

## Foundational Quality Standards for Early Learning Programs Covered in this Learning Session

### WAC 110-300-0275

#### Infant and toddler care.

(1) An early learning program may care for infants if the department inspects the program space and approves care for infants:

(a) Prior to issuing the program its license; or

(b) Prior to caring for infants if the program has not previously done so.

(2) An early learning provider working directly with infants must complete the department required infant safe sleep training pursuant to WAC [110-300-0106](#)(8).

(3) An early learning provider must not use or allow the use of wheeled baby walkers.

(4) A center early learning provider licensed to care for any infant must employ or contract with a child care health consultant to provide health consultation to support the practices of staff working with infants and to support the needs of individual infants.

(5) A center early learning provider must enter into a department approved written agreement for services with a child care health consultant.

(a) The child care health consultant must be a currently licensed registered nurse who:

(i) Has worked in pediatrics or public health in the past five years or has taken or taught classes in pediatric nursing at the college level in the past five years;

(ii) Has experience with state licensing and public health requirements; and

(iii) Attests in writing to knowledge and experience sufficient to provide service consistent with the health consultant competencies described in the most current version of *Caring for Our Children*.

(b) The child care health consultant must be available, or make available a designee who meets the requirements of (a) of this subsection, for consultation by phone as needed.

(6) A center early learning provider must ensure that the child care health consultant:

(a) Conducts at least one on-site visit monthly, if an infant is enrolled, during which the consultant:

(i) Observes and assesses staff knowledge of infant health, development, and safety and offers support through training, consultation, or referral;

(ii) Observes and assesses classroom health practices including, but not limited to, infection control including cleaning, sanitizing, and disinfecting, and provides technical assistance to correct any practices of concern;

(iii) Observes and assesses behavior, development, and health status of individual infants in care and makes recommendations to staff or parents or guardians including if further assessment is recommended, as requested or otherwise determined appropriate.

(b) Provides a dated, signed, written summary to the early learning provider for each visit that includes topics discussed with parents or staff, any areas of concern related to discussion, observation, assessment, or screening outcomes; and

(c) Reports each visit to the department.

(7) A center early learning provider must keep on-site a copy of the child care health consultant's written reports along with any notes, recommended follow up, and any actions taken to address concerns identified.

(8) If a center early learning provider is unable to independently employ or contract with a child care health consultant within thirty calendar days of enrolling an infant, the provider must contact the department for assistance. The department will assist the provider in obtaining the services of a child care health consultant or may grant a waiver until the services can be secured.

## **WAC 110-300-0280**

### **Bottle preparation.**

(1) An early learning provider may allow parents to bring from home filled bottles clearly labeled with the date and infant's first and last name for daily use. Bottles must be immediately refrigerated.

(2) A bottle preparation area must:

(a) Include a sink; and

(b) Be located at least eight feet from any diaper changing tables or counters and sinks used for diaper changing; or

(c) Be physically separated from the diaper changing area by means of a barrier to prevent cross contamination. If a barrier is used, it must be:

(i) Smooth and easily cleanable;

(ii) Sealed, if made of wood;

(iii) Moisture resistant;

(iv) Extend at least twenty-four inches in height from the counter or changing surface; and

(v) Solid without cracks, breaks or separation.

(3) To prepare bottles, an early learning provider must:

(a) Clean bottles and nipples before use using warm soapy water and a bottlebrush and sanitize by boiling in hot water for one minute, or pursuant to WAC [110-300-0198](#);

(b) Clean and sanitize the sink used for preparing bottles;

(c) Obtain water from a sink used for bottle or food preparation only, or from another approved source, such as bottled water. Water from a handwashing or diaper changing sink may not be used for bottle preparation;

(d) Use bottles and nipples in good repair (with no cracks);

(e) Use glass or stainless steel bottles, or use plastic bottles labeled with "1," "2," "4," or "5" on the bottle. A plastic bottle must not contain the chemical bisphenol-A or phthalates;

(f) Prepare infant formula according to manufacturer's directions and never serve infant formula past the expiration date on the container;

(g) Not heat a bottle in a microwave;

(h) Warm bottles under running warm water, in a container of water, or in a bottle warmer;

(i) Keep bottle nipples covered if bottles are prepared ahead;

(j) Store prepared and unserved bottles in the refrigerator;

(k) Not allow infants or toddlers to share bottles or cups when in use; and

(l) Throw away contents of any formula bottle not fully consumed within one hour (partially consumed bottles must not be put back into the refrigerator).

