170-300-0275
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 newborn infants if the program has not previously done so. Weight #6

(2) An early learning provider must complete the department required Infant Safe Sleep training pursuant to WAC 170-300-0106(8). Weight #7

(3) An early learning provider must not use or allow infants to use wheeled baby walkers. Weight #7

(4) A center early learning program licensed to care for four or more infants must employ or contract with an infant nurse consultant. An infant nurse consultant’s duties depend upon the needs of the center early learning program. A center early learning provider and infant nurse consultant may identify the physical and emotional needs of infants through observations and assessments. Weight #5

(5) Employment or contract work between a center early learning program and an infant nurse consultant must include:
   (a) A written agreement with an infant nurse consultant currently licensed as a registered nurse (RN) who has worked in pediatrics (care of children) or public health within the past year, or has taken or taught classes in pediatric nursing at the college level within the past five years;
   (b) At least one on-site visit from the nurse consultant monthly, if infants are enrolled;
   (c) A nurse or designee that meets the requirements of a nurse consultant available by phone as needed; and
   (d) The nurse consultant’s written notes from the on-site visit, which must include topics discussed, areas of concern, date, and signatures of the consultant and a representative from the early learning program. Weight #5

170-300-0280
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 refrigerated immediately. Weight #5

(2) A bottle preparation area including a sink must:
   (a) Be located at least eight feet from any diaper changing tables or counters and sinks used for diaper changing; or
   (b) 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; and
(iv) Extend at least 24 inches in height from the counter or changing surface. Weight #6

(3) To prepare bottles, an early learning provider must:
   (a) Clean bottles and nipples before each use using warm soapy water and a bottlebrush and sanitize by boiling in hot water for one minute, or pursuant to WAC 170-300-0198;
   (b) Wash hands in a sink cleaned and sanitized prior to 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 stains, discoloration, or 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 or in a container of water not warmer than 120 degrees Fahrenheit;
   (i) Keep bottle nipples covered if bottles are prepared ahead, and clearly label the bottle with the infant's first and last name and date it was prepared;
   (j) Store prepared and unserved bottles in the refrigerator;
   (k) Not allow infants or toddlers to share bottles or cups; and
   (l) Throw away contents of any bottle not fully consumed within one hour (partially consumed bottles must not be put back into the refrigerator). Weight #6

170-300-0281
Breast milk.

When breast milk is provided for a child, an early learning provider must:

(1) Immediately freeze breast milk or refrigerate milk to be used the day received; Weight #7

(2) Label the breast milk container with the child's first and last name and the date received; Weight #6

(3) Store frozen breast milk at 10 degrees Fahrenheit or less, and in a manner that prevents contamination; Weight #6
(4) Keep frozen breast milk for no more than two weeks; Weight #5

(5) Use frozen breast milk within 12 hours after thawing; Weight #6

(6) Thaw frozen breast milk in the refrigerator, under warm running water, or in a container with warm water that is no more than 120 degrees Fahrenheit; Weight #6

(7) Never thaw or heat breast milk in a microwave oven or on the stove; Weight #7

(8) Return any unused refrigerated bottles or containers of breast milk to the parent at the end of the day; Weight #5

(9) Return any unused frozen breast milk to the parent after two weeks; and Weight #5

(10) Obtain parental consent prior to feeding infant formula to an otherwise breastfed infant. Weight #6

170-300-0285
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. Weight #5

(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 the parent or guardian gives written instructions for an alternative feeding schedule;
   (c) Serving only breast milk or infant formula to an infant less than 12 months old, unless the child's health care provider offers a written order stating otherwise. 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 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.
   (d) Introducing using a cup when developmentally appropriate;
   (e) Introducing age-appropriate solid foods no sooner than four months of age, but preferably at six 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;
(f) Not adding food, medication, or sweeteners to the contents of a bottle unless a health care provider gives written consent;
(g) Not serving 100% juice or any sweetened beverages (for example, juice drinks, sports drinks, or tea) to infants less than 12 months old, and helping prevent tooth decay by only offering juice to children older than 12 months from a cup;
(h) 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 ¼ inch or smaller to prevent choking;
(i) Allowing older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment;
(j) 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 facing the child. 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.
(k) Not leaving infants or toddlers alone more than 15 minutes in high chairs waiting for meal or snack time, and immediately removing a child once he or she finishes eating;
(l) Not allowing infants or toddlers to share the same dish or utensil;
(m) Throwing away any uneaten food from the serving container; and
(n) Not serving food to infants or toddlers using polystyrene foam (Styrofoam) cups, bowls, or plates. **Weight #6**

