

## **Slide #1 Welcome**

Welcome to this course titled, “**Babies, Waddlers, and Toddlers - What Do I Need to Know?**”.

This course is developed as part of the Washington State Department of Children, Youth, and Families (DCYF) alignment process, to prepare providers and licensors in their understanding of the “why”, the “what” and the “how” of complying with the updated Foundational Quality Standards for Early Learning Programs (referred to in each course as the Foundational Quality Standards).

## **Slide #2 Helpful Hints**

WA DCYF is pleased to present this e-Learning course! To help provide a positive learning experience for you, please take a moment to review the following “Helpful Hints” summary, detailing what you can expect from this course. A complete listing of Helpful Hints has been added to the Resources section of your learner’s screen for reference.

- If you would like to access and review the full course text, please visit the Resources section of your learner’s screen. You can view, print, or download a full version of the course text that is narrated within each module. The full text will be included in each course and listed as the first resource in the Resources section of your course frame.
- The time to complete the course will depend on the course topic and the pace at which you advance through the slides.
- To help you get the most out of the course, settings are in place to prevent users from skipping ahead through the slides. You can advance through the course when the narration for each slide concludes by selecting the “Next” button, or, go back to review material already presented by selecting the “Previous” button.
- Web links and additional resources will be utilized in some of the courses to enhance your learning experience. We hope you will take time to explore them to further develop your knowledge about the topics being presented.

## **Slide #3 Course Introduction**

This course is designed to introduce you to the updated Washington Administrative Code or WAC, as well as outline strategies and examples of WAC compliance. Updated WACs will be detailed in each course as a reference and a full listing of the WAC is included in the Resources section of your learner’s screen. You can print or download this resource at any time, either as a reference while you complete this course, or as a resource after the course is completed.

#### **Slide #4 Learning Outcomes**

This course will help early learning professionals understand how to meet, assess for, and demonstrate ongoing compliance with the Foundational Quality Standards. Upon completion of this course, participants will:

- Understand the importance of incorporating appropriate health practices when caring for infants and toddlers
- Learn and identify safe feeding for infants and toddlers and safe sleep practices for infants
- Understand how to set up and maintain developmentally appropriate programs and activities to support infant, waddler and toddler development

#### **Slide #5 Guiding Principles**

As we cover the material in this course, please keep in mind the following Guiding Principles. We will revisit these at the end of the course to “check in” with you and give you an opportunity to assess your understanding and application of the course content.

##### **Guiding Principles:**

- Learning starts with families and communities. Every child and family has unique gifts and abilities that are to be celebrated and nurtured.
- Young children learn and grow best in healthy and safe environments. When early learning programs promote healthy practices, it protects children and early learning providers from illness or injury.
- Children under the age of 3 years learn through exploring and interacting with their environment. Babies and toddlers need safe spaces for quiet and active play (both indoors and outdoors) and safe spaces for sleeping and feeding.
- Young children develop best when they have secure, consistent relationships with responsive adults and developmentally appropriate materials and activities available to support their development.

#### **Slide #6 Course Introduction**

These Foundational Quality Standards contain important details and information for all early learning providers and their staff, as well as for licensors. Comprehensive in scope, the standards provide a wealth of straightforward information about how to demonstrate, and assess for, compliance with the WAC.

This course will cover the following sections from the Foundational Quality Standards:

- WAC 110-300-0275 Infant and toddler care
- WAC 110-300-0280 Bottle preparation
- WAC 110-300-0281 Breast milk

- WAC 110-300-0285 Infant and toddler nutrition and feeding
- WAC 110-300-0290 Infant and toddler sleep, rest, and equipment
- WAC 110-300-0291 Infant safe sleep practices
- WAC 110-300-0295 Infant and toddler programs and activities
- WAC 110-300-0296 Infant and toddler development

### **Slide #7 Course Introduction continued**

The rate of development that happens in a child's brain within their first three years, is remarkable. Even more, the brain's development impacts every area of the child's growth; physical, cognitive, language, and social emotional.

As early learning professionals we have the opportunity and responsibility to intentionally foster healthy brain development.

The Foundational Quality Standards were written with this in mind.

### **Slide #8 WAC 110-300-0295**

The first WAC we are going to explore is:

#### **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.**

An overarching priority for DCYF regarding child outcome goals is to eliminate disparities so that race and family income are no longer predictors of child well-being.

DCYF supports the concept that a family is more likely to enroll in a high quality early learning program when they see themselves as a valued member of that community.

### **Slide #9 Culture and Language**

Let's review some examples of what supporting culture, language and family might look like in an infant and toddler early learning program.

- Using words and singing songs in the family's language
- Artwork, books and toys that reflect diverse cultures, ages, genders, family types and special needs
- Pictures of the children and their families posted
- Asking parents and guardians to teach games from the family's home culture
- Incorporating music and instruments from diverse cultural backgrounds
- Ensuring menus reflect diverse foods and exploring eating styles from a variety of

cultures

What other ways can you think of?