## **WAC 110-300-0281**

### **Breast milk.**

(1) When a parent or guardian provides breast milk, an early learning provider must:

(a) Immediately refrigerate or freeze the breast milk;

(b) Label the breast milk container with the child's first and last name and the date received;

(c) Store frozen breast milk at zero degrees Fahrenheit or less, and in a closed container to prevent contamination; and

(d) Keep frozen breast milk for no more than thirty days upon receipt and return any unused frozen breast milk to the parent after thirty days.

(2) Frozen breast milk must be kept in the refrigerator at a temperature of 39 degrees Fahrenheit for up to twenty-four hours after thawed.

(3) Thawed breast milk that has not been served within twenty-four hours must be labeled "do not use" and returned to the parent or guardian.

(4) An early learning provider must return any unused refrigerated, not been previously frozen, bottles or containers of breast milk to the parent at the end of the child's day, or label "do not use."

(5) An early learning provider must thaw frozen breast milk in the refrigerator, under warm running water, in a container with warm water, or in a bottle warmer.

(6) An early learning provider must not thaw or heat breast milk in a microwave oven or on the stove.

(7) An early learning provider must obtain parental consent prior to feeding infant formula to an otherwise breastfed infant.

## **WAC 110-300-0285**

### **Infant and toddler nutrition and feeding.**

(1) An early learning provider must have and follow written policies on providing, preparing, and storing breast milk or infant formula and food.

(2) After consulting a parent or guardian, an early learning provider must implement a feeding plan for infants and toddlers that includes:

(a) A plan to support the needs of a breastfeeding mother and infant by:

(i) Providing an area for mothers to breastfeed their infants; and

(ii) Providing educational materials and resources to support breastfeeding mothers.

(b) Feeding infants and toddlers when hungry according to their nutritional and developmental needs, unless medically directed;

(c) Serving only breast milk or infant formula to an infant, unless the child's health care provider offers a written order stating otherwise; and

(d) When bottle feeding, an early learning provider must:

(i) Test the temperature of bottle contents before feeding to avoid scalding or burning the child's mouth;

(ii) Hold infants and, when developmentally appropriate, toddlers to make eye contact and talk to them;

(iii) Stop feeding the infant or toddler when he or she shows signs of fullness; and

(iv) Not allow infants or toddlers to be propped with bottles or given a bottle or cup when lying down.

(e) Transitioning a child to a cup only when developmentally appropriate;

(f) Introducing age-appropriate solid foods no sooner than four months of age, based on an infant's ability to sit with support, hold his or her head steady, close his or her lips over a spoon, and show signs of hunger and being full, unless identified in written food plan pursuant to WAC [110-300-0190](#) or written medical approval;

(g) Not adding food, medication, or sweeteners to the contents of a bottle unless a health care provider gives written consent;

(h) Not serving one hundred percent juice or any sweetened beverages (for example, juice drinks, sports drinks, or tea) to infants less than twelve months old, unless a health care provider gives written consent, and helping prevent tooth decay by only offering juice to children older than twelve months from a cup;

(i) Increasing the texture of the food from strained, to mashed, to soft table foods as a child's development and skills progress between six and twelve months of age. Soft foods offered to older infants should be cut into pieces one-quarter inch or smaller to prevent choking;

(j) Allowing older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment;

(k) Placing infants or toddlers who can sit up on their own in high chairs or at an appropriate child-size table and chairs when feeding solid foods or liquids from a cup, and having an early learning provider sit with and observe each child eating. If high chairs are used, each high chair must:

(i) Have a base that is wider than the seat;

(ii) Have a safety device, used each time a child is seated, that prevents the child from climbing or sliding down the chair;

(iii) Be free of cracks and tears; and

(iv) Have a washable surface.

