R381-100-24: 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 2nd birthday, the child is considered a toddler.

If the provider cares for infants or toddlers:

(1) Each awake infant and toddler shall receive positive physical and verbal interaction with a caregiver at least once every 20 minutes.

Rationale / Explanation
Hugging, holding, and cuddling infants and toddlers are expressions of wholesome love that should be encouraged for the child’s healthy emotional development. Consistent and continuous talking with, listening to, and interacting with infants and toddlers impacts all areas of their development. CFOC 3rd ed. Standard 2.1.2.1, 2.1.2.2. pp. 57-58.

Compliance Assessment and Guidance
Refer to the following guideline:
• Positive physical and verbal interactions can happen more often than every 20 minutes.

Noncompliance Level
Level 2

(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 6 months of age.

Rationale / Explanation
Infants’ and young children’s participation in physical activity is critical to their overall health, development of motor skills, social skills, and maintenance of healthy weight. Tummy time builds infants’ physical strength and prepares them for scooting on their stomachs and crawling. CFOC 3rd ed. Standard 3.1.2.1. pp. 90-91.

In Caring for Our Children it is recommended that caregivers follow these guidelines when providing tummy time for infants:
• Ensure that the infant is awake and alert.
• Place the infant on the floor or other low, solid surface.
• Play and interact with the infant during each tummy time session.
• Never leave the infant unattended.
• End tummy time if the infant shows signs of discomfort or fussiness.
• If the infant becomes drowsy or falls asleep, immediately place the infant on their back in the appropriate sleep equipment. CFOC 3rd ed. Standard 3.1.3.1. pp. 90-91.
Compliance Assessment and Guidance
Refer to the following guideline:
• It is not required for the caregiver to be on their tummy on the ground, but to provide each young infant with daily opportunities for closely supervised tummy time.

Noncompliance Level
Level 2

(3) Infant and toddler areas shall not be used to pass through or access other indoor and outdoor areas.

Rationale / Explanation
Infants need quiet, calm environments, away from the stimulation of older children. Separation of infants and toddlers from older children and non-caregiving adults is also important for disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, contact with older children should be restricted, in order to limit infants’ exposure to respiratory tract viruses and bacteria. CFOC 3rd ed. Standard 2.1.2.4 p. 59.

Additionally, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the facility. CFOC 3rd ed. Standard 2.1.2.4 p. 59.

Compliance Assessment and Guidance
Refer to the following guideline:
• This rule does not apply to infants and toddlers passing through other infant or toddler areas.
• This rule does not apply if the area is used as an emergency exit by others during an emergency evacuation.

Noncompliance Level
Level 2

(4) Infants and toddlers shall play in the same enclosed outdoor space with older children only when there are 8 or fewer children in the group.

Rationale / Explanation
Infants and toddlers are smaller than older children, are relatively new at basic motor skills such as crawling, walking, climbing, and running, and have slower reaction times. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run into, being knocked down, being pushed, shoved, and sat on. CFOC 3rd ed. Standard 2.1.2.4. p. 59.

Compliance Assessment and Guidance
Refer to the following guideline:
• If there is a separate, enclosed outdoor play area for infants and toddlers, they may be outside at the same time as other groups of children. There must be 40 square feet of space per child and the required number of staff in both areas.

Noncompliance Level
Level 1
(5) Caregivers shall 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
Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when young children’s immediate needs are not met, they experience stress causing an increase of cortisol in their brains. Cortisol impairs brain function, and negatively impacts the child’s metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. *Rethinking the Brain: New Insights into Early Development* by Rima Shore (NY: Families and Work Institute, 1997); *CFOC 3rd ed. Standard 2.1.2.1. p. 57."

Compliance Assessment and Guidance
Refer to the following guideline:
• “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. While attending to another child in this way, a caregiver who is not able to immediately respond to a child’s needs should still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.

Noncompliance Level
Level 2

(6) For their healthy development, safe toys shall be available for infants and toddlers. There shall be enough toys accessible to each infant and toddler in the group to engage in play.

Rationale / Explanation
Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. Opportunities to be an active learner are vitally important for the child’s cognitive, physical, and social development. *CFOC 3rd ed. Standard 2.1.2.3. p. 58.*

From infancy, play provides important physical, mental, emotional, and social benefits in development. *NAEYC Developmentally Appropriate Practice p. 14 (2009).*

Compliance Assessment and Guidance
Refer to the following guideline:
• There must be enough toys for each infant and toddler in the group to be engaged in play with at least one toy, even if some of the toys are removed to be cleaned.

