Status form is provided in 10 languages.
www.doh.wa.gov/Publications/Immunizations

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Immunization Manual for Schools, Preschools, and Child Care Centers. A DOH publication with information and resources to answer questions about immunization requirements, process Certificates of Immunization Status, and complete status reports.
www.doh.wa.gov/Portals/1/Documents/Pubs/348-124_ImmunizationSchoolManual.pdf

Vaccine Safety. A CDC informational webpage discussing an overview, history and safety processes of vaccines.
www.cdc.gov/vaccinesafety/ensuringsafety/history/index.html

Vaccines for your Children. A CDC webpage addressing common concerns about making the vaccine decision.
www.cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html?CDC_AA_ refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Freasonstovaccinate%2Findex.html

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. For more information, go to https://app.leg.wa.gov/wac/default.aspx?cite=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) (https://app.leg.wa.gov/wac/default.aspx?cite=110-300-0106) 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.

(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;

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(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.**

(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.**

Children in an early learning program may take medication for a variety of reasons. Medication may be required to sustain a child's health as the result of a long-term diagnosis or may be administered for a limited time due to a temporary illness. For any reason, the management of medication is a serious responsibility entrusted by families to early learning providers in keeping children healthy.

The medication requirements outlined in the Foundational Quality Standards are designed to protect against unintentional medicine over or under-dosing and the potential adverse health effects. According to the National Safety Council (NSC), one in every 150 2-year-olds visit the emergency room for unintentional overdose, which they note comes from "mistakes in dosing by caregivers or children finding and ingesting medication."[145] This data helps illustrate that the actions of early learning professionals can protect children against these outcomes. For this reason, the regulations include that early learning programs establish a comprehensive medication management policy and that staff are properly trained in medication administration, medication storage, maintaining appropriate documentation for medication use and safe handling of medication.

Generally speaking, training an employee is a key practice in the successful operation of an early learning program. Medication training is so crucial that CFOC plainly states, "safe medication administration in child care is extremely important and training of caregivers or teachers is essential."[146]

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145 National Safety Council, *Misuse, Abuse of Medicines can Seriously Harm Children*, (n.d.), available at **www.nsc.org/home-safety/safety-topics/child-safety/medicine**, retrieved April 27, 2020.

146 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 155.

The importance of training is also supported by the Child Care and Development Fund (CCDF). CCDF is the primary source of federal early childhood funding and requires that early learning providers complete an orientation and training on medication policies and procedures. CCDF regulations require that orientation and training on medication policies and procedures include the administration of medicine and parental consent. The department's standardized training in medication management and administration can be obtained on the DCYF training portal online at **https://dcyftraining.com/** .

WAC 110-300-0300 requires an individual care plan for a child with special needs.

If a child's needs include special medical procedures, any early learning provider who will be responsible for giving the medical procedure to the child must have received training from the parent or guardian. Special medical procedures may include giving a child an EpiPen, nebulizer, injections or inhaler, or to check, clean and feed a child who has a feeding tube. Having the parent or guardian supply this training and information engages them in the care of their child while in an early learning program, and ensures the early learning provider has the benefit of the parent or guardian's knowledge and experience. Parents and guardians should be seen as active partners with the early learning program to support the needs of the child and the family.

A center early learning provider in King County shares:

"At our center, we have many children enrolled that require special medical plans such as allergy plans, seizure plans, feeding plans or asthma plans. Many of these plans require the use of tools such as epi-pens, feeding tubes, nebulizers, inhalers, rescue medications, mobility devices and hearing aids. We have found partnering with parents in the training process crucial to the success of these students in our program. We hold meetings with parents to train us on how to use and properly execute medical devices and procedures. These trainings are documented and repeated if staffing changes or the child's needs change. Besides the trainings, our teachers and other staff must communicate with parents frequently to make sure we are addressing all health and developmental concerns effectively. It can be daunting to enroll a child with a disability or delay in your center, but we find that effective partnerships with families empowers us all to provide excellent care for all children. When teachers have the tools they need to effectively care for all children in their room, their confidence improves, which results in an inclusive classroom where all children can learn and grow."

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For medications to work effectively, they must be administered to the right person, at the right time and in the right dose. This is true not only for prescription medication but nonprescription medication as well. Medication available without a prescription is not necessarily less dangerous than prescription medications. If an individual is given the wrong type of medication, at the wrong time or in the wrong dose, the outcome could be life-threatening or fatal.

The Five Rights of Medication Administration
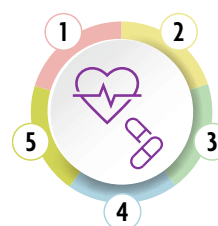
The Right Patient	
The Right Time and Frequency	
The Right Dose	
The Right Route	
The Right Drug	

For this reason, medication must be given only with the prior written consent of a child's parent or guardian. An early learning program may use its own form to document the prior written consent or may use the form provided by DCYF.

Many children depend on prescription medication to sustain their health. It is important to remember these medications are prescribed by a health care professional for a specific child. The health care provider has considered the child's individual needs in determining the medication type and dosage. Sharing the medication with another child may cause poisoning or other adverse outcomes for the other child.

Prescription medications can be administered to a child in care by an early learning provider only if the medication meets all of the requirements. Prescriptions originating from a pharmacy have printed labels that detail who the medication is for, the intended dosage, the prescribing physician, direction for how to take the medication, the date and other information. When early learning providers ensure that prescription medications come in the original container that is labeled with the prescription, the provider can confirm administering instructions and is assured that the medication is safe for the intended child. If a parent brings medication that is not in its labeled container the provider must not accept or administer the medication.

In a center early learning program, a parent is dropping off their preschool child. The parent hands a small, covered, plastic container to the early learning provider and a completed Medication Authorization form for Amoxicillin. The parent explains that the preschooler has been prescribed Amoxicillin for an ear infection, but the bottle was accidentally knocked over and spilled over the weekend. The child's older sibling is also taking Amoxicillin for tonsillitis, so the parent has been giving each child their prescribed dose from the same bottle until the spilled bottle can be replaced. The early learning provider informs the parent that since the medication is not in its original container with the prescription label, they cannot be assured that the medication in the container was prescribed to the preschooler or that the dosage is accurate. The parent decides to pick the child up from care just before the dose is due, so the parent can administer the dose at home.

Nonprescription medications must also be provided in their original container. This allows the provider administering the non-prescribed medication an opportunity to verify that the parent or guardian's instructions on the medication form meet those of the manufacturer. Nonprescription medication may be administered to a child according to the instructions on the label if the medicine is also in its original packaging labeled with the child's first and last name, and accompanied by a completed medicine authorization form signed by the parent or guardian.

A parent brings a bottle of children's Tylenol for their infant because the child is teething. The parent also provides the completed DCYF Medication Authorization form. The provider is comparing the child's age and weight to the directions on the bottle. The provider notices that the bottle and directions state, "not intended for children under 2 years of age unless directed by a physician." The child is 11 months old. There is no record of physician direction. The provider reviews the requirements with the parents, pointing out that the medication states not intended for children under 2 years old. The provider gives the medication back to the parent.

Many nonprescription medications do not include dosing instructions for children under a specific age. Providers must not give medication to a child unless the label provides dosing instructions for their age, even upon request of the parent or guardian, unless the dosage is written for the child by a medical professional, for the specific nonprescription medication.

A parent or guardian would like an early learning provider to give their child an herbal supplement. The packaging does not have dosing instructions for the child's age. The early learning provider does not accept the medication and informs the parent or guardian that they need a health care provider's authorization before they can give the supplement to the child.

The NSC states children are far more vulnerable than adults to the effects of medicines because their bodies and neurological systems are still developing. They note that even small amounts of over-the-counter medications can be difficult for children to metabolize.[147] Even more so, many over-the-counter medications contain a combination of ingredients. For this reason, it is important to make sure children are not receiving the same medications in two different products, which could result in an overdose.[148]

147 National Safety Council, Misuse, *Abuse of Medicines can Seriously Harm Children*, (n.d.), available at **www.nsc.org/home-safety/safety-topics/child-safety/medicine**, retrieved April 27, 2020.
148 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 153.

Non-medical topical products, such as diaper ointments, sunscreen, lip balm and toothpaste, may seem harmless but could be harmful to young children. Young children's skin is susceptible to chemical irritation and infections because its functionality is still developing.[149] Additionally, according to the CDC, children ages 0-4 are more likely to develop and have skin allergies.[150] For these reasons, written annual parent or guardian consent is required to administer non-medical topical products to a child.

Homemade medication, such as diaper cream or sunscreen, cannot be accepted by an early learning provider or given to a child in care. An early learning provider does not have the assurance with homemade solutions that comes with prescription and nonprescription medications. Prescription and nonprescription medications have been researched, studied and approved by regulatory agencies so that the ingredients are safe for the way they are being used.

In 2018, the FDA warned parents, guardians, caregivers and health care providers that jewelry should not be used to relieve teething pain in children. Numerous reports of deaths and serious injuries of infants and children including strangulation and choking were caused by teething jewelry including amber teething necklaces.[151] Thus, the usage of amber bead necklaces is prohibited in early learning programs.

For many children, the use of medication is a routine in their daily life. This is especially true where medication is used to treat chronic illness or sustain health, as is the case for a child with diabetes or asthma. For these children, learning to administer their medication independently may have occurred at a young age. Taking their medication independently can be an important part of developing self-sufficiency and self-care. An early learning provider may allow children to take their medication with parent or guardian authorization. The early learning provider must observe and document that the child took the medication each time.

Whether or not a child can independently take their medication, the medication must be stored in a manner inaccessible to children. Children are naturally curious and explore their environments with their senses. An early learning provider, therefore, must take measures to ensure that no child unintentionally comes across medication.

According to Safe Kids Worldwide, every 10 minutes, a child under the age of 6 is treated in an emergency room for an unintentional medicine poisoning.[152]

149 Theresa Oranges, Valentina Dini and Marco Romanelli, "Skin Physiology of the Neonate and Infant: Clinical Implications," *Advances in Wound Care*, 4 (10) (2015): 587–595, available at **www.liebertpub.com/doi/abs/10.1089/wound.2015.0642**

150 Centers for Disease Control and Prevention, "Allergies and Hay Fever," available at **www.cdc.gov/nchs/fastats/allergies.htm**, last updated February 21, 2020.

151 U.S. Food & Drug Administration, "FDA warns about safety risks of teething necklaces, bracelets to relieve teething pain or to provide sensory stimulation," available at **www.fda.gov/news-events/press-announcements/fda-warns-about-safety-risks-teething-necklaces-bracelets-relieve-teething-pain-or-provide-sensory**, published December 20, 2018.

152 Safe Kids Worldwide, "Medication Safety," available at **www.safekids.org/medicinesafety**, retrieved May 2020.

Some medications may look like food or candy to a child. Having medication stored separately from food will help ensure that the medicine is not mistaken for food and to prevent contamination of the food. Cross-contamination can also occur if external and internal medicine containers are stored together, or if a medication residue is transferred to another surface.

Controlled substances can be especially dangerous if taken incorrectly. Controlled substances are those that the federal government regulates because it may be abused or cause addiction.[153] Examples of controlled substances include ADHD medication, anxiety medication, hydrocodone, codeine and marijuana. Due to their heightened risk, controlled substances are required to be stored in a locked container or cabinet which is inaccessible to children.

When a medication is no longer being used, it must be promptly returned to parents or guardians, or discarded per FDA recommendations for medication disposal. When unnecessary medications are on-site, the potential for misuse or accidents increases. Limit the possibility of accidents by getting rid of the excess or expired medication appropriately. Do not dispose of medications by flushing down the toilet, dumping in the sink or throwing them away in the trash. Disposing of medications according to FDA guidelines helps prevent medication misuse and contamination of the environment.

WAC 110-300-0470 outlines requirements for medication in the early learning program's Emergency Preparedness Plan. A three-day supply of children's life-sustaining medication must be kept on the premises, along with the medication records, in case of an emergency. These medications would be used only during an emergency when a child has not been picked up by a parent, guardian or emergency contact.

Maintaining consistent and accurate documentation of medication administration provides a critical record of an early learning provider's actions. This record may be useful to other early learning professionals, parents, guardians or emergency medical services when it comes to understanding the health history of children in care.

A child typically receives medication every three hours while in care at the early learning program. Due to a staffing need, a lead teacher is suddenly rotated into an infant classroom. The teacher has worked previously with this group of children but is not consistently assigned to this group. The teacher knows a child in the group has a prescription medication that needs to be administered every three hours, but because the provider has not been in the classroom recently, they are unsure of when the medication needs to be administered next. The lead teacher reviews the medication log to see the exact time the child received their last dosage. The lead teacher can now plan accordingly to provide the child with their next dosage at the required interval. Without the medication log, the child may have risked receiving a dosage too soon, causing unintentional overdosing, or may have missed a dosage altogether, causing their health to be compromised.

153 National Cancer Institute, "controlled substance," available at **www.cancer.gov/publications/dictionaries/cancer-terms/def/controlled-substance**, retrieved July 20, 2020.

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Additional regulations related to medications are outlined in WAC 110-300-0460 Child Records and WAC 110-300-0500 Health Policy.

Find a Medicine Take-Back Location. Take Back Your Meds website, dedicated to helping people dispose of their unwanted medications, and to decrease the number of accidental poisonings occurring due to unwanted medications.
www.takebackyourmeds.org/

DCYF Forms and Documents. A page on the DCYF website that includes links to helpful forms like Medication Authorization, Medication Log, Individual Care Plan, and others.
https://dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents

Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs. National standards that represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies in early care and education settings.
https://nrckids.org/CFOC

Health & Illness. A Snohomish Health District webpage specific to health in a child care business.
www.snohd.org/245/Health-Illness

Safe Disposal of Medicines. The United States Food and Drug Administration webpage on the disposal of medication.
www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines

Child Care Health. A Seattle and King County website promoting health and disease prevention for child care facilities.
www.kingcounty.gov/depts/health/child-teen-health/child-care-health.aspx

Washington State Poison Center. Calls to the Poison Control Center are free and confidential. All questions are answered by experts available 24 hours a day, every day of the year. The toll-free helpline is 1-800-222-1222
www.wapc.org/

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.**

    (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.

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

(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.

   (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.

(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;

(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.

(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.

(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).

(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.

(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.

(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.

(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.

Bathrooms, equipped with clean and working toilets and sinks, provide the space for staff and children to take care of personal needs, and help minimize the spread of disease. For this reason, all early learning programs must provide at least one functional indoor toilet, and center early learning programs must have one functional toilet for every 15 toilet-using children and staff. Children wearing diapers do not count toward the calculation for the number of functional toilets required until these children begin toilet training.

A center early learning program serves 30 children who are capable of using or learning to use the toilet. Additionally, there may be up to six adult staff on the premises during early learning program hours. If there was only one 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. Consequently, limited toilet availability may decrease the likelihood of children having toileting success. The Foundational Quality Standards support child development by requiring the center early learning program in this example to have at least three working flush toilets for the 36 individuals present in the program. This ratio of individuals to toilets means bathroom facilities are more accessible.

A functioning bathroom must also include a working sink and faucet with warm water, where handwashing can take place. When sinks are accessible to children, both in size and location, it is easier for children to maintain proper handwashing routines. 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 doorknobs, 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.

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. For this reason, bathroom sinks must not be used for drinking water or food preparation.

The health and safety of children are further supported by the requirement that bathroom space is clean and sanitary. If a platform or steps are used for handwashing or toileting assistance, it should be easily cleaned and moisture resistant with a non-slip surface. The floor in the bathroom will likely be subject to splashes, spills and contaminants. As a result, the floor must have a moisture-resistant surface that is cleaned and sanitized at least daily. Proper ventilation is also important. An operable window or exhaust vent creates ventilation methods to control fumes during the cleaning and disinfecting process, or odors related to bathroom use.

☞   WAC 110-300-0240 and WAC 110-300-0241 outline standards on cleaning and sanitation.

To help ensure healthy and safe bathroom experiences for young children, assistance is necessary. Young children 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. CFOC states, "children should be allowed the opportunity to practice modesty when independent toileting behavior is well established."[154]

In addition to the critical health considerations of bathroom facilities, child-sized toilets and platforms which provide access to standard-sized toilets and sinks allow children to safely build and practice independent toileting skills. This is especially true of equipment used for toilet training. Toilet training equipment should support a child's success and aid in the process of toilet learning. Early learning providers may use a modified toilet seat if it can be cleaned and disinfected daily or more often if needed.

Using flushable child-sized toilets or a step stool to the toilet with a modified toilet seat is more effective than a stand-alone potty chair for sanitation purposes. They also save time and create more overall bathroom space. Early learning providers who choose to use stand-alone potty chairs must be able to empty and disinfect the chair after each use.

Toilet training is a big developmental step and a major learning experience for children. While children may begin this process anywhere from age 18 months to 3 years old, the AAP journal Pediatrics notes the initiation of toilet training should "always be based on the child's developmental level rather than a child's age."[155]

The early learning provider can play a key role in supporting a child in their toilet training progress. To promote a consistent and positive experience for the child, early learning providers and families must work collaboratively for the benefit of the child. An early learning provider must work with the family and within the family culture to create a toilet training process for the child than can be supported within the early learning program. Incentives like story time, a sticker chart or verbal praise may be incorporated into the potty-training process at home and the early learning program.

154 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 261.

155 Bernard Guyer, "Toilet Training Guidelines: Day Care Providers – The Role of the Day Care Provider in Toilet Training," *Official Journal of the American Academy of Pediatrics* 103 (3) (1999): 1367-1368, available at **https://pediatrics.aappublications.org/content/103/Supplement_3/1367**

An early learning center provider from King County shares:

"We believe setting children up for success with toilet learning starts in the infant age, where we talk about being "wet" versus "dry" and a child's bowel movements, and where we present their bodily functions as natural occurrences. We look for early signs of being ready for toileting including a child touching their diaper to show they are ready for a diaper change. We encourage independence in toileting where children start to take off their pants and diapers, whether they are on the diaper changing table or have transitioned to stand-up diapering by the toilet. We encourage and offer usage of the toilet when they start to show an interest - it may start with them flushing the toilet, sitting on the toilet before their diaper change or noticing a peer using the toilet."

"There is no magic number for when a child should or should not be using the toilet on their own. We believe that each child has a different time when they are "ready." If the child does not want to sit on the toilet we will not force them. By following child signs that indicate they are interested and encouraging that interest, we rely on intrinsic motivation to drive their usage of the toilet. Teachers work closely with parents on the method that is best for their child. Our 2-year-old and preschool teachers discuss our toilet learning philosophy at the time of orientation into the classroom and continue the conversation by sharing information daily about their child's usage of the toilet at school. We also ask for information about what is happening at home. We provide individual support and encouragement for each child to accomplish this new skill by partnering closely with parents."

WAC 110-300-0085 outlines the requirements related to family partnerships and communication.

Stand-up diapering in the bathroom or diaper-changing area can be utilized if a child is developmentally ready. It is important to note that soiled diapers or pull-ups can promote and spread bacteria when not handled or disposed of properly. Consequently, stand-up diapering may help limit the potential for cross-contamination when safe practices are used. CFOC advises specific practices to limit diaper related cross-contamination, such as:

• Ensuring all potentially needed materials are gathered in the changing area before bringing the child.

• Removing the child's clothes, shoes and socks.

• 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.[156]

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156 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 115.

Safety and Sanitation. A Snohomish Health District Child Care provider webpage with many resources, including posters for diaper changing and stand-up diaper changing.
www.snohd.org/261/Safety-Sanitation

Stand-Up/Lay-down Diapering Procedure: This site provides stand-up and lay-down diapering procedures in English and Spanish:
Stand-up/Lay-Down Diapering Procedure. Diaper changing procedures in both English and Spanish are provided when you scroll to the bottom of the page.
https://kingcounty.gov/depts/health/child-teen-health/child-care-health/bleach.aspx

Toilet Training. The American Academy of Pediatrics website healthychildren.org provides a variety of articles on toilet training.
www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/default.aspx

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.**

   (a) **A diaper changing area must:**

      (i)   **Be separate from areas where food is stored, prepared, or served;**

      (ii)   **Have a sink with hot and cold running water, not used for food preparation and clean up;**

      (iii) **Have a sturdy surface or mat that:**

         (A) **Is not torn or repaired with tape;**

         (B) **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.**

      (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.**

   (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.**

(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**

(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.**

(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.**

(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.**

For early learning programs serving children who wear diapers, it is important to be aware that changing diapers introduces the potential exposure of diseases caused by bacteria, viruses or parasites that can exist in a child's stool. Germs like Salmonella, Listeria, E.coli and noroviruses can be found in the dirty diaper even when the child is healthy.[157] The CDC estimates there can be up to a trillion germs in one gram of fecal matter.[158] The good news is that the potential of contamination from diaper changing can be diminished by following basic diaper changing practices. For this reason, the Foundational Quality Standards include diaper area and disposal requirements designed to promote personal hygiene and limit environmental contamination.

One of the main factors in protecting the health of children and staff is to ensure that diapers are changed in only designated diaper changing areas. Whether following a stand-up or lay down diapering procedure, this helps ensure diaper germs are confined to a single area in the early learning space. In a center early learning program, there must be a designated diapering area within each classroom or for each age group that requires diapering. Family home early learning programs are only required to have one diaper changing area.

The diaper changing area requirements are aimed at limiting cross-contamination and ensuring child safety. Preventing cross-contamination between diaper changing areas and food preparation or service areas is essential. Any diapering related germs that make their way onto food will be placed directly into the body when the food is consumed by children or staff. For this reason, separating food, food preparation areas and eating and drinking utensils from the diaper changing area and handwashing sink helps prevent the transmission of disease.

WAC 110-300-0280 outlines diaper changing location in relation to bottle preparation areas.

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157 Fight Bac! "Dirty Diaper Details," available at **www.fightbac.org/download/430/child-care/14758/crib-sheet-dirty-diaper-details.pdf**, retrieved July 21, 2020.

158 Centers for Disease Control and Prevention, "Diapering," available at **www.cdc.gov/healthywater/hygiene/diapering/index.html**, last updated July 26, 2016.

The act of diapering introduces bacteria to the diaper changing surface. Bacteria need water to grow, so the risk of contamination can be reduced by limiting moisture on and around diaper changing surfaces. This can be accomplished by making sure that the diaper changing surface is large enough for the child and that the changing area, surface or mat, and the floor or floor covering are moisture impervious. This ensures bodily fluids do not soak through spongy, upholstered or carpeted areas, which may lead to bacterial growth. Moisture impervious surfaces also facilitate the cleaning and disinfecting process.

A diaper changing station is considered a piece of equipment located off the ground. A diaper changing area is a designated space used for diapering activities and may or may not include an actual diapering station.

To further prevent the potential of cross-contamination, the diaper changing station or area must not be used to set or store non-diapering items. Each item that enters the diaper changing space has the potential to pick up diapering germs that were accidentally left behind during cleaning and sanitation processes. When the item is then moved back out of the diaper changing area it poses a risk of contaminating another surface or the person who handles the item.

Many diaper changing surfaces are elevated several feet off the ground, and children tend to move unpredictably. This puts children at risk of falling off a changing table or pulling a changing table onto themselves. In 2016, 3,900 children younger than 5 years old were treated in emergency departments from injuries related to changing tables.[159] It is the responsibility of the early learning provider to ensure the safety of children when on or near a diaper changing surface. Early learning program staff must fully attend to the child while diapering.

It is the responsibility of the early learning provider to follow diaper changing procedures that minimize the potential of contamination to surfaces. Posting the diaper changing procedures within view of the diaper changing area serves as a reminder to follow each of the diaper changing steps that are designed to reduce the contamination of surfaces.

Handwashing requirements are outlined in WAC 110-300-0200.

An early learning provider is preparing to change a child's diaper. As the provider places the child onto the diaper changing surface the provider scans the diaper changing procedure posting. The posting reminds the provider to wash their hands before beginning the diaper changing process.

159 U.S. Consumer Product Safety Commission, "Injuries and Deaths Associated with Nursery Products Among Children Younger than Age Five," available at **www.cpsc.gov/ s3fs-public/Nursery-Products-Annual-Report-2017_0.pdf?iVo_dlqsrtuWAep2RzahKbFcsiCfXZhK**, published December 2017.

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The provider knows it is unsafe to leave the child unattended, so they remove the child from the changing surface and place the child on a mat on the floor while they wash their hands. The early learning provider then retrieves the child and proceeds with the diaper change.

Disinfecting and Sanitizing with Bleach Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments. A DOH publication.
www.doh.wa.gov/Portals/1/Documents/8340/970-216-Disinfect-en-L.pdf

Fighting Bac! A document that provides guidance on sanitary methods for changing diapers and setting up hygienic diaper changing stations. It also includes statistics and studies to support these practices:
www.fightbac.org/download/430/child-care/14758/crib-sheet-dirty-diaper-details.pdf

How to Change a Diaper. A DOH poster illustrating the steps for a sanitary diaper change.
www.doh.wa.gov/Portals/1/Documents/8330/130-082-DiaperCCsm-en-L.pdf

WAC 110-300-0225

Pets and Animals

(1) **An early learning provider may have pets or other animals on the early learning program premises.**

(2) **If an early learning provider keeps pets or animals on the early learning program premises:**

   (a) **The provider must have and follow a pet and animal policy; and**

   (b) **Provide written notice to children's parents and guardians.**

(3) **Pets or other animals that have contact with children must:**

   (a) **Have all required vaccinations, pursuant to local and county regulations;**

   (b) **Show no signs of illness, disease, worms, or parasites. If these symptoms appear, the pet or animal must be removed from the licensed space until appropriately treated for the condition; and**

   (c) **Be nonaggressive. If the pet or animal exhibits aggressive behavior, the pet or animal must be removed from the licensed space.**

(4) **An early learning provider must:**

   (a) **Make reptiles and amphibians that are not part of the early learning program or activities inaccessible to enrolled children due to the risk of salmonella or other diseases;**

   (b) **Require that chickens, ducks, turkeys, doves, pigeons, or other birds are caged, cooped, or penned outside early learning program space when children are in care, at a distance that prevents children from having direct access to the enclosures or waste;**

   (c) **Cage indoor birds;**

   (d) **Prevent debris from spilling out of a container or cage used for pets and animals, if applicable;**

   (e) **Not allow pets and animals in the kitchen during food preparation and ensure pets and animals do not come into contact with food, food preparation, or serving areas while food is served;**

   (f) **Not use a sink that is used for cleaning food or utensils to clean pet supplies;**

(g) **Not allow animals in rooms or areas typically used by infants or toddlers (center early learning programs only); and**

(h) **Store pet and animal medication separate from human medication.**

(5) **An early learning provider must require:**

(a) **Animals and pets to go to the bathroom outdoors if the animals do not have a designated indoor litter area. The designated outdoor area must be inaccessible to children in care;**

(b) **Pet containers and cages to be cleaned and disinfected at least weekly, or more often if needed;**

(c) **Litter boxes to be kept inaccessible to children and cleaned daily;**

(d) **Animal waste and litter to be disposed of as soon as possible and the area disinfected;**

(e) **Animal waste to be inaccessible to children;**

(f) **Animal waste to be disposed of in a manner that prevents children from coming into contact with the waste material;**

(g) **Animal waste, including fish tank water, must be disposed of in unlicensed space or toilets or custodial sinks. Toilets and custodial sink areas must be washed, rinsed, and disinfected after disposal; and**

(h) **Indoor and outdoor play space to be cleaned and disinfected where animal or bird waste or vomit is present. This must be done as soon as possible or prior to access by children.**

In the United States, nearly 68% of households have a pet.[160] Whether a cat, dog, fish or other pet, studies show animals can have a positive effect on people. For instance:

- The bond between people and pets can lower stress and blood pressure.
- Animals can increase the feelings of social support and improve mood.[161]
- Interacting with animals can increase fitness levels.[162]

Including pets or animals in an early learning program may have several benefits for children and adults. For example, pets can help children develop social skills, can aid in the development of trusting relationships with others and can support the development of non-verbal communication, compassion and empathy.[163]

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160 National Institutes of Health, "The Power of Pets Health Benefits of Human – Animal Interactions," available at **https://newsinhealth.nih.gov/2018/02/power-pets**, published February 2018.

161 National Institutes of Health, "The Power of Pets Health Benefits of Human – Animal Interactions," available at **https://newsinhealth.nih.gov/2018/02/power-pets**, published February 2018.

162 Centers for Disease Control and Prevention, "About Pets & People," available at **www.cdc.gov/healthypets/health-benefits/index.html**, last updated April 15, 2019.

163 American Academy of Child & Adolescent Psychiatry. "Pets and Children," available at **www.aacap.org/aacap/families_and_youth/facts_for_families/fff-guide/pets-and-children-075.aspx**, published January 2019.

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For many children, interacting with animals is an enjoyable and beneficial experience. There are many things to consider when including pets and animals in the early learning program. Considerations may include the ages of the children, any allergies or potential allergies children may have and the potential risks associated with children interacting with pets and animals. Another item to consider is whether any of the children in care have had a negative or traumatic experience with pets or animals. To make sure they are aware of the impact of including pets in the early learning program or activities, it is the responsibility of the early learning provider to intentionally plan for and provide a written communication to the families they serve.

When animals will be kept on the early learning premises, the program must have a written pet and animal policy. Written policies are important for staff: they provide consistent information and provide a basis for training. Parents and guardians also benefit by knowing what to expect regarding their child's interaction with animals.

It is important to note that several WACs have requirements related to pets and animals:

- WAC 110-300-0200 requires early learning providers to direct, assist, teach and coach children to wash their hands after playing with animals.
- WAC 110-300-0345 requires that children are actively supervised when interacting with pets and animals.
- WAC 110-300-0500 includes the requirement to address pets and animals in the early learning program's health policy.

The following overview for common pets, reptiles and amphibians may be helpful when considering a pet for an early learning program.

Cats and Dogs

Cats and dogs are frequently found in early learning programs. Just like all animals in an early learning program, cats and dogs must be non-aggressive, healthy and have all required vaccinations. Having cats or dogs in the program can be a great learning experience for the children. Providers have reported that when the children engage with the animals they tend to show more compassion and learn empathy, kindness, patience, friendship, respect and responsibility. Science and nature lessons were elaborated upon and levels of stress among the children declined.

A family home early learning provider in Snohomish County shares:

"I have two puppies in the early learning program. During storytime, which happens to also be the puppies' nap time, the children cuddle with the pups. They stroke them gently, while listening to the story and managing quiet voices during the discussion. I can see how the children try to be considerate of the "sleeping babies." This is a calming activity that we engage in before nap or quiet time almost every day. The children enjoy storytime with the puppies and look forward to it every day. (Of course, the children washed their hands when storytime was over!)"

Reptiles and Amphibians

Reptiles and amphibians may be fascinating to children. It is important to know that these creatures carry Salmonella. While Salmonella is a normal germ present in the digestive tract of healthy reptiles and amphibians, it is a germ that can make humans ill. Therefore, keeping reptiles and amphibians inaccessible to children is critical. Some ways to ensure they are inaccessible is to keep reptiles and amphibians on a shelf in a tank or terrarium. Ensure that enclosures are only cleaned when children are not present and do not allow children to feed or care for the creatures. This will prevent a child's direct contact and will limit the spread of Salmonella. Reptiles and amphibians can offer many educational and entertainment opportunities by being observed by the children.

If a reptile or amphibian is a part of the early learning activity, active supervision during the activity and washing hands afterward is essential.

Birds

Psittacine birds (i.e., parakeets, parrots, budgies and cockatiels) can carry the bacteria that cause psittacosis. These birds should not be located in areas used in the early learning program unless they have been tested for psittacosis.[164] Caged birds such as finches and canaries are better suited for early learning program areas. Birdcages must be cleaned and disinfected at least weekly.

Backyard Poultry

Although keeping backyard poultry can be fun and educational, early learning providers should be aware that poultry can sometimes carry harmful germs that make people sick.[165] Chickens, turkeys, doves, ducks and other birds must be penned or cooped outside of the program space and in a manner so children don't have access to the enclosures or their waste.

If a chicken or other bird is a part of the early learning activity, an early learning provider must ensure active supervision is used and handwashing is conducted after the activity.

An early learning provider is raising chicken's outdoors. The provider has built an enclosure and chicken coop for the chickens to roam and nest. The provider also built a fence around this area to keep the children from reaching the chickens and the coop. The space between pieces of the fence is small enough that a child cannot reach through them. The children can see and hear the chickens but cannot touch them and do not have access to their waste.

Providing age-appropriate instructions on engaging with any animal, including handwashing afterward, is integral in preventing the spread of germs.

Since young children frequently put their hands in their mouths or touch their faces during play, it is also important to clean and disinfect surfaces to minimize the risk of coming in contact with germs found in animal waste. This is especially true in indoor play spaces where young children, especially infants and toddlers, spend time sitting, crawling or playing directly on the floor.

164 Virtual Lab School, "Pets in Family Child Care Settings," available at **www.virtuallabschool.org/fcc/safe-environments/lesson-3/act/20711**, retrieved July 21, 2020.
165 Centers for Disease Control and Prevention, "Backyard Poultry," available at **www.cdc.gov/healthypets/health-benefits/index.html**, last updated March 24, 2020.

Younger children may be more vulnerable when interacting with animals. One reason is that they are still developing motor skills and physical control over their bodies. They may attempt to gently touch an animal and accidentally hurt or startle the animal. This may cause an animal distress or react unpredictably. Young children are also still developing impulse control. They can often act unpredictably, which may cause an animal distress. This might include a child yelling, jumping or lunging toward an animal. Young children may also impulsively put contaminated objects in their mouths, even after being given guidance from early learning program staff. Finally, younger children may lack experience with animals and might not know how to approach or interact with an animal. The child may unknowingly handle the animal in a way that distresses or hurts the animal. This may result in an animal feeling threatened and reacting aggressively.

Animals are not permitted in areas typically used by infants or toddlers in center early learning programs. An exception to this in a center early learning program might be a fish tank that is inaccessible to the children.

Proper disposal of animal waste is another aspect of the decision to have pets and animals, as waste disposal is an ongoing responsibility. Appropriate disposal of waste helps ensure it is inaccessible to children, therefore reducing the risk of infections caused by contamination. Litter boxes must be inaccessible to children and cleaned daily. Other indoor animals must have cages and containers cleaned and disinfected at least weekly and toilets or custodial sinks used must be washed, rinsed and sanitized after being used for animal waste cleaning purposes.

When animals go to the bathroom outdoors, the designated waste area must be inaccessible to children. In outdoor spaces, germs may be transferred from the ground contaminated with animal waste to a ball or other toy that a child is playing with. When animal waste (vomit or feces) is found on the playground outdoors it should be cleaned up by manually removing it as much as possible, flushing the area with water and then using a disinfectant that is designed to be used outdoors. By keeping animal waste inaccessible to children, the risk of bacteria and germs spreading is greatly reduced.[166]

WAC 110-300-0500 requires the information on pets and animals that have access to licensed space and the health risks of interacting with pets and animals, be included in the program health policy.

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166 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 130.

Animals in Schools and Daycares. A CDC webpage with information and resources related to children and pets.

www.cdc.gov/healthypets/specific-groups/schools.html

Healthy Pets, Healthy People. A CDC webpage with information on safe and healthy pet and animal practices. Includes pages to learn more about animals and other pets for backyard poultry, farm animals, reptiles and amphibians, birds, ferrets, small mammals, cats, fish, wildlife, dogs, horses and turtles.

www.cdc.gov/healthypets/pets/index.html

Child Care Health. A Seattle and King County Public Health page promoting health and disease prevention information for child care facilities.

www.kingcounty.gov/depts/health/child-teen-health/child-care-health.aspx

Zoonotic Diseases. A King County Public Health webpage with information about diseases that can transfer from animals to humans.

https://kingcounty.gov/depts/health/communicable-diseases/zoonotic/facts-resources.aspx

Sample Pet Policy. This Snohomish Health District webpage provides many resources for child care health and illness, including a Sample Pet Policy.

www.snohd.org/245/Health-Illness

Stay Healthy When Working with Farm Animals. A CDC publication with tips to help prevent illness when working with farm animals.

www.cdc.gov/healthypets/resources/stay-healthy-working-farm-animals.pdf

Wash your paws! A classroom poster developed by CDC.

www.cdc.gov/healthypets/resources/Class_Pet_Poster_06-p.pdf

WAC 110-300-0230

First-aid – CPR certification and supplies

(1) Family home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and any other early learning providers counted in staff-to-child ratio, or who could potentially be counted in ratio, must have a current pediatric and adult first-aid CPR certificate, pursuant to WAC 110-300-0106(11) For more information, go to https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0106 .

(2) An early learning provider must keep a complete first-aid kit in the licensed space, on any off-site trip, and in a vehicle used to transport children in care. A first-aid kit must:

    (a) Be stored in a location that is easily accessible to staff;

    (b) Be inaccessible to children;

    (c) Be separate from food or chemicals;

    (d) Be kept clean and sanitary;

    (e) Be stored in a manner that prevents contamination; and

    (f) Have sufficient supplies for the number of enrolled children and staff consistent with the early learning program's licensed capacity, or sufficient supplies for each room in the licensed space.

(3) A first-aid kit must include:

    (a) Disposable nonporous protective nonlatex gloves;

    (b) Adhesive bandages of various sizes;

    (c) Small scissors;

    (d) Tweezers;

    (e) An elastic wrapping bandage;

    (f) Sterile gauze pads;

    (g) Ice packs;

    (h) A disposable or mercury free thermometer that uses disposable sleeves, or is cleaned and sanitized after each use;

    (i) A sling, or a large triangular bandage;

    (j) Adhesive tape;

    (k) A CPR barrier with a one-way valve or both an adult and pediatric CPR mask with a one-way valve;

    (l) A current first-aid manual; and

    (m) Hand sanitizer (for adult use only).

Early learning providers must be prepared to respond swiftly and efficiently to major and minor accidents that might occur during early learning program hours. For this reason, a first aid kit must be located not only on-site at the early learning program, but also be present during an off-site field trip and while on a vehicle used to transport children in care.

The items required in the first aid kit are intended to ensure the early learning provider is equipped to provide basic first aid to manage unexpected accidents and injuries. The first aid supplies on hand must be an adequate supply for the number of staff and children, and must be stored in a manner inaccessible to children yet still easily accessible to staff.

WAC 110-300-0106 outlines requirements for basic first aid and CPR training.

A first aid kit may be purchased at a store or it may be compiled by the early learning program. It is important to note, however, that many purchased first-aid kits do not include all of the WAC required items. An early learning provider is responsible to compare the contents of a prepackaged kit with the WAC required items and add what is missing. Similarly, store-bought first aid kits often include pain relievers or other medications which must be inaccessible to children and handled according to WAC requirements.

WAC 110-300-0215 contains requirements related to storage, labeling, authorization and administration of nonprescription medications.

WAC 110-300-0235

Safe Water Sources

(1) Hot and cold running water must be directly plumbed to the early learning program premises.

(2) An early learning provider must use a Washington state certified water laboratory accredited by the department of ecology to test the program water supply for lead and copper.

   (a) All fixtures used to obtain water for preparing food or infant formula, drinking, or cooking must be tested prior to licensing approval and at least once every six years;

   (b) Testing must be done pursuant to current environmental protection agency standards; and

   (c) A copy of the water testing results must be kept on the licensed premises or in the program's administrative office.

(3) If the test results are at or above the current EPA lead action level, an early learning provider must do the following within twenty-four hours:

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

   (b) Close the early learning program to prevent children from using or consuming water, or supply bottled or packaged water to meet the requirements of this chapter;

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

   (d) Notify the department of the water test results and steps taken to protect the enrolled children; and

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

(4) If an early learning program space receives water from a private well, the well must comply with chapter 173-160 WAC, Minimum standards for construction and maintenance of wells. For more information, go to https://app.leg.wa.gov/wac/default.aspx?cite=173-160 .

   (a) Well water must be tested at least once every twelve months for E. coli bacteria and nitrates by a Washington state certified laboratory accredited by the department of ecology to analyze drinking water. To achieve desirable results the test must indicate:

      (i) No presence of E. coli bacteria; and

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

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

    (i) **Stop using the well water in the child care premises within twenty-four hours;**

    (ii) **Inform the local health jurisdiction, the department of health, and the department of the positive test results; and**

    (iii) **If directed to do so by the department, discontinue child care operations until repairs are made to the water system and water tests indicate desirable results pursuant to (a) of this subsection.**

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

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

    (ii) **Retest until water tests indicate desirable results pursuant to (a) of this subsection.**

(5) **An early learning provider must notify the department within four hours of when the water connection to an early learning program space is interrupted for more than one hour, or the water source becomes contaminated.**

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

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

In an early learning program, water is used for many purposes. It is incorporated into learning and play experiences, cleaning and sanitation, personal hygiene and nourishing the body. To keep children safe and healthy, it is important to ensure that the water provided in the early learning program is clean and safe. The quality of water available to children attending early learning programs is especially important because, according to the EPA, "Young children are at particular risk for contaminants in drinking water because, pound for pound, they drink more water than adults (including water used to prepare formula), and because their immature body systems are less efficient at detoxification."[167]

In May 2016, Washington State Governor Jay Inslee issued Directive 16-06 in response to growing concerns about lead being found in drinking water in schools and homes across the state. According to DOH, there is no known safe level of lead, and children are the largest and most vulnerable group affected by lead.[168] Under those circumstances, all licensed early learning programs are required to have their drinking water tested.

To know the quality of an early learning program's water, it must be tested at least every six years by a certified water laboratory accredited by the Department of Ecology for lead and copper. An early learning program must obtain testing of the water from each fixture that may be used for preparing food, infant formula, drinking or cooking and the results must be kept on file.

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167 U.S. Environmental Protection Agency, "Resources about Drinking Water for Child Care Providers," available at **www.epa.gov/childcare/resources-about-drinking-water-child-care-providers**, last updated October 10, 2018.

168 Washington State Department of Health, "Governor's Directive on Lead, 16-06 Department of Health Recommendations," (2016), available at **www.doh.wa.gov/Portals/1/Documents/Pubs/300-018.pdf**

If water testing is completed and results come back as "at or above the EPA lead action level," there are steps that must be taken to keep children and staff safe. This graphic, Water Action Steps, illustrates the steps that must be taken within 24 hours when the water supply of an early learning program has been compromised or is unavailable.

Water Action Steps

| Close the early learning program, or supply bottled or packaged water | Consult with the Department of Health for technical assistance | Advise DCYF of the water test results and steps taken to protect enrolled children | Notify all parents and guardians of the test results | Notify DCYF once lead and copper levels are below the current EPA action level |
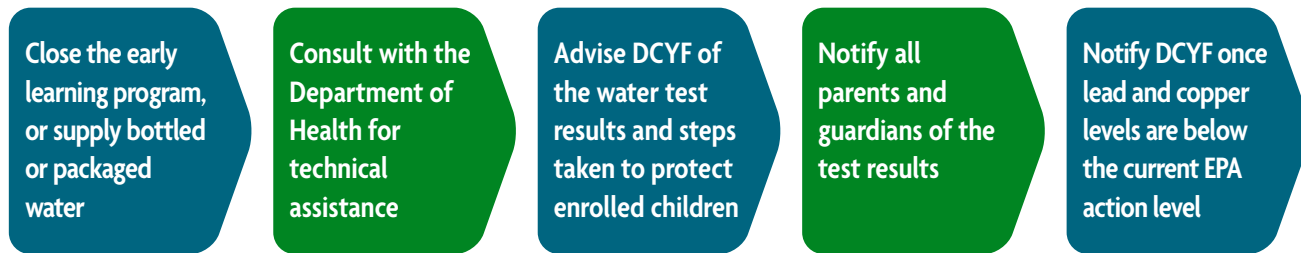
An early learning program may receive its water from a private well. A private well must comply with construction and maintenance standards. Regularly testing the well water every 12 months is important to identify if any changes or problems have occurred with the quality of the water, and to make sure it remains suitable for drinking. If a well tests positive for coliform bacteria or greater than 10 ppm for nitrates, an early learning provider must protect the health of staff and children by stopping the use of the well water and immediately informing the local health jurisdiction.

Nitrate is a compound that is formed naturally when nitrogen combines with oxygen or ozone. Nitrogen is essential for all living things, but high levels of nitrate in drinking water can be dangerous to health, especially for infants and pregnant women.[169] Coliforms are a broad class of bacteria, which include E. coli, and are found in both human and animal feces.[170]

Sometimes, when these harmful substances are found in well water, a program may be closed temporarily until the water source is repaired and tested to show it is no longer contaminated. There may be circumstances where an early learning program may provide potable water as an alternative clean water source.

In an early learning program, children may attempt to drink water from a sensory table filled with water, an outdoor sprinkler, a spigot or other unintended places. Children may consume small amounts of water from these sources, however, it is important to ensure the water source from where children drink is safe and sanitary.

Active supervision during water play activities helps to ensure that children are not ingesting water that comes from a source not approved for drinking or that may have become contaminated by the children's hands and play equipment.

WAC 110-300-0345 requires an early learning provider to actively supervise when children are engaged in water play.

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169 Centers for Disease Control and Prevention, "Nitrate and Drinking Water from Private Wells," available at **www.cdc.gov/healthywater/drinking/private/wells/disease/nitrate.html**, last updated July 1, 2015.
170 Montana Department of Environment Quality, "Coliform Bacteria and Drinking Water," available at **https://deq.mt.gov/Portals/112/Water/WPB/SWP/PDFs/well_testing.pdf**, retrieved July 22, 2020.

Drinking Water. A DOH webpage with many resources related to drinking water systems. **www.doh.wa.gov/CommunityandEnvironment/DrinkingWater**

Drinking Water is the Way to Go. A Nemours Kids Health webpage with information on children and water consumption. **https://kidshealth.org/en/kids/water.html**

The Healthy Water website provides a wealth of knowledge and resources around public water systems, private wells and bottled water. **cdc.gov/healthywater**

Early learning providers can search for state-certified water laboratories and learn more on Lab Search **https://apps.ecology.wa.gov/laboratorysearch/**

Increasing Access to Drinking Water and Other Healthier Beverages in Early Care and Education Settings. A CDC publication that explains why water should be served to children in early care settings and how to do it. **www.cdc.gov/obesity/downloads/early-childhood-drinking-water-toolkit-final-508reduced.pdf**

Private Wells: Information for owners provided by the DOH. **www.doh.wa.gov/Portals/1/Documents/Pubs/331-349.pdf**

Resources about Drinking Water for Child Care Providers. An EPA website that provides tools and steps to reduce exposure through water contaminants. **www.epa.gov/childcare/resources-about-drinking-water-child-care-providers**

Well Testing. A CDC webpage providing information about wells and well testing. **www.cdc.gov/healthywater/drinking/private/wells/testing.html**

WAC 110-300-0236

Safe Drinking Water

(1) **An early learning program's drinking water must:**

   (a) **Be offered multiple times throughout the day and be readily available to children at all times;**

   (b) **Be offered in outdoor play areas, in each classroom for centers, and in the licensed space for family homes;**

   (c) **Be served in a manner that prevents contamination;**

   (d) **Not be obtained from a handwashing sink used with toileting or diapering; and**

   (e) **Be served fresh daily or more often as needed.**

(2) **Drinking fountains at an early learning program must:**

   (a) **Not be attached to handwashing sinks or disabled;**

   (b) **Not be located in bathrooms;**

   (c) **Not be a "bubble type" fountain (the water flow must form an arch);**

   (d) **Be cleaned and sanitized daily, or more often as needed; and**

   (e) **Be located above water impervious flooring.**

According to the CDC, water helps manage body temperature, protects the spinal cord and other sensitive tissues, cushions joints and gets rid of waste.[171] Furthermore, studies demonstrate a relationship between insufficient hydration and cognitive performance in children.[172] For these reasons, all children must have drinking water readily available both indoors and outdoors throughout the day. Clean water should be offered in a way that prevents cross-contamination but that still supports the child to independently access water as needed. There are many ways that an early learning provider can offer water in a manner that prevents contamination and supports the development of self-help skills and self-regulation.

Helpful tips:

- Use covered pitchers.
- Use covered containers with a spigot that older children can self-serve or younger children can point to.
- Offer clean, individual water bottles for each child. These can be labeled with the child's name or picture, encouraging name recognition and other literacy skills.

Some early learning providers use a drinking fountain as it is a constant supply of clean drinking water that a child can access on their own. When considering the use of a drinking fountain, it is important to consider its location. Drinking fountains that are available outdoors are a convenient feature. A provider does not need to transport cups and pitchers outside with the group.

Drinking fountains that are located in a bathroom or as part of a handwashing sink, however, must not be used. The high potential of cross-contamination in these scenarios places the health of children at risk.

To further protect children's health, drinking fountains must be cleaned and sanitized each day. Additionally, children should be taught not to place their mouth on the spigot.

Bubble type fountains are not to be used in early learning programs under WAC 110-300-0236(2)(c)

171   Centers for Disease Control and Prevention, "Water & Nutrition," available at www.cdc.gov/healthywater/drinking/nutrition/index.html, last updated October 5, 2016.
172   Jeanne Bottin, C. Morin, I. Guelinckx and E.T. Perrier, "Hydration in Children: What Do We Know and Why Does it Matter?" Karger 74 (3) (2019): 11-18, available at www.karger.com/Article/Abstract/500340

ENVIRONMENT

Cleaning and Sanitation

WAC 110-300-0240

Clean and healthy environment

(1) Early learning program premises and program equipment must be clean and sanitary.

(2) Hard surfaces in early learning programs including, but not limited to, floors (excluding carpet), walls, counters, bookshelves, and tables must be smooth and easily cleanable.

    (a) A cleanable surface must be:

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

        (ii) Moisture resistant; and

        (iii) Free of chips, cracks, and tears.

    (b) An early learning provider must have at least twenty-four inches of moisture resistant and cleanable material or barrier around sinks, drinking fountains, and toilets.

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

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

    (e) If a bleach solution is used for sanitizing or disinfecting, an early learning provider must use one that is fragrance-free and follow department of health's current guidelines for mixing bleach solutions for child care and similar environments.

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

        (i) Approved by the department prior to use;

        (ii) Used by trained staff only;

        (iii) Registered with the EPA and have safety data sheets (SDSs) available;

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

            (A) Directions for use;

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

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

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

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

            (A) Food contact surfaces; or

            (B) Items such as eating utensils or toys used by the child or put into the child's mouth; and

        (vi) Fragrance-free.

Ensuring a clean and sanitary early learning environment is essential to protect the health of children. When learning materials and other environmental surfaces are dirty, they carry germs and can spread illness to both children and staff. A sanitary environment impacts more than the physical health of children and staff. Research shows a clean and well-maintained physical environment can increase staff satisfaction, improve children's focus and reduce absenteeism among children and staff, which can positively impact learning outcomes.[173]

For this reason, the Foundational Quality Standards require that the "early learning program premises and program equipment must be clean and sanitary." But what does that mean?

When surfaces are rough or have cracks or chips, germs have a place to hide and can be much more difficult or impossible to remove. Additionally, if a surface allows moisture to collect, it provides an environment for bacteria, mold or other germs to grow. For this reason, areas around sinks, drinking fountains and toilets need to have moisture-resistant flooring that extends at least 24 inches around the area. This type of flooring allows for easy cleaning and disinfecting to get rid of germs and also prevents the growth of mold and mildew. Duct tape should not be used to repair diaper or nap mats, or other surfaces, as germs can become trapped along the edges.

Proper cleaning, sanitizing and disinfecting in early learning environments reduce both the number of germs and the amount of dirt, dust and toxins in the air and on surfaces or materials. To properly clean and sanitize or disinfect, a three-step process is needed:

- **STEP 1: Clean** – Cleaning removes dirt, oils and contamination from the surface. It also physically removes many germs and exposes any remaining germs so that the sanitizing or disinfecting product can work effectively. Use a soap or detergent to scrub and wash for this step. Other types of cleaning products may be used when the manufacturer's instructions are followed in the process. Cleaning must be conducted before sanitizing or disinfecting a surface so that dirt and debris is removed.

- **STEP 2: Rinse** – Rinsing removes any remaining soap or detergent residue from the surface. This step is necessary so that the cleaning product residue does not interfere with the sanitizer or disinfectant.

- **STEP 3: Sanitize or Disinfect** – This third step reduces or destroys germs on a surface. Sanitizing means to reduce the number of microorganisms on a surface. Disinfecting means to eliminate virtually all germs from an inanimate surface. Sanitizers are used for food contact surfaces, utensils and toys. Disinfectants are used for bathroom surfaces, diapering areas, doorknobs and other high touch surfaces. Many different products can be used to sanitize or disinfect.

For more information, visit the definitions, WAC 110-300-0005, to review how to clean, disinfect and sanitize.

To conduct the sanitizing or disinfecting step, early learning programs may choose to use a bleach and water mixture or another commercial product.

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173 U.S. Environment Protection Agency, "Green Cleaning, Sanitizing, and Disinfecting: A Curriculum for Early Care and Education," available at **www.epa.gov/sites/production/files/documents/ece_curriculumfinal.pdf**, published 2013.

If a bleach and water mixture is used, it should be mixed fresh daily to match the concentration percentage for the intended use and size, using the guidelines from the DOH in the chart provided. According to the CDC, bleach water solutions are effective for up to 24 hours.[174] This is because bleach water solutions start to break down and lose strength due to temperature and exposure to light. Additionally, the bleach used in sanitizing and disinfecting mixtures should not have any fragrances or surfactants which includes splash-less bleach.

Washington State Department of Health
DOH 970-216 January 2015

Disinfecting and Sanitizing with Bleach
Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments

Preparation Tips

- **Prepare** a fresh bleach solution each day in a well-ventilated area that is separate from children.
- **Label** bottles of bleach solution with contents, ratio and date mixed.
- **Use cool water. Always add** bleach to cool water, **NOT** water to bleach.
- **Wear** gloves and eye protection.
- **Prepare** solution in an area with an eye wash.

Disinfecting Solutions
For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.

Water	Bleach Strength* 2.75%	Bleach Strength* 5.25-6.25%	Bleach Strength* 8.25%
1 Gallon	1/3 Cup, plus 1 Tablespoon	3 Tablespoons	2 Tablespoons
1 Quart	1½ Tablespoons	2¼ Teaspoons	1½ Teaspoons

Sanitizing Solutions
For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, pacifiers, floors, sleep mats, etc.

Water			
1 Gallon	1 Tablespoon	2 Teaspoons	1 Teaspoon
1 Quart	1 Teaspoon	½ Teaspoon	¼ Teaspoon

Disinfection of non-porous non-food contact surfaces can be achieved with 600 parts per million (ppm) of chlorine bleach. To make measuring easier, the strengths listed in this table represent approximately 600-800 ppm of bleach for disinfecting, and approximately 100 ppm for sanitizing. Chlorine test strips with a measuring range of 0–800 ppm or higher can also be used to determine the strength of the solution.

Contact your local health jurisdiction for further instructions on cleaning and disinfecting if specific disease or organisms are identified as causing illness in your program.

***Use only plain unscented bleach** that lists the percent (%) strength on the manufacturer's label. Read the label on the bleach bottle to determine the bleach strength. For example, Sodium Hypochlorite…6.25% or 8.25%.

Steps to Follow

- **Clean** the surface with soap and water before disinfecting or sanitizing.
- **Rinse** with clean water and dry with paper towel.
- **Apply** chlorine bleach and water solution to the entire area to be disinfected or sanitized.
- **Air dry** for at least 2 minutes.

This chart was created by the Disinfection Workgroup led by the Washington State Department of Health. Workgroup members consist of staff from the Department of Early Learning, Snohomish Health District, Local Hazardous Waste Management Program in King County, Washington State Department of Ecology, the Coalition for Safety and Health in Early Learning, and the Washington State Department of Health.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

This pdf can be downloaded at **www.doh.wa.gov/Portals/1/Documents/8340/ 970-216-Disinfect-en-L.pdf** .

If an early learning program uses a sanitizing or disinfecting product other than the bleach and water mixture, approval must be obtained from DCYF before using it. This requirement serves as an additional precaution to protect the health and safety of children and early learning providers. DCYF will review whether there are research-based concerns related to the product and that the product is shown to effectively sanitize and disinfect materials and surfaces.

174 Centers for Disease Control and Prevention, "Cleaning And Disinfecting Your Home," available at **www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/ disinfecting-your-home.html**, last updated May 27, 2020.

A family home early learning provider in Douglas County shares:

"I wanted something other than bleach to disinfect and sanitize my food prep areas and children's lunch tables. By using my provider portal in WA Compass, I was able to submit a request for an alternative product. I wanted to feel confident that I was using an approved product that met all the criteria and was safe for the children. The process was rather simple and the review from the Health Specialist for my request was a matter of only a few days. I strongly recommend that anyone who wants to request an alternative product use the WA Compass Provider Portal. You will find the information under the HELP tab and the TIP SHEET tab. Look for products that have EPA Registration number, and the product use, on the container. Including that information and any manufacturing information will help with your request."

