



Washington State Department of
CHILDREN, YOUTH & FAMILIES

LICENSING DIVISION
PRACTICE MEMO

Date: March 21, 2023
To: Child Care Licensing Staff
From: Travis Hansen, Senior Child Care Administrator
Subject: Expectations for in-person child care visits - UPDATED
Purpose: Updated information to assist staff in doing on-site visits
RCW: 43.216
WAC: 110-300; 110-301

Related Policies: 10.1.12, 10.1.8, 10.3.1

Background: In response to the pandemic, Child Care Licensing modified its practice for on-site inspections. In consideration of the health and safety of staff, providers, and the children in care during the recovery from the pandemic, CC Licensing Leadership provided modified expectations for practice during on-site inspections on June 22, 2022 with an update provided on August 31, 2022.

Since August 31, 2022, CC Licensing Leadership has taken feedback from staff to provide additional information to assist in the work of Child Care Licensing as we move further into recovery and return to more normal practice. This practice memo replaces the June 22, 2022 and August 31, 2022 Memorandums to provide updated expectations for staff completing in-person child care visits.

Practice as of March 21, 2023

Continue to minimize time on-site **to the extent possible.**

1. **Prior to creating a checklist, ensure Facility Specifics applicable to the provider have been identified per WA Compass User Manual.** This will reduce the items on the checklist when appropriate.
2. **Prior to the on-site visit:**
 - a. Familiarize yourself with the provider account for: number of classrooms, capacity, waivers or variances, hours of operation, etc.

- b. Review MERIT for backgrounds, training qualifications, etc. as it pertains to the checklist. This will allow you to be specific in what documents you need to see while on site and reduce the need to go through paper files. If it has been verified in MERIT, there is no reason to request the paper file.
 - c. If applicable, review policies, disaster plan and health plans, etc.
3. **Using the checklist on your tablet**, complete the unannounced/announced visit using **only** the checklist as your guide (no cheat sheets/field-made guides).
- a. The focus of the on-site visit is to address those WACs you can or would potentially see and are on the checklist required for the type of visit you are doing.
 - b. If the provider is not currently demonstrating specific WACs (for example, licensed for infant care but no infants are in care on this day), you will determine compliance by asking the provider to explain their process or understanding of the requirements.
 - c. **If a WAC is on the checklist and found to be out of compliance and the provider corrects it while you are on-site, that WAC is still Non-Compliant on the checklist.**
 - d. If an Immediate Risk WAC is out of compliance, complete an Inspection Report (IR) to address that issue prior to leaving the facility.
 - e. Prior to leaving, if you are unable to produce the IR while on site (not including Immediate Risk non-compliance), advise the provider that you will be sending them the checklist and the IR and arrange a time to call if necessary to go over the documents. This should be done as soon as possible but no later than three business days after the visit.
 - f. Talking points may be part of the on-site visit OR by phone, post-visit. Please be aware that many providers are struggling with staffing issues and may have limited time.
4. **Post-Visit:**
- a. Send the provider the completed checklist and IR as quickly as possible, but no later than three business days after the visit.
 - b. Complete any necessary follow-up calls to discuss the IR or talking points.
5. **Recheck:**
- a. Follow the current PPT for rechecking times on the IR within the timelines specified for the risk category.
 - b. Recheck inspections may be done on-site or virtually depending on the ability to verify virtually.
 - c. Ad Hoc IR may be done during a recheck visit, **but remember, our intent is not to go looking for additional areas of noncompliance. An Ad Hoc IR should only be done when the issue of noncompliance is either a repeat from the inspection and the time for correcting it has passed per PPT, or it is a very obvious concern that places children at risk.**

Reminders:

- A. **WAC 110-300-0260(5)** *Saws, power tools, lawn mowers, toilet brushes, and other maintenance and janitorial equipment must be inaccessible to children.* This WAC has been identified to be separated with toilet plungers and toilet brushes being moved to WAC 110-300-0220 *Bathroom space and toilet training* – in part due to the risk levels not aligning. Due to the temporary moratorium on WAC updates, this WAC change cannot be made at this time. To address the need, staff are directed to evaluate this WAC in the following manner:

- If toilet brushes and/or plungers are found to be accessible to children, provide technical assistance and document in WA Compass.
 - Unless one of the other identified concerns are also accessible to children, use compliance for this WAC.
- B. If you are on site for a monitor visit and no children are in care but it is evident they are enrolled and do actually attend (attendance sheets would show that this is just an off day), you may begin the monitor (if the provider is willing) but you will need to return within 30 days to complete the monitor inspection when interactions with children can be seen. If you are not confident that care is truly being provided, this would be an “attempted monitor” and you will need to try again in the following month.
- C. If you attempt an on-site visit for either an initial to full or monitor inspection and the provider says they have no children in care/enrolled and the program shows as open/active in WA Compass:
- Arrange an announced health and safety walk-through to assure the program is ready and prepared to accept children UNLESS they decide they want to be inactive;
 - If the program decides to go inactive, be sure to communicate that is for up to six months only;
 - If the provider is not prepared/set up to receive children and wants to remain active, staff with your supervisor and AA for next steps.
 - It is important to remember that only the provider can decide to go inactive – DCYF cannot require them to be inactive even if they have no children in care.

If you have any questions about this practice memo, please contact your supervisor.



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