(l) Not leaving infants or toddlers more than fifteen minutes in high chairs waiting for meal or snack time, and removing a child as soon as possible once he or she finishes eating;

(m) Preventing infants or toddlers from sharing the same dish or utensil;

(n) Not serving any uneaten food from the serving container after the intended meal; and

(o) Not serving food to infants or toddlers using polystyrene foam (styrofoam) cups, bowls, or plates.

## **WAC 110-300-0290**

### **Infant and toddler sleep, rest, and equipment.**

(1) For infants, an early learning provider must supply a single level crib, playpen, or other developmentally appropriate sleep equipment. Providers must not use sofas, couches, or adult-sized or toddler beds for infant sleeping.

(2) For toddlers, an early learning provider must supply a single level crib, playpen, toddler bed, or other developmentally appropriate sleep equipment. An early learning provider must allow toddlers to follow their own sleep patterns.

(3) Sleep equipment not covered in WAC [110-300-0265](#) must:

(a) Be approved by CPSC or ASTM International Safety Standards for use by infants and toddlers;

(b) Cribs must have a certificate of compliance, sticker, or documentation from the manufacturer or importer stating the crib meets 16 C.F.R. 1219 and 1220;

(c) Have a clean, firm, and snug-fitting mattress designed specifically for the particular equipment;

(d) Have a tight-fitted sheet that is designed for the sleep equipment;

(e) Have a moisture resistant and easily cleaned and sanitized mattress, if applicable. The mattress must be free of tears or holes and not repaired with tape;

(f) The sheet must be laundered at least weekly or more often, such as between uses by different children or if soiled;

(g) Cribs and playpens arranged side by side must be spaced at least thirty inches apart; and

(h) Cribs and playpens placed end to end must have a moisture resistant and easily cleanable solid barrier if spaced closer than thirty inches.

(4) An early learning provider must immediately remove sleeping children from car seats, swings, or similar equipment not designed for sleep unless doing so would put another enrolled child at risk.

(5) An early learning provider must consult with a child's parent or guardian before that child is transitioned from infant sleeping equipment to other sleep equipment.

(6) An early learning provider must transition children who are able to climb out of their sleeping equipment to developmentally appropriate sleep equipment. When parents do not agree with transitioning, the provider and parent will cocreate a transition plan.

## **WAC 110-300-0291**

### **Infant safe sleep practices.**

(1) An early learning provider must follow safe infant sleep practices when infants are napping or sleeping by following the current standard of American Academy of

Pediatrics concerning safe sleep practices including SIDS/SUIDS risk reduction, including:

(a) Actively supervising infants by visibly checking every fifteen minutes and being within sight and hearing range, including when an infant goes to sleep, is sleeping, or is waking up;

(b) Placing an infant to sleep on his or her back or following the current standard of American Academy of Pediatrics. If an infant turns over while sleeping, the provider must return the infant to his or her back until the infant is able to independently roll from back to front and front to back;

(c) Not using a sleep positioning device unless directed to do so by an infant's health care provider. The directive must be in writing and kept in the infant's file;

(d) Sufficiently lighting the room in which the infant is sleeping to observe skin color;

(e) Monitoring breathing patterns of an infant;

(f) Allowing infants to follow their own sleep patterns;

(g) Not allowing blankets, stuffed toys, pillows, crib bumpers, and similar items inside a crib, bassinet, or other equipment if occupied by a resting or sleeping infant;

(h) Not allowing a blanket or any other item to cover or drape over an occupied crib, bassinet, or other equipment where infants commonly sleep;

(i) Not allowing bedding or clothing to cover any portion of an infant's head or face while sleeping, and readjusting these items when necessary; and

(j) Preventing infants from getting too warm while sleeping, which may be exhibited by indicators that include, but are not limited to, sweating; flushed, pale, or hot and dry skin, warm to the touch; a sudden rise in temperature; vomiting; refusing to drink, a depressed fontanelle; or irritability.