Any sanitizing or disinfecting product used in an early learning program must be registered with the EPA and have the safety datasheets available. Sanitizers and disinfectants are products used to kill viruses and bacteria on surfaces and they are registered with the EPA as antimicrobial pesticides.[175] The EPA evaluates pesticide products to ensure that they meet the federal safety standards to protect human health and the environment.[176] Even when a sanitizing or disinfecting product has been registered with the EPA, to ensure it is healthy and safe for children, it must be used according to the instructions on the label and in the intended area. Therefore, only staff who have been trained how, where and when to use the sanitizer or disinfectant may use the product in an early learning environment.

To further protect the health of children, no aerosol products or air fresheners are allowed in an early learning program. This includes both chemical and natural products, such as essential oil diffusers or wax pots. Aerosol sprays use compressed gas propellants like butane or propane and may release additional chemicals into the air. Air freshener fragrances may also trigger asthma or chemical sensitivities in a child or early learning program staff. Young children's lungs are still developing and are more susceptible to problems resulting from such exposures in the environment. If odor problems exist in the early learning environment, the provider must identify and eliminate the source. This may mean opening windows more often, installing a ventilation fan above the diapering area or removing diapers from the early learning program more frequently.

175 U.S. Environment Protection Agency, "What's the difference between products that disinfect, sanitize, and clean surfaces," available at **www.epa.gov/coronavirus/ whats-difference-between-products-disinfect-sanitize-and-clean-surfaces**, last updated August 11, 2020.

176 U.S. Environment Protection Agency, "Basic Information about Pesticide Ingredients," available at **www.epa.gov/ingredients-used-pesticide-products/ basic-information-about-pesticide-ingredients**, last updated July 15, 2019.

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Bleach-Free Disinfecting and Sanitizing for Child Care. A San Francisco Asthma Task Force publication.
www.sfdph.org/dph/files/EHSdocs/ehsAsthma/BleachFreeDisinfection.pdf

Cleaning for Healthier Child Care. An Informed Green Solutions that aims to help provide safer indoor environments through purchasing decisions.
www.informedgreensolutions.org/cleaning-for-healthier-child-care

Cleaning, Sanitizing and Disinfecting. A Seattle and King County Public Health webpage for child care health with numerous resources including online video tutorials on how to properly mix bleach, spray bottle labels and several other written resources on proper bleach solution mixing.
www.kingcounty.gov/depts/health/child-teen-health/child-care-health/bleach.aspx

Disinfecting and Sanitizing with Bleach: Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments. A DOH publication.
www.doh.wa.gov/Portals/1/Documents/8340/970-216-Disinfect-en-L.pdf

Green Cleaning, Sanitizing, and Disinfecting: A Toolkit for Early Care and Education. An EPA webpage with resources for green cleaning, sanitizing, and disinfecting in child care settings.
www.epa.gov/schools/green-cleaning-sanitizing-and-disinfecting-toolkit-early-care-and-education

Resources about Green Cleaning for Child Care Providers. EPA webpage with informational links related to the potential dangers of cleaning products and less toxic alternatives.
www.epa.gov/childcare/resources-about-green-cleaning-child-care-providers

WAC 110-300-0241

Cleaning schedules

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

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

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

   (c) **Pacifiers, which:**

      (i) **Must be cleaned and sanitized after each use by washing and boiling the pacifier or washing the pacifier in the dishwasher; or**

      (ii) **May be reused by an individual child if they have been rinsed after each use and stored in a device or container that prevents contamination. Both the pacifier and the storage device or container must be cleaned and sanitized daily;**

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

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

(f) Freezers, which must be cleaned and sanitized quarterly or more often as needed;

(g) Toys, which must be cleaned and sanitized as follows:

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

    (ii) All other toys must be cleaned and sanitized weekly or more often as needed; and

    (iii) When a toy comes into contact with a child's mouth or bodily fluids it must be removed from use until it can be cleaned and sanitized prior to reuse; and

(h) Furniture and equipment, which must be cleaned monthly or more often as needed.

(2) Machine washable clothes provided by the early learning program must be laundered as needed.

(3) Sleeping equipment must be:

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

    (b) Cleaned and sanitized weekly or more often as needed if assigned to only one child.

(4) Bedding must be:

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

    (b) Laundered and sanitized weekly or more often as needed if assigned to only one child.

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

(6) Toileting and diaper changing areas including, but not limited to, toilets, counters, sinks, and floors must be cleaned and disinfected daily or more often as needed.

(7) Diaper changing tables and changing pads must be cleaned and disinfected between children, even if using a nonabsorbent covering that is discarded after each use.

(8) Garbage cans and receptacles must be emptied on a daily basis and cleaned and disinfected as needed.

(9) Diaper receptacles must be emptied, cleaned, and disinfected daily or more often as needed. Contents of a diaper receptacle must be removed from the licensed space, and replaced with a new liner at least daily or more often if odor is present.

(10) Floors must be cleaned by either sweeping or vacuuming at least once per day or more often as needed. Moisture resistant flooring must be cleaned and sanitized at least once per day or more often as needed.

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

    (a) An early learning provider must not use dry shampoos or dry chemical sanitizers or disinfectants, unless approved by the department.

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

(12) Small area rugs must be shaken outdoors or vacuumed daily, and laundered as needed.

(13) Carpets or area rugs soiled with bodily fluids must be cleaned and disinfected with high heat or an EPA registered product. An early learning provider must limit exposure to blood and body fluids during cleanup.

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(14) Children must not:

(a) **Be present when carpets are cleaned or vacuumed unless the provider is spot vacuuming, the vacuum has a HEPA filter, and children are not within the immediate area; or**

(b) **Use or play on or near carpet areas until dry.**

To help prevent the spread of disease among children and staff, early learning providers have the important responsibility to develop a cleaning schedule and ensure it is followed.

Children are likely to put their hands in their mouths, rub their eyes or touch their noses. These actions provide a pathway for germs to get into their body. When children are in mixed group settings, there is a potential for them to pass germs to others when touching the learning materials, furniture and other equipment with contaminated hands. A study by the National Institute of Child Health and Human Development (NICHD) found that, until about 3 years of age, children in early learning programs experience sickness more often than children that stay at home.[177]

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177 National Institute of Child Health and Human Development, Findings for Children up to Age 4½ Years (2006), 21.

The Foundational Quality Standards outline requirements for the cleaning schedule for specific items and locations in the early learning program.

Cleaning Schedule
Guidelines for a Clean and Healthy Child Care Environment

The 3-Step Method is 1. WASH, 2. RINSE, and 3. SANITIZE or DISINFECT

- Sanitizing solution is used to reduce germs from surfaces but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe. The sanitizing 3- step method is most often used for food surfaces, kitchen, and classrooms.
- Disinfecting solution is used to destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA). The disinfecting 3- step method is most often used for body fluids and bathrooms/diapering areas.

Task	Daily	Weekly	Monthly	Before & After Each Use	Comments:
Child Care Areas					
Door & cabinet handles	D				At the end of the day.
Drinking fountains	D*				
Mouthed toys				S*	Remove from use after it has been in contact with mouth, then clean and sanitize prior to reuse.
Pacifiers	S*				Clean and sanitized after each use or may be reused by individual child if rinsed and stored in a container that prevents contamination. Pacifier and storage clean and sanitize daily.
Infant & toddler toys	S*				
Preschool & school age toys		S*			
Water tables	S*				
Furniture			C		Clean furniture monthly or more often as needed.
Garbage cans	D*				Empty on a daily basis and clean and disinfect as need.
Rugs & carpets	C*				Vacuumed daily, clean at least once every 6 months using a carpet shampoo machine or steam cleaner. **For infant rooms, clean at least once per month.**
Floors (tile, linoleum, etc.)	S				Sweep or vacuum, then sanitize.
Floors, carpets, rugs, or surfaces with bodily fluid or spit-up	D*				Children should be moved from area contaminated with blood or OPIM *prior* to cleaning and disinfecting with either high heat or an EPA registered product. Children should not return to carpeted areas until dry.
Sinks that are not used for handwashing after toileting, diapering, or food	S				Clean and sanitized daily or as needed.

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Task	Daily	Weekly	Monthly	Before & After Each Use	Comments:
Sleeping Areas					
Cribs, cots, mattresses & mats		S*			Clean and sanitize before use by different child.
Laundry - Bedding: sheets, blankets, sleep sacks, etc.		S			Sanitize with bleach according to equipment manufacturer's instructions or washed above 140°F.
Toileting and Diaper Areas					
Handwashing sinks, counters, toilets, toilet handles, & floors	D*				Clean as needed if visibly soiled.
Changing tables & Potty Chairs				D	After each use. Toilet training equipment must not be cleaned in a sink used for food preparation, handwashing or cleanup.
Diaper trash cans	D				Emptied throughout the day.
Bathroom floors	D*				
Food Areas					
Refrigerator			S		Clean and sanitize monthly.
Freezer					Clean and sanitize quarterly.
Eating utensils, bottles, & dishes				S	After each use. Clean and sanitize with and automatic dishwasher that uses heat or chemicals to sanitize, or hand wash, rinse, sanitize and allow to air dry.
Kitchen counters				S*	
Food preparation surfaces				S	Clean and sanitize a food prep sink before using it to prepare food.
Tables & high chair				S	
Kitchen floors	S				Sweep, wash, rinse and sanitize.
Appliances used to prepare food	S*				Cleaned after each use and sanitize daily.
Other Cleaning Items					
Laundry Bibs & burp cloths Cloth toys & dress-up clothes				S	Sanitize with bleach according to equipment manufacturer's instructions or washed above 140°F. Cloth toys and dress-up clothes as needed.

*At times it may be necessary to clean, rinse and sanitize/disinfect more frequently.

Adapted from materials developed from Public Health — Seattle & King County.

To download this cleaning schedule, go to **www.dcyf.wa.gov/sites/default/files/pdf/lic-guide/LIC_0010_Cleaning_Schedule.pdf** .

Pacifiers

Pacifiers are continually mouthed, periodically dropped and have the potential to be accidentally shared with another child. Pacifiers tend to collect bacteria during their use, which can make a child ill. The appropriate care and cleaning of pacifiers will decrease the potential for a child to become ill or from bacteria being introduced into the child's system.

An infant arrives at the early learning program with a pacifier in their mouth. After a while, the baby becomes fussy and spits their pacifier out. The early learning provider decides the baby may want their pacifier later in the day. So the early learning provider rinses the pacifier and places it in the designated plastic container with the child's name on it. At the end of the day, both the pacifier and the plastic container are cleaned and sanitized, making them ready for use the next day.

Sinks

Sinks that are not used for handwashing after toileting, diapering or food preparation have daily cleaning and sanitizing – or more often as needed – to help control bacteria. Bacteria thrive not just in wet environments, but it can survive for extended periods without moisture.[178]

Toilet and Diapering Areas

During toileting and diapering routines, changing areas such as tables, toilets and pads may come into contact with fecal matter. According to research, this is one of the ways transmission of gastrointestinal disease-causing pathogens spread among children in early learning settings. When children are placed on these commonly shared surfaces, they may contaminate their hands and clothing and then transmit these pathogens into their environment. To prevent the spread of these illnesses during essential toileting and diapering routine, toilets, counters, sinks and floors must be cleaned and disinfected daily or more often as needed. Additionally, children can shed viruses such as a norovirus in their feces at least 25 days after symptoms have stopped.[179] To prevent the spread of viruses and other illnesses, it is important to clean and disinfect diaper changing tables and changing pads in between children, even if using a nonabsorbent covering that is discarded after each use.

Carpeting and Rugs

Infants spend time directly on the floor and often on their tummies where their breathing zone is right at ground level. For this reason, it is important to keep the carpeting and rugs in infant areas especially clean. If floor blankets are not used on a day to day basis, carpeting or large rugs on which infants are placed need to be deep cleaned at least monthly, or more often if there are visible stains.

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178 Sciencing, "What Three Conditions Are Ideal for Bacteria to Grow," available at **https://sciencing.com/three-conditions-ideal-bacteria-grow-9122.html**, last updated March 9, 2018.

179 Partnership for Food Safety Education, "Changing Dirty Diapers," available at **www.fightbac.org/?s=changing+dirty+diapers&id=12049**, last updated February 27, 2013.

Wet carpeting can lead to the growth of mold. When moisture is present, so is the risk for mold.[180] When mold can grow and thrive, the inhalation of invisible spores can trigger asthma or allergic reactions. Some molds can cause infections or acute toxicity syndromes. For these reasons, carpets need to be thoroughly dried after cleaning.

WAC 110-300-0245

Laundry and equipment

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

(2) **Dirty or soiled laundry must be:**

(a) **Kept separate from clean laundry;**

(b) **Cleaned with laundry soap or detergent;**

(c) **Rinsed; and**

(d) **Sanitized:**

(i) **With bleach or a similar sanitizer registered by the EPA; or**

(ii) **By using a "sanitize" setting on a washing machine or dryer that reaches at least 140 degrees Fahrenheit.**

(3) **A dryer must be vented to the outside of the building or following the manufacturer's specifications.**

The accumulation of at least some soiled laundry is common in both a child care center and a family home early learning program. Dirty laundry is likely contaminated with germs and bacteria. Keeping soiled laundry inaccessible to children helps prevent accidental contact with any contaminated items. Containers with lids and that are tall enough to prevent children from reaching inside are considered inaccessible.[181] Additionally, these types of containers also protect against odor in the early learning environment.

While laundering fabrics is beneficial in reducing the spread of germs, precautions must be taken to reduce the risk of harm to children through exposure to laundry equipment or laundry agents. According to the National Capital Poison Center (NCPC), laundry products like detergent, bleach, stain remover and others can cause irritation or burns to the mouth, eyes or skin.[182] These items, therefore, must be kept inaccessible to children in care. The Washington Poison Control Center supports the requirement that caregivers always keep detergent containers closed, sealed and stored up high, out of the reach of children.[183]

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180 Centers for Disease Control and Prevention, "Basic Facts about Mold and Dampness," available at **www.cdc.gov/mold/faqs.htm**, last updated August 11, 2020.

181 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 240.

182 National Capital Poison Center, "Laundry Products How to Protect Kids from Unintentional Poisonings," available at **www.poison.org/articles/2012-feb/laundry-products#:-:text=Children%20get%20into%20all%20kinds,rust%20remover%20and%20laundry%20pods**, retrieved July 27, 2020.

183 Washington Poison Center, "Laundry Pod Hazards Are Your Children Safe," available at **www.wapc.org/media/family-safety-alerts/laundry-packet-hazards-are-your-children-safe/**, retrieved July 27, 2020.

When laundry facilities are on-site at an early learning program, washers and dryers can also pose an entrapment hazard. A child may become trapped in a washer or dryer if they climb into the machine. For this reason, the laundry room and laundry equipment must also be inaccessible to children unless the children are being actively supervised. The early learning provider can make the laundry space inaccessible to children with a lock on the door to the laundry room or have a barrier in the space leading to the laundry area, such as a baby gate.

WAC 110-300-0165 outlines safety requirements including making entrapment dangers inaccessible to children.

To further prevent cross-contamination, laundry and laundry equipment must be separate from areas where food is prepared. This prevents cross-contamination from soiled laundry, chemicals or particles which are released by a dryer. This separation also limits exposure to laundry chemicals and contaminated items that can be found in the laundry room.[184]

Additionally, dirty or soiled laundry must be kept separate from clean laundry. When cleaning dirty laundry, soap or detergent must be used and a rinse cycle must occur. To sanitize the laundry, an early learning provider must use either bleach or a similar sanitizer or sanitize with heat. To sanitize with heat, either the washing water or the dryer air must reach at least 140° F.

To avoid fire hazards, dryers must be vented seperately to the outside and not be combined with other building exhaust systems. The Federal Emergency Management Agency (FEMA) states serious hazards occur when dryer vents do not exhaust directly to the outside.[185] Venting a dryer to the outside of a building protects against fires, carbon monoxide poisoning, mold growth and respiratory concerns. This requirement ensures consistency with CFOC[186] and building codes such as the International Residential Building Code and the International Mechanical Code.

184 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed. (Itasca, IL: American Academy of Pediatrics, 2019), 268.

185 Federal Emergency Management Agency, "Clothes Dryer Fires in Residential Buildings (2008-2010)," Topical Fire Report Series 13 (7) (2012), available at **www.usfa.fema.gov/downloads/pdf/statistics/v13i7.pdf**

186 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children. 268.

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Clothes Dryer Fire Safety Outreach Materials. U.S. Fire Administration webpage with resources and safety tips.
www.usfa.fema.gov/prevention/outreach/clothes_dryers.html

Washington Poison Center. A poison safety organization that answers questions and provides information and resources related to poison safety. 1-800-222-1222
www.wapc.org/

Laundry Pod Hazards. Are Your Children Safe? A Washington Poison Center informational webpage.
www.wapc.org/media/family-safety-alerts/laundry-packet-hazards-are-your-children-safe/

WAC 110-300-0250

Private septic systems

(1) **If an early learning program is served by a private septic system, the septic system must be designed, constructed, and maintained in accordance with state and local health jurisdiction requirements.**

    (a) **A private septic system must be inspected by a septic system maintenance service provider approved by the local health jurisdiction and monitored on a routine basis. Any deficiencies noted in an inspection report must be corrected with the necessary permits and inspections.**

    (b) **The most recent private septic system pumping and inspection records must be kept on the licensed premises or in the program's administrative office.**

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

    (d) **An early learning provider must notify the department and local health jurisdiction if there is a problem, concern, or malfunction with a private septic system.**

    (e) **If a private septic system problem, concern, or malfunction interferes with the proper care of children and an approved alternative is not available, the state, local health jurisdiction, or department may require an early learning program to close until the system is inspected, repaired, and approved by the local health jurisdiction.**

(2) **Pursuant to WAC 110-300-0146(2), playground design must not:**

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

    (b) **Be located or placed in a way that impacts the private septic system's drain field or tanks as determined by local officials.**

An early learning program will use one of two systems for filtering and disposing of wastewater: the local sewer system or a private septic system. The sewer system is typically maintained by the local public works department. If a private septic system is used, the early learning program is responsible for septic system maintenance. According to the EPA, when the septic system is properly maintained it removes pollutants from the household, prevents groundwater contamination and keeps toxins from

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finding their way to local waterways such as streams and lakes.[187] Without proper maintenance, a septic system malfunction can become costly financially and cause possible health issues, such as well water contamination or exposure to pathogens.

Providing regular and timely maintenance will extend the life of a septic system. The EPA states that septic tanks should be inspected at least once every three years and pumped every three to five years.[188] This helps prevent scum and solids from entering and damaging the drain field. The drain field is an essential part of the septic system where wastewater is released back into the ground to filter through the soil. If scum and solids enter the drain field, they can clog the openings of the pipes and cause the drain field to fail. Sewage backup into an early learning program could be due to a clogged pipe between the building and septic tank, a tank that has not been pumped or a crushed or clogged pipe in the drain field. To keep from crushing or damaging the drain field, DOH strongly cautions against planting trees or placing building structures or heavy equipment (such as a car) on a drain field.[189] Similarly, the early learning playground and equipment must be thoughtfully designed to protect the functionality of the drain field.

If a problem or malfunction occurs related to an early learning provider's septic system, it is important to notify both the local health jurisdiction and DCYF to ensure proper guidance is received to protect the health and safety of the children in care.

Do Your Part, Be Septic Smart: The Dos and Don'ts of Your Septic System. An EPA flyer with septic system tips.
English: **https://kitsappublichealth.org/environment/files/SepticSmart_Flyer.pdf**
Spanish: **https://kitsappublichealth.org/environment/files/SepticSmart_Flyer_Spanish.pdf**

Septic Systems. A DOH webpage with information and links for videos, postings and other resources.
www.doh.wa.gov/CommunityandEnvironment/WastewaterManagement/SepticSystem

Septic Systems (Onsite/Decentralized Systems). An EPA website with information and resources on maintaining a septic system and more.
www.epa.gov/septic

Washington State Local Health Departments and Districts. A DOH webpage with contact information and links to the local health department webpage for each county in Washington State.
www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

Top 10 Ways to be a Good Septic Owner. An EPA publication with septic system tips.
www.epa.gov/sites/production/files/2016-08/documents/septicsmart_top_10_flyer_final_508.pdf

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187 U.S. Environmental Protection Agency, "Why Maintain Your Septic System," available at **www.epa.gov/septic/why-maintain-your-septic-system**, last updated April 7, 2017.
188 U.S. Environmental Protection Agency, "How to Care for Your Septic System," available at **www.epa.gov/septic/how-care-your-septic-system**, last updated February 12, 2019.
189 Washington State Department of Health, "Caring for Your Septic System," available at **www.doh.wa.gov/CommunityandEnvironment/WastewaterManagement/SepticSystem/CaringforYourSystem**, retrieved on August 3, 2020.

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WAC 110-300-0255

Pest control

(1) An early learning provider must take appropriate steps to safely prevent or control pests that pose a risk to the health and safety of adults and children in and around the licensed space. Pest control steps must include:

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

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

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

(d) Management. A provider must document steps taken to remove or exterminate the pests if found in the licensed space.

(e) Notification. If pesticides are used, the early learning provider must notify the parents or guardians of enrolled children what pesticide will be applied and where it will be applied no less than forty-eight hours before application, unless in cases of emergency (such as a wasp nest).

(f) Application. Pesticide must be applied to early learning program space when children are not present. When pesticide is applied, center providers must comply with chapter 17.21 RCW and family home providers must comply with the pesticide manufacturer's instructions. For more information, go to http://app.leg.wa.gov/RCW/default.aspx?cite=17.21.

(2) An early learning provider must have a pest control policy that emphasizes prevention and natural, nonchemical, low-toxicity methods where pesticides or herbicides are used as a last resort (i.e., integrated pest management).

Pests are insects and other small animals that can harm human health and damage property or food supplies. Pests can bite, sting, cause allergic and asthmatic reactions and transport bacteria, viruses and disease.[190] Early learning programs must take measures to control pests to protect the health and safety of children and staff.

Pest control begins with systems and routines that prevent the attraction of pests. Early learning providers discourage pests when they practice food and cleaning routines that eliminate a pest's access to food, water and shelter. Examples of preventative practices are tightly covering garbage cans, ensuring food is stored in sealed containers, immediately cleaning up crumbs and spills, closing any cracks or holes to eliminate outside entry and reducing clutter where pests can hide.[191]

In the event evidence of pests is discovered, the early learning provider must take steps to remove or exterminate them. In many cases, there are natural, non-chemical methods to control pests. This might include actions like sealing or screening entry points, using traps, destroying nests or using extreme temperature. In some cases, the size of the infestation or the type of pest may lead an early learning provider to choose a pesticide to control the pest. Pesticides are chemicals used to kill pests, and if used improperly, can harm people.

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190 U.S. National Library of Medicine Tox Town, "Pests," available at **https://toxtown.nlm.nih.gov/sources-of-exposure/pests#:~:text=squirrels%2C%20and%20voles.-,Why%20 are%20Pests%20a%20concern%3F,and%20spread%20diseases%2C%20including%20salmonella**, last updated October 2019.

191 Grainger, "Pest Prevention and the Methods of Pest Control," available at **www.grainger.com/know-how/business-operations/building-maintenance/ kh-pest-control-prevention-and-methods**, published July 1, 2017.

Anyone at the early learning facility may become ill after exposure to pesticides. Children are more susceptible to the effects of pesticides because of their small body size, developing organs and their tendencies to explore their world close to the ground where pesticides may linger.[192] Research shows that children who are exposed to pesticides exhibit negative impacts to their behavioral and neurological development as well as their reproductive, endocrine, immune and respiratory systems. Signs of pesticide poisoning include headaches, dizziness, weakness, muscle twitching, difficulty breathing, skin rashes, eye burning and change in the overall level of alertness.[193]

When pesticides are used, parents and guardians must be informed in advance that a pesticide will be used and where it will be used in the early learning facility. This will give the parent or guardian crucial information to make good medical and health decisions if a child demonstrates signs of poisoning after leaving the facility.

A center early learning program in Kitsap County shares:

"Many years ago we had problems with mice in our child care. We would find droppings in our cabinets and shelves. One was spotted in a classroom. I gave a call to a pest control company and worked closely with them for several months. We went around the building and looked for places they could get in from outside and learned how to block those entrances. The pest control company would come out periodically to look for more droppings. We also put door strips across the bottom of our outside doors and put all cabinet stuff into containers with lids and did a weekly cleaning of pulling out all the containers and cleaning behind and around them. That way we knew if we still had a problem. Pest control continues to come every three months. They maintain two bait boxes that are not located in child care areas, and we have not had a problem since. It was pretty stressful when we discovered our problem with mice, but now that we have a pest control system in place we don't have to worry."

If pesticide poisoning is suspected, call Poison Control Centers right away at 1-800-222-1222.

192 Jianghong Liu and Erin Schelar, "Pesticide Exposure and Child Neurodevelopment: Summary and Implications," Sage journals 60 (5) (2012): 235-243, available at **https://journals.sagepub.com/doi/10.1177/216507991206000507?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed**
193 American Academy of Pediatrics, "Protecting Children from Pesticides: Information for Parents," **healthychildren.org**, last updated (2020), available at **www.healthychildren.org/English/safety-prevention/all-around/Pages/Protecting-Children-from-Pesticides-Information-for-Parents.aspx**

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In an early learning program, a wasp nest is taking form in the eaves above the entrance to the facility. The early learning provider documents what was found, the location of the nest, the date it was discovered and the steps taken to remove the nest and exterminate the wasps. The provider tries to problem solve why they are there, how to prevent them from returning and the best method to use to remove the nest. The provider discovers they will need to have the nest sprayed with synthetic pyrethroids during the evening when the temperatures cool. The provider will post a sign informing staff and parents or guardians of the treatment for that evening and will ensure they inform parents and guardians upon pickup. The provider may take other measures, such as making a phone call or sending out an email, to notify staff, parents and guardians because of the short notice for treatment. All efforts of removing the nest are documented and kept on file.

Integrated Pest Management in Child Care Centers: Protecting our Children from Pests. An EPA tutorial slideshow specific to pest and pest management in child care programs. **www.epa.gov/sites/production/files/documents/IPM_CCC.pdf**

Integrated Pest Management. A Washington State University webpage with information on Washington laws and best practices and a link to the checklist the Washington State Department of Agriculture uses during an inspection of a licensed child care program. **https://schoolipm.wsu.edu/washington-laws/**.

Integrated Pest Management. The University of California San Francisco Child Care Health Program provides toolkits for family home and child care center early learning programs. **https://cchp.ucsf.edu/ipm**

Pesticides. An EPA webpage with informational links about pest control, pesticides, protecting the environment and pesticide regulation. **www.epa.gov/pesticides**

Pests. A DOH webpage with information and resources on pesticides and managing specific pests. **www.doh.wa.gov/CommunityandEnvironment/Pests/IntegratedPestManagement**

Schools and Pesticides. A DOH webpage with information on minimizing child exposure to pesticides. **www.doh.wa.gov/CommunityandEnvironment/Schools/EnvironmentalHealth/Pesticides**

Compliance Guide for the Use of Pesticides at Public Schools (K-12) and Licensed Day-Care Centers. Washington State Department of Agriculture publication of the pesticide regulations for child care centers. **https://cms.agr.wa.gov/getmedia/88be51bf-c6ae-47f8-bde7-cb096d29d38c/ComplGuidePub075.pdf**

Health & Illness. A Snohomish Health District webpage that contains the link to a model Pesticide Policy for an early learning program. **www.snohd.org/245/Health-Illness**

WAC 110-300-0260

Storage of hazardous and maintenance supplies

(1) An early learning provider must ensure all poisonous or dangerous substances including, but not limited to, fuels, solvents, oils, laundry, dishwasher, other detergents, sanitizing products, disinfectants and items labeled "keep out of reach of children" are stored:

(a) In a location that is inaccessible to children;

(b) Separate and apart from food preparation areas, food items, and food supplies;

(c) In their original containers or clearly labeled with the name of the product if not in the original container; and

(d) In compliance with the manufacturer's directions (including, not storing products near heat sources).

(2) Storage areas and storage rooms must:

(a) Be inaccessible to children;

(b) Have locking doors or other methods to prevent child access;

(c) Have moisture resistant and easily cleanable floors;

(d) Have a designated maintenance or janitorial utility sink, or another method to dispose of wastewater (kitchen sinks must not be used for disposal of wastewater); and

(e) Be kept clean and sanitary.

(3) Center early learning program space with storage areas and rooms that contain chemicals, utility sinks, or wet mops must be ventilated to the outdoors with an exterior window or mechanical ventilation to prevent the buildup of odors, fumes, or other hazards.

(4) Family home providers must store and maintain chemicals and wet mops in a manner that minimizes the buildup of odors, fumes, or other hazards.

(5) Saws, power tools, lawn mowers, toilet plungers, toilet brushes, and other maintenance and janitorial equipment must be inaccessible to children.

Cleaning or maintenance materials are necessary to properly run and clean an early learning program. These substances and chemicals commonly used present the potential for serious harm. For example, they may burn the skin or eyes, be poisonous to ingest, cause damage to the respiratory tract when inhaled or harm the nervous system. Storage and inaccessibility is key to ensuring these items remain out of the reach of children.

NCPC reports that cleaning substances are the second most common source of non-fatal poisonings, after cosmetics and other personal care products. NCPC also reports that poisonings disproportionately affect children. Nearly half of all poison exposures, 44.2%, affect children under the age of 6, with the peak poisoning frequency impacting children 1 to 2 years old.[194]

194 National Capital Poison Center, "Poison Statistics," available at **www.poison.org/poison-statistics-national**, last updated 2018.

Due to the clear health and safety risk to children, proper storage begins with ensuring the substances are inaccessible to children, which means a method to prevent a child from reaching, entering, using or getting to items, areas or materials of an early learning program. What is or is not inaccessible may depend on the age, height and developmental level of the children in care, and factors such as the layout of the early learning space. It could mean behind a locked door, in a cupboard with a latch or on a high shelf that cannot be reached by children.

Proper storage of maintenance supplies is also separate from food storage, supplies and preparation areas. Keeping these hazardous substances completely separate from food areas diminishes the risk of accidental spills, drips, splashes or other potential methods contaminating food ingested by children and staff.

Another component of proper storage is making sure that all potentially hazardous substances are stored either in their original containers or clearly and accurately labeled containers if they are not stored in the original container. Labeled containers help prevent an early learning provider from accidentally confusing one substance for another, and then using it in a way it is not intended to be used. It also ensures that instructions for how to safely use the substance and how to respond in case of an accident or emergency involving the substance can be immediately referenced.

Poisonous and dangerous substances must be stored following the manufacturer's instructions. For example, many products have instructions to not store them near heat sources or other chemicals due to how the substances react. The reasons could be due to a fire hazard, chemical reaction or other catastrophes that could harm anyone in the vicinity. Early learning providers must be familiar with and follow the manufacturers' instructions.

Ventilation is another critical component of proper storage for maintenance substances. Even common items such as detergents, cleaners and bleach may have fragrances, odors and fumes that can trigger asthma or other respiratory reactions. Breathing fumes from solvents and fuels can irritate the nose and throat or cause dizziness, nausea or headaches. Additionally, ventilation helps a mop dry completely and helps prevent the growth of mildew and bacteria.

An early learning provider may choose to use their laundry room as a storage area to maintain products like detergents, sanitizing products and disinfectants inaccessible to children. If the laundry room is not used to store food or food supplies, has a locking door (for keeping materials inaccessible to children in care), a window (for ventilation) and a moisture-resistant and easily cleanable floor (to ensure spilled chemicals can be cleaned up and removed), then this space will likely meet the requirements of this section.

The new program supervisor at a center early learning program observes a spill in a common area. When they ask the lead teacher where they can find the mop, the lead teacher says it is in the closet closest to the preschool room door. The program supervisor opens the closet and finds multiple cleaning and maintenance products stored on the shelves, along with a mop on the floor next to a mop bucket partially filled with water. The program supervisor notices a strong musty odor and realizes there is no fan or window to vent the space of the mop odor or allow airflow to help the mop head dry completely to prevent mildew and bacteria growth. The next day, the program supervisor moves the mop and maintenance products to a closet that has a utility sink and is vented to the outside. The program supervisor installs a clip on the wall so that the mop can be stored upright after each use and is in a better position to completely air dry. They use the utility sink to empty and rinse the mop bucket and install a hook and eye latch high on the door so children cannot access the maintenance supplies.

About Exposure. A New York State Department of Health webpage with information about chemical exposure.
www.health.ny.gov/environmental/about/exposure.htm

Poison Statistics. 2018 NCPC National Data webpage.
www.poison.org/poison-statistics-national

Protecting Workers Who Use Cleaning Chemicals. An Occupational Safety and Health Administration (OSHA) informational sheet.
www.osha.gov/Publications/OSHA3512.pdf

What You Know Can Help You: An Introduction to Toxic Substances. A New York State Department of Health webpage with information for understanding and reducing exposure to toxic chemicals.
www.health.ny.gov/environmental/chemicals/toxic_substances.htm

Sleep and Rest

WAC 110-300-0265

Sleep, rest, and equipment

(1) An early learning provider must offer a supervised daily rest period for children preschool age and younger who remain in care for more than six hours per day, or who show a need for rest.

(2) An early learning provider must provide quiet activities for children who do not require rest. Quiet activities must be minimally disruptive to sleeping children.

(3) An early learning provider must communicate a child's sleep needs and patterns with that child's parent or guardian.

(4) An early learning provider must not place children directly on the floor to rest or sleep.

(5) For children not using cribs or playpens, an early learning provider must provide developmentally appropriate mats, cots, or other sleep equipment made of water resistant material that can be cleaned and sanitized.

(6) Mats, cots, and other sleep equipment used in an early learning program must be:

   (a) In good condition, have no tears or holes, and have no repairs with tape;

   (b) Cleaned, sanitized, and air dried at least once per week or more often as needed if used by only one child, or after each use if used by more than one child; and

   (c) Stored so sleeping surfaces are not touching each other unless cleaned and sanitized after each use.

(7) Floor mats designed for sleeping and mattresses must be at least one inch thick.

(8) Floor mats must be spaced apart from other floor mats, cots, and mattresses to reduce germ exposure and allow early learning providers' access to each child during sleep time as follows:

   (a) There must be at least eighteen inches on each side between each floor mat, cot, or mattress; and

   (b) Floor mats, cots, and mattresses must be arranged so children are head to toe, or toe to toe.

(9) Each child's bedding must:

   (a) Have a clean sheet or blanket to cover the sleeping surface and a clean blanket for the child that is suitable given the child's size and room temperature;

   (b) Be laundered weekly or more often if soiled, or laundered daily if used by more than one child; and

   (c) Be stored separately from bedding used by another child, unless it is cleaned and sanitized after each use.

(10) An early learning provider must not allow children less than six years of age to use loft style beds or upper bunks of bunk beds.

Two aspects of sleep are addressed through this standard: the first is supporting a sufficient amount of sleep for young children and the second is attending to cleaning and sanitation practices for sleep equipment, which helps to maintain children's health.[195]

Young children benefit from a significant amount of sleep. Some parents, guardians and early learning professionals are surprised to learn about the amount of sleep children need. This chart shows the hours of sleep, by age group, recommended by the National Sleep Foundation (NSF).[196]

Age of Child	Hours of Daytime and Nighttime Sleep Combined
Newborns (0-3 months)	14-17 hours
Infants (4-11 months)	12-15 hours
Toddlers (1-2 years)	11-14 hours
Preschoolers (3-5 years)	10-13 hours

Very young children who do not get enough sleep have a 30% to 90% increased chance of being overweight or obese at later ages.[197] Studies show consistently receiving the recommended duration of sleep for each age leads to "improved attention, behavior, memory, emotional regulation, quality of life and mental and physical health."[198]

For these reasons, an early learning provider is required to ensure children, preschool age or younger, in care for more than six hours, get a daily supervised opportunity for rest. Children are not required to sleep, but must have access to rest. For children who do not need sleep, an early learning program must provide a plan for quiet activities that won't disturb children who are sleeping or quietly resting. Activities available for children that remain awake could include books, picture cards, playdough or quiet table games.

195   American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed. (Itasca, IL: American Academy of Pediatrics, 2019), 268.*

196   National Sleep Foundation, *National Sleep Foundation Recommends New Sleep Times,* Press release, February 2, 2015, available at **www.sleepfoundation.org/press-release/national-sleep-foundation-recommends-new-sleep-times**

197   American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: 107.

198   American Academy of Pediatrics, "AAP Supports Childhood Sleep Guidelines," **healthychildren.org**, published, June 13, 2016, available at **www.healthychildren.org/English/news/Pages/AAP-Supports-Childhood-Sleep-Guidelines.aspx**

According to CFOC, conditions such as being dry, well-fed and comfortable can help encourage sleep. Practices that can ease the transition to rest include rocking a child, swaying while holding a child, singing, reading, patting an arm or back or playing soft music. Lighting does not need to be off during rest periods.[199] Leaving the lights on supports the supervision of children and increases safety for those adults and children that need to move about the room during the rest period. Dimming the lights may be acceptable as long as supervision continues and is not compromised.

Since there are many health benefits of good sleep, licensing requires an early learning provider to communicate a child's sleep needs and patterns with that child's parent or guardian. Families may appreciate communication from early learning providers about the overall recommendations for the amount of sleep children need, and the health implications of insufficient sleep. Early learning providers may also have helpful information about soothing techniques that can help children develop healthy sleeping patterns. The requirement to communicate about the child's sleep needs and patterns is supported by the U.S. National Library of Medicine National Institutes of Health, which recommends that early learning providers be trained to counsel parents and guardians about their children's age-appropriate sleep duration.[200] At the same time, families have useful information to share about their children's sleeping patterns and needs, and receiving that information can help early learning providers support children's sleep while in care at the early learning program.

While being dropped off in the morning, a child's dad communicates that the child has been sleeping poorly for a couple of weeks. He explains that the child has been restless and waking up repeatedly during the night. He goes on to report that he suspects the child is having scary dreams, as the child gets out of bed several times, seems upset and tries to delay going back to sleep. Dad states that at home they are making a point to talk about happy times and positive memories with the child during the bedtime routine, hoping to encourage positive thoughts by the child before sleep. Dad noted the strategy seems to help the child sleep peacefully. Later, at naptime, the early learning provider notices the child seems to be uncomfortable during rest time. The early learning provider remembers the communication from dad and mentions the silly moment the child had popping bubbles in the outdoor play area earlier that morning. With a smile, the child recalls "I popped so many bubbles!" They have a short conversation about having bubbles again tomorrow, and the child appears to relax into rest time.

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199 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 107.

200 Karen A. Bonuck, Barbara Schwartz and Clyde Schechter, "Sleep health literacy in head start families and staff: exploratory study of knowledge, motivation, and competencies to promote healthy sleep," *US National Library of Medicine National Institutes of Health 2* (1) (2016): 19-24, available at **www.ncbi.nlm.nih.gov/pmc/articles/PMC4879821/**

The placement of sleeping mats and rest equipment is another important consideration during rest time. Licensing requires 18 inches of spacing, with children alternating head to toe and toe to head. These requirements assist in reducing the spread of diseases and airborne germs. The distance between sleeping mats as well as the alternating head to toe sleeping direction can help prevent common illness, including respiratory illnesses, ringworm and lice. While children may have close exposure to one another while awake, following these public health prevention measures during rest and sleep time minimizes children's prolonged exposure to respiratory secretions while side by side and face to face. Furthermore, having children lie in the alternating pattern and 18 inches away allows for safe walkways between children and helps children become calm by limiting their contact with their friends.

Health and sanitation practices support healthy sleep. According to CFOC, "children drool, spit up or spread other body fluids on their sleeping surfaces."[201] To prevent cross-contamination, soiled bedding must be laundered between uses. When bedding is not visibly soiled, precautions must still be taken to prevent spreading germs or diseases that cannot be observed. To minimize the risk of cross-contamination, bedding may be used by a single child for up to a week, when the bedding is stored in a manner that prevents it from touching another child's bedding and appropriate cleaning steps are followed. This same rationale applies to the storage of sleeping surfaces. Using cleanable, waterproof and nonabsorbent rest equipment enables the staff to wash and sanitize the sleeping surfaces. When sleeping surfaces are cleaned and sanitized after each use, they may be stored together. When the sleeping surface is cleaned only once per week, the early learning program must take measures to ensure germs and infections are not passed from one sleep surface to another by storing the mat or cot so that the sleep surface is not touching another sleep surface. If plastic bags are used to store either the bedding or sleep surface, the plastic bags must be kept out of the reach of children to prevent a suffocation hazard. Labeling the plastic bags may assist with clear nap mat assignments to specific children.

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201 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children.* 269.

After nap time, staff assist the children in gathering up their sheet and blanket and then placing it in the bin located on the shelf of their individual cubby. Before storing the nap mats, a staff person washes, rinses and then sanitizes and air dries the mats with a three-step system. Due to the mats being cleaned and sanitized daily, the early learning provider does not need to ensure the same child uses the same mat the following day or that the mats do not touch during storage. Since each child's bedding was stored separately in their cubby, it can be used by the same child the next day and sent to be laundered at the end of the week.

A family home early learning provider in Chelan County reports:

"I took a look at my mat storage space and I know that my space is small. So, I got creative with my space and worked with my husband to build something that would be safe and secure for the children."

In the pictures, the closet space was converted into nap equipment storage. A cubby with slots was created to allow the mats to be stored in an individual, vertical manner, preventing the surfaces from touching. The slots are labeled with each child's name. The child's blanket is stored in a labeled bucket easily accessible to the children in another cubby.

WAC 110-300-0290 and WAC 110-300-0291 address sleep and rest requirements specific to infants and toddlers. For infants, safe sleep practices must be used during all rest periods.

Children and Sleep. A National Sleep Foundation website that contains information about children and sleep by age, along with sleep tips.
www.sleepfoundation.org/articles/children-and-sleep

"I'm Not Sleepy…" Activity Cards. A Virtual Lab School naptime resource with ideas for quiet time activities.
www.virtuallabschool.org/fcc/safe-environments/lesson-5/act/20746

Preparing for Rest. A two-minute video from Virtual Lab School with tips for making transitions to rest time successful in an early learning program.
www.virtuallabschool.org/preschool/safe-environments/lesson-6

Sleep. Created by the American Academy of Pediatrics (AAP), this healthychildren.org website contains several articles related to sleep and children.
www.healthychildren.org/English/healthy-living/sleep/Pages/default.aspx

WAC 110-300-0270

Overnight Care

(1) An early learning provider must be approved by the department to provide overnight care between nine o'clock at night and five o'clock in the morning when any enrolled child sleeps for three or more hours at the program.

(2) If approved by the department to provide overnight care, an early learning provider must supply every child an individual bed or other sleep equipment that:

    (a) Is safe and in good working condition;

    (b) Is made of moisture resistant material that can be cleaned and sanitized;

    (c) Meets the child's developmental needs; and

    (d) Is stored so sleeping surfaces are not touching each other unless cleaned and sanitized after each use.

(3) Each child's bedding must:

    (a) Have a clean sheet or blanket to cover the sleeping surface and a clean cover for the child except for infants;

    (b) Be laundered weekly or more often if soiled. Bedding must be laundered daily if used by different children; and

    (c) Be stored separately from bedding used by another child, unless it is cleaned and sanitized after each use.

(4) An early learning provider must:

    (a) Supervise children until they are asleep, except where children demonstrate the need for privacy to change clothes and can safely do so; and

    (b) Have department approval prior to using night latches, deadbolts, or security chains.

(5) An early learning provider who sleeps while children are in overnight care must:

(a) Have written permission and documentation that parents are aware that the provider is sleeping while their children are in care and have read the facilities policies and procedures for overnight care;

(b) Stay awake until all children are asleep or returning to sleep;

(c) Remain on the same floor level as sleeping children at all times;

(d) Sleep in the same room with infants and toddlers;

(e) Be physically available and responsive, available to immediately respond to a child's needs;

(f) Have alarms to alert them if a child should leave the room;

(g) Have monitoring devices to assist in hearing and visibly checking on children in each room used for sleeping; and

(h) Be awake for the arrival and departure of each child in overnight care.

(6) An early learning provider who accepts infants for overnight care must comply with all safe sleep rules pursuant to WAC 110-300-0291 for at least the first fifteen nights a new infant is enrolled in that program. A provider may sleep while the infant sleeps during overnight care if:

(a) The provider continues to comply with WAC 110-300-0291 (1)(b), (c), (f), (g), (h), (i) and (2);

(b) Once that provider has become familiar with the sleep routines and patterns of that infant; and

(c) The provider has observed no apparent health or safety risks while the infant sleeps.

View WAC 110-300-0291 online at https://apps.leg.wa.gov/wac/default.aspx?cite=110-300-0291.

Many families in Washington State include a parent or guardian whose employment requires evening or overnight shifts. Early learning services provided between 9 p.m. and 5 a.m. are considered overnight care when any child sleeps more than three hours while in care. Early learning programs that provide quality overnight care services offer an essential service for families and communities.

An early learning provider may only provide overnight care services with pre-approval by DCYF. To obtain approval, an early learning provider interested in providing overnight care will submit to DCYF the Overnight Child Care and Planning Form, found on the Forms and Documents page of the DCYF website at **www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents**. DCYF licensing staff will collaborate with the early learning provider to ensure there are appropriate facilities, policies and staffing in place to provide overnight care in a manner that promotes a child's health, safety and overall well-being.

Due to the nature of overnight care, circumstances must be considered to ensure that the child's needs are met for a consistent and nurturing nighttime sleep routine. One study found that a regular nightly bedtime routine is associated with improved sleep in young children, including reduced night wakings and increased sleep duration. It also suggests that the more consistently a bedtime routine is used, and the younger this routine is started, the better.[202] Just as an early learning program plans the best way to establish routines and other supports for children's emotional, physical and cognitive needs during the daytime, nighttime care involves the same level of planning. When approved for overnight care, communication with the child's family is one way an early learning provider can help ensure a consistent and nurturing nighttime routine. Coordinating sleep routines between the early learning program and the child's home, whenever possible, increases the likelihood the child will enjoy the many benefits of receiving adequate sleep.

Safe and sound sleep also relies upon the early learning provider being able to properly supervise while the child is awake, falling asleep or returning to sleep. The layout of the early learning program and related supervision capabilities will impact the sleeping location. Ensuring proper supervision will also determine where the early learning provider can sleep, if approved by the family to sleep while the child is sleeping. Whether they are awake or asleep, the early learning provider must always be physically available to respond while the child is in overnight care. Monitoring devices and alarms are used to alert and awaken an early learning provider so they may attend to the children in care when needed. The purpose of this requirement is to ensure the safety of children and immediate responsiveness by the early learning provider during the night.

An early learning provider is asleep in a room next to where preschool-age children in care are sleeping. The door to the room where children are sleeping has a monitor on the door which when triggered sends an alert to the early learning provider's phone. During the night, the alert is triggered, waking the early learning provider in the other room. The early learning provider gets up to see that a child exited the room to use the bathroom down the hallway. After supervising the child's return to bed, the early learning provider uses a video monitoring system set up in the room to observe the child has fallen asleep before returning to sleep themselves.

202 JA Mindell, AM Li, A Sadeh, R Kwon and DY Goh, "Bedtime Routines for Young Children: A Dose-dependent Association with Sleep Outcomes," *Sleep* 38 (5) (2015): 717–722, available at **www.ncbi.nlm.nih.gov/pmc/articles/PMC4402657/** .

Other factors, such as low nighttime lighting (indoors and outdoors) and bedding arrangements, can impact supervision and must be considered in determining the appropriate location for the child to sleep during overnight hours. Sleeping patterns may take time to establish and may change over time. All of these factors will impact what may initially seem like simple decisions about the child's sleeping location. For example, to meet these requirements, everyone sleeping must be on the same floor, and, depending on the age of the child, may need to be in the same room to support the child's sleeping patterns and to ensure the required supervision.

To illustrate, in a family home early learning program, all children sleep on the first floor of the home. This way the early learning provider can engage in activities in the kitchen or living room while still being available to supervise and respond to a child's needs. Although the early learning provider's personal bedroom is on the second floor of the house, if the early learning provider has permission from the family to sleep, they wait until all children are asleep and then sleep on the first floor.

A family home early learning provider in Okanogan County shares:

"I worked with my licensor about what would be the best room to for children to sleep in overnight. We came up with using a room off of my living room so that children would not be disrupted while they are sleeping. I sleep in the room next to the children where I can see and hear them. I also have a child monitor that pings when there is movement in the room and a night vision camera for an extra measure of safety."

For those providers who do not have written permission from the parent to sleep while providing overnight care, arranging to sleep at other times is imperative. The importance of sleep and rest is not limited only to children. Adequate sleep is also profoundly important for adults. Lack of sleep is linked to chronic diseases and conditions such as type 2 diabetes, heart disease and depression. Lack of sleep can also impair an individual's cognitive reasoning or reaction time, which may lead to mistakes in the provision of early learning services or increase the risk of physical accidents.[203]

For all providers offering overnight care, it is encouraged to plan routines to attend to self-care while maintaining the safety and oversight of the children in care. All early learning providers, and especially those offering extended or overnight hours, benefit from regular self-care activities. Attending to their own physical health helps an early learning provider better take care of children. Self-care outside of work hours can include time for exercise, meditation, time with friends or family, engaging in hobbies, activities, and healthy nutrition.

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203 Centers for Disease Control and Prevention, "Sleep and Sleep Disorders," available at **www.cdc.gov/sleep/index.html** , retrieved March 2020.

A family home early learning provider in Grant County shares:

"Before caring for a child overnight, I talk with the parents about the child's sleeping schedule, safe sleep practices and appropriate clothing. I also talk with the parents daily in person about the child's sleep and keep the lines of communication open. I make sure I am awake and my self-care needs are taken care of, such as: having what I need to drink or eat, wearing appropriate clothing and making sure everything is ready for the next day. I also ensure that the sleeping equipment is clean, sanitized and equipped with bedding and ready for the child. I see the child arrive and I carry them to their bed so they can continue to sleep."

"The room that is used for overnight care is the main early learning child care room. I prepare the room so that I have everything I need in this room while the child is sleeping. I also have a chair set up for myself in the same room where the child is sleeping that I can rest in. I stay in this room with the child while the child is sleeping. I have the child's sleeping area set up so that if I need to go to the kitchen, I can see and hear the child at all times. During the day, I have an assistant so that later in the day I can take a break for some self-care, while still being able to see and hear the children."

Many parents and guardians feel anxious about leaving their children in overnight care. Taking the time to develop a plan with the family will support a child's transition from home to overnight care. When an infant will be entering overnight care, special precautions are required to reduce the risk of Sudden Infant Death Syndrome (SIDS).

According to the AAP, approximately 3,500 infants die each year in the U.S. from sleep-related deaths including SIDS or sudden infant death syndrome.[204] Approximately 20% of these deaths occur when a child is in non-parental care.[205] Most SIDS deaths in early learning settings occur on the first day or within the first week of care.[206]

In consideration of the increased risk when an infant is in non-parental care and during the early days of care, an early learning provider must stay awake for the first 15 nights an infant is in care overnight. This helps ensure vigilant supervision during the highest risk period and allows the early learning provider to develop an understanding of the individual infant's sleep patterns. When the highest risk period of 15 nights has passed, the early learning provider may communicate with the parent and obtain permission to sleep while the infant is sleeping. For example, if an infant is enrolled to be in overnight care two days per week, it would take 7.5 weeks to meet the 15-day requirement.

204 Task Force on Sudden Infant Death Syndrome, "SIDS and Other Sleep-Relate Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment," *Pediatrics* 138 (5) (2016): 1-12, available at **https://pediatrics.aappublications.org/content/138/5/e20162938**

205 Teresa Byington, Sally Martin, Jackie Reilly and Dan Weigel, "Teaching Child Care Providers to Reduce the Risk of SIDS," *Journal of Extension* 49 (2) (2011), available at **www.joe.org/joe/2011april/rb3.php**

206 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children.* 20.

For a variety of reasons, some families practice bed sharing with their infant children. According to Kids Health from Nemours, some studies suggest that bed-sharing can encourage breastfeeding, help babies fall asleep more easily, and can help regain closeness between the child and parent. Bed sharing, however, poses serious potential safety risks, including, but not limited to, an increased risk of SIDS. Room sharing is a safe alternative for having the increased supervision benefit of the child near without the potential health and safety risks.[207]

WAC 110-300-0291 outlines additional requirements for infant safe sleep.

Remember to Take Care of Yourself: Six Ideas for Family Child Care Providers. A NAEYC webpage with tips and encouragement for family home providers to practice self-care. Includes early learning provider testimonials.
www.naeyc.org/resources/blog/six-ideas-family-child-care-providers

Taking Care of Yourself: For Early Care and Education Providers. A Center for the Study of Social Policy's Strengthening Families publication with information on incorporating protective factors and enhancing personal well-being.
https://cssp.org/wp-content/uploads/2018/08/Self-Care-for-ECE-Providers.pdf

Taking Care of Ourselves: Stress and Relaxation. A Georgetown University Center for Child and Human Development webpage with resources on stress and relaxation.
www.ecmhc.org/relaxation.html

WAC 110-300-0275

Infant and toddler care

(1) **An early learning program may care for infants if the department inspects the program space and approves care for infants:**

(a) **Prior to issuing the program its license; or**

(b) **Prior to caring for infants if the program has not previously done so.**

(2) **An early learning provider working directly with infants must complete the department required infant safe sleep training pursuant to WAC 110-300-0106(8).**

(3) **An early learning provider must not use or allow the use of wheeled baby walkers.**

(4) **A center early learning provider licensed to care for any infant must employ or contract with a child care health consultant to provide health consultation to support the practices of staff working with infants and to support the needs of individual infants.**

207 KidsHealth, "Bed-Sharing," available at **https://kidshealth.org/en/parents/cosleeping.html**, last updated December 2016.

(5) A center early learning provider must enter into a department approved written agreement for services with a child care health consultant.

   (a) The child care health consultant must be a currently licensed registered nurse who:

      (i) Has worked in pediatrics or public health in the past five years or has taken or taught classes in pediatric nursing at the college level in the past five years;

      (ii) Has experience with state licensing and public health requirements; and

      (iii) Attests in writing to knowledge and experience sufficient to provide service consistent with the health consultant competencies described in the most current version of Caring for Our Children.

   (b) The child care health consultant must be available, or make available a designee who meets the requirements of (a) of this subsection, for consultation by phone as needed.

(6) A center early learning provider must ensure that the child care health consultant:

   (a) Conducts at least one on-site visit monthly, if an infant is enrolled, during which the consultant:

      (i) Observes and assesses staff knowledge of infant health, development, and safety and offers support through training, consultation, or referral;

      (ii) Observes and assesses classroom health practices including, but not limited to, infection control including cleaning, sanitizing, and disinfecting, and provides technical assistance to correct any practices of concern;

      (iii) Observes and assesses behavior, development, and health status of individual infants in care and makes recommendations to staff or parents or guardians including if further assessment is recommended, as requested or otherwise determined appropriate.

   (b) Provides a dated, signed, written summary to the early learning provider for each visit that includes topics discussed with parents or staff, any areas of concern related to discussion, observation, assessment, or screening outcomes; and

   (c) Reports each visit to the department.

(7) A center early learning provider must keep on-site a copy of the child care health consultant's written reports along with any notes, recommended follow up, and any actions taken to address concerns identified.

(8) If a center early learning provider is unable to independently employ or contract with a child care health consultant within thirty calendar days of enrolling an infant, the provider must contact the department for assistance. The department will assist the provider in obtaining the services of a child care health consultant or may grant a waiver until the services can be secured.

Providing quality care to infants and toddlers is reliant on an understanding of their unique physical, cognitive, emotional and social needs. In the 2018 Annual Data Report, Child Care Aware of Washington reported that about half of the children needing care were under 3 years old. For this reason, the Foundational Quality Standards include requirements for department approval before caring for infants and toddlers, partnership with a child health consultant and safe sleep training. The Child Care Aware Annual Data Report is available online at **https://childcareawarewa.org/wp-content/uploads/2019/03/2018-Data-Report.pdf** .

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Before being approved to care for infants and toddlers, DCYF will inspect the early learning program for evidence that their physical, cognitive, emotional and social needs are understood and systems are in place to meet those needs. One example is an understanding of safe sleeping circumstances for infants. According to CFOC, many early learning providers may be unaware of the dangers or risks associated with prone or side infant sleep positioning.[208] Ensuring that staff have completed infant safe sleep annual training confirms there is an awareness of sleep situations and equipment which minimize chances for SIDS, suffocation, entrapment and strangulation.

