WAC 110-16-0035 Health and safety practices. A provider described in WAC 110-16-0015 (4)(b) or (c), must complete the health and safety training described in WAC 110-16-0025 and comply with the following health and safety practices and criteria:

(1) Promote the prevention and control of infectious diseases by:

(a) Washing their hands thoroughly with soap and warm running water and ensuring the children in their care wash their hands thoroughly with soap and warm running water:

(i) After toileting or assisting a child with toileting;

(ii) After changing a diaper;

(iii) Before eating, preparing, or handling food; and

(iv) After handling bodily fluids such as blood, vomit, or mucus from sneezing, wiping, or blowing noses.

(b) Ensure all bedding used by children is washed weekly and more often as needed when soiled; and

(c) Change diapers on a surface that is easily cleaned and sanitized and located away from food preparation and meal service areas.

(2) Create a safe sleeping environment using the following sleep practices, including sudden infant death syndrome and sudden unexpected infant death syndrome risk reduction:

(a) Infants from birth to twelve months of age must be placed on their backs for resting and sleeping, alone in an approved crib, play yard, or porta-crib;

(b) A tightly fitted bottom sheet must cover the crib or mattress with no additional padding placed between the sheet and the mattress;

(c) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, pillows, and other objects that could smother an infant must not be placed with, under, or within reach of a resting or sleeping infant;

(d) Blankets must not be draped over cribs or play yards while they are in use; and

(e) Infants' bottles must not be propped or placed in the crib with a resting or sleeping infant.

(3) Prevent shaken baby syndrome, abusive head trauma, and child maltreatment by:

(a) Not shaking, throwing, hitting, or otherwise intentionally inflicting harm, pain, or humiliation upon an infant or child in care; and

(b) Taking steps to prevent the physical discipline of children in their care. Steps may include, but are not limited to, seeking support from another adult or a parenting helpline when feeling stressed, overwhelmed, or unreasonably frustrated due to a child's behavior, for example, during times of inconsolable crying or toileting accidents; and

(4) Recognition and reporting of child abuse and neglect, including the prevention of child abuse and neglect as defined in RCW 26.44.020 and mandatory reporting requirements of RCW 26.44.030.

(5) **Medication administration.**

(a) A provider must have parents inform them of any known food allergies of children in care, steps to take to avoid the allergens, specific symptoms that indicate the need for treatment, and how to respond to allergic reactions;

(b) A child's parent, or their appointed designee, must provide training to the provider for special medical procedures that the provider may have to administer to the child. This training must be documented, signed by the provider and parent, and kept in the home where care is provided;

(c) A provider must not give medication to any child in care without written and signed consent from the child's parents or health care providers. Medication must be given according to the directions on the medication label using appropriately cleaned and sanitized medication measuring devices;

(d) A provider must not give or allow others to give any medication to a child in care for the purpose of sedating the child unless the medication has been prescribed for a specific child for that particular purpose by a health care professional;

(e) Medication must be stored and maintained as directed on the packaging or prescription label, including applicable refrigeration requirements; and

(f) Within one hour of treating a child for signs or symptoms of an allergic reaction, a provider must notify the child's parent.

(6) **Indoor building and physical premises safety.**

(a) A provider must visually scan indoor areas to identify potential child safety hazards, and, if care is provided in the child's home, discuss removing or reducing identified hazards with parent. If it is not possible for a provider to immediately correct or make a hazard inaccessible to a child, the provider must supervise the child to avoid injury from the identified hazard. Child safety hazards include, but are not limited to:

(i) Tobacco and cannabis products and containers holding tobacco and cannabis products or ashes;

(ii) Firearms, guns, weapons, and ammunition;

(iii) Any equipment, material, or objects that may pose a risk of choking, aspiration, or ingestion. For purposes of this section, equipment, material, or objects with a diameter or overall dimension of one and three-quarter inch or less are considered items that may pose a risk of choking, aspiration, or ingestion;

(iv) Straps, strings, cords, wires, or similar items capable of forming a loop around a child's neck that are not being used for a supervised activity;