(2) An early learning provider who receives notice of a safe sleep violation must:

(a) Post the notice in the licensed space for two weeks or until the violation is corrected, whichever is longer, pursuant to WAC [110-300-0505](#); and

(b) Within five business days of receiving notice of the violation, provide all parents and guardians of enrolled children with:

(i) A letter describing the safe sleep violation; and

(ii) Written information on safe sleep practices for infants.

## **WAC 110-300-0295**

### **Infant and toddler programs and activities.**

(1) An early learning provider must support each infant and toddler's culture, language, and family.

(2) An early learning provider must ensure an adequate supply of age and developmentally appropriate program materials and equipment for infants and toddlers. Materials and equipment must meet individual, developmental, and cultural needs of children in care, and must be:

(a) Clean and washable or disposable;

(b) Nonpoisonous, free of toxins, and meet ASTM D-4236 labeling requirements for chronic health hazards;

- (c) Large enough to prevent swallowing or choking;
- (d) Safe and in good working condition;
- (e) Child size;
- (f) Accommodating to a range of abilities and special needs of enrolled children, if applicable;
- (g) Accessible for children to find, use, and return independently; and
- (h) Removed from the early learning premises as soon as a provider becomes aware an item has been recalled by CPSC.

## **WAC 110-300-0296**

### **Infant and toddler development.**

- (1) An early learning provider must expose infants and toddlers to a developmentally appropriate curriculum.
- (2) Developmentally appropriate curriculum may include, but is not limited to:
  - (a) Developing infant and toddler language and communication by:
    - (i) Talking and listening to children, encouraging soft infant sounds, naming objects, feelings, and desires, and describing actions;
    - (ii) Giving individual attention to children when needed;
    - (iii) Playing and reading with children;
    - (iv) Mirroring similar infant sounds and sharing a child's focus of attention;
    - (v) Communicating throughout the day and during feeding, changing, and cuddle times; and
    - (vi) Providing materials and equipment that promote language development and communication such as soft books, interactive storybook reading, rhymes and songs, and finger puppets.
  - (b) Developing infant and toddler physical and cognitive abilities by:
    - (i) Allowing each infant actively supervised tummy time throughout the day when the infant is awake;
    - (ii) Providing infants and toddlers freedom to explore and learn on their own on the floor;
    - (iii) Providing infants and toddlers access to active outdoor playtime. An early learning provider must enforce sun safety precautions for infants younger than six months old by keeping them out of the direct sunlight and limiting sun exposure when ultraviolet rays are strongest (typically from 10:00 a.m. to 2:00 p.m.); and
    - (iv) Encouraging infants and toddlers to play, crawl, pull up, and walk by using materials and equipment that promotes:
      - (A) Physical and cognitive activities, for example rattles, grasping and reaching toys, busy boxes, nesting cups, small push and pull toys, riding toys, balls, squeezable toys, books, dolls, press-together blocks, and limited use of equipment such as bouncers, swings, or boppies; and
      - (B) Spatial and numeracy understanding, for example counting toys, soft blocks and toys with different sizes such as measuring cups or spoons, and toys with different shapes and colors to help introduce sorting and categorization.
  - (c) Developing infant and toddler social and emotional abilities by:

- (i) Providing social contact with infants and toddlers in addition to time spent feeding, diapering and bathing by playing with children, naming and acknowledging emotions, and encouraging peer interaction;
- (ii) Immediately investigating cries or other signs of distress;
- (iii) Providing comfort to an upset or hurt child;
- (iv) Positively responding to a child's verbal and nonverbal cues;
- (v) Intervening during negative peer interactions such as when a child grabs other children's toys, pulls hair, or bites;
- (vi) Providing physical stimulation through holding, cuddling, rocking, talking, singing, playing, carrying, and changing positions; and
- (vii) Providing materials and equipment that promote social and emotional activities such as pictures of children and adults exhibiting different emotions, pictures of infants and family members, dolls and soft toys, rattles, music, and dancing scarves.