

## R381-100- 24: INFANT AND TODDLER CARE

### Purpose

This section provides rules and information about caring for children ages birth to 24 months.

### General Information

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. *CFOC, 3<sup>rd</sup> Ed. pg. 59 Standard 2.1.2.4.*

Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. *CFOC, 3<sup>rd</sup> Ed. pg. 59 Standard 2.1.2.4.*

**If the center cares for infants or toddlers, the following applies:**

- (1) The provider shall not mix infants and toddlers with older children, unless there are 8 or fewer children present in the group.**

### Enforcement

Level 1 Noncompliance when there are more than four children in the group. Level 3

Noncompliance when there are four or fewer children in the group.

### Assessment

When infants and/or toddlers are combined with older children, the room the children are cared for in will be assessed as an infant/toddler classroom and must meet the requirements for an infant/toddler room. For example, it must have a diaper changing station [100-23(1)] and sinks [100-4(5)], it cannot be used as access to other areas [100-4(6)], etc.

Two caregivers must be with groups of children with more than two infants and/or toddlers.

A group with more than one caregiver may be very briefly out of ratio if a staff person needs to use the bathroom and if there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.

This rule applies to infants and toddlers who are children of center employees.

Infants and toddlers may be with older children for occasional special visitors and programs but not for regularly scheduled activities.

Employees' own infants and toddlers count in the ratio and group size.

- (2) Infants and toddlers shall not use outdoor play areas at the same time as older children unless there are 8 or fewer children in the group.**

### Enforcement

Always Level 1 Noncompliance.

### Assessment

If there is a separate, enclosed outdoor play area for infants and toddlers, they may be outside at the same time as other groups of children. There must be 40 square feet of space per child and required number of staff in both areas.

- (3) **If an infant is not able to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.**

### Rationale/Explanation

Propping bottles 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. *CFOC, 3<sup>rd</sup> Ed. pgs. 170-171*

### Enforcement

Always Level 2 Noncompliance.

- (4) **The provider shall clean and sanitize high chair trays prior to each use.**

### Rationale/Explanation

The purpose of this rule is to prevent the spread of disease. Clean food service surfaces prevent the spread of microorganisms that can cause disease. *CFOC, 3<sup>rd</sup> Ed. pg. 178 Standard 4.5.0.2*

### Enforcement

Always Level 3 Noncompliance.

### Assessment

If an infant is in a high chair playing with toys and puts a toy in his/her mouth and back on the tray, the tray needs to be sanitized before it is used by another child.

- (5) **The provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.**

### Rationale/Explanation

These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association to prevent choking, because infants are not able to chew, and toddlers often swallow pieces of food whole without chewing.

*CFOC, 3<sup>rd</sup> Ed. pgs. 181-182 Standard 4.5.0.10*

### Enforcement

Always Level 2 Noncompliance.

### Assessment

Examples of solid foods that must be cut into small pieces include solid meat, hard cheeses, and fresh or frozen fruits and vegetables.

These items are **not** required to be cut into small pieces:

bread	cupcakes	sandwiches
burritos	ice cream cones	shredded cheese
cooked pasta	leafy vegetables	tacos
cookies	muffins	tater tots
crackers	pizza	teething biscuits

These items **must be** cut into small pieces:

bananas	frozen green beans	meatballs
cheese	fruit chunks	meat chunks
grapes	hot dogs	vegetable chunks
fresh beans	marshmallows	

- (6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must be:
- (a) labeled with the child's name;
  - (b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;

Rationale/Explanation

The purposes of this rule are to ensure that a child is not accidentally fed another child's food (which can lead to an allergic reaction). *CFOC, 3<sup>d</sup> Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12*

Enforcement

Always Level 3 Noncompliance.

Assessment

Breast milk that is collected and frozen immediately after collection is not considered "prepared" or "opened". **Breast milk that is collected and never frozen will be considered prepared.**

**Preparation of food includes, mixing a powder with a liquid, opening a jar of food, or removing frozen breast milk from the freezer. Fresh breast milk collected and refrigerated immediately, may be stored in the refrigerator for up to 72 hours after collection.**

If a parent brings his/her child to the center with a prepared bottle already, the caregiver should document the time the bottle arrived at the center as the time of preparation. Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.

If baby food, formula, and/or breast milk is in a container labeled with the child's name, date, and time of preparation, this rule will be considered in compliance.

Breast milk for a provider's own child does not need to be labeled with the time of preparation.

If a caregiver prepares a bottle and immediately feeds it to a child, the bottle does not have to be labeled. However, if there is any left over formula or breast milk in the bottle and the bottle is left sitting around, the bottle has to be labeled with the child's name, date and time of preparation.