Noncompliance Level
Level 2

(7) Mobile infants and toddlers shall have freedom of movement in a safe area.

Rationale / Explanation
Infants and toddlers need freedom to move so they can learn to crawl, stand, walk, and climb. They need the opportunity to develop their basic motor skills in an area free of hazards and with adequate space. *CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.*
Compliance Assessment and Guidance
Refer to the following guideline:
• “Freedom of movement” means that infants and toddlers are not restrained from moving, crawling, walking, roaming, and exploring in a developmentally appropriate way.

Noncompliance Level
Level 2

(8) An awake infant or toddler shall not be confined for more than 30 minutes in any piece of equipment, such as a swing, high chair, crib, playpen, or other similar piece of equipment.

Rationale / Explanation
Restrictive infant equipment such as swings, stationary activity centers, infant seats, playpens, and bouncers should only be used for short periods of time. Keeping an infant or toddler confined in a piece of equipment or a small gated-off area prevents them from necessary active movement and social interactions. CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.

Compliance Assessment and Guidance
Refer to the following guideline:
• In addition to children not being confined for more than 30 minutes in a piece of equipment, infants and toddlers may not be in a gated-off play yard or similar area with a barrier for more than 30 minutes at a time unless there is at least 35 square feet per child.

Noncompliance Level
Level 2

(9) Only one infant or toddler shall occupy any one piece of equipment at any 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.

Compliance Assessment and Guidance
Refer to the following 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.
  - A crib is used to transport children within the facility, as long as the children are not left in the crib together after they have been transported.
  - More than one infant or toddler is in a wagon that is intended to hold more than one child.
• This rule is out of compliance if:
  - An evacuation crib is used to take multiple children on a walk.
  - There is more than one infant or toddler in a crib or other sleep equipment unless they are twins and their parent or health professional has provided written instructions for them to share the sleep equipment at the same time.

Noncompliance Level
Level 2
(10) **Infants and toddlers shall not have access to objects made of styrofoam.**

**Rationale / Explanation**
Foam objects can break into pieces that can become choking hazards for young children.  
*CFOC 3rd ed. Standard 4.5.0.2 p. 178.*

By styrofoam, we refer to the white colored expandable polystyrene foam. This type of foam can be easily broken into pieces because it is made with circular individual beads of foam.

**Compliance Assessment and Guidance**
Examples of styrofoam products that must be inaccessible to infants and toddlers include:
- Packing peanuts and other similar packing materials
- Food and drink holders such as picnic cups and plates
- Egg cartons (if made of styrofoam)
- Some arts and crafts shapes such as cones and blocks (if made of styrofoam)

Refer to the following guidelines:
- 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 withing arms reach from the children providing constant, active supervision and does not leave until the materials are made inaccessible.

**Noncompliance Level**
Level 2

(11) **Each infant and toddler shall be allowed to eat and sleep on their own schedule.**

**Rationale / Explanation**
Feeding infants on demand meets their nutritional and emotional needs. Children’s ability to develop trust can be impaired when their basic physical needs are not met in a timely manner.  
*CFOC 3rd ed. Standard 4.3.1.2 pp. 164-165.*

For infants and toddlers, favorable conditions for sleep and rest include being dry, well fed, and comfortable. Infants may need one or two (or sometimes more naps) during the time they are in child care. Studies suggest that sleep is essential for optimal health and growth for infants and young children.  
*CFOC 3rd ed. Standard 3.1.4.4 pp. 100-101.*

When children are under stress because their immediate physical needs are not met, the cortisol in their bodies increases. Children who have chronically high levels of cortisol have been shown to experience more developmental delays than other children.  
*Rethinking the Brain: New Insights into Early Development* by Rima Shore (NY: Families and Work Institute, 1997)

**Compliance Assessment and Guidance**
Refer to the following guideline:
- 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.
Noncompliance Level
Level 2

(12) Baby food, formula, or breast milk that is brought from home for an individual child’s use shall be:
(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 accidently fed the wrong food that could cause an unhealthy reaction due to such causes as an allergy or inability to digest a certain food. CFOC 3rd ed. Standards 4.3.1.3.-4.3.1.5. pp. 165-174.

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 3rd ed. Standards 4.3.1.3.-4.3.1.5. pp. 165-174.