(v) Poisons, chemicals, toxins, dangerous substances or any product labeled "Keep out of reach of children," including, but not limited to, fuel, lighter fluid, solvents, fertilizer, ice melt product, pool chemicals, pesticides, or insecticides, cleansers and detergents, air freshener or aerosols, sanitizing products, and disinfectants;

(vi) Personal grooming, cosmetics, and hygiene products including, but not limited to, nail polish remover, lotions, creams, toothpaste, powder, shampoo, conditioners, hair gels or hair sprays, bubble bath, or bath additives;

(vii) Alcohol, including closed and open containers;

(viii) Plastic bags and other suffocation hazards;

(ix) Equipment, materials, or products that may be hot enough to injure a child;

(x) Freezers, refrigerators, washers, dryers, compost bins, and other entrapment dangers;

(xi) Uneven walkways, damaged flooring or carpeting, or other tripping hazards;

(xii) Large objects capable of tipping or falling over, such as televisions, dressers, bookshelves, wall cabinets, sideboards or hutches, and wall units;

(xiii) Indoor temperatures less than sixty-eight degrees Fahrenheit or greater than eighty-two degrees Fahrenheit;

(xiv) Water accessible to children that may be hotter than one hundred twenty degrees Fahrenheit;

(xv) Windows, stairways, steps, or porches from which children could fall; and

(xvi) Electrical outlets, power strips, exposed wires, and electrical/extension cords.

(b) During care hours, providers must ensure that no one in the presence of the children, including themselves:

(i) Possesses or use illegal drugs;

(ii) Consumes or use alcohol or cannabis products in any form;

(iii) Is under the influence of alcohol, cannabis products in any form, illegal drugs, or misused prescription drugs; and

(iv) Smokes or vapes in the home, vehicle, or in close proximity to a child.

(7) **Outdoor building and physical premises safety.** A provider must visually scan outdoor play areas to identify potential child safety hazards, and, if care is provided in the child's home, discuss removal or reduction of identified hazards with the parents. If it is not possible for a provider to immediately correct or make a hazard completely inaccessible to a child, the provider must supervise the child to avoid injury. Outdoor hazards include, but are not limited to:

(a) Outdoor play area or equipment that is not clean, not in good condition, or not maintained or safe for a child of a certain age to use;

(b) Bouncing equipment including, but not limited to, trampolines, rebounders and inflatable equipment. This requirement does not apply to bounce balls designed to be used by individual children;

(c) Toxic plants or plants with poisonous leaves such as foxglove, morning glory, tomato, potato, rhubarb, or poison ivy;

(d) Extreme weather conditions such as:

(i) Heat in excess of one hundred degrees Fahrenheit;

(ii) Cold below twenty degrees Fahrenheit;

(iii) Lightning storm, tornado, hurricane or flooding; and

(iv) Air quality warnings by public health or other authorities.

(e) Bodies of water such as:

(i) Swimming pools when not being used, portable wading pools, hot tubs, spas, and jet tubs;

(ii) Ponds, lakes, storm retention ponds, ditches, fountains, fish ponds, landscape pools, or similar bodies of water; and

(iii) Uncovered wells, septic tanks, below grade storage tanks, farm manure ponds, or other similar hazards.

(f) Streets, alleyways, parking lots, or garages.

(8) **Emergency preparedness and response planning.**

(a) A provider must visually scan indoor and outdoor areas to identify potential fire or burn hazards and, if care is provided in the child's home, discuss the removal or reduction of identified hazards with the parents. If it is not possible for a provider to immediately correct or make identified hazards completely inaccessible to a child in care, the provider must supervise the children to avoid injury from such identified hazards. Fire or burn hazards include, but are not limited to:

(i) Appliances and any heating device that has a hot surface when in use or still hot after use;

(ii) Open flame devices, candles, matches, and lighters. Open flame devices, candles, matches, and lighters must not be used during care hours; and

(iii) The lack of, or nonworking smoke detectors, fire extinguishers, or other fire prevention equipment.