The Foundational Quality Standards require center early learning programs that are licensed to care for infants to enter into a written contract with a qualified child care health consultant. For family home early learning providers, however, partnering with a child care health consultant is optional. Health consultants provide an invaluable resource when caring for infants. Health consultants are nursing professionals who conduct on-site observation and provide resources, coaching and support to early learning providers regarding infant health, feeding, developmental and early intervention needs, and other care needs for infants. The health consultant must provide a signed and dated written summary of the visit to inform the early learning providers' decisions and strategies related to infant care. An early learning provider will find a sample child care health agreement and a sample health consultant on-site report on the DCYF Forms and Documents page at **www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents**.

A center early learning provider in Spokane County reports:

"We have a monthly visit with our health consultant. She communicates with our infant teachers and is always there when staff have a question or concern. She is always available by phone for on-the-spot questions. For instance, we had a nine-month-old who did not seem to be progressing through developmental skills as we expected. The child was not sitting up on their own or transitioning to solid foods. We called our health consultant and she agreed to come out for an unplanned visit. She was able to provide recommendations and activities for the teachers to work on the infant's physical development. She also gave us resources that we were able to share with the parent, and which helped guide our conversations with them. The partnership with our health consultant has been highly valuable to our children, families and teachers."

Learn more about infant safe sleep practices by reviewing WAC 110-300-0291.

208 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 103.

WAC 110-300-0280

Bottle preparation

(1) An early learning provider may allow parents to bring from home filled bottles clearly labeled with the date and infant's first and last name for daily use. Bottles must be immediately refrigerated.

(2) A bottle preparation area must:

 (a) Include a sink; and

 (b) Be located at least eight feet from any diaper changing tables or counters and sinks used for diaper changing; or

 (c) Be physically separated from the diaper changing area by means of a barrier to prevent cross contamination. If a barrier is used, it must be:

  (i) Smooth and easily cleanable;

  (ii) Sealed, if made of wood;

  (iii) Moisture resistant;

  (iv) Extend at least twenty-four inches in height from the counter or changing surface; and

  (v) Solid without cracks, breaks or separation.

(3) To prepare bottles, an early learning provider must:

 (a) Clean bottles and nipples before use using warm soapy water and a bottlebrush and sanitize by boiling in hot water for one minute, or pursuant to WAC 110-300-0198;

 (b) Clean and sanitize the sink used for preparing bottles;

 (c) Obtain water from a sink used for bottle or food preparation only, or from another approved source, such as bottled water. Water from a handwashing or diaper changing sink may not be used for bottle preparation;

 (d) Use bottles and nipples in good repair (with no cracks);

 (e) Use glass or stainless steel bottles, or use plastic bottles labeled with "1," "2," "4," or "5" on the bottle. A plastic bottle must not contain the chemical bisphenol-A or phthalates;

 (f) Prepare infant formula according to manufacturer's directions and never serve infant formula past the expiration date on the container;

 (g) Not heat a bottle in a microwave;

 (h) Warm bottles under running warm water, in a container of water, or in a bottle warmer;

 (i) Keep bottle nipples covered if bottles are prepared ahead;

 (j) Store prepared and unserved bottles in the refrigerator;

 (k) Not allow infants or toddlers to share bottles or cups when in use; and

 (l) Throw away contents of any formula bottle not fully consumed within one hour (partially consumed bottles must not be put back into the refrigerator).

There are many choices available to families about how to meet the nutritional needs of their infants. Families may provide frozen or liquid breast milk or use infant formula. Infant formula may be powdered, ready to use liquid or a concentrated liquid. The Foundational Quality Standards aim to support the choices that individual families make while ensuring safe and hygienic bottle preparation procedures.

One option for families is to bring prepared bottles from home. These bottles must be properly labeled with the date and the child's first and last name, and then immediately refrigerated. Labeling is the best way to ensure the bottle is served to the correct child on the intended date, and proper refrigeration protects the quality of the bottle contents. Bacteria grow rapidly between temperatures of 41° to 141° F. By keeping the bottle in the refrigerator, this slows the growth of bacteria and helps ensure healthy formula or breast milk is provided to the child.

Another critical factor of healthy bottle preparation is to use practices that will prevent cross-contamination. Bacterial cross-contamination is the transfer of bacteria or other microorganisms from one substance to another.[209]

> WAC 100-300-0200 requires the following practices to minimize cross-contamination: following proper handwashing procedures before preparing a bottle, ensuring bottle preparation areas are separate from diaper changing areas, covering bottle nipples, appropriately cleaning and sanitizing bottles and nipples before use and using water from only food or bottle preparation sinks or bottled water to prepare a bottle.

Salmonella, E. coli, norovirus and listeria are some of the illness-causing germs found in soiled diapers, even when a child is healthy.[210] The requirement to prepare bottles at least eight feet from the outer edge of diaper changing tables, counters and sinks minimizes the chance that these germs might cause infants to get sick through accidentally contaminating bottles or bottle contents. An acceptable alternative to eight feet of separation is separating the diaper changing area from the bottle preparation area by a solid barrier. To be sure cross-contamination is prevented, the barrier must be at least 24 inches high to contain sprays and splashes. The barrier must also be moisture impervious and without cracks, breaks or separation, as these are areas where bacteria and germs can hide and grow.

> Bisphenol-A or Phthalates are not allowed.
>
> - Bisphenol, such as BPA, is used to harden plastic containers and line metal cans. They can act like estrogen in the body and potentially change the timing of puberty, decrease fertility, increase body fat and affect the nervous and immune systems.[211]
>
> - Phthalates, which makes plastic and vinyl tubes used in industrial food production flexible, may affect male genital development, increase childhood obesity and contribute to cardiovascular disease. In 2017, CPSC banned the use of some phthalates in child-care products such as teething rings.[212]
>
> - Bottles labeled "1," "2," "4" or "5" do not contain bisphenol-A or Phthalates.

When it is time to prepare a bottle, the requirement for warming bottle contents is another essential factor in safe and sanitary bottle preparation procedures.

209 Healthline, "Bacterial Cross-Contamination: All You Need to Know," available at **www.healthline.com/nutrition/what-is-cross-contamination**, published January 21, 2020.
210 Lucia Patritto, "Safety steps are necessary when dealing with dirty diapers" *Michigan State University Extension*, published October 12, 2013, available at **www.canr.msu.edu/news/safety_steps_are_necessary_when_dealing_with_dirty_diapers**
211 AAP News & Journals, "Food Additives and Child Health," *Pediatrics*, available at **https://pediatrics.aappublications.org/content/142/2/e20181410**, published August 2018.
212 U.S. Consumer Product Safety Commission, "CPSC Prohibits Certain Phthalates in Children's Toys and Child Care Products," available at **www.cpsc.gov/Newsroom/News-Releases/2018/CPSC-Prohibits-Certain-Phthalates-in-Childrens-Toys-and-Child-Care-Products**, last updated October 20, 2017.

Nursing mothers naturally supply their infant's breast milk at body temperature. Historically, average body temperature was estimated at 98.6˚F. According to Harvard Health Publishing, recent studies suggest that normal body temperature may be falling over time.[213] An analysis of 20 studies between 1935 and 1999 found that the average oral temperature was 97.5˚F.[214] This analysis can be found online at **https://pubmed.ncbi.nlm.nih.gov/12000664/**.

While there is little reasoning or need to warm an infant's bottle to greater than body temperature, there are a few reasons to ensure the temperature of the bottle contents is not too high. First, to protect the child from being burned. Bottle contents only get as warm as the liquid used to warm the bottle, so one way to protect the child from harm is to ensure the warming liquid is less than 120˚. Whether running water is used to warm the bottle, a container of warm water or a bottle warmer, an early learning provider can use a thermometer to ensure the temperature is not greater than 120˚. The second reason for checking the temperature, is to protect the nutritional components of the bottle's contents. Overheating can lead to the loss of nutrients, especially of breast milk.[215] Finally, for the infant's safety, never warm a bottle in the microwave. Microwaves do not heat liquid evenly, so the contents may not feel hot to the touch but can burn the baby while drinking. It's safer to warm the bottle in water instead.

WAC 110-300-0165 (4) (e) prohibits any water accessible to children higher than 120˚ F.

Additional care is needed around the use of bottles. Once a formula bottle has been removed from the refrigerator, any unconsumed portion must be thrown out within one hour. Putting the bottle back in the refrigerator is not permitted, because bacteria from a baby's mouth can be introduced into the bottle during feeding. These bacteria can grow and multiply even after refrigeration and some bacteria can continue to grow at refrigerator temperatures.[216]

WAC 110-300-0281 outlines bottle preparation and storage practices related to breast milk.

Baby Bottles and Bisphenol-A. A healthychildren.org webpage by the American Academy of Pediatrics (AAP) with information on limiting infant exposure to BPA. **www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Baby-Bottles-And-Bisphenol-A-BPA.aspx**

213 Robert H. Shmerling, "Time to redefine normal body temperature?" *Harvard Health Publishing*, last updated March 17, 2020, available at **www.health.harvard.edu/blog/time-to-redefine-normal-body-temperature-2020031319173**

214 Robert H. Shmerling, "Time to redefine normal body temperature?" *Harvard Health Publishing*, last updated March 17, 2020, available at **www.health.harvard.edu/blog/time-to-redefine-normal-body-temperature-2020031319173**

215 Juliet Spurrier, "Best Practices for Handling Breast Milk," *BabyGearLab*, published May 4, 2016, available at **www.babygearlab.com/expert-advice/best-practices-for-handling-breast-milk**

216 U.S. Food & Drug Administration, "Once Baby Arrives from Food Safety for Moms to Be," available at **www.fda.gov/food/people-risk-foodborne-illness/once-baby-arrives-food-safety-moms-be**, published April 11, 2019.

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WAC 110-300-0281

Breast milk

(1) When a parent or guardian provides breast milk, an early learning provider must:

 (a) Immediately refrigerate or freeze the breast milk;

 (b) Label the breast milk container with the child's first and last name and the date received;

 (c) Store frozen breast milk at zero degrees Fahrenheit or less, and in a closed container to prevent contamination; and

 (d) Keep frozen breast milk for no more than thirty days upon receipt and return any unused frozen breast milk to the parent after thirty days.

(2) Frozen breast milk must be kept in the refrigerator at a temperature of 39 degrees Fahrenheit for up to twenty-four hours after thawed.

(3) Thawed breast milk that has not been served within twenty-four hours must be labeled "do not use" and returned to the parent or guardian.

(4) An early learning provider must return any unused refrigerated, not been previously frozen, bottles or containers of breast milk to the parent at the end of the child's day, or label "do not use."

(5) An early learning provider must thaw frozen breast milk in the refrigerator, under warm running water, in a container with warm water, or in a bottle warmer.

(6) An early learning provider must not thaw or heat breast milk in a microwave oven or on the stove.

(7) An early learning provider must obtain parental consent prior to feeding infant formula to an otherwise breastfed infant.

Many families choose breast milk as the source of nutrition for their infant. Be aware that for some families, supplying breast milk to feed the baby when they are not able to breastfeed can be very challenging. There can be a great deal of planning, strategy, time and effort involved in collecting a breast milk supply. This is why it is not uncommon to hear a breastfeeding mother state "every ounce counts" or refer to breast milk as "liquid gold." An early learning provider can support the family by being sure to properly handle and store breast milk to minimize waste and contamination.

Many of the strategies necessary to ensure safe and hygienic breast milk servings are the same as those covered in the previous section related to bottle preparation. When breast milk is received by the early learning provider, it must be labeled with the child's first and last name and the date the breast milk was received. Because breast milk is a bodily fluid, proper labeling is especially important. While few illnesses are transmitted through breast milk, the parent or guardian of a child accidentally given someone else's breast milk may experience concerns about the health, diet or medications of the mother that supplied the breast milk.[217] To avoid even the low risk of such concerns, proper labeling will minimize the risk of breast milk being given to the wrong child.

217 Centers for Disease Control and Prevention, "What to Do if an Infant or Child Is Mistakenly Fed Another Woman's Expressed Breast Milk," available at www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm, last updated February 4, 2020.

Breast milk may be placed in the freezer for up to 30 days from when it was received from the parent or guardian. Breast milk must be stored to minimize cross-contamination. For minimal bacterial growth, the freezer containing breast milk must be kept at 0˚F, which is colder than the required temperature for other frozen foods. After 30 days, any unused frozen breast milk may not be served in the early learning program but must be given back to the parent or guardian. This allows the parent or guardian to decide for themselves whether they will serve it to their child at home.

Similarly, previously frozen breast milk must be refrigerated at a temperature colder than other refrigerated foods, for up to 24 hours. The refrigeration temperature for breast milk can be no warmer than 39°F. Young children's bodies are still building immunities and the colder storage temperatures help keep bacteria growth at the low levels. If the thawed and refrigerated breast milk is not consumed within 24 hours, it may not be served to the child at the early learning program but may be returned to the parent or guardian. Keeping the breast milk refrigerated and labeling it "do not use" allows the parent or guardian to have the final say on whether they will serve it to the child at home. For this same reason, breast milk that was never warmed or served or breastmilk that was partially consumed by the end of the day must not be given to the child in care, but labeled "do not use" and returned to the parent.

The decision for the child receiving breast milk or formula is one that belongs solely to the child's parents or guardians. The Foundational Quality Standards require that an early learning provider must have parent or guardian permission before giving a breastfed infant formula. Developing consistent and open communication will help ensure an adequate supply of breast milk is on hand at the early learning program and that an agreed-upon set of actions is taken in the event the supply runs low.

An early learning program may have a policy to contact the parent or guardian when the last container of breast milk is prepared for the child. This will help the parent or guardian ensure the child is picked up from care before the next scheduled feeding.

Breastfeeding Guidelines & Recommendations. Centers for Disease Control and Prevention (CDC) webpage with links to informational pages about maintaining the safety and quality of breast milk.
www.cdc.gov/breastfeeding/recommendations/index.htm

Model Health Policies. Seattle and King County Public Health webpage with several sample policies for early learning programs, including a model breastfeeding policy.
www.kingcounty.gov/depts/health/child-teen-health/child-care-health/ model-health.aspx

Pumping and Storing Breastmilk. US Department of Health & Human Services (DHHS), Office on Women's Health website with tips on breastmilk storage, thawing, warming and more.
www.womenshealth.gov/breastfeeding/pumping-and-storing-breastmilk

WAC 110-300-0285

Infant and toddler nutrition and feeding

(1) An early learning provider must have and follow written policies on providing, preparing, and storing breast milk or infant formula and food.

(2) After consulting a parent or guardian, an early learning provider must implement a feeding plan for infants and toddlers that includes:

    (a) A plan to support the needs of a breastfeeding mother and infant by:

        (i) Providing an area for mothers to breastfeed their infants; and

        (ii) Providing educational materials and resources to support breastfeeding mothers.

    (b) Feeding infants and toddlers when hungry according to their nutritional and developmental needs, unless medically directed;

    (c) Serving only breast milk or infant formula to an infant, unless the child's health care provider offers a written order stating otherwise; and

    (d) When bottle feeding, an early learning provider must:

        (i) Test the temperature of bottle contents before feeding to avoid scalding or burning the child's mouth;

        (ii) Hold infants and, when developmentally appropriate, toddlers to make eye contact and talk to them;

        (iii) Stop feeding the infant or toddler when he or she shows signs of fullness; and

        (iv) Not allow infants or toddlers to be propped with bottles or given a bottle or cup when lying down.

    (e) Transitioning a child to a cup only when developmentally appropriate;

    (f) Introducing age-appropriate solid foods no sooner than four months of age, based on an infant's ability to sit with support, hold his or her head steady, close his or her lips over a spoon, and show signs of hunger and being full, unless identified in written food plan pursuant to WAC 110-300-0190 (available online at https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0190) or written medical approval;

    (g) Not adding food, medication, or sweeteners to the contents of a bottle unless a health care provider gives written consent;

    (h) Not serving one hundred percent juice or any sweetened beverages (for example, juice drinks, sports drinks, or tea) to infants less than twelve months old, unless a health care provider gives written consent, and helping prevent tooth decay by only offering juice to children older than twelve months from a cup;

    (i) Increasing the texture of the food from strained, to mashed, to soft table foods as a child's development and skills progress between six and twelve months of age. Soft foods offered to older infants should be cut into pieces one-quarter inch or smaller to prevent choking;

    (j) Allowing older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment;

(k) **Placing infants or toddlers who can sit up on their own in high chairs or at an appropriate child-size table and chairs when feeding solid foods or liquids from a cup, and having an early learning provider sit with and observe each child eating. If high chairs are used, each high chair must:**

   (i) **Have a base that is wider than the seat;**

   (ii) **Have a safety device, used each time a child is seated, that prevents the child from climbing or sliding down the chair;**

   (iii) **Be free of cracks and tears; and**

   (iv) **Have a washable surface.**

(l) **Not leaving infants or toddlers more than fifteen minutes in high chairs waiting for meal or snack time, and removing a child as soon as possible once he or she finishes eating;**

(m) **Preventing infants or toddlers from sharing the same dish or utensil;**

(n) **Not serving any uneaten food from the serving container after the intended meal; and**

(o) **Not serving food to infants or toddlers using polystyrene foam (styrofoam) cups, bowls, or plates.**

Early learning provider and parent or guardian practices around feeding infants contribute to the development of lifelong eating habits, as well as other aspects of the child's health and development. The Foundational Quality Standards require written policies related to storing, preparing and serving food to both support each family in their decisions, as well as, to ensure safe and healthy nutrition practices for children.

Breast milk is widely recognized as the best nutritional option for infant children, and according to the AAP, infant formula is the only recommended alternative.[218] The decision regarding whether to breast or formula feed, however, is a personal one and is rarely based solely on nutritional considerations. Medical circumstances, lifestyle and family culture are examples of additional factors that may influence a family's decision to breast or formula feed their child.

Following the infant's birth, a family can face many challenges, setbacks or frustrations related to breastfeeding. Providing written materials and information related to breastfeeding and ensuring that families are aware there is a place for them to breastfeed in the early learning program, may encourage them to continue to provide breast milk to their baby. Providing a place where parents and guardians feel they are welcome to breastfeed, pump or bottle-feed improves the feeding experience for the parent or guardian, as well as the child. It also nurtures a positive and supportive relationship between the early learning program and the family.

Creating a feeding plan for the infant or toddler begins with communication. An early learning provider can share with the family the program's practices around infant feeding and learn from the family their cultures, routines and desires related to their child's nutrition. This partnership will bring together a mutually agreeable plan in the child's best interest.

218   American Academy of Pediatrics, "How much formula does my baby need?" **healthychildren.org**, last updated, March 23, 2018, available at **www.healthychildren.org/ English/tips-tools/ask-the-pediatrician/Pages/How-much-formula-does-my-baby-need.aspx**

This table demonstrates the actions of an early learning provider and positive benefits related to a child's health and development.

Early Learning Provider Action	Health and Development Impact
Makes sure the bottle contents are not too hot (approximately body temperature) before feeding.	Protects the child from possible scalding or burning of the mouth and protects the quality of breast milk. Once breast milk is warmed to temperatures higher than 104°F, breast milk's nutritional and immunological value begins to deteriorate. By the time breast milk reaches sustained temperatures of 125°F, which is hot, but not yet scalding, the rate of breast milk quality deterioration increases significantly.[219]
Holds an infant in their arms to feed them, make eye contact and cuddle them.	Helps the child bond and build emotional security.
Holds the bottle for the infant or toddler.	Decreases the infant's risk of choking, as well as long-term health issues, including ear infections and tooth decay.[220]
Waits to introduce solid foods after four months of age and when the child is developmentally ready.	Introducing solid food and fruit juice too soon can interfere with the intake of human milk or iron-fortified formula that the infant needs for growth. Age-appropriate solid foods given before an infant is developmentally ready may be associated with allergies and digestive problems.[221] The introduction of age-appropriate solid foods does not impact children's sleeping periods.
Gradually increases food texture from strained to mashed to soft table foods between six and twelve months of age.	Helps prevent choking. Allows the child to practice the developmental skills of moving food with the tongue, chewing and swallowing.[222]
Allows older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment.	Builds motor control and coordination while feeding themselves with their fingers and with a spoon.

219 Juliet Spurrier, "Best Practices for Handling Breast Milk," *BabyGearLab*, published May 4, 2016, available at **www.babygearlab.com/expert-advice/best-practices-for-handling-breast-milk**

220 Centers for Disease Control and Prevention, "Feeding From a Bottle," available at https://www.cdc.gov/nutrition/infantandtoddlernutrition/bottle-feeding/index.html, last updated July 23, 2020.

221 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children.* 174.

222 American Academy of Pediatrics, "AAP Supports Childhood Sleep Guidelines," *healthychildren.org*, published, June 13, 2016, available at **www.healthychildren.org/English/ages-stages/toddler/nutrition/Pages/Feeding-and-Nutrition-Your-Two-Year-Old.aspx**

Is Your Baby Hungry or Full? Responsive Feeding Explained. Healthychildren.org provides information about responding to baby's hunger cues, in a four-minute video.
www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Is-Your-Baby-Hungry-or-Full-Responsive-Feeding-Explained.aspx

Developmental Stages in Infant and Toddler Feeding. An Infant and Toddler Forum publication.
https://infantandtoddlerforum.org/media/upload/pdf-downloads/3.5_Developmental_Stages_in_Infant_and_Toddler_Feeding_NEW.pdf

Infant Food and Feeding. The American Academy of Pediatrics (AAP) infant feeding webpage to address early childhood obesity.
www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Age-Specific-Content/Pages/Infant-Food-and-Feeding.aspx

Starting Solid Foods. A **healthychildren.org** webpage that includes a one-minute video on when to start an infant on solid food.
www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Starting-Solid-Foods.aspx

Support Breastfeeding in your Home Child Care. A Penn State Extension flier.
http://bkc-od-media.vmhost.psu.edu/documents/Lunches92.pdf

When, What and How to Introduce Solid Foods. A webpage of the Centers for Disease Control and Prevention (CDC) with information on determining if an infant is ready for solid foods, what type of solid foods to introduce, and how to prepare the food.
www.cdc.gov/nutrition/infantandtoddlernutrition/foods-and-drinks/when-to-introduce-solid-foods.html

ENVIRONMENT

WAC 110-300-0290

Infant and toddler sleep, rest, and equipment.

(1) For infants, an early learning provider must supply a single level crib, playpen, or other developmentally appropriate sleep equipment. Providers must not use sofas, couches, or adult-sized or toddler beds for infant sleeping.

(2) For toddlers, an early learning provider must supply a single level crib, playpen, toddler bed, or other developmentally appropriate sleep equipment. An early learning provider must allow toddlers to follow their own sleep patterns.

(3) Sleep equipment not covered in WAC 110-300-0265 must:

(a) Be approved by CPSC or ASTM International Safety Standards for use by infants and toddlers;

(b) Cribs must have a certificate of compliance, sticker, or documentation from the manufacturer or importer stating the crib meets 16 C.F.R. 1219 and 1220;

(c) Have a clean, firm, and snug-fitting mattress designed specifically for the particular equipment;

(d) Have a tight-fitted sheet that is designed for the sleep equipment;

(e) Have a moisture resistant and easily cleaned and sanitized mattress, if applicable. The mattress must be free of tears or holes and not repaired with tape;

(f) The sheet must be laundered at least weekly or more often, such as between uses by different children or if soiled;

(g) Cribs and playpens arranged side by side must be spaced at least thirty inches apart; and

(h) Cribs and playpens placed end to end must have a moisture resistant and easily cleanable solid barrier if spaced closer than thirty inches.

(4) An early learning provider must immediately remove sleeping children from car seats, swings, or similar equipment not designed for sleep unless doing so would put another enrolled child at risk.

(5) An early learning provider must consult with a child's parent or guardian before that child is transitioned from infant sleeping equipment to other sleep equipment.

(6) An early learning provider must transition children who are able to climb out of their sleeping equipment to developmentally appropriate sleep equipment. When parents do not agree with transitioning, the provider and parent will co-create a transition plan.

Setting up comfortable, safe and predictable spaces for rest and sleep helps children relax and get the most from their sleep. When designing sleep practices and spaces, it is important to consider the age of children in care. Providing sleep equipment that is specifically designed for sleeping infants and toddlers helps reduce the risk of injury or death and improves sleep quality. The sleeping equipment used by infants and toddlers may include cribs, playpens, bassinets, cradles, toddler beds or similar equipment. Whatever equipment is used must meet the CPSC or ASTM International Safety Standards for use by infants and toddlers. These standards work to protect the public against unreasonable risk of injury.[223]

When a full-size crib is used, there must be verification of compliance from the manufacturer stating the crib meets 16 C.F.R. 1219. When a non-full-size crib is used, the verification documentation will be for 16 C.F.R 1220. This documentation verifies that the crib meets the updated federal crib safety standards that went into effect in 2011. The new standard updated requirements related to aspects including but not limited to a crib's railing, slats, mattress and hardware.[224]

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223 U.S. Consumer Product Safety Commission, "Who We Are – What We Do for You," (n.d.), available at **www.cpsc.gov/Safety-Education/Safety-Guides/General-Information/Who-We-Are---What-We-Do-for-You**, retrieved June 25, 2020

224 On Safety, "The New Crib Standard: Questions and Answers," available at **https://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/**, last updated January 3, 2013.

CFOC addresses the basic health and safety rationale for why early learning programs must demonstrate compliance with these federal regulations concerning cribs.[225] More infants die every year in incidents involving cribs than with any other nursery product. Additionally, children have become trapped, strangled or suffocated when their head or neck became caught in a gap between slats or between the mattress and crib side.

For similar reasons, additional safety measures for infant sleeping equipment are that the sleeping surface is firm, snug-fitting and covered with a tightly fitted sheet. These requirements are intended to further address the risk of strangulation or suffocation of children, by minimizing the chance of the child's shoulder or neck becoming caught between the mattress and the crib side or a loose-fitting sheet becoming wrapped around the child.

Deaths by asphyxiation, resulting from the head or neck becoming wedged in parts of a crib, are well-documented. For example, researchers in pediatrics report that "from 1999 to 2015, the suffocation death rate for babies younger than 1 year climbed from 12.4 to 28.3 fatalities for every 1,000 U.S. infants."[226]

When an early learning provider ensures sleep equipment and environments are properly suited for the age of the child, they reduce the risk of injury or death. A child is not allowed to sleep in a swing, car seat or infant seat. When asleep in a seated position, a child may not be able to get enough air because their chest cannot expand or because their mouth or nose is blocked. Sitting devices can also pose the hazard of falling, flipping over or being strangled by the straps.[227] Providing infants and toddlers sleep equipment intended for their age and developmental level and meeting safety standards helps minimize the risk of these serious hazards.

CPSC Sets Crib Safety Standards. Release Details for updated crib standards.
www.cpsc.gov/Newsroom/News-Releases/2012/CPSC-Sets-Crib-Safety-Standards

Play Yards: New Safety Rule to Take Effect. CPSC updated standards for play yards.
https://onsafety.cpsc.gov/blog/2013/02/19/play-yards-new-safety-rule-to-take-effect/

Large Study Sheds Light on Infant Deaths in Sitting Devices. AAP News and Journals Gateway reviews a 10-year study of more than 11,000 infant sleep-related deaths.
www.aappublications.org/news/2019/05/20/sittingdevices052019#:~:text=Babies%20should%20not%20be%20placed,if%20the%20product%20also%20rocks.

Sleep Topics: Children. Sleepfoundation.org webpage with articles and information about healthy sleep practices for children.
www.sleepfoundation.org/sleep-topics/children-teens-sleep

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225 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children.* 270.

226 Health News, "More U.S. babies dying of suffocation, often in bed," available at **www.reuters.com/article/us-health-infants-suffocation/more-u-s-babies-dying-of-suffocation-often-in-bed-idUSKCN1G31YK**, published February 19, 2018.

227 AAP News & Journals, "Large study sheds light on infant deaths in sitting devices," *Pediatrics*, available at **www.aappublications.org/news/2019/05/20/sittingdevices052019#:~:text=Babies%20should%20not%20be%20placed,if%20the%20product%20also%20rocks**, published May 20, 2019.

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WAC 110-300-0291

Infant safe sleep practices

(1) An early learning provider must follow safe infant sleep practices when infants are napping or sleeping by following the current standard of American Academy of Pediatrics concerning safe sleep practices including SIDS/SUIDS risk reduction, including:

(a) Actively supervising infants by visibly checking every fifteen minutes and being within sight and hearing range, including when an infant goes to sleep, is sleeping, or is waking up;

(b) Placing an infant to sleep on his or her back or following the current standard of American Academy of Pediatrics. If an infant turns over while sleeping, the provider must return the infant to his or her back until the infant is able to independently roll from back to front and front to back;

(c) Not using a sleep positioning device unless directed to do so by an infant's health care provider. The directive must be in writing and kept in the infant's file;

(d) Sufficiently lighting the room in which the infant is sleeping to observe skin color;

(e) Monitoring breathing patterns of an infant;

(f) Allowing infants to follow their own sleep patterns;

(g) Not allowing blankets, stuffed toys, pillows, crib bumpers, and similar items inside a crib, bassinet, or other equipment if occupied by a resting or sleeping infant;

(h) Not allowing a blanket or any other item to cover or drape over an occupied crib, bassinet, or other equipment where infants commonly sleep;

(i) Not allowing bedding or clothing to cover any portion of an infant's head or face while sleeping, and readjusting these items when necessary (available online at https://apps.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0505); and

(j) Preventing infants from getting too warm while sleeping, which may be exhibited by indicators that include, but are not limited to, sweating; flushed, pale, or hot and dry skin, warm to the touch; a sudden rise in temperature; vomiting; refusing to drink, a depressed fontanelle; or irritability.

(2) An early learning provider who receives notice of a safe sleep violation must:

(a) Post the notice in the licensed space for two weeks or until the violation is corrected, whichever is longer, pursuant to WAC 110-300-0505; and

(b) Within five business days of receiving notice of the violation, provide all parents and guardians of enrolled children with:

(i) A letter describing the safe sleep violation; and

(ii) Written information on safe sleep practices for infants.

Promoting safe sleep is a public health priority. Early learning programs are important leaders in this effort. According to the CDC, there are 3,600 sudden unexpected infant deaths (SUID) in the U.S. each year.[228] SUID includes SIDS, accidental suffocation in a sleeping environment and other infant deaths from unknown causes. Through the initiation of safe sleep campaigns, as well as improvements in the early learning licensing system, there has been success in reducing the rate of SUID in the U.S. as well as in Washington State. Since the 'Back to Sleep' campaign started in 1994, the overall SIDS rates had decreased by 50%.[229]
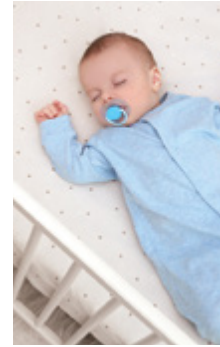
Even with the reduction in rates, however, SUID and SIDS occurrences remain unacceptably high. Since the CDC started tracking SUID, the percentage of deaths that are attributable to accidental suffocation and strangulation in bed remains steady.[230] While most of these deaths occur when babies are between one month and four months of age, they can happen anytime during infancy. The safe sleep approach incorporates the scientific work done by the AAP and others, which has worked for many decades to prevent these deaths.

Early learning programs play a critical role in understanding why safe sleep is so important, putting these practices into place daily and educating parents. While Washington State is below the average U.S. rate of SUIDs, early learning providers must remain vigilant in implementing safe sleep practices.[231] This includes placing an infant flat to sleep on their back and returning the sleeping infant to their back until they can independently roll from back to front and front to back. An early learning provider must ensure the infant is capable of physically protecting themselves if their airflow becomes constricted by rolling over before being allowed to remain on their tummy while sleeping. Attention must also be given to not include any items in the sleeping area for infants or covering the infant while sleeping.

Early learning providers must be on alert for signs of infant distress during sleep. Adequate room lighting is critical for an early learning provider to readily observe the first symptoms that an infant may be in distress. Early symptoms of distress may include sweating, changes in skin tone or changes in breathing. To monitor skin and breathing, an early learning provider must be able to see and hear infants who are sleeping, falling asleep and waking, and they must visibly check the infant every 15 minutes. The activities a staff person is responsible for, or that they are completing during sleep time, must not distract from the supervision of the infant. The staff responsible for supervising the sleeping infant must be able to hear and see the infant at all times.

228 Centers for Disease Control and Prevention, "About SUID and SIDS," available at **www.cdc.gov/sids/about/index.htm#:-:text=About%203%2C600%20babies%20in%20 the,other%20deaths%20from%20unknown%20causes**, last updated April 29, 2020.
229 U.S. Department of Health and Human Services, "Progress in Reducing SIDS," available at **https://safetosleep.nichd.nih.gov/activities/SIDS/progress**, retrieved August 4, 2020.
230 Centers for Disease Control and Prevention, "Data and Statistics," available at **www.cdc.gov/sids/data.htm**, last updated April 21, 2020.
231 Centers for Disease Control and Prevention, "Data and Statistics," available at **www.cdc.gov/sids/data.htm**, last updated April 21, 2020.

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There are a variety of strategies an early learning provider might use to help maintain compliance with this regulation. For instance, a program might have a timer set to alert them every 15 minutes, while another program might have a face-check document posted by the infant's crib that is signed by the early learning provider every 15 minutes. An early learning program may develop a system that best suits their unique program.

CFOC identifies several safe sleep facts important for early learning professionals to be aware:

- Infants who are cared for by adults other than a parent, guardian or primary caregiver are at increased risk of dying from SIDS (American Academy of Pediatrics)

- The majority of SIDS deaths that happen in early learning or child care facilities occur in the child's first day or first week of attending the program

- An infant can suffocate or die in only a few minutes[232]

WAC 110-300-0265 outlines further requirements for sleep, rest and equipment.

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232 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 103.

Grandparents and Safe Sleep. A Safe Sleep Academy webpage with information to give grandparents, and a seven-minute video.
www.safesleepacademy.org/grandparents-safe-sleep/

Sleep. A healthychildren.org website from the American Academy of Pediatrics (AAP). Provides links to a variety of safe sleep-related articles and videos.
www.healthychildren.org/English/ages-stages/baby/sleep/Pages/default.aspx

Safe Sleep Practices. A Virtual Lab School webpage with information, videos and a downloadable poster related to sleep practices in early learning programs.
www.virtuallabschool.org/infant-toddler/safe-environments/lesson-5

Safe Sleep Shareable Content. Materials like info-cards and videos that can be passed along as resources to staff, parents and guardians.
https://safetosleep.nichd.nih.gov/resources/shareable-content#videos

Safe Sleep Training. A DCYF training for early learning providers with information on ensuring sleeping environments and practices that are safe and healthy for infants.
https://dcyftraining.com/

Tactics and Examples to Support Safe Sleep Conversations. The National Institute for Children's Health Quality (NICH) provides guidance to caregivers and helpers related to compassionate, respectful and educational ways to communicate with parents and caregivers who have different infant sleeping practices at home or in their culture.
www.nichq.org/sites/default/files/resource-file/Q%26A_For%20Web.pdf

WAC 110-300-0295

Infant and toddler programs and activities

(1) **An early learning provider must support each infant and toddler's culture, language, and family.**

(2) **An early learning provider must ensure an adequate supply of age and developmentally appropriate program materials and equipment for infants and toddlers. Materials and equipment must meet individual, developmental, and cultural needs of children in care, and must be:**

   (a) **Clean and washable or disposable;**

   (b) **Nonpoisonous, free of toxins, and meet ASTM D-4236 labeling requirements for chronic health hazards;**

   (c) **Large enough to prevent swallowing or choking;**

   (d) **Safe and in good working condition;**

   (e) **Child size;**

   (f) **Accommodating to a range of abilities and special needs of enrolled children, if applicable;**

   (g) **Accessible for children to find, use, and return independently; and**

   (h) **Removed from the early learning premises as soon as a provider becomes aware an item has been recalled by CPSC.**

Infant and toddler programs and activities provide essential support for the development of each infant and toddler participating in an early learning program. Considering the broader background of each infant and toddler's home language, culture and family assists the early learning program in best

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supporting infants and toddlers. The NAEYC notes that behavior expectations in White European American culture may differ from those of another culture. Behaviors like how a child shows interest, eye contact or a lack of eye contact, speaking or being quiet, may be taken as a signal of disinterest, disrespect or defiance, yet relay an entirely different message depending on the child's culture.[233] Early learning providers can help infants and toddlers and their families feel welcome and respected by learning more about a family's background, language and cultural heritage. A family's culture largely influences the development of a child's self-concept – how they see themselves and what they believe about themselves.

The Department of Defense and Ohio State University's Virtual Lab School explains the important relationship of culture and family to human development.

Culture helps define how individuals see themselves and how they relate to others. Remember that individuals differ in many ways: language diversity, cultural diversity, gender diversity, religious diversity and economic diversity (Selmi, Gallagher, & Mora-Flores, 2015). All of these aspects of diversity work together to form your sense of self.

It is important for you as the program manager to acknowledge and understand that children and staff members may not develop a sense of self in the same manner. A family's cultural values shape the development of their child's self-concept. For example, some cultures prefer children to be quiet and respectful when around adults. This does not indicate that their child lacks self-confidence. It is important to remember that not all families reinforce the mainstream American cultural values of individualism, competition and assertiveness. Young children learn and absorb the stories told to them that often emphasize a family's values and influence a child's self-concept. An individual's self-concept is formed by the cultural values imparted by the family. As children grow older and attend school and spend leisure time with their peers, they learn that others may not have the same values as their family. For instance, some families may value academics over playing sports while another family may value the arts and their children are encouraged to learn to play an instrument. Each family influences its children's self-concept within its cultural context. Young children may describe themselves based upon their family's values (e.g., a young child from a culture that stresses fitting in with others as a strong value may describe herself as "kind" while another child from a culture that stresses individualism may describe herself as "a good runner.") As caregivers given the important task of nurturing the children's sense of self, you and your staff must carefully observe and listen to each child.[234]

233 Barbara Kaiser and Judy Skylar Rasminsky, "Valuing Diversity: Developing a Deeper Understanding of All Young Children's Behavior," *Teaching Young Children* 13 (2) (2019-2020), available at **www.naeyc.org/resources/pubs/tyc/dec2019/valuing-diversity-developing-understanding-behavior**

234 Virtual Lab School, "A Sense of Self: An Introduction," available at **www.virtuallabschool.org/management/self-culture/lesson-1**, retrieved April 2020.

A family whose first language is not English enrolls their infant in an early learning program with an English-speaking family home provider. Knowing that the child is learning two languages at once, the early learning provider asks to be taught a song in the child's language that the provider can sing throughout the day. The early learning provider also asks the family to write down and teach the early learning provider a few words that are commonly used with the infant. The family shares that at home they use the nickname Frijolito with the child. They also teach the early learning provider "dulces suenos" for bedtime, and "es hora de comer" for when it is time to eat. The family agrees to continue sharing their language and culture with the early learning provider. The early learning provider invites the family to observe the materials and postings in the early learning environment to help confirm whether the learning environment reflects the family's culture, and if not, suggest items to add.

Materials and equipment are necessary to help promote positive infant and toddler development. There must be an adequate supply of developmentally appropriate materials and equipment geared to the individual, developmental and cultural needs of the children in the early learning program.

An adequate supply of these materials is needed for several reasons. First, sharing is a complex skill for this age group. When the early learning program has more than one version of the same toy, this can foster healthy development and reduce frustration. Second, the materials present will need to encourage all parts of child development: language, social, emotional and cognitive. To do so, a variety of materials must be included in the supply to meet the developmental needs of children across these areas.

Developmentally appropriate materials must match the stage of development of the children in care. With this in mind, open-ended toys can meet a variety of developmental ranges and foster creative play. An open-ended toy is one that can be used in many different ways. For example, a cylinder can be a telescope, wand, rolling pin or building piece. Toys that are bound to one type of play can be frustrating if they are too difficult or boring if they are too simple. Open-ended toys and materials can be used in multiple ways, accommodate a range of abilities, and often are low-cost items such as large boxes, musical instruments, dress-up clothes, balls, art materials and soft blocks.

Another important consideration for materials and equipment is that they can meet the needs of children with special needs. When aiming to meet the unique needs of children, several strategies may be considered. First, many typical toys in the learning space may work well for infants and toddlers with special needs, "such as blocks, stacking or nesting cups and simple shape sorters or puzzles designed for very young children to use. Also, including materials that encourage sensory exploration by using smells, sounds, sights and textures enhances children's learning and development."[235]

Second, toys and materials may be adapted. For example, this could mean "attaching hook-and-loop fasteners (Velcro), large knobs, or handles [that] may make it easier for a child with visual or physical-motor special needs to play with blocks or puzzles. Similarly, adding fabric or tabs to the edges of cardboard book pages can make it easier to turn pages. Of course, it's important to be mindful of potential choking hazards when considering modifying materials."[236]

235 U.S. Department of Health and Human Services, "Creating Inclusive Environments and Learning Experiences for Infants and Toddlers," available at **https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/inclusive-environments**, retrieved April 2020.
236 U.S. Department of Health and Human Services, "Creating Inclusive Environments and Learning Experiences for Infants and Toddlers," available at **https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/inclusive-environments**, retrieved April 2020.

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Another strategy is through assistive technology. The Infant Toddler Resource Guide notes "using electronic toys, switches or other devices in your early learning environment may help an infant or toddler to take part fully in activities. Switches allow children who have limited hand function or muscle control to operate toys or materials that they could not play with otherwise."[237]

Finally, in evaluating materials for children with special needs, communicate with family members for help and support in meeting their child's needs.

A center early learning program from King County shares:

"We are constantly adapting materials and changing spaces to meet the needs of our students, especially those with disabilities. This may mean creating individual picture schedules for students, ordering sensory items for specific children, increasing the difficulty of literature for an advanced reader, or rearranging the classroom to accommodate a wheelchair or walker. Many times, the accommodations made for certain children end up benefiting the entire classroom, allowing for a more enriching and engaging experience for all."

To make it possible for infants and toddlers (especially toddlers) to independently find, use and return materials, they can be arranged at child-level on open shelves or baskets. This increases independence and cooperation in routine times, such as clean up, and allows children to feel good about helping and contributing. The science of child development reminds us that infants have their own interests, so an environment with accessible materials and equipment is needed for early learning providers to respond to cues that come from infants as well as toddlers.

For example, an early learning provider "might notice a baby's fascination with looking at her own hands and fingers and engage with the baby using elements of story, her fingers, or a prop such as a bright red ball and talk back and forth in an exchange using warm tones and clear, simple words. This type of interaction considers babies' active role in learning and treats them as active participants in learning rather than passive audiences."[238]

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237 U.S. Department of Health and Human Services, "Creating Inclusive Environments and Learning Experiences for Infants and Toddlers," available at **https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/inclusive-environments**, retrieved April 2020.

238 Virtual Lab School, "The Science and Psychology of Infant-Toddler Care: How an Understanding of Early Learning Has Transformed Child Care," available at **www.virtuallabschool.org/infant-toddler/self-culture/lesson-3/act/20671**, retrieved April 2020.

Adapting the Child Care Environment for Children with Special Needs. A webpage from Extension Alliance for Better Child Care with information, considerations, and ideas for making modifications and adaptions to accommodate children's special needs.

https://childcare.extension.org/adapting-the-child-care-environment-for-children-with-special-needs/

Early Support for Infants and Toddlers. The Department of Children, Youth, and Families provides early intervention services to enable children birth to 3 with developmental delays or disabilities to be active in the childhood years.

www.dcyf.wa.gov/services/child-development-supports/esit

Giving Children Choices. A Penn State Extension, Better Kid Care, article with tips and considerations related to helping children feel as though they have control and power over what they do.

https://extension.psu.edu/programs/betterkidcare/early-care/tip-pages/all/giving-children-choices

Good Toys for Young Children by Age and Stage. This National Association for the Education of Young Children (NAEYC) guide is geared specifically to age and developmentally appropriate toys.

www.naeyc.org/resources/topics/play/toys

Inclusive Care. An Early Childhood Training and Technical Assistance System webpage that explores the importance of inclusive care for infants and toddlers with disabilities and other special needs.

https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/inclusive-care

Infant Toddler Resource Guide. The Early Childhood Training and Technical Assistance System guide has materials to support the development and implementation of infant and toddler care. Available in English and Spanish.

https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/inclusive-environments

Materials/Equipment List for Infant and Toddler Child Care Centres. A publication by the provincial government in Manitoba, Canada, that focuses on materials and equipment, with notes specific to infants and toddlers.

www.gov.mb.ca/fs/childcare/resources/pubs/equipment_infant_toddler.pdf

The Environment: Materials. A Virtual Lab School lesson specific to infant and toddler learning environments. Information on selecting infant and toddler materials and cultural relevance. Includes short video supports.

www.virtuallabschool.org/infant-toddler/learning-environments/lesson-4

The Virtual Lab School also has two videos focusing on the selection of developmentally appropriate materials that span the developmental, individual and cultural needs of children. View this video: "Infants & Toddlers, Learning Environments, The Environment: Materials."
www.virtuallabschool.org/infant-toddler/learning-environments/lesson-4?module=4151

Would You Like an Apple or a Banana? Why Offering Toddlers Choices Is Important. Professor Sandra Crosser provides a one-page summary that the most important reasons for allowing children to have access to toys and materials are providing for choices.
www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=691

WAC 110-300-0296

Infant and toddler development

(1) An early learning provider must expose infants and toddlers to a developmentally appropriate curriculum.

(2) Developmentally appropriate curriculum may include, but is not limited to:

  (a) Developing infant and toddler language and communication by:

    (i) Talking and listening to children, encouraging soft infant sounds, naming objects, feelings, and desires, and describing actions;

    (ii) Giving individual attention to children when needed;

    (iii) Playing and reading with children;

    (iv) Mirroring similar infant sounds and sharing a child's focus of attention;

    (v) Communicating throughout the day and during feeding, changing, and cuddle times; and

    (vi) Providing materials and equipment that promote language development and communication such as soft books, interactive storybook reading, rhymes and songs, and finger puppets.

  (b) Developing infant and toddler physical and cognitive abilities by:

    (i) Allowing each infant actively supervised tummy time throughout the day when the infant is awake;

    (ii) Providing infants and toddlers freedom to explore and learn on their own on the floor;

    (iii) Providing infants and toddlers access to active outdoor playtime. An early learning provider must enforce sun safety precautions for infants younger than six months old by keeping them out of the direct sunlight and limiting sun exposure when ultraviolet rays are strongest (typically from 10:00 a.m. to 2:00 p.m.); and

    (iv) Encouraging infants and toddlers to play, crawl, pull up, and walk by using materials and equipment that promotes:

      (A) Physical and cognitive activities, for example rattles, grasping and reaching toys, busy boxes, nesting cups, small push and pull toys, riding toys, balls, squeezable toys, books, dolls, press-together blocks, and limited use of equipment such as bouncers, swings, or boppies; and

      (B) Spatial and numeracy understanding, for example counting toys, soft blocks and toys with different sizes such as measuring cups or spoons, and toys with different shapes and colors to help introduce sorting and categorization.

  (c) Developing infant and toddler social and emotional abilities by:

    (i) Providing social contact with infants and toddlers in addition to time spent feeding, diapering and bathing by playing with children, naming and acknowledging emotions, and encouraging peer interaction;

    (ii) Immediately investigating cries or other signs of distress;

    (iii) Providing comfort to an upset or hurt child;

    (iv) Positively responding to a child's verbal and nonverbal cues;

    (v) Intervening during negative peer interactions such as when a child grabs other children's toys, pulls hair, or bites;

(vi) Providing physical stimulation through holding, cuddling, rocking, talking, singing, playing, carrying, and changing positions; and

(vii) Providing materials and equipment that promote social and emotional activities such as pictures of children and adults exhibiting different emotions, pictures of infants and family members, dolls and soft toys, rattles, music, and dancing scarves.

Curriculum is an educational program and involves both what to teach and how to teach it. By adopting a developmentally appropriate infant and toddler curriculum, an early learning program is identifying what infants and toddlers should know and providing infants and toddlers with experiences that are appropriate to their stage of development. For infants and toddlers, the curriculum provides early learning programs with a foundation upon which to build a daily schedule, considers rapid growth and development of babies and toddlers and recognizes their developmental needs for close relationships with adults. Materials, child-adult interactions and routines will make up the bulk of a curriculum for infants and toddlers. Early learning programs may use a purchased curriculum that is specific to infants and toddlers or may choose to create their own curriculum.

The curriculum must address the different aspects of the development of infants and toddlers, specifically:

(1) Language and communication

(2) Physical and cognitive development

(3) Spatial and numeracy understanding

(4) Social and emotional development

Infants and young toddlers begin laying the foundation for language development before they are born. Even before they can talk, babies communicate with non-verbal cues such as kicking their feet, lifting their eyebrows, babbling, crying and laughing. Early learning providers can promote language learning for infants and toddlers by noticing and responding to these cues with language. Back and forth interactions and conversations help the child learn the rhythms and structure of communication as well as the words and language being used. An early learning provider can also narrate or communicate what they are doing and the events of the day, and read and sing songs with the child to foster language development.

Ms. Sasha sees two toddlers in the book area and they are looking at books. She enters and Oliver hands her a book about dinosaurs. She sits down and begins to read it to him. One or two other toddlers come over to hear and see the pictures. They point to the pictures and she extends their words. She labels the items that they point to and talks about other things in the book, like the colors on the page.

Early learning providers can help young children grow physically by helping them practice the skills that will help them move their bodies as they grow. Infants as young as one-month-old can use tummy time to make their bodies strong enough to roll over, crawl and walk. Babies and toddlers are on the move and need plenty of space to practice skills such as crawling, walking, running and jumping. Early learning providers can promote this by encouraging them to practice these skills every day indoors and outdoors.

> In the infant room, five-month-old Ember is using her arms to lift her chest off of the floor during tummy time and periodically gets up on to her knees. During tummy time, Ms. Jamilah places a small variety of colorful and interesting objects on the floor outside of Ember's reach. Ms. Jamilah sits on the floor with Ember and encourages Ember's attempts to roll, scooch and lunge toward the items.

Because young children learn in relationships, early learning providers can help practice math abilities even with the youngest infants. Math for babies and toddlers isn't addition and subtraction. It's concepts like near and far, empty and full, sorting and matching, big and little, in and out, and beginning to count. These math skills can help set kids up for success in school and life.

> Miss Brittany is in the sandbox with a group of toddlers. She notices that Ellie has two cars. Miss Brittany says "You have two cars – which one is the big one? Which one is the little one?"

When infants and toddlers form close and secure relationships with their early learning providers, it helps wire their brains to trust others and feel safe. This is the best way to help young children learn about emotions in socially and culturally appropriate ways.[239] Early learning providers play an important role in how young children learn about self-regulation or calming themselves in emotionally intense situations. This happens when their caretaker responds right away in consistent ways, offers them comfort items such as a favorite item or a hand to hold or holds, rocks and sings to infants and toddlers. Their brains develop in response to a consistent and secure environment, which sets young children up for social and emotional success.

> Omar, a 19-month-old, sees a new teacher coming into the room and is startled. He quivers his lower lip and begins to cry. His early learning provider is getting ready to go on a break. She picks Omar up, holding him gently and says "Omar, you are wondering who that new person is, aren't you? That's Ms. Alyssa, one of our new teachers. Let's go say 'hi' to her."

239 U.S. Department of Health and Human Services, "Relationship-Based Care," available at **https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/relationships-foundation-learning-and-development**, retrieved August 10, 2020.

Early Care and Education Professional Development. DCYF's webpage to support knowledge and understanding about curriculum, activity and approaches for infants and toddlers.
www.dcyf.wa.gov/services/earlylearning-profdev

Early Math and Science. A Zero to Three webpage with links to articles and resources related to math and science for young children.
www.zerotothree.org/early-learning/early-math-and-science

How to Introduce Toddlers and Babies to Books. A Zero to Three webpage with research-based tips on how to share books with babies and toddlers.
www.zerotothree.org/resources/304-how-to-introduce-toddlers-and-babies-to-books

Infants and Toddlers. The Department of Defense's Virtual Lab School at Ohio State University provides easy-to-use on-line information, videos and activities focused on many aspects of infants and toddler growth and development.
www.virtuallabschool.org/infant-toddler

Language and Communication. A Zero to Three webpage with resources and videos on how language develops.
www.zerotothree.org/early-learning/language-and-communication

Washington State Early Learning and Development Guidelines; Birth through 3rd Grade. Washington State's resource to help support and enhance children's learning and development, by age group. Available in English and Spanish.
www.dcyf.wa.gov/publications-library?combine_1=EL_0015&combine=&field_program_topic_value=All&field_languages_available_value=Al

Section Six:

Interactions and Curriculum

INTERACTIONS AND CURRICULUM

Interactions and Curriculum

This section focuses on the child's learning success and considers the uniqueness of both the family home and center settings. How early learning program staff engage and interact with children is covered along with regulations on staff and child relationships, communication and teaching practices.

The Interactions and Curriculum section includes three sub-sections:

• Learning Supports

• Emotional Support and Classroom Organization

• Program Structure and Organization

The Child Care and Early Learning Licensing Guidebook addresses only selected sections of the Foundational Quality Standards found in Chapter 110-300 WAC. This guidebook includes pertinent resources, current data and practical examples. It is not intended to offer a comprehensive view of Interactions and Curriculum.

WAC 110-300-0300

Individual care plan

(1) An early learning provider must develop an individual care plan for each child with special needs and must notify the department when a child with special needs is enrolled or identified in the early learning program. Plans and documentation required under this section must:

(a) Meet the requirements of this section;

(b) Be available for department review;

(c) Have written permission from a child's parent or guardian stating that a visiting health professional may provide services to the child at the early learning program, if applicable;

(d) Have verification that early learning program staff involved with a particular child has been trained on implementing the individual care plan for that child, if applicable;

(e) Be updated annually or when there is a change in the child's special needs; and

(f) Be kept in the child's file.

(2) The individual care plan must be signed by the parent or guardian and may be developed using a department provided template.

(a) The individual care plan must contain:

(i) The child's diagnosis, if known;

(ii) Contact information for the primary health care provider or other relevant specialist;

(iii) A list of medications to be administered at scheduled times, or during an emergency along with descriptions of symptoms that would trigger emergency medication;

(iv) Directions on how to administer medication;

(v) Allergies;

(vi) Food allergy and dietary needs, pursuant to WAC 110-300-0186;

(vii) Activity, behavioral, or environmental modifications for the child;

(viii) Known symptoms and triggers;

(ix) Emergency response plans and what procedures to perform; and

(x) Suggested special skills training, and education for early learning program staff, including specific pediatric first aid and CPR for special health care needs.

(b) An early learning provider must have supporting documentation of the child's special needs provided by the child's licensed or certified:

   (i) Physician or physician's assistant;

   (ii) Mental health professional;

   (iii) Education professional;

   (iv) Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or

   (v) Registered nurse or advanced registered nurse practitioner.

(3) An early learning provider's written plan and documentation for accommodations must be informed by any existing:

   (a) Individual education plan (IEP);

   (b) Individual health plan (IHP);

   (c) 504 Plan; or

   (d) Individualized family service plan (IFSP).

An individual care plan must be developed when a child has an identifiable or diagnosed disability or health condition, or when special physical or behavioral accommodations are needed. The plan may be developed upon enrollment of a child or when a specific need is identified later for the child. The individual care plan serves to provide knowledge and training so that a child's special needs are well understood and ensures a strategy is in place for meeting those needs. This gives parents and guardians, as well as early learning providers, confidence that there are established guidelines to manage a child's needs and provide the best support for them. The plan is tailored to outline the specific special needs of the child as determined by the parent or guardian, and in coordination with the child's health care provider or other appropriate certified professionals.

The individual care plan will contain specific information important in addressing child safety, health and development. This will include information about any diagnosis, necessary accommodation or modifications, symptoms, triggers and response plan. If medications are necessary, either on a routine or emergency basis, medication authorization forms will also need to be completed by the child's parent or guardian.

WAC 110-300-0215 outlines requirements related to medication.

A parent in Kitsap County shares their experience with an individual care plan:

"Just days before our son's ninth birthday, he began having grand mal and petite mal seizures. Treatment was quite complicated since he also has Autism. After 47 days in the hospital, it was noted he needed a service dog to respond to the seizures as medication alone didn't work. When the dog sensed our son's aura change, he would go to our son, wag his tail and push his nose on him. The dog would alert an adult, who would know to help our son remain calm and to get him to the floor so he wouldn't get hurt when he seized. The dog was essential in bringing our son out of the seizure once it was completed. The service animal licked my son's face constantly. This helped him tremendously as coming out of the seizure he is always very confused and dazed. The animal was essential.