Compliance Assessment and Guidance

Labeled with the child’s name, and the date and time of preparation
• Powdered formula and dry baby food, such as cereal, that is brought from home should be labeled with the child’s name. It does not have to be labeled with the date and time the container is opened.
• If a parent brings their child to the center with an already prepared bottle, the caregiver should document the time of preparation as the time the bottle arrived at the center.
• Bottles labeled by the parents will be assessed with information the parents wrote on the bottle. If a caregiver relabels the bottle with the date and time it came to the center, it will be assessed with the caregiver’s information.
• Frozen breast milk is considered prepared once it has completely thawed. At that point, a caregiver must put the date and time of preparation on the bottle of breast milk.
• 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 and 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
• Fresh breast milk that is refrigerated immediately may be stored in the refrigerator for up to 72 hours (3 days) after collection.
• Fresh breast milk that is frozen immediately may be stored in the freezer for up to 2 weeks.
• Breast milk that was frozen and is taken from the freezer to thaw may be stored in the refrigerator (at 40°F) for up to 24 hours before feeding to a child or discarding.

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.

Noncompliance Level
Level 2

(13) If an infant is unable to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.

Rationale / Explanation
Propping bottles can cause choking and aspirating, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems. CFOC 3rd ed. Standard 4.3.1.8. pp. 170-171.

Compliance Assessment and Guidance
Refer to the following guideline:
• As long as the caregiver holds the infant while bottle feeding, a device to hold the bottle (such as a Beebo) may be used.

Noncompliance Level
Level 2

(14) The caregiver shall swirl and test warm bottles for temperature before feeding to children.

Rationale / Explanation
The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that if infant bottles are to be warmed, they should be placed under warm running tap water or placed in a container of water that is no warmer than 120 degrees for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for too long provide an ideal medium for bacteria to grow and overheating may reduce the milk’s nutritional value. Microwaves should not be used to warm bottles. CFOC 3rd ed. Standard 4.3.1.9. pp. 171-172.

Gently swirling warmed bottles before feeding them to children 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.

Noncompliance Level
Level 3

(15) Formula and milk, including breast milk, shall be discarded after feeding or within 2 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 3rd ed. Standard 4.3.1.3. pp. 165-166; Standard 4.3.1.5. pp. 167-168; Standard 4.3.1.8. pp. 170-171.
Noncompliance Level
Level 2

(16) Caregivers shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter, and shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.

Rationale / Explanation
These guidelines are recommended by the AAP and the APHA to prevent choking in infants and toddlers. Almost 90% of fatal choking occurs in children younger than four years of age, and food is the most common cause. On average, a child will die every 5 days in the United States from choking on food. Infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. Therefore, food needs to be made safe by cutting it to appropriate size. CFOC 3rd ed. Standard 4.5.0.10 pp. 181-182.

High-risk foods are those most often implicated in choking incidents. Food that is round, hard, small, thick and sticky, smooth, compressible or dense, or slippery is considered high risk and should not be offered to young children. These foods include:
- Hard, gooey, or sticky candy including gum
- Nuts and seeds including peanuts
- Popcorn

Compliance Assessment and Guidance
Food that does not quickly dissolve or crumble in the mouth without chewing needs to be cut into small pieces. 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
- Vegetables including carrots, beans, other vegetable chunks, and tater tots

Noncompliance Level
Level 2

(17) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. An infant shall not be 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, such as falls or entrapment, and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in equipment not designed for sleep. Sleeping in a seated position can restrict breathing and decrease oxygen in an infant’s blood. Sleeping should occur in equipment specifically manufactured for this activity. CFOC 3rd ed. Standard 2.2.0.2. p.66.

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 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. pp. 509-512.
Compliance Assessment and Guidance
Refer to the following 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”.
- 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
- 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.
- 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.
- If an infant is asleep in a car seat when arriving at the facility, a caregiver must immediately (within 5 minutes) move the infant to appropriate sleeping equipment.
- If an infant falls asleep in a piece of equipment not designed for sleeping, a caregiver must immediately (within 5 minutes) move the infant to appropriate sleeping equipment.
- A caregiver may hold an infant while the infant sleeps.

Noncompliance Level
Level 1

(18) Infants shall be placed on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.

Rationale / Explanation
Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). However, deaths in child care facilities attributable to SIDS continue to occur at an alarming rate, with many of these deaths associated with infants sleeping in a prone position (on their stomachs). CFOC 3rd ed. Standard 3.1.4.1. pp. 96-99.

