

DCF 250.09 Additional requirements for infant and toddler care.**(1) APPLICABILITY, QUALIFICATIONS AND GENERAL REQUIREMENTS.**

(a) Family child care centers providing care and supervision to infants and toddlers shall comply with the additional requirements of this section.

(c) General requirements.

1. A provider shall use information obtained on a department-provided form for children under 2 years of age to individualize the program of care for each child. The information shall be at the center before the child is left for care on the child's first day of attendance. A provider and the child's parents shall periodically discuss the child's development and routines.

Written evidence of the periodic discussions is not required, but updating the intake form is recommended every 3 months for infants and every 6 months for toddlers.

Special emphasis is given to changes in sleeping/nap patterns, dietary needs, i.e., new foods, cup, utensils or self-feeding skills introduced and introduction of toilet training when age appropriate.

Note: The department's form, Intake for Children under 2 Years, is used to record information for individualizing the program of care for each child. Information on how to obtain the form is available on the department's website, <http://dcf.wisconsin.gov>, or from any regional licensing office in Appendix A. Wisconsin has an information and referral service for persons with questions or concerns about a child's development called First Step that is available to the public 24 hours a day, 7 days a week. When a call is placed to First Step at 1-800-642-7837, the caller will learn about early intervention services as well as other related services in the area. When a provider or a parent has concerns about a child's growth or development a referral to a Birth-to-Three agency should be considered to determine if the child is eligible for special services. With parental consent and consultation, it is recommended that centers who care for children who have an Individualized Family Service Plan (IFSP) coordinate programming activities with the local Birth-to-Three agency.

2. Cribs and playpens shall contain a tight fitting mattress and any mattress covering shall fit snugly over the mattress. Waterbeds may not be used by children under age 2.

3. Sheets or blankets used to cover the child shall be tucked tightly under the mattress and shall be kept away from the child's mouth and nose.

*Swaddling of infants is permitted, if requested by the parent. **Swaddling** is an age-old practice of wrapping infants snugly in swaddling cloths, blankets or similar cloth so that movement of the limbs is tightly restricted. Swaddling is only effective for the first few weeks after birth. Swaddling an infant is not recommended after one month of age.*

If the child pulls the blanket out during nap time the provider must ensure that that blanket is kept away from the child's mouth and nose.

4. Children under one year of age may not sleep in a crib or playpen that contains soft materials such as sheepskins, pillows, fluffy blankets, bumper pads or stuffed animals.

5. Safety gates shall be used at open stairways when children are awake.

Safety gates shall be installed at the bottom and/or top of stairs, depending on where children are. Gates may be installed a maximum of 18" from the bottom step, or about 3 steps up, taking into consideration the landing surface.

(2) DAILY PROGRAM.

(a) Child care providers shall respond promptly to a crying child's needs.

(b) Each infant and toddler shall be allowed to form and follow his or her own patterns of sleeping and waking.

Meals should be served related to the child's sleeping schedule rather than the schedule of the center. There shall be no specifically scheduled nap time for all infants as a group. As children begin to mature, a child's schedule will slowly be changed to eliminate the a.m. nap and to slowly begin to integrate the child into the center schedule. Priority will continue to be given to the individual eating and sleep needs of the child.

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(c) Each child under one year of age shall be placed to sleep on his or her back in a crib unless otherwise specified in writing by the child's physician. The child shall be allowed to assume the position most comfortable to him or her when able to roll over unassisted.

If a child falls asleep in a swing, bouncy seat or car seat or on the floor, the child must be removed from that area and be placed to sleep on his or her back in the crib assigned to him/her.

(d) Emphasis in activities shall be given to play as a learning and growth experience.

(e) Throughout the day, each infant and toddler shall receive physical contact and attention such as being held, rocked, talked to, sung to and taken on walks inside and outside the center.

(f) Routines related to activities such as taking a nap, eating, diapering and toileting shall be used as occasions for language development and other learning experiences.

(g) When a non-mobile child is awake, a provider shall change the child's body position and location in the room periodically. Non-mobile awake children shall be placed on their stomach occasionally throughout the day.

(h) Each non-walking child who can creep or crawl shall be given opportunities each day to move freely in a safe, clean, open, warm and uncluttered area.

(i) A provider shall encourage infants and toddlers to play with a wide variety of safe toys and objects.

Family child care centers are to be equipped with play equipment according to the developmental level of the children in care. Since children under 2 years of age are not always able to select their own playthings from shelves, this equipment should be made available to them for play. Play equipment may be commercially made or homemade.

See DCF 250.07(1)(b) DAILY ACTIVITIES – PLAN FOR AGE & DEVELOPMENT LEVELS.

(j) Infants and toddlers shall be taken outdoors for part of each day except during inclement weather or when this is not advisable for health reasons.

There is no definite set of guidelines that would prevent a child from going outside for health reasons. Center policies should reflect the center's definition of what would prohibit a child from going outside for health reasons: i.e. a written request by a parent or a written statement by a medical professional.

Children are to have time to play outdoors each day unless the weather is inclement. Consideration must be given to other conditions on the playground and include available shade, drinking water, protection from wind, etc.

See 250.03(15) for definition of "inclement weather." In the written health policy, the center determines the temperatures when children will go outside with no more than a 5 to 10 degree variation of the temperatures included in the definition. No exception is necessary as long as the variation is no more than 5 to 10 degrees. -

Center-provided and maintained selection of warm outer garments is recommended for children whose parents do not provide appropriate clothing for out-of-doors.

