R430-90-24. INFANT AND TODDLER CARE.

This section provides the rules and information about caring for children ages birth through 23 months. The rules apply to all infants and toddlers in care including the provider's and employees' own children. A child who is younger than 12 months of age is considered an infant. On the child's first birthday and until their second birthday, the child is considered a toddler.

If the provider cares for infants or toddlers:

(1) The provider shall ensure that each awake infant and toddler receives positive physical and verbal interaction with a caregiver at least once every 20 minutes.

Rationale/Explanation

Caregivers/teachers should provide consistent, continuous and inviting opportunities to talk, listen to, and otherwise interact with young infants throughout the day (indoors and outdoors) including feeding, changing, playing with, and cuddling them. CFOC 4th ed. Standard 2.1.2.1, 2.1.2.2 p.p. 60-61.

Caregivers should participate in and encourage "serve and return" interactions with infants. Serve and return interactions shape brain architecture. When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child's brain that support the development of communication and social skills. Much like a game of tennis, volleyball, or Ping-Pong, this back-and-forth is both fun and capacity-building. When caregivers are sensitive and responsive to a young child's signals and needs, they provide an environment rich in serve and return experiences. Read more at The Center on the Developing Child at Harvard University.

Compliance Guidelines

- Give infants attention by making eye contact and smiling.
- Engage in and encourage "serve and return" interactions, where caregivers are attuned to children's feelings and reflect them back.
- Use a variety of safe and appropriate individualized soothing techniques of holding and comforting children who are upset.
- Talk, sing and read to infants and toddlers.
- Be partners in play as well as caregivers and protectors.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(2) To stimulate their healthy development, the provider shall ensure that infants receive daily interactions with adults; including on the ground interaction and closely supervised time spent in the prone position for infants less than six months old.

Rationale/Explanation

Infants should have supervised tummy time every day when they are awake. Beginning on the first day at the early care and education program, caregivers/teachers should interact with an awake infant on his/her tummy for short periods (3–5 minutes), increasing the amount of time as the infant shows he/she enjoys the activity.

There are many ways to promote tummy time with infants:

a. Place yourself or a toy just out of the infant's reach during playtime to get him/her to reach for you or the toy.

b. Place toys in a circle around the infant. Reaching to different points in the circle will allow him/her to develop the appropriate muscles to roll over, scoot on his/her belly, and crawl.

c. Lie on your back and place the infant on your chest. The infant will lift his/her head and use his/her arms to try to see your face. CFOC 4th ed. Standard 3.1.2.1 p.p. 97.

Compliance Guidelines

Each young infant must have a daily opportunity for tummy time. Although it is not required for the caregiver to be on their stomach during this activity, they must be close enough to interact with and actively supervise the infant.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(3) The provider shall ensure that caregivers respond promptly to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, a wet or soiled diaper, fear, teething, or illness.

Rationale/Explanation

Holding, and hugging, in a positive, respectful, and safe manner is an essential part of providing care for infants and toddlers. Quality caregivers/teachers provide care and learning experiences

that play a key role in a child's development as an active, self-knowing, self-respecting, thinking, feeling, and loving person; CFOC 4th ed. Standard 2.1.2.1 p.p. 60.

Compliance Guidelines

"Promptly" responding to infants and toddlers who are in emotional distress means responding immediately or as soon as possible if the caregiver is diapering, feeding, or administering first aid to another child. A caregiver who is unable to immediately respond to a child in distress (due to another child's immediate needs) should still reassure the distressed child by making eye contact and speaking to the child in a reassuring tone of voice.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(4) For their healthy development, the provider shall make safe toys available and accessible for each infant and toddler to engage in play.

Rationale/Explanation

Opportunities to be an active learner are vitally important for the development of motor competence and awareness of one's own body and person, the development of sensory motor skills, the ability to demonstrate initiative through active outdoor and indoor play, and feelings of mastery and successful coping. Coping involves original, imaginative, and innovative behavior as well as previously learned strategies. CFOC 4th ed. Standard 2.1.2.3 p.p. 61.