Continuing to talk with families and other early learning professionals can be a source of continued inspiration for new ways to support and honor the differences in our communities.

More information in this area can be found in other e-learning courses, like *Creating a Positive Environment for Learning*, *Family Partnerships for Children's Success*, and *Inclusion and Equity of Care*.

You can access the e-learning modules in the provider's Training Portal, or for DCYF employees, the Learning Management System (LMS).

**Slide #10 WAC 110-300-0295 continued**

**WAC 110-300-0295 Infant and toddler programs and activities**

**(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;**

**WAC 110-300-0295 Infant and toddler programs and activities**

- (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.**

Subsection two of this regulation supports the need for not only having safe materials and equipment, but ensuring there is an adequate supply for the number of children using them.

The quality and quantity of materials easily accessible to infants and toddlers greatly impacts their learning and can also influence their behavior. Materials that are clean, safe and in good working condition allow children to trust that it is safe to explore their environment. Exploring their environment through play leads to healthy brain development and results in physical, cognitive and social skill building.

Additionally, an adequate supply of easily accessible materials, which accommodate a range of abilities, fosters a child's sense of independence and reduces the potential for frustration and challenging behaviors.

### **Slide #11 Early Learning and Development**

The next WAC section is about making the most out of these amazingly robust years of development and growth in children.

Understanding how very young children acquire language and develop physically, cognitively, emotionally and socially, helps us set children up for success well into their futures.

Washington State has a great resource to help identify skill development in infant and toddlers and to help design activities to promote specific skills.

The web address to The Washington State Early Learning and Development Guidelines can be found in the Extend Your Learning section of your learner's screen.

### **Slide #12 WAC 110-300-0296 continued**

#### **WAC 110-300-0296 Infant and toddler development**

**(1) An early learning provider must expose infants and toddlers to a developmentally appropriate curriculum.**

A curriculum is a course of study or educational program. Some programs might use an "off the shelf" curriculum like Creative Curriculum or High Scope, and others may pull from a variety of different sources or curriculums to create their own curriculum. Either method, off the shelf or privately created, is allowable by WAC.

**Slide #13 WAC 110-300-0296 continued**

The following subsection gives guidance about fostering language development within a developmentally appropriate curriculum.

**WAC 110-300-0296 Infant and toddler development**

**(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;**

**Slide #14 WAC 110-300-0296 continued**

**WAC 110-300-0296 Infant and toddler development**

**(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.**

Talking with infants and toddlers doesn't just build vocabularies; it also nurtures the development of cognitive and social-emotional skills, both now and into the child's future.

Let's explore in more detail ways that language and communication can be supported for infants and toddlers.

## **Slide #15 Language and Communication**

- Talk to babies in their language - parentese! Parentese is the high-pitched tone of voice, simple sentences, and stretched out vowels that adults automatically tend to use with young babies. Using parentese, “Hi baby” might sound like “hiii, bayyybeeee!”

Research has found that babies prefer this type of speech over typical adult speech, perhaps because the exaggerated sounds help them learn the sounds of their home language. It’s important to know that parentese and “baby talk” are very different.

Parentese uses actual language and exaggerates it (“look at the dog” might become “Looook! Dogggggy!”).

Baby talk is a combination of nonsense syllables like “goo goo ga ga” that doesn’t engage babies in the same way, nor offer the same language benefits.

Parentese generally comes naturally to adults so won’t take too much effort to use in the learning environment.

- Notice the child’s communication cues such as gestures, looks and sounds, and respond with words. When a baby raises his arms up toward you, say “You want to be picked up!” When he coos when looking at something, use words to describe what the baby is noticing, such as “You see birds?”

When he gazes at you, make eye contact and talk with him. These immediate and sensitive responses tell your baby that his efforts at communication are important and effective, which motivates him to keep communicating and builds your relationship with the baby.

- Practice serve and return with the child.  
Babies begin to engage in back-and-forth interactions as early as 3 months old. This means they begin to send signals with babbles, coos, smiles, or even body movements like kicking their legs or reaching out their arms to their caregivers. This is the child’s “serve.” When a caregiver notices the child’s action and responds with a shared look or word or phrase, this is the “return” and an invitation from the caregiver for the child to interact again. This teaches the child about the back-and-forth of communication, an important step in building brain connections for later learning.

A key component of serve and return, is making sure to pause when talking with little ones to give them a chance to respond.

- Narrate what you do as you go through your daily routines. Research shows that two-way interaction between adults and infants correlates with increased IQ, verbal comprehension, vocabulary and other language skills 10 years later.

Research also shows that one of the best ways for children to learn language is by talking about what you're doing as you go through your daily routines. This kind of language helps children connect words with objects and actions.

- Read, read, and read some more! A large body of research shows that reading with young children helps develop strong language skills far into the future. Reading also promotes social skill development and thinking skills. Asking the child questions about the pictures, to locate an item on the page, or to help tell the story are great ways to support language and brain development.