See DCF 250.07(1)(b) DAILY ACTIVITIES – PLAN FOR AGE & DEVELOPMENT LEVELS.

(3) FEEDING. A provider shall do all of the following:

(a) Feed each infant and toddler on the child's own feeding schedule.

(b) Ensure that food and formula brought from home is labeled with the child's name and dated, and is refrigerated if required.

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(c) Ensure that formula provided by the center is of the commercial, iron-fortified type and mixed according to the manufacturer's directions.

A formula container will usually indicate a "use by" date. To ensure that the formula remains in good condition, it is recommended that unused formula be discarded and not used after the date on the container.

Multiple bottles pre-made at the center should be dated to ensure they are used according to manufacturer's directions.

(d) Provide formula or breast milk to all children under 12 months of age.

(e) Provide another type of milk or milk substitute only on the written direction of the child's physician.

(f) Discard leftover milk or formula after each feeding, and rinse bottles after use.

It is recommended that once a feeding has been initiated, a bottle be consumed within 2 hours or the contents discarded.

(g) Refrain from heating breast milk in a microwave oven.

(h) Offer drinking water to infants over 6 months of age and toddlers several times daily.

(i) Hold a child unable to hold a bottle whenever a bottle is given. Bottles may not be propped.

(j) Hold or place a child too young to sit in a highchair or feeding table in an infant seat during feeding. Wide-based highchairs with safety straps or feeding tables with safety straps shall be provided for children who are not developmentally able to sit at tables and chairs.

This requirement for a safety strap is intended to prevent the child from standing up in the high chair and falling out and to prevent a child from slipping down and under the tray. At a minimum the safety strap should be a "T" shape for all seats.

Children may not be confined in high chairs to restrict the child's movement. The child is only to use the chair for meal/snack time or planned activity.

(k) Ensure that eating utensils and cups are scaled to the size and developmental level of the children.

Single service paper cups are not recommended for use with this age group.

(4) DIAPERING AND TOILETING. A provider shall do all of the following:

(a) Change wet or soiled diapers and clothing promptly.

(b) Change the child on an easily cleanable surface which is cleaned with soap and water and a disinfectant solution after each use with a chlorine bleach solution of one quart water to one tablespoon bleach, made fresh daily or a product containing quaternary ammonia prepared according to the label directions or a commercially prepared disinfectant that contains bleach or quaternary ammonia.

An easily cleanable surface may be a changing table, a plastic covered mat, a plastic covered mattress or any other surface that is impervious to water and capable of being disinfected with a bleach solution.

See DCF 250.06(5) - SANITARY PREMISES, FURNISHINGS, EQUIPMENT.

Disinfectants that are used in hospitals and nursing homes may also be used. The center must have a letter from the above health facilities indicating the health facility is using the product as a disinfectant.

All products must be used in a two-step procedure. First soap and water to rid the surface of any organic material and then the disinfectant is to be used.

Products containing both a cleaner and a bleach or quaternary ammonia are acceptable, but they must be applied using the two-step process.

250.09(4)(b) continued

When visible blood or other potentially infectious material is present, universal precautions should be followed.

See the Approved Sanitizer List from the Division of Public Health for sanitize/disinfect explanations and the Fact Sheet on Universal Precautions and Standard Precautions for Child Care Centers. For information on how to obtain these documents, see Appendix J Resources List.

Note: A quaternary ammonia product is any of a group of compounds in which a central nitrogen atom is joined to four organic radicals and one acid radical, used as antiseptics and disinfectants. Benzalkonium chloride, dimethyl benzyl ammonium chloride, and dodecyl dimethyl ammonium chloride are the names of some common ammonium compounds that might identify a product as a quaternary ammonium product. The chemical name for bleach is sodium hypochlorite.

(c) If the diapering surface is above floor level, provide a strap, restraint or other structural barrier to prevent falling. A child may not be left unattended on the diapering surface.

A person may not be considered a structural barrier.

(d) Place soiled cloth diapers in a plastic bag labeled with the name of the child and send them home daily.

The Center for Disease Control and the American Academy of Pediatrics recommend that soiled cloth diapers and training pants never be rinsed. The fecal contents may be placed in the toilet, but diapers and training pants should not be dipped into the toilet water. The provider should place bags of soiled clothing out of the reach of children.

Diaper wraps used in place of rubber pants with cloth diapers do not need to be changed after every use unless they are soiled. It is recommended that the label of the diaper wrap be reviewed for the recommended changing frequency.

(e) Place soiled disposable diapers in a plastic-lined, covered container and dispose of them daily.

A hands-free, covered container is recommended, but it is not required. It is recommended that the container be kept close to the diapering area.

(f) Wash his or her hands with soap and warm running water before and after each diapering or assistance with toileting routines.

Frequent handwashing is recommended to prevent the spread of diarrhea and respiratory illness in children. Handwashing is the mechanical action of washing in running water with soap. Attention should be given to the whole hand including the area under the fingernails, the wrist and the back of hands.

Liquid soaps are recommended.

When the only bathroom sink is on a second floor, the use of the kitchen sink for handwashing is not recommended but is not prohibited. Use of water buckets or other containers is prohibited.

(g) Apply lotions, powders or salves to the child during diapering only at the specific direction of a parent or the child's physician.

(h) Wash the child during diapering with a disposable towel used only once.

(i) Wash the child's hands with soap and warm running water after diapering. The hands of children under one year of age may be washed with soap and a wet fabric or paper washcloth, used once and discarded.

Soap and water based wet wipes may be used.