Compliance Guidelines

There must be enough toys available (within their reach) for each infant and toddler in the group to be engaged in play with at least one toy, even when some of the toys are removed to be cleaned.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(5) The provider shall ensure that mobile infants and toddlers have freedom of movement in a safe area.

Rationale/Explanation

Keeping an infant confined in a piece of infant equipment prevents an infant from active movement. Infants need the opportunity to play on the floor in a safe open area to develop their gross motor skills. If infants are not given the opportunity for floor time, their development can be hindered or delayed. The shape of an infant's head can be affected if pressure is applied often and for long periods of time. This molding of the skull is called plagiocephaly. Due to the recommendation for back sleeping, an infant's skull already experiences a great amount of time with pressure on the back of the head. When an infant is kept in a piece of infant equipment such as an infant seat or a swing, the pressure again is applied to the back of an infant's head; thus, increasing the likelihood of plagiocephaly. To prevent plagiocephaly and to promote normal development, infants should spend time on their tummies when awake and supervised. CFOC 4th ed. Standard 5.3.1.10 p.p. 258-259

Compliance Guidelines

"Freedom of movement" means that infants and toddlers are not restrained from moving, crawling, walking, roaming, and exploring in a developmentally appropriate way.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(6) The provider shall not confine an awake infant or toddler in any piece of equipment, such as a swing, high chair, crib, playpen, or other similar piece of equipment for more than 30 minutes.

Rationale/Explanation

Restrictive infant equipment such as swings, stationary activity centers (e.g., exersaucers), infant seats (e.g., bouncers), molded seats, etc., if used, should only be used for short periods of time. Infants should not be placed in equipment until they are developmentally ready. Infants should be supervised when using equipment. Safety straps should be used if provided by the manufacturer of the equipment. Equipment should not be placed on elevated surfaces, uneven surfaces, near the top of stairs, or within reach of safety hazards. CFOC 4th ed. Standard 5.3.1.10 p.p. 258-259.

Compliance Guidelines

Being confined includes being in a gated-off play yard or similar area with a barrier for more than 30 minutes at a time unless there are at least 35 square feet of space per child.

This rule is not out of compliance if a child is in a high chair for more than 30 minutes because they are still eating.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(7) The provider shall ensure that only one infant or toddler occupies any one piece of equipment at a time, unless the equipment has individual seats for more than one child.

Rationale/Explanation
The purpose of this rule is to prevent infants and toddlers from accidentally injuring one another and to ensure equipment is used as intended by the manufacturer.

Compliance Guidelines
This rule is not out of compliance when:
• A caregiver uses a crib to evacuate multiple children for an emergency drill or an actual emergency evacuation.
• More than one infant or toddler is in a wagon that is intended to hold more than one child.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(8) The provider shall make objects made of styrofoam inaccessible to infants and toddlers.

Rationale/Explanation
Foam objects can break into pieces that can become choking hazards for young children. CFOC 4th ed. Standard 4.5.0.2 p.p. 189.

Compliance Guidelines
•Styrofoam refers to expanded polystyrene foam that is typically white in color. This type of foam can be easily broken into pieces because it is made with circular individual beads of foam.
• Swimming noodles are not made of styrofoam and do not need to be inaccessible to the children.
• Styrofoam inside a bike helmet is only a hazard when it is deteriorated to the point that it is crumbly and/or cracked.
• Infants and toddlers may use styrofoam objects only when they are involved in a carefully supervised activity. This means a caregiver is within arm's reach of the children, providing constant, active supervision, and does not leave until the materials are made inaccessible.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(9) The provider shall allow each infant and toddler to eat and sleep on their own schedule.

Rationale/Explanation
Responsive feeding meets the infant's nutritional and emotional needs and provides an immediate response to the infant, which helps ensure trust and feelings of security. CFOC 3rd ed. Standard 4.3.1.2 p.p. 175-176.