Before we move on, please select the YouTube link to view a popular video of a man practicing serve and return with his son. [youtu.be/AY35eXTKVLY](https://youtu.be/AY35eXTKVLY)

### **Slide #16 WAC 110-300-0296 continued**

The next portion of this WAC concerns developing physical and cognitive skills in infants and toddlers.

#### **WAC 110-300-0296 Infant and toddler development**

##### **(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;**

Supervised tummy time is essential for healthy physical development of infants. It is the primary way babies develop their neck, back and shoulder muscles. Tummy time has also been found to help alleviate gas pain in infants.

The Resources section of your learner's screen contains an article by Pathways.org related to tummy time, and a short video which illustrates a few different ways to offer infants the opportunity to build their upper body strength, can be found in the Extend Your Learning section.



**Slide #17 WAC 110-300-0296 continued**

Subsection 2 (b) goes on, emphasizing the importance of fostering brain development:

**WAC 110-300-0296 Infant and toddler development**

- (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:**

**WAC 110-300-0296 Infant and toddler development**

- (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.**

Allowing infants and toddlers the opportunity to explore and manipulate their indoor and outdoor environments will help them learn how to use their bodies to make discoveries. Easy access to the toys and materials referenced in this subsection will support the child's learning in areas including but not limited to:

- Large muscle control
- Differentiating between sounds, colors, shapes and textures
- Hand – eye coordination
- Sense of body positioning and movement and
- Their ability to influence their surroundings

**Slide #18 WAC 110-300-0296 continued**

Now let's shift to social and emotional development.

**WAC 110-300-0296 Infant and toddler development**

- (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;**

**Slide #19 Social-Emotional Development**

Infants and toddlers experience, express, and perceive emotions before they fully understand them. In learning to recognize, label, manage, and communicate their emotions, as well as attempt to understand the emotions of others, children build skills that connect them with family, peers, and teachers.

Healthy social-emotional development for infants and toddlers is dependent upon a positive on-going relationship with familiar, nurturing adults. Responsive caregiving allows an infant to develop a sense of predictability, safety, and responsiveness in their social environments.

**Slide #20 WAC110-300-0296 continued**

**WAC 110-300-0296 Infant and toddler development**

- (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;**

**Slide #21 WAC110-300-0296 continued**

**WAC 110-300-0296 Infant and toddler development**

- (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.**

Children learn about relationships and how to behave by how they are treated by others. Adults promote social and emotional health in children by showing warmth and affection, responding to the child's cues, comforting them when they are upset, and intervening to protect them during negative peer interactions.

Social and emotional development is a cornerstone to a child's successful future. The experiences in a child's earliest years contribute to their capacity to take turns, control their emotions, follow routines, experience compassion, and manage conflict as an adult.

Early learning providers increase positive outcomes for children when they incorporate healthy interpersonal interactions along with materials to promote social and emotional development in the environment.

**Slide #22 Sleep and Rest Equipment**

The next section of the Foundational Quality Standards focuses on sleep and rest equipment for infants and toddlers. Sleep is another critical component of healthy development.

According to the National Sleep Foundation, "During the deep states of NREM sleep, blood supply to the muscles is increased, energy is restored, tissue growth and repair occur, and important hormones are released for growth and development."

The National Sleep Foundation website contains more information on children and sleep, and a link to their website is located in the Extend Your Learning section of your learner's screen.

**Slide #23 WAC 110-300-0290**

**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.**

Setting up comfortable, safe, predictable spaces for resting and sleeping helps children relax and get the most from their sleep.

The needs of sleeping children are different depending on age. Early learning providers should set up sleeping and resting areas to best meet the needs of the children in their program. It is important to consider the layout of the program space, age of children in care, and other factors specific to the individual children in care.

**Slide #24 WAC 110-300-0290 continued**

**WAC 110-300-0290 Infant and toddler sleep, rest, and equipment**

- (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;**

Caring for Our Children, Standard 5.4.5.2 addresses cribs, and includes the basic health and safety rationale for why early learning programs must demonstrate compliance with federal regulations concerning cribs.

In fact, according to *The Safe Nursery*, an article by the U.S. Consumer Product Safety Commission in 1997, more infants die every year in incidents involving cribs than with any other nursery product.

In the Extend Your Learning section of your learner's screen, you will find the web address for the 2010 CPSC safety standards reasoning. It provides interesting

information supporting the updates to crib standards, including that between 2007 and 2010 detaching side rails were associated with at least 32 infant suffocation and strangulation deaths.

**Slide #25 WAC 110-300-0290 continued**

**WAC 110-300-0290 Infant and toddler sleep, rest, and equipment**

- (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;**

Subsections (c) and (d) are intended to address risk of strangulation or suffocation of children, by minimizing the chance of the child's shoulder or neck becoming caught between the mattress and the crib side, or a loose-fitting sheet becoming wrapped around the child.