For more information about safe sleep practices for infants, visit: https://www.nichd.nih.gov/publications/pubs/Documents/NICHD_Safe_to_Sleep_brochure.pdf

Noncompliance Level
Level 1

(19) Soft toys, loose blankets, or other objects shall not be placed in cribs while in use by sleeping infants.

Rationale / Explanation
The purpose of this rule is to ensure that those who care for infants are informed about and follow safe sleep practices.
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. Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used (see Standard 3.1.4.2 for more detail information on swaddling). CFOC 3rd ed. Standard 3.1.4.1. pp. 96.

The AAP and the APHA state that blankets, pillows, quilts, comforters, stuffed toys, and other soft items be removed from cribs and other sleeping equipment to reduce the risk of SIDS or suffocation death. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, are good alternatives to blankets. CFOC 3rd ed. Standard 3.1.4.1. pp. 96-99.

For more information about safe sleep practices, visit the American Academy of Pediatrics website at www.aap.org

Compliance Assessment and Guidance
Refer to the following guidelines:
• This rule only applies to infants who are asleep.
• If the infant uses a special comfort object to help them go to sleep, it is not out of compliance if the caregiver removes the object as soon as the infant falls asleep.
• Soft objects do not include pacifiers. However, objects attached to the pacifier (ribbons and toys) must be removed as soon as the infant falls asleep to prevent suffocation or choking. This does not include small cords (less than 8 inches long) attached to the pacifier.
• Loose blankets will include any blanket not being used to swaddle the infant as well as any additional blankets withing 36 inches from the sleeping surface of the crib.
• A blanket is considered loose if it is not on the infant’s body (not necessarily tucked or perfectly swaddled), is around the head or neck of the infant, or is loose anywhere else in the sleeping surface of the crib.
• If a blanket is used to cover the mattress and it is tucked in, it is not a loose blanket.
• There are many options for warmth other than blankets. Infants can be placed in a sleepsack, a swaddler, swaddled in a blanket, placed in warm pajamas, etc.
• Providers also have the option of not using any covering, but keeping the room at a safe and comfortable temperature.

Noncompliance Level
Level 2

(20) Caregivers shall document each infant’s eating and sleeping patterns each day. The record shall:
(a) be completed within an hour of each feeding or nap, and
(b) include the infant’s name, the food and beverages eaten, and the times the infant slept.

Rationale / Explanation
The purpose of this rule is to ensure that parents are informed about their children’s daily eating and sleeping patterns. The daily record can also help to ensure that children’s basic physical needs for food and rest are met, including during caregiver shift changes. CFOC 3rd ed. Standard 9.4.2.7. pp. 391-392.

Compliance Assessment and Guidance
Refer to the following guideline:
• Unless more information is required to verify compliance, only infant’s records from the previous day will be reviewed by CCL during a regular inspection.
Noncompliance Level
Level 3

(21) Within an hour of each infant or toddler’s diaper change, caregivers shall record:
(a) the infant or toddler’s name,
(b) the time of the diaper change, and
(c) whether the diaper was dry, wet, soiled, or both.

Rationale / Explanation
The purpose of this rule is to ensure that children’s diapers are changed as needed, including during caregiver shift changes. It also allows parents to know when their children’s diapers were changed, and can alert both parents and caregivers to any changes in the child’s bowel movement pattern. CFOC 3rd ed. Standard 3.2.1.3. pp. 105-106.

Compliance Assessment and Guidance
Refer to the following guideline:
• Unless more information is required to verify compliance, only infant’s records from the previous day will be reviewed by CCL during a regular inspection.

Noncompliance Level
Level 3

(22) The provider shall maintain on-site for review by the Department a six-week record of:
(a) the eating and sleeping patterns for each infant; and
(b) the diaper changes for each infant and toddler.

Rationale / Explanation
Because infants are nonverbal, knowing when there is a change in an infant’s pattern of eating, sleeping, and bowel movements can alert parents and caregivers to potential health problems. On occasion, the child’s primary care provider can use the records as an aid in diagnosing health conditions. CFOC 3rd ed. Standard 9.4.2.7. pp. 391-392.

Compliance Assessment and Guidance
Refer to the following guideline:
• Records can be kept on paper or electronic format as long as they are available on-site for review by CCL and contain all required information.

Noncompliance Level
Level 3