

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.

Note: The department's form, DCF-F-CFS0061-E, *Intake for Child under 2 Years – Child Care Centers*, 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 Well Badger Resource Center that is available to the public 24 hours a day, 7 days a week. When a call is placed to Well Badger Resource Center 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.

A center may use the department's Intake for Child Under 2 Years – Child Care Centers form, may choose to use their own paper form, or may use an electronic form or system to capture the same information included on the department's Intake for Child Under 2 Years – Child Care Centers form. No exception is necessary. It is the child care program/provider's responsibility to be able to access the electronic form to respond to the licensor's request to review information.

Written evidence of the periodic discussions is not required but updating the intake form is recommended every 3 months.

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

2. Cribs and playpens shall contain a tight-fitting mattress and a mattress covering that fits snugly over the mattress.

3. Sheets or blankets used to cover a child one year of age or older shall be kept away from the child's mouth and nose, and if sleeping in a crib or playpen shall be tucked tightly under the mattress.

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

4. A child under one year of age may not sleep in a crib or playpen that contains soft or loose materials, such as sheepskins, pillows, blankets, flat sheets, bumper pads, bibs, pacifiers with attached soft objects, or stuffed animals. No blankets or other items may be hung on the sides of a crib or playpen.

Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs, a collaborative project of the American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education, states that swaddling infants is not necessary or recommended.

Swaddling of infants is permitted if requested by the parent on the department's form Intake for Child Under 2 Years – Child Care Centers, but children may not be swaddled in a blanket.

250.09(1)(c)4. continued

Swaddling an infant is not recommended after one month of age. The use of blanket sleepers or sleep sacks is permitted.

It is recommended that the center get written permission from the child's parent if swaddling is requested.

Weighted sleep sacks and other weighted products may not be used because an infant is not able to remove a weighted object on their own.

4g. An audio monitoring device shall be used in any area or room where children under the age of one year are placed to sleep.

Audio monitoring devices are to be used to supervise sleeping children only.

"Area" means a self-contained area separated by permanent walls and has a door or doorway. Audio monitoring devices are not required if children sleep in a room, such as the living room, while directly monitored by a caregiver.

Audio monitoring devices do not replace sound supervision.

4r. Waterbeds may not be used by children under 2 years of age.

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

Safety gates shall be installed according to the manufacturer's specifications 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 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.

(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, car seat, or on the floor, the child must be immediately removed from that area and be placed to sleep on their back in the crib assigned to them.

See the American Academy of Pediatrics recommendations on best safe sleep practices to reduce the risk of sleep-related infant death on their webpage here: <https://www.aap.org/en/patient-care/safe-sleep/>.

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

The center shall individualize the program of care for each child in order to respond to the child's developmental rhythms and the parent's schedule.

Examples of appropriate activities are: peek-a-boo and other object permanence games; pat-a-cake and other imitation games; cause and effect activities; stimulating sensory and body feelings through touching, cuddling, rocking, etc.; finger games for finger and hand control; creating barriers for crawling under and over; practical life experiences.

250.09(2)(e)

(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, play equipment should be made available to them. Play equipment may be commercially made or homemade.

See 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.

A written authorization signed by the parent and the child's physician is needed if the child is to be fed on a schedule that is not the child's own schedule.

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

(bm) Ensure each infant and toddler is correctly fed the food, breastmilk, or formula labeled with the infant's or toddler's name.

Breast milk is considered food and each bottle or bag must be labeled with the child's name and dated. A formula container will usually indicate a "use by" date. To ensure the formula remains in good condition and maintains the required nutritional value, any unused formula MUST be discarded after the "use by" date or manufacturer's recommendation on the container, whichever is sooner. Pre-made bottles should be dated to ensure they are used according to manufacturer's directions.

(c) Ensure that the food, breastmilk, or formula offered to infants and toddlers is consistent with the requirements of the U.S. department of agriculture child and adult care food program.

Age-appropriate solid food should not be fed in a bottle unless there is written authorization from the child's physician.

Note: Information on the meal program requirements of the USDA Child and Adult Care Food Program may be found on the website, <http://www.fns.usda.gov/cacfp/meals-and-snacks>.

(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 within 2 hours after each feeding, and rinse bottles after use.

At the parent's request, any unused formula or breast milk may be returned to the parent.

250.09(3)(f) continued

Freshly expressed breast milk (not frozen) that has not been served to a child may remain at room temperature for up to 4 hours.

Unused frozen breast milk which has been thawed in the refrigerator should be used within 24 hours; it should never be refrozen.

See "Ten Steps to Breastfeeding Friendly Child Care Centers" resource kit from the Department of Health Services for more information.

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

Breast milk should be defrosted in the refrigerator if frozen, and then heated briefly in bottle warmers or under warm running water, so the temperature does not exceed 98.6 degrees F. After warming, bottles should be mixed gently, not shaken.

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

It is recommended that water not be given to infants under six months of age unless authorized by the child's physician. Older infants and toddlers should be offered water several times a day, especially if outside in the summer or in a very hot environment while inside. Offering water at meals, in addition to the required milk or juice, is appropriate.

(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.

Booster seats used in accordance with manufacturer instructions and recommendations meet the highchair requirement.

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. If the highchair or booster seat comes with safety straps, the straps must be used in accordance with manufacturer instructions and recommendations.

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

(L) Infant bottles and nipples may not be reused without first being cleaned and sanitized.

(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 that is cleaned with soap and water and a disinfectant solution after each use. The disinfectant solution used shall be one that is registered with the U.S. environmental protection agency as a disinfectant and has instructions for use as a disinfectant on the label. The disinfectant shall be used according to label instructions.

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. Surfaces that are ripped or torn must be replaced. Providers may not change a child directly on the floor without an easily cleanable protective barrier.

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 disinfectant, such as Clorox cleanup products, must be applied using the 2-step process. Be sure to follow product label instructions on wait times.

See Appendix D, Resources List, Cleaning, Sanitizing and Disinfecting in Child Care Settings.

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

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

Wet bags, bags that are cloth on the outside and plastic-lined on the inside, meet the intent of this rule and no exception is necessary.

Both the Center for Disease Control and the American Academy of Pediatrics recommend that soiled cloth diapers and training pants not be rinsed. The fecal contents may be placed in the toilet, but diapers and training pants should not be rinsed in the toilet.

Bags used for soiled clothing must be kept out of the reach of children.

It is recommended that reusable waterproof coverings (wrap or pullover) used with cloth diapers must be changed after every use.

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

A hands-free diaper disposal container will prevent the lid of the container from becoming contaminated with bacteria that may be found on the gloves used during the diaper change procedure and in urine and fecal material. Care should be taken to keep children away from the diaper disposal container.

(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.