Deaths by asphyxiation, resulting from the head or neck becoming wedged in parts of a crib, are well-documented. For example,

Researchers in Pediatrics report that from 1999 to 2015, the suffocation death rate for babies younger than 1 year climbed from 12.4 to 28.3 fatalities for every 1,000 U.S. infants.

In 2015 alone, this translated into 1,100 infant deaths that were entirely preventable.

**Slide #26 WAC 110-300-0290 continued**

**WAC 110-300-0290 Infant and toddler sleep, rest, and 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) Crib 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.**

Moisture impervious mattresses, regularly laundered bedding and adequate spacing between sleeping children help minimize respiratory infections and other illness by limiting contact with respiratory secretions and potential bacteria growth in the sleeping environment.

**Slide #27 WAC 110-300-0290 continued**

**WAC 110-300-0290 Infant and toddler sleep, rest, and equipment**

**(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 co-create a transition plan.**

Allowing a child to sleep in a seated position places them at higher risk of death. In Standard 2.2.0.2 Caring for Our Children states that “Injuries and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in car seats or infant seats when the straps have entrapped body parts, or the children have turned the seats over while in them. Sleeping in a seated position can restrict breathing and cause oxygen desaturation in young infants (3).”

This WAC requires an early learning provider to immediately remove a child from sleeping in a seated position, unless it places another child at risk.

For example, if a child falls asleep in a swing as an early learning provider is changing another infant’s diaper, and there is no other early learning provider available, the early learning provider would complete the diaper changing procedure prior to moving the sleeping infant, rather than leaving a child unattended on the diaper changing table.

**Slide #28 Test Your Learning**

Before we continue, let’s test your learning. Review the question and select the best response.

Developmentally appropriate curriculum for infants and toddlers may include:

- A. Providing infants and toddlers access to active outdoor playtime
- B. Mirroring similar infant sounds and sharing a child's focus of attention
- C. Providing infants and toddlers freedom to explore and learn on their own on the floor
- D. Providing materials and equipment that promote language development
- E. All of the above

**Slide #29 WAC 110-300-0291**

The next WAC we are going to review outlines additional safety precautions specific to infant sleep.

**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;**

It is imperative for an infant's safety during sleep that the early learning provider become aware, as early as possible, that an infant may be in distress.

For this reason, an early learning provider must be able to see and hear infants who are sleeping, falling asleep, and waking, and they must visibly check the infant every 15 minutes. Activities a staff person is responsible for, or that they are completing during sleep time, must not distract from supervision of the infant.

There are a variety of strategies an early learning provider might use to help maintain compliance with this regulation. For instance, a program might have a timer set to alert them every 15 minutes, while another program might have a face-check document posted by the infant's crib, that is signed by the early learning provider every 15 minutes. An early learning program may develop a system that best suits their unique program.

**Slide #30 WAC 110-300-0291 continued**

Let's continue to review subsections outlining infant safe sleep practices.

**WAC 110-300-0291 Infant safe sleep practices**

- (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;**

While most of this language is familiar to early learning professionals, please note the updated language in subsection 1 (c) requiring providers to return the sleeping infant to their back until they are able to independently roll from back to front and front to back. For their safety, we must ensure an infant is developmentally capable of rolling back and forth before allowing them to remain on their tummies while sleeping.

In fact, a study conducted by Pediatrics in April of 2012 found that Since the 'Back to Sleep' campaign started in 1994, the overall SIDS rates had decreased by 50%.

Web addresses, videos and other informational resources related to SIDS and Safe Sleep can be found in the Resources section of your learner's screen.

**Slide #31 WAC 110-300-0291 continued**

Subsections (d) and (e) also include updated language.

**WAC 110-300-0291 Infant safe sleep practices**

- (d) Sufficiently lighting the room in which the infant is sleeping to observe skin color;**
- (e) Monitoring breathing patterns of an infant;**

Caring for our Children includes the recommendation of adequate room lighting to ensure circumstances are in place for the early learning provider to readily observe the first symptoms that an infant may be in distress; changes in skin tone and breathing. Observing and taking action immediately to concerns in these areas will



greatly impact an infant's well-being.

**Slide #32 WAC 110-300-0291 continued**

Subsection 1 continues

**WAC 110-300-0291 Infant safe sleep practices**

- (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;**

It is important to allow infants to rest according to their own timeline and needs.

*Caring for Our Children* reminds us that a child's ability to develop trust can be impaired when their basic physical needs, such as sleep, are not met in a timely manner. Infants need a lot of sleep, anywhere from 12-16 hours according to the American Academy of Pediatrics. They may need multiple naps during the time they are in child care, and responding to their cries or other cues when they wake will allow them to build trust and a sense of security.