In the beginning, the center didn't feel comfortable with a dog in the program. There were a lot of "nos." Their hearts were big, but they had many concerns and didn't know what to do. We advocated for our son, and though it was difficult at times, we worked with the center to answer all their questions and address all of their worries. We just wanted our son to have normal experiences, and education was the biggest thing to be able to make a plan with the center.

Our son, with his service dog, remained at the center for several more years until he aged out of the program. The service dog was for my son, but the staff shared how the dog helped all of the children. My son's dog helped the other children become calm and also helped them learn to make space in their world for kids with disabilities. In the end, it was just the most beautiful experience."

From the center early learning provider's perspective in Kitsap County:

"Years ago, we were told by a family that their child needed a service dog in our program. At first, we couldn't imagine how that was going to work. We worried about staff and children who might have pet allergies or fear of dogs. We wondered if a child might accidentally hurt the dog or the dog hurt a child. We didn't even know how we could arrange for the dog to go to the bathroom at our center. There were so many questions and concerns!

We talked a lot with the family and they agreed to have the service dog trainer come in and talk with the staff and children to explain all about the services dog's job and to answer all of our questions. We communicated and worked with the family to develop a detailed individual care plan so everyone knew what to expect. We learned what the dog's signals were and what we should do if we saw them. We learned the dog is cleaned with a special non-allergy shampoo to manage dander. We even learned that the dog had been trained not to use the bathroom during his hours at the center! We are so glad we took the time to talk with the family and learn about what we could do. It was a great experience for everyone."

As we consider the needs of children in Washington State in the early learning environment, both for accessibility and essential accommodations, resources will continue to be important to successfully support early learning providers. In our state, we have early learning providers who faithfully serve children with special needs. Over the last two years, more than 100 family home providers and more than 1,100 center providers received additional public payments through the state's Working Connections Child Care (WCCC) for services for children with special needs.

WAC 110-15-0220 outlines special needs rates — qualification and required documentation

Individual care plans support and promote inclusion, which offers many benefits. According to Caring for Our Children (CFOC), studies found the following benefits of inclusive child care:

- Children with special needs develop increased social skills and self-esteem.

- Families of children with special needs gain social support and develop more positive attitudes about their child.

- Children and families without special needs become more understanding and accepting of differences and disabilities.

- Early learning providers learn from working with children, families and service providers and develop skills in individualized care for all children.[240]

An important component of individual care plan requirements is verifying that program staff involved with the child have been trained on implementing the plan. Training allows staff to become familiar with the plan and helps identify if important information or guidance is still needed within the plan. Parents or guardians may be the primary resource and may provide training, depending on what the plan involves or requires for the child. If emergency measures are needed, the training should include demonstration and practice. Examples of emergency measures may include an Epi-Pen for severe allergy, glucagon for low blood sugar, inhaler for asthmatic reaction, or medication for a seizure disorder. Documenting staff's training on the individual care plan confirms that all staff involved with the child are equipped with the information to meet the child's needs.

WAC 110-300-0186 outlines additional requirements related to food allergies and special dietary needs.

Ongoing communication with the child's parent or guardian is essential to developing an informative and complete individual care plan. To ensure the individual care plan addresses the child's needs as they continue to grow and develop, the plan must be updated annually or more often if the needs of the child change. While DCYF must be notified when a child with special needs is enrolled or identified, the child's identifying information is not released or recorded.

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240 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), 359.

Individual Care Plan for Child in Child Care. A sample form on DCYF's Forms & Documents webpage. The sample form is available in English, Somali and Spanish.
www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents

Allergy and Food Modifications Posting List. A sample form provided by the Snohomish Health District that an early learning program may post in a confidential but readily accessible location near food preparation and serving areas to serve as a reminder of food safety for particular children. To ensure the personal health information is protected, consider posting this form inside of a cabinet door or use a sheet of paper to cover the list.
www.snohd.org/DocumentCenter/View/3419/Dietary-Modifications-Posting-List-PDF

Care plans. A Seattle and King County Public Health webpage with links to a sample individual plan of care, asthma, allergies, diabetes and seizures.
www.kingcounty.gov/depts/health/child-teen-health/child-care-health/safety.aspx

Early Support for Infants & Toddlers (ESIT). DCYF's early intervention webpage for children birth to 3 with developmental delays or disabilities.
www.dcyf.wa.gov/services/child-development-supports/esit

Inclusion. The Florida Department of Education's Technical Assistance & Training System (TATS) website provides links to information, printed materials, videos, research and other resources supporting inclusive practices for young children.
https://tats.ucf.edu/inclusion/

Individual Care Plan Forms. The Snohomish Health District's Health & Illness webpage includes links to several sample Individual Care Plan Forms.
www.snohd.org/245/Health-Illness

Parent-Designated Adult Classes. Seattle Children's Hospital offers classes for parent designated volunteers to assist children with diabetes-related tasks at school.
www.seattlechildrens.org/clinics/endocrinology/endocrine-diabetes-classes-workshops/

WAC 110-300-0305

Curriculum philosophy and planning

(1) **An early learning provider must have a written curriculum philosophy that describes the program of planned daily activities related to early childhood or child development.**

(2) **The curriculum philosophy must address all age groups being served, be informed by the Washington state early learning and development guidelines, and may include:**

   (a) **How children develop emotionally, socially, cognitively, and physically;**

   (b) **What early learning looks like or areas of focus for each age group being served;**

   (c) **How the provider will meet cultural, dual language learner, and special needs of children in care;**

   (d) **How to guide learning and social interactions;**

   (e) **The importance of play to a child's learning process; and**

   (f) **For infants and toddlers, the importance of developing consistent, nurturing relationships with caregivers as a component of learning.**

(3) **Staff must be trained on the program's curriculum philosophy.**

(4) **A lead teacher or family home early learning provider must be given regularly scheduled time to plan and develop curriculum and activities. Planning may be done during rest time but all supervision requirements pursuant to WAC 110-300-0345 must be me**t.

A curriculum philosophy establishes the basis of the program activities, environment and interactions with children. An intentional and well-developed curriculum philosophy identifies how children grow emotionally, socially, cognitively and physically, and illustrates how those developmental needs will be met. Each early learning program's curriculum philosophy reflects their understanding of child development and learning, as well as their values and culture.

The requirement for a written curriculum philosophy serves many purposes. It helps support positive child outcomes by promoting activities that are age and developmentally appropriate for each age group. It also promotes activities and environments with learning goals in mind. A written curriculum philosophy also helps ensure that all staff have a clear understanding of the program expectations and how to approach daily interactions with the children. A written curriculum philosophy promotes family engagement. It provides parents and guardians upfront communication about what they can expect from the program and the type of activities their children will experience during their time in the early learning program.

WAC 110-300-0450(2)(e) requires the curriculum philosophy to be a part of the provider's parent or guardian handbook.

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The Washington State Early Learning and Development Guidelines (EL_0015) can assist programs in developing curriculum philosophy. The guidelines provide information to support and enhance children's development and learning. They cover a range of developmental topics for children ages birth through third grade and identify benchmarks that children meet at certain ages. The guidelines also include practical strategies and appropriate activities to encourage development. **www.dcyf.wa.gov/sites/default/files/pubs/EL_0015.pdf**

Social and emotional development is an important aspect of a child's overall healthy development and provides an example of an area where the curriculum philosophy can address each age group served in an early learning program. For infants, curriculum philosophy to support social and emotional development might emphasize building trust and encourage responsiveness to the child's cues. For toddlers, the philosophy might focus on modeling social behaviors and identifying language around feelings. Preschool-age social and emotional philosophy may encourage strategies on coping with anxieties about separation from family during the day, or cooperating and problem-solving with peers during play. For school-age children, the focus may shift to activities and curriculum around being productive citizens and contributors to their community. For each of the age groups in care, the early learning program's philosophy of how children learn informs the curriculum and activities to support the development in that area.

To ensure a consistent understanding and early learning approach, staff must be trained to the curriculum philosophy at the time of hire, as well as when changes are made to a program's curriculum philosophy. This requirement applies to all staff and means staff are made aware of, oriented to and supported in their understanding of the program's philosophy. This training should be recorded and documented in staff files to include the date and a brief description of what was addressed.

To help ensure the curriculum philosophy is implemented in the early learning program, lead teachers and family home early learning providers must have a regular and designated time to plan the curriculum and activity program. According to the Center for the Study of Child Care Employment, an early learning provider's ability to be effective is supported by planning and preparation time.[241]

Preparation is necessary to ensure classroom activities support the program's written curriculum philosophy, to identify and gather necessary materials and to anticipate children's individual needs.

241 Marcy Whitebook, Caitlin McLean, Lea Austin, and Bethany Edwards, "Early Childhood Workforce Index - 2018," *Center for the Study of Child Care Employment*, University of California, Berkeley, (2018), available at **https://cscce.berkeley.edu/wp-content/uploads/2018/06/Early-Childhood-Workforce-Index-2018.pdf** .

A family home early learning provider in Pierce County shares:

"When I have time to plan, it helps me to feel like the professional that I am. It gives me time to look at all the activities from last week, assess what went well and outline changes to make this week. It gives me a chance to make modifications to activities for children who I know will need additional support which in turn gives them more of a chance at success. Ever since I have had consistent weekly planning time, I have felt more confident and became much more in tune with my children's individual needs. Classroom management has also improved because I am more prepared which keeps children more on task with appropriate activities.

The Building Blocks of High-Quality Early Childhood Education Programs. A Learning Policy Institute publication that identifies important elements of high-quality early childhood education programs as indicated by research and professional standards. **https://learningpolicyinstitute.org/product/building-blocks-high-quality-early-childhood-education-programs**

Walking Alongside the Learner: Curriculum in Yvonne's Pre-K Classroom. A 12-minute video produced by The High Quality Early Learning Project. The Project produces videos and professional development resources for early learning providers to strengthen education in the early years. **https://vimeo.com/184928043**

The High Quality Early Learning Project. The Project produces videos and professional development resources for early learning providers to strengthen education in the early years. This website includes five videos, guiding questions and other resources. **https://highqualityearlylearning.org/**

INTERACTIONS AND CURRICULUM

WAC 100-300-0310

Concept development and feedback quality

(1) An early learning provider must facilitate activities to support child learning and understanding.

(2) An early learning provider may facilitate child learning and understanding through a variety of techniques such as:

(a) Using a variety of teaching strategies (different techniques, curricula, or styles) and materials to address different learning styles, abilities, developmental levels, and temperament;

(b) Helping children enter into and sustain play;

(c) Encouraging children to participate by asking questions and providing guidance;

(d) Providing opportunities for children's creativity;

(e) Linking concepts and activities to one another and to the children's lives and interests;

(f) Noticing and responding to teachable moments;

(g) Clarifying and expanding children's understanding;

(h) Describing and discussing children's learning processes;

(i) Encouraging children's efforts and persistence;

(j) Showing tolerance for mistakes;

(k) Using diverse vocabulary;

(l) Leading discussions and activities;

(m) Providing materials during the day, including daily routines such as meals and transitions, to encourage communication in English and children's home languages when possible; and

(n) Use scaffolding methods to gradually move children toward stronger understanding and greater independence in the learning process.

In an early learning environment, the provider plays an essential and active role in supporting and expanding children's learning. Concept Development is when an early learning provider uses specific strategies to support children to think more deeply about ideas in the world around them. Quality of Feedback happens when a teacher responds to a child in a way that encourages the child to keep thinking or trying.[242]

Studies confirm that interactions between teachers and children fundamentally drive learning[243] and that high-quality early learning programs implement developmentally appropriate curricula that emphasize guided learning opportunities.[244]

242 Meghan Cornwell, "Concept Development or Quality of Feedback?" Teachstone, available at **http://info.teachstone.com/blog/concept-development-or-quality-of-feedback**, published October 23, 2017.

243 Teachstone Training LLC, "Teacher-Child Interactions in Early Childhood," available at **http://cdn2.hubspot.net/hub/336169/file-1265335269-pdf/PDF_or_Documents/Research-Summary_Teacher-Child_Interactions.pdf?t=1412355997000**, published July 2014.

244 NAEYC, "Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8," available at **https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/PSDAP.pdf**, published 2009.

A 3-year-old is building two short towers with blocks. The child attempts to place a block from the top of one tower to bridge over to the top of the other tower. The bridge block does not reach the other tower. The early learning provider says "it looks like it is too short," and then to help guide the child's learning and prompt his thinking and problem solving, "what do you think you can do?"

It is important to consider that each child is a unique individual and to be responsive to the social and cultural contexts in which children live. Children come from a variety of diverse backgrounds with different families and experiences. Additionally, the personalities in a group can vary widely, with different temperaments, learning styles, and levels of development. Even children of the same age will likely be at different developmental levels. An early learning provider must plan for and consider these differences when structuring and implementing activities. To support a variety of developmental levels, early learning providers can plan to make sure activities offer a range of skill development opportunities, a variety of materials and modifications as needed for children. It is important to recognize that even with every effort and consideration, there are times when children are not successful or make mistakes. An early learning provider may foster the child's development by showing patience and encouraging their efforts. Children can learn perseverance and confidence when they have the sense that it is okay to make mistakes and that they are in an environment that supports and celebrates their learning.

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This table provides examples of techniques and strategies an early learning provider may use to facilitate child learning and understanding.

Techniques to Facilitate Child Learning and Understanding	Example
Using a variety of teaching strategies (different techniques, curricula or styles) and materials to address different learning styles, abilities, developmental levels and temperament	Early learning provider Terry knows there are going to be two days this week when the typical daily routine is going to change to accommodate an appointment she made for maintenance to the outside of her home. Morning outdoor play will happen earlier in the day before the company arrives to clean the siding on her house. Terry has observed that a child in her care, Maya, likes structure and has a hard time with change. Terry makes a plan to give Maya plenty of notice and information about the transitions and provide the child with advanced cues about what to expect and what will happen next. Terry also knows another child, Ryder, learns best through hands-on activities and has difficulty sitting still for too long. Terry adds several "houses" to the materials in the early learning space and plans an activity to wash the houses. She also plans a discussion for circle time about cleaning things to take care of them and selects a small toy house for Ryder to hold during circle time to help him focus.
Helping children enter into and sustain play	A child approaches an activity table and watches another child squeeze, roll, squish and stretch the purple slime. Early learning provider Andrea asks the child "what do you think the slime feels like?" The child shrugs. Andrea tells the child, "I see there is more slime across from Noah. Why don't we get you a chair too?"
Encouraging children to participate by asking questions and providing guidance	An early learning provider observes Tre'von is sitting on the floor in the living room while two other children are playing with the cash register and grocery cart. The early learning provider asks Tre'von if he goes with his family to the market to buy food. Tre'von nods "yes." The early learning provider asks what kind of food his family finds at the store. Tre'von reports they find cereal and crackers and grapes. The early learning provider asks Tre'von, "I wonder if we can find any food like that in our shop. Do you see any grapes here?"
Providing opportunities for children's creativity	An early learning provider prepares an activity table with colorful chalk, glue, felt and foam animal shapes, balls and paper scraps.
Linking concepts and activities to one another and the children's lives and interests	An early learning provider reads a book to an infant about a puppy. The early learning provider knows there is a dog in the infant's home. The early learning provider says to the infant, "This is a dog like your dog, Ginger. This dog is brown and Ginger is yellow!"

Techniques to Facilitate Child Learning and Understanding	Example
Noticing and responding to teachable moments	In the outdoor play area, Basia and Henry are together in the grassy patch. Basia exclaims, "Look! It's a ladybug!" Several children and Mr. Tony come over to see the ladybug. Mr. Tony asks, "How do you know it's a ladybug?" Basia replies she knows because it has spots on it. Henry reports he does not think it is a ladybug because it is orange and ladybugs are red. Another child reports that it is still a ladybug. Mr. Tony confirms that ladybugs can be red or orange and that they come in other colors too. Mr. Tony asks the children what color they think a ladybug could be, and they make guesses. Mr. Tony confirms that some ladybugs are yellow, grey, purple and even black!
Clarifying and expanding children's understanding	Milo, 17-months-old, is leaning on the door and crying after saying goodbye to his dad. Early learning provider David asks Milo, "Are you sad to say goodbye to your dad?" Milo nods that he is sad. David says to Milo, "I am sad when I say goodbye to my dad too. It is okay to be sad. Did you know that we can feel sad and still play? Sometimes playing can make us feel better. Would you like to play with cars or in the kitchen, or would you like to go to the reading carpet?"
Describing and discussing children's learning processes	Teacher Emily sits with Zionna as she is working on a puzzle. Emily sees Zionna flipping the pieces around and trying to get them to fit together. Emily says to Zionna, "I see that you are moving the pieces to see where they fit. I like how you put the corners in first because you knew where they went. I wonder how you are going to fit the next piece in? Where do you think it goes?"
Encouraging children's efforts and persistence	Nine-month old Liam is sitting on the floor with plastic shapes and a container. Liam holds a triangle in his hand, shakes it and it taps on the edge of the container. Ms. Natalie notices the action and asks Liam "Are you going to put it in? Does the triangle go in the bucket?" Ms. Natalie watches as Liam moves his arm and hand around and then brings the triangle back to the container. Liam drops the triangle into the container. Ms. Natalie says, "You put the triangle in the bucket! Are you going to put another shape in the bucket?"
Showing tolerance for mistakes	Early learning provider Jess sees that Maria is trying hard to master tying her shoes. Maria keeps faltering in getting it done. Maria is beginning to show frustration. Jess sits with Maria and talks to Maria about how hard it was for her to learn to tie her shoes too. She encourages Maria to keep going and talks to her about how proud she is of her for continuing, even though it is hard.

INTERACTIONS AND CURRICULUM

Techniques to Facilitate Child Learning and Understanding	Example
Using diverse vocabulary	Louis and Nadia are working with their class on a project involving shapes and colors. Louis introduces new words the children may not have heard before, such as trapezoid and quadrilateral, to help them to build new vocabulary on top of what they already knew. Nadia references the colors in English and also in Spanish to introduce children to the diversity of language around them.
Leading discussions and activities	The pre-kindergarten class is sitting and eating lunch together. The class talked about animal habitats earlier during their science time. Teacher Lisa begins a discussion with the children about different animals and the areas they found them. The children are given the opportunity to share a variety of animals and where they lived. Lisa encourages children who have not had a chance to share by asking if they can think of animals that live in a forest.
Providing materials during the day, including daily routines such as meals and transitions, to encourage communication in English and children's home languages when possible	The toddler classroom has children who speak English, Spanish and French. Teacher Jill makes sure to have labels on items in all three languages. When they are discussing colors, shapes, etc. during the day, as a class they talk about them in all three languages. During transitions, teachers in the room make sure to talk about what is happening next in the variety of languages as well.
Using scaffolding methods to gradually move children toward stronger understanding and greater independence in the learning process	Scaffolding occurs when an early learning provider uses specific strategies to help a child move from one activity or concept to a more complex activity or concept. Some specific strategies for scaffolding include: giving prompts, asking questions or modeling the steps involved in a process. Early learning provider Manivanh discussed concepts about the weather with the children this week. This morning was wet and rainy, but the sun came out eventually. While in the outdoor play area in the afternoon, Manivanh asks the children where the water went from this morning. Five-year-old Benton said he thinks it dried up. Nine-year-old Tish responds that the sun turned the water steamy and it went back up to the clouds. Manivanh confirms, "Yes Tish!" Manivanh then expands Tish's understanding and states, "That process is called the Water Cycle. Our earth has water in solid, liquid and gas. Which state do you think water is in when it looks steamy?"

CLASS. A Teachstone webpage with information and resources related to the tool that focuses on teacher-student interactions to drive learning and development for children of all ages.
https://teachstone.com/class/

Concept Development or Quality of Feedback. A Teachstone webpage that provides information distinguishing the dimensions of concept development and quality of feedback, and includes a check your understanding activity with examples of each.
http://info.teachstone.com/blog/concept-development-or-quality-of-feedback

Cognitive Development: Interactions that Support Learning. A Virtual Lab School webpage with information and videos on teacher interactions that support learning.
www.virtuallabschool.org/management/cognitive/lesson-3

Center for Early Childhood Education at Eastern Connecticut State University. A research and professional development institute focused on enhancing the quality of early care and education.
www.easternct.edu/center-for-early-childhood-education/index.html

The website offers research, publications, professional development and online trainings, and a library of more than 100 videos such as:

- When the Unexpected Happens: Seizing the Teachable Moment.
  www.easternct.edu/center-for-early-childhood-education/reflections-from-the-field/seizing-the-teachable-moment.html

- Supporting Critical Thinking in Toddlers.
  www.easternct.edu/center-for-early-childhood-education/reflections-from-the-field/supporting-critical-thinking-in-toddlers.html

- The Relationship of Teacher-Child Interactions in Preschool Play to Young Children's Mathematical Abilities.
  www.easternct.edu/center-for-early-childhood-education/research/teacher-child-math-interactions-during-play-video.html

Entering and Sustaining Play. Penn State Extension provides information and considerations related to supporting play in young children.
http://bkc-od-media.vmhost.psu.edu/documents/tips0804.pdf

Engaging Interactions. Head Start Early Childhood Learning & Knowledge Center (ECLKC) professional development in-service videos for preschool programs.

- Fostering Children's Thinking Skills. Explores three methods to advance children's thinking.
  https://eclkc.ohs.acf.hhs.gov/video/fostering-childrens-thinking-skills

- Providing Feedback. Learn how to provide quality feedback to children that supports learning and encourages effort.
  https://eclkc.ohs.acf.hhs.gov/video/providing-feedback

- Focusing Children on Learning Goals. Describes how teachers can help children better understand what they are learning.
  https://eclkc.ohs.acf.hhs.gov/video/focusing-children-learning-goals

- Scaffolding Children's Learning. Learn ways to provide just the right amount of help when a child struggles to learn a concept or complete an activity.
  https://eclkc.ohs.acf.hhs.gov/video/scaffolding-childrens-learning

- Making Learning Meaningful. Explore how learning can be relevant in children's everyday lives.
  https://eclkc.ohs.acf.hhs.gov/video/making-learning-meaningful

- Using the Scientific Method. Learn how to use the scientific method to support children's learning.
  https://eclkc.ohs.acf.hhs.gov/video/using-scientific-method

Rocking and Rolling: Empowering Infants and Toddlers' Learning Through Scaffolding. A National Association for the Education of Young Children (NAEYC) publication that provides information on setting up environments and facilitating infants' and toddlers' development and learning.
www.naeyc.org/resources/pubs/yc/may2017/rocking-and-rolling-empowering-infants-and-toddlers

Strategies to promote learning

In any high-quality early learning program, you would hope to see children moving, observing, talking, working by themselves and socializing with other children and adults. The caregivers should be actively engaged with the children. You might hear the adults saying:

- **Inviting children** – "Come and see how the seeds have grown into plants!"
- **Describing actions** – "I see that you planted the seed deep down into the soil."
- **Extending what children say** – "Yes, you did it and now you are jumping even higher!"
- **Demonstrating** – "I am pouring the water by tipping the cup just a little bit."
- **Breaking down** – "First pick a seed…great…then push it into the soil…you did it."
- **Encouraging** – "I see you have painted the entire paper and you have worked very hard."
- **Scaffolding** – "Here, how about if I put in two puzzle pieces and you put in two?"
- **Guiding through repetition** – "Let's count napkins." "Now let's count shoes…."
- **Promoting thinking** – "How do you think the squirrel found his nuts?"
- **Encouraging analysis** – "Why do you think the ice melted?"
- **Challenging** – "Yes, It looks like an apple because it is red, but it is different fruit. What could it be?"

- **Listening** – Two boys are deeply involved in building and discussing their next decision. The provider silently listens and moves away because she doesn't want to interrupt their intense work.
- **Connecting to experience** – "The girl in this book is going to the zoo just like you did!"
- **Wondering with open-ended questions** – "What could the baby be thinking now?"
- **Brainstorming** – "Let's think of lots of ways we could….."
- **Affirmations** – "I like being with you."
- **Directing** – "Time to wash hands and go to the snack table."
- **Redirecting** – "You can play with the cars in the playroom after lunch."
- **Responding** – "Are you feeling okay?"
- **Respecting children's perspective** – "Jamie's idea is that we should…."
- **Noticing** – "I see that you are looking like you want to try something new…"

WAC 110-300-0315

Language modeling and reasoning

(1) An early learning provider must be aware of and responsive to children's developmental, linguistic, cultural, and academic needs.

(2) An early learning provider must be aware of and responsive to children's needs by engaging in activities such as:

(a) Asking developmentally appropriate questions for the age group and allow children to answer without interruption from the provider;

(b) Circulating among the children during free choice activities and talking with children about what they are doing;

(c) Using teaching techniques such as:

(i) Self-talk: When the provider talks about what he or she is doing, seeing, eating, touching, or thinking as he or she is involved in that activity;

(ii) Parallel-talk: When the provider talks about what the child is doing, seeing, eating, or touching as the child is engaging in those activities; or

(iii) Language expansion: When the provider adds detail or new words to build on ideas that children are expressing.

(d) An early learning provider working with preschool and school-age children must use language to develop and encourage reasoning skills by using techniques such as:

(i) Talking about logical relationships or concepts during the day including, but not limited to, the daily schedule, the differences and similarities between objects, or people in the classroom;

(ii) Introducing concepts using guiding questions that encourage children to figure out cause and effect relationships;

(iii) Providing opportunities for reading and writing activities; and

(iv) Asking open ended questions to help children improve skills and acquire knowledge.

(e) An early learning provider working with non-English speaking children must encourage language development and acquisition by using techniques such as:

(i) Using words in various languages to talk about the routines;

(ii) Reading books out loud or using audio books; and

(iii) Playing games in different languages.

The Foundational Quality Standards require an early learning provider to be "responsive" to children's developmental, linguistic, cultural and academic needs. In an early learning setting, this means paying close attention to what the child is signaling through non-verbal, verbal and emotional cues and acting upon that signal. Responsive care helps build trusting relationships and the foundations for communication and language.

The development of language is important for a child's overall cognitive and social development. It supports children's ability to communicate, problem-solve and understand feelings. Research shows a child's vocabulary development is linked to their economic background. One study found that by 18 months, children in different socio-economic groups display dramatic differences in their vocabularies, and by 2 years the disparity in vocabulary development grows significantly.[245] Further research found a four-million-word gap between children from high and low socioeconomic status by 4 years of age.[246]

According to research in the Journal of Neuroscience, early learning providers can use specific strategies to improve vocabulary and language development in children and reduce the word gap. The amount of adult-child conversations experienced by the child correlates strongly with language development.[247] This means that to help close the achievement gap, early learning providers can focus on increasing the conversations they have with children and providing a language rich environment.

According to the U.S. Departments of Education and Health and Human Services:

> *"A language-rich environment is one in which children are surrounded by talking, singing and reading and have many opportunities throughout their day, across all activities, to communicate with others and engage in back-and-forth conversations. A rich language environment is important to children's early learning, and can have strong effects on early language, vocabulary, reading and math skills, as well as on children's social-emotional development."[248]*

An essential component of responsive care involves collaborating with parents and guardians. An early learning provider brings with them their own teaching style and cultural biases and could potentially miss or misinterpret the child's cues. Engaging parents and guardians help an early learning provider to better understand the child's culture and family language.

Responsive care requires an engaged and present early learning provider. To be able to respond, the early learning provider must be aware of what is going on for the children. Circulating among the children during active play and observing what is happening allows an early learning provider to anticipate the children's needs and respond promptly. Talking with the children about what they are doing, and asking questions encourages the child's thinking and language development.

245 Anne Fernald, Virginia A. Marchman and Adriana Weisleder, "SES differences in language processing skill and vocabulary are evident at 18 months," *US National Library of Medicine National Institutes of Health* 16 (2) (2013): 234-248, available at **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3582035/**

246 Jill Gilkerson, Jeffrey A. Richards, Steven F. Warren, Judith K. Montgomery and Charles R. Greenwood, "Mapping the Early Language Environment Using All-Day Recordings and Automated Analysis," *American Journal of Speech-Language Pathology* 26 (2) (2017), available at **https://pubs.asha.org/doi/10.1044/2016_AJSLP-15-0169**

247 Rachel R. Romeo, Joshua Segaran, Julia A. Leonard, Sydney T. Robinson, Martin R. West, Allyson P. Mackey, Anastasia Yendiki, Meredith L. Rowe and John D.E. Gabrieli, "Language Exposure Relates to Structural Neural Connectivity in Childhood," *US National Library of Medicine National Institutes of Health* 38 (36) (2018): 7870-7877, available at **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6125810/**

248 U.S. Department of Education, U.S. Department of Health and Human Services, Too Small To Fail, "Talk, Read and Sing Together Every day!" available at **https://www2.ed.gov/documents/early-learning/talk-read-sing/preschool-en.pdf**, retrieved August 16, 2020.

Language modeling is another effective strategy at increasing comprehension and language production. The Child Mind Institute states that children's language development will accelerate or decelerate based on how adults respond to their communication. Modeling language to a young child when they communicate, even before they can form words, increases their speech and interactive skills as they grow.[249] This is important because vocabulary development during the preschool years is related to later reading skills and school success in general.[250]

Self-talk is a great way to begin fostering language skills in children that do not possess many verbal words. This is accomplished when an early learning provider gives a verbal narration of what they are doing. For example, if an early learning provider is coloring with an orange crayon, they may say aloud, "I'm using an orange crayon to draw circles on this white paper." This technique is best used intermittently throughout the day, not for the entire day.

Another way to encourage language development is to model speech by talking about what the children are doing. This is called parallel talk. Here is an example of what parallel talk may look like.

Classroom teacher Mei sits down next to 15-month-old D'andre while he is playing with blocks. Mei begins to build a tower similar to D'andre's. While building next to each other, Mei discusses the colors of the blocks and counts each one as D'andre builds his tower taller and taller. As the tower becomes wobbly, Mei makes it into a silly game about the tower falling over. D'andre watches Mei closely as she labels what he is doing. As Mei continues to talk about the tower getting ready to fall over, D'andre gets excited and contributes to the conversation by saying short one-word phrases, such as "uh-oh" and "up." He finally yells "yay!" as the tower tumbles to the floor. As this language is modeled consistently, D'andre will begin to repeat it and eventually engage in the narrative on his own. These skills will continue to grow and adapt, leading D'andre to be able to initiate the conversation with a peer as he gets older.

As children develop more verbal language skills, the need for modeling does not diminish. The method with which the modeling occurs may begin to look different. For example, Shamira is telling a teacher about the fish swimming in the fish tank. As the teacher becomes engaged with Shamira, he elaborates on what Shamira is saying.

Shamira: Fishy swimming!

Teacher: Yes! Look at the orange fish swim to the left.

Shamira: Audibly laughs and points to the fish in reference and says, "Look, look!"

Teacher: Yes, Shamira. You are very observant to see that the fish is doing something different now. It is swimming down, down, down, all the way to the bottom of the fish tank.

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249 Rachel Cortese, "Helping Toddlers Expand Language Skills," *Child Mind Institute (n.d)*, available at **https://childmind.org/article/helping-toddlers-expand-their-language-skills/**, retrieved August 18, 2020.

250 U.S. Department of Education, U.S. Department of Health and Human Services, Too Small To Fail, "Talk, Read and Sing Together Every day!" available at **https://www2.ed.gov/documents/early-learning/talk-read-sing/preschool-en.pdf**, retrieved August 16, 2020.

This type of language modeling is called scaffolding. The teacher is validating what Shamira is expressing and building upon it to expand the words and descriptions used. As this type of modeling is consistently implemented, Shamira will begin to use the words being discussed in her own language, expanding her vocabulary and providing functional and appropriate use of the words.

An early learning provider can continue to encourage a child's vocabulary and language complexity by using language expansion. This is when an early learning provider adds more words to what a child has said. For instance, when a toddler tells his friend "stop!" a nearby early learning provider states "Mason wants you to stop taking the toy that is in his hand. He is still playing with it."

As children continue to expand their verbal language, open-ended questions become increasingly important. They foster not only conversational skills but also critical thinking. Open-ended questions prompt a child to do their own thinking about a problem, idea or circumstance, and then find the language to communicate it verbally. An early learning provider might ask, "What do you know about penguins?"

In an early learning environment, children are often learning multiple languages at the same time. In this circumstance, verbal language may grow at a more rapid pace in one language than another or may switch back and forth as the child develops. This will vary from child to child as they each have individual learning needs. Multi-language development can be encouraged by playing games, using written words and reading books in multiple languages. For instance, an early learning provider can label storage bins with a visual picture of what is stored in the bin, along with the word for the item written in multiple languages.

An early learning provider might also have a parent or guardian, or guest storyteller come regularly to read stories in another language. They could also encourage families to come to share their multi-faceted talents with the program.

WAC 110-300-0085, WAC 110-0160, WAC 110-300-0325 and WAC 110-300-0330 outline guidance to obtain and incorporate enrolled children's developmental, cultural and socially relevant information.

INTERACTIONS AND CURRICULUM

Bilingual From Birth. This Zero To 3 article discusses babies born into bilingual families and supporting bilingual learning.
www.zerotothree.org/resources/1780-bilingual-from-birth

Center for Early Childhood Education at Eastern Connecticut State University. An internationally recognized research and professional development institute focused on enhancing the quality of early care and education.
www.easternct.edu/center-for-early-childhood-education/index.html

The website offers research, publications, professional development and online trainings, and a library of more than 100 videos such as:

- Engaging Children in Oral Storytelling to Support Oral Language Development
www.easternct.edu/center-for-early-childhood-education/oral-language-development/engaging-children-in-oral-storytelling.html

- Strategies for Supporting Dual Language Learners in an Early Childhood Classroom
www.easternct.edu/center-for-early-childhood-education/reflections-from-the-field/supporting-dual-language-learners.html

- Supporting English Language Learners
www.easternct.edu/center-for-early-childhood-education/e-clips/supporting-english-language-learners.html

- Supporting Language Development in Infants and Toddlers During Mealtime
www.easternct.edu/center-for-early-childhood-education/reflections-from-the-field/mealtime-language-development.html

- Supporting Oral Language Development in a Language-Rich Environment
www.easternct.edu/center-for-early-childhood-education/oral-language-development/language-rich-environment.html

- Supporting Oral Language Development in Dual Language Learners
www.easternct.edu/center-for-early-childhood-education/oral-language-development/dual-language-learners.html

- Utilizing Interactive Read-Aloud to Support Oral Language Development
www.easternct.edu/center-for-early-childhood-education/oral-language-development/interactive-read-alouds.html

Culture and Language Resource. A Head Start and Early Childhood Learning & Knowledge Center webpage with resources to assist early learning programs to enhance dual-language experiences and help ensure culturally and linguistically appropriate services for children.
https://eclkc.ohs.acf.hhs.gov/culture-language

Helping Toddlers Expand Language Skills. The Child Mind Institute provides tips on encouraging children from ages birth to 5 to talk.
https://childmind.org/article/helping-toddlers-expand-their-language-skills/

Language Development in Early Childhood. A Lumen Lifespan Development learning module that explains the importance of language in early childhood. **https://courses.lumenlearning.com/wm-lifespandevelopment/chapter/language-development-in-early-childhood/**

Language Modeling and Conversations. Head Start ECLKC professional development in-service videos for preschool programs. Includes additional materials that have been designed for programs with American Indian and Alaska Native (AIAN) populations.

- Engaging Children in Conversations. Find out about teaching practices to engage children in conversations that can support learning in the classroom
  https://eclkc.ohs.acf.hhs.gov/video/engaging-children-conversations

- Thick and Thin Conversations. Describes teaching practices to engage children in extended back and forth exchanges.
  https://eclkc.ohs.acf.hhs.gov/video/thick-thin-conversations

- Asking Questions. Shows strategies for using questions to extend conversations with children.
  https://eclkc.ohs.acf.hhs.gov/video/asking-questions

- Novel Words. Learn to use everyday conversations to help children learn more vocabulary words.
  https://eclkc.ohs.acf.hhs.gov/video/novel-words

- Expansions. Describes how to expand on what a child says or does to extend conversations with infants, toddlers, preschoolers to promote language development.
  https://eclkc.ohs.acf.hhs.gov/video/expansions-birth-five

Let's Talk About It: Fostering the Development of Language Skills and Emergent Literacy. A Public Broadcasting Service (PBS) article on traditional and new strategies for building language skills in young children.
www.pbs.org/wholechild/providers/talk.html

Milestone Moments: Learn the Signs Act Early. A Centers for Disease Control and Prevention publication with information to help understand how the way a child plays, learns, speaks and acts indicates their developmental progress.
www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/milestonemomentseng508.pdf

Speech and Language Milestones. An informational flyer on language milestones by age. Reproduced from How Does Your Child Hear and Talk from the American Speech-Language Hearing Association.
www.aapd.org/globalassets/media/policies_guidelines/r_speechmilestones.pdf

Talk, Read and Sing Together Every Day!: Tips for Preschool Teachers & Other Early Childhood Program Providers. A resource from the U.S. Department of Education and U.S. Department of Health and Human Services, in partnership with Too Small to Fail, that provides information on creating a language rich environment and engaging children in conversations.
www2.ed.gov/documents/early-learning/talk-read-sing/preschool-en.pdf

Talking is Teaching. A Too Small to Fail webpage with tips and resources to support language and brain development.
https://talkingisteaching.org/

The Power of Play: A Pediatric Role in Enhancing Development in Young Children. A Pediatrics journal article with information about how play promotes social-emotional, cognitive, language, and self-regulation skills.
https://pediatrics.aappublications.org/content/142/3/e20182058

What is Responsive Caregiving? A Child Care Aware blog post that discusses promoting social and emotional health in children by responding to a child's communications.
https://info.childcareaware.org/blog/responsive-caregiving

The Washington State Early Learning and Development Guidelines: Birth through 3rd Grade (EL_0015). A resource to support and enhance children's development and learning by identifying benchmarks that children meet at certain ages. Provides practical strategies and activities to encourage development. **www.dcyf.wa.gov/sites/default/files/pubs/ EL_0015.pdf**

WAC 110-300-0320

Facilitating child interests, learning, perspective, and productivity

(1) **An early learning provider must work to maximize children's interests, engagement with developmentally and culturally responsive activities, and ability to learn from play.**

(2) **An early learning provider must maximize children's interests, engagement, and abilities by using techniques such as:**

 (a) **Maximizing learning time with learning materials and products, limiting disruptions during activities, and offering additional choices when activities are completed;**

 (b) **Giving clear instructions and directions; and**

 (c) **Making opportunities for children to learn during transitions by clearly communicating expectations and keeping transitions to a duration that is developmentally appropriate.**

(3) **An early learning provider must offer developmentally and culturally responsive activities that offer a range of auditory, visual, and movement opportunities by using techniques such as:**

 (a) **Encourage child engagement;**

 (b) **Promote each child's self-help and social skills;**

 (c) **Organized around child interests and ideas;**

 (d) **Allow choice, exploration, and experimentation;**

 (e) **Promote active and play-based learning experiences;**

 (f) **Allow children freedom to move during activities;**

 (g) **Ensure child expression;**

 (h) **Utilize interesting and creative materials;**

 (i) **Offer hands-on opportunities for children;**

 (j) **Provide opportunity for children to direct their own learning and problem solving rather than teacher-directed activities; and**

 (k) **Orient and guide children toward learning objectives.**

Children's learning and development stem from their interactions with other people and with their environment. These interactions stimulate brain development and skill-building across cognitive, physical, language, social and emotional domains. An early learning provider can help increase the benefits of these interactions by thoughtfully and intentionally implementing the activity curriculum, program materials and learning environment.

Early learning providers can teach big ideas such as sharing and taking turns through visuals, discussions and role-plays of what it looks like. For example, if there are preschool or school-age children in care, the provider can engage them in a discussion about what sharing and taking turns looks like. Children can role-play small scenarios of what it looks and sounds like when people share and take turns. As part of the activity, children could use magazines or other items to create visuals. Encourage the children to brainstorm ideas for why it may feel hard to share, as well as what could be better ways to express feelings.

One way to enhance a child's learning and development is by incorporating the child's interests in the activity curriculum and environment. When their interests, skills and talents are involved, children are more likely to become and remain engaged in playing, interacting and learning. The support of the child's interest can be demonstrated in a variety of ways ensuring discussions happen at the child's level and allowing the child to direct the activities. If the child wants to decorate the space, the early learning provider can begin by asking what colors or objects the child thinks should be used. This is not only a wonderful way to relate and connect with children, it also supports a child's self-esteem and demonstrates that their input is valued.

Research by the Early Childhood Personnel Center suggests that the benefits of using child interests in activities include, but are not limited to, positive child engagement, positive peer social interaction, increased communicative competence, positive child behavior and child developmental progress.[251]

An early learning provider can become familiar with children's interests by talking with the families and children, and by observing the children throughout the day. Notice what the children are drawn to. What activities do they like? Does nature make them curious? Do they like to take things apart? Do they like to sit quietly and look at a book? Maybe they could spend the entire day at an art station or talking about animals. Once interests are identified, an early learning provider can incorporate those interests into activities and play opportunities to promote math, creativity, language and other learning objectives.

251   Melinda Raab, "Interest-Based Child Participation in Everyday Learning Activities," *CASEinPoint* 1 (2) (2005), available at **http://ecpcprofessionaldevelopment.org/wp-content/uploads/Resources/caseinpoint_vol1_no2.pdf**.

One way to maximize a child's learning is through the thoughtful use of the environment. This could mean organizing activities to limit potential disruptions, and it could be intentionally providing spaces in the environment for hands-on learning opportunities. Children need play spaces that are large enough to allow them to move about without interfering with their peers' play or being disrupted from their own learning. In an interview with Resilient Educator, Tina Gabel, MEd. explains:

"Play-based learning at its finest utilizes the environment as a third teacher, in conjunction with the students and classroom facilitator. A place where every activity and object placed in the space has a purpose, adds to the learning and helps scaffold information across the learning domains."[252]

Also, an early learning provider supports learning and development through opportunities for support and collaboration. A child's independent engagement is important, at the same time, children learn from influence, support and guidance. The National Research Council notes that "what a child can perform today with assistance, she will be able to perform tomorrow independently, thus preparing her for entry into a new and more demanding collaboration."[253] It is these moments of support where an early learning provider or peer may practice scaffolding, assisting a child to build upon their current knowledge or skill to extend their development even further.

Child development is supported when children can make choices and take responsibility for their needs, as appropriate for their developmental stage. Permitting a child to choose helps the development of cognitive and problem-solving skills as they think through their decision. Decision making also promotes self-esteem as children discover their ability to influence their world, and over what things they have control. Allowing a child to feed themselves, serve themselves, clean up their mess, solve their problems and other self-help activities also contribute to developing their positive self-esteem and sense of being capable. Depending on their age and development, children will have achieved different levels of independence, but with observation and engagement, an early learning provider can support each child's continued growth.

252 Resilient Educator, "The Importance of Play-Based Learning," available at **https://resilienteducator.com/classroom-resources/play-based-learning/**, retrieved August 16, 2020.

253 National Research Council, "How People Learn: Brain, Mind, Experience, and School: Expanded Edition," available at **https://www.nap.edu/read/9853/chapter/7#105**, published 2000.

Intentional support of learning and development occurs during transitional periods, which require management. Some children may experience uncertainty during the time where a known activity or programming is taking place and the next activity or programming begins. Transitions are often a difficult part of the day, and child engagement can be low during this time.[254] Early learning providers can take steps to decrease frustrations and challenges during transitions, and continue the potential for the children's learning and development. Ensuring the daily schedule minimizes the number of transitions, planning learning activities to conduct during transitions and ensuring transition processes are routine and familiar are all strategies to help ensure the time during transitions is a learning opportunity. Additionally, communicating clearly to children that a transition is coming, what is expected during the transition and what will happen after the transition can help ease a child's uncertainty.

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254 Virginia E. Vitiello, Leslie M. Booren, Jason T. Downer and Amanda P. Williford, "Variation in children's classroom engagement throughout a day in preschool: Relations to classroom and child factors," *ScienceDirect* 27 (2) (2012): 210-220, available at **https://www.sciencedirect.com/science/article/pii/S0885200611000676**

INTERACTIONS AND CURRICULUM

Change Doesn't Have to be Hard: Daily Classroom Transitions that Support Children. A 38-minute Head Start and Early Childhood Learning & Knowledge Center webinar that provides information and ideas to support children and teachers with daily transitions. **https://eclkc.ohs.acf.hhs.gov/teaching-practices/teacher-time-series/change-doesnt-have-be-hard-daily-classroom-transitions-support-children**

DCYF Training Portal. Learning modules including Washington Early Learning Child Care Orientation modules, required federal health and safety trainings, and Standards Alignment Awareness and Education modules for support in understanding the Foundational Quality Standards. **https://dcyftraining.com/index.cfm**

Interest-Based Learning. Head Start ECLKC professional development in-service videos for preschool programs.

- Giving Children Responsibilities. Provides ideas to engage children in classroom activities and learning. **https://eclkc.ohs.acf.hhs.gov/video/giving-children-responsibilities**

- Following Children's Lead. Shows how to engage in learning by following the children's interests, ideas and curiosities. **https://eclkc.ohs.acf.hhs.gov/video/following-childrens-lead**

Interests Lead to Learning. An 11-minute video from Center for Early Literacy Learning (CELL) that explores two types of child interest and how to identify them. **www.youtube.com/watch?v=mwlua8cHQHw**

Moving Right Along...Planning Transitions to Prevent Challenging Behavior. A Beyond the Journal article that discusses the importance of transitions and provides before and after examples of ways to modify a daily schedule to aid transition times. **https://food.unl.edu/FitandHealthyKids/handout2BTJ_Hemmeter_Transitions.pdf**

Play facilitation: the science behind the art of engaging young children. **www.legofoundation.com/media/1681/play-facilitation_the-science-behind-the-art-of-engaging-young-children.pdf**

Routines and Transitions. An NAEYC webpage with a variety of articles related to routines and transitions in early learning settings. **www.naeyc.org/resources/topics/routines-and-transitions**

10 Things Every Parent Should Know About Play. An NAEYC article with information about the benefits and consideration of play for children. **www.naeyc.org/our-work/families/10-things-every-parent-play**

The Environment: Schedules and Routines. A Virtual Lab School webpage with information and videos on developing successful schedules, routines, and transitions to support preschool children's learning. **www.virtuallabschool.org/preschool/learning-environments/lesson-5**

WAC 110-300-0325

Creating a climate for healthy child development

(1) When communicating or interacting with children, an early learning provider must maintain a climate for healthy, culturally responsive child development such as:

(a) Using a calm and respectful tone of voice;

(b) Using positive language to explain what children can do and give descriptive feedback;

(c) Having relaxed conversations with children by listening and responding to what they say. Adult conversations must not dominate the overall sound of the group;

(d) Greeting children upon arrival and departure at the early learning program;

(e) Using facial expressions such as smiling, laughing, and enthusiasm to match a child's mood;

(f) Using physical proximity in a culturally responsive way to speak to children at their eye level and with warm physical contact including, but not limited to, gently touching a hand or shoulder, sitting next to a child, appropriately holding younger children close while communicating;

(g) Validating children's feelings and show tolerance for mistakes;

(h) Being responsive and listening to children's requests and questions, encouraging children to share experiences, ideas, and feelings;

(i) Observing children in order to learn about their families, cultures, individual interests, ideas, questions, and theories;

(j) Modeling and teaching emotional skills such as recognizing feelings, expressing them appropriately, accepting others' feelings, and controlling impulses to act out feelings;

(k) Representing the diversity found in the early learning program and society, including gender, age, language, and abilities, while being respectful of cultural traditions, values, religion and beliefs of enrolled families; and

(l) Interacting with staff and other adults in a positive, respectful manner.

(2) An early learning provider must encourage positive interactions between and among children with techniques such as:

(a) Giving children several chances a day to interact with each other while playing or completing routine tasks;

(b) Modeling social skills;

(c) Encouraging socially isolated children to find friends;

(d) Helping children understand feelings of others; and

(e) Including children with special needs to play with others.

Children's learning and development progress when they feel safe and secure.[255] The behaviors described in WAC 110-300-0325 subsection (1) and (2) are those necessary to establish a friendly, respectful and responsive learning environment. By consistently engaging with children in a kind, responsive and encouraging way, the early learning provider contributes to the child's feelings of safety and security. A calm environment where people are smiling, language is positive and mistakes are tolerated helps children relax and feel safe to explore and take risks. When respectful and responsive interactions are repeated consistently over time they create a reliable expectation for the child about their relationship with the early learning provider.

Research shows that teacher-child relationships characterized by more warmth and responsiveness, and by less anger and harshness, are linked to children's greater academic achievement and social competence, especially for children at risk.[256]

An important component of a healthy climate is modeling interactions and values. Children observe the interactions adults in the early learning environment have with each other. When they see respectful and sincere interactions, they learn to interact in the same way. Similarly, children learn when adults help other children understand the feelings of others and encourage them to make friends. When early learning providers show a genuine interest in getting to know each child and show respect for children's ideas, cultures, feelings and traditions, it helps build the child's sense that they are valuable. It also helps the child to respect and value others. These behaviors allow children to develop their sense of identity and to begin to appreciate friends with interests, ideas and cultures different than their own.

When an early learning provider works to create and maintain a healthy climate, they support children's learning, foster self-esteem and decrease challenging behaviors.

A family home early learning provider in Spokane County shares:

"At our center, creating a healthy climate for child development means to us that we take the time to always model desired positive interaction with one another so children can learn from this. As children navigate throughout their day, we not only model but help coach children by providing them with the skills and verbiage to negotiate, compromise and resolve conflict with one another in a positive manner. This consistency of modeling and coaching continually translates to their learning by helping children live these examples and practice the skills they observe. Children will naturally try to do this on their own, but we are right there with them to help them become successful with their development."

255 PennState Extension, "Interactions matter: What research says and what you can do!", available at **http://bkc-od-media.vmhost.psu.edu/documents/HO_ InteractionsMatter.pdf**, published 2016.
256 Christine Li Grining, C. Cybele Raver, Kina Champion, Latriese Sardin, Molly Metzger and Stephanie M. Jones, "Understanding and Improving Classroom Emotional Climate and Behavior Management in the "Real World": The Role of Head Start Teachers' Psychosocial Stressors," *Early Education and Development* 21 (1) (2010): 65-94, available at **https://research.steinhardt.nyu.edu/scmsAdmin/uploads/006/446/Li-Grining%20Raver%20Champion%20Sardin%20Metzger%20%20Jones%202010.pdf**.

Climate of Healthy Interactions for Learning & Development (CHILD). A website for the CHILD comprehensive toolkit for improving the quality of early childhood care and education. Provides an observational measure, articles and other resources.
https://socialemotionalchild.org/

Building Relationships. Head Start ECLKC professional development in-service videos for preschool programs.

- Fostering Connections. Shows ways teachers can build meaningful, positive relationships with children.
  https://eclkc.ohs.acf.hhs.gov/video/fostering-connections

- Being Aware of Children's Needs. Explores the importance of responding to children's needs and how awareness helps an early learning provider notice children's successes.
  https://eclkc.ohs.acf.hhs.gov/video/being-aware-childrens-needs

- Creating a Caring Community. Shows modeling and promoting a caring classroom community and positive social behaviors.
  https://eclkc.ohs.acf.hhs.gov/video/creating-caring-community

Embracing diversity: toolkit for creating inclusive, learning-friendly environments. A toolkit to inspire more diverse classrooms in the Asian Pacific Region.
https://unesdoc.unesco.org/ark:/48223/pf0000137522

Guiding Young Children's Behavior: Fostering Trusting Relationships. A learning series provided by Center for Early Childhood Education at Eastern Connecticut State University. Includes five short videos and reflection questions related to supportive relationships, showing warmth, responding to children and more.
www.easternct.edu/cece/guiding-segment-1-objective-3-ways-to-show-warmth/

Interactions Matter: What research says and what you can do! A Penn State Extension document that provides information and strategies related to caregiver and child interactions.
http://bkc-od-media.vmhost.psu.edu/documents/HO_InteractionsMatter.pdf

Promoting Young Children's Social and Emotional Health. A NAEYC article with information on incorporating trusting relationships and teaching strategies to foster social and emotional competence.
www.naeyc.org/resources/pubs/yc/mar2018/promoting-social-and-emotional-health

Three Ways to Foster a Positive Classroom Climate. A blog article by Committee for Children. Strategies for maintaining a positive climate.
www.cfchildren.org/blog/2017/11/foster-positive-classroom-climate/

Understanding and Improving Classroom Emotional Climate and Behavior Management in the "Real World": The Role of Head Start Teachers' Psychosocial Stressors. A scholarly report on research studies related to emotional climate.
https://research.steinhardt.nyu.edu/scmsAdmin/uploads/006/446/Li-Grining%20Raver%20Champion%20Sardin%20Metzger%20%20Jones%202010.pdf

5 Steps to Promote Social Interaction for Young Children. An article from Your Therapy Source to support social competence in young children.
www.yourtherapysource.com/blog1/2018/04/24/promote-social-interaction-children/

INTERACTIONS AND CURRICULUM

WAC 110-300-0330

Positive relationships and child guidance

(1) An early learning provider must work to maintain positive relationships with children by using consistent guidance techniques to help children learn. Guidance techniques must adapt an early learning program's environment, routines, and activities to a child's strengths, developmental level, abilities, culture, community, and relate to the child's behavior.

(2) Guidance techniques may include:

(a) Coaching behavior;

(b) Modeling and teaching social skills such as taking turns, cooperation, waiting, self-control, respect for the rights of others, treating others kindly, and conflict resolution;

(c) Offering choices;

(d) Distracting;

(e) Redirecting or helping a child change their focus to something appropriate to achieve their goal;

(f) Planning ahead to prevent problems and letting children know what events will happen next;

(g) Explaining consistent, clear rules and involving children in defining simple, clear classroom limits;

(h) Involving children in solving problems; and

(i) Explaining to children the natural and logical consequence related to the child's behavior in a reasonable and developmentally appropriate manner.

Positive guidance and relationships play an important role in supporting learning and supporting positive behaviors. A positive relationship develops when a child experiences respectful, friendly and responsive interactions in an early learning program. To establish a positive relationship, an early learning provider must consistently work to get to know the child through their interests, strengths, backgrounds and cultures. Healthy and strong relationships require the provider to be attentive and responsive to children. Early learning providers can demonstrate this by actively listening to children and acknowledging their emotions when they appear to be upset or are trying to communicate a message. Talking to children pleasantly and calmly and providing warm and responsive physical contact are other ways to build strong relationships with them. Having these supports in place will help children to know that they are cared for and that their needs matter. Similarly, positive guidance also takes into consideration any environmental factors that may relate to each child, such as traumatic and stressful life experiences. Such experiences have the possibility of impacting a child's developmental level and their behavior.

A center early learning provider in Spokane County shares:

"The first step in child guidance involves forming genuine relationships with each child. In our school, we use primary care groups. These groups pair children with specific teachers in each classroom so that bonding and consistent care are the top priority. The next step is to redefine the problem behavior with the positive behavior you wish to see. Instead of saying, "Don't run," we say, "In our school, we walk." We may then gently offer our hand and say, "Would you like to walk with me?" Usually, the child happily abides as the teacher and child walk hand in hand carefully around the room discussing what could happen if they run in the classroom. This does two things, it brings the teacher and child together for one-on-one, positive interaction and helps the child better understand what is expected. If the child does not stop running, the next step is to give the child a choice with two desirable outcomes. This might sound like, "You can walk by yourself or with my help. If you would not like to choose, I can make the choice for you." This gives autonomy back to the child and allows them to feel independent in the process of normalizing to classroom expectations."

According to NAEYC research, "Children who have trusting relationships with their teachers are, on average, more willing to ask questions, solve problems, try new tasks and express their thinking than their peers without such relationships."[257]

In guiding behavior, the purpose is to reinforce desirable behavior while supporting child learning. Creating a learning environment with consistent expectations, rules and routines help children be able to anticipate behavior expectations and promotes their feeling secure and comfortable in their environments.

By understanding each child's interests and preferences, providers can adapt activities and guidance to encourage a child's engagement. For example, if a child demonstrates a lack of engagement during math or numeracy activities, but enjoys working with cars and blocks, these may be incorporated into a math activity to increase a child's interest.

Another influence on children's behavior will be culture and ethnic background. A guidance approach should be adapted to each diverse family being served based on their needs and the communication that takes place between parents or guardians and early learning providers. Early learning providers must connect with families to get to know and understand home practices, values and cultural differences. By valuing family differences, providers will have a better understanding of appropriate guidance strategies for individual children.

Children can learn positive behavior and skills by watching others. This learning may happen by watching the early learning provider or their peers.

257   Jeannie Ho and Suzanne Funk, "Promoting Young Children's Social and Emotional Health," *NAEYC* 73 (1) (2018), available at **https://www.naeyc.org/resources/pubs/yc/mar2018/promoting-social-and-emotional-health**.