Bottles labeled by the parents will be assessed with information the parents wrote on the bottle. If the provider relabels the bottle with the date and time it came to the center, it will be assessed with the provider information.

**(6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must be:**

**(c) kept refrigerated if needed; and**

#### Rationale/Explanation

The purposes of this rule are to ensure that a children do not become ill from eating spoiled food. *CFOC, 3<sup>rd</sup> Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12.*

#### Enforcement

Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food. Level 3

Noncompliance otherwise.

**(6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must be:**

**(d) discarded within 24 hours of preparation or opening, except that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.**

#### Rationale/Explanation

The purposes of this rule are to ensure that children do not become ill from eating spoiled food. *CFOC, 3<sup>rd</sup> Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12.*

#### Enforcement

Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food. Level 3

Noncompliance otherwise.

#### Assessment

If a parent brings his/her child to the center with a prepared bottle, the caregiver should document the time the bottle arrived at the center as the time of preparation.

Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.

This rule does not apply to containers (pint, quart, half gallon, or gallon ) of milk that are purchased from the store. This rule does not apply to solid food.

**(7) Formula and milk, including breast milk, shall be discarded after feeding, or within two hours of initiating a feeding.**

### Rationale/Explanation

The purpose of this rule is to prevent children from eating spoiled milk or formula and to prevent the spread of disease. Bacteria introduced by saliva makes milk consumed over a period of more than an hour unsuitable and unsafe for consumption. *CFOC, 3<sup>rd</sup> Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12.*

### Enforcement

Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food.

Level 3 Noncompliance otherwise.

### Assessment

If a parent brings his/her child to the center with a prepared bottle, the caregiver should document the time the bottle arrived at the center as the time of preparation.

Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.

This rule does not apply to containers (pint, quart, half gallon, or gallon) of milk that are purchased from the store.

- (8) To prevent burns, heated bottles shall be shaken and tested for temperature before being fed to children.**

### Rationale/Explanation

The American Academy of Pediatrics and the American Public Health Association recommend warming infant bottles by placing them under warm running tap water or placing them in a container of water that is no warmer than 120 degrees, for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for an extended period of time provide an ideal medium for bacteria to grow. In addition, infants have received burns from hot water dripping from an infant bottle that was removed from a crock pot, or by pulling the crock pot down on themselves by a dangling cord. *CFOC, 3<sup>rd</sup> Ed. Pgs. 171-172 Standard 4.3.1.9*

Gently shaking warmed bottles before feeding them to children prevents burns from "hot spots" in the heated liquid. Gentle shaking is important, because excessive shaking of human breast milk may damage some of the cellular components of the milk that are valuable to infants, as may excessive heating. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.

### Enforcement

Always Level 3 Noncompliance.

- (9) Pacifiers, bottles, and non-disposable drinking cups shall be labeled with each child's name, and shall not be shared.**

### Rationale/Explanation

The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. *CFOC, 3<sup>rd</sup> Ed. pg. 118 Standard 118*

### Enforcement

Always Level 3 Noncompliance.

### Assessment

If, when each meal is served, a caregiver brings cups for children into the room and removes the cups from the room immediately after the meal to clean and sanitize them (so that the cups are only in the room during the meal), the cups do not need to be labeled with each child's name.

If a pacifier is too small to be labeled with a child's full name, it can be labeled with the child's initials.

If caregivers are having a hard time labeling these items because they are plastic and the labeling rubs off, they can scratch the child's name or initials into the item with a safety pin or use a clip with the short ribbon that attaches to the child's clothing and label the ribbon or the clip with the child's name.

Caregivers may use color coded pacifiers, bottles, or cups instead of labeling them with the child's name, if each child is assigned a different color and there is a chart visible showing which color is assigned to each child.

Pacifiers cannot be labeled as belonging to the center staff and sanitized between use, because pacifiers cannot be shared, no matter who purchases them.

**(10) Only one infant or toddler shall occupy any one piece of equipment at any time, unless the equipment has individual seats for more than one child.**

### Rationale/Explanation

The purpose of this rule is to prevent infants from accidentally injuring one another.

### Enforcement

Level 2 Noncompliance if 2 or more mobile infants occupy the same piece of equipment. Level 3

Noncompliance otherwise.

### Assessment

This rule does not prohibit a provider from using a crib to evacuate multiple children for an emergency drill or an actual emergency evacuation.

If a crib is used to transport children within the center, the children should not be left in the crib together after they have been transported.