Additionally, babies don't begin to establish a circadian rhythm (also known as an internal or body clock) until somewhere around 4 months of age. As they continue to grow, they will typically transition to one nap per day. Caregivers can support this transition by providing consistent routines around sleep. This will become a behavioral cue for the child and help them predict when it is time for rest.

**Slide #33 WAC 110-300-0291 continued**

Subsection 1 concludes with the following:

**WAC 110-300-0291 Infant safe sleep practices**

- (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.**

Safe sleep environments for infants do not include any item being draped over the napping equipment, covering the child's head or face, or causing the child to become overheated.

Adequate room lighting, active supervision and visibly checking every 15 minutes will allow the early learning provider the opportunity to observe for indicators the child is too warm, and take action.

### **Slide #34 SIDS Facts**

Caring for Our Children Standard 3.1.4.1 identifies several facts important for Early Learning Professionals to be aware of:

- Infants who are cared for by adults other than a parent, guardian or primary caregiver are at increased risk of dying from SIDS (American Academy of Pediatrics)
- The majority of SIDS deaths that happen in child care facilities occur in the child's first day or first week of attending the program
- An infant can suffocate or die in only a few minutes

Understanding that infant suffocation can happen so quickly reinforces that an early learning provider regularly observe to see the infant's face, color of their skin, check their breathing, and that nothing is covering their face.

Caring for Our Children also cautions that "Because infants are at increased risk for dying from SIDS in child care and because caregivers/teachers are liable for their actions, they must err on the side of caution and must provide the safest sleep environment for the infants in their care for liability and other reasons."

### **Slide #35 WAC 110-300-0291 continued**

The final safe sleep subsection outlines requirements if an early learning provider or

#### **WAC 110-300-0291 Infant safe sleep practices**

**(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.**

program receives a safe sleep violation notice.

**Slide #36 Test Your Learning!**

Before we continue, let's test your learning. Review the question and select the best response.

Imagine you are a family home early learning provider. A family drops off their 6-month-old son while he is asleep in his car seat. They ask if you can please leave him in the car seat to sleep because he did not sleep well last night, and he will wake up if they try to move him.

What would you do?

- A. Allow the child to sleep in his car seat until he wakes.
- B. Allow the child to sleep in his car seat since there is a staff person available to sit with the child and observe him while he sleeps.
- C. Inform the parent that WAC regulations do not allow the child to be slept in a car seat because it places the child at a higher risk of SIDS, and that you or the parent can carefully transition the child from the car seat to the crib, since flat on the child's back is a safer sleeping environment.
- D. Tell the parent that the child can remain asleep in his car seat for only 10 minutes.

**Slide #37 Test Your Learning!**

Let's test your learning. Review the question and select the best response.

Which of the following infant sleep scenarios is supported by Infant Safe Sleep WAC?

- A. The infant is sleeping on their side.
- B. The infant is given no blankets, stuffed toys, or pillows, inside their bassinet while they sleep.
- C. The infant is kept awake by staff when they start to fall asleep so they will sleep longer when the breaker arrives in twenty minutes.
- D. The lights are turned off to help the infant sleep.

**Slide #38 WAC 110-300-0275**

Caring for infants and toddlers requires consideration of their unique physical, cognitive, social, and emotional needs.

Developmentally appropriate infant and toddler programs and environments are very different from the approaches effective in preschool and school age programs.

The next WAC we are going to review is about infant and toddler care.

**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).**

Prior to caring for infants, an early learning program must receive an inspection and approval from the department. During the inspection, the department is assessing the early learning program for compliance with WAC requirements, ensuring that the program has been set up to meet an enrolled infant's developmental needs.

Early learning programs that are licensed to care for infants must have all staff who have training requirements complete the safe sleep training as outlined in WAC 110-300-0106 (8).

Let's review more of the infant care regulations.

**Slide #39 WAC 110-300-0275 continued**

**WAC 110-300-0275 Infant and toddler care**

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

It is important to know what equipment is allowed and safe when caring for infants and toddlers. According to a study by the American Academy of Pediatrics,

between 1990 and 2014 an estimated 230,676 children under the age of 15 months visited an emergency room for baby walker related injuries. As a result of their established risk to the safety of infants, wheeled baby walkers are prohibited in licensed early learning programs.

**Slide #40 WAC 110-300-0275 continued**

Next we are going to review requirements related to health care consultants in early learning programs.

**WAC 110-300-0275 Infant and toddler care**

**(4) A center early learning provider licensed to care for any infant shall 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.**

**WAC 110-300-0275 Infant and toddler care**

**(5) A center early learning provider shall 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;**

**WAC 110-300-0275 Infant and toddler care**

**(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.**

### **Slide #41 Health Consultant**

This WAC requires center early learning programs that are licensed for infants, to enter into an agreement with a child care health consultant. This is an update from the previous center WAC which did not require the agreement until 4 infants were enrolled.

The child care health consultant must be a licensed registered nurse and follow the requirements highlighted in this subsection.