In the young infant, favorable conditions for sleep and rest include being dry, well fed, and comfortable. Infants may need 1 or 2 (or sometimes more) naps during the time they are in child care. As infants age, they typically transition to 1 nap per day, and having 1 nap per day is consistent with the schedule that most facilities follow. Different practices, such as rocking, holding a child while swaying, singing, reading, or patting an arm or back, could be used to calm the child. Lighting does not need to be turned off during nap time. CFOC 4th ed. Standard 3.1.4.4 p.p. 107.

Compliance Guidelines
Older toddlers may begin to be eased into group schedules for eating and napping. However, any toddler who is tired must be allowed to rest and any toddler who is hungry must be given something to eat.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(10) The provider shall ensure that baby food, formula, or breast milk that is brought from home for an individual child's use is:
- **(a) labeled with the child's name;**
- **(b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;**
- **(c) kept refrigerated if needed; and**
- **(d) discarded within 24 hours of preparation or opening, except for unprepared powdered formula or dry food.**

Rationale/Explanation

Labeling food and drink with the child's name ensures that the child is not accidentally fed the wrong food that could cause an unhealthy reaction due to such causes as an allergy or inability to digest a certain food. Keeping baby food, formula, and breast milk refrigerated, if needed, and discarding the food within 24 hours of preparation ensures that a child does not become ill from eating spoiled food. CFOC 4th ed. Standards 4.3.1.3-4.3.1.5 p.p. 176-179.

Compliance Guidelines

Labeled with the child's name, and the date and time of preparation

• If a caregiver prepares a bottle and immediately feeds it to a child, the bottle does not have to be labeled. However, if any formula or breast milk remains in the bottle and is not immediately discarded, the bottle has to be labeled with the child's name, date, and time of preparation.

• Breast milk for a caregiver's own child does not need to be labeled with the time of preparation.

Kept refrigerated if needed

• For information about storing homemade and commercial baby food and formula, refer to:

- www.foodsafety.gov/blog/homemade_babyfood.html.
- Instructions on baby food and formula packaging.
- www.foodsafety.gov/keep/types/babyfood/index.html.

• For information about storing breast milk, refer to:

- https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Discarded within 24 hours of preparation or opening

• This rule does not apply to containers (pint, quart, half gallon, or gallon) of milk that are purchased from the store nor to solid adult food.

• Preparation of food includes mixing a powder with a liquid, opening a jar of food, or removing frozen breast milk from the freezer to thaw.

• Breast milk that is frozen immediately after collection is not considered "prepared" or "opened"until it is moved to the refrigerator to thaw. It must be discarded within 24 hours after it has completely thawed.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(11) If an infant is unable to sit upright and hold their own bottle, the provider shall ensure that a caregiver holds the infant during bottle feeding and that bottles are not propped.

Rationale/Explanation

Caregivers/teachers should hold infants who are bottle feeding whenever possible, even if the children are old enough to hold their own bottle. Caregivers/teachers should promote proper feeding practices and oral hygiene including proper use of the bottle for all infants and toddlers. Bottle propping can cause choking and aspiration and may contribute to long-term health issues, including ear infections (otitis media), orthodontic problems, speech disorders, and psychological problems. CFOC 4th ed. Standard 4.3.1.8 p.p. 181.

Compliance Guidelines

•As long as the caregiver holds the infant while bottle feeding, a device to hold the bottle (such as a Beebo) may be used.
•If a child is able to sit upright and hold their own bottle, the rule is not out of compliance if the child is drinking a bottle while lying down.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(12) The provider shall ensure that the caregiver swirls and tests warm bottles for temperature before feeding to children.

Rationale/Explanation

Bottles of human milk or infant formula that are warmed at room temperature or in warm water for an inappropriate period provide an ideal medium for bacteria to grow. Infants have received burns from hot water dripping from an infant bottle that was removed from a crock-pot or by pulling the crock-pot down on themselves by means of a dangling cord. Caution should be exercised to avoid raising the water temperature above a safe level for warming infant formula or infant food. Bottles and infant foods should never be warmed in a microwave oven. CFOC 4th ed. Standard 4.3.1.9 p.p. 182.