Equipment such as a gated play area can be used by more than one infant and/or toddler at a time. However, unless there is at least 35 square feet of play space for each child, they cannot be in the equipment for more than 30 minutes.

Evacuation cribs cannot be used to take multiple children for a walk.

Wagons are intended to hold more than one child, so if more than one infant and/or toddler is in the wagon a finding will not be issued.

**(11) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. Infants shall not be placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment.**

### Rationale/Explanation

The purpose of this rule is to prevent injury to children from entrapment, falls, or other children, and to reduce the risk of Sudden Infant Death Syndrome, which increases when children are not put to sleep lying on their backs. *CFOC, 3<sup>rd</sup> Ed. pgs. 96-99 Standard 3.1.4.1*

### Enforcement

Always Level 1 Noncompliance.

### Assessment

This rule is not out of compliance if a parent gives staff written instructions for the infant to sleep in another piece of equipment.

If an infant falls asleep in a piece of equipment not designed for sleeping, the caregiver must immediately move him/her to appropriate sleeping equipment.

If an infant arrives at the center asleep in a car seat, the caregiver must move the him/her to appropriate sleeping equipment.

The Boppy website ([www.boppy.com](http://www.boppy.com)) states that a boppy should never, ever be used for a baby to sleep on. It goes on to state that it should not be used in a crib, cradle, bassinet, playpen, play yard or bed, and that improper use of this product could result in serious injury or death. Therefore, a boppy is **not** equipment designed for sleeping. Infants may not sleep on blankets in the outdoor play area. Providers may take a piece of sleeping equipment outside and place the infant in it.

If caregivers want to use a pieces of equipment for sleeping, such as Fisher Price Soothing Motions Glider, documentation from the manufacturer must be available that states it is for sleeping infants. Many of them are not intended for prolonged periods of sleep and do not meet the CPSC standards.

Bassinets may be used until the infant is old enough to sit up on his/her own.

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

### (12) Cribs must:

- (a) have tight fitting mattresses;

### Rationale/Explanation

The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. *CFOC, 3<sup>rd</sup> Ed. pgs. 253- 254 Standard 5.4.5.2*

### Enforcement

Always Level 2 Noncompliance.

### Assessment

Blankets, eggshell mattress, foam, etc. cannot be wedged in between the mattress and the crib frame. The only way to correct a mattress that is not tight fitting is to replace it with a mattress that is tight fitting.

To determine a mattress is tight fitting, Licensing Specialists will move the crib mattress to one corner of the crib and as close as possible to the head or foot of the crib. They will then place the choke tube in the vertical position between the crib and middle of the remaining sides of the mattress. If the tube fits entirely in the opening, the mattress is not tight fitting.

Sleeping children will not be woken up to assess cribs or mattresses.

As long as it is flush with the top of the mattress, wood can be added to the frame of a crib to create a tight fitting mattress.

Because they have thin mats, porta-cribs will not be assessed for this rule.

Do not assess cribs that are used only for evacuation in the case of an emergency. However, when the evacuation crib is also used to nap children it needs to be in compliance with all the crib rules.

When a provider converts a crib to a toddler bed, it is no longer considered a crib. You can remind the provider that it cannot be used to nap an infant, and that it could not be used for any child in care if the side is added back on (after 12/28/2012) to make it back into a crib.

Do not assess cribs identified as not being used by children in care unless you observe a child in care in the crib.

- (12) **Cribs must:**  
**(b) have slats spaced no more than 2-3/8 inches apart;**

#### Rationale/Explanation

The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. *CFOC, 3<sup>rd</sup> Ed. pgs. 253- 254 Standard 5.4.5.2*

#### Enforcement

Always Level 2 Noncompliance.

#### Assessment

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

- (12) **Cribs must:**  
**(c) have at least 20 inches from the top of the mattress to the top of the crib rail;**

#### Rationale/Explanation

The purpose of this rule is to prevent injuries to children. Children can be injured falling from a crib if the top of the crib rail is not high enough to prevent falls. (Depending on the age, size, and mobility of the child, there may need to be more than 20 inches from the top of the mattress to the top of the crib rail, to prevent standing children from falling out of the crib.)

*CFOC, 3<sup>rd</sup> Ed. pgs. 253-254 Standard 5.4.5.2*

#### Enforcement

Level 1 Noncompliance in all instances except that described below in Level 2 Noncompliance.

Level 2 Noncompliance if the infant in the crib cannot yet sit up and there is at least 12 inches from the top of the mattress to the top of the crib rail, but less than 20" or if there is not enough space from the top of the mattress to the top of the crib rail but no child is using the crib at the time of the inspection.