A family home early learning provider who serves infants is not required, but may consider working with a health consultant as well, to take advantage of the benefits of the partnership.

Subsection 5(a)(i) contains updated regulation. While the requirement for having taught college in the past 5 years remains the same as the previous WAC, the work experience in pediatrics or public health has been extended from within only one year to now 5 years.

### **Slide #42 Health Consultant continued**

Child care health consultants can offer support to an early learning program by providing information and resources regarding health practices and concerns such as:

- Cleaning and sanitation,
- Infant sleep practices,
- Consultation and recommendations for infant health and development,
- Consultation and recommendations for staff practices,
- Sharing knowledge and providing community resources for children and families

### **Slide #43 110-300-0275 continued**

#### **WAC 110-300-0275 Infant and toddler care**

- (6) A center early learning provider shall 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;**

**WAC 110-300-0275 Infant and toddler care**

**(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.**

The addition of subsections (i), (ii), and (iii) under subsection 6(a) helps clarify for the early learning provider, health care consultant, and licensing staff the duties involved.

One of the most important parts of the health consultant partnership is ensuring that the early learning staff and parents and guardians have the information and resources needed to access early intervention services for enrolled infants.

This information enables families and staff to take actions to support the health and development as early as possible.

**Slide #44 110-300-0275 continued**

Let's continue reviewing requirements related to nurse consultant partnerships outlined in subsection (6).

**WAC 110-300-0275 Infant and toddler care**

**(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.**

**Slide #45 Health Consultant continued**

Keeping a copy of the health consultant's reports allows an early learning provider to later review topics and support provided. It also assists the early learning provider to identify any patterns or progressions in the infant program, or with an individual child, that may not otherwise be recognized.

This report also serves as documentation that an early learning provider is compliant with this regulation. Licensors may review these reports when conducting site visits and may find the report helpful to talk with the early learning provider about the progress they are making and goals they have set for their

infant early learning classrooms and staff.

Early learning programs benefit greatly by having a partner who views the program through the lens of a health professional. Working together, the result is an enhanced experience for our most vulnerable children and their families. This partnership helps to ensure that services are received as early as possible, when they can have the greatest impact and outcomes for infants in care.

If an early learning provider has difficulty locating or contracting with a local child care health consultant, they should reach out to the department for assistance. In the Resources section of your learner's screen you will find a sample of two optional child care health consultant forms an early learning provider may use.

#### **Slide #46 WAC 110-300-0285**

The next area we will discuss is infant and toddler nutrition and feeding.

#### **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.**

This requirement is familiar as previous versions of both the center and family home WAC required early learning providers caring for infants and toddlers to have written policies on feeding, diapering, toilet training and sleep.

Let's review the current requirements related to nutrition and feeding of young children.

#### **Slide #47 WAC 110-300-0285 continued**

#### **WAC 110-300-0285 Infant and toddler nutrition and feeding**

**(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.**

Creating a feeding plan for the infant or toddler begins with communication. For a breastfeeding mother, discovering that an early learning provider is interested in



supporting their breastfeeding can be a great relief. An early learning provider can share with the family the program's practices around infant feeding and learn from the family their routines and desires related to their child's nutrition. The two can then partner together to work out a mutually agreeable plan. Feeding plans may be unique to a particular family or early learning program. For instance, the breast feeding area might be a separate room in one program, but be located within the infant room in another early learning program.

In the in the Extend Your Learning section of your learner's screen you will find web addresses and other resources related to supporting breastfeeding in early learning programs.

**Slide #48 WAC 110-300-0285 continued**

Let's continue our review of subsection (2).

**WAC 110-300-0285 Infant and toddler nutrition and feeding**

- (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;**

Testing the temperature of the bottle contents is an important safety precaution to prevent a child's mouth from being burned or scalded. Scalding a baby though, isn't the only reason we want to be conscientious about our bottle warming practices. Temperature also impacts the bottles nutritional components.

An article by BabyGearLab reminds us that "Once breast milk is warmed to temperatures higher than 104F/40 C (for perspective, 104F is what most of us would describe as warm, and is the normal limit for hot tubs), breast milk's nutritional and immunological value begins to deteriorate. By the time breast milk reaches sustained temperatures of 125F/52C, which is hot, but not yet scalding, the rate of breast milk quality deterioration increases significantly."

**Slide #49 WAC 110-300-0285 continued**

Subsection (2) (d) goes on.

**WAC 110-300-0285 Infant and toddler nutrition and feeding**

- (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.**

Feeding infants is not only enjoyable, it is also an opportunity for skill building. Eye contact with a child while bottle feeding promotes bonding between the child and caregiver. Additionally, eye contact lays the foundation for social skills and language development as the baby's brain processes facial cues, sounds, tone of voice and words.

It is also important to ensure that proper bottle feeding practices are in place to minimize risk to the child's health. Propping bottles is prohibited as it can cause choking and aspiration and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems.

