



**Written Plan  
For  
Bodies of Water  
(Outside and near licensed space)**

<b>Licensee section:</b>		
LICENSEE NAME	DATE	TELEPHONE NUMBER (    )    -
<b>WAC 170-296A-5250</b>		
<b>Bodies of water outside and near licensed space</b>		
<p>(1) The licensee must make the following bodies of water inaccessible to children in care, and have a written safety plan approved by the department for:</p> <p>(a) Ponds, lakes, storm retention ponds, ditches, fountains, fish ponds, landscape pools or similar bodies of water located outside and near (in close proximity to) the licensed space, regardless of whether the body of water is on or off the premises; or</p> <p>(b) Any uncovered well, septic tank, below grade storage tank; farm manure pond or similar hazards that are on the premises.</p> <p>(2) Unless attending a swimming or water play activity, when outside the licensed premises the licensee or staff must keep children from having access to bodies of water that pose a drowning hazard.</p> <p>(3) When the licensee or primary staff person takes children near a body of water outside the licensed premises and children have access to a body of water that is more than four inches deep, there must be:</p> <p>(a) One additional staff person more than the required staff-to-child ratio provided in <a href="#">WAC 170-296A-5700</a> to help with the children; and</p> <p>(b) At least one staff person in attendance must be able to swim.</p>		
Describe the water hazard (Please attach photos if available):		
Explain in detail how this water hazard will be made inaccessible to the children (Please attach photos if available):		
OTHER COMMENTS:		
I declare this information is true and accurate to the best of my knowledge and I understand that my licensor may make a site visit to verify the information.		

Licensee Signature:	Date:
<b>DEL Licensing section:</b>	
CAN THE ENVIRONMENT CCOMMODATE THIS REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN	
IS THERE A HISTORY OF VALID COMPLAINTS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	
ARE THERE ANY OUTSTANDING FLCA'S? <input type="checkbox"/> NO <input type="checkbox"/> YES	WHEN WAS THE LAST SITE VISIT?
A SITE VISIT MAY BE MADE PRIOR TO DEL ACTION TO DETERMINE IF APPROPRIATE ACTION HAS BEEN TAKEN TO MAKE THE IDENTIFIED WATER HAZARD INACCESSIBLE TO THE CHILDREN.  SITE VISIT DATE NOTES	
REVIEW OF PROVIDER NOTES FOR ANY NON-COMPLIANCE ISSUES THAT SHOULD BE TAKEN INTO CONSIDERATION AS IT RELATES TO THIS REQUEST	
DEL ACTION (LICENSOR DOCUMENT DECISION IN PROVIDER NOTES) <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED IF DENIED, AN EXPLANATION IS REQUIRED BELOW	
Licensor Signature	Date:

Supervisor Signature:

Date: