



Attached are the comments from the Coalition for Safety and Health in Early Learning, Washington State, on the proposed School Age WACs. In addition to our comments on the following WACs, we support the comments submitted by the Child Obesity Prevention Coalition.

Thank you for all that you do for the children of our state.

Peggy D. King, RN, MFA
Chair, CSHEL

WAC 170-297-3315 Medication Management.

WAC 170-297-3525 Non-Prescription Medications.

WAC 170-297-3300 Immunizations

WAC 170-297-5175 Wading pools

WAC 170-297-5725 Groups

Proposed WAC	Recommendation	Rational
<p>WAC 170-297-3315 Medication management.</p> <p>(3) Only a trained and authorized program staff person may give medication or observe a child taking his or her own medication as described in WAC 170-297-3550.</p> <p>(4) Prior to being authorized to give medications to children in care, the licensee or trained and authorized program staff person must complete medication management training.</p>	<p>Addition to the WAC: Medication Training should be annual and the training must be administered by a professional who is licensed to administer medications.</p>	<p>Administration of medicines is unavoidable as increasing numbers of children entering child care take medications. National data indicate that at any one time, a significant portion of the pediatric population is taking medication, mostly vitamins, but between 16% and 40% are taking antipyretics/analgesics. Safe medication administration in child care is extremely important and training of caregivers/teachers is essential. Caregivers/teachers need to know what medication the child is receiving, who prescribed the medicine and when, for what purpose the medicine has been prescribed and what the known reactions or side effects may be if a child has a negative reaction to the medicine. A child's reaction to medication can be occasionally extreme enough to initiate the protocol developed for emergencies.</p> <p>Caring for our Children 3rd Edition</p>
Proposed WAC	Recommendation	Rational

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<p>WAC 170-297-3525 Nonprescription medications. The licensee or designee may give nonprescription medications, as defined in this chapter, only when the following conditions are met:</p> <p>(1) The parent or guardian has given signed written permission as provided in WAC 170-297-3375.</p> <p>(2) The nonprescription medication is:</p> <p>(a) Given to or used with a child only in the dosage, frequency and as directed on the manufacturer's label;</p> <p>(b) Given in accordance to the age or weight of the child needing the medication;</p> <p>(c) Given only for the purpose or condition that the medication is intended to treat;</p> <p>(d) Is in the original container; and</p> <p>(e) Has a nonexpired expiration date, if applicable.</p> <p>(3) The medication container or packaging includes, or the parent or guardian provides information about:</p> <p>(a) Medication storage; and</p> <p>(b) Potential adverse reactions or side effects; and</p> <p>(4) The medication has been stored at the proper temperature noted on the container label or instructions.</p>	<p>Addition to WAC: No prescription or non-prescription medication (OTC) should be given to any child without written orders from a prescribing health professional and written permission from a parent/guardian. Exception: Non-prescription sunscreen and insect repellent always require parental consent but do not require instructions from each child's prescribing health professional.</p>	<p>No prescription or non-prescription medication (OTC) should be given to any child without written orders from a prescribing health professional and written permission from a parent/guardian. Exception: Non-prescription sunscreen and insect repellent always require parental consent but do not require instructions from each child's prescribing health professional</p> <p>Caring for our Children 3rd Edition</p>

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WAC 170-297-3300 Immunizations-- Exemption. The child care program may accept a child without any immunizations if the parent or guardian provides a DOH certificate of exemption form:
 (1) Expressing a religious, philosophical or personal objection to immunization, signed by the child's parent or guardian; or
 (2) Indicating a medical exemption signed by a health professional as provided in WAC 246-105-060.

Change WAC to reflect current RCW regulation.

RCW 28A.210.080–090 states that before or on the first day of every child’s attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider. 2 A letter may substitute for a signed ‘Provider Statement’ on this certificate. To be accepted, the letter must reference the child’s name on this certificate, confirm that the child’s parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

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<p>WAC 170-297-5175 Wading pools-- Defined--Supervision. (1) A wading pool means an enclosed pool with water depth of two feet or less measured without children in the pool that can be emptied and moved.</p> <p>(2) When a wading pool is used by the children, the licensee or program staff must:</p> <p>(a) Directly supervise the children;</p> <p>(b) Obtain written permission from each child's parent or guardian to allow the child to use a wading pool;</p> <p>(c) Maintain staff-to-child ratios when children are in a wading pool;</p> <p>(d) Daily, empty, clean, and sanitize the pool as provided in WAC 170-297-0010. When the pool is soiled with urine, feces, vomit, or blood, the licensee or program staff must immediately empty, clean, and sanitize.</p>	<p>Portable Wading Pools should not be allowed.</p>	<p>Caring For Our Children Standard 6.3.5.3: Portable Wading Pools: Portable Wading pools should not be permitted. Rationale: Small portable wading pools do not permit adequate control of sanitation and safety, and they promote transmission of infectious diseases.</p>
<p>Proposed WAC</p>	<p>Recommendation</p>	<p>Rational</p>

<p>WAC 170-297-5725 Groups. (1) The program must provide clearly defined licensed space for each group of children.</p> <p>(2) A 1:15 staff-to-child ratio must be maintained at all times.</p> <p>(3) Group size must not exceed thirty children.</p> <p>(4) Group size may exceed thirty only for brief periods of time not to exceed fifteen minutes, or for special events such as assemblies or performances.</p> <p>(5) Qualified staff must supervise each group.</p> <p>(6) The total number of children in all groups must not exceed the licensed capacity of the space.</p>	<p>We recommend a decrease in staff-to-child ratio and group size in accordance with Caring for Our Children and NAEYC.</p>	<p>Caring for Our Children Standard 1.1.1.2: Ratios for Large Family Child Care Homes and Centers.</p> <p>Age 5-Maximum Child:Staff Ratio is 8:1 with Maximum Group Size of 16.</p> <p>Age: 6-8—Maximum Child: Staff Ratio is 10:1 with Maximum Group Size of 20.</p> <p>Age: 9-12-Maximum Child: Staff Ratio is 12:1 with Maximum Group Size of 24.</p> <p>These child:staff ratios are within the range of recommendations for each age group that HAEYC uses in its accreditation program. These ratios assume the director and staff members are highly trained and, by virtue of the accreditation process, have formed a staffing pattern that enables effective staff functioning. Children benefit from social interactions with peers. However, larger groups are generally associated with less positive interactions and developmental outcomes. Group size and ratio of children to adults are limited to allow for one to one interaction, intimate knowledge of individual children, and consistent caregiving.</p>
Proposed WAC	Recommendation	Rational

	We support the recommendations from the Child Obesity Prevention Coalition on Physical Activity and Nutrition	
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