**Slide #50 WAC 110-300-0285 continued**

Let's continue our review of requirements related to infant feeding.

**WAC 110-300-0285 Infant and toddler nutrition and feeding**

- (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;**

**WAC 110-300-0285 Infant and toddler nutrition and feeding**

**(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;**

**Slide #51 WAC 110-300-0285 continued**

Requirements pertaining to infant feeding and nutrition consider both the child's age as well as their developmental level. It is critical that the early learning provider and parent or guardian are in close communication about the child's progress and development to ensure decisions related to feeding and nutrition are well informed. Early learning providers can communicate with parents and guardians about the infant's progress with holding their head up, holding on to objects, being able to close lips around a spoon, moving food to the back of the mouth, teeth coming in, and other eating milestones. Each of these developmental progressions is an essential component of moving the child toward independent eating.

**Slide #52 WAC 110-300-0285 continued**

Subsection "k" is about feeding older infant and toddlers.

**WAC 110-300-0285 Infant and toddler nutrition and feeding**

**(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.**

Take a moment to reflect on this picture. What WAC requirements do you notice?  
Did you notice the child is sitting in a high chair?  
That the surface is washable?  
How about the provider sitting with the child and observing the child while eating?  
What other things did you notice?

**Slide #53 Trivia**

Before we review the next section of the WAC, let's do some trivia.

What do you think, is the maximum amount of time an infant or toddler should be in a highchair waiting for a meal or snack?

- A. 30 minutes
- B. 10 minutes
- C. 15 minutes
- D. 5 minutes

What do you suspect? Let's review the next WAC to check if you were correct.

**Slide #54 WAC 110-300-0285 continued**

**WAC 110-300-0285 Infant and toddler nutrition and feeding**

**(I) 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;**

The correct answer was C! 15 minutes.

Note that the regulation specifies the child is not to be left *waiting* for meal or snack time. Once the child has and is eating their food, they are permitted the time they need to consume it, and then be removed from the highchair when they have finished.

The fifteen-minute time limitation is in accordance with Caring for Our Children, Standard 2.2.0.2: which says "A child should not sit in a high chair or other equipment that constrains his or her movement indoors or outdoors for longer than fifteen minutes, other than at meals or snack time."

**Slide #55 WAC 110-300-0285 continued**

Subsection (2) concludes.

**WAC 110-300-0285 Infant and toddler nutrition and feeding**

- (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.**

As we have discovered, regulations in WAC 0285 are all about ensuring safe and healthy nutrition practices for young children.

A great way to support families is reviewing with parents and guardians the early learning program's written policies on infant food and feeding, along with these WAC requirements. This communication can be used to introduce conversations about child development and decision making based on the child's age and developmental level.

Now let's turn our attention to regulations related to bottle preparation, feeding and storage.

**Slide #56 WAC 110-300-0280**

**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.**

Safe and sanitary bottle preparation, feeding and storage practices are critical to an infant's health. In the event a parent does not appropriately label a bottle from home, the early learning provider must ensure it is done prior to placing the bottle in the refrigerator.

Let's review subsection 2.

**Slide #57 WAC 110-300-0280 continued**

**WAC 110-300-0280 Bottle preparation**

**(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**

**WAC 110-300-0280 Bottle preparation**

**(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.**

Ensuring that bottle preparation areas are located a safe distance from diaper changing areas limits the potential for cross contamination. However, the Foundational Quality Standards do allow for a 2-foot-tall, moisture resistant, cleanable, physical barrier as an alternate method to prevent cross contamination.

**Slide #58 WAC 110-300-0280 continued**

The potential for cross contamination is also reduced by consistently practicing the following cleaning and preparation regulations.

**WAC 110-300-0280 Bottle preparation**

**(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;**

**WAC 110-300-0280 Bottle preparation**

- (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;**

**Slide #59 WAC 110-300-0280 continued**

Subsection 3 requires bottles and nipples to be sanitized after being cleaned with warm soapy water. Bottles and nipples can be sanitized by

- being boiled in hot water for one minute,
- by being placed in an automatic dishwasher that sanitizes with heat or chemicals,
- or as a part of a three compartment sink method where the third compartment sanitizes with heat or chemicals.

The subsection also prohibits baby bottles that contain bisphenol-A, or BPA. There are concerns that BPA may leach from the bottle and have harmful effects on infants and children. Learn more by visiting the Extend Your Learning section of your learner's screen, which contains the web address for an article by [healthychildren.org](http://healthychildren.org) called Baby Bottles and Bisphenol-A.

**Slide #60 WAC 110-300-0280 continued**

Let's continue reviewing subsection (3).

**WAC 110-300-0280 Bottle preparation**

- (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;**

To protect from overheating the bottle, as well as to preserve the nutrients, *Caring for Our Children*, Standard 4.3.1.3, recommends warming a bottle to about body temperature, (98.6) degrees F, and “very gently swirling the bottle periodically while warming it, to evenly distribute the temperature.”