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Puppet shows may be a method that providers can implement to model appropriate behavior. An early learning provider might use puppets to discuss taking turns with their peers. The puppets would be used to show puppet A finishing with a toy and saying to puppet B, "Thank you for waiting, I am all done now so you can have a turn." In a follow-up scenario, puppet A could take a toy away from puppet B. The early learning provider might prompt the children by saying, "My friends are having trouble taking turns with this toy. Can you help them?" The child or children could also be asked, "What should puppet A do if she wants to use puppet B's toy?" After hearing the children's ideas, the provider can then again model with the puppets what taking turns looks like.

When addressing challenging behavior, another method that aims to support positive child guidance is the use of natural and logical consequences. Natural and logical consequences are types of responses that may occur as a result of a child's behavior. A natural consequence is an outcome that automatically happens from a behavior. For example, if a child becomes upset and throws their toy, which breaks then the outcome is they can no longer play with the toy. On the other hand, logical consequences are those that are structured by the educator based on behavior. Allowing children to experience the consequences of their behavior helps them understand the result of their choices. For example, if a child is playing in the block area and hits their peers with blocks, an outcome may be that the child has to take a break from playing in the block area due to the behavior hurting others.[258]

Circle Time Magazine. A Cultivate Learning professional development talk show that provides information, tips and methods for early childhood educators in 50-minute long episodes.

- Fostering Social Emotional Skills – Relationships are Key.
  https://cultivatelearning.uw.edu/circle-time-magazine/season-2/episode-1/

- Addressing Challenging Behavior: Guidance and Support
  https://cultivatelearning.uw.edu/circle-time-magazine/season-2/episode-5/

Creating Trauma Sensitive Classrooms. A NAEYC article that provides a deeper insight on child experiences with trauma and the manifestations of such trauma across multiple developmental domains. This resource also provides some suggestions on how to work with children who have experienced trauma in their lives and examples of how to apply these in a classroom setting.
www.naeyc.org/resources/pubs/yc/may2015/trauma-sensitive-classrooms

Culturally Appropriate Positive Guidance with Young Children. A NAEYC article on establishing healthy partnerships with families and making an early learning program more accommodating to family perspectives.
www.naeyc.org/resources/pubs/yc/mar2017/culturally-appropriate-positive-guidance

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258 University of Minnesota Extension, "Using natural and logical consequences," available at **https://extension.umn.edu/encouraging-respectful-behavior/using-natural-and-logical-consequences#sources-651160**, published 2016.

Center on the Social and Emotional Foundations for Early Learning. A website that provides information and resources on promoting the social and emotional development and school readiness of children ages birth to 5.
http://csefel.vanderbilt.edu/

Guiding Young Children's Behavior: Responding to Behavior Problems and Resolving Conflicts. A learning series provided by Center for Early Childhood Education at Eastern Connecticut State University. Includes six short videos and reflection questions related to redirection, positive reminders, conflict resolution and child choice.
www.easternct.edu/center-for-early-childhood-education/guiding-young-childrens-behavior/segment-5-responding-to-behavior-problems-and-resolving-conflicts.html

Behavior Guidance. Head Start ECLKC professional development in-service videos for preschool programs.

- Redirecting Behavior. Discusses ways to redirect challenging behavior before it escalates.
  https://eclkc.ohs.acf.hhs.gov/video/redirecting-behavior

- Stating Behavioral Expectations. Shows how to create expectations for classroom behavior.
  https://eclkc.ohs.acf.hhs.gov/video/stating-behavioral-expectations

- Creating Classroom Rules. Describes five steps teachers can follow to generate meaningful classroom rules and teach them
  https://eclkc.ohs.acf.hhs.gov/video/creating-classroom-rules

- Problem Solving in the Moment. Learn to help children resolve social problems as they arise.
  https://eclkc.ohs.acf.hhs.gov/video/problem-solving-moment

5 Step Problem Solving for Young Children. A resource from Heart-Mind Online with information and sample lesson for solving problems successfully.
https://heartmindonline.org/resources/5-step-problem-solving-for-young-children

Positive Discipline and Child Guidance. University of Missouri Extension article that discusses strategies and reasons for positive guidance.
https://extension2.missouri.edu/gh6119#:~:text=Positive%20guidance%20and%20discipline%20are,they%20will%20spend%20correcting%20misbehavior.

Making it Happen: Building Positive: Relationships with Children. The participant guide for a University of Nebraska-Lincoln program to provide information to help adults build positive nurturing, responsible and dependable relationships with the infants, toddlers and preschoolers in their care.
https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1042&context=cyfsfacpub

WAC 110-300-0331

Prohibited behavior, discipline, and physical removal of children

(1) An early learning provider must take steps to prevent and, once aware of, must not tolerate:

(a) Profanity, obscene language, "put downs," or cultural or racial slurs;

(b) Angry or hostile interactions;

(c) Threats of physical harm or inappropriate discipline such as, but not limited to, spanking, biting, jerking, kicking, hitting, slapping, grabbing, shaking, pulling hair, pushing, shoving, throwing a child, or inflicting pain or humiliation as a punishment;

(d) Intimidation, gestures, or verbal abuse including sarcasm, name calling, shaming, humiliation, teasing, derogatory remarks about a child or the child's family;

(e) Emotional abuse including victimizing, bullying, rejecting, terrorizing, extensive ignoring, or corrupting a child;

(f) Prevent a child from or punish a child for exercising religious rights; or

(g) Anyone to:

(i) Restrict a child's breathing;

(ii) Bind or restrict a child's movement unless permitted under WAC 110-300-0335;

(iii) Tape a child's nose, mouth, or other body part;

(iv) Deprive a child of sleep, food, clothing, shelter, physical activity, first aid, or regular or emergency medical or dental care;

(v) Force a child to ingest something as punishment such as hot sauce or soap;

(vi) Interfere with a child's ability to take care of his or her own hygiene and toileting needs;

(vii) Use toilet learning or training methods that punish, demean, or humiliate a child;

(viii) Withhold hygiene care, toileting care, or diaper changing from any child unable to provide such care for himself or herself;

(ix) Expose a child to extreme temperatures as punishment;

(x) Demand excessive physical exercise or strenuous postures. Excessive physical exercise includes, but is not limited to, running laps around the yard until overly tired, an extensive number of push-ups, having a child rest more than the child's development requires, standing on one foot for an uncomfortable amount of time, or holding out one's arms until tired or painful;

(xi) Place the separated child in a closet, bathroom, locked room, outside, or in an unlicensed space; and

(xii) Use high chairs, car seats, or other confining space or equipment to punish a child or restrict movement.

(2) An early learning provider must supervise to protect children from the harmful acts of other children. A provider must immediately intervene when they become aware that a child or children are teasing, fighting, bullying, intimidating, or becoming physically aggressive

(3) An early learning provider may separate a preschool age or school age child from other children when that child needs to regain control of him or herself.

(a) During separation time, the child must remain under the appropriate level of supervision of a licensee, center director, assistant director, program supervisor, lead teacher or an assistant teacher.

(b) Separation time should be minimized and appropriate to the needs of the individual child.

(4) If a child is separated from other children, an early learning provider must:

(a) Consider the child's developmental level, language skills, individual and special needs, and ability to understand the consequences of his or her actions; and

(b) Communicate to the child the reason for being separated from the other children.

(5) If an early learning provider follows all strategies in this section, and a child continues to behave in an unsafe manner, only a licensee, center director, assistant director, program supervisor, lead teacher, or an assistant teacher may physically remove the child to a less stimulating environment. Staff must remain calm and use a calm voice when directing or removing the child. Physical removal of a child is determined by that child's ability to walk:

(a) If the child is willing and able to walk, staff may hold the child's hand and walk him or her away from the situation.

(b) If the child is not willing or able to walk, staff may pick the child up and remove him or her to a quiet place where the child cannot hurt themselves or others.

Early learning providers play an important role in supporting the growth and development of children. A primary responsibility of all early learning providers is to protect the basic health and safety of each child in their care. When an early learning provider establishes an environment where children feel safe and secure, they promote the child's learning and development[259] and foster the child's ability to regulate emotions and interact competently with peers.[260] An early learning provider promotes children's feelings of safety and security when they use behavior management and child guidance strategies that uplift the child's self-esteem.

When negative language is used to address challenging behavior such as profanity, obscene language, "put-downs" or cultural or racial slurs, these can negatively affect a child's development. Cultural or racial slurs are when language is used that insults a child's race or culture. Ongoing racism can affect young children both physically and emotionally leading to long-term problems such as heart disease and depression later in life.[261]

259 PennState Extension, "Interactions matter: What research says and what you can do!", available at **http://bkc-od-media.vmhost.psu.edu/documents/HO_ InteractionsMatter.pdf**, published 2016.

260 Kathryn A. Kerns and Laura E. Brumariu, "Is Insecure Parent-Child Attachment a Risk Factor for the Development of Anxiety in Childhood or Adolescence?", *US National Library of Medicine National Institutes of Health* 8 (1) (2014): 12-17, available at **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3960076//**

261 Maria Trent, "Racism Impacts Our Children's Health," Children's Rights, available at **https://www.childrensrights.org/racism-impacts-childrens-health/**, retrieved August 18, 2020.

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Physical harm to a child is another prohibited behavior. Research reveals that the physical punishment of a child is a predictor of a wide range of negative developmental outcomes. Physical punishment is associated with increased child aggression, antisocial behavior, lower intellectual achievement, poorer quality of parent-child relationships, mental health problems (such as depression) and diminished moral internalization.[262] Although using physical methods to discipline children may seem to interrupt difficult behaviors at the moment, using positive, developmentally appropriate discipline strategies instead is proven to have lasting effects.[263] With time and consistency, children will learn and build upon essential social and emotional skills that they will use throughout their lifetime.

According to the Child Welfare Information Gateway, neglect of a child can also severely impact their health and development, and leave life-long scars, both physically and emotionally.[264] Because of the serious impacts to a child, reports of physical harm, humiliation of a child or depriving a child of their basic needs in an early learning program may be investigated by DCYF Licensing Division Child Protective Services (LD/CPS) for potential abuse or neglect of a child. These actions must not be committed or permitted by an early learning provider.

WAC 110-300-0475 outlines an early learning provider's mandated duty to report suspected abuse or neglect of a child.

An early learning provider must proactively intervene to protect children when bullying or other harmful behavior is occurring amongst children or within the environment. NAEYC identifies bullying as acts of aggression that are intended to do harm, repeated over time and occur within the context of a power imbalance.[265] Those who are bullied are at increased risk for mental health problems, headaches, problems adjusting to school and can suffer from long-term damage to self-esteem.[266] Furthermore, according to Yale University, there is a strong link between bullying and suicide. Bullying victims are two to nine times more likely to consider suicide than non-victims.[267]

As children become more aware of themselves as separate beings, they begin to understand that they have feelings, including frustration, anger and impatience. While a child or children may resort to harmful acts in these difficult times, they still may not know enough to understand the consequences of their behavior toward others. As providers begin to teach children about appropriate socialization skills, they can begin to adjust their responses to these challenging behaviors and speak to the children about expectations to help them learn healthy ways of interacting with one another.

262 Anne B. Smith, "The State of Research on the Effects of Physical Punishment," *Social Policy Journal of New Zealand* 27 (2006), available at **https://www.msd.govt.nz/ documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj27/27-pages114-127.pdf**

263 Christine Li Grining, C. Cybele Raver, Kina Champion, Latriese Sardin, Molly Metzger and Stephanie M. Jones, "Understanding and Improving Classroom Emotional Climate and Behavior Management in the "Real World": The Role of Head Start Teachers' Psychosocial Stressors," *Early Education and Development* 21 (1) (2010): 65-94, available **https://research.steinhardt.nyu.edu/scmsAdmin/uploads/006/446/Li-Grining%20Raver%20Champion%20Sardin%20Metzger%20%20Jones%202010.pdf**

264 Child Welfare Information Gateway, "Long-Term Consequences of Child Abuse and Neglect," available at **https://www.childwelfare.gov/pubPDFs/long_term_ consequences.pdf**, published April 2019.

265 Kyle Snow, "Bullying in Early Childhood," NAEYC, available at **https://www.naeyc.org/resources/blog/bullying-early-childhood**, published October 27, 2014. U.S. Department of Health and Human Services, "How does bullying affect health and well-being?" Available at **https://www.nichd.nih.gov/health/topics/bullying/ conditioninfo/health**, last reviewed January 31, 2017.

266 U.S. Department of Health and Human Services, "How does bullying affect health and well-being?" Available at **https://www.nichd.nih.gov/health/topics/bullying/ conditioninfo/health**, last reviewed January 31, 2017.

267 Bullying Statistics: Anti-Bullying Help, Facts, and More, "Bullying and Suicide," available at **http://www.bullyingstatistics.org/content/bullying-and-suicide.html**, retrieved August 18, 2020.

To ensure a safe environment for all children when such behaviors take place, providers can use these strategies:

• Provide supervision that is based upon knowledge of age and development of the children in care.

• Ensure the environment is set up so that supervision can be provided easily.

• Supply a sufficient number and variety of materials and activities to the children.

• Have realistic expectations and limits based on the age and development of each child in care.

• Use language to help the child understand their feelings and examples of ways in which they can express those feelings without hurting someone else.

• Modeling respect and positive conversation helps children understand how to speak to each other.

• Communicate with family members to better understand the child and to partner to find solutions.

• Notice "trouble spots" such as transition times or certain areas of a classroom.

As children attempt to build skills in managing their emotions and behaviors, there may be times when they do not experience success. It may be appropriate to separate a preschool or school-age child who is exhibiting extreme behaviors from the group. Emotional or aggressive behavior can be frightening or dangerous to other children in care. Being mindful of the reactions of other children and the group as a whole will help you to know when separation from the group may be needed. Before separating a child from others, consider the child's age, developmental level and any personal knowledge of that child's preferences or triggers.

Early learning providers may ask themselves, "Is the child comforted by soft items that may help them calm down in a quiet reading corner? Does the child enjoy large motor movements? Would the child benefit from some one-on-one time with a staff member or would they prefer to have some space and calm themselves?"

Only a preschool or school-age child may be separated from the group of children. Young children, such as infants or toddlers, may not be separated. Developmentally, they likely cannot understand what is happening or why.

During a separation, the early learning provider must explain to the child the reason being separated and maintain supervision.

Another consideration related to separation from the group is that children may not independently "gain control" of themselves. Providers may find it helpful to use a "cozy space" or a "calm down" space to help children calm down and regulate their emotions. These places should not be used as punishment or "time out" areas, but as acceptable safe places children can go to calm themselves when they are feeling overwhelmed. The early learning program curriculum may include breathing practices and other self-soothing strategies.

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If all other strategies in this regulation are followed and the preschool or school-age child is still behaving in an unsafe manner, then the child may be physically moved to a safe location by a calm early learning provider, who is one of the specifically approved roles noted in the licensing standards. A child capable of walking on their own should be allowed to do so. When a child is not capable or willing to walk on their own, they may be safely picked up and moved to a safe location. Picking a child up or gently guiding a child to move them to a safe location is not by itself physical restraint of that child. Physical restraint means holding a child as gently as possible for the minimum amount of time necessary to control a situation where that child's safety or the safety of others is threatened. Physical restraint is a last resort. An early learning provider can use their knowledge of the individual child and professional assessment of the situation to determine whether picking the child up to move them to a safe location may lead to a situation of physical restraint.

Requirements related to physical restraint of a child are outlined in WAC 110-300-0335. WAC 110-300-0330 outlines strategies for positive child guidance.

Addressing Challenging Behavior in Infants and Toddlers. A downloadable article from Zero to 3.
www.zerotothree.org/resources/170-addressing-challenging-behavior-in-infants-and-toddlers

Addressing Challenging Behavior – Guidance and Support. A Cultivate Learning Circle Time Magazine talk show episode focused on challenging behaviors in early learning.
https://cultivatelearning.uw.edu/circle-time-magazine/season-2/episode-5/

AAP Policy Opposes Corporal Punishment, Draws on Recent Evidence. An article in Gateway journal that reviews recent evidence that promotes the use of alternatives to corporal punishment.
www.aappublications.org/news/2018/11/05/discipline110518

Helping Young Children Channel Their Aggression. A Zero to 3 article that provides guidance on managing a child's aggression.
www.zerotothree.org/resources/12-helping-young-children-channel-their-aggression

"I Won't Be Your Friend If You Don't!" Preventing and Responding to Relational Aggression in the Classroom. An NAEYC article providing information on relational aggression in children and prevention strategies.
www.naeyc.org/resources/pubs/yc/nov2015/preventing-relational-aggression

Long-Term Consequences of Child Abuse and Neglect. A Child Welfare informational fact sheet.
www.childwelfare.gov/pubPDFs/long_term_consequences.pdf

Racism Impacts Our Children's Health. A Children's Rights piece by Dr. Maria Trent, Professor of Pediatrics at the Johns Hopkins University School of Medicine.
www.childrensrights.org/racism-impacts-childrens-health/

The State of Research on the Effects of Physical Punishment. An overview and examples of recent research on physical punishment relating to social, cognitive, mental health, moral internalization and family relationships.
www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj27/the-state-of-research-on-effects-of-physical-punishment-27-pages114-127.html

Understanding the Six Types of Neglect. A Kaplan webpage with information on differentiating types of neglect.
www.kaplanco.com/ii/six-types-of-neglect

What to Do When You See Bullying: A Practical Guide. A Children with Challenging Behavior article with tips and strategies.
https://childrenwithchallengingbehavior.com/2013/11/05/what-to-do-when-you-see-bullying-a-practical-guide/

WAC 110-300-0335

Physical restraint

(1) An early learning provider must have written physical restraint protocols pursuant to WAC 110-300-0490, and implement such protocols only when appropriate and after complying with all requirements of WAC 110-300-0330 and 110-300-0331.

(2) Physical restraint must only be used if a child's safety or the safety of others is threatened, and must be:

(a) Limited to holding a child as gently as possible to accomplish restraint;

(b) Limited to the minimum amount of time necessary to control the situation;

(c) Developmentally appropriate; and

(d) Only performed by early learning providers trained in a restraint technique pursuant to WAC 110-300-0106 (9).

(3) No person may use bonds, ties, blankets, straps, car seats, high chairs, activity saucers, or heavy weights (including an adult sitting on a child) to physically restrain children.

(4) Licensees, center directors, assistant directors, program supervisors, lead teachers or trained staff must remove him or herself from a situation if they sense a loss of their own self-control and concern for the child when using a restraint technique if another early learning provider is present. If an early learning provider observes another staff using inappropriate restraint techniques, the staff must intervene.

(5) If physical restraint is used, staff must:

(a) Report the use of physical restraint, pursuant to WAC 110-300-0475 (2)(f);

(b) Assess any incident of physical restraint to determine if the decision to use physical restraint and its application were appropriate;

(c) Document the incident in the child's file, including the date, time, early learning program staff involved, duration and what happened before, during and after the child was restrained;

(d) Develop a written plan with input from the child's primary care or mental health provider, and the parents or guardians, to address underlying issues and reduce need for further physical restraint if:

(i) Physical restraint has been used more than once; and

(ii) A plan is not already a part of the child's individual care plan.

(e) Notify the department when a written plan has been developed.

It is required that an early learning provider includes, as a piece of their comprehensive child guidance policies, a written policy and plan for how situations will be handled when a child's behavior becomes unsafe for themselves or others. This policy may or may not include an allowance for the potential physical restraint of a child. Physical restraint means holding a child as gently as possible for the minimum amount of time necessary to control a situation where that child's safety or the safety of others is threatened.

Early learning providers may adopt a no-restraint policy. If an early learning program's policies allow the potential use of physical restraint, it should be an unusual or extreme circumstance. Physical restraint may only be used after employing WAC requirements related to positive relationships, child guidance, discipline and physical removal of children. Typically, physical restraint would be a part of a behavioral plan or individual care plan, developed in consultation with the child's parent or guardian.

Requirements for positive relationships and child guidance are outlined in WAC 110-300-0330.

Requirements related to discipline and physical removal of children are located in WAC 110-300-0331.

Requirements related to individual care plans are located in WAC 110-300-0300.

WAC 110-300-0450 requires a child guidance plan, to include restraint policies and forbidding corporal punishment.

According to the U.S. Department of Education, reports have documented the use of restraint can have very serious consequences, including death, and that there is no evidence that using restraint is effective in reducing the occurrence of the problem behaviors that frequently precipitate the use of such techniques.[268] For this reason, restraint may be used only to interrupt or protect from behaviors that may harm a child or others. Restraint may not be used as punishment, to force a child to comply or for any other reason. Furthermore, because of the serious potential adverse consequences of inappropriate restraint, early learning providers must hold a child as gently as they can to still protect the child or others from harm, and for as little time as is necessary.

To further protect the child from harm, any early learning provider who physically restrains a child must have completed restraint training, and continue to receive training annually. Currently, there is no DCYF-approved child restraint training. As of Oct. 1, 2019, no early learning provider will be determined out of compliance with the child restraint training WAC requirement for not completing a department provided or approved training. At this time, DCYF will not provide additional recommendations or approvals on allowable training.

WAC 110-300-0490 outlines the requirements of a child restraint policy.

Staying calm when a child is out-of-control can be difficult, but it is a critically important thing to do. Children who are angry, aggressive and out of control need calm and supportive adults to help them deescalate. If a provider feels they are not able to remain calm or senses they are losing control while restraining a child, the provider must remove themselves from the situation.

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268 U.S. Department of Education, "Restraint and Seclusion: Resource Document," available at **https://sites.ed.gov/idea/files/restraints-and-seclusion-resources.pdf**, published May 15, 2012.

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An early learning program helps to reduce the likelihood that further physical restraint will be needed in the future when they assess the incident of restraint. It is important to review the details of the incident to learn and improve. An early learning provider can review details such as:

• Was the written physical restraint policy followed?

• Did the written physical restraint policy provide adequate guidance for the situation?

• Have the child's behaviors been escalating over time, or was this a random incident?

• Were the child's developmental level and any special needs factored into the physical restraint decision and implementation?

• Are there positive guidance or relationship opportunities to help prevent the need for further restraint?

• What event or sequence of events came before the child's dangerous behavior?

• Was the decision to use restraint appropriate?

Prompt communication with the parent or guardian following any use of physical restraint helps foster a positive and trusting relationship. It also provides an opportunity for the parent or guardian and early learning provider to communicate and learn what strategies worked better than others, and work together toward providing consistent interactions and expectations to the child.

WAC 110-300-0475 (2)(f) requires physical restraint to be reported to the parent or guardian by the end of the day and to DCYF within 24 hours.

Human Development and Family Science Specialist Angie Fletcher said it well: the more effective early learning providers are at encouraging appropriate child behavior, the less time and effort they will spend correcting misbehavior.[269] Building positive relationships with children and using positive child guidance techniques are essential components of an early learning provider's work to support children's learning and development. These strategies are foundational to promote children's skills in social relationships and self-control and in guiding children's behavior.

WAC 110-300-0325 outlines requirements related to creating a climate for healthy child development.

WAC 110-300-0330 outlines requirements for positive relationships and child guidance.

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269 University of Missouri Extension, "Positive Discipline and Child Guidance," available at **https://extension2.missouri.edu/gh6119#** retrieved August 19, 2020.

From Good Guidance to Trauma-Informed Care: Meeting All Children's Behavioral Support Needs. A NAEYC article that offers discussion and additional resources for supporting children with anxieties and through a crisis.
www.naeyc.org/resources/pubs/yc/jul2020/good-guidance-trauma-informed-care

How Do You Get Rid of Problem Behavior? A Right Response article on prevention and provides basic tips to support behavior.
https://rightresponse.org/prevention

How to Help Children Calm Down. Child Mind presents techniques for helping kids regulate their emotions and avoid explosive behavior.
https://childmind.org/article/how-to-help-children-calm-down/

Physical Restraint in School. Michigan Positive Behavior Support (PBS) Network research review and recommendations related to physical restraint.
www.bridges4kids.org/PBS/articles/RyanPeterson2004.htm

Preventing the Use of Restraint and Seclusion with Young Children: The Role of Effective, Positive Practices. An article that discusses restraint and seclusion as a larger national lens of school districts, state agencies and governments.
https://cainclusion.org/teachingpyramid/rbm-issue-briefs/preventing-the-use-of-restraint-and-seclusion-with-young-children-the-role-of-effective-positive-practices-pdf/

Restraint and Seclusion: Resource Document. A U.S. Department of Education document with information and resource websites.
https://sites.ed.gov/idea/files/restraints-and-seclusion-resources.pdf

Staying Calm in the Face of Challenging Behaviors. A Fox News article written by Jennifer Cerbasi, an Educational Consultant and a coordinator of Applied Behavioral Analysis.
www.foxnews.com/health/staying-calm-in-the-face-of-challenging-behaviors

WAC 110-300-0340

Expulsion

(1) **To promote consistent care and maximize opportunities for child development and learning, an early learning provider must develop and follow expulsion policies and practices, pursuant to WAC 110-300-0486.**

(2) **An early learning provider may expel a child only if:**

   (a) **The child exhibits behavior that presents a serious safety concern for that child or others; and**

   (b) **The program is not able to reduce or eliminate the safety concern through reasonable modifications.**

(3) **If a child is expelled, an early learning provider must:**

   (a) **Review the program's expulsion policy with the parent or guardian of the child;**

   (b) **Provide a record to the parent or guardian about the expulsion and the steps that were taken to avoid expulsion. The record must include the date, time, early learning program staff involved, and details of each incident that led to expulsion; and**

   (c) **Provide information to the parent or guardian of the child that includes, but is not limited to, community-based resources that may benefit the child.**

(4) **The early learning provider must report to the department when children are expelled. The information must include:**

   (a) **Child demographic data including, but not limited to, the age, race, ethnicity, and gender of the child;**

   (b) **The reason the child was expelled; and**

   (c) **The resources that were provided to the parent or guardian of the child.**

The federal government requires states, including Washington, to develop licensing rules around expulsion. This is to bring awareness to and learn how to prevent expulsion so children can be more successful in school and life. Expulsion means to end a child's enrollment in an early learning program when an early learning provider is unable to meet the child's needs due to the child's challenging behavior.

Expulsion is found to deprive children of learning opportunities and can have long-lasting effects in grade school and beyond. The Head Start Early Childhood Learning & Knowledge Center (ECLKC) reports that young children who are expelled are more likely to:

- Lose chances to learn, socialize with other children and interact with positive adult role models.

- Miss out on chances to develop and practice the very skills they may most need, including social and emotional skills.

- Develop ongoing behavior problems leading to later school difficulty.

- Experience harmful effects on development, education and health.

- View themselves negatively or as not capable of learning.

- Develop negative views about learning, school, teachers and the world around them.[270]

According to the Center for American Progress, preschoolers are expelled at rates more than three times higher than school-age children. The three highest predictors of preschool expulsion were being a boy, being black or being physically bigger than their peers.[271]

A center early learning provider in Spokane County shares:

"We had a child who enrolled at my center, who, over a year and a half, was expelled from five different child care centers. We've seen some amazing hard-fought victories and witnessed some heartbreaking traumas and setbacks with this child. This child craved consistency and structure. The child acted out because of the trauma that was endured in life. The teachers and caregivers realized this and attempted to build a relationship based on love, nurture, consistency and boundaries. Now there is nothing that the child won't be able to do. No victory was greater for me, then seeing this little one walk across the stage and receive a graduation certificate."

270 Head Start ECLKC, "Understanding and Eliminating Expulsion in Early Childhood Programs," available at **https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs#** last updated July 20, 2020.

271 Rasheed Malik, "New Data Reveal 250 Preschoolers Are Suspended or Expelled Every Day," available at **https://www.americanprogress.org/issues/early-childhood/news/2017/11/06/442280/new-data-reveal-250-preschoolers-suspended-expelled-every-day/**, published November 6, 2017.

INTERACTIONS AND CURRICULUM

Early learning professionals know that behaviors can occur on a continuum from disruptive to dangerous with many places in between. Some child behaviors may be perceived as more challenging to some people than others. In other words, adults have different ideas or perceptions of what type of behavior is challenging. To promote consistent care and preserve a child's opportunity to benefit from an early learning environment, an early learning provider must develop policies related to child guidance, behavior management and expulsion. These policies must limit expulsion to situations where there is a serious safety concern for the child or others that cannot be addressed through other modifications. The policies must detail the types of behavior that could lead to expulsion and the steps the early learning program will follow to avoid expulsion.

WAC 110-300-0486 outlines requirements for an expulsion policy.

It is important to include families as partners in the process of an expulsion decision. Early learning programs should work closely with families to avoid expulsion. Ongoing two-way communication with parents and guardians is an indication of a quality early learning program. If there is a situation where an enrolled child is struggling with challenging behaviors, the program must have procedures in place for developing a behavior plan that is focused on the child's success. The behavior plan should be written in consultation with the parent or guardian and given their approval. The plan should include parental insights, strategies such as focusing on child's interests and strengths, environmental modifications, consistent teacher-child interaction and provision of local community resources.

WAC 110-300-0300 outlines requirements for an individual care plan.

Center Director Serena has helped her preschool teachers locate and provide supports for a family that has had multiple changes in their living situation and job loss. The child, Keith, has angry outbursts occasionally that resulted in other children crying and in toys being broken but did not cause serious harm to himself or others. The teacher took notes about what sorts of things upset Keith to the point of an outburst, but there didn't seem to be a pattern. Serena has had some conversations with the parent about the behavior and the parent told her that things with Keith had seemed a little crazy at home too. He was not sleeping through the night and started throwing things at the dog. They both agreed to make space for Keith to calm down when needed, as well as give him extra time during transitions. This seemed to help for a while. In the past week, Keith had several outbursts and twice picked up chairs and threw them across the room, endangering children. At this point, Serena, Keith's parents and teachers developed a behavior plan for the child. The plan includes the parent seeking assistance from the child's pediatrician for a developmental screening to make sure everything is on track. Serena and the teachers identify changes to the daily schedule and the environment. Serena provides the parents information about local community resources. Serena also outlines strategies that the lead teacher can use to help Keith calm down, and techniques to help increase her relationship with him. The plan details how the program will follow their expulsion policy that outlines the behaviors that could cause the child to be expelled if the behavior plan is not successful in redirecting the behavior.

In 2009, the University of Washington surveyed parents of children in Washington state who were transitioning into kindergarten. The survey included whether they had a child asked to leave a program due to problem behavior. The survey found that 16.7 per 1,000 children were expelled before kindergarten entry in Washington state. This compares poorly to the national data estimates of 6.7 per 1,000 children.[272] DCYF aims to collect continued data to support Washington State children, families and early learning providers with issues related to expulsion. For this reason, an early learning provider must report to DCYF any child expulsion. Any personally identifying information related to the child should be removed from the report. A DCYF form is provided for this report on the Forms & Documents page of the DCYF website.

272 DCYF, "Expansion of Trauma-Informed Child Care in Washington State," available at **https://www.dcyf.wa.gov/sites/default/files/pdf/reports/TICAG.pdf**, published March 2019.

Expulsion and Suspension in Early Education as Matters of Social Justice and Health Equity. An informational article in the National Academy of Medicine exploring the disproportionate application of exclusion.
https://nam.edu/expulsion-and-suspension-in-early-education-as-matters-of-social-justice-and-health-equity/

Standing Together Against Suspension and Expulsion in Early Childhood Education. A NAEYC article that explores the progression leading to avocation for systemic change and offers links and additional resources.
www.naeyc.org/resources/blog/suspension-and-expulsion-early-childhood

Preventing Expulsion from Preschool and Child Care. A Zero to 3 webpage with links to resource articles and videos related to Preschool Expulsion.
www.zerotothree.org/resources/series/preventing-expulsion-from-preschool-and-child-care

Reducing Suspension and Expulsion Practices in Early Childhood Settings. The Office of the Administration for Children & Families, Early Childhood Development Webpage Links to Administration for Children & Families webinar series on Expulsion and Suspension Prevention.
www.acf.hhs.gov/ecd/child-health-development/reducing-suspension-and-expulsion-practices

Racial Inequities in Preschool Discipline: A visual infographic by The University of North Carolina at Chapel Hill's Frank Porter Graham Child Development Institute of Racial Inequities.
https://fpg.unc.edu/sites/fpg.unc.edu/files/resources/other-resources/preschool_suspension_infographic.pdf

Understanding and Eliminating Expulsion in Early Childhood Programs. Head Start ECLKC reviews research and data related to expulsion, and provides numerous resource links.
https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs

U.S. Department of Health and Human Services and U.S. Department of Education, Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings.
www.acf.hhs.gov/sites/default/files/ecd/expulsion_ps_numbered.pdf

Who is Being Expelled from Preschools and Why? Zero to 3 presents a video of Walter Gilliam, Director of the Zigler Center in Child Development and Social Policy, discussing preschool expulsion.
www.zerotothree.org/resources/1841-who-is-being-expelled-from-preschools-and-why

Why is Implicit Bias Such an Important Issue? A five-minute Zero to 3 video presentation of panelists describing short and long term impacts of implicit bias in preschool settings.
www.zerotothree.org/resources/1840-why-is-implicit-bias-such-an-important-issue

WAC 110-300-0345

Supervising children

(1) An early learning provider must only allow the following persons to have unsupervised access to a child in care:

   (a) That child's own parent or guardian;

   (b) Licensees or early learning program staff authorized by the department in chapter 110-06 WAC;

   (c) A government representative including an emergency responder who has specific and verifiable authority for access, supported by documentation; and

   (d) A person authorized in writing or over the phone by that child's parent such as a family member, family friend, or the child's therapist or health care provider.

(2) An early learning provider must meet capacity, group size, mixed age grouping, and staff-to-child ratios while children are in care. This includes, but is not limited to:

   (a) Indoor and outdoor play activities;

   (b) Off-site activities;

   (c) During transportation;

   (d) Meal times;

   (e) Rest periods;

   (f) Evening or overnight care; and

   (g) When children are on different floor levels of the early learning program.

(3) An early learning provider must supervise children in care by:

   (a) Scanning the environment looking and listening for both verbal and nonverbal cues to anticipate problems and plan accordingly;

   (b) Visibly checking children on many occasions with little time in between;

   (c) Positioning him or herself to supervise all areas accessible to children;

   (d) Attending to children and being aware of what children are doing at all times;

   (e) Being available and able to promptly assist or redirect a child as necessary; and

   (f) Considering the following when deciding whether increased supervision is needed:

      (i) Ages of children;

      (ii) Individual differences and abilities of children;

      (iii) Layout of the indoor and outdoor licensed space and play area;

      (iv) The risk associated with the activities children are engaged in; and

      (v) Any nearby hazards including those in the licensed or unlicensed space.

(4) An early learning program staff member may undertake other activities for a temporary time period when not required to be providing active supervision required under subsection (5)(c) of this section. Such activities include, but are not limited to, cleaning up after an activity or preparing items for a new activity. This early learning staff member must remain in visual or auditory range, and be available and able to respond if needed.

(5) An early learning provider must:

   (a) Not use devices such as a baby monitors, video monitors, or mirrors in place of supervision, unless used pursuant to WAC 110-300-0270(5);

(b) Be able to hear when doors in the immediate area are opened to prevent children from leaving unsupervised;

(c) Actively supervise children when the children:

(i) **Interact with pets or animals;**

(ii) **Engage in water or sand play;**

(iii) **Play in an area in close proximity to a body of water;**

(iv) **Use a safe route to access an outdoor play area not immediately adjacent to the early learning program;**

(v) **Engage in planned activities in the kitchen;**

(vi) **Ride on public transportation;**

(vii) **Engage in outdoor play; and**

(viii) **(viii) During field trips.**

(d) Ensure no infant or child is left unattended during:

(i) **Diapering;**

(ii) **Bottle feeding; or**

(iii) **Tummy time.**

(e) Provide developmentally appropriate supervision to children while bathing.

Supervision is a core responsibility of an early learning program. An effective early learning provider watches and listens to the children in care to ensure awareness, anticipate children's needs and intervene when appropriate. Supervision assists early learning programs in better supporting learning and development, safeguarding the well-being of children and reducing the risk of harm. This WAC addresses who can have unsupervised access to children, affirms the group size and ratio requirements and reminds early learning programs of the imperative supervision standards.

Research shows that proper supervision has a direct impact on injury rates with young children and can lessen certain behavioral problems.[273]

A primary component of supervision is overseeing careful control over which individuals have unsupervised access to children. Parents and guardians must know that those with unsupervised access were subject to review and authorization, and for anyone who is not a government representative, are expressly permitted access by the parent or guardian.

DCYF's background check process is intended to reduce the risk of harm to children from individuals who were convicted of certain crimes or who pose a risk to children. For this reason, all staff and volunteers who have unsupervised access to children in care must have a current and cleared DCYF background check prior to the first date of employment, pursuant to chapter 110-06-0041(3) WAC.

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273 U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, "13 Indicators Of Quality Child Care: Research Update," available at **https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update**, published April 1, 2002.

A center early learning program is licensed to care for four infants. Graciela has been the lead teacher in the infant room for the past 10 years. For personal reasons, Graciela was unable to renew her background check on time and it expired. Since an expired background check is the same as no background check, Graciela cannot continue working alone in the infant room until her new background check has cleared. The center early learning program needs to make sure there is another qualified staff in the infant room with a current DCYF background check clearance until Graciela again has DCYF background check clearance.

Law enforcement and government representatives working in child welfare or child protective services may have unsupervised access to a child or children in care. This could be to interview a child or to transport a child to a prearranged visit. Before allowing unsupervised access, an early learning provider can verify the worker's identity and the purpose of their visit by requesting a business card or photo identification.

When a parent or guardian is on-site at the early learning program, they may have unsupervised access to their child. Care must be taken to ensure a parent or guardian does not have unsupervised access with any other child or children in care unless they meet DCYF qualifications and have obtained a DCYF background check clearance. This is true not only in the primary early learning space, but also on field trips, during transportation, in hallways or corridors or other locations while the child is in care. Similarly, an early learning program may have special guests, such as a librarian, music teacher or dance instructor, come in to spend time with children. Unless the guest meets DCYF qualifications and has obtained DCYF background check clearance, they must not be unsupervised with children or be counted in the staff-to-child ratio.

Staff qualification and training requirements are outlined in WAC 110-300-0100 through WAC 110-300-0107.

A parent or guardian may provide permission for another individual to pick up or visit their child unsupervised without the parent or guardian being present. If an unfamiliar person attempts to pick up a child, their identity should be verified with the child's records or confirmed with the parent or guardian. If written documentation from the parent cannot be obtained, an early learning provider may document verbal permission to release the child. Checking the name and general description given by the parent helps ensure the child's safety. There may be individuals who feel inconvenienced by having to "prove" who they are, but it is an early learning provider's responsibility to protect a child's safety by ensuring the child leaves the premises with, or are visited by, a person approved by the parent or guardian. Clearly stating this practice in the program's policies may encourage parents and guardians to communicate what to expect at the early learning program to those picking up their children.

There may be children in care who receive visitors or services from people or agencies that are not part of the early learning program, such as speech therapy, physical therapy or another intervention program. These services may be provided in the early learning environment, with written permission from the parent or guardian and an individual care plan in place.

INTERACTIONS AND CURRICULUM

WAC 110-300-0300 outlines requirements related to an individual care plan.

Another component of supervision involves the number of children and the number of qualified adults in relation to the number of children present in the program. In his research, Richard Fiene, Ph.D., found that staff-to-child ratio levels and the group size of children are two of the best indicators for determining the quality of an early learning program. His studies include findings that smaller group sizes were associated with less infection and risk of illness in children, and improved both the caregiving behaviors of staff and the safety of children. Additionally, lower staff-to-child ratios were associated with fewer situations involving potential danger to children, less distress in infants and toddlers and reduced chances for child abuse.[274]

Because of the impact on the health and safety of children, the required staff-to-child ratios and group sizes must be maintained at all times when children are in care. This is regardless of whether children are awake or asleep, or whether they are at the early learning program or on an off-site trip or during transportation. During rest time, an early learning program staff may undertake other activities such as cleaning up or activity planning as long as they remain in visual or auditory range of the children and available to respond if needed. On an off-site trip or during transportation, a child's parent or guardian may not be counted toward the staff-to-child ratio unless they meet DCYF qualifications and have obtained DCYF background check clearance.

There are specific supervision requirements for overnight care, especially when accepting new infants. WAC 110-300-0270 outlines requirements for overnight care.

In a family home early learning program, children may be on different floors of the home provided that each floor or space is approved as licensed space, capacity for the space is determined and the staff-to-child ratio for each floor children are on complies with the child to staff ratio requirements. As an example, the total capacity for a licensed family home setting is 12 children. The lower level licensed space is approved for a capacity of up to 12 children. The upper level licensed space is approved for up to eight children. The family home early learning program cannot exceed the total capacity of 12 children. One staff member may be upstairs with six children ages birth through 12 years of age, with three children under 2 years of age (one walking independently) while another staff member is downstairs with another six children birth through 12 years of age with three children under 2 years of age (one walking independently). If one staff has all six children who are under 2 years of age alone while the other staff had six children on the other floor of the home, this would be considered as non-compliant with the licensing standards. All restrictions apply to the groupings of children and the staffing requirements on each level of the home.

274 U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, "13 Indicators Of Quality Child Care: Research Update," available at **https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update**, published April 1, 2002.

A family home early learning provider has a split-level home. Both the upstairs and downstairs contain licensed space. The downstairs playroom is where children spend the majority of their indoor time. However, meals and snacks are prepared upstairs. The early learning provider and qualified assistant are downstairs with the children, but the early learning provider is going upstairs to prepare a snack. There are 10 children in care, and three children are under the age of 2. One of the children cannot yet walk independently. To ensure the qualified assistant is left within ratio, the early learning provider brings four children with them, including the two children under the age of 2 who can walk independently. This leaves six children with the qualified assistant, and only one child under 2 years of age. The early learning provider helps the four children engage in activities upstairs before beginning the snack preparation.

WAC 110-300-0355 outlines requirements for family home capacity ratio and group size.

A family home early learning provider from Pend Oreille County shares:

"I am licensed for 12 children ages birth to 13. I have an assistant and several children with special needs that include bottle feeding and diapering an older child, and behavior and emotional meltdowns. Between my assistant and I, we always make sure all the children are supervised, even when doing duties like making lunch. Usually, the assistant stays with the children and I prepare the food in the kitchen. My kitchen is open to the dining and family rooms so I can still see and hear all the children. We plan and make sure there are activities for the children to do. The assistant helps the children engage in the activities until it is time for them to go to the restroom and wash their hands. My assistant and I do a lot of communication during lunch prep time.

One key thing is to make sure you get to know the children well. When you know what their needs are and what bothers them, you can predict and try to prevent what will make them fussy or needy. I also make sure I plan meals and snacks days in advance so I have the right amount of everything I will need ready to go. This helps meal prep go as quickly as possible. I try to do as much as I can in advance, like cutting up a melon. When I am preparing and cooking I still listen and pay attention to what is going on so I can help or intervene. In my program, the older children help the younger children or those with special needs with their crafts, if they have a problem and things like setting out materials and holding doors. We have built into our daily system that the children help with cleaning up and transitions. The children enjoy helping and it builds their self-esteem."

INTERACTIONS AND CURRICULUM

Supervising children is an active job. An early learning provider must use a variety of strategies to ensure they are aware of the environment and what the children are doing and saying. The provider must also reassess and adjust their strategies as the circumstances change in the early learning program. To determine the adequate level of supervision, an early learning provider must consider factors such as the layout of the learning environment and where they can position themselves to best observe the areas where children may be located. They must also consider the ages and developmental levels of the children present in relation to the potential health or safety risks presented by the current activities and location. Supervision decisions may also involve thinking about how to arrange or prepare activities and materials in advance so children can better engage and less direction or assistance is needed from the provider. These types of considerations inform an early learning provider's decisions about how they will be able to prevent unsafe or unhealthy situations, respond to individual children's needs and support learning.

No matter the circumstance, location or activity, children must remain within an early learning provider's visual or hearing range. When circumstances exist that allow children to be safely supervised out of an early learning provider's visual range, they must be checked visually, on many occasions with little time in between. The experience of the early learning provider, the developmental level and abilities of the children and the early learning environment will vary greatly and the early learning provider must use their professional expertise to determine the appropriate level of supervision in these cases.

To further ensure the safety of children, an early learning provider must be able to hear when the interior and exterior doors in the immediate area are opened. This helps prevent children from leaving unnoticed to an unsupervised situation. A provider may determine that installing a bell, alarm or another alert on doors is the best way to ensure the doors can be heard when opened. If a provider chooses to use another method, they must ensure the opening of the door can be heard during all types of activity and noise levels that occur in the early learning program.

There are times and scenarios where licensing standards require a heightened level of supervision and this is called Active Supervision. These scenarios are those that inherently pose a greater potential risk to children. They are activities such as engaging with or being around water, interacting with animals, going on field-trips or bottle feeding and tummy time for infants. During such activities, an early learning provider is required to both see and hear the children for which they are responsible and must be able to prevent or instantly respond to unsafe or harmful events.

According to the National Center on Early Childhood Health and Wellness, "Active Supervision is the most effective strategy for creating a safe environment and preventing injuries in young children. It transforms supervision from a passive approach to an active skill. Staff use this strategy to make sure that children of all ages explore their environments safely. Each program can keep children safe by teaching all staff how to look, listen and engage."[275]

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275   U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, "13 Indicators Of Quality Child Care: Research Update," available at **https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update**, published April 1, 2002.

Active Supervision. This Head Start ECLKC webpage provides a description of active supervision, tips and strategies, and an activity to support your learning. It also includes a link to a PDF version of the information to share with staff.
https://eclkc.ohs.acf.hhs.gov/safety-practices/article/active-supervision

Active Supervision At-A-Glance. A Head Start ECLKC one-page tip sheet with strategies to allow children to explore their environments safely and under supervision.
https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/active-supervision-handout.pdf

Background Check Requirements. The DCYF webpage with background check requirement information and links to pages on background check payment information, fingerprint processes and background check forms.
www.dcyf.wa.gov/services/early-learning-providers/background-checks

Effective Supervision in Child Care Settings. The Government of Alberta, Canada provides this informational flyer describing early learning supervision that ensures the safety, well-being and development of children.
www.humanservices.alberta.ca/documents/child-care-effective-supervision.pdf

Substitute Pool. DCYF's webpage with information about Washington's Early Care and Education Substitute Pool to support early learning providers in accessing release time so they can work on professional development goals.
www.dcyf.wa.gov/services/earlylearning-profdev/early-learning-provider/substitute-pool

Supervision and Accountability. A Virtual Lab School web-lesson with information and videos on the importance of supervision, how to supervise during a variety of activities and environments and how to maintain accountability.
www.virtuallabschool.org/preschool/safe-environments/lesson-4

Indoors and Outdoors. Supervision: Positioning - Where do I stand? A six-minute video from Better Kid Care, an outreach educational program from Penn State Extension that discusses strategies for quality supervision in an early learning program.
www.youtube.com/watch?v=Z8ewYm_DuEM

13 Indicators of Quality Child Care: Research Update. Richard Fiene, Ph.D. of Pennsylvania State University National Resource Center for Health and Safety in Child Care, University of Colorado, presents his research brief that reviews recent research related to indicators of quality in early learning programs.
https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update#Supervision

WAC 110-300-0350

Supervising children during water activities

(1) During water activities, an early learning provider must meet all supervision requirements of this section and WAC 110-300-0345.

(2) During water activities, an early learning provider must:

(a) Ensure a one-to-one (1:1) staff-to-child ratio for infants;

(b) Hold or have continuous touch of infants, nonambulatory toddlers, and children with special needs as required; and

(c) Keep toddlers within arm's length.

(3) An early learning provider must have written permission for water activities from each child's parent or guardian.

(4) For water activities on or off the early learning program premises, where the water is more than twenty-four inches deep, an early learning provider must ensure:

(a) A certified lifeguard is present and on duty; and

(b) At least one additional staff member than would otherwise be required is present to help actively supervise if the children are preschool-age or older.

(5) An early learning provider must have life-saving equipment readily accessible during water activities if a pool is six feet or more in any direction and two feet or more in depth. Life-saving equipment may include a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity.

(6) If an early learning provider takes children off-site to an area with an accessible body of water more than four inches deep (for example, a park with a lake or stream) but children are not engaging in a water activity, there must be:

(a) At least one more staff person than required in the staff-to-child ratio; and

(b) At least one attending staff person must be able to swim.

Water play can be an enjoyable and engaging activity for children. Early learning providers may offer lessons in the physical properties of liquid, cause and effect or movement through water. There is also the potential through water play to promote gross motor skills which offer a great opportunity for exercise. At the same time, water can also pose a serious safety hazard to children.

On the **HealthyChildren.org** website, the American Academy of Pediatrics (AAP) states that drowning is the leading cause of unintentional injury-related death in children between ages 1 and 4.[276] The Centers for Disease Control and Prevention (CDC) provides additional data noting that, among children ages 1 to 4 years old, most drownings occur in home swimming pools. Furthermore, for children 1 to 14 years of age, fatal drowning remains the second-leading cause of unintentional injury-related death behind motor vehicle crashes.

276 American Academy of Pediatrics, "At Play," **healthychildren.org**, last updated March 15, 2019, available at **https://www.healthychildren.org/English/safety-prevention/at-play/Pages/Water-Safety-And-Young-Children.aspx**

Another statistic presented by the CDC is that "for every child who dies from drowning, another five receive emergency department care for nonfatal submersion injuries."[277]

DCYF defines water activities as early learning program activities in which enrolled children swim or play in a body of water that poses a risk for drowning for children. Water activities do not include using sensory tables. Because of the severity of the potential risks associated with water, the Foundational Quality Standards include specific and increased requirements for supervision during water activities. For infants and toddlers, an early learning provider must be engaged directly with the children during water play by holding infants and keeping toddlers within arm's reach. This permits the adult to continuously supervise and assess the child's safety, and to respond immediately if necessary.

Requiring written parent or guardian permission for water play is important for a variety of reasons. First and foremost, this allows parents and guardians to function as the primary decision-makers about the level of risk they are willing to allow their child to engage in when they are not the primary caregiver. This also opens communication between the early learning program and the parents or guardians, allowing the provider to share with them that water activities come with additional risk. It allows the provider to inform parents and guardians of steps that will be taken to ensure child safety during water play activities and answer questions the family may have. Additionally, this communication offers time to discuss with the parent or guardian the educational and developmental benefits incorporated into the program's water play.

Young children can drown in as little as two inches of water.[278] Furthermore, according to Barbara Byers, Public Education Director of Canada's Lifesaving Society, "If adults fall face forward into waist-deep water, they simply put their feet down and will usually be able to stand up. But toddlers or preschoolers have more of their weight in the upper part of the body. When they fall face forward in waist-deep water, their feet go up and their head goes down. They may not have the coordination and strength to right themselves."[279]

When the water is more than 24 inches deep, there must be a certified lifeguard on duty. A lifeguard will assist with supervision and is also trained in how to assist a person in distress and rescue a person in a water accident. When children preschool-age or older are present, the certified lifeguard requirement is in addition to at least one more early learning provider than would regularly be necessary to meet the staff-to-child ratio.

277 Centers for Disease Control and Prevention, "Unintentional Drowning: Get the Facts," available at **https://www.cdc.gov/homeandrecreationalsafety/water-safety/ waterinjuries-factsheet.html#** last updated April 28, 2016.
278 KidsHealth, "Why Is Water Safety Important," available at **https://kidshealth.org/en/parents/water-safety.html#** published May 2019.
279 John Hoffman, "Why children drown," Today's Parent (2006), available at **https://www.todaysparent.com/family/family-health/why-children-drown/#**

A center early learning program is bringing 11 school-age children in care to the state park to play in the grass, on the sand and in the water. The required ratio for the children attending the off-site trip is one staff for every 15 children. The program supervisor has secured a volunteer who is a certified lifeguard. The lifeguard has contacted the center and communicated that she is at the state park and ready for the children to arrive. The early learning provider boards the center bus along with the 11 school-age children. The assistant also boards the bus to meet the requirement of an extra person to actively supervise. While at the park, the two staff strategically position themselves to keep all children in visual and auditory range at all times. They also follow the center's policy that one staff person conducts and documents a face to name count of the children every 20 minutes.

If an early learning program takes a field trip to an area where there is a body of water but they will not be getting into the water, there must still be at least one more early learning provider than the required staff-to-child ratio, and at least one of the adults must be able to swim. This requirement provides an additional layer of safety precaution for children. While there is no plan for a child to enter the water, an early learning program must be prepared to respond if a child impulsively goes into the water or accidentally falls in and needs assistance.

WAC 110-300-0175 outlines requirements for water hazards and swimming pools on or near the licensed premises.

Drowning Prevention. An AAP webpage with information, videos and other resources related to children and water safety.
www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/drowning-prevention/Pages/default.aspx

Drowning is Silent. A 35-second video by Children's Healthcare of Atlanta that illustrates the importance of distraction-free supervision around water.
www.youtube.com/watch?v=IKka-HWGC3E

Drowning Is Silent. An infographic flyer with drowning facts and data, the signs for when a person is in distress in the water, strategies to keep children safe around water and what to do in a drowning emergency.
www.cdss.ca.gov/Portals/13/DrowningPreventionInfographic2018.pdf?ver=2018-05-25-165726-433

Keeping Children Safe in and Around Water. A Saint Luke's Hospital webpage with swimming and water safety tips.
www.saintlukeskc.org/health-library/keeping-children-safe-and-around-water

Swimming. A Nemours article on the importance of water safety and safety tips for a variety of water bodies and activities.
https://kidshealth.org/en/kids/swim.html?WT.ac=en-k-safety-center-c

Unintentional Drowning: Get the Facts. A Centers for Disease Control and Prevention (CDC) webpage offering data, information and resources related to drowning.
www.cdc.gov/homeandrecreationalsafety/water-safety/waterinjuries-factsheet.html

Why Are Black Youth at Highest Risk for Drowning? The Young Men's Christian Association (YMCA) explores the cultural and historical factors related to why children of color are at a higher risk of drowning.
www.ymca.net/summer-buzz/highest-risk-for-drowning

Why Children Drown. A Today's Parent article that shares one family's experience with a near-drowning incident, and explores risk factors and safety strategies to prevent drowning.
www.todaysparent.com/family/family-health/why-children-drown/

WAC 110-300-0354

Indoor early learning program space capacity

(1) To define capacity, licensed indoor early learning program space must have a minimum of thirty-five square feet per child in attendance and further comply with the requirements of this chapter.

   (a) Center early learning program space must provide fifteen additional square feet for each infant or toddler using a crib or playpen if the crib or playpen is located or placed in the sleeping or play area.

   (b) Floor space under tables, desks, chairs, and other equipment used as part of children's activities must be included in the overall capacity.

   (c) Office or kitchen space that is inaccessible to children and not intended for their use must not be included in the overall capacity.

   (d) Napping areas may be used as early learning program space if mats and cots are removed when not in use and children have free access to the area.

(2) The following indoor space must not be counted in the overall capacity:

   (a) Unlicensed space;

   (b) Hallway space that is used for emergency evacuation or is not approved to be used for program activities;

   (c) Bathrooms and diaper changing areas (including twenty-four inches surrounding diaper changing areas and handwashing sink, unless the diaper changing area has a two-foot-high barrier);

   (d) Laundry areas;

   (e) Closets;

   (f) Stairways; and

   (g) Floor space occupied by shelves, built-in cabinets, file cabinets, desks, or other office equipment not intended to be accessible to children.

(3) A large, licensed indoor gross motor activity space may be used to supplement the requirements of outdoor program space, pursuant to WAC 110-300-0145, but must not be counted in the overall capacity if:

   (a) The space provides seventy-five square feet per child for the maximum number of children listed on the license or the provider rotates groups of children; and

   (b) The space is safe and appropriate for activities otherwise performed in an outdoor play space.

Each aspect of the early learning program environment can play a part in children's health and safety, as well as their growth, discovery and learning. The amount of space available to children in an early learning environment is critically linked to the quality of care.

CFOC notes that children's behavior tends to be more constructive when there is sufficient space and that having sufficient space will reduce the risk of injury from simultaneous activities. CFOC also reports that crowding in the early learning environment is associated with an increased risk of developing upper respiratory infections.[280]

Furthermore, a child may be more emotionally content and productive when there is enough room to engage in program activities without having to overlap space with their peers. Providing plenty of room for work and play activities can reduce disruptions, promote more positive social interactions and reduce stress in children.