(b) If there is a fire in the home during care hours, a provider's first responsibility is to evacuate the children in care to a safe gathering spot outside the home and then call 911;

(c) Exits from the home where care is provided must be readily accessible and easily opened in case of an emergency;

(d) A provider and parent must have an agreed upon written home emergency preparedness and response plan that includes procedures for evacuation relocation, and locking down or sheltering-in-place. The plan must include at least a:

(i) Floor plan of the home where care is provided that shows emergency exit pathways, doors, and windows;

(ii) Description of how all children in care will be evacuated, especially those who cannot walk;

(iii) Description of how all children in care will be accounted for after they are evacuated from the home;

(iv) Designated, safe gathering spot or alternative short-term location for the children and provider pending arrival of the fire department, emergency response, or parents;

(v) Description of what to take when evacuating, such as a first aid kit, medications, water, and food; and

(vi) Description of how parents will be contacted after the emergency is over to arrange for pick-up of children, if needed.

(e) To be properly prepared to respond to emergencies both at and away from the home where care is provided, a provider must have readily available and easily accessible supplies that include:

(i) A first aid kit;

(ii) A working flashlight available for use as an emergency light source and extra batteries if the flashlight is powered by batteries;

(iii) A working telephone; and

(iv) Food, water, a three-day supply of medication required by individual children, and supplies for any infants in care such as formula, diapers, wipes, and bags for used diapers.

(f) A provider must practice emergency preparedness and response plans with the children as follows:

(i) Evacuation and relocation drills once every six calendar months; and

(ii) A lockdown or shelter-in-place drill annually.

(9) **Child transportation.**

(a) A provider must comply with RCW 46.61.687 and other applicable laws that pertain to child restraints and car seats appropriate for the size and age of each child in care;

(b) When caring for children, a provider must:

(i) Drive only with a valid driver's license;

(ii) Have in effect a current motor vehicle insurance policy that provides coverage for the driver, the vehicle, and all other occupants;

(iii) Ensure that children are accounted for when entering and exiting a vehicle for transport to and from any destination; and

(iv) Never leave children unattended in a vehicle.

(10) **Supervision of children.**

(a) A provider must supervise children during care hours. Supervising children requires a provider to engage in specific actions including, but not limited to:

(i) Scanning the environment, looking and listening for both verbal and nonverbal cues to anticipate problems and planning accordingly;

(ii) Positioning oneself to supervise areas accessible to children; and

(iii) Considering the following when deciding whether increased supervision is needed:

(A) Ages of children;

(B) Individual differences and abilities of children;

(C) Layout of the home where care is provided and play areas; and

(D) Risks associated with the children's activities.

(b) A provider must provide increased supervision 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 route to access an outdoor play area when the area is not next to the home where care is provided;

(v) Engage in activities in the kitchen;

(vi) Ride on public transportation;

(vii) Engage in outdoor play; and

(viii) Participate in field trips.

(c) A provider must not leave infants or children unattended during:

(i) Diapering;

(ii) Bottle feeding; or

(iii) Tummy time.

(d) A provider must not allow any person other than a child's parent or authorized individual to have unsupervised access to a child during care hours. For the purpose of this section, individuals authorized to have unsupervised access include:

(i) A government representative including emergency responders who have specific and verifiable authority for access; and

(ii) A person, such as a family member, family friend, or the child's therapist or health care provider, authorized in writing or over the telephone by a child's parent.

[Statutory Authority: RCW 43.216.055, 43.216.065 and chapter 43.216 RCW. WSR 21-15-022, § 110-16-0035, filed 7/12/21, effective 8/12/21. Statutory Authority: RCW 43.216.055, 43.216.065, chapter 43.216 RCW, and 42 U.S.C. 9858 et seq. WSR 19-18-081, § 110-16-0035, filed 9/3/19, effective 10/4/19; WSR 18-20-081, § 110-16-0035, filed 10/1/18, effective 11/1/18.]