

Regulatory Oversight of Well Water for Washington State Child Care Briefing Paper

Authored by the Washington State Child Health and Safety Advisory Committee

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Scope

Safe drinking water is a basic public health expectation. Parents expect that the water their children drink while enrolled in child care is free of bacterial and chemical contamination. Across Washington State, the approach to ensuring safe drinking water in child care has been inconsistent and ineffective. Conflicting and vague regulations from the Department of Early Learning (DEL), the Department of Health (DOH), and the local health jurisdictions (LHJs) have perpetuated a system where some child care providers are burdened with overly stringent enforcement while others have no drinking water oversight at all. Much of this problem is based on the shortage of well water expertise within DEL and the corresponding shortage of child care experience within DOH and LHJs. The Snohomish Health District Child Care Program surveyed LHM water and wastewater programs throughout Washington State in 2006. The survey results indicate substantial inconsistencies at the local level. However, most local health jurisdictions would like to resolve regulatory inconsistencies and find common ground between the agencies involved.

Background

Current drinking water regulations for family home child care providers are ambiguous. WAC 170-296-1140 states that family home child care providers served by wells must have "An individual water supply operated and maintained in a manner acceptable to the local health authority or commercially bottled water". DEL child care licensors often rely on the LHM for public health expertise to ensure the child care has a satisfactory well water supply. However, many LHJs do not actively work with family home child care providers and these wells are often ignored. LHJs also have varying interpretations of "acceptable" drinking water; some provide annual water testing while others enforce full Group B standards.

DEL drinking water regulations for child care centers are more definitive, but have enough ambiguity to allow multiple interpretations. WAC 170-295-5070 states that child care centers must "receive drinking water from a public water system approved by and maintained in compliance with either DOH or a LHM under chapter 246-290 WAC (Group A systems) or chapter 246-291 WAC (Group B systems) or have a source of potable water approved for child care center use by DOH or the LHM."

Child care providers generally are not well compensated and therefore have substantial concerns with cost and fee-based services when working with local environmental health departments. Most LHJs do not have adequate funding to provide these services at no cost. Additionally, child care service is in high demand across Washington State and DEL recognizes the need to keep child care providers in operation, including those in rural areas where public water is unavailable.

Regarding well water oversight, there is often great resistance from child care providers, who have the perception of being over-regulated. This perception, in conjunction with the inconsistencies regarding well water regulations and enforcement, has created political conflict with the involvement of the child care union and some local legislators.

Points of Contention

- Child care WACs 170-296-1140 and 170-295-5070 are ambiguous regarding drinking water from wells. These regulations imply active LHM inspection and monitoring of child

care wells. Unfortunately, LHJs do not manage these WACs consistently, if at all. Due to the shortage of LHJ involvement with child care wells, licensors often ignore the regulation altogether or must rely on child care provider-supplied lab reports which do not tell the whole story. These regulations should be revised to explicitly state what is required to demonstrate safe drinking water availability, such as a sanitary survey followed by annual well water testing.

- Many child care homes have unsatisfactory drinking water. For example, in Snohomish County, approximately 33% of home child care wells tested produce unsatisfactory samples each year. This would not be known, except that the Snohomish Health District provides annual testing at no charge as a service to child care providers. Evaluation of these wells by Snohomish Health District shows the majority of these unsatisfactory samples result from poorly sealed wells, which must be repaired for a well to provide safe water. It is likely that unsatisfactory wells are currently serving hundreds of children in Washington State licensed child care.
- Some licensors rely on providers to show a lab slip stating the bacteriological quality of the water is satisfactory upon relicensing, which occurs every 3 years. This frequency is inadequate. Additionally, child care licensors are rarely notified when a provider's well produces an unsatisfactory sample. The well is often disinfected without repair, and a satisfactory sample is produced to show the licensor. The well remains in disrepair and the contamination promptly returns unnoticed and unchecked. Additionally, other contaminants with serious health risks, such as arsenic and nitrate, are not monitored at all.
- Some counties have a Joint Plan of Operation (JPO) agreement with DOH, and therefore are responsible for enforcing Group B standards. A family home child care is a business and according to DOH is therefore responsible to provide safe water to their customers, the children. However, Group B standards are too stringent for most home child care residences to meet (specifically set-backs and source protection). Thus, requiring all Group B standards will force many rural home child cares to close or operate without a license. Involved agencies should reconsider how child cares are managed under Group B regulations.
- Some family home child care providers cannot supply satisfactory well samples and opt to use bottled water in accordance with DEL WAC 170-296-1140. However, a business that uses bottled water is not in full compliance with DOH's Group B standards. Therefore, some LHJs allow child care providers to use bottled water and others do not, further complicating inconsistencies between DOH, DEL, and LHJs. It is also important to note that child care centers can not use bottled water as a replacement for unsatisfactory well water, while family home child cares can.

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Conclusions

The need for DOH, DEL, and LHJs to find practical and reasonable solutions to the child care well water issues is paramount. To effectively solve child care water quality concerns in Washington State, a comprehensive action plan that is consistently understood and enforced statewide is critical. The political sensitivity of the issue should not deter corrective regulatory action and enforcement. The regulatory interpretation, management, and enforcement must be reasonable, practical, and universally understood between all agencies involved with the aim of protecting the health and safety of children in child care while recognizing the need to keep child care business owners in operation.

This briefing paper was prepared by the Washington State Child Health and Safety Advisory Committee (WSCHSAC) whose mission is to develop, promote, and advocate for child health and safety best practice in early learning environments.

Attachments:

- DEL Family Home Child Care Drinking Water WAC 170-296-1140
- DEL Child Care Center Drinking Water WAC 170-295-5070

DOH Group B Standard WAC