

DCF 251.09 Additional requirements for infant and toddler care.

(1) APPLICABILITY AND GENERAL REQUIREMENTS.

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

(am) Prior to admission, the licensee shall obtain written information from a child's parent or guardian to individualize the program of care for the child. Child care workers shall use the information obtained from the parents to provide care to the child. Information shall include all of the following:

1. Schedule of meals and feeding.
2. Types of food introduced and timetable for new foods.
3. Toileting and diapering procedures.
4. Sleep and nap schedule.
5. The child's way of communicating and being comforted.
6. Developmental and health history.

Note: The licensee may use the department's form, Intake for Child Under 2 Years – Child Care Centers, or the licensee's own form to record information for individualizing the program of care for each child. Information on how to obtain the department's form is available on the department's website, <http://dcf.wisconsin.gov>, or from any regional licensing office in Appendix A.

(b) Admission information for an infant or toddler shall be on file in the room or area to which the child is assigned and shall be known to the child care worker.

(c) Child care workers shall document changes in a child's development and routines every 3 months based on discussion with the parent.

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 form. It is the child care program/provider's responsibility to be able to access the electronic form to respond to the licensing specialist's request to review information.

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.

(d) Each infant and toddler shall be cared for by a regularly assigned child care worker in a self-contained room or area.

Children under age 2 may transition into an older age group as long as the new group size does not exceed 8 and the room is approved for children under age 2. Transition to a new age group needs to be planned and discussed with parents prior to the transition.

When groups of children are combined, older children may be transferred to the infant or toddler room with the appropriate play equipment.

See DCF TABLE DCF 251.055 – MAXIMUM GROUP SIZE AND MINIMUM NUMBER OF CHILD CARE WORKERS IN GROUP CHILD CARE CENTERS.

(e) The regularly assigned child care teacher and assistant child care teacher for each group of infants and toddlers shall have a minimum of 10 hours of training in infant and toddler care approved by the department within 6 months after assuming the position. If the training is not part of the required preservice entry-level training under s. DCF 251.05 (3) (f) or (g), it shall be obtained through continuing education.

The non-credit, department-approved course that will meet this requirement is called Fundamentals of Infant and Toddler Care.

See DCF 251.05 (3) (f) – QUALIFICATIONS – CHILD CARE TEACHER and DCF 251.05 (3) (g) – QUALIFICATIONS – ASSISTANT CHILD CARE TEACHER.

See Appendix D Resources List: Agencies Approved to Offer Non-Credit Entry-Level Training.

251.09(1)(f)

(f) Infants and toddlers are restricted to first floors and ground floors having direct grade-level exits unless the building is in compliance with all applicable building codes that permit children to be cared for on other levels. The building inspection report on file with the licensing office shall indicate where care may be provided for children under 30 months of age.

(g) Safety gates shall be provided at open stairways.

Safety gates should 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.

(h) For centers licensed on or after January 1, 2009, the space occupied by cribs shall be deducted in determining the 35 square feet space requirement under s. DCF 251.06 (7) (a) for each child.

Centers may take cribs down when cribs are not in use, but this will not increase the space available in determining capacity.

(i) The number of children under one year of age admitted at any one time may not exceed the number of cribs and playpens.

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

(k) 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.

(L) 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 and other items may be hung on the sides of the 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, but children may not be swaddled in a blanket. Swaddling an infant is not recommended after one month of age. The use of blanket sleepers or sleep sacks is permitted.

It is recommended 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.

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

*Audio monitoring devices are to be used to supervise sleeping children only. **Devices must be on, working, and in use.***

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

251.09(1)(m) continued

Audio monitoring devices do not replace sound supervision.

(n) Waterbeds may not be used by children under 2 years of age.

(2) DAILY PROGRAM. In addition to the requirements under s. DCF 251.07, all of the following apply to the care of infants and toddlers.

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

(b) Each infant and each toddler shall be allowed to form and follow his or her own pattern 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 be changed to slowly eliminate the morning nap and slowly integrate the child into the center schedule. Priority shall be given to the individual eating and sleep needs of the child.

(bm) 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.

(c) 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.

Teacher-directed group learning activities is an inappropriate developmental learning technique for infants and toddlers.

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.

(d) Throughout the day each infant and each 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.

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

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

(g) The non-walking child who can creep or crawl shall be given opportunities during each day to move freely by creeping and crawling in a safe, clean, open, warm and uncluttered area.