A 2003 study from Alain Legendre, a researcher for the French National Center for Scientific Research, monitored the cortisol levels of 113 children between 18 months and 40 months of age in eight child care centers over eight months. An increased cortisol level is considered a good biological marker of stress, and in particular, stress related to psychological distress. The study found that 54 square feet of accessible play space per child was required to minimize children's stress levels.[281]

To support the well-being of children, the Foundational Quality Standards require a minimum of 35 square feet of space per child when determining the maximum number of children an early learning provider is authorized to have in care at any given time (capacity). In a center early learning program, additional space allowances are considered for the cribs and playpens of infants and toddlers when they are located in the sleeping and play area. To accommodate this furniture, the space requirement increases to 50 square feet per child.

To further promote the health, safety and development of children, only spaces that are accessible to children for work and play may be counted toward the space determining capacity limits. Areas of the facility that children cannot or should not utilize for work or play will not be included in the square footage calculation for capacity. Areas that will not count in the overall capacity include spaces like hallways, entryways and stairways. These areas are used for the general circulation of people and need to be open and available as egress and emergency exit pathways.

Kitchens, laundry areas, bathrooms, sinks and diaper changing areas are also not included in the square footage for capacity determination. While these spaces may be used by children, they present potential health and safety risks that make them unsuitable as a general work or play space. Similarly, unlicensed space, offices, desks used by staff and shelves or cabinets that are not intended to be used or accessed by children will not be counted toward the square footage used to establish capacity. However, floor space containing desks, cabinets and shelves that children may use will be included in calculating the capacity determination.

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280 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: *National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), 216.

281 White Hutchinson Leisure & Learning Group, "The Great 35 Square Foot Myth," available at **https://www.whitehutchinson.com/children/articles/35footmyth.shtml**, last updated June 25, 2016.

Ensuring children have plenty of space to experiment, explore, engage in activities, take care of their personal needs, relax and move their bodies supports not only their development, health and interactions, but also the early learning provider's efforts. Adequate space promotes an early learning provider's ability to implement programs and facilitate interactions with children.[282] It also helps ensure open pathways for emergencies and for adults to respond promptly when intervention, guidance or redirection is meaningful or necessary.

WAC 110-300-0355

Family home capacity, ratio, and group size

(1) The department issues initial or nonexpiring family home licenses for up to twelve children. The department will not issue a family license to care for more children than permitted by the rules in this chapter but may issue a license to care for fewer than the maximum allowable enrolled children. Family home licenses state:

   (a) The maximum number of children that may be in care at any one time (total capacity); and

   (b) The age range of children allowed in care.

(2) The department determines capacity for a family home early learning program after considering:

   (a) Square footage of the early learning program;

   (b) An early learning provider's years of experience in licensed child care (experience must be from working as a center director, program supervisor, lead teacher, family home licensee, or another similar role in a child care setting);

   (c) A provider's education and ongoing training;

   (d) The age range requested or approved by the department;

   (e) The amount of developmentally appropriate equipment, materials, and toys an early learning program can provide children to use;

   (f) A provider's licensing history with the department; and

   (g) The number of qualified staff available to meet staff-to-child ratios.

(3) A family home licensee must not exceed the total capacity or age range stated on the child care license at any time except as provided in this section. All children on the premises, signed in to child care, on an off-site trip from the early learning program, or being transported by the early learning program staff are counted in capacity including the children of staff.

   (a) A family home licensee must receive department approval to care for a child with special needs, pursuant to WAC 110-300-0300, if the child is older than the maximum age identified on the license. A child with documented special needs may be in care up to age nineteen and must be counted in both capacity and staff-to-child ratio.

   (b) A child with special needs who requires individualized supervision pursuant to WAC 110-300-0300 counts towards capacity but does not count in the staff-to-child ratio.

   (c) A child who turns thirteen years old permitted by chapter 110-15 WAC and who must be counted in both capacity and staff-to-child ratio.

282 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children.* 216

(4) Any child birth through twelve years old on the premises, signed in to the child care, on an off-site trip from the early learning program, or being transported counts in capacity. This includes a family home licensee's own children, children of staff, or visiting children not accompanied or supervised by an adult.

(5) A family home licensee must provide qualfied staff to fulfill the staffing requirements and staff-to-child ratios during operating hours, including off-site activities and when transporting children in care.

(6) A family home licensee must provide additional staff, pursuant to WAC 110-300-0350, when children are participating in water activities or activities near water.

(7) When applying for an initial or nonexpiring family home license, a family home licensee with less than one year of experience may request from the department a capacity of up to six children, birth through twelve years of age.

　(a) A maximum of three children may be under two years of age.

　(b) If there are three children under two years of age, one of these children must be able to walk independently.

(8) When applying for an initial or nonexpiring family home license, a family home licensee with at least one year but less than two years of experience and:

　(a) Working alone may request a capacity of up to eight children ages two through twelve years of age, with a maximum of four children under three years of age.

　(b) Working with a qualfied assistant may request a capacity of up to nine children birth through twelve years of age with a maximum of four children under two years of age.

(9) When applying for an initial or nonexpiring family home license, a family home licensee with at least two years' experience and:

　(a) Working alone may request a capacity of up to ten children ages three years through twelve years of age;

　(b) Working alone may request a capacity of up to twelve children for school-age children only; and

　(c) Working with a qualfied assistant, may request a capacity of up to twelve children birth through twelve years of age with a maximum of six children under two years of age with two children being able to walk independently.

(10) A family home licensee, with two years of experience, may request a license for birth to twenty-four months of age with a maximum group size of eight when:

　(a) There are two staff present with the group consisting of one staff who meets the qualification of the licensee and another who meets the qualifications to be counted in ratio;

　(b) The staff-to-child ratio is 1:4;

　(c) Fifteen additional square feet are provided for each infant or toddler; and

　(d) A second staff member is present whenever:

　　(i) More than two children in care do not walk independently; or

　　(ii) When there are more than four children in care.

(11) The staff-to-child ratio is determined by the ages and number of children in care. Two early learning program staff are required anytime:

(a) More than six children are in care and any child in care is under two years of age;

(b) More than eight children are in care and any child in care is under three years of age; or

(c) More than ten children are in care and any child is under school-age.

A family home early learning provider may be licensed for a capacity of up to 12 children, ages birth through 12 years of age, in care at any given time. During the licensing process, DCYF will work with the early learning provider to determine the capacity of the family home early learning program based on the specific circumstances applicable to the family home facility, staffing pattern, and the available learning materials. DCYF will also consider the early learning provider's experience, education and training and the ages of the children.

The mixed-age grouping found in many family home early learning programs allows children more time to build emotionally secure relationships with their caregivers. Keeping consistent caregivers over a long time in the early years is shown to be beneficial for social and emotional development, improve children's behaviors and encourage caregivers to respond sensitively.[283]

A family home early learning program's staff-to-child ratio considers staffing as well as the children's age and mobility. Research shows the positive benefits of limiting staff-to-child ratios and overall capacity. Lower staff-to-child ratios are associated with the reduced transmission of disease, fewer situations involving potential danger to children, less distress in infants and toddlers, proper supervision and more positive interactions between staff and children.[284]

The Family Home Early Learning Programs Capacity Chart provides at-a-glance guidance for staff-to-child ratios and maximum capacity based on staffing experience and the age and developmental level of the children. A family home early learning provider can use the chart to help plan and anticipate capacity limitations when enrolling children, and develop a system to track the enrolled children's ages and attendance schedule. It is important to forecast the ages of the enrolled children and consider the anticipated ratios as the children age through the program to ensure capacity and ratio requirements are met at all times. A family home early learning provider is required to ensure they have qualified staff to fulfill the staffing requirements and staff-to-child ratios during operating hours, including off-site activities and when transporting children in care.

WAC 110-300-0100 through WAC 110-300-0107 outlines staff qualification and training requirements.

283 Mary Benson McMullen, "The Many Benefits of Continuity of Care for Infants, Toddlers, Families, and Caregiving Staff," *Young Children* 73 (3) (2018), available at **https://www.naeyc.org/resources/pubs/yc/jul2018/benefits-continuity-care**

284 U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, "13 Indicators Of Quality Child Care: Research Update," available at **https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update**, published April 1, 2002.

Family Home Early Learning Programs Capacity Chart

Reference WAC 110-300-0355

Staff and licensee minimum experience requirements	Staff-to-child ratio	Age range	Limitations by age group	Maximum Capacity
Licensee working alone Less than 1 year experience	1:06	Birth through 12 years of age	3 children under 2 years of age. One of those children must be walking independently	6
Licensee working alone At least 1 year experience	1:08	2 years through 12 years of age	4 children under 3 years of age with no children under age 2 in care	8
Licensee working with another staff member (2 staff total) Licensee has at least 1 year experience	2:09	Birth through 12 years of age	4 children under 2 years of age	9
Licensee working alone At least 2 years of experience	1:10	3 years through 12 years of age	Not applicable	10
Licensee working with another staff member (2 staff total) Licensee has 2 or more years experience	2:12	Birth through 12 years of age	6 children under 2 years of age. 2 of those children must be walking independently	12
Licensee working with another staff member (2 staff total) Licensee has 2 or more years experience	2:08	Birth through 24 months	You must have an additional 15 square feet for each child under 2 years of age and four of those children must be walking independently	8
Licensee working alone Licensee has 2 or more years of experience	1:04	Birth through 24 months	You must have an additional 15 square feet for each child under 2 years of age and two of those children must be walking independently	4
Licensee working alone Licensee has 2 or more years of experience	1:12	5 years of age through 12 years of age	All children enrolled must be enrolled in school	12

Washington State Department of
CHILDREN, YOUTH & FAMILIES

DCYF Family Home Early Learning Programs Capacity Chart
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This chart available online at: **www.dcyf.wa.gov/sites/default/files/pdf/capacitycharthome.pdf** .

Use the Family Home Early Learning Programs Capacity Chart to consider the scenario below and determine whether the family home early learning provider should enroll a family with infant twins into care.

Ellen is a home provider who just received her first initial license. She has an approved maximum capacity of six children, birth to 13 years of age. Ellen has two household children ages 4 months and 23 months of age in the home. Ellen's two young children will be at home during her business hours. Ellen knows that her children will use two full-time slots. Ellen is approached by a neighborhood family who is hoping to enroll 8-month-old twins who need care starting in two months. Ellen does a quick age ratio calculation and realizes that in two months she would have two slots available in the age range of 2 years or younger because her 23-month old child will have had his second birthday by then. Should Ellen accept and enroll this family into care?

In this scenario, the answer is "No." This is because Ellen's infant and the infant twins would still be under 12 months of age and not able to walk independently. According to the capacity chart, a family home provider operating under a single caregiver with six children ratio can only care for two children under 24 months of age that are unable to walk independently.

INTERACTIONS AND CURRICULUM

WAC Chapter 110-300-0005 defines that "walk independently" means an individual can stand and move easily without the aid or assistance of holding on to an object, wall, equipment or another individual.

Developmentally appropriate staff-to-child ratios must be met during all hours of operation. It is important to note that an early learning provider's children between the ages of birth through age 12 years, when on the premises, are included in the capacity count, even when they are located in another area of the home and under the supervision of someone else. An early learning provider may be called upon unexpectedly to assist in caring for or supervising any child on the premises. The capacity count includes children of staff that may be on the premises or visiting children not accompanied or supervised by an adult. This includes children on a field trip or being transported by early learning program staff.

When planning the operating schedule, an early learning provider must consider the needs of individual children, and the staffing needed to meet the required staff-to-child ratios. Children with special care needs may require additional supports to meet their learning, health or safety needs.

WAC 110-300-0300 outlines requirements for an individual care plan.

Family Child Care Brief. An Administration for Children & Families document that reviews the place of family child care in the national child care system.
www.acf.hhs.gov/sites/default/files/documents/occ/occ_fcc_brief.pdf

Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy. A brief that explores implementation and standards for center early learning programs and the relationship-based care structure of the family home child care environment.
www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program. A Center for American Progress article that discusses why quality matters, what quality looks like and how to achieve high quality in early learning.
www.americanprogress.org/issues/early-childhood/reports/2017/02/13/414939/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/

Ratios and Group Sizes. **ChildCare.gov** discusses the benefits of low staff-to-child ratios and small group sizes.
www.childcare.gov/index.php/consumer-education/ratios-and-group-sizes

The Importance of Continuity of Care: Policies and Practices in Early Childhood Systems and Programs. The Ounce of Prevention fund publication helps advocates address continuity-of-care challenges.
www.theounce.org/wp-content/uploads/2017/03/NPT-Continuity-of-Care-Nov-2015.pdf

Using Mixed-Age Groups to Support Continuity of Care in Center-Based Programs. A Head Start ECLKC webpage on the benefits of mixed age groups and implementation strategies in an early learning setting.
https://eclkc.ohs.acf.hhs.gov/learning-environments/article/using-mixed-age-groups-support-continuity-care-center-based-programs

Virtual Lab School. Lessons that explore why ratios and group sizes are important and how to solve common problems. Each lesson includes a short video clip.

- Maintaining Safe Staff-to-Child Ratios.
  www.virtuallabschool.org/preschool/safe-environments/lesson-3

- Ensuring Staff-to-Child Ratios Are Followed at All Times.
  www.virtuallabschool.org/management/safe-environments/lesson-2

13 Indicators of Quality Child Care: Research Update. Richard Fiene, Ph.D. of Pennsylvania State University National Resource Center for Health and Safety in Child Care, University of Colorado, presents his research brief that reviews recent research related to indicators of quality in early learning programs.
https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update#Supervision

WAC 110-300-0356

Center capacity, ratio, and group size

(1) The department issues initial or nonexpiring center early learning provider licenses. The department will not issue a center license to care for more children than permitted by the rules in this chapter. The department may issue a license to care for fewer than the maximum allowable enrolled children. For each center, licenses state:

   (a) The maximum number of children that may be in care at any one time (total capacity);

   (b) The licensed capacity for each space within the center licensed for use by children; and

   (c) The age range of children allowed in care.

(2) The department determines capacity for a center early learning program after considering:

   (a) Square footage of the early learning program;

   (b) A provider's education and ongoing training;

   (c) The age range of children requested or approved by the department;

   (d) The amount of developmentally appropriate equipment, materials, and toys an early learning program can provide children to use;

   (e) A provider's licensing history with the department; and

   (f) The number of qualified staff available to meet staff-to-child ratios.

(3) A center licensee must not exceed the total capacity or age range stated on the child care license at any time except as provided in this section. All children on the premises, signed in to child care, on an off-site trip from the early learning program, or being transported by the early learning program staff are counted in capacity including the children of staff.

   (a) A center licensee must receive department approval to care for a child with special needs, pursuant to WAC 110-300-0300, if the child is older than the maximum age identified on the license. A child with documented special needs may be in care up to age nineteen and must be counted in capacity and staff-to-child ratio.

   (b) A child with special needs who requires individualized supervision pursuant to WAC 110-300-0300 does not count in the staff-to-child ratio.

   (c) A child who turns thirteen years old permitted by chapter 110-15 WAC must be counted in both capacity and staff-to-child ratio.

(4) A center licensee must provide qualified staff to fulfill staffing requirements, staff-to-child ratios, group size, and mixed age grouping during operating hours, including off-site activities or when transporting children in care.

(5) In each classroom or well-defined space, the maximum group size and ratio of center staff members to children, including children related to staff or the licensee, must be:

   (a) Infants (birth through eleven months of age) with a:

      (i) Maximum group size of eight with a ratio of one staff to four children (1:4);

      (ii) Maximum group size of nine with a ratio of 1:3.

   (b) Toddlers (twelve through twenty-nine months of age) with a:

      (i) Maximum group size of fourteen with a ratio of 1:7;

      (ii) Maximum group size of fifteen with a ratio of 1:5.

(c) **Preschoolers (thirty months through six years of age who are not attending kindergarten or elementary school) with a maximum group size of twenty with a ratio of 1:10; and**

(d) **School-age children (five years through twelve years of age who are enrolled in or attending kindergarten or elementary school) with a maximum group size of thirty with a ratio of 1:15.**

(6) **A center licensee may combine children of different age groups for periods of no more than the first two hours of the day or the last two hours of the day, not to exceed two hours in any given day, provided the staff-to-child ratio and group size designated for the youngest child in the mixed group are maintained.**

(7) **Children at least five years old and enrolled in or attending kindergarten may be a part of the preschool or school-age group if developmentally appropriate and the child's parent or guardian agrees to this placement.**

(8) **A center licensee must conduct activities for each group of children in a specific room or other defined space within a larger area.**

(9) **A center licensee must provide additional staff as described in WAC 110-300-0350 when children are participating in water activities or activities near water.**

(10) **When only one center staff is required to care for the only group of children on-site for up to an hour at the beginning or end of the day, the center licensee must ensure:**

(a) **That staff member provides an appropriate level of supervision at all times to the children in care;**

(b) **That staff member is free of all other duties while providing care to children; and**

(c) **A second individual with a cleared background check is on-site and readily available to respond if needed, or the department approves an alternate plan.**

Center early learning programs provide regularly scheduled care for children from birth through 12 years of age. The maximum number of children that may be cared for at any one time (capacity) will be determined in consideration of usable square footage, the equipment and materials present, the ages of the children and the number of qualified staff available to meet required staff-to-child ratios.

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Staff-to-child ratios and group sizes are two of the best indicators for determining the quality of an early learning program.[285] The Foundational Quality Standards establish research-based staff-to-child ratio limits, which must be maintained at all times, including during naptime, outdoor play and off-site trips. National research has found positive benefits of limiting staff-to-child ratios. Lower staff-to-child ratios are associated with the reduced transmission of disease, fewer situations involving potential danger to children, less distress in infants and toddlers, proper supervision and more positive interactions between staff and children.[286]

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285 U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, "13 Indicators Of Quality Child Care: Research Update," available at **https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update**, published April 1, 2002.
286 U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, "13 Indicators Of Quality Child Care: Research Update," available at **https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update**, published April 1, 2002.

INTERACTIONS AND CURRICULUM

A primary reason why low staff-to-child ratios and small group sizes positively impact program quality and child outcomes is because each child gets more individual attention and interaction with an early learning provider.[287] According to the Center on the Developing Child at Harvard University, children experience success in life when they build executive function and self-regulation skills. Children's relationships with their caregivers help build the foundation for those skills. Children are more likely to build these skills when they have adults in their lives who:

• Support their efforts.

• Model the skills.

• Engage in activities in which they practice the skills.

• Provide a consistent, reliable presence that young children can trust.

• Guide them from complete dependence on adults to gradual independence.

• Protect them from chaos, violence and chronic adversity, because toxic stress caused by these environments disrupts the brain circuits required for executive functioning and triggers impulsive, "act-now-think-later" behavior.[288]

Lower staff-to-child ratios support these quality early care environments and positive caregiver-child interactions.[289]

The Center Early Learning Programs Capacity Chart provides at-a-glance guidance for staff-to-child ratios and maximum capacity based on the age of the children in the group. An early learning provider can use the chart to help plan their room enrollments and staffing schedules. It is important to forecast out the ages of the enrolled children and consider the anticipated ratios as the children age through the program to ensure capacity, ratio and group size requirements are met at all times. An early learning provider is required to ensure they have qualified staff to fulfill the staffing requirements and staff-to-child ratios during operating hours, including off-site activities and when transporting children in care.

👆 WAC 110-300-0100 through WAC 110-300-0107 outlines staff qualification and training requirements.

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287 Ruth A. Wilson, "Group Size – A Key Indicator of Quality," *Earlychildhood NEWS* (n.d.) available at **http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=576**

288 Harvard University, Center on the Developing Child, "InBrief: Executive Function," (2012), available at **https://developingchild.harvard.edu/resources/inbrief-executive-function/**,

289 U.S. Department of Health & Human Services, Administration for Children & Families, "Small Group Care," available at **https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/small-group-care#** retrieved August 28, 2020 .

Center Early Learning Programs Capacity Chart
No Mixed Age Groups

Reference WAC 110-300-0356

Age group of enrolled children	Maximum group size	Maximum staff-to-child ratio
Infants (0 - 11 months)	8	1:04
Infants (0 - 11 months)	9	1:03
Toddlers (12 – 29 months)	14	1:07
Toddlers (12 – 29 months)	15	1:05
Preschoolers (30 months - 6 years of age, not enrolled in school)	20	1:10
School-age children (5 years - 12 years of age, enrolled in school)	30	1:15
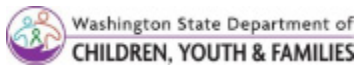
Washington State Department of
CHILDREN, YOUTH & FAMILIES

DCYF Center Early Learning Programs Capacity Chart-N

This chart is available online at **www.dcyf.wa.gov/sites/default/files/pdf/ CenterNoMixedAgesCapacityChart.pdf** .

Oaka, a Center Director, is contacted by Renee, a parent of a 4-year-old boy in the bumblebee room. Renee informs Oaka that they will be receiving a 15-month-old foster child into care in the next couple of days, and would like to know if there are any available slots in their toddler class. Oaka reviews the Center Early Learning Program's Capacity Chart and recalls that due to low toddler enrollment, the program has limited the toddler room schedule to a single early learning provider to care for the seven children in care. The early learning program strives to accommodate existing families whenever possible, but Oaka knows that placing another child in that room will require a second early learning provider to meet the staff-to-child ratio. Oaka asks for time to review the status of enrollment and get back Renee. Oaka reviews center enrollment and discusses the issue with the program supervisor. Oaka finds that there is a child in the infant room that will be transitioning to the toddler room in the next four weeks, as well as two other potential toddlers that are on a waiting list. After confirming that the families on the waiting list still want to enroll, Oaka and the program supervisor decide to increase the staffing in the toddler room so there are two early learning providers to accommodate all 11 toddlers.

The Foundational Quality Standards clearly differentiate and define infants, toddlers, preschoolers and school-age children by their age. When children of the same or similar age are grouped in a learning environment, there is generally a smaller range of developmental levels and abilities. This allows for an intentional environment that targets age and developmentally appropriate activities, classroom materials and learning and development objectives. An allowance is made for age groups to be mixed a maximum of two hours at the beginning or end of the day, with appropriate staffing. Appropriate staffing means ensuring that the staff-to-child ratio is provided according to the youngest child in the mixed group.

A center early learning program provides care beginning at 5:30 a.m. each day. Many children do not arrive until sometime after 7:30 a.m. On most days of the week, 10 children arrive before 7:30 a.m. There are four school-age children, five preschool-age children and one toddler who is 18-months old. The required ratio for an 18-month old child is one staff for seven children, so there must be two staff with the mixed-age group. On Thursdays, though, the family with a 5-year-old and the 18-month old does not attend. Since the youngest child in the age group on Thursdays is a preschooler, the staff-to-child ratio now requires only one staff for the eight children in care.

WAC 110-300-0345 outlines requirements for supervising children.

Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program. A Center for American Progress article that discusses why quality matters, what quality looks like and how to achieve high quality in early learning.
www.americanprogress.org/issues/early-childhood/reports/2017/02/13/414939/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/

Virtual Lab School. Lessons that explore why ratios and group sizes are important and how to solve common problems. Each lesson includes a short video clip.

- Maintaining Safe Staff-to-Child Ratios.
  www.virtuallabschool.org/preschool/safe-environments/lesson-3

- Ensuring Staff-to-Child Ratios Are Followed at All Times.
  www.virtuallabschool.org/management/safe-environments/lesson-2

13 Indicators of Quality Child Care: Research Update. Richard Fiene, Ph.D. of Pennsylvania State University National Resource Center for Health and Safety in Child Care, University of Colorado, presents his research brief that reviews recent research related to indicators of quality in early learning programs.
https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update#Supervision

WAC 110-300-0357

Center mixed age group capacity, ratio, and group size

(1) A center early learning program must do the following to mix age groups of children in care (in addition to any specific requirements of this section):

(a) Meet the square footage and staff-to-child ratio requirements for the youngest child present in the group;

(b) Meet the health, safety, and developmental needs for all ages of children in the mixed group; and

(c) Inform the department of the center's mixed age group policy.

(2) A center early learning program must do the following to mix groups of children birth to thirty-six months old with a maximum group size of eight children:

(a) Have at least two staff present with the group, consisting of one lead teacher and one other staff member qualified under this chapter; and

(b) Keep a staff-to-child ratio of 1:4.

(3) A center early learning program must do the following to mix groups of children birth to thirty-six months old with a maximum group size of nine children:

(a) Have at least three staff present with the group, consisting of one lead teacher and two other staff members qualified under this chapter; and

(b) Keep a staff-to-child ratio of 1:3.

(4) A center early learning program must do the following to mix groups of children twelve to thirty-six months old:

(a) Have at least two staff present with the group, consisting of one lead teacher and one other staff member qualified under this chapter; and

(b) Keep a staff-to-child ratio of 1:7 with a maximum group size of fourteen children.

(5) A center early learning program must do the following to mix groups of children twelve to thirty-six months old:

(a) Have at least three staff present with the group, consisting of one lead teacher and two other staff members qualified under this chapter; and

(b) Keep a staff-to-child ratio of 1:5 with a maximum group size of fifteen children.

(6) A center early learning program must do the following to mix groups of children between thirty-six months old through kindergarten with a maximum group size of twenty children:

(a) Have at least two staff present with the group, consisting of one lead teacher and one other staff member qualified under this chapter; and

(b) Keep a staff-to-child ratio of 1:10.

(7) A center early learning program must do the following to mix groups of children between thirty-six months old through kindergarten with a maximum group size of twenty-six children:

(a) Have at least three staff present with the group, consisting of one lead teacher and two other staff members qualified under this chapter; and

(b) Keep a staff-to-child ratio of 1:10.

(8) **A center early learning program must do the following to mix groups of children four and one-half to nine years old with a maximum group size of twenty children:**

　(a) **Have at least two staff present with the group, consisting of one lead teacher and one other staff member qualified under this chapter; and**

　(b) **Keep a staff-to-child ratio of 1:10.**

(9) **A center early learning program must do the following to mix groups of children four and one-half to nine years old with a maximum group size of twenty-six children:**

　(a) **Have at least three staff present with the group, consisting of one lead teacher and two other staff members qualified under this chapter; and**

　(b) **Keep a staff-to-child ratio of 1:10.**

The Foundational Quality Standards include options for child care centers in relation to age grouping, ratio and group size. These options aim to provide flexibility and to honor the diverse early learning philosophies and program structures across Washington State. WAC 110-300-0356 (5) outlines requirements for "standard" age grouping, while WAC 110-300-0357 outlines the parameters that must be in place if a center wants to be licensed for alternate (mixed) age grouping.

A center may opt to continue providing services within the standard age grouping, group size and ratio or through the mixed-age options. When age groups are mixed, the maximum group size and staff-to-child ratio may also change. If a center chooses to provide services within one of the mixed group options outlined in WAC 110-300-0357 or switch back to the standard grouping based on WAC 110-300-0356, they must notify DCYF of the policy change.

ChildCare.gov, which is part of the Child Care and Development Block Grant Reauthorization (CCDBG), recommends a threshold for the maximum size of a group of children for several reasons. Low child-to-adult ratios and small group sizes help ensure that children get enough one-on-one attention and receive responsive caregiving.[290] This individualized attention helps children feel safe, secure and reduces feelings of being overwhelmed for both children and adults. When smaller group sizes occur, staff have an easier time managing the group and are better able to attentively respond and interact. Additionally, small groups promote developmentally appropriate activities, facilitate cognitive and language development and help encourage meaningful peer relationships for infants and toddlers.[291]

The Center Early Learning Programs Capacity Chart for Mixed Age Groups provides at-a-glance guidance for staff-to-child ratios and maximum capacity requirements based on the age grouping of the children. An early learning provider can use the chart to help plan their room enrollments and staffing schedules. It is important to forecast out the ages of the enrolled children and consider the anticipated ratios as the children age through the program, to ensure capacity, ratio and group size requirements are met at all times. An early learning provider is required to ensure they have qualified staff to fulfill the staffing requirements and staff-to-child ratios during operating hours, including off-site activities and when transporting children in care.

　　WAC 110-300-0100 through WAC 110-300-0107 outlines staff qualification and training requirements.

290　U.S. Department of Health & Human Services, Administration for Children & Families, "Ratios and Group Sizes," available at **https://www.childcare.gov/index.php/consumer-education/ratios-and-group-sizes**, retrieved August 28, 2020.

291　U.S. Department of Health & Human Services, Administration for Children & Families, "Small Groups," available at **https://childcareta.acf.hhs.gov/sites/default/files/public/pitc_rationale_-_small_groups_508_1.pdf**, published January 2017.

Center Early Learning Programs Capacity Chart

Reference WAC 110-300-0357

Mixed Age Groups

Age group	Maximum group size	Maximum ratio	Limitations
0 - 36 months	8	1:04	
0 - 36 months	9	1:03	
12 - 36 months	14	1:07	
12 - 36 months	15	1:05	
36 months - 6 years	20	1:10	Must not be enrolled in first grade
36 months - 6 years	26	1:10	Must not be enrolled in first grade
4.5 - 9 years	20	1:10	
4.5 - 9 years	26	1:10	

Washington State Department of
CHILDREN, YOUTH & FAMILIES

DCYF Center Early Learning Programs-Mixed Ages

Aug-19

V2

This chart is available online at **www.dcyf.wa.gov/sites/default/files/pdf/ CenterMixedAgesCapacityChart.pdf** .

Under the standard age grouping, a toddler is defined as up to 29 months of age and a preschooler is at least 30 months of age. In a standard age grouping, these two children would be cared for in separate groups. However, WAC 110-300-0357 contains parameters that allow 2-year olds under 29 months and 2-year olds over 30 months to be cared for in a group together. For a mixed age group of children 1-year and 2-years old, the maximum size of the group is limited to 14 children and the staff-to-child ratio is one early learning provider for up to seven children. Or, if the early learning program chooses to provide a staff-to-child ratio of one early learning provider for up to only five children, the maximum group size may increase to 15 children.

When age groups are mixed, meeting the health safety and developmental needs of all the children may take extra care and planning. Materials for mixed-age groupings may be included that can be used in many different ways, or similar items with differing complexities. Materials and activities in the learning environment need to be regularly assessed to ensure the items are safe and appropriate for the youngest child in the group. When planning activities, an early learning provider can include adaptions to meet children's needs, or include options to engage a child in a more (or less) sophisticated way than one of their peers.

INTERACTIONS AND CURRICULUM

In a mixed group of children ranging in age from 36 months to 6 years, an early learning provider is planning activities for math and numeracy. When considering the children in her group, she identifies that while some children have mastered counting up by one to 100, some of the younger children are still exploring simpler concepts. The early learning provider attempts to support the learning of several developmental levels by placing counting disks of a variety of colors at the activity station, along with materials for three activity choices. A child can choose to use the "color" cards to sort the disks into groups by their color, they can use the "by fives" cards to organize the markers into groups of fives or they can choose the "by numbers" cards where the child will count out the number of disks to match the number written on the card.

Designing Lessons for Diverse Learners. A Michigan State University resource that provides guidance on instructional accommodations along with examples and suggestions for accommodation for preschool and school-age children.

https://edwp.educ.msu.edu/te/wp-content/uploads/sites/49/2020/06/Designing-Lessons-for-Diverse-Learners.pdf

Nine Types of Curriculum Adaptations. A Teaching & Learning publication that provides various ideas on how to actively engage each child so that each child's developmental needs are met.

www.snipsf.org/wp-content/uploads/2011/08/NineTypes.pdf

Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program. A Center for American Progress article that discusses why quality matters, what quality looks like, and how to achieve high quality in early learning.

www.americanprogress.org/issues/early-childhood/reports/2017/02/13/414939/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/

Strategies for Working with Mixed-Age Groups in Early Childhood Education. A Free Spirit Blogpost with tips and strategies for working with mixed ages and skill levels.

https://freespiritpublishingblog.com/2018/07/26/strategies-for-working-with-mixed-age-groups-in-early-childhood-education/

Virtual Lab School. Lessons that explore why ratios and group sizes are important and how to solve common problems. Each lesson includes a short video clip.

- Maintaining Safe Staff-to-Child Ratios.
  www.virtuallabschool.org/preschool/safe-environments/lesson-3

- Ensuring Staff-to-Child Ratios Are Followed at All Times.
  www.virtuallabschool.org/management/safe-environments/lesson-2

The Washington State Early Learning and Development Guidelines: Birth through 3rd Grade. A resource to support and enhance children's development and learning by identifying benchmarks that children meet at certain ages. Provides practical strategies and activities to encourage development.

www.dcyf.wa.gov/publications-library?combine_1=el_0015&combine=&field_program_topic_value=All&field_languages_available_value=All

13 Indicators of Quality Child Care: Research Update. Richard Fiene, Ph.D. of Pennsylvania State University National Resource Center for Health and Safety in Child Care, University of Colorado, presents his research brief that reviews recent research related to indicators of quality in early learning programs.

https://aspe.hhs.gov/basic-report/13-indicators-quality-child-care-research-update#Supervision

INTERACTIONS AND CURRICULUM

WAC 110-300-0360

Program and daily schedule

(1) An early learning provider must have an established program and daily schedule that is familiar to children.

(2) A schedule must be designed to meet enrolled children's developmental, cultural, and special needs. The daily schedule must:

(a) Be specific for each age group of children, when applicable;

(b) Offer a variety of activities to meet children's needs, pursuant to WAC 110-300-0150;

(c) Meet the following daily morning or afternoon active outdoor play time requirements:

(i) Twenty minutes for each three hours of programming for infants (as tolerated) and toddlers;

(ii) Thirty minutes for each three hours of programming for children preschool-age and older; and

(iii) Programs that operate more than six hours a day must provide ninety minutes of active play for preschool-age and up or sixty minutes of active play for infants and toddlers (thirty minutes of which may be moderate to vigorous indoor activities).

(d) Include scheduled and consistent times for meal service;

(e) Include routine transportation times, if applicable;

(f) Include rest periods, if applicable; and

(g) Include overnight care, if applicable.

A planned daily schedule serves many purposes in early learning programs. It helps an early learning provider ensure they are providing the required variety of indoor and outdoor activities to meet the children's developmental and learning needs. The schedule allows an early learning provider to anticipate needed materials, manage the length of activities and guide an assistant or substitute if necessary. A daily schedule establishes a routine for families so they can anticipate what to expect and when to expect it. For example, when families know that breakfast is at 8 a.m. every day, they can plan accordingly. A daily schedule can also provide children a sense of routine, comfort and security, as well as impact their behavior.

Children thrive in a well-ordered and predictable environment where daily routines such as arrivals and departures, mealtimes, nap times and toileting are dealt with consistently by all caregivers.[292] According to CFOC, when a routine is predictable, children are more likely to know what to do and what is expected of them. This may decrease anxiety in the children and when there is less anxiety, there may be less acting out.[293]

292 Public Broadcasting Service, "It's the Little Things: Daily Routines," available at **https://www.pbs.org/wholechild/providers/little.html**, retrieved August 28, 2020.

293 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children.* 73.

Every program is unique and has a personalized schedule that aligns with the program philosophy and daily needs. While schedules act as a guide, they can also support an early learning provider to allow for flexibility as unforeseen events occur. Well-thought-out schedules can help provide smoother transitions to occur throughout the day, with adequate timeframes incorporated so children do not feel rushed or unstructured. Activities can go longer if children are actively engaged, or they can be shortened if children are giving cues that they are ready for something new. When an early learning provider has a daily schedule on which to rely and reflect, they are better able to meet the children's needs as they are identified.

The pacing and schedule of the day should be developmentally appropriate for each child in the group. When developing a schedule, consideration should be given to the children's needs, such as diapering, napping, individual medical needs, temperaments or individual care plans in place.

To support children's good health, programs and daily schedules must also incorporate active outdoor play according to the minimum daily time requirements listed in WAC 110-300-0360 (2)(c). Research shows that open air, sunlight and natural elements contribute to bone development, a stronger immune system and increased physical activity in children.[294] Furthermore, adequate physical activity improves mood, behavior, stress, energy and quality of sleep. The updated Physical Activity Guidelines for Americans now includes guidance for young children. The guidance recommends that preschool-aged children (ages 3 through 5 years) should be physically active throughout the day and that a variety of activity types should be encouraged by caregivers.[295]

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294 Gabriela Bento and Gisela Dias, "The importance of outdoor play for young children's healthy development," *Porto Biomedical Journal* 2 (5) (2017): 157-160, available at **https://www.sciencedirect.com/science/article/pii/S2444866416301234**

295 U.S. Department of Health & Human Services, "Physical Activity Guidelines for Americans," available at **https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html**, last updated February 1, 2019.

INTERACTIONS AND CURRICULUM

A child care center early learning program in King County provides the following example daily schedules:

Preschool Schedule	
7 to 9:00 a.m.	Opening, Choice Time, Question of The Day
9 to 9:15 a.m.	Large Group (Morning Meeting)
9:15 to 9:30 a.m.	Clean up, Wash hands, AM Snack
9:30 to 10 a.m.	Outdoor Experiences
10 to 10:15 a.m.	Read-Aloud
10:15 to 11:30 a.m.	Small Group, Choice Time Intentional Centers: Creative Art, Science and Nature Studies, Dramatic Play, Cognitive, Music and Movement, Social Science
11:30 a.m. to 12 p.m.	Clean up, Outdoor Experiences
12 to 12:30 p.m.	Lunch
12:30 to 2:30 p.m.	Rest Time, Quiet Activities
2:30 to 3 p.m.	Clean up, PM Snack
3 to 4 p.m.	PM Read-Aloud, PM Large Group (Afternoon Meeting)
4 to 4:30 p.m.	PM Outdoor Experiences
4:30 to 5 p.m.	PM Small Group, PM Choice Time Intentional Centers: Creative Art, Science and Nature Studies, Dramatic Play, Cognitive, Music and Movement, Social Science
5 pm to 5:15pm	Late Snack
5:15 to 6 p.m.	Combine with other classrooms, PM Choice Time

Toddler Schedule

Time	Activity
7 to 9 a.m.	Opening, Individual Child Plan, Small Group
9 to 9:30 a.m.	Clean up, Wash up, AM Snack
9:30 to 10 a.m.	Wash up, AM Snack
10 to 10:30 a.m.	Outdoor Group Experiences
10:30 to 11 a.m.	Small Group, Indoor Group Experiences Intentional Centers: Creative Art, Science and Nature Studies, Dramatic Play, Cognitive, Music and Movement, Social Science
11 to 11:15 a.m.	Clean up, Wash up
11:15 a.m. to 12 p.m.	Lunch
12 to 2 p.m.	Rest Time, Quiet Activities
2 to 2:50 p.m.	PM Small Group, PM Indoor Group Experiences Intentional Centers: Creative Art, Science and Nature Studies, Dramatic Play, Cognitive, Music and Movement, Social Science
2:50 to 3:20 p.m.	Clean up, Wash up, PM Snack
3:20 to 3:30 p.m.	PM Read Aloud
3:30 to 4 p.m.	PM Outdoor Experiences
4 to 4:45 p.m.	PM Small Group, PM Indoor Group Experiences Intentional Centers: Creative Art, Science and Nature Studies, Dramatic Play, Cognitive, Music and Movement, Social Science
4:45 to 5:10 p.m.	Clean up, Wash up, Late Snack
5:10 to 6 p.m.	Combine with other classrooms, PM Small Group

A family home early learning provider in Mason County shares their schedule:

Typical Daily Schedule – Schedule is Approximate and Flexible	
7:30 to 9 a.m.	Breakfast, School Departures, Morning Stretch, Clean up
9 to 10:30 a.m.	Preschool Activities, AM Snack, Outdoor Play or Music and Movement
10:30 a.m. to 12 p.m.	Free Play, Lunch Prep
12 to 12:45 p.m.	Lunch, Clean up, Play
12:45 to 1 p.m.	Brush Teeth, Get ready for nap time
1 to 3 p.m.	Story Time, Rest Period, Quiet Time
3 to 3:30 p.m.	Wake up, Put beds away, Free Play
3:30 to 4:30 p.m.	PM Snack, Outdoor Play
4:30 to 5 p.m.	Outdoor Play, Organized Games, Music and Movement, Art or Story
5 to 5:30 p.m.	Clean up, Home

Active Learning Lessons. A collection of fully developed plans for large muscle activities. These materials were developed with support and funds from the Seattle Children's Research Institute PLAY (Preschoolers Learning and Active in Play) Study and the Department of Children, Youth and Families, Healthiest Next Generation.
www.snohd.org/DocumentCenter/View/1897/Active-Learning-Lessons-for-Child-Care-and-Early-Learning-PDF

Active Play! A website with books and workshops with fun physical activities for young children. Dr. Craft's Active Play – fun Physical Activities for Young Children.
http://activeplaybooks.com/about-dr-craft/

The Environment: Schedules and Routines. A Virtual Lab School web-lesson with information and videos on effective schedules and successful routines to maintain accountability.
www.virtuallabschool.org/preschool/learning-environments/lesson-5

Establishing Predictable Routines in a Child Care Setting. Extension Alliance for Better Child Care reviews the importance of a regular routine and offers guidelines for creating a routine in an early learning program.
https://childcare.extension.org/establishing-predictable-routines-in-a-child-care-setting/

Free Printable Visual Schedule. A No Time for Flash Cards webpage that offers templates for daily schedules by age group.
www.notimeforflashcards.com/2017/01/printable-visual-schedule-preschool.html

Helping Children Understand Routines and Classroom Schedules. A training module provided by The Center on the Social and Emotional Foundations for Early Learning, which discusses the role of schedules and routines in an early learning setting.
http://csefel.vanderbilt.edu/kits/wwbtk3.pdf

Selecting Classroom Materials and Planning the Schedule. A Series of short video clips produced by Eastern Connecticut State University on how materials and the daily schedule can affect children's behavior.
www.easternct.edu/center-for-early-childhood-education/guiding-young-childrens-behavior/segment-3-selecting-classroom-materials-and-planning-the-schedule.html

Timing Is Everything: Understanding the Importance of Timing, Length, and Sequence of Activities. An article on the NAEYC website that explores how the days schedule impacts the children's behavior and learning.
www.naeyc.org/resources/pubs/tyc/feb2018/timing-everything-understanding-importance-timing-length-and-sequence

Section Seven:

Program Administration and Oversight

Program Administration and Oversight

The Program Administration and Oversight section includes two sub-sections:

• Licensing Process

• Records, Policies, Reporting and Posting

The Licensing Process sub-section sets forth the basic regulations about the steps for becoming a licensed provider. Records, Policies, Reporting and Posting, the second sub-section, explains the regulations around maintaining and posting of these required policies, reports and records.

These sub-sections lay out the importance of processes, policies and recordkeeping to give early learning programs organizational focus as well as concrete products, which give an early learning provider the opportunity to show their work.

This Child Care and Early Learning Licensing Guidebook addresses selected sections of the Foundational Quality Standards found in chapter 110-300 WAC. This guidebook includes pertinent resources, current data and practical examples. It is not intended to offer a comprehensive view of the Program Administration and Oversight section.

Licensing Process

WAC 110-300-0400

Application materials

(1) **After completing a department orientation an applicant must submit a complete license application packet, pursuant to chapter 43.216 RCW. This requirement also applies to a change of ownership. A complete license application packet includes:**

  (a) **Professional and background information about the applicant:**

    (i) **A completed department application form for the type of license being applied for (center or family home);**

    (ii) **A copy of the applicant's orientation certificate (orientation must be taken within twelve months of license application);**

    (iii) **A Washington state business license or a tribal, county, or city business or occupation license, if applicable;**

    (iv) **Liability insurance, if applicable;**

    (v) **Certificate of incorporation, partnership agreement, or similar business organization document, if applicable;**

    (vi) **The license fee;**

    (vii) **A copy of current government issued photo identification;**

    (viii) **A copy of Social Security card or sworn declaration stating that the applicant does not have one;**

    (ix) **Employer identification number (EIN) if applicant plans to hire staff; and**

    (x) **Employment and education verification. For example, diploma, transcripts, or a sworn declaration stating that the applicant cannot verify education requirements.**

(b) Information about the facility to be licensed:

   (i) A floor plan, including use of proposed licensed and unlicensed space, with identified emergency exits and emergency exit pathways;

   (ii) Certificate of occupancy, if applicable;

   (iii) Documentation, no more than three years old, from a licensed inspector, septic designer, or engineer that states the septic system and drain field are maintained and in working order, if applicable;

   (iv) E. coli bacteria and nitrate testing results for well water that is no more than twelve months old, if applicable;

   (v) A lead or arsenic evaluation agreement for sites located in the Tacoma smelter plume (counties of King, Pierce, and Thurston); and

   (vi) Lead and copper test results for drinking water;

(c) Program days and hours of operation, including closure dates and holiday observances; and

(d) Information about early learning program staff:

   (i) List of applicant and household members, and if applicable and known, staff persons and volunteers required to complete the background check process as outlined in chapter 110-06 WAC; and

   (ii) Resume for applicant, center director, assistant director, program supervisor, and family home lead teacher, if applicable.

(2) An applicant must include the following policy documents with the application, which will be reviewed by the department and returned to the applicant:

(a) Parent and program policies;

(b) Staff policies;

(c) An emergency preparedness plan; and

(d) Health policies.

(3) An applicant must submit the completed application packet at least ninety calendar days prior to the planned opening of the early learning program. The department will inspect the early learning program space and approve all application submissions required in this chapter prior to issuing a license:

(a) The ninety calendar days begins when the department receives a complete application packet.

(b) Incomplete application packets will be returned to the applicant for completion.

(c) An applicant who is unable to successfully complete the application and licensing process within ninety days may withdraw the application and reapply when the applicant is able to meet the licensing requirements. If the applicant has completed the steps of the application process within ninety days but an external barrier out of the applicant's control exists, the reapplication fee will be waived one time.

(d) An applicant who is unable to meet the application requirements and has not withdrawn his or her application will be denied a license, pursuant to RCW 43.216.325.

DCYF has established clear steps to become a licensed early learning provider. While each applicant's experience as they move through the licensing process will be unique, there is a general licensing path identified for potential applicants. Before submitting an application for licensure, an interested individual will take DCYF's Early Learning Child Care Orientation (licensing orientation). For family home and center early learning program licensees, licensing orientation consists of two modules.

Applicant Licensing Process

| Applicant completes the Early Learning Child Care Orientation. | → | Determines location of early learning program and obtains local appovals. | → | Schedules plan review or feasibility visit. |

| Initial License is granted. | ← | Initial visit conducted. Program meets compliance. | ← | Submit application. |

| Program observation within six months of initial licensing. | → | **PROGRAM COMPLIANCE:** Non-expiring license may be issued. **PROGRAM NON-COMPLIANCE:** Second initial silence may be granted for an additional six months. | → | **NON-EXPIRING LICENSE:** Annual Compliance procedures. **SECOND INITIAL LICENSE:** Licensing staff will conduct a follow-up observation. |

The purpose of the licensing orientation is to provide a potential applicant with information needed to decide whether or not they would like to move forward in applying for a child care license. The licensing orientation modules are offered in English, Spanish and Somali within DCYF's Online Training Portal.

When a potential applicant has completed the required orientation and selected the type of program they will operate, they may decide to move forward with the licensing application. Upon completion of the orientation modules, the potential applicant receives an email with instructions for completing the licensing application online.

Each of the documents listed in WAC 110-300-0400(1) and (2) must be provided for the application to be complete. Some must be submitted with the application and others can be submitted later. The application cannot be submitted electronically unless the required documents are present. By including all of the documents for a complete application packet when submitting the application, an early learning provider will help shorten the amount of time it takes to complete the licensing process. While electronically submitted applications are preferred, they are not required. Paper applications are processed in the local licensing office.

The documents required to submit an electronic application are also required to submit a paper application. Paper applications received without the documents required to submit the application will be returned to the applicant. This allows the early learning provider the opportunity to gather missing application information and ensures both the early learning provider and DCYF have the full 90-day timeline to work toward licensing tasks.

Gathering, obtaining, creating and reviewing each of the required documents and policies takes time. An early learning provider is wise to include plenty of time to manage the required documents in their anticipated licensing process timeline.

☞ The Foundational Quality Standards contain additional information and details of what documents and policies must be included for a complete application.

Requirements for specific policies are located within their respective RCW or WAC:

Application Documents	
Topic	**Related RCW or WAC**
Liability insurance, if applicable.	RCW 43.216.700
License fee.	110-300-0401
Employment and education verification. For example, diploma, transcripts or a sworn declaration stating that the applicant cannot verify education requirements.	110-300-0100
Certificate of occupancy, if applicable.	110-300-0415
Documentation, no more than three years old, from a licensed inspector, septic designer or engineer that states the septic system and drain field are maintained and in working order, if applicable.	110-300-0250
E. coli bacteria and nitrate testing results for well water that is no more than 12 months old, if applicable.	110-300-0235
A lead or arsenic evaluation agreement for sites located in the Tacoma smelter plume (counties of King, Pierce and Thurston).	110-300-0410
Lead and copper test results for drinking water.	110-300-0235
List of applicant and household members, and, if applicable and known, staff persons and volunteers required to complete the background check process as outlined in chapter 110-06 WAC.	110-300-0100 110-300-0105 110-300-0425 110-300-0475 Chapter 110-06

PROGRAM ADMINISTRATION AND OVERSIGHT

Application Documents

Topic	Related RCW or WAC
Resume for applicant, center director, assistant director, program supervisor and family home lead teacher, if applicable.	110-300-0100
Parent and program policies.	110-300-0450
Staff policies.	110-300-0110
An emergency preparedness plan.	110-300-0470
Health policies.	110-300-0500

An early learning program is a business. In the state of Washington, to operate a business, a person is required to apply for a Washington State Business License. This is separate from the child care license. Some cities or counties require an early learning program to obtain an additional business license as applicable to the area. Ensuring compliance with state and local requirements can prevent fines and other barriers to becoming licensed.

Early learning providers who are required by WAC 110-300-0100 to obtain post-high school education must ensure it is approved and verified in the electronic workforce registry. DCYF's electronic workforce registry is MERIT. When education documents include a transcript, MERIT will require an official transcript that can be scanned and emailed to MERIT for evaluation.

When all required application documents are received, a 90-day licensing timeline will begin. Within that 90 days DCYF will review the application materials, provide any technical assistance that is needed and, for center early learning providers, request an inspection from the State Fire Marshal. DCYF will also conduct the initial licensing visit (which may include a DCYF health specialist inspection) and any needed follow up visits. Submitting an application at least 90 days before the intended program start date helps to ensure the early learning program opening without delay.

RCW 43.216.305 requires the agency to either grant or deny a license within 90 calendar days of receipt of the complete application. During the 90-day licensing process, an applicant may experience conflicts or events that prevent them from being able to meet the Foundational Quality Standards within the 90-day time frame. The applicant has the option to withdraw their application and then reapply when they are better prepared. If the applicant does not withdraw their application before the 90-day deadline, their application for a license will be denied. The process of denial is an enforcement action, which is a legal process.

WAC 110-300-0443 outlines requirements related to enforcement actions, the agency's responsibility to notify the provider and the provider's right to appeal.

WAC 110-300-4025 outlines requirements related to initial and non-expiring licenses.

A family home applicant, Lucia, is 60 days into the 90-day licensing process when they learn that their son, daughter-in-law and new grandchild will be staying in their home for an unexpected visit for two weeks. Lucia wants to give full attention to their grandchild and knows it will keep them from being ready for the follow up inspection. Lucia consults with the licensor assigned to their application and explains the situation. Together, they determine that Lucia is not likely to complete the licensing process within the 90 days based on the information shared. Lucia decides to withdraw the application so they can take the time they need to comply with the Foundational Quality Standards.

Center applicants, Marcus and Jacqueline, have arranged landscaping for their outdoor play area. They will remove an unhealthy tree, add two trees, level portions of the property and add a concrete slab. When the work crew was on-site, the weight of their truck and equipment on the soft ground damaged a water pipe, causing a leak that was unnoticed for several days. Repair and clean-up of the area will cause an unexpected delay of about four weeks. Marcus and Jacqueline know the delay will likely keep them from being able to meet licensing requirements in the outdoor play area before the 90-day timeline, so they withdraw their application and will reapply when they are ready.

Once all required documents are reviewed and approved, the licensing fee is received and compliance with the Foundational Quality Standards is established, DCYF may move forward with issuing an initial license.

Become a Licensed Child Care & Early Learning Provider. DCYF's website that provides an introduction to DCYF, information on the licensing rules and licensing process and a link to the licensing orientation.
www.dcyf.wa.gov/services/early-learning-providers/licensed-provider

MERIT Workforce Registry. A DCYF webpage with information on MERIT and details on how to submit a degree for verification, how to submit a foreign degree, as well as other MERIT support.
www.dcyf.wa.gov/services/earlylearning-profdev/merit

PROGRAM ADMINISTRATION AND OVERSIGHT

WAC 110-300-0401

License fees

(1) **The rules establishing licensing fees within this chapter are adopted pursuant to RCW 43.216.300.**

(2) **The license fee is nonrefundable and is due:**

(a) **With the early learning applicant's initial license application packet; and**

(b) **Annually thereafter, thirty calendar days prior to the anniversary date of the license.**

(3) **Payment must be in the form of a check, credit or debit card, or money order.**

(4) **The annual fee for family home early learning programs is thirty dollars, or as otherwise set by the legislature.**

(5) **The annual fee for center early learning programs is one hundred twenty-five dollars for the first twelve children plus twelve dollars for each additional child, or as otherwise set by the legislature.**

There is an annual licensing fee to obtain and maintain a child care license. Annual licensing fees that are collected go to the State General Fund, which supports the operations of Washington State. Fee increases must be approved by the Legislature before a new amount may be charged.

The fee is collected annually and is due 30 calendar days before the anniversary date of the initial license. Early learning providers on a non-expiring license will receive an invoice from Department of Social and Health Services (DSHS) Financial Services Administration (FSA) approximately 90 days before the annual fee is due. Early learning providers must return the invoice with payment in order for FSA to give proper credit. Without the invoice, FSA will be unable to determine where to apply the payment. Also, in the event the invoice and payment become separated, it is encouraged to include the license ID number on the check or money order.

The annual licensing fee for a family home license is $30. For a center early learning program, it is $125 for the first 12 children, plus another $12 for each additional child, up to the maximum number of children in the licensed capacity.

A center early learning program is licensed for a capacity of 45 children. $125 is applied toward the first 12 child slots. 45 children minus 12 leaves 33 child slots. $12 x 33 child slots = $396. Add the $125 for the first 12 children with the $396 for the remaining 33 child slots, and the total annual licensing fee for this facility is $521.

$$45 - 12 = 33$$
$$\$12 \times 33 = \$396$$
$$\$396 + \$125 = \$521$$

The center early learning program was issued an initial license on Sept. 2, 2014, so their anniversary date is every September 2. Since the annual fee is due 30 calendar days before the anniversary date, the center's annual fee is due by August 3 each year.

There are a number of factors that determine a child care center's licensed capacity and, at the time of application, it is unlikely that the capacity will be determined. For this reason, $125 is due upon application for center-based programs, and any remaining fee due must be paid before issuance of the initial license.

WAC 110-300-0425(3) outlines annual compliance requirements in addition to the annual licensing fee.

WAC 110-300-0402

Changing early learning program space or location

(1) An early learning provider must notify the department prior to making a change to early learning program space that may impact the health, safety, or welfare of enrolled children. Such changes include, but are not limited to:

   (a) Moving early learning programs to a different residence, building, or facility (even if the new location is on the same premises);

   (b) An early learning program altering a planned use of space including, but not limited to, the ages of children served in a room or previously unlicensed areasModifying facilities in a way that requires a permit under the Washington state building code or by a local jurisdiction, such as remodeling or renovating early learning program space; and

   (c) Changing outdoor play areas, such as adding or altering the type of surface or altering stationary climbing or play equipment.

(2) An early learning provider must submit to the department the new proposed floor plan prior to making changes under subsection (1)(a) through (c) of this section.

(3) An early learning provider planning a change under subsection (1)(a) of this section must also:

   (a) Submit a complete application, pursuant to WAC 110-300-0400, as soon as the provider plans to move and has an identified address, but not more than ninety calendar days before moving;

   (b) Not significantly change or move a center early learning program until the department has first inspected the new location and determines it meets the requirements in this chapter and RCW 43.216.305; and

   (c) Not operate a family home early learning program for more than two weeks following the move before having the department inspect the new location, pursuant to RCW 43.216.305.

RCW 43.216 establishes DCYF's responsibility to protect the health and safety of children through enforcement of licensing requirements. To effectively accomplish this duty, DCYF must be notified by the licensee before changes are made that could impact the health, safety or welfare of enrolled children. Such changes may include a variety of scenarios. It might be a plan to swap classrooms between children's age groups, use a room that was previously unlicensed, divide a large space into two smaller spaces or make a space more functional by adding a restroom. These are only a few examples of situations that would warrant notification to DCYF.

Informing DCYF before the changes provides an opportunity to review plans and provide technical assistance related to WAC regulations. It allows an early learning provider the opportunity to learn about potential complications and anticipate resolutions, potentially saving time, money or frustration.