#### Assessment

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

The head of a mattress cannot be propped when it makes the distance between the mattress and the top of the crib railing less than 20 inches.

If the side of the crib is not in the up position and there is not at least 20 inches from the mattress to the top of the railing, this rule will be considered out of compliance. This is the case even if the provider is sitting next to the crib.

#### **(12) Cribs must:**

- (d) not have strings, cords, ropes, or other entanglement hazards strung across the crib rails; and**

#### Rationale/Explanation

The purpose of this rule is to prevent injuries to children. The presence of strings or cords strung across crib rails presents a strangulation hazard. *CFOC, 3<sup>rd</sup> Ed. pg. 285 Standard 6.4.1.3.*

#### Enforcement

Always Level 2 Noncompliance.

#### Assessment

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

This rule will be considered out of compliance when electrical cords longer than 12 inches are accessible to children in the cribs.

Mobles over cribs are a strangulation hazard if the strings are longer than 12 inches and less than 36 inches from the crib mattress.

#### **(12) Cribs must:**

- (e) meet CPSC crib standards.**

Level 1 Noncompliance if children in care are using cribs that do not meet the CPSC standard.

Level 3 Noncompliance if a Licensee does not have documentation for cribs purchased after July 2011.

#### Assessment

When assessing compliance with CPSC crib standards, check the tracking label or registration form for the crib. When the label or form shows the crib was manufactured after June 28, 2011, the crib is in compliance with the CPSC standard. When Owners/Directors/Designees state the crib was purchased after June 28, 2011 and they do not have a tracking label or registration form, instruct them to contact the CPSC's Office of Compliance and Field Operations at [jjr@cpsc.gov](mailto:jjr@cpsc.gov) and request documentation that the crib was purchased after June 28, 2011. It is unlikely that cribs purchased prior to June 28, 2011 are in compliance with CPSC standards but Owners/Directors/Designees can contact the manufacturer or retailer to see if the crib has been certified.

- (13) **Infants shall not be placed on their stomachs for sleeping, unless there is documentation from a health care provider for treatment of a medical condition.**

Rationale/Explanation

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American Public Health Association also recommend that pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths. *CFOC, 3<sup>rd</sup> Ed. pgs. 96-99 Standard 3.1.4.1*

Enforcement

Always Level 1 Noncompliance.

- (14) **Each infant and toddler shall follow their own pattern of sleeping and eating.**

Rationale/Explanation

Feeding infants on demand meets their nutritional and emotional needs and helps to ensure the development of trust and feelings of security. Allowing children to sleep when they are tired meets their basic physical need for rest. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner. *CFOC, 3<sup>rd</sup> Ed. pgs. 100-101 Standards 3.1.4.4, 3.1.4.5, pg. 118 Standard 4.3.1.2 pgs. 164-165 Standard 4.3.1.2*

Children's brain development can also be harmed by excess levels of cortisol, which result when children are under stress for extended periods of times because their immediate physical needs are not met. Cortisol alters the brain by making it vulnerable to processes that destroy neurons and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. *Rethinking the Brain, by Rima Shore, Families and Work Institute*

Enforcement

Always Level 3 Noncompliance.

Assessment

Toddlers may begin to be eased into group schedules for eating and napping. However any toddler who is tired must be allowed to rest and any toddler who is hungry must be given something to eat.

- (15) **Caregivers shall keep a written record daily for each infant documenting their eating and sleeping patterns. The record shall be completed within an hour of each feeding or nap, and shall include the child's name, the food and beverages eaten, and the times the child slept.**

Rationale/Explanation

The purpose of this rule is to ensure that parents are informed about their children's daily eating and sleeping patterns. Because infants are non-verbal, knowing when there is a change in an infant's pattern of eating or sleeping can alert parents and caregivers to potential health problems. The daily record can also help to ensure that children's basic physical needs for food and rest are met, including during caregiver shift changes. *CFOC, 3<sup>rd</sup> Ed. pg. 386 Standard 9.4.1.18*

Enforcement

Always Level 3 Noncompliance.

### Assessment

If an infant or toddler's parent is a caregiver who is in the same room as his/her child, records do not need to be kept. However, if the parent is working in a different part of the facility, the caregiver must complete a record for the child.