Gently swirling a warmed bottle before bottle feeding prevents burns from "hot spots" in the heated liquid. Gentle swirling is important, because excessive shaking of human milk may damage the nutrient quality of the milk that is valuable to infants. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.

Compliance Guidelines

When mixing powdered formula with water, it is not out of compliance to shake the bottle.

Risk Level

Low

Corrective Action for 1st Instance
Warning

(13) The provider shall discard formula and milk, including breast milk, after feeding or within two hours of starting a feeding.

Rationale/Explanation
The purpose of this rule is to prevent children from drinking spoiled milk or formula, and to prevent the spread of disease. Within a short period of time, bacteria introduced by the child's saliva can make the formula or milk unsuitable and unsafe for consumption. CFOC 4th ed. Standard 4.3.1.3; Standard 4.3.1.5; Standard 4.3.1.8 p.p. 176-179.

Risk Level
Moderate

Corrective Action for 1st Instance
Citation Warning

(14) The provider shall ensure that caregivers cut solid foods for infants into pieces no larger than 1/4 inch in diameter, and cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.

Rationale/Explanation
Almost 90% of fatal choking occurs in children younger than four years of age (2-7). Peanuts may block the lower airway. A chunk of hot dog or a whole seedless grape may completely block the upper airway (2-8,10). The compressibility or density of a food item is what allows the food to conform to and completely block the airway. Hot dogs are the foods most commonly associated with fatal choking in children. Caregivers/teachers should not offer to children under four years of age foods that are associated with young children's choking incidents (round, hard, small, thick and sticky, smooth, compressible or dense, or slippery). Examples of these foods are hot dogs and other meat sticks (whole or sliced into rounds), raw carrot rounds, whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, rice cakes, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole. CFOC 4th ed. Standard 4.5.0.10 p.p. 192-193.

Compliance Guidelines
Food that does not quickly dissolve or crumble in the mouth without chewing needs to be cut into small pieces. For infants, pieces of food may be no larger than ¼ inch x ¼ inch. For toddlers, pieces of food may be no larger than ½ inch x ½ inch. Examples of solid foods that must be cut include:

- Cheese (except shredded).

- Fruit including bananas, grapes, and other fruit chunks.
- Marshmallows.
- Meat including hot dogs, meat chunks, and meatballs.
- Raw vegetables including carrots, beans, and tater tots.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(15) The provider shall ensure that infants sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or playpen, and that infants are not placed to sleep on a mat, cot, pillow, bouncer, swing, car seat, or other similar piece of equipment unless the provider has written permission from the infant's parent.

Rationale/Explanation
Injuries and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in car seats or infant seats when the straps have entrapped body parts, or the children have turned the seats over while in them. Sleeping in a seated position can restrict breathing and cause oxygen desaturation in young infants. Sleeping should occur in equipment manufactured for this activity. CFOC 4th ed. Standard 2.2.0.2 p.p. 69-70.

Cradles and bassinets are not immune to the hazards that may cause SIDS. Ninety percent of SIDS cases occur during the first six months of a baby's life, which is prime bassinet time. CPSC safety guidelines stipulate: 1) a sturdy bottom and wide base; 2) smooth surfaces without protruding hardware; 3) legs with locks to prevent folding while in use; 4) a firm, snugly fitting mattress; and 5) adherence to the manufacturer's guidelines regarding maximum weight and size of the infant. Pike, Jodi & Moon, Rachel. (2008). Bassinet Use and Sudden Unexpected Death in Infancy. Journal of Pediatrics. p.p. 509-512.