PROGRAM ADMINISTRATION AND OVERSIGHT

Depending on the nature of the change, additional input may be needed. When appropriate, DCYF may conduct a floorplan review, feasibly study or request consultation with a DCYF health specialist or State Fire Marshal. Additionally, some changes may need to be inspected by the State Fire Marshal or approved by local government entities. Structural changes such as removal of a wall or addition of a room may need a permit and oversight by local building officials or planning departments. If an early learning provider intends the program to remain operational, DCYF will review the plan to ensure that children are safe during construction and then will inspect the new space before opening it to the care of children.

Changes to the outdoor environment can also pose potential hazards to children. A provider may add a new piece of outdoor climbing equipment, change the type of ground cover or alter the play yard enclosure. Prior notification of plans to the agency supports a provider's confidence and reduces the likelihood that corrections will be needed upon completion of the project.

In the event an early learning provider will move, either to a new address or to a new location or building on the same property, an application must be submitted. Timely notification of a program's move and submission of an application is crucial so DCYF and the early learning provider can communicate and coordinate to ensure inspection of the new space is conducted and care of children is not interrupted.

A center early learning program that moves to a new physical location may not operate in the new space until a license has been issued for the new address. A family home early learning program, however, can submit an application no more than 90 days before their move and may operate in the new location for up to two weeks, allowing time for DCYF to conduct an inspection. If the provider moves without notifying DCYF and submitting an application, the license will be closed.

Family home early learning provider, Misha, is moving to a new home with their family. Misha notifies DCYF by email they are shopping for a new house. When Misha's offer on a house is accepted, the planned move date is 120 days away. Misha waits to submit the application until no more than 90 days before the move. Once Misha moves, they continue providing care from the new home. DCYF conducts an inspection of the new home within two weeks of the move.

WAC 110-300-0410

License and program location

(1) An applicant for a license under this chapter must be at least eighteen years old.

(2) A licensee refers to the individual or organization:

   (a) Whose name appears on a license issued by the department;

   (b) Responsible for complying with the standards in this chapter, chapter 43.216 RCW, chapter 110-06 WAC, and other applicable laws and rules;

   (c) Responsible for training early learning program staff on the foundational quality standards in this chapter; and

   (d) Who resides on the early learning program premises (family home child care only), pursuant to RCW 43.216.010.

(3) Early learning program space must be located:

   (a) On a site free from known environmental hazards;

   (b) In an area where nonemergency services and utilities can serve the early learning program space; and

   (c) In an area served by emergency fire, medical, and police during the hours the early learning provider provides care to children.

(4) An early learning provider must prevent enrolled children from being exposed to the following known hazards within and around the licensed premises:

   (a) Lead based paint;

   (b) Plumbing and fixtures containing lead or lead solders;

   (c) Asbestos;

   (d) Arsenic, lead, or copper in the soil or drinking water;

   (e) Toxic mold; and

   (f) Other identified toxins or hazards.

(5) An early learning provider must place address numbers or signage on the outside of the house or building that contains the early learning program space. The numbers or signage must be legible and plainly visible from the street or road serving the premises.

(6) A license applicant planning to open an early learning program in the designated Tacoma smelter plume (counties of King, Pierce, and Thurston) must contact the state Department of Ecology (DOE) and complete and sign an access agreement with DOE to evaluate the applicant's property for possible arsenic and lead soil contamination.

This licensing section outlines the early learning program location and the licensee's responsibilities, with a safe environment being paramount to their duties. The licensee is the person or organization whose name is on the license and will ultimately be responsible for compliance with federal and state requirements, as well as the overall well-being of children. One component of this responsibility is making sure all early learning professionals in the early learning program are familiar with licensing requirements and are following the program's policies to ensure compliance.

WAC 110-300-0110 outlines requirements for staff policies and training.

WAC 110-300-0111 outlines requirements for staff oversight.

Another important component of licensee responsibility is taking action to ensure the environmental safety of the early learning facility and location. When selecting the building and location for an early learning program, an early learning provider must not assume it is a safe environment. Hazards and risks are not always obvious and an early learning provider must actively explore and examine the facility and location to protect the health and safety of children.

In anticipation of a future emergency, an early learning provider must confirm the location is served by emergency fire, medical and police services, and that emergency vehicles are able to access and find the facility. For example, a facility that is difficult to get to because it can only be accessed by a one-way, run-down bridge may not be a suitable location to care for children.

WAC identifies serious environmental hazards that can negatively impact the health, safety and development of children and sometimes adults. For example, buildings constructed before 1978 were likely to have some lead based paint. Children can be poisoned if they eat flaking paint chips or breathe in lead based paint dust.[296] Similarly, asbestos, which can damage the lungs, was widely used before the early 1970s. Unmanaged water leaks and moisture can result in mold growth in buildings and homes. Exposure may cause cold or allergy like symptoms.[297]

Fixtures for drinking or preparing food may contain lead or copper. Lead and copper may enter water through pipes and can cause significant health problems when consumed. If lead or copper is found, plumbing will need to be addressed or a plan implemented to prevent children's exposure.

WAC 110-300-0235 outlines requirements for water fixtures and well water.

WAC 110-300-0400 outlines required application materials.

For center early learning programs, arranging a DCYF feasibility visit or plan review with the licensor and health specialist, before becoming licensed, may be useful to discuss potential hazards, receive technical assistance and assess the viability of licensing the building and property.

296 Centers for Disease Control and Prevention, "Childhood Lead Poisoning Prevention," available at **www.cdc.gov/nceh/lead/prevention/sources/paint.htm**, last updated November 24, 2020.

297 Centers for Disease Control and Prevention, "Mold," available at **www.cdc.gov/mold/faqs.htm**, last updated August 11, 2020.

WAC 110-300-0415

Zoning, codes, and ordinances

(1) **The department adopts and incorporates by reference the Washington state building code (chapter 19.27 RCW), as now and hereafter amended.**

(2) **Early learning program space must comply with the Washington state building code or local building code as enacted at the time of licensure. Facility modifications must comply with WAC 110-300-0402.**

(3) **Prior to licensing, an applicant must contact state, city, and local agencies that regulate the early learning program. An early learning provider must obtain regulations and comply with the direction given by such agencies. These agencies may include, but are not limited to, the Washington state department of labor and industries, the Washington state fire marshal, the Washington state department of health, and local health jurisdictions.**

(4) **Prior to licensing, a center early learning applicant must:**

   (a) **Have a certificate of occupancy issued by the local building, planning, or zoning department, or a local equivalent if locality does not have the certificate of occupancy; and**

   (b) **Be inspected and approved by the state fire marshal.**

DCYF is not the only public agency whose rules and regulations impact an early learning program. For example, the Washington State Department of Labor and Industries (L&I), the Washington State Fire Marshal, the Washington State Department of Health (DOH) and local health jurisdictions all have authority over specific aspects of an early learning program. The licensee is also responsible for obtaining and complying with applicable building and fire codes. If such agencies have requirements that are stricter or in addition to the Foundational Quality Standards, the early learning provider must comply with the stricter requirement.

Possible examples may include:

- L&I requires an inspection of the water heater of a family home early learning program.
- The city requires a center early learning program to add two parking spaces based on the occupancy load of the building.
- The fire inspector requires extinguishers to be moved to a lower location.
- A provider adds a bedroom to their home to increase licensed space capacity and DOH requires they replace their 900-gallon septic tank with a 1,000-gallon septic tank.

A center early learning program must obtain a Certificate of Occupancy (CO), Conditional Use Permit (CUP) or other official document issued by the local building or zoning authority. This document shows that the program building or space is approved by the local jurisdiction for the intended use of child care and early learning. A center early learning program's CO must identify the building as zoned for either E (educational) or I (Institutional) in order to be issued a license. If the CO shows a different zoning group, a change can be requested through the local city or county planning department. It is important to note that in some areas, obtaining or changing a CO can take a long time and initiating communication as early as possible is recommended.

Family home early learning providers are not required to have a CO, but are encouraged to check with their landlord (if renting) and local Home Owners Association for covenants (if applicable) for restrictions on conducting a home business.

Center early learning programs must receive and pass an inspection from the State Fire Marshal before licensing. Upon receipt of the completed application, DCYF will contact the State Fire Marshal's office and submit the request. Family home and center early learning programs must arrange for annual fire safety inspection with their local government agency.

WAC 110-300-0170 outlines further requirements for annual fire inspections and fire safety.

Washington State Building Code Council. Created to advise the Legislature on building code issues. Provides the state codes, information and resources.
https://sbcc.wa.gov/

Washington State Department of Health (DOH) works to protect and improve the health of all people in Washington State.
www.doh.wa.gov

Washington State Local Health Departments and Districts. A DOH webpage with contact information and links to the local health department webpage for each county in Washington State.
www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

Washington State Department of Labor & Industries (L&I) is dedicated to the safety, health and security of Washington's workforce.
www.lni.wa.gov

State Fire Marshal's Office. Information, data and resources related to fire.
www.wsp.wa.gov/state-fire-marshals-office

WAC 110-300-0420

Prohibited substances

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

(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.

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

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

(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.

(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;

(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;

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

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

(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.

(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.

Dangerous substances are prohibited in licensed early learning programs and include tobacco products such as cigarettes, cigars and pipes. "Cigarette smoking is the leading preventable cause of death in the United States."[298] Smoking is not only dangerous for the smoker, but it also has significant health implications for those near the smoker and those in locations where smoking has taken place.

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298 Centers for Disease Control and Prevention, "Smoking & Tobacco Use," available at **www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_ smoking/index.htm**, last updated April 28, 2020.

PROGRAM ADMINISTRATION AND OVERSIGHT

Secondhand smoke is smoke from burning tobacco products and smoke exhaled by a smoking person. The smoke contains hundreds of toxic chemicals.[299] According to Public Health Law Center,

"Infants and children, whose bodies are still developing, are especially likely to suffer adverse health effects when exposed to secondhand smoke. Secondhand smoke is a known cause of:

• Sudden Infant Death Syndrome

• Potentially fatal respiratory tract infections, such as bronchitis and pneumonia

• Respiratory symptoms, including cough, phlegm, wheezing and breathlessness

• Frequent and severe asthma attacks

• Middle ear infections, which are often related to hearing problems"[300]

"For children with asthma, breathing secondhand smoke can trigger an attack. The attack can be severe enough to send a child to the hospital. Sometimes an asthma attack is so severe that a child dies."[301]

CFOC cautions about third-hand smoke as well: "Third-hand smoke refers to gases and particles clinging to smokers' hair and clothing, cushions, carpeting and outdoor equipment after visible tobacco smoke has dissipated. The residue includes heavy metals, carcinogens and even radioactive materials that young children can get on their hands and ingest, especially if they're crawling or playing on the floor. Residual toxins from smoking at times when the children are not using the space can trigger asthma and allergies when the children do use the space."[302]

To protect children from second-hand and third-hand smoke, the Foundational Quality Standards prohibit smoking in licensed spaces (even during non-business hours), in vehicles used to transport children and within 25 feet from entrances, windows and vents. When smoking occurs in unlicensed space, it must not be allowed to escape into licensed space.

This prohibition extends to vaping, as the vapor from vape pens or e-cigarette devices also contain chemicals that can be harmful to children. Additionally, children can get poisoned if they drink the liquid in nicotine delivery devices or refills, and can even become sick if the liquid gets on their skin.[303]

To further protect children's health, safety and development, early learning providers must ensure they are in a sober and responsive condition while caring for children. If an early learning provider is under the influence of illegal drugs, cannabis, alcohol or misused prescription drugs, their decision making may be impaired and their responses delayed.

Communicating to staff and parents or guardians clear and explicit tobacco, drug and alcohol policies is important. This will help ensure that the children in care are in the safest and healthiest environment possible. To enforce policies, clearly written guidelines should be included in staff and parent handbooks, and information can be posted throughout the facility. Posters, photos or signs can also be valuable conversation starters if families are beginning to approach the topics of alcohol, drugs and tobacco with their children.

299 Centers for Disease Control and Prevention, "Smoking & Tobacco Use," available at **www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_ facts/index.htm**, last updated January 17, 2018.

300 Public Health Law Center, "Smoke-Free Child Care: A Policy Overview," available at **www.publichealthlawcenter.org/sites/default/files/resources/phlc-fs-smokefreechildcare-2011.pdf**, published 2011.

301 Centers for Disease Control and Prevention, "How We Can Protect Our Children from Secondhand Smoke A Parent's Guide," available at **www.bcsssd.k12.nj.us/cms/lib/ NJ01000535/Centricity/Domain/45/protect_children_guide.pdf**, retrieved October 7, 2020.

302 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 391

303 John Hopkins Medicine, "Is It Safe to Vape Around Children," available at **www.hopkinsallchildrens.org/Patients-Families/Health-Library/HealthDocNew/Is-It-Safe-to-Vape-Around-Children#:-:text=It's%20not%20safe%20to%20use,nicotine%20delivery%20devices%20or%20refills**, retrieved October 7, 2020.

WAC 10-300-0450 requires information related to alcohol, tobacco, cannabis use and prohibition of illegal drugs is included in the parent or guardian handbook.

Smoke-Free Child Care: A Policy Review. A Public Health Law Center publication on the damage of secondhand smoke to children in early learning settings. **www.publichealthlawcenter.org/sites/default/files/resources/phlc-fs-smokefreechildcare-2011.pdf**

How We Can Protect Our Children from Secondhand Smoke; A Parent's Guide. A Centers for Disease Control and Prevention (CDC) publication with information on the impact of smoke on children. **www.bcsssd.k12.nj.us/cms/lib/NJ01000535/Centricity/Domain/45/protect_children_guide.pdf**

Tobacco and Vapor Product Resource and Tools. A Washington State Department of Health (DOH) webpage with links to 'No Smoking' signs in several languages. **www.doh.wa.gov/YouandYourFamily/Tobacco/Resources**

Secondhand Tobacco Smoke and the Health of Your Family. A U.S. Environmental Protection Agency (EPA) brochure with information and tips for families in English and Spanish. **www.epa.gov/sites/production/files/2014-09/documents/trifold_brochure.pdf**

PROGRAM ADMINISTRATION AND OVERSIGHT

WAC 110-300-4025

Initial, nonexpiring, dual licenses and license modification

(1) The department may issue an initial license when an early learning program applicant demonstrates compliance with health and safety requirements of this chapter but may not be in full compliance with all requirements, pursuant to RCW 43.216.315.

    (a) An initial license is valid for six months from the date issued.

    (b) At the department's discretion, an initial license may be extended for up to three additional six-month periods, not to exceed a total of two years.

    (c) The department must evaluate the early learning provider's ability to follow requirements contained in this chapter during the initial license period.

(2) The department may issue a nonexpiring license to a licensee operating under an initial license who demonstrates compliance with the requirements of this chapter during the period of initial licensure, pursuant to RCW 43.216.305.

(3) A licensee must submit annual compliance documents at least thirty calendar days prior to that provider's anniversary date. A provider's anniversary date is the date the first initial license was issued. Pursuant to RCW 43.216.305, the required annual compliance documents are:

    (a) The annual nonrefundable license fee;

    (b) A declaration on the department's form indicating:

        (i) The intent to continue operating a licensed early learning program;

        (ii) The intent to cease operation as a licensed early learning program;

        (iii) A change in the early learning program's operational hours or dates; and

        (iv) The intent to comply with all licensing rules.

    (c) Documentation of completed background check applications as determined by the department's established schedule, pursuant to RCW 43.216.270(2); and

    (d) For each individual required to have a background check clearance, the early learning provider must verify current background checks or require the individual to submit a background check application at least thirty calendar days prior to the anniversary date.

(4) If a licensee fails to meet the requirements for continuing a nonexpiring license by their anniversary date, the licensee's current license expires. The early learning provider must submit a new application for licensure, pursuant to RCW 43.216.305(3).

(5) Nothing about the nonexpiring license process in this section may interfere with the department's established monitoring practices, pursuant to RCW 43.216.305(4)(a).

(6) A licensee has no right to an adjudicative proceeding (hearing) to appeal the expiration, nonrenewal, or noncontinuation of a nonexpiring license resulting from a failure to comply with the requirements of this section.

(7) A licensee must have department approval to hold dual licenses (for example: An early learning program license and another care giving license, certification, or similar authorization).

(8) If the department determines that a licensee is not meeting all applicable requirements and regulations:

    (a) The department and licensee may agree to modify the child care license;

    (b) The licensee may give up one of the licenses, certifications, or authorizations; or

(c) The department may suspend, deny, or revoke the early learning license, pursuant to RCW 43.216.325.

(9) An early learning provider must report within twenty-four hours:

(a) To the department and local authorities: A fire or other structural damage to the early learning program space or other parts of the premises;

(b) To the department:

(i) A retirement, termination, death, incapacity, or change of the program director, or program supervisor, or change of ownership or incorporation of a provider;

(ii) When a provider becomes aware of a charge or conviction against themselves, a staff person or, applicable household member, pursuant to WAC 110-06-0043;

(iii) When a provider becomes aware of an allegation or finding of abuse, neglect, maltreatment, or exploitation of a child or vulnerable adult made against themselves, a staff person, or a house hold member, if applicable;

(iv) A change in the number of household members living within a family home early learning program space. This includes individuals fourteen years old or older that move in or out of the home, or a resignation or termination, pursuant to RCW 43.216.390. A birth or death affecting the number of household members must be reported within twenty-four hours or at first opportunity; and

(v) Any changes in the early learning program hours of operation to include closure dates.

(10) Prior to increasing capacity of an early learning program, the licensee, center director, assistant director, or program supervisor must request and be approved to increase capacity by the department.

(11) Licensee, center director, assistant director, or program supervisor must have state fire marshal or department approval and comply with local building ordinances following a significant change under WAC 110-300-0402(1)(a) through (c), if applicable.

(12) Licensee, center director, assistant director, or program supervisor must notify the department within thirty calendar days when liability insurance coverage under RCW 43.216.700 has lapsed or been terminated.

PROGRAM ADMINISTRATION AND OVERSIGHT

When a complete application for licensure is received by DCYF, a 90-day licensing timeline begins. DCYF will review the application materials, provide any technical assistance that is needed and, for center early learning providers, request an inspection from the State Fire Marshal. DCYF will also conduct the initial licensing inspection and any needed follow up visits. Within the 90-day timeline, DCYF must either issue an initial license, or deny the application.

Applicant Licensing Process

Applicant completes Early Learning Child Care Orientation.	→	Determines location of early learning program and obtains local approvals.	→	**OPTIONAL:** Schedules plan review or feasibility visit.

Initial License is granted.	←	Initial visit conducted. Program meets compliance.	←	Submit application.

Program observation within six months of initial licensing.	→	**PROGRAM COMPLIANCE:** Non-expiring license may be issued. **PROGRAM NON-COMPLIANCE:** Second initial licence may be granted for an additional six months.	→	**NON-EXPIRING LICENSE:** Annual Compliance procedures. **SECOND INITIAL LICENSE:** Licensing staff will conduct a follow-up observation.

When an applicant demonstrates compliance with the Foundational Quality Standards, DCYF will issue an initial license. The six-month initial license period is intended to allow an early learning program to begin child care and early learning operation and to come into full WAC compliance. DCYF will conduct a visit to observe the program and provide technical assistance within the first six months of licensing. If additional time is needed to come into full compliance, DCYF may issue an initial license which may be extended for up to three additional six-month periods, not to exceed a total of two years. When an early learning provider demonstrates full compliance with the Foundational Quality Standards, DCYF may issue a non-expiring license.

WAC 110-300-0443 outlines requirements related to denial and other enforcement actions.

Each year, a licensee must submit annual compliance documentation. This documentation serves as notification to DCYF whether or not an early learning provider will continue operating and the provider's commitment to remain in compliance with the Foundational Quality Standards. The required documentation also includes the annual licensing fee and confirmation of background check status for all staff, volunteers and household members for family home providers required to obtain background check clearance. The annual submission of background check status provides DCYF and the early learning provider regular confirmation of clearance for staff and volunteers with access to children in care.

All required annual compliance documentation is due 30 days before the anniversary of the date the early learning program received its initial license. These annual procedures provide an early learning provider the opportunity to assess compliance with WAC and future practices.

WAC 110-300-0401 outlines requirements related to licensing fees.

WAC 110-06 outlines background check requirements.

In the event annual compliance documents are not received by the anniversary date, the license expires and the early learning program must close. Providing child care without a license is illegal and doing so may subject an early learning provider to civil and criminal penalties. Furthermore, because the license is closed, the early learning provider no longer maintains the right to an adjudication proceeding (hearing) to appeal the expiration when there has been a failure to comply with the requirements in this section.

An early learning provider interested in holding a license or similar certification from multiple entities, must have approval from both entities. Examples may include an early learning provider who is also licensed for foster care or an early learning provider who also provides personal care for an adult family member during child care hours. Such circumstances require approval from DCYF and the other approving agency.

An early learning provider's communication with DCYF is an important part of protecting the health and safety of children. When circumstances are reported to DCYF, an early learning provider has the opportunity to receive technical assistance and ask questions. For example, a change in household members of a family home or a new director at a center may necessitate submission of a background check or a review of qualifications. Another example could be a fire or damage to the facility may compromise the safety of the building, and plans to increase capacity or ages served may alter the required square footage or an adjustment to written policy. In these type of events, early communication is going to facilitate proactive technical assistance from licensing staff and support for the early learning program. Requirements to report specific circumstances support DCYF's goal to support and assist an early learning provider's compliance with the Foundational Quality Standards, and efforts to ensure the children's well-being.

PROGRAM ADMINISTRATION AND OVERSIGHT

WAC 110-300-0435

Waiver from department rules—WAC

(1) The department cannot waive a requirement of state law (RCW) or federal law.

(2) Pursuant to RCW 43.216.065, the department may approve a waiver from a rule in this chapter if it does not jeopardize the health, safety, or welfare of the children in care.

(3) An early learning provider's request for a waiver from a rule in this chapter must be:

   (a) Submitted in writing on the department's form to the local licensing office;

   (b) Approved in writing by the department director or the director's designee prior to the early learning provider implementing the waiver from the rule; and

   (c) For a specific program need or child.

(4) A granted waiver may be time specific or may remain in effect for as long as the early learning provider continues to comply with the conditions of the waiver. If the waiver from the rule is time limited, the provider must not exceed the time frame established by the department.

(5) The department may revoke a granted waiver if a licensing rule which was considered in granting the waiver is materially altered or amended.

A waiver is an approval by DCYF allowing an early learning provider to not meet or satisfy a rule in this chapter due to the specific needs of the program or an enrolled child. DCYF may waive WAC, but cannot waive laws or rules that are established by the Legislature or the federal government.

Specific situations sometimes arise in early learning programs that prevent them from being able to achieve full compliance with a particular WAC. These situations often occur when an early learning provider needs to meet an individual child, staff person or program's needs. In these instances, family home or center early learning programs may request a waiver to a Foundational Quality Standard.

DCYF will review and approve or disapprove a waiver on a case-by-case basis to meet a specific child, staff or program need. DCYF may grant a request for a waiver if the proposed waiver provides clear and convincing evidence that the health, welfare and safety of children will not be jeopardized. DCYF's waiver review will consider the licensing history, complaint history, training and staff qualifications of a program, as well as any other relevant information, such as the proposed plan for coming into compliance over the timeframe designated in the approved waiver. If a waiver is granted, whether a waiver request has an end date or is ongoing, the early learning provider must maintain compliance with the conditions or requirements of the waiver while it is in effect. Waivers can be rescinded at any time by DCYF if the early learning provider fails to comply with the conditions of the waived rule.

DCYF has established procedures for submitting a waiver. A waiver will be considered or reviewed once it is submitted through the Provider Portal. The request must identify the WAC to be waived along with detailed information as to why the program needs the waiver and how the early learning provider will manage the program in consideration of the health, safety and welfare of the child or children in care. A separate waiver must be completed for each licensing standard that is requested to be waived.

There is not a formal appeal process of DCYF's disapproval of request for waiver under chapter 110-03 WAC. However, there is an opportunity for a provider to challenge a waiver disapproval by following instructions provided when notified of a waiver disapproval. A waiver disapproval dispute is reviewed by a DCYF staff panel for a final decision.

DCYF's unique government-to-government relationship with federally recognized tribes may develop a waiver or a memorandum of understanding to meet specific tribal needs within the early learning programs. Federally recognized tribes have the right to develop memorandums of understanding in partnership with DCYF.

An early learning program is located on school property and has two classrooms of preschoolers, with a capacity of 17 children for each classroom. They will be using the bathroom across the hall and have two toilets in the boy's bathroom and two toilets in the girl's bathroom. There is a trough sink with two spigots immediately outside the bathrooms that is shared by both classrooms. WAC 110-300-0220 requires one toilet and one sink for every 15 children and staff. The WAC also allows for staff to have toilets and sinks available to them outside of licensed premises and in this situation, there is a staff bathroom.

While there are enough toilets for the total capacity of 34 children, there are not enough handwashing sinks. The school is unable to add another sink. The program can request a waiver to the handwashing sink requirement showing how they will assure all children have access to appropriate handwashing after toileting. This is a waiver request because the WAC as written cannot be met by the facility but the facility can create a plan to provide for the health and safety of the children in care.

WAC 110-300-0436

Variance from department rules—WAC

(1) **The department cannot provide variance from a requirement in state (RCW) or federal law.**

(2) **Upon written request of an applicant, licensee, center director, assistant director, or program supervisor, the department may grant a variance from a rule in this chapter if the proposed program alternative does not jeopardize the health, safety, or welfare of the children in care.**

(3) **A request for variance from a rule in this chapter must be:**

   (a) **Submitted in writing on the department's form to the local licensing office;**

   (b) **Approved in writing by the department director or the director's designee prior to the early learning provider implementing the variance from the rule; and**

   (c) **For a specific program approach or methodology.**

(4) **A granted variance may be time specific or may remain in effect for as long as the early learning provider continues to comply with the conditions of the variance. If the variance from the rule is time limited, the provider must not exceed the time frame established by the department.**

(5) **The department may revoke a granted variance if a licensing rule which was considered in granting the variance is materially altered or amended.**

Variances allow the early learning program to meet the requirement in WAC in an alternative manner due to unique or specific program approach or methodology of the early learning program. Some examples of a program approach or methodology are: ECEAP, Montessori, Waldorf, High Scope and the Reggio Emilia Approach.

PROGRAM ADMINISTRATION AND OVERSIGHT

A center early learning program operates under a methodology and practice of teaching where older children are provided the opportunity to assume a leadership role, to help them develop an appreciation for the value of serving others and to practice citizenship skills like cooperation, accountability and patience. The older children share their knowledge and serve the younger children by modeling, helping and interacting with the younger children. The early learning program provides this opportunity with planned activities and curriculum during a one-hour time block on three days of each week. During those times, 15 school-age children are partnered with 15 preschool-age children for a group size of 30 children. There are four early learning providers present. The early learning program would request a variance to exceed group size based on the age of the youngest child in the group, and ensure the safety and welfare of the children is not jeopardized by increasing the staff-to-child ratio to exceed the WAC requirement and provide increased supervision.

A variance is similar to a waiver in many ways:

- DCYF cannot waive or grant a variance from a requirement of state law (RCW) or federal law.
- DCYF may approve a waiver or grant a variance from a rule in the chapter 110-300 WAC only if it does not jeopardize the health, safety or welfare of the children in care.
- A request for a waiver or a variance must be submitted in writing on DCYF's form through the Provider Portal.
- Waivers and variances must be approved in writing by DCYF's director or the director's designee **before** the early learning provider implements the waiver or variance from rule.
- A granted waiver or variance may be time specific or may remain in effect for as long as the early learning provider continues to comply with the conditions.
- If the waiver or variance is time limited, the provider must not exceed the timeframe established by DCYF.
- DCYF may revoke a granted waiver or variance if a licensing rule which was utilized in the waiver or variance is materially altered or amended.
- An approved waiver or variance can be rescinded if the early learning provider fails to comply with the conditions.
- An early learning provider does not have the right to file an appeal of DCYF's disapproval of request for a waiver or variance under chapter 110-03 WAC.

A variance request must identify the WAC that is being referenced for the variance along with detailed information as to why the program thinks they meet the WAC in an alternate way. Once the variance request is submitted, it will be reviewed by a panel of individuals within the DCYF licensing division. A separate variance must be completed for each licensing standard that is being requested to have a variance.

DCYF's unique government-to-government relationship with federally recognized tribes may develop a variance or a memorandum of understanding to meet specific tribal needs within the early learning programs. Federally recognized tribes have the right to develop memorandums of understanding in partnership with DCYF.

WAC 110-300-0440

Facility licensing compliance agreements, nonreferral status, probationary license, and provider rights

(1) At the department's discretion, when an early learning provider is in violation of this chapter or chapter 43.216 RCW, a facility licensing compliance agreement (FLCA) may be issued in lieu of the department taking enforcement action. The FLCA must contain:

   (a) A description of the violation and the law or rule that was violated;

   (b) A proposed plan from the provider or a designee to comply with the law or rule;

   (c) The date the violation must be corrected, determined by:

      (i) The seriousness of the violation;

      (ii) The potential threat to the health, safety, and well-being of the children in care; and

      (iii) The number of times the early learning program has violated rules in this chapter or under chapter 43.216 RCW.

   (d) Information regarding other licensing action that may be imposed if compliance does not occur by the required date;

   (e) The signature of the department licensor and the licensee.

(2) An early learning provider must return a copy of the completed FLCA to the department after corrective action has been completed and by the date indicated.

(3) An early learning provider may request an internal review process regarding the violation of department rules pursuant to RCW 43.216.395.

(4) In an enforcement action against an early learning program or provider, the provider has the right to:

   (a) Refuse to accept or sign a FLCA.

   (b) Refuse to agree to a probationary license.

(5) If an early learning provider refuses a FLCA or probationary license, this may result in any of the following enforcement actions:

   (a) Modification of the license;

   (b) Noncontinuation of a nonexpiring license;

   (c) Suspension of the license;

   (d) Revocation of the license; or

   (e) Civil penalties.

(6) The department may place an early learning provider on nonreferral status, pursuant to RCW 43.216.325(4), in addition to or in lieu of an enforcement action under this chapter.

(7) A probationary license may be issued to an early learning provider or program operating under a nonexpiring license as part of a corrective action plan. Prior to issuing a probationary license, the department must refer the program or provider for technical assistance, pursuant to RCW 43.216.320(2).

PROGRAM ADMINISTRATION AND OVERSIGHT

(8) A department decision to issue a probationary license is based on an early learning program or provider's:

  (a) Negligent or intentional noncompliance with the licensing rules;

  (b) History of noncompliance with licensing rules;

  (c) Current noncompliance with licensing rules;

  (d) Fire safety inspection or health and sanitation inspection report that failed to gain approval;

  (e) Use of unauthorized space for child care;

  (f) Inadequate supervision of children;

  (g) Understaffing for the number of children in care;

  (h) Noncompliance with requirements addressing children's health, proper nutrition, discipline, emergency medical plan, sanitation or personal hygiene practices; and

  (i) Any other factors relevant to the specific situation and consistent with the intent or purpose of chapter 43.216 RCW.

(9) When the department issues a probationary license, the early learning provider must:

  (a) Provide notice of the probationary license and a copy of the department's probationary licensing agreement to the parents or guardians of enrolled children within five business days of receiving the probationary license;

  (b) Provide documentation to the department that parents or guardians of enrolled children have been notified within ten business days of receiving the probationary license;

  (c) Inform new parents or guardians of the probationary status before enrolling new children into care;

  (d) Return the early learning program's nonexpiring license to the department; and

  (e) Post documentation of the approved written probationary license as required by RCW 43.216.687.

(10) Pursuant to RCW 43.216.689, an early learning provider must have inspection reports and notices of enforcement actions for the past three years readily available for review by the department, parents, and the public.

DCYF is committed to consistent, equitable and fair licensing enforcements to ensure high-quality programs are accessible for all families. Utilizing a variety of enforcement strategies enables DCYF to collaborate with early learning providers and ensure successful results while keeping children safe and healthy.

When early learning programs are monitored, there may be areas of non-compliance with WAC or RCW. Licensing staff will provide technical assistance and focus on a partnered approach to identify program strengths and achieve program compliance. Compliance violations may be noted on an inspection report. The inspection report will be discussed with, completed by and signed by the licensee or their designee. DCYF staff will verify correction of violations of immediate, serious and short-term risk to children included on the inspection report.

In the event of repeated non-compliance, or if one or more health or safety violations exist that may result in enforcement action, DCYF may opt to issue a Facility Licensing Compliance Agreement (FLCA) instead of moving forward with an enforcement action. Violations that may result in enforcement action are violations of health and safety standards which may place a child or children at substantial risk of bodily injury, illness or death. The issuance of a FLCA provides an opportunity for additional communication, beyond technical assistance, between DCYF and the early learning provider. The FLCA will indicate the potential threat to the well-being of children, the seriousness of the violation, what to expect if compliance does not occur and the early learning provider's plan to come into compliance and an agreed upon date of compliance. DCYF staff will verify correction of violations of immediate, serious or short-term risk to children included on the FLCA.

An early learning provider may request an internal review process to determine whether DCYF licensors have appropriately, equitably and consistently applied agency rules in FLCAs that do not involve a violation of health and safety standards. An early learning provider must request an internal review within 10 calendar days of the development of a FLCA by submitting a request within the Provider Portal. DCYF will not process any FLCA dispute request if an enforcement action is pending.

Another enforcement strategy which may be considered is a probationary license. A probationary license may be offered when the non-compliance does not present an immediate threat to the health or well-being of children, but would likely do so if allowed to continue. It is offered only after referring the early learning program to child care resource and referral or other appropriate resource for technical assistance. A probationary license is a six-month license that is accompanied by corrective action conditions and requires notification of the probationary status to the parents and guardians of all enrolled children. A probationary license allows an early learning provider the opportunity to receive additional support and technical assistance to achieve compliance and to demonstrate sustained compliance with the Foundational Quality Standards.

An early learning provider may choose to refuse to accept a FLCA or an offer of a probationary license. In this case, DCYF may move forward with enforcement action.

Non-referral status may be requested by an early learning provider, or it may be used as part of an enforcement action strategy. When an early learning provider is on non-referral status:

• Child care resource and referral agencies do not refer individuals seeking child care and early learning services to the early learning provider.

• Social Service Payment System (SSPS) may continue to process subsidy payment for currently enrolled children, but no new authorizations will be granted.

DCYF will give written notification to early learning providers placed on non-referral status.

WAC 110-300-0443 outlines requirements and provider rights related to enforcement actions.

PROGRAM ADMINISTRATION AND OVERSIGHT

WAC 110-300-0443

Enforcement actions, notice, and appeal

(1) Pursuant to RCW 43.216.325, the department is authorized to take enforcement actions when an early learning provider fails to comply with this chapter or chapter 43.216 RCW. Enforcement actions are taken pursuant to RCW 43.216.020, 43.216.065, and 43.216.250. Enforcement actions include civil monetary penalties (fines) and the denial, suspension, revocation, modification, or nonrenewal of a license.

(2) An early learning provider subject to an enforcement action has the right to appeal by requesting an adjudicative proceeding (or "hearing") pursuant to chapter 110-03 WAC, DCYF hearing rules.

(3) The department must issue a notice of violation to an early learning provider when taking enforcement actions. A notice of violation must be sent by certified mail or personal service and must include:

   (a) The reason why the department is taking the action;

   (b) The rules the provider failed to comply with;

   (c) The provider's right to appeal enforcement actions; and

   (d) How the provider may appeal and request a hearing.

(4) Fines shall not exceed two hundred fifty dollars per day per violation for center early learning programs or one hundred fifty dollars per day per violation for family home early learning programs, or as otherwise set by the legislature. Fines may be:

   (a) Assessed and collected with interest for each day a violation occurs;

   (b) Imposed in addition to other enforcement actions; and

   (c) Withdrawn or reduced if an early learning provider comes into compliance during the notification period.

(5) An early learning provider must pay fines within twenty-eight calendar days after receiving a notice of violation unless:

   (a) The office of financial recovery establishes a payment plan for the provider; or

   (b) The provider requests a hearing, pursuant to chapter 110-03 WAC, DCYF hearing rules and RCW 43.216.335(3).

(6) The department may suspend or revoke a license if an early learning provider fails to pay a fine within twenty-eight calendar days or becomes delinquent in making payments, pursuant to RCW 43.216.327 and 43.216.335. If a provider's license is due for annual compliance, the department may elect not to continue the license for failure to pay a fine.

DCYF is responsible for protecting children and youth from harm and promoting healthy development with effective, high-quality early learning services delivered in an equitable manner. To accomplish this duty, DCYF is authorized by RCW to take enforcement action when an early learning provider fails to comply with the Foundational Quality Standards or RCW. There are a variety of enforcement actions that DCYF may take. DCYF recognizes that enforcement actions, while sometimes necessary to protect the health, safety and welfare of children, also impact the business of an early learning program, disrupt children's attendance and impact enrolled families. When determining when and what type of enforcement action is needed, DCYF takes into consideration an early learning provider's licensing history, the type and seriousness of non-compliance issues and the number of times a particular violation has occurred.

Enforcement actions include:

Enforcement Action	Description
Civil Monetary Penalties	The assessment of a fine.
Denial	To withhold issuance of a license when an individual has a pending license application or has not yet received a non-expiring license.
Suspension	To temporarily stop a license in order to protect the health, safety or welfare of enrolled children or the public.
Revocation	To close an early learning program and permanently remove the license.
Modification	To change the conditions identified on a licensee's current license.
Nonrenewal	To withhold renewal of a license.

When taking enforcement action, DCYF will explain in writing the violation of WAC or RCW and why the action is being taken. An early learning provider subject to an enforcement action has the right to appeal the decision and receive a hearing. DCYF will provide instructions on how to appeal and request a hearing in the written notification of the enforcement action.

Chapter 110-03 WAC outlines requirements related to administrative hearings.

PROGRAM ADMINISTRATION AND OVERSIGHT

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The assessment of a civil monetary penalty (fine) may be in addition to other enforcement actions. The amount of the fine will be assessed at no more than $250 per day, per violation for a child care center or $150 per day, per violation for a family home early learning provider. These limits are set by, and can be changed by, the Legislature. If an early learning provider promptly corrects the noncompliance issues, DCYF may opt to forgive the fine or reduce the amount to be paid by the early learning provider. Failure to pay a fine within 28 calendar days could result in further enforcement action against the license.

A monitor visit is conducted at a family home program that operates Monday through Friday and a large trampoline is accessible to the children. The early learning provider and licensor discuss the safety risks associated with trampolines. Technical assistance is provided to the early learning provider related to ways the trampoline can be made inaccessible to children and the safety violation is written on the inspection report. The licensor returns to the site five days later to recheck compliance and finds that the trampoline is still accessible to the children. The violation is recorded on an inspection report and additional technical assistance is shared with the provider. To verify compliance, the licensor conducts a site visit and finds that the trampoline is still accessible to children. The licensor reviews and discusses the licensing history, the type and severity of non-compliance concerns and number of violations with their supervisor. Due to the repeated health and safety violation, the decision is made to issue a fine for the repeated violation of WAC 110-300-0146.

The fine will be assessed in the amount of $1,500. The amount was determined based on the maximum of $150 for each of the 10 days the trampoline has been accessible to children.

The following day the early learning provider schedules a site visit to verify that the trampoline has been secured to prevent children's access. The licensor and supervisor review the early learning provider's request to remove the fine. DCYF decides to reduce the fine to $300 – $150 for each time the violation was documented on an inspection report.

WAC 110-300-0450

Parent or guardian handbook and related policies

(1) **An early learning provider must supply to each parent or guardian written policies regarding the early learning program. Each enrolled child's record must have signed documentation stating the parent or guardian reviewed the handbook and early learning program policies.**

(2) **An early learning provider must have and follow formal written policies in either paper or electronic format, including:**

   (a) **A nondiscrimination statement;**

   (b) **A family engagement and partnership communication plan;**

   (c) **A parent or guardian's permission for photography, videotaping, or surveillance of his or her child;**

(d) Alcohol, tobacco, cannabis use and prohibition of illegal drugs;

(e) Curriculum philosophy on how children learn and develop, and how this philosophy is implemented;

(f) Child guidance plan, which includes restraint policies and forbidding corporal punishment;

(g) Expulsion policy;

(h) Early learning program staff-to-child ratios and classroom types offered, if applicable;

(i) If the early learning program offers any of the following, they must include a policy for each that applies to their program:

   (i) Care for children with specific or special needs;

   (ii) Infant and toddler care, covering:

      (A) Diapering;

      (B) Feeding;

      (C) Toilet training;

      (D) Child sleep pattern; and

      (E) Safe sleep requirements.

   (iii) Dual language learning;

   (iv) Religious and cultural activities, including how holidays will be celebrated;

   (v) Transportation and off-site field trips;

   (vi) Water activities;

   (vii) Overnight care; and

   (viii) How weapons on the premises are secured.

(j) Program days and hours of operation, including closure dates and observed holidays;

(k) Enrollment and disenrollment requirements;

(l) Fees and payment plans;

(m) Sign-in and sign-out requirements;

(n) Information required for the child's record, including:

   (i) The importance and plan for keeping the information current;

   (ii) A plan to keep the child's information confidential; and

   (iii) Who may legally access the child's information.

(o) A kindergarten transition plan, if applicable;

(p) What parents or guardians must supply for their child (for example: Extra clothing or diapers);

(q) Permission for a parent or guardian's access to areas of the early learning program during business hours;

(r) Termination of services policy;

(s) Emergency preparedness plan;

(t) The early learning provider and program staff's duty to report incidents including reporting suspected child abuse, neglect, sexual abuse, or maltreatment;

(u) Policies regarding mixed age groups, if applicable (including when children may be in a mixed age group);

(v) Description of where the parent or guardian may find and review the early learning program's:

   (i) Health policy;

   (ii) Staff policies, if applicable;

   (iii) Consistent care policy;

   (iv) Menus;

   (v) Liability insurance;

   (vi) Inspection reports and notices of enforcement actions, if applicable; and

   (vii) Other relevant program policies.

Formal written policies define how an early learning program operates. They create structure and accountability for an early learning program, and support a partnership with parents and guardians. An early learning program's policies clarify and communicate to parents and guardians how the early learning program will ensure the well-being of their children, how they will meet the Foundational Quality Standards and what the families can expect from their relationship with the early learning program.

Written policies also inform parents and guardians what is expected from them. Thorough communication early in the business relationship establishes an agreement and reduces the potential for misunderstandings and conflict in the future. The requirement for parent or guardian signature provides acknowledgement of the policies. It shows that both parties entered into the business relationship with an understanding of what to expect. The parent handbook and policies may be provided electronically or on paper. An early learning provider can enhance communication and further reduce potential misunderstandings by offering policies in the family's preferred language. An additional support may be to offer parents or guardians an individual handbook review, as needed. This can help with positive feedback and provides a safe space to share issues they may be experiencing.

DCYF outlines in this WAC section the required topics that must be addressed in the written handbook or policies. The content of the policies will be specific to each early learning program. The handbook and required policies must be reviewed by DCYF, which will ensure the early learning program's policy meets the Foundational Quality Standards for each topic.

WAC 110-300-0400 (2) requires the parent policies are submitted for DCYF review.

WAC 110-300-0110 requires an early learning provider to notify DCYF when substantial changes are made to the policy.

The following table describes the purpose of identified policies.

Policy	Purpose
Nondiscrimination Statement Related WAC: WAC 110-300-0030	Notifies that children and families will not be treated differently or less favorably based on their race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion or ability.
Family Engagement and Partnership Communication Plan Related WAC: WAC 110-300-0085	A policy that describes the early learning program's process for communication and parent or guardian involvement to optimize the child's early learning experience.
Parent or Guardian Permission for Photography, Videotaping or Surveillance Related WAC: WAC 110-300-0460	Supports communication of the parent or guardian's decision related to photos or video of their child.
Alcohol, Tobacco, Cannabis and Illegal Drugs Related WAC: WAC 110-300-0420	Informs parents and guardians of what to expect from the early learning program, as well as what is expected of the parent or guardian, related to prohibited substances.
Curriculum Philosophy on How Children Learn and Develop, and How This Philosophy is Implemented Related WAC: WAC 110-300-0305	Describes a program's understanding, approach and practices in how children learn and develop, defining how activities will be implemented within the program to support this.
Child Guidance Plan, Which Includes Restraint Policies and Forbidding Corporal Punishment Related WAC: WAC 110-300-0330	Informs parents and guardians of the strategies that will be used to increase desired behavior and prevent or interrupt undesired behavior.
Expulsion Policy Related WAC: WAC 110-300-0486	Describes how the program will partner with families in this process, and outlines what steps will be taken in the event that expulsion is deemed necessary.

PROGRAM ADMINISTRATION AND OVERSIGHT

Policy	Purpose
Staff-to-Child Ratios Related WAC: WAC 110-300-0355 WAC 110-300-0356 WAC 110-300-0357	Informs parents and guardians of the program's staffing patterns and the maximum number of children per early learning provider.
Care for Children with Specific or Special Needs Related WAC: WAC 110-300-0150 WAC 110-300-0300 WAC 110-300-0305	Provides a general description of how the program will support and assist children with learning challenges, physical disability or emotional and behavioral challenges.
• Infant and Toddler Care • Diapering • Feeding • Toilet Training • Child Sleep Pattern • Safe Sleep Requirements Related WAC: WAC 110-300-0275 through WAC 110-300-0296	Provides an understanding of what the parent or guardian of an infant or toddler can expect from the early learning program regarding developmentally appropriate care and skill building, and what the parent or guardian may need to do or provide to support their child.
Dual Language Learning Related WAC: WAC 110-300-0305	Describes the early learning program's strategies to support children who are learning two or more languages.
Religion Policies	Allows families to have a clear understanding of religious programming implemented in the program. This might include celebration or acknowledgement of holidays, birthday celebrations or praying or saying grace before meals. This written policy allows families to choose a program that best fits their own beliefs.
Transportation and Off-Site Field Trips Related WAC: WAC 110-300-0480	Communicates the type of potential off-site trips and transportation methods, necessary parent or guardian permission and an overview of procedures and safety considerations.
Water Activities Related WAC: WAC 110-300-0350	Informs families about the type of water activities their child may experience, necessary parent or guardian permission and an overview of procedures and safety considerations.

Policy	Purpose
Overnight Care Related WAC: WAC 110-300-0270	Outlines evening and overnight program schedule and processes such as children's personal hygiene care, sleep routines and evening and nighttime supervision.
Weapons Policies Related WAC: WAC 110-300-0165	In a family home early learning program, may describe how weapons are stored to prevent access by children, or for a center early learning program, may communicate that weapons are not permitted on the premises.
Program Days and Hours of Operation, Including Closure Dates and Observed Holidays	Allows parents and guardians to anticipate closures and plan alternate care for their child.
Fees and Payment Policies	Informs parents and guardians in advance of the financial expectations related to regular tuition, optional programs or other potential fees.
Sign-in and Sign-Out Requirements Related WAC: WAC 110-300-0455	Communicates the parent or guardian's responsibility to provide a written or electronic signature at the child's arrival and departure, and instruction for the specific early learning program's attendance system.
Information Required for the Child's Record, Including: • The importance and plan for keeping the information current • A plan to keep the child's information confidential • Who may legally access the child's information Related WAC: WAC 110-300-0460	Ensures health, emergency and identifying information is available when necessary to provide a child adequate care, and that the information is handled to protect privacy.
A Kindergarten Transition Plan, if Applicable Related WAC: WAC 110-300-0065	Describes the strategies and steps the early learning program will take to help prepare a child and family for a successful school experience.
What Parents Supply for Their Child	Outlines expectations of what a family will be required to bring from home to support their child while in care. This might include items such as bottles, formula, diapers, wipes, extra clothing for all ages and bedding.

PROGRAM ADMINISTRATION AND OVERSIGHT

Policy	Purpose
Staff Policies Related WAC: WAC 110-300-0110	Informs parents and guardians of staff procedures, training requirements and expectations.
Permission for a Parent or Guardian's Access to Areas of the Early Learning Program During Business Hours	Assures a parent or guardian they may visit the site and observe child care areas at any time when their child is in care.
Termination of Services Policy Related WAC: WAC 110-300-0485	Provides advance notification of the parent or guardian behaviors or circumstance that may stop the provision of child care services.
Emergency Preparedness Plan Related WAC: WAC 110-300-0470	Communicates crucial information about what to expect from the early learning program and what a parent or guardian should do in case of an emergency situation.
The Early Learning Provider and Program Staff's Duty to Report Incidents Including Suspected Child Abuse, Neglect, Sexual Abuse or Maltreatment Related WAC: WAC 110-300-0475	Ensures parents and guardians are informed early in the business relationship that early learning providers are mandated reporters of suspected child abuse or neglect.
Policies Regarding Mixed Age Groups, if Applicable (Including When Children May Be in a Mixed Age Group) Related WAC WAC 110-300-0356 WAC 110-300-0357	When a center early learning program includes care of children in groups with mixed ages, this policy communicates to parents the parameters, staffing patterns and safety considerations taken.

Policy	Purpose
Description of Where the Parent or Guardian May Find and Review the Early Learning Program's: • Health Policy • Staff Policies, if Applicable • Consistent Care Policy • Menus • Liability Insurance • Inspection Reports and Notices of Enforcement Actions, if Applicable Other Relevant Program Policies	Informs a parent or guardian of the type of additional policies and information available and how to access them.
Consistent Care Policy Related WAC: WAC 110-300-0495	Describes how the early learning program will support the development of long-term trusting relationships between children and an early learning provider.

Washington Child Care Business Edge. A Child Care Aware of Washington website that provides policies, forms, regulations and guidance related to child care and early learning programs in Washington State.

www.childcarebizedge.org/utility-pages/log-in/?redirectUrl=/

WAC 110-300-0455

Attendance records

(1) An early learning provider may keep a child in care up to a maximum of ten hours each day. If needed, the maximum time may be extended based upon the parent or guardian's work, an agreed upon alternate schedule, or travel to and from the early learning program.

(2) An early learning provider must keep daily child attendance records, either in paper or electronic format, for each child (including the children of staff in the program). These records must be easily accessible and kept on-site or in the program's administrative office for department review. These records must clearly document:

   (a) The name of the child;

   (b) The date of care;

   (c) Child arrival and departure times from the early learning program;

   (d) Signature or electronic signature of parent, guardian or other authorized person at the time of arrival and departure; and

   (e) A staff signature when a child leaves the early learning program to attend school or participate in off-site activities not offered by the early learning program.

(3) An early learning provider must keep daily staff attendance records for each center classroom or family home program. These attendance records must be on paper or in an electronic format and clearly document:

   (a) The name of each staff member (including staff assigned to care for children with special needs and one-on-one care) and volunteers;

   (b) The number of children in each classroom or family home program;

   (c) The staff-to-child ratio;

   (d) The date; and

   (e) Start and end times of the assigned staff or volunteers.

(4) If the attendance records are kept electronically, the electronic system must:

   (a) Record either an electronic signature, swipecard, personal identification number (PIN), biometric reader, or similar action by the parent or authorized person when signing the child in or out of care (or staff notation of who picked up or dropped off along with time in and out if authorized person does not have electronic signature, swipe card, PIN, biometric reader or similar action);

   (b) Ensure the authenticity, confidentiality, integrity, security, accessibility, and protection against disproof of the electronic records;

   (c) Be able to produce an authentic, verifiable and uniquely identified written record for each transaction;

   (d) Be able to authenticate (prove the identity of) the sender of the record and ensure that the electronic record has not been altered;

   (e) Be able to capture an electronic record for each transaction conducted;

   (f) Be able to retain the electronic record in an accessible form for their legal minimum retention period;

   (g) Be able to search and retrieve electronic records in the normal course of business; and

(h) Be able to perform in an accurate, reliable, and consistent manner in the normal course of business.

(5) Electronic attendance records must contain information necessary to reproduce the entire electronic record and associated signatures in a form that permits a person viewing or printing the entire electronic record to verify:

(a) The contents of the electronic record;

(b) The person signing the electronic record; and

(c) The date signatures were executed.

Strong administrative systems, such as record keeping, provide a framework to support successful business management practices. Organized and complete attendance records help the early learning provider track each child's schedule and plan for staffing and future enrollment. They allow clear and open communication with parents and guardians to ensure an enrollment schedule that best meets the developmental interests of the child and considers the needs of both the family and early learning provider.

The information provided by attendance records can also help business planning and management of food and menus, ordering of supplies and materials, and target marketing for a specific age group or time slot. Accurate attendance records also help an early learning provider ensure all children are accounted for as they arrive and are picked up, transition from one area to another or in an emergency situation.

The requirement to document the start and end times of staff and the staff-to-child ratio is important for safety purposes. These records show classroom coverage and allow an early learning provider to prevent or identify and address any incident of a staffing level gap. Documenting the details of staff attendance for each center classroom or family home program not only provides evidence that required staff-to-child ratios are met, it also allows the early learning provider to know who is likely to have information regarding a situation or incident that may be reported days or weeks later.

Attendance records can be maintained in a paper version or electronically. However, early learning providers who accept Working Connections Child Care or Seasonal Child Care subsidy payments are required to use an electronic attendance system.

For the early learning provider who chooses to utilize electronic attendance records, there are a variety of systems available. DCYF provides a free system for early learning providers to use. The system, KinderConnect, can also be used to track attendance for non-subsidized children in care.

A home early learning provider in Pierce County shares:

"Wow! I implemented electronic attendance into my family child care home and was immediately positively impacted by the change in my program. The parent's perception of my program's professionalism increased and they expressed appreciation for having quicker sign in and out processes. It's also easier and quicker to provide accurate data to funding sources and for taxes. When a parent or program, such as Military Assistant Program, the Food Program or Working Child Connection, needs a student's attendance, the electronic attendance gives me immediate access to accurate data."

WAC 110-300-0465 requires an early learning provider to keep attendance records for a minimum of five years.

Approved Attendance Systems. A DCYF webpage with information and instruction on electronic attendance systems. Includes a list of previously approved systems and instructions for systems that are not on the approved list.
www.dcyf.wa.gov/services/early-learning-providers/electronic-attendance-system/approved-systems

Electronic Attendance System Training. A DCYF training on the KinderConnect electronic attendance system in DCYF's training portal.
https://dcyftraining.com/

WAC 110-300-0460

Child records

(1) **An early learning provider must keep current individualized enrollment and health records for all enrolled children, including children of staff, updated annually or more often as health records are updated.**

   (a) **A child's record must be kept in a confidential manner but in an area easily accessible to staff.**

   (b) **A child's parent or guardian must be allowed access to all of his or her own child's records.**

(2) **Each child's enrollment record must include the following:**

   (a) **The child's birth date;**

   (b) **An enrolled child's parent or phone numbers, address, and contact information for reaching the family while the child is in care;**

   (c) **Emergency contact information. If no emergency contact is available, a written and signed emergency contact plan may be accepted;**

   (d) **Names and phone numbers of persons authorized to pickup enrolled children;**

   (e) **A plan for special or individual needs of the child, if applicable, including parent or guardian signature, pursuant to WAC 110-300-0300;**

   (f) **Signed parent or guardian permissions, pursuant to WAC 110-300-0450 as applicable for:**

      (i) **Field trips;**

      (ii) **Transportation;**

      (iii) **Bathing;**

      (iv) **Water activities including swimming pools or other bodies of water; and**

      (v) **Photo, video, or surveillance activity.**

   (g) **The beginning and end enrollment date for children no longer in the early learning program's care;**

   (h) **A parent or guardian approved plan for use of physical restraint and documentation of parental or guardian notification;**

(i) Expulsion information, documentation, and steps taken to avoid expulsion;

(j) Termination of services documentation and communication; and

(k) Notification of child developmental screening information given to the child's parent or guardian, if applicable.

(3) Each child's health record and the information described in subsection (2)(a) through (e) of this section must be available to staff for medical administration or emergencies.

(4) A health record is required for every child who is enrolled and counted in an early learning program's capacity. A health record must include:

(a) An immunization record, pursuant to WAC 110-300-0210(1);

(b) The child's health history including any known health conditions and the child's individual care plan, if applicable;

(c) A medication authorization and administration log, pursuant to WAC 110-300-0215, if applicable;

(d) Documentation of special medical procedure training by parent or guardian, if applicable;

(e) Medical and dental care provider names and contact information or what facility the parent or guardian would prefer for treatment;

(f) Dates of the child's last physical exam and dental exam, if available;

(g) Consent to seek medical care and treatment of the child in the event of injury or illness, signed by the child's parent or guardian;

(h) Signed parent or guardian permission for visiting health professionals who provide direct services to children at the early learning program;

(i) An incident or injury report that includes:

   (i) The date and description of the child's incident or injury;

   (ii) Treatment provided to the child while in care;

   (iii) The names of the early learning program staff providing the treatment; and

   (iv) Evidence that a copy of the incident or injury report was given to the child's parent or guardian.