(h) Child care workers shall encourage infants and toddlers to play with a wide variety of safe toys and objects.

Infant/toddler rooms are to be equipped with play equipment according to the developmental level of the children in that room. Since children under 2 years of age are not always able to select their own playthings from shelving, this equipment should be made available to them for play.

(j) When infants and toddlers are taken outdoors for a walk, equipment, such as strollers or wagons, shall be provided.

(k) An adult-size rocking chair or other adult-size chair shall be provided for each child care worker.

(3) FEEDING.

(a) Child care workers shall do all of the following:

1. Feed each infant and each toddler on the child's own feeding schedule.

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

2. Ensure that food, breast milk, and formula brought from home are labeled with the child's name and the date and are refrigerated, if required.

2m. Ensure each infant and toddler is correctly fed the food, breastmilk, or formula labeled with the infant's or toddler's name.

Breast milk must be labeled with the child's name and dated. A formula container will usually indicate a "use by" date. To ensure that the formula remains in good condition and maintains the required nutritional value, any unused formula MUST be discarded after the "use by" date or by the 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.

3. Ensure that food, breast milk, and formula offered to infants and toddlers is consistent with the requirements of the U.S. department of agriculture child and adult care food program.

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

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

7. 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.

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 Appendix D Resources List: Ten Steps to Breastfeeding Friendly Child Care Centers.

8. Offer drinking water to infants and toddlers, as appropriate, 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.

9. Hold a child who is unable to hold a bottle whenever a bottle is given. Bottles may not be propped.

251.09(3)(a)10.

10. Cover, date and refrigerate commercial baby food containers which are opened and foods prepared in the center which are stored. If not used within 36 hours, leftover food shall be discarded.

11. Hold or place a child too young to sit in a high chair in an infant seat during feeding. Wide-based high chairs, hook-on chairs or infant seats 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.

12. Encourage children to experiment with self-feeding with their hands and spoons. Eating utensils and cups shall be scaled to the size and developmental level of the children.

13. Offer a variety of nourishing foods to each child according to the child's developmental level and the parent's feeding instructions.

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

14. Refrain from feeding a child directly from commercial food containers.

If a child is served food directly from a single-use container and only finishes a portion of the food in the container, the leftovers may not be saved for later consumption. Some examples include but are not limited to fruit cups, pudding cups, and applesauce pouches.

15. 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.

(b) Procedures for heating infant formula, milk, and food shall be posted, and child care workers shall follow the posted procedures.

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

(4) DIAPERING AND TOILETING.

(a) Child care workers shall do all of the following:

1. Plan toilet training in cooperation with the parent so that a child's toilet routine is consistent between the center and the child's home, except that no routine attempts may be made to toilet train a child under 18 months of age.

2. Change wet or soiled diapers promptly.

3. Change each child on an easily cleanable surface that is cleaned with soap and water and a disinfectant solution after each use. The disinfectant solution shall be registered with the U.S. environmental protection agency as a disinfectant and have instructions for use as a disinfectant on the label. The solution shall be prepared and applied as indicated on the label.

Placement of the diaper changing surface should include consideration of the ability of the person changing the diaper to see the other children in the room or area to be able to provide supervision of all children.

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 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.

4. If the diapering surface is above floor level, provide a barrier or restraint to prevent falling. A child may not be left unattended on the diapering surface.

5. Place disposable soiled diapers and gloves, if used, in a plastic-lined, hands-free, covered container immediately.

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.

6. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing.

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 clothes must be kept out of the reach of children.

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

7. Place center-supplied soiled cloth diapers in a plastic-lined, covered container for washing by a commercial diaper service.

8. Remove soiled diapers from containers as needed but at least daily for washing or disposal. Containers shall be washed and disinfected daily.

10. Apply lotions, powders or salves to a child during diapering only at the specific written direction of the child's parent or the child's physician. The directions on use shall be posted in the diaper changing area. Recording the use of lotions, powders or salves during diapering in the medical log book is not required.

11. Wash the child's diaper area before each diapering with a disposable or fabric towel used only once.

(b) Each self-contained classroom or area serving infants or toddlers who are diapered shall have a sink with hot and cold running water which is not used for food preparation or dishwashing within the room or area.

(c) There shall be a solid barrier between the diapering area and any food preparation area.

The American Academy of Pediatrics recommends that height for a barrier be 8 inches or a distance barrier be 18 inches.

(d) There shall be a supply of diapers sufficient to meet the needs of the children using diapers at the center.