**170-300-0290**
**Infant and toddler sleep, rest, and equipment.**

(1) For infants, an early learning provider must provide a single level crib, playpen, or other sleep equipment. Providers must not use sofas, couches, or adult-sized or toddler beds for infant sleeping. **Weight #6**

(2) For toddlers, an early learning provider must provide and use a single level crib, playpen, toddler bed, or other developmentally appropriate sleep equipment. **Weight #6**

(3) Sleep equipment must:
   (a) Be of a design approved by CPSC and ASTM International safety standards for use by infants and toddlers;
(b) For cribs, have a certificate of compliance, sticker, or documentation from the manufacturer or importer stating the crib meets 16 Code of Federal Regulations (C.F.R.) 1219 and 1220;
(c) Have a clean, firm, and snug-fitting mattress designed specifically for the particular equipment that does not have tears or holes and is not repaired with tape;
(d) Have a moisture resistant and easily cleaned and sanitized mattress;
(e) Have an appropriate fitted sheet laundered at least weekly in between uses, or more often if soiled;
(f) Be arranged and spaced at least 30 inches apart; and
(g) Have a moisture resistant and easily cleanable solid barrier if cribs are placed end to end closer than 30 inches. Weight #7

(4) An early learning provider must:
   (a) Immediately remove sleeping children from car seats, swings, or similar equipment not designed for sleep;
   (b) Consult with a child’s parent or guardian before the child is transitioned from infant sleeping equipment to other sleep equipment; and
   (c) Transition children who are able to climb out of their sleeping equipment to developmentally appropriate sleep equipment. Weight #7

Adopted Permanent Rule

170-300-0291
Infant and toddler safe sleep practices.

(1) An early learning provider must follow infant safe sleep practices when infants are napping or sleeping by:
   (a) Actively supervising infants or toddlers by visibly checking often and being within sight and hearing range, including when an infant goes to sleep, is sleeping, or is waking up; Weight #7
   (b) Following the current standard of American Academy of Pediatrics concerning safe sleep practices including SIDS/SUIDS risk reduction; Weight #8
   (c) 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; Weight #7
   (d) Not using a sleep positioning device unless directed to do so by an infant’s or toddler’s health care provider. The directive must be in writing and kept in the infant’s or toddler’s file; Weight #7
   (e) Sufficiently lighting the room in which the infant or toddler is sleeping to observe skin color; Weight #7
   (f) Monitoring breathing patterns of an infant or toddler; Weight #7
   (g) Allowing infants and toddlers to follow their own sleep patterns; Weight #6
(h) Not allowing loose blankets, stuffed toys, pillows, crib bumpers, or similar items inside an occupied crib, bassinet, or other equipment where infants commonly sleep; **Weight #8**

(i) Not allowing a blanket or any other item to cover or drape over an occupied crib, bassinet, or other equipment where infants commonly sleep; **Weight #8**

(j) Not allowing a blanket, bedding, or clothing to cover any portion of an infant’s or toddler’s head or face while sleeping, and readjusting these items when necessary; and **Weight #8**

(k) 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; and **Weight #7**

(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; 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 and toddlers. **Weight #5**

**170-300-0295**

**Infant and toddler programs and activities.**

(1) An early learning provider must support each infant and toddler’s culture, language, and family. **Weight #5**

(2) An early learning provider must ensure an adequate supply of age and developmentally appropriate program materials and equipment for infants and toddlers in the early learning program. 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 (the American Society for Testing and Materials 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. **Weight #6**
170-300-0296
Infant and toddler development.

(1) An early learning provider must expose infants and toddlers to a developmentally appropriate curriculum supported by a sufficient quantity and variety of materials and equipment that engages all enrolled infants and toddlers. Weight #5

(2) Developmentally appropriate curriculum includes, 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 supervised tummy time at least three times daily when the infant is awake. As used in this section, “tummy time” means placing an infant in a nonrestrictive prone position, lying on his or her stomach when not in sleeping equipment;
       (ii) Providing infants and toddlers freedom to explore and learn on their own on the floor in uncluttered or crowded space;
       (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 such as, but not limited to, materials and equipment that encourage:
           (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, and press-together blocks.
           (B) Spatial and numeracy understanding, for example counting toys, soft blocks and toys with different sizes (measuring cups, spoons, etc.), 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) Responding to a child’s verbal and non-verbal cues;
(v) Responding to infants and toddlers without being harsh;
(vi) Intervening during negative peer interactions such as when a child grabs other children’s toys, pulls hair, or bites;
(vii) Providing physical stimulation through holding, cuddling, rocking, talking, singing, playing, carrying, and changing positions; and
(viii) 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. Weight #6