(j) Documentation that a provider reported food poisoning or contagious diseases to the local health jurisdiction or the department of health, if applicable.

Maintaining up-to-date, readily accessible child records is essential to providing quality care. The information collected allows the early learning provider to meet the individual learning, cultural and health needs of each child. Early learning providers are responsible to store and handle records with private or sensitive information in a manner that protects confidentiality. Consistently managing sensitive and personal information in a confidential way demonstrates respect and helps build trusting relationships.

Ensuring that parents and guardians are given the opportunity to choose whether or not their child or children will be allowed to participate in activities such as transportation, bathing and photos or surveillance allows the parents to choose what they feel is safe for their child. Allowing the parent to give or deny permission for such activities allows both the family and the child care program to support the safety, cultural and family preferences for children enrolled in the program.

A family may express that their foster child should not be included in any photo, video or surveillance activity as a precaution for the child's safety. Another family may express that they would not approve of their child being bathed at the early learning program and ask to be called to pick the child up if bathing is necessary. In either case, documentation of the family's permission helps prevent situations that may result in a safety concern, or in conflict between the family and the early learning provider.

In the event of an unexpected emergency situation, a consistent, complete and accessible system for storing and obtaining child information can greatly improve the incident response. It will save time and stress from trying to decide in the moment how to respond, who to contact and how to contact them. Accurate child records also help ensure that a child is released only to individuals authorized by the parent and allow the early learning provider the ability to ensure that any special needs for the children in care are addressed.

Children's health records can help early learning providers track or manage health needs such as immunizations or medical care, or a special care plan for children with chronic health conditions or special health needs. Requiring accurate and current health information encourages families to obtain health care for their child and facilitates communication between health care providers, families and child care providers. When no medical or dental care provider information is provided, the parent or guardian's preferred treatment facility must be listed. Children's records and forms should be updated at least every year or sooner if changes occur, such as adjustments in medication or changes in emergency contact information.

To ensure complete and accurate records, an early learning provider should review the paperwork provided by the parent or guardian and items listed in WAC 110-300-0460 before allowing a child to begin attending the program. Ensure the information is complete at that time by following up with parents or guardians regarding any blank answers and checking that any fields marked N/A are accurate. A blank field does not indicate a "no" or N/A and could be determined to be non-compliant.

WAC 110-300-0055 outlines requirements related to developmental screening.

WAC 110-300-0215 outlines requirements for medication documentation.

WAC 110-300-0300 outlines requirements for individual care plan for special needs.

WAC 110-300-0335 outlines requirements related to physical restraint.

WAC 110-300-0340 outlines requirements related to expulsion.

WAC 110-300-0485 outlines requirements for a termination of services policy.

Forms and Documents. A DCYF webpage with forms including Child Care Agreement, Child Care Registration Form, Child Injury/Incident Report, Daily Attendance Records, medication forms and others.
www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents

PROGRAM ADMINISTRATION AND OVERSIGHT

WAC 110-300-0465

Retaining facility and program records

(1) An early learning provider must keep the records required in this chapter for a minimum of three years unless otherwise indicated.

(2) Attendance records must be kept for a minimum of five years.

(3) Facility and program records from the previous twelve months must be easily accessible and kept on-site or in the program's administrative office for department or other state agency's review.

(4) Records older than twelve months must be provided within two weeks of a written request by the department.

(5) An early learning provider must keep the following records available for department review:

   (a) The parent or guardian handbook;

   (b) Furniture, sleep, and play equipment forms and specifications;

   (c) Chromated copper arsenate test results, if applicable;

   (d) Annual fire inspection by qualified fire professional, if applicable;

   (e) Annual inspection of chimney, wood stove, and fireplace, if applicable;

   (f) Monthly inspection to identify fire hazards and elimination of such hazards;

   (g) Monthly testing of smoke and carbon monoxide detectors;

   (h) Monthly fire extinguisher inspection and annual maintenance;

   (i) Food temperature logs pursuant to CACFP, if applicable;

   (j) Child incident and illness logs;

   (k) Vaccination records for pets or animals housed at the early learning provider program;

   (l) Lead and copper testing results;

   (m) Private well and septic systems inspection and testing results, if applicable;

   (n) Cleaning log for large area rugs or carpets;

   (o) Pesticide use (seven years);

   (p) Car insurance policy, if applicable;

   (q) Monthly site visit from child care health consultant, if applicable;

   (r) Tacoma smelter inspection results;

   (s) Curriculum planning schedule;

   (t) Strengthening families program self-assessment or an equivalent assessment;

   (u) Documents from department visits (inspections, monitoring, compliance agreements, and safety plans); and

   (v) Waivers or variances from department rules, if applicable.

PROGRAM ADMINISTRATION AND OVERSIGHT

An early learning program must have systems to produce, use, post, store and otherwise manage a wide variety of documents, policies and records that are required as part of the Foundational Quality Standards.

Retaining facility and program records for the early learning program is an important aspect of business management. Organized and accessible records allow an early learning provider to have an accurate picture of the past and plan for the future. Unless specifically noted otherwise in the WAC, documents should be held for three years. An early learning provider may opt to keep the records in paper format with appropriate storage precautions or an electronic copy, ensuring any personal identifying information cannot be accessed or stolen.

DCYF recognizes there are challenges to storing documents. In consideration of the amount of storage necessary to keep a large number of paper files, records older than the last 12 months may be kept in an area other than the licensed premises. When documents are stored off-site, the early learning provider must ensure that the records can be obtained and provided to DCYF within two weeks, when a request has been made for a review of records.

Forms and Documents. A DCYF webpage with forms to support early learning programs. **www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents**

WAC 110-300-0470

Emergency preparedness plan

(1) **An early learning provider must have and follow a written emergency preparedness plan. The plan must be reviewed and approved by the department prior to when changes are made. Emergency preparedness plans must:**

   (a) **Be designed to respond to fire, natural disasters, and other emergencies that might affect the early learning program;**

   (b) **Be specific to the early learning program and able to be implemented during hours of operation;**

   (c) **Address what the provider would do if the provider has an emergency and children may be left unsupervised;**

   (d) **Address what the early learning program must do if parents are not able to get to their children for up to three days;**

   (e) **Must follow requirements in chapter 212-12 WAC, Fire marshal standards, as now or hereafter amended and the state fire marshal's office requirements if a center early learning program;**

   (f) **Be reviewed at program orientation, annually with all early learning program staff with documented signatures, and when the plan is updated; and**

   (g) **Be reviewed with parents or guardians when a child is enrolled and when the plan is updated.**

(2) **The written emergency preparedness plan must cover at a minimum:**

   (a) **Disaster plans, including fires that may require evacuation:**

     (i) **An evacuation floor plan that identifies room numbers or names of rooms, emergency**

exit pathways, emergency exit doors, and emergency exit windows for family-home based programs as described in WAC 51-51-0326;

(ii) Methods to be used for sounding an alarm and calling 911;

(iii) Actions to be taken by a person discovering an emergency;

(iv) How the early learning provider will evacuate children, especially those who cannot walk independently. This may include infant evacuation cribs (for center early learning programs), children with disabilities, functional needs requirements, or other special needs;

(v) Where the alternate evacuation location is;

(vi) What to take when evacuating children, including:

(A) First-aid kit(s);

(B) Copies of emergency contact information;

(C) Child medication records; and

(D) Individual children's medication, if applicable.

(vii) How the provider will maintain the required staff-to-child ratio and account for all children;

(viii) How parents or guardians will be able to contact the early learning program; and

(ix) How children will be reunited with their parents or guardians after the event.

(b) Earthquake procedures including:

(i) What a provider will do during an earthquake;

(ii) How a provider will account for all children; and

(iii) How a provider will coordinate with local or state officials to determine if the licensed space is safe for children after an earthquake.

(c) Public safety related lockdown scenarios where an individual at or near an early learning program is harming or attempting to harm others with or without a weapon. This plan must include lockdown of the early learning program or shelter-in-place steps including:

(i) How doors and windows will be secured to prevent access, if needed; and

(ii) (Where children will safely stay inside the early learning program.

(d) How parents or guardians will be contacted after the emergency ends.

(3) An early learning provider must keep on the premises a three-day supply of food, water, and life-sustaining medication for the licensed capacity of children and current staff for use in case of an emergency.

(4) An early learning provider must practice and record emergency drills with staff and children as follows:

(a) Fire and evacuation drill once each calendar month;

(b) Earthquake, lockdown, or shelter-in-place drill once every three calendar months;

(c) Emergency drills must be conducted with a variety of staff and at different times of the day, including in the evening and during overnight hours for early learning programs that care for children during those hours; and

(d) Drills must be recorded on a department form and include:

(i) The date and time of the drill;

PROGRAM ADMINISTRATION AND OVERSIGHT

  (ii) The number of children and staff who participated;

  (iii) The length of the drill; and

  (iv) Notes about how the drill went and how it may be improved.

(5) In areas where local emergency plans are already in place, such as school districts, an early learning program may adopt or amend such procedures when developing their own plan.

Natural disasters and unexpected emergencies can be stressful for children, early learning providers and parents and guardians. Having a written emergency preparedness plan helps reduce stress during an emergency and increases the likelihood of a successful response.

A written emergency preparedness plan serves several purposes, including:

- There are clear expectations for the actions of early learning program staff during an emergency.

- There is a written resource if early learning professionals have questions about emergency preparedness or how the program will respond during an emergency.

- Parents and guardians will know how they are to respond and what to expect from the early learning program during an emergency.

- For new staff hires or during ongoing training opportunities, the written emergency preparedness plan provides a structure with which to instruct staff on how to respond in emergency situations.

An important component of keeping children safe is trying to think through and plan for unexpected scenarios. Effective emergency preparedness plans are designed to meet the unique needs of the early learning program and address considerations such as the facility type, ages of children served, physical space, location and program hours. In addition to standard emergency preparation topics such as fire, earthquake, flooding, evacuation, managing medications, lockdown and shelter in place protocols, an emergency plan must include scenarios specific to the early learning program. Depending on the facility, this may include topics such as evacuating infants or non-ambulatory individuals, gas leak, tsunami, volcano or mudslide.

Consider the scenario of an early learning provider who experiences a medical crisis, falls to the floor and is rendered unconscious. By thinking through this scenario in advance, the early learning provider can take regular and systematic precautions to help ensure children will be safe while technically unsupervised. This will include keeping unlicensed, unsafe areas and objects inaccessible to children on a daily basis. It might include having age-appropriate emergency response lessons (such as calling 911) in the program curriculum. In a program with multiple staff, it could mean incorporating regular check-ins with staff throughout the day, or a family home provider with no staff may arrange with the neighbor or a family member to check in with the provider each day. The details of the plan will depend upon the unique program circumstances.

To increase the likelihood that emergency preparedness plans will be correctly deployed in a real emergency, early learning providers must annually review the plans and continually practice emergency preparedness procedures. Fire and evacuation drills must be conducted each month and earthquake, lockdown or shelter-in-place drills conducted quarterly. Consistent practice creates positive habits and allows for early learning program staff and children to gain familiarity and confidence with procedures. As CFOC notes, "the routine practice of such drills fosters a calm, competent response to a natural or human generated disaster when it occurs."[304]

Routine practice is also important due to the ongoing development and turnover of children enrolled in the program, as well as the turnover in staff employed by the program. Regular and routine drills help to ensure all parties present during an emergency are familiar with procedures and expectations.

In some severe emergencies, early learning programs may become temporarily isolated from parents or emergency response services. In anticipation of such a circumstance, an early learning program must keep at least a three-day supply of food, water and life sustaining medication to accommodate the licensed capacity and staff. These supplies may be stored in either licensed or unlicensed space on the premises.

In the event of an emergency, parents and guardians are likely to be anxious to be reunited with their children. Planning for and communicating with staff, parents and guardians about how to reunify children with their families can mitigate this stress. An early learning provider can enhance communication and further reduce potential anxiety by offering policies in the family's preferred language.

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304 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs 4th ed.* (Itasca, IL: American Academy of Pediatrics, 2019), 399.

Be Prepared, Be Safe. A Washington State DOH website with information, preparation strategies and resources related to a variety of natural disasters and emergencies. **www.doh.wa.gov/Emergencies/BePreparedBeSafe**

Emergency Preparedness. A Child Care Resource Center website with information to help an early learning provider quickly respond and recover from emergencies. Includes a seven-video series from Child Care Resource Center with information for early learning programs on preparing for and managing a variety of emergency situations.

- Webpage: **www.ccrcca.org/providers/emergency-preparedness**
- Video series: **www.youtube.com/playlist?list=PLk_LN06P5PwLY05bdqjeJq01zBTVi44AM**

Emergency Preparedness. A Child Care Aware of America (CCA) webpage with emergency and disaster related links, webinars, training and resources for early learning providers. **www.childcareaware.org/our-issues/crisis-and-disaster-resources**

Emergency Preparedness Manual for Early Childhood Programs. This federal website provides a manual to assist early learning programs in making a plan that will help keep their program, center or home safe during an emergency. **https://childcareta.acf.hhs.gov/sites/default/files/public/emergency-preparedness-manual-early-childhood-programs.pdf**

Grab & Go Bag for Child Care and Other Early Learning Programs. A Seattle & King County Public Health document with guidance on gathering and storing essential items for an emergency. **www.kingcounty.gov/depts/health/child-teen-health/child-care-health/~/media/depts/health/child-teen-health/child-care-health/documents/grab-and-go-ENGLISH.ashx**

Model Disaster Response Handbook. A Snohomish County guide for early learning providers on how to respond to disaster and crisis situations.

- Disaster Plan – Center or School-Age Program: **www.snohd.org/DocumentCenter/View/409/Disaster-Plan---Child-Care-Center-or-School-age-Program-DOC**
- Disaster Plan – Family Home Child Care: **www.snohd.org/DocumentCenter/View/410/Disaster-Plan---Family-Home-Child-Cares-DOC**

Multi-Hazard Planning for Child Care. A Federal Emergency Management Agency (FEMA) web-based course covering the steps to help early learning providers prepare for incidents and ensure the safety of children at their site. **https://training.fema.gov/is/courseoverview.aspx?code=is-36**

Preparing for Emergencies. A Virtual Lab School web-lesson to help an early learning provider plan, organize, and practice evacuation and emergency procedures. The lesson includes a two-minute video: Talking to Children about Emergencies. **www.virtuallabschool.org/preschool/safe-environments/lesson-8**

Responding to Disasters and Emergencies: Helpful Child Care Information to Share. A State Capacity Building Center webpage with resource topics and frequently asked questions related to response to an emergency or disaster.
https://childcareta.acf.hhs.gov/resource/responding-disasters-and-emergencies-helpful-child-care-information-share

Sample Disaster Plan. A Seattle & King County Public Health Disaster policy template.
www.kingcounty.gov/depts/health/child-teen-health/child-care-health/~/media/depts/health/child-teen-health/child-care-health/documents/child-care-emergency-disaster-plan.ashx

Ready.gov. A U.S. government website designed to educate and empower Americans to prepare for and respond to manmade and natural disasters. Includes a page specifically for educators and organizations.
www.ready.gov

- Educators and Organizations:
  www.ready.gov/kids/educators-organizations

WAC 110-300-0475

Duty to protect children and report incidents

(1) Pursuant to RCW 26.44.030, when an early learning provider has reasonable cause to believe that a child has suffered abuse or neglect, that provider must report such incident, or cause a report to be made, to the proper law enforcement agency or the department. "Abuse or neglect" has the same meaning here as in RCW 26.44.020.

(2) An early learning provider must report by telephone to the listed individuals, department, and other government agencies when the provider knows or has reason to know of an act, event, or occurrence described in (a) through (f) of this subsection.

(a) Law enforcement or the department at the first opportunity, but in no case longer than forty-eight hours:

   (i) The death of a child while in the early learning program's care or the death from injury or illness that may have occurred while the child was in care;

   (ii) A child's attempted suicide or talk about attempting suicide;

   (iii) Any suspected physical, sexual or emotional child abuse;

   (iv) Any suspected child neglect, child endangerment, or child exploitation;

   (v) A child's disclosure of sexual or physical abuse; or

   (vi) Inappropriate sexual contact between two or more children.

(b) Emergency services (911) immediately, and to the department within twenty-four hours:

   (i) A child missing from care, triggered as soon as staff realizes the child is missing;

   (ii) A medical emergency that requires immediate professional medical care;

   (iii) A child who is given too much of any oral, inhaled, or injected medication;

   (iv) A child who took or received another child's medication;

   (v) A fire or other emergency;

   (vi) Poisoning or suspected poisoning; or

   (vii) Other dangers or incidents requiring emergency response.

(c) Washington poison center immediately after calling 911, and to the department within twenty-four hours:

   (i) A poisoning or suspected poisoning;

   (ii) A child who is given too much of any oral, inhaled, or injected medication; or

   (iii) A child who took or received another child's medication;

   (iv) The provider must follow any directions provided by Washington poison center.

(d) The local health jurisdiction or the department of health immediately, and to the department within twenty-four hours about an occurrence of food poisoning or reportable contagious disease as defined in chapter 246-110 WAC, as now or hereafter amended;

(e) The department at the first opportunity, but in no case longer than twenty-four hours, upon knowledge of any person required by chapter 110-06 WAC to have a change in their background check history due to:

   (i) A pending charge or conviction for a crime listed in chapter 110-06 WAC;

   (ii) An allegation or finding of child abuse, neglect, maltreatment or exploitation under chapter 26.44 RCW or chapter 388-15 WAC;

   (iii) An allegation or finding of abuse or neglect of a vulnerable adult under chapter 74.34 RCW; or

   (iv) A pending charge or conviction of a crime listed in the director's list in chapter 110-06 WAC from outside Washington state, or a "negative action" as defined in RCW 43.216.010.

(f) A child's parent or guardian as soon as possible, but no later than the release of the child at the end of the day, and to the department within twenty-four hours, about using physical restraint on a child as described in WAC 110-300-0335.

(3) In addition to reporting to the department by phone or email, an early learning provider must submit a written incident report of the following on a department form within twenty-four hours:

   (a) Situations that required an emergency response from emergency services (911), Washington poison center, or department of health;

   (b) Situations that occur while children are in care that may put children at risk including, but not limited to, inappropriate sexual touching, neglect, physical abuse, maltreatment, or exploitation; and

   (c) A serious injury to a child in care.

(4) An early learning provider must immediately report to the parent or guardian:

   (a) Their child's death, serious injury, need for emergency or poison services; or

   (b) An incident involving their child that was reported to the local health jurisdiction or the department of health.

Early learning providers may know about incidents or circumstances where the well-being of a child or children is compromised or at risk. WAC 110-300-0475 outlines incidents and circumstances where DCYF requires an early learning provider to make a report to the appropriate agency and to DCYF. It also provides the timeframe in which different types of reports must be made. It is crucial to the health and safety of the child or children that these circumstances are reported, and that they are reported in a timely manner. Not only does reporting help protect the child, it provides the early learning provider the opportunity to receive potential guidance or instruction and allows agencies to track data to better inform training, provide support for providers and increase understanding of community needs to inform prevention efforts.

This review highlights only selected reporting requirements listed in WAC 110-300-0475.

PROGRAM ADMINISTRATION AND OVERSIGHT

In an early learning program, a child may disclose information or something may be noticed or observed that leads an early learning provider to suspect that abuse or neglect of the child may have occurred. RCW 26.44.030 mandates that early learning providers and DCYF employees are legally required to report or cause a report to be made if they have reasonable cause to believe that a child has suffered abuse or neglect. The report must be made to CPS or to the appropriate law enforcement agency.

An early learning provider does not have to be certain or have proof that a child has suffered child abuse or neglect to make the report, but must make a report when there is "reasonable cause to believe" child abuse or neglect has occurred. Reasonable cause means a person witnesses or receives a credible written or oral report alleging abuse or neglect of a child.

Early learning providers are not expected, nor should they attempt, to investigate suspicions of abuse or neglect themselves. This responsibility lies with law enforcement, CPS and Licensing Division/Child Protective Services (LD/CPS). LD/CPS is the DCYF program that investigates allegations of abuse or neglect that occur in licensed facilities.

An early learning provider who has cause to believe a child has suffered abuse or neglect must make a report to law enforcement or DCYF as soon as possible and within 48 hours. Timely reporting is critical to intervene in suspected abuse and neglect as soon as possible to protect the child from further harm.

Mandatory reporting timeframes apply to suspicion of current abuse or neglect, as well as disclosures of past abuse or neglect. Responding to a past occurrence of abuse or neglect may allow the opportunity for the child and family to be provided with resources, supports or coping strategies to improve resilience and experience more positive outcomes.

If an early learning provider has concerns but is unsure if a report should be made, they should make the report. The intake worker will review the report to determine if the circumstances reported will be screened in for investigation.

To report suspected child abuse or neglect twenty four hours a day, seven days a week, call 1-866-END-HARM (1-866-363-4276).

WAC 110-300-0106(4) requires early learning providers must complete the recognizing and reporting suspected child abuse, neglect and exploitation training as approved or offered by DCYF.

Medication and Poisoning

A poison is any substance that is harmful to a body if too much is eaten, inhaled, injected or absorbed through the skin.[305] Substances commonly found in an early learning program that may cause poisoning include medication, food, cosmetics, plants, cleaners, detergents and other chemicals.

According to the Centers for Disease Control and Prevention (CDC), one in every 150 2-year-olds visit the emergency room for unintentional overdose, which comes from mistakes in dosing by caregivers or children finding and ingesting medication.[306] Because of the serious health risks associated with medicine overdosing, the early learning provider must immediately call 911 and then the Washington Poison Control Center to receive prompt emergency response and guidance if a child takes or is given too much of their medication or takes or is given someone else's medication.

An early learning provider must also immediately contact 911 and then poison control in the event of any other poisoning incident. If the poisoning is the result of contaminated food, the local health district or DOH must also be immediately notified. Sometimes compromised food products can be traced to a wider distribution and the local health district will be able to mitigate the danger of others becoming ill.

To report poisoning call 911, and then Poison Control at 1-800-222-1222.

WAC 110-300-0205 outlines requirements related to reportable contagious disease.

WAC 110-300-0215 outlines requirements related to medication.

WAC 110-300-0260 outlines requirements related to storage of hazardous and maintenance supplies.

WAC 110-300-0197 outlines requirements for safe food practices.

There are times that early learning programs may experience other emergencies. This may include incidents such as a missing child, a serious injury or medial emergency that requires immediate professional care, or a fire or other incident. In such cases, it is important to notify 911 immediately so that a response can be provided and safety ensured.

Another reporting requirement includes incidents in which a child is restrained while in the care of an early learning provider. In the event a child is physically restrained in an early learning program, the child's parent or guardian must be notified of the restraint as soon as possible and at least by the time the child departs the facility. Prompt communication with the parent or guardian following any use of physical restraint helps foster a positive and trusting relationship. It also provides an opportunity for the parent or guardian and early learning provider to communicate and learn what strategies worked better than others and work together toward providing consistent interactions and expectations to the child.

Requirements related to physical restraint are outlined in WAC 110-300-0335.

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305 Centers for Disease Control and Prevention, "Poisoning," available at **www.cdc.gov/HomeandRecreationalSafety/Poisoning/index.html**, last updated November 24, 2015.

306 Centers for Disease Control and Prevention, "Adverse Drug Events in Children," available at **www.cdc.gov/medicationsafety/parents_childrenadversedrugevents.html**, last updated April 30, 2020.

A DCYF portable background check reduces the risk of harm to children from individuals who have been convicted of certain crimes or who pose a risk to children. DCYF's background check process evaluates background information related to a person's character and suitability related to keeping children safe. If an early learning provider learns of any changes to a staff person's background history that may present potential risk to others, or may affect the current cleared background status, the provider is required to report those changes to DCYF within 24 hours of having received the information. Changes may include a pending charge or conviction of a crime listed in WAC 110-06-0120, or an allegation or finding of abuse or neglect of a child or a vulnerable adult.

Background check requirements are outlined in WAC 110-300-0100, 110-300-0105, 110-300-0425, 110-300-0475 and chapter 110-06 WAC.

In addition to the required agency, an early learning provider is responsible to promptly communicate reportable incidents or circumstances to the parent or guardian. Timely and open communication with parents and guardian's helps foster a positive and trusting relationship and ensures they have necessary information to protect their own child's health and safety.

An early learning provider must also inform DCYF when these situations occur. This allows the opportunity for any needed response, support or necessary technical assistance. Licensing staff will support the early learning provider in making sure the environment and program practices are safe for children and all necessary steps are accomplished.

Not only do the appropriate parties need to be notified within the timeframes required, but DCYF also requires a form be completed to document the injury or incident, that must be submitted within 24 hours. This form, DCYF 15-941 Child Care Injury Incident Report, can be found on the DCYF forms page.

Disparities in Screening & Reporting Child Abuse. An informational presentation by Howard University that looks at child abuse and neglect reporting data, explores causes of disproportionality based on race and looks at strategies for reducing disparities.
www.nationalperinatal.org/resources/Documents/2018%20Conference/Friday/Cross%20 -%20Disparities%20in%20Screening%20and%20Reporting%20Child%20Abuse.pdf

Forms and Documents. A page on the DCYF website that includes links to helpful forms such as the required Child Injury/Incident Report.
www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents

How to Report Child Abuse or Neglect. A DCYF webpage that helps an individual know what information to have ready when they make a report, and contact information for local CPS intake offices to report suspected child abuse or neglect.
www.dcyf.wa.gov/safety/report-abuse

- Statewide Reporting number: **1-866-END-HARM (1-866-363-4276)**

Resilience. A 60-minute KPJR Films documentary that explores the science of Adverse Childhood Experiences (ACEs) and how extremely stressful experience in childhood can alter brain development and have lifelong effects on health and behavior.
https://kpjrfilms.co/resilience/

Safe Disposal of Medicines. The U.S. Food and Drug Administration webpage on the disposal of medication.
www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines

Washington State Poison Center. Calls to the Poison Control Center are free and confidential. All questions are answered by experts available 24 hours a day, every day of the year. The toll-free helpline is **1-800-222-1222.**
www.wapc.org

WAC 110-300-0480

Transportation and off-site activity policy

(1) An early learning provider must have and follow a transportation and off-site activity policy for personal or public transportation service, or non-motorized travel offered to children in care.

   (a) The transportation and off-site activity policy must include routine trips, which must not exceed two hours per day for any individual child.

   (b) Written parent or guardian authorization to transport the parent or guardian's child. The written authorization must be:

      (i) A specific event, date, and anticipated travel time;

      (ii) A specific type of trip (for example, transporting to and from school, or transporting to and from a field trip); or

      (iii) A full range of trips a child may take while in the early learning provider's care.

   (c) Written notices to parents or guardians, to be given at least twenty-four hours before field trips are taken.

(2) During travel to an off-site activity, an early learning provider must:

   (a) Have the health history, appropriate medication (if applicable), emergency information, and emergency medical authorization forms accessible for each child being transported;

   (b) Have a phone to call for emergency help;

   (c) Have a complete first-aid kit;

   (d) Maintain the staff-to-child ratio, mixed groupings, and active supervision requirements;

   (e) Have a current first-aid and CPR certification pursuant to WAC 110-300-0106(11);

   (f) Take attendance using a roll call or other method that assures all children are accounted for each time children begin and end travel to an off-site activity, and every time children enter and exit a vehicle; and

   (g) Never leave children unattended in the vehicle.

(3) When an early learning provider supplies the vehicle to transport children in care, the program and provider must:

   (a) Follow chapter 46.61 RCW, Rules of the road, and other applicable laws regarding child restraints and car seats;

   (b) Assure that the number of passengers does not exceed the seating capacity of the vehicle;

   (c) Maintain the vehicle in good repair and safe operating condition;

   (d) Maintain the vehicle temperature at a comfortable level to children;

   (e) Assure the vehicle has a current license and registration as required by Washington state transportation laws;

   (f) Assure the vehicle has emergency reflective triangles or other devices to alert other drivers of an emergency;

   (g) Assure the driver has a valid driver's license for the type of vehicle being driven and a safe driving record for at least the last five years;

   (h) Prevent any driver with a known condition that would compromise driving, supervision, or evacuation capabilities from operating program vehicles; and

   (i) Have a current insurance policy that covers the driver, the vehicle, and all occupants.

Early learning providers who choose to incorporate off-site field trips, public or private transportation, or walking or non-motorized trips off-site must develop a transportation and off-site policy. This allows the early learning provider to anticipate and manage potential risks in advance and develop systems and routines to help ensure smooth transitions and trips that safely and positively contribute to a child's learning and development. The written policy also informs staff, parents and guardians of transportation and trip procedures and expectations.

The transportation and off-site trip policy must address both routine trips and transportation as well as periodic or individual trips. Due to the potential detrimental effect on a child's development when contained for long periods, the length of time a child spends in transport should be minimized. Routine trips, such as transporting children to and from school, regular field trips to the local library or other errands, must not exceed two hours per day for any child. This limitation may not apply for a special outing or field trip with unavoidable traffic or unplanned road conditions.

A child may not be transported without the written permission of their parent or guardian. While the permission could be for a specific trip, it is not necessary to collect a signed permission slip for each trip if the parent signs authorization for a type of trip or range of trips while in a provider's care. This may include transportation to and from school or field trips. When such a range of permission is provided, however, the provider must still provide a calendar of each field trip or at least 24 hours' notice before each field trip. This allows the parent or guardian to be fully informed, ask any questions about the trip and remain the primary decision maker related to their child's transportation and off-site experiences.

It is important that the transportation and off-site trip policy anticipate and address the potential risks of motor transportation. In 2016, "motor vehicle crashes were the leading cause of death for children and adolescents, representing 20% of all deaths"[307] for that age group. For this reason, the Foundational Quality Standards outline requirements to both reduce risk and ensure early learning providers are prepared to respond in an emergency situation.

There are many factors that play a role in reducing hazards and risk for transportation. When an early learning provider transports children in a private vehicle, the early learning provider is responsible for the proper maintenance and good repair of the vehicle. They are also responsible to ensure children are in age and size appropriate seating and restraints, and that the restraints and car seats are used according to manufacturer instruction.

CFOC notes that "the safest place for all infants and children under thirteen years of age is to ride in the back seat."[308] This is due, in part, to that location being further from the greatest force of impact and airbag deployment. To protect children's safety, the location of the children is in addition to age and size appropriate booster and car seats.

307 Rebecca M. Cunningham, Maureen A. Walton and Patrick M. Carter, "The Major Causes of Death in Children and Adolescents in the United States," *The New England Journal of Medicine*, (2018), available at **www.nejm.org/doi/full/10.1056/nejmsr1804754**

308 American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children*. 310.

RCW 46.61.687 and RCW 46.61.688 contain state law for seat belt use and child restraints.

Staffing issues can greatly impact the safety of children during off-site trips and transportation. Maintaining at least the required staff-to-child ratios, providing constant active supervision and ensuring staff are qualified with current CPR and first aid training helps to ensure responsive caregiving even when away from the facility.

Requirements for water activities while on a field trip are located in WAC 110-300-0175.

Requirements for supervision, ratio, age groupings and group sizes are located in WACs 110-300-0345, 110-300-0350, 110-300-0355, 110-300-0356 and 100-300-0357.

If an early learning provider is driving the vehicle, they must be licensed for the type of vehicle being driven.

A child care center transports 11 children to school each day in the small program bus. Estacia, the staff person who drives the children to and from school, has a Commercial Driver's License (CDL) that permits her, according to Washington State requirements, to drive the 16-passenger bus. Estacia has notified the director, Jasmine, of a family emergency and that Estacia expects to be on leave for three weeks. Jasmine knows that no other current staff member is licensed to drive the 16-passenger bus. Jasmine obtains written parent permission that they and one other employee will drive nine of the children to school in their own vehicles while Estacia is away. The remaining two children will be transported to and from school by their own guardian.

Jasmine verifies that both personal vehicles are current with maintenance, the temporary scenario will be covered by their insurance, that first aid and safety supplies are located in the vehicles and emergency and medical information is located in the correct vehicle for each child.

When an early learning provider is responsible for driving children, they must also have a safe driving record for the last five years. This means their license must be valid and in good standing. An individual may be able to contact their auto insurance provider or the Washington State Department of Licensing (DOL) to obtain their driving record. An accident or a traffic ticket in the last five years does not mean an early learning provider cannot drive children. A pattern of accidents or tickets, however, may be cause for concern and warrant careful consideration by the licensee or center management.

A family home early learning licensee has agreed to provide transportation back and forth to school for the school-age children in care. The licensee is working to figure out the arrangements and wonders if the lead teacher should drive the children to school or remain on-site with the younger children. The licensee asks the lead teacher about their driving record in the last five years. The lead teacher informs the licensee that they have not had any accidents. They report, however, that in the last few years they received two speeding tickets and, about four months ago, received a ticket for failing to use the turn signal. The licensee considers this information and decides the lead teacher may be better suited for caring for the children at the facility than driving them to school.

To further reduce hazards and risk to children, an early learning provider must ensure all children are accounted for before and after each off-site activity. In order to maintain compliance, an early learning provider must be able to demonstrate how they are maintaining attendance during transportation, off-site activities and each time a child enters and exits a vehicle. Repeated and regular attendance checks help to ensure and double check that all children are present and safe. The more often attendance is verified, the more quickly early learning providers can respond to and locate a missing child. Taking attendance each time the group enters and exits a vehicle helps prevent leaving a location without all children. This also helps ensure that no child is left in a vehicle unattended.

Children must never be left unattended in a vehicle. Potential hazards of a child left alone in a vehicle can be fatal. These hazards include but are not limited to:

- Heatstroke – When the body's core temperature rises to 104 degrees or higher.
- Seatbelt Entanglement – When a seatbelt wraps around the head, neck or waist.
- Trunk Entrapment – When a child accesses the trunk and cannot find or there is no way to get out.
- Vehicle Rollaway – Some vehicles can be shifted out of park without a foot on the brake pedal or a key in the ignition, and roll away with the child inside.[309]

Another item to consider when transporting children is the insurance coverage. To transport children, an early learning provider must ensure the policy covers the driver, the vehicle and all of the passengers. Standard auto insurance policies may not provide adequate coverage if the vehicle is being used for child care. An early learning provider should verify whether additional coverage may be needed for early learning program purposes.

PROGRAM ADMINISTRATION AND OVERSIGHT

309 U.S Department of Transportation, "Child Safety," available at **www.nhtsa.gov/road-safety/child-safety**, retrieved October 20, 2020.

PROGRAM ADMINISTRATION AND OVERSIGHT

An early learning provider intends to open their business with plans to take the children to the museum once a month in their personal vehicle. The provider has included this information in the parent handbook and it is reviewed by the licensor during the initial licensing process. The licensor asks if the provider's auto insurance policy will cover the driver, the automobile and all the occupants in the car, which is required by WAC. The provider did not know about the full coverage and will contact the insurance company for further details. The provider found out that the policy would not cover transporting the children for business purposes so further work was needed with their insurance agent to purchase the appropriate coverage to meet the WAC requirement.

Buy a Copy of your Washington State Driving Record. A DOL webpage with instructions for obtaining a record of driving violations, citations, convictions, departmental actions and collisions.
www.dol.wa.gov/driverslicense/requestyourrecord.html

Car Seats: Information for Families. An American Academy of Pediatrics website that offers a tutorial on car seat types, positioning, installation, manufacturers, airbags, common questions and more.
www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx

Virtual Lab School. Web lessons that identify practices and guidelines to keep children safe during transportation, field trips and around vehicles.

- Transportation and Field Trips. Includes a two-minute video:
  www.virtuallabschool.org/management/safe-environments/lesson-5

- Safe Routes and Vehicle Safety. Includes a three-minute video:
  www.virtuallabschool.org/fcc/safe-environments/lesson-8

- Vehicle Safety:
  www.virtuallabschool.org/preschool/safe-environments/lesson-11

Transportation Safety Tips for Daycare and Child Care Providers. An article on Insurance Hub with tips and strategies for safely getting children where they need to go.
https://insurancehub.com/transportation-safety-for-childcare-providers/

Washington State Car Seat Laws Changing. A Target Zero website that outlines Washington State car seat laws that were revised Jan. 1, 2020, and provides additional information and resources, including printable flyers and posters.
https://wadrivetozero.com/car-seats/

WAC 110-300-0485

Termination of services policy

An early learning provider may terminate a child's services due to that child's parent or guardian's inability to meet the expectations and requirements of the early learning program. Expectations and requirements of the program may include unpaid bills, continual late arrivals, or a parent, guardian or family member's inappropriate or unsafe behavior in or near early learning program space.

The Termination of Services policy is applicable only to parents or guardians. It is not related to a child or children's behavior. If a parent or guardian does not meet the expectations and requirements of the early learning program, such as unpaid bills, late arrivals or inappropriate or unsafe behavior by a child's parents or guardians, it can be detrimental to the operations of the business and to meeting the foundational health, safety and development needs of children. Inability or unwillingness to meet program policies and expectations may result in conditions such as insecurity or increased stress for children, violation of the Foundational Quality Standards, inconvenience to early learning program staff and in some cases financial loss.

A family home provider from Snohomish County shares:

"I worked with a family that was experiencing difficult times. Their children were scheduled to be picked up from care by three o'clock every day. They were picked up late a few times and I spoke with the parents. They said they would do better. I wanted to support them so I offered to adjust the schedule, but they declined. They continued to pick up later and later, and it was having an impact on my ratios. To stay in compliance with WAC, I had to have my own children go to the neighbor's house after school rather than coming home. I finally began assessing late fees. I highlighted the attendance records so they could see each occurrence they were being charged for. They felt bad and apologized, but continued to arrive late. The last straw was when they didn't arrive to pick up their children until long after my business had closed. I had a policy in my handbook that stated care may be terminated for failure to adhere to the agreed upon hours of care. The parent had signed off on the policy. I also had kept the attendance sheets and the log of our many conversations about the late pick-ups. It was a difficult thing to end care with the family because I cared about the children and wished I could continue supporting them. In the end, I had to make the decision to establish boundaries to protect the well-being of my own family."

To end a child's enrollment due to the child's challenging behavior is expulsion. WAC 110-300-0340 outlines requirements related to expulsion.

WAC 110-300-0486

Expulsion policy

(1) An early learning provider must have and follow an expulsion policy, pursuant to WAC 110-300-0340.

(2) An expulsion policy must:

(a) Provide examples of behavior that could lead to expulsion from the early learning program;

(b) Detail steps the provider takes to avoid expelling a child including, but not limited to, environmental and staffing changes;

(c) Detail how the provider communicates to the parent or guardian of a child the steps taken under (b) of this subsection; and

(d) Include information that may benefit an expelled child including, but not limited to, community based resources.

Expulsion is when a child's enrollment in an early learning program is ended because the early learning provider is unable to meet the child's needs due to the child's challenging behavior. Studies find that when children are expelled they are taught to believe there is something wrong or bad about them, they experience diminished educational opportunities and they are more likely to drop out of high school and become incarcerated in their youth.[310]

Additionally, recent research supports a relationship between implicit bias and suspension and expulsion in early learning programs. In other words, there is evidence that unconscious attitudes, beliefs and stereotypes held by the early learning provider may play a role in whether a child is expelled. Research finds that children that are male, bigger in size than average and have darker colored skin are expelled at higher rates than other children.[311]

The Foundational Quality Standards, therefore, require an early learning program to develop and follow expulsion policies that encourage partnership and clear communication with parents and guardians. The requirement to communicate with parents and guardians about the type of behaviors that may lead to expulsion and the strategies the program will use to avoid expulsion helps all parties work together toward responsive and consistent care for the child. This is supported by research that shows that stable and caring relationships with adults lead to positive long-term social and academic outcomes for children.[312]

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310 Preventing Suspensions and Expulsions in Early Childhood Settings, "What do suspensions and expulsions look like in early childhood settings," available at **https://preventexpulsion.org/overview/**, retrieved October 20, 2020.

311 Yale Child Study Center, "Do Early Educators' Implicit Biases Regarding Sex and Race Relate to Behavior and Recommendations of Preschool Expulsions and Suspensions," available at **https://medicine.yale.edu/childstudy/zigler/publications/Preschool%20Implicit%20Bias%20Policy%20Brief_final_9_26_276766_5379_v1.pdf**, published September 28, 2016.

312 The Ounce, "The Importance of Continuity of Care: Policies and Practices in Early Childhood Systems and Programs," available at **https://startearly.org/app/uploads/pdf/NPT-Continuity-of-Care-Nov-2015.pdf**, November 2015.

Strategies to avoid expulsion may include but are not limited to:

• Identifying and making adjustments in the environment to increase success.

• Identifying and addressing behavioral and emotional triggers.

• Focusing on building positive relationships between early learning provider(s) and the child.

• Observing to find the meaning of the behavior (what is the child trying to say).

• Learning about and honoring the child's culture.

• Recognizing the child's behavioral, social and emotional strengths.

• Modeling and teaching appropriate expressions of emotions.

• Coordinating consistent disciplinary strategies between the early learning program and the parent or guardian.

• Acknowledging implicit bias and facilitating conversations with staff about its potential implications in the early learning program.

• Providing the parent or guardian information about community resources and supports.

To promote consistent care and preserve a child's opportunity to benefit from an early learning environment, policies must limit expulsion to situations where there is a serious safety concern for the child or others that cannot be addressed through other modifications. Understanding that all individuals have biases may encourage early learning providers to intentionally try to identify and address the ones they may hold and to persist with strategies to reduce the likelihood of expulsion for all children.

WAC 110-300-0340 outlines further requirements related to expulsion.

WAC 110-300-0325 outlines requirements for creating a climate for healthy child development.

WAC 110-300-0330 outlines requirements related to positive relationships and child guidance.

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Do Early Educators' Implicit Biases Regarding Sex and Race Relate to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions? A Yale University research brief that explores educator implicit biases influence on disproportionate expulsion of Black boys.
https://medicine.yale.edu/childstudy/zigler/publications/Preschool%20Implicit%20 Bias%20Policy%20Brief_final_9_26_276766_5379_v1.pdf

Preventing Suspensions and Expulsions in Early Childhood Settings: A Program Leaders Guide to Supporting All Children's Success. Provides data and information to address underlying causes and provides alternatives to suspension and expulsion.
https://preventexpulsion.org/

Start with Equity from the Early Years to the Early Grades provides data and research that was produced by the Children's Equity Project and the Bipartisan Policy Center.
https://childandfamilysuccess.asu.edu/sites/default/files/2020-07/CEP-report-071520- FINAL.pdf

Tantrums, Tears and Tempers: Behavior is Communication. This Pacer Center publication explores steps to help decrease the likelihood of challenging behaviors.
www.pacer.org/parent/php/php-c154.pdf

U.S. Department of Health and Human Services and U.S. Department of Education, Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings.
https://challengingbehavior.cbcs.usf.edu/docs/policy-statement-ece-expulsions- suspensions.pdf

When to Seek Outside Help for Children's Problem Behavior. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) publication to support decision making to positively impact young children's challenging behavior.
http://csefel.vanderbilt.edu/documents/dmg_seek_outside_help.pdf

WAC 110-300-0490

Child restraint policy

(1) **An early learning provider must have and follow a child restraint policy that contains behavior management and practices, pursuant to WAC 110-300-0335.**

(2) **A restraint policy must be:**

    (a) **Appropriate for children's developmental level, abilities, and language skills;**

    (b) **Directly related to the child's behavior; and**

    (c) **Designed to be consistent, fair, and positive.**

(3) **Family home licensees, center directors, assistant directors, program supervisors, lead teachers and other appropriate staff members must be trained annually in the program's child restraint policy.**

(4) **Only trained staff may restrain a child in care in accordance with WAC 110-300-0335.**

Child restraint policies are a component of an early learning program's overall child guidance and discipline policies. Child guidance techniques include strategies such as:

- Modeling and coaching desired behaviors.
- Building positive relationships between early learning providers and children.
- Planning ahead.
- Distracting from undesired behaviors.
- Offering choices.

In most cases, child guidance policies and strategies result in cooperative, productive and safe early learning experiences for children. Periodically, however, behaviors that threaten a child's own safety or the safety of others can occur. An early learning program's child guidance policy must include how program staff will respond in these instances.

If an early learning program's policies allow the use of physical restraint, this form of restraint must be used only after attempts to de-escalate the child's behavior using supportive child guidance strategies prove unsuccessful. The policy must also require methods that are appropriate to the child's behavior and developmental level. This includes holding a child as gently as possible for the minimum amount of time necessary to control a situation.

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Studies related to restraint in young children note concern regarding a great potential for abuse and injury to children both physically and psychologically.[313] It is, therefore, critical that early learning staff receive advance and regular training related to the program's restraint policy. Behaviors that threaten a child's safety can take an early leaning provider by surprise, and a child's safety is better protected when staff are already familiar with the program's policy and safe restraint technique. This allows an early learning provider to act quickly and safely to interrupt a child's dangerous behaviors and help them regain control.

WAC 110-300-0335 outlines requirements related to physical restraint.

WAC 110-300-0325 outlines requirements related to creating a climate for healthy child development.

WAC 110-300-0330 outlines requirements related to positive relationships and child guidance.

WAC 110-300-0331 outlines requirements for prohibited behavior, discipline and physical removal of children.

How to Help Children Calm Down. Child Mind presents techniques for helping children regulate their emotions and avoid explosive behavior.
https://childmind.org/article/how-to-help-children-calm-down/

Preventing the Use of Restraint and Seclusion with Young Children: The Role of Effective, Positive Practices. An article that discusses restraint and seclusion as a larger national lens of school districts, state agencies and governments.
https://cainclusion.org/teachingpyramid/rbm-issue-briefs/preventing-the-use-of-restraint-and-seclusion-with-young-children-the-role-of-effective-positive-practices-pdf/

Restraint and Seclusion: Resource Document. A U.S. Department of Education document with information and resource websites.
https://sites.ed.gov/idea/files/restraints-and-seclusion-resources.pdf

Staying Calm in the Face of Challenging Behaviors. A Fox News article written by Jennifer Cerbasi, an Educational Consultant and a coordinator of Applied Behavioral Analysis.
www.foxnews.com/health/staying-calm-in-the-face-of-challenging-behaviors

313 Technical Assistance Center on Social Emotional Intervention for Young Children, "Preventing the Use of Restraint and Seclusion with Young Children: The Role of Effective, Positive Practices," available at **https://eric.ed.gov/?id=ED526387**, published February 2011.

WAC 110-300-0495

Consistent care policy

(1) **An early learning program must have and follow a policy that promotes the consistent care of children.**

(2) **When possible, an early learning provider must be assigned to work with a consistent group of children for much of the day with a goal of building long-term, trusting relationships.**

Consistent care means providing steady opportunities for children to build emotionally secure relationships by primarily interacting with a limited number of early learning program staff. Early learning program policies must describe strategies used to support consistent care of children. According to NAEYC, these policies are important because providing consistent caregivers over a long period of time in the early years is shown to be beneficial for a child's social and emotional development and improve their behaviors. There is also evidence that consistent caregiving encourages more sensitive responses from the caregiver.[314]

The strategies an early learning program will use to provide consistent caregiving may vary according to the individual early learning program.

A family home early learning provider's licensed capacity requires two staff to meet the staff-to-child ratios. The family home provider will be taking a college course that will meet in person each Friday for 12 weeks. The early learning provider works with Early Achievers and the Imagine Institute to arrange a qualified backup caregiver for the days they will be gone. To better provide consistent care to the enrolled children, the early learning provider arranges for the substitute to work prior to the first Friday of class, so the children can meet the substitute, the lead teacher can meet the substitute and the substitute can become familiar with the program's policies, practices and systems. The early learning provider then schedules the substitute for each Friday of the 12-week quarter. This allows the children to develop a relationship with a single substitute rather than having several different substitutes.

In a center early learning program, the consistent care policy includes that the early learning provider who covers breaks and lunch for the infant and toddler room is the same every day, and another early learning provider is consistently responsible for providing breaks and lunches in the preschool classes.

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314 Mary Benson McMullen, "The Many Benefits of Continuity of Care for Infants, Toddlers, Families, and Caregiving Staff," *NAEYC Young Children 73* (3) (2018), available at **www.naeyc.org/resources/pubs/yc/jul2018/benefits-continuity-care**

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Another center early learning program has three preschool classrooms: classroom A, classroom B and classroom C. Near the end of each day there are few enough children present that the staff-to-child ratios can be met with only two classrooms. The consistent care policy establishes that in such a scenario, classroom C is always the classroom that closes. Additionally, the children from classroom C always merge into the same class (whether it is classroom A or classroom B) so they are with the same lead teacher at the end of each day.

Systems for consistent caregiving establish an environment in which meaningful and lasting relationships and attachments can be formed between caregiver, children and families. These practices have strong and enduring impacts on children's development and well-being.

NAEYC reports that some of the benefits of consistent care include:

• Deepens teacher knowledge of individual children.

• Decreases stress.

• Makes children's developmental progress smoother.

• Facilitates secure attachments for children.

• Strengthens family-caregiver partnerships.

• Empowers families.[315]

Continuity of Care. An Early Childhood Learning and Knowledge Center (ECLKC) document with information and tips on providing continuous care services. **https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/continuity-of-care-tip-sheet.pdf**

The Importance of Continuity of Care: Policies and Practices in Early Childhood Systems and Programs. The Ounce of Prevention fund publication helps advocates address continuity of care challenges. **www.theounce.org/wp-content/uploads/2017/03/NPT-Continuity-of-Care-Nov-2015.pdf**

The Many Benefits of Continuity of Care for Infants, Toddlers, Families and Caregiving Staff. NAEYC reviews the benefits of consistent caregivers for young children. **www.naeyc.org/resources/pubs/yc/jul2018/benefits-continuity-care**

Primary Caregiving and Continuity of Care. A Zero to Three article that explores how close relationships allow children and caregivers to flourish. **www.zerotothree.org/resources/85-primary-caregiving-and-continuity-of-care**

Promoting Young Children's Social and Emotional Health. A NAEYC article with information on incorporating trusting relationships and teaching strategies to foster social and emotional competence. **www.naeyc.org/resources/pubs/yc/mar2018/promoting-social-and-emotional-health**

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315 Mary Benson McMullen, "The Many Benefits of Continuity of Care for Infants, Toddlers, Families, and Caregiving Staff," *NAEYC Young Children 73* (3) (2018), available at **www.naeyc.org/resources/pubs/yc/jul2018/benefits-continuity-care**

WAC 110-300-0500

Health policy

(1) An early learning provider must have and follow a written health policy reviewed and approved by the department that includes the topics listed in subsection (2) of this section. The health policy must be reviewed and approved by the department when changes are made, and as otherwise necessary.

(2) An early learning program's health policy must meet the requirements of this chapter including, but not limited to:

(a) A prevention of exposure to blood and body fluids plan;

(b) Meals, snacks, and food services including guidelines for food allergies and food brought from home;

(c) Handwashing and hand sanitizer use;

(d) Observing children for signs of illness daily;

(e) Exclusion and return of ill children, staff, or any other person in the program space;

(f) Contagious disease notification;

(g) Medical emergencies, injury treatment and reporting;

(h) Immunization tracking;

(i) Medication management, storage, administration and documentation;

(j) Care for pets and animals that have access to licensed space and the health risks of interacting with pets and animals;

(k) How general cleaning will be provided and how areas such as food contact surfaces, kitchen equipment, toys, toileting equipment, and laundry will be cleaned, sanitized and disinfected;

(l) Pest control policies;

(m) Caring for children with special needs or health needs, including allergies, as listed in the child's record; and

(n) Dental hygiene practices and education.

High-quality programs promote safe and healthy environments where children can thrive and grow. A program's health policy describes the steps an early learning provider will take to ensure a healthy environment for children. The written policy will guide the early learning program operation as well as inform the actions and decisions of staff.

An early learning program's health policies must be specific to their own program, accurately reflect business operations and meet the Foundational Quality Standards of each topic covered in the policy. WAC 110-300-0500(2)(a-n) lists each topic required to be included in an early learning program's health policies. Prior to receiving an initial license, and when policies are changed or updated, all written health care policies must be submitted for DCYF review. This allows DCYF to verify required topics are included and that each topic is compliant with the related Foundational Quality Standards.

To ensure the health of children in care, it is important that all early learning providers in an early learning program are familiar with the health policies and consistently apply them. When health policies are not applied or enforced, children's health or safety may be placed at risk. An early learning provider can support staff's successful application of health policies by providing training and making a copy of the policy readily available for review.

WAC 110-300-0110 requires delivery and documentation of health-related policies. Health related requirements are outlined in WAC 110-300-0180 through WAC 110-300-0260.

DCYF Forms and Documents. A page on the DCYF website that includes links to health forms such as Medication Authorization, Medication Log, Individual Care Plan, immunizations and others.
www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents

Health & Illness. A Snohomish Health District webpage with sample health policies and other early learning health related information.
www.snohd.org/245/Health-Illness

Model Health Policies. A Seattle and King County Public Health page with sample health related policies for early learning programs.
www.kingcounty.gov/depts/health/child-teen-health/child-care-health/model-health.aspx

Washington State Department of Health. A government website with information and resources to improve the health of all people in Washington State.
www.doh.wa.gov

Child Care Aware of Washington. A nonprofit organization dedicated to ensuring that every child in Washington has access to high-quality child care and early learning programs. Provides health-related tools, resources and videos.
https://childcareawarewa.org/providers/

WAC 110-300-0505

Postings

(1) Postings listed in subsection (2) of this section that are part of an early learning program must be clearly visible to parents, guardians, and early learning program staff.

(2) Postings on early learning premises must include:

(a) The child care license, pursuant to WAC 110-300-0010;

(b) Floor plan with emergency routes and exits identified in each child care area, pursuant to WAC 110-300-0400 (1)(b)(i) and 110-300-0470 (2)(a)(i);

(c) Dietary restrictions, known allergies, and nutrition requirements, if applicable, in a location easily accessible for staff but not available to those who are not parents or guardians of the enrolled child, pursuant to WAC 110-300-0186(8);

(d) Handwashing practices at each handwashing sink, pursuant to WAC 110-300-0200(1);

(e) If applicable, diaper changing or stand-up diapering procedure at each diapering station, pursuant to WAC 110-300-0220 and 110-300-0221 (1)(d);

(f) Pesticide treatment, if applicable, pursuant to RCW 43.216.280 and 17.21.410 (1)(d);

(g) Emergency numbers and information including, but not limited to:

(i) 911 or emergency services number;

(ii) Name, address and directions from the nearest arterial street or nearest cross street to the facility;

(iii) The department's toll-free number;

(iv) Washington poison center toll-free number; and

(v) The department's child protective services.

(h) The location of emergency medical information for children and staff;

(i) A notice of any current or pending enforcement action, including probationary licenses pursuant to RCW 43.216.687. Notice must be posted:

(i) Immediately upon receipt; and

(ii) For at least two weeks or until the violation causing the enforcement action is corrected, whichever is longer.

(j) A notice of safe sleep violation in the licensed space as required by WAC 110-300-0291(2), if applicable;

(k) "No smoking" and "no vaping" signs, pursuant to WAC 110-300-0420 (2)(f);

(l) A copy of a department approved waiver or variance from a rule of this chapter, if applicable. Waivers or variances must be posted for parent or guardian view when related to the overall program (not related to any specific child), and as long as the waiver or variance is approved;

(m) Insurance coverage, or a lapse or termination of such coverage if applicable, pursuant to RCW 43.216.700; and

(n) Any other information listed in RCW 43.216.687.

Displaying postings in strategic and highly visible locations allows important information to be efficiently communicated. The postings required by WAC 110-300-0505 each contain information critical to the health or safety of children, or information directly related to licensing.

To effectively communicate posted information to the appropriate audience, an early learning provider must consider the nature of the information. For instance, some of the required health postings include information directed toward staff, such as diaper changing procedures and children's dietary restrictions. These items would be located in areas where staff could reference them when applicable to their job duties. For example, having diaper changing procedures at the changing table and allergies and food restrictions where food is served will promote consistency among early learning providers and will help reinforce the desired procedures.

Required facility safety postings, such as directions to the facility and contact numbers for emergency services, CPS or poison control, are best posted near a telephone. This prevents an individual from having to look around for the information in an emergency. The floor plan with emergency exits, however, would be stationed near each doorway.

It is important to note that required health postings related to pesticide notifications and no smoking or vaping must be posted at each building entrance used by the early learning program.

An early learning provider may post licensing information in an entryway or common area used by parents and guardians as well as early learning program employees. This allows families access to and at-a-glance knowledge about the license status, the license parameters, insurance status, safe sleep violations or approved waivers or variances that are not related to a specific child.

Washington Poison Center: 1-800-222-1222

To report suspected child abuse or neglect twenty four hours a day, seven days a week, call 1-866-END-HARM (1-866-363-4276)