One way to ensure that bottle contents are not too hot, is to make sure that the water used to warm the bottle is less than 120 degrees F. The contents of a bottle cannot get hotter than the temperature of the water warming it.

**Slide #61 WAC 110-300-0280 continued**

**WAC 110-300-0280 Bottle preparation**

- (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).**

*Caring for Our Children*, STANDARD 4.3.1.5: indicates that:

“The primary source for proper and safe handling and mixing is the manufacturer’s instructions that appear on the can of powdered formula.” This same standard addresses the prohibition on re-use of partially used bottles, stating “Any prepared formula must be discarded within one hour after serving to an infant.”

The final WAC we will review is on the specifics of breast milk storage and safety.



**Slide #62 WAC 110-300-0281**

**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.**

To manage bacteria overgrowth, early learning programs must have a refrigerator and freezer available, and set at appropriate temperatures, to store breast milk that families bring to the program.

The breast milk must be labeled with the child's first and last name as well as the date it is received. When storing breast milk, it must be placed in a closed container to prevent contamination.

**Slide #63 WAC 110-300-0281 continued**

**WAC 110-300-0281 Breast milk**

**(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."**

According to the Academy of Breastfeeding Medicine (ABM), frozen milk starts to grow bacteria once thawed. Proper handling and storing can minimize the bacterial growth. For this reason, thawed breastmilk that has not been served within 24 hours must be labeled "do not use" and returned to the parent or guardian after 24 hours in the refrigerator. Returning to the parent any breast milk that was brought to the center and not frozen or consumed by the infant, preserves the parent's ability

to exercise decisions regarding the breastmilk.

**Slide #64 WAC 110-300-0281 continued**

This WAC goes on to outline safe thawing methods.

**WAC 110-300-0281 Breast milk**

**(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.**

Thawing breast milk improperly increases the risk of harmful bacteria and can also negatively impact the quality of breast milk.

Breast milk should never be thawed or heated in a microwave. Microwaving can destroy nutrients in breast milk and create hot spots, which can burn a baby's mouth.

**Slide #65 WAC 110-300-0281 continued**

And finally

**WAC 110-300-0281 Breast milk**

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

Partnership and communication between an early learning provider and the parent or guardian about their child's feeding, will help ensure healthy and adequate nutrition. Early learning providers should never provide a breast milk fed infant with formula without parental consent.

Communicating openly with parents or guardians allows early learning providers to establish a trusting relationship that will allow both parents and providers to support the healthy development of infants in their care.

### **Slide #66 Test Your Learning!**

Before we continue, let's test your learning. Review the question and select True or False.

A bottle preparation area must be physically separated from the diaper changing area by means of a barrier or be located more than 8 feet away.

- True
- False

### **Slide #67 Test Your Learning!**

Review the question and select True or False.

A bottle should be warmed by running it under warm water or putting it in the microwave at 50% level.

- True
- False

### **Slide #68 Test Your Learning!**

Review the question and select True or False.

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.

- True
- False

### **Slide #69 Guiding Principles**

This concludes the content portion of this course! Thank you for your participation!

Before this course ends, please take a moment to reflect and set personal goals related to the following Guiding Principles and ways that each of the principles relate to early learning professionals.

#### **Guiding Principles:**

- Learning starts with families and communities. Every child and family has unique gifts and abilities that are to be celebrated and nurtured.

- Young children learn and grow best in healthy and safe environments. When early learning programs promote healthy practices, it protects children and early learning providers from illness or injury.
- Children under the age of 3 years learn through exploring and interacting with their environment. Babies and toddlers need safe spaces for quiet and active play (both indoors and outdoors) and safe spaces for sleeping and feeding.
- Young children develop best when they have secure, consistent relationships with responsive adults and developmentally appropriate materials and activities available to support their development.

What take-a-ways do you have? How will you change your practices as a result of participation in this learning module?

### **Slide #70 Course Evaluation**

Please take a moment to answer the following end-of-course questions by selecting the appropriate choice.

This course improved my understanding of the course content.

- True
- False

### **Slide #71 Course Evaluation continued**

The information presented in this course was clearly connected to the session and Learning Outcomes.

- True
- False

### **Slide #72 Course Evaluation continued**

There are opportunities for application of this course content in my role as an early learning professional.

- True
- False

### **Slide #73 Course Evaluation continued**

I would recommend this course to others who work in the field.

- True
- False

**Slide #74 End of Course**

This concludes this course on Babies, Waddlers, and Toddlers - What Do I Need to Know?" If you have questions following this session, please contact your supervisor or licensor.

We hope this course has been helpful in providing information about the WAC and how programs can meet the new standards with compliance.

Our goal is that all early learning professionals viewing this course have left with an increased understanding and knowledge of the updated WAC, and that you will be able to either assess programs for compliance or be able to maintain and demonstrate compliance.

Be sure to visit the Learning Management System to review and select additional modules that are part of this series.