Compliance Guidelines
- Cribs, bassinets, cradles, porta-cribs, playpens, and play yards are approved to sleep infants as long as they meet sleep equipment rules in "Section 22: Rest and Sleep."
- A crib is defined as a child's bed that has sides for protection from falling.
- The following equipment is not approved to sleep infants:
    - A mat, cot, pillow, bouncer, swing, or car seat
    - Any size bed
    - A crib that has been converted into a toddler bed
    - A couch or chair even if the caregiver is sitting next to the infant
    - A Boppy pillow even if it is placed on or in a bed, crib, cradle, bassinet, playpen, or play

yard (Improper use of this product could result in serious injury or death.)
- A bassinet or cradle if the infant is able to push up on hands and knees, pull up, or sit unassisted
- Loungers and co-sleepers
- Previously approved sleep equipment that has been recalled by CPSC.

• Parent's written permission can be in paper or electronic format.
• Before a caregiver sleeps an infant in equipment such as a motion glider, rocker, bouncer or napper, the provider must obtain written documentation from the manufacturer stating that the equipment is approved for sleeping infants. The documentation must be available for review by licensing staff.
• Equipment marked as intended for "supervised napping", and not for overnight sleep, is not approved sleep equipment and requires a parent's written permission for an infant to sleep in it.
• Infants may not sleep on blankets inside on the floor or on the ground in the outdoor area.
•Caregivers may take approved equipment outside to use for sleeping the infant.
• It is not a rule violation if an infant is asleep in a car seat when arriving at the facility, and a caregiver within 5 minutes moves the infant to appropriate sleeping equipment.
It is a rule violation if more than 5 minutes elapse before the infant is moved.
• It is not a rule violation if an infant falls asleep in a piece of equipment not designed for sleeping, and a caregiver immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a rule violation if more than 5 minutes elapse before the infant is moved.
• A caregiver may hold an infant while the infant sleeps.
• Wearing a sleeping infant by using a sling or wrap is acceptable and there is no need to move the infant to a piece of sleep equipment.

Risk Level
High
Corrective Action for 1st Instance
Citation and CMP Warning

(16) The provider shall place infants on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.

Rationale/Explanation
About 3,500 SUIDs occurred in the U.S. in 2014. Most sleep-related deaths in child care facilities occur in the first day or first week that an infant starts attending a child care program. Many of these deaths appear to be associated with prone (tummy) positioning, especially when the infant is unaccustomed to being placed in that position. CFOC 4th ed. Standard 3.1.4.1 p.p. 102-105.

For more information about safe sleep practices for infants, visit the National Institutes of Health: Safe to Sleep

Compliance Guidelines

Infants should always be placed on their back to sleep, but if they roll over on their own they do not need to be returned to their back.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(17) The provider shall not place soft toys, loose blankets, or other objects in sleep equipment while in use by sleeping infants.

Rationale/Explanation

Safe Sleep Environment

Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from unknown causes, such as SIDS, while others are from other sleep-related causes of infant death. Creating a safe sleep environment by keeping the following items out of an infant's sleep area reduces the risk of SIDS, suffocation, entrapment, and strangulation:

- Toys and objects such as stuffed animals
- Soft or loose bedding such as blankets, pillows, quilts, comforters, flat sheets, sheep skins
- Other soft objects such as bumper pads, sleep positioning devices, cloth diapers, bibs, etc.

National Institute of Child Health and Human Development, NIH Pub No 17-HD-7642, June 2017.

Blankets

Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/ items should not be hung on the sides of cribs. Loose or ill-fitting sheets have caused infants to be strangled or suffocated. The caregiver/teacher should remain alert and should actively supervise sleeping infants in an ongoing manner. The caregiver/teacher should check to ensure that the infant's head remains uncovered and re-adjust clothing as needed. CFOC 4th ed. Standard 3.1.4.1 p.p. 102-105.

Adults sometimes find it difficult to place an infant to sleep without a blanket. If a blanket is used, it should not be loose and the "Feet to Foot Rule" should be followed. This involves placing the

child's feet at the foot of the crib, and tucking a light blanket along the sides and under the foot of the crib. The blanket is placed only up to the infant's chest with their arms outside of the blanket. CFOC 3rd ed. Standard 3.1.4.1 p.p. 98.

Swaddling

Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used. There is evidence that swaddling can increase the risk of serious health outcomes, especially in certain situations. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep or if the infant can roll over from back to stomach. Loose blankets around the head can be a risk factor for sudden infant death syndrome (SIDS). With swaddling, there is an increased risk of developmental dysplasia of the hip, a hip condition that can result in long-term disability. Hip dysplasia is felt to be more common with swaddling because infants' legs can be forcibly extended. With excessive swaddling, infants may overheat. CFOC 4th ed. Standard 3.1.4.1 p.p. 102-105; Standard 3.1.4.2 p.p.105.

For more information about safe sleep practices, visit the American Academy of Pediatrics website at: www.aap.org and the National Institutes of Health at: safetosleep.nichd.nih.gov.

Compliance Guidelines

• This rule only applies to infants who are asleep.

• Objects that are possible hazards for a sleeping infant must not be in or on sleep equipment or within 36 inches of the sleep equipment while the infant is asleep. This includes objects that may increase risk of SIDS, or cause entrapment, strangulation, suffocation, or choking. Examples of prohibited objects include but are not limited to:

- Soft and hard toys
- Crib bumpers or bumper pads (regardless of their type)
- Baby gyms
- Mobiles
- Pacifiers with attached ribbons, toys, and/or other objects. (Plain pacifiers on a cord of 8 inches or less are allowed)
- Bedding and other fabric products that are loose, including blankets, pillows, sheets, comforters, cloth diapers, clothing, etc.

•Appropriate options

- The room where the infant sleeps is kept at a safe and comfortable temperature.
- For needed warmth, the infant is placed in sleep clothing such as a sleepsack, a swaddler, pajamas. etc. All sleep attire should fit properly and never cover the infant's neck or face. Follow manufacturer's instructions regarding use recommendations for child's age and size.
- Swaddling an infant is appropriate until they show signs of rolling over. Once an infant shows signs of rolling over, arms should not be restrained.

The following exceptions to this rule are allowed under certain conditions:

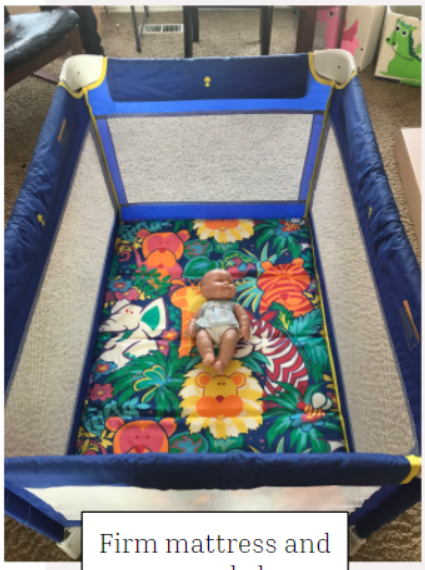
- If an infant needs a comfort item to help them go to sleep, it is not a rule violation if the item is removed as soon as the infant falls asleep.
- An infant's pacifier is allowed to remain with a sleeping infant on condition that there are no loose parts or tears on the pacifier and any objects attached to the pacifier (e.g. ribbons, toys) are removed before use or as soon as the infant falls asleep. A pacifier cord that is less than 8 inches long does not have to be removed.
- Although two cribs may be within 36 inches of each other, each crib will be assessed for any loose bedding that may be in or on it, and not for loose bedding in the adjacent crib.
- If fabric (other than a blanket or bumper) is securely attached to the top of a crib rail to prevent children from chewing on the rail, it is not a rule violation.
- An item may be attached in the crib as long as it is not on the sleeping surface, with the exception of mobiles which cannot be within 36" of the sleeping surface.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning



Firm mattress and approved sleep equipment

Fitted Sheet

Swaddled blanket, wearable blanket, or sleep sack

In Compliance

NOT in Compliance