### **(16) Walkers with wheels are prohibited.**

#### Rationale/Explanation

Because many injuries, some fatal, have been associated with the use of walkers, and because there is no clear developmental benefit from their use, the American Academy of Pediatrics has recommended that they not be used in child care centers. Walkers are dangerous because they move children around too fast, and to hazardous areas. The upright position also brings children close to objects they can pull down on themselves. Walkers are the cause of more injuries than any other baby product. Each year an estimated 21,300 children are treated in U.S. hospital emergency rooms for injuries related to walkers. *CFOC, 3<sup>rd</sup> Ed. pgs. 242-243 Standard 5.3.1.10*

#### Enforcement

Always Level 2 Noncompliance.

#### Assessment

Walkers with wheels will be considered out of compliance if the provider cares for infants and toddlers.

A walker is a device the child sits in using their legs to move themselves. If a piece of equipment has wheels but does not move the child around the room, the equipment will not be considered a walker.

### **(17) Infants and toddlers shall not have access to objects made of styrofoam.**

#### Rationale / Explanation

Styrofoam can break into pieces that can become choking hazards for young children. *CFOC, 3<sup>rd</sup> Ed. pg. 178 Standard 4.5.0.2*

#### Enforcement

Always Level 2 Noncompliance.

#### Assessment

Swimming noodles are not made of Styrofoam and do not need to be inaccessible to the children.

Styrofoam inside a bike helmet is a noncompliance item only when it is deteriorated to the point that it is crumbly and/or raked.

Infants and toddlers may use objects made of Styrofoam only when they are involved in carefully supervised activities with caregivers sitting right next to them.

This rule is considered in compliance if the Styrofoam is in a closed cupboard, drawer, closet or container.

### **(18) Caregivers shall respond as promptly as possible to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.**

### Rationale/Explanation

Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when children experience stress, the level of cortisol in their brain increases. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function.

It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children.

*Rethinking the Brain, by Rima Shore, Families and Work Institute; CFOC, 3<sup>rd</sup> Ed. pg. 57 Standard 2.1.2.1*

While it is not always possible for one adult caring for four infants or toddlers to respond immediately to children who are in distress, a caregiver who is not able to immediately respond to a child's needs may still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.

### Enforcement

Always Level 2 Noncompliance.

"Promptly" responding to infants and toddlers who are in emotional distress means responding immediately or as soon as possible if the caregiver is diapering, feeding, or administering first aid to another child. While attending to other children in this way, caregivers can still acknowledge the child in emotional distress by making eye contact with and talking to him/her.

- (19) Awake infants and toddlers shall receive positive physical stimulation and positive verbal interaction with a caregiver at least once every 20 minutes.**

### Rationale/Explanation

Opportunities for active learning are vitally important for the development of motor skills and sensory motor intelligence. In addition, children's cognitive development depends in large part on their developing language skills. The richness of a child's language increases when it is nurtured by verbal interactions and learning experiences with adults and peers.

*CFOC, 3<sup>rd</sup> Ed. pgs. 57-59 Standards 2.1.2.2, 2.1.2.3*

### Enforcement

Always Level 2 Noncompliance.

- (20) Awake infants and toddlers shall not be confined for more than 30 minutes in one piece of equipment, such as swings, high chairs, cribs, play pens, or other similar pieces of equipment.**

### Rationale/Explanation

The purpose of this rule is to ensure that children have the freedom of movement needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

### Enforcement

Always Level 2 Noncompliance.

- (21) Mobile infants and toddlers shall have freedom of movement in a safe area.**

### Rationale/Explanation

The purpose of this rule is to ensure that children have the freedom of movement in a safe environment needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

### Enforcement

Always Level 2 Noncompliance.

- (22) **To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. There shall be enough toys for each child in the group to be engaged in play with toys.**

### Rationale/Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, *by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997; CFOC, 3<sup>rd</sup> Ed. pgs. 58-59 Standard 2.1.2.3.*

### Enforcement

Always Level 2 Noncompliance.

### Assessment

In order to be in compliance with this rule, an infant or toddler classroom must have enough toys so that if some are removed to be cleaned because a child has mouthed them, there are still enough toys left for all children in the group to be engaged in play with toys.

- (23) **All toys used by infants and toddlers shall be cleaned and sanitized:**
- (a) weekly;
  - (b) after being put in a child's mouth before another child play with it; and
  - (c) after being contaminated by body fluids.

### Rationale/Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. The purpose of this rule is to prevent the spread of disease. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing.

Small toys with hard surfaces can be set aside for cleaning by putting them into a dishpan labeled "soiled toys." This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to hold toys until they can be cleaned later. (In order to use this method, there must be enough toys to rotate them through the cleaning process.) Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can clean and sanitize the surfaces. *CFOC, 3<sup>rd</sup> Ed. pgs. 116-118 Standards 3.3.0.1, 3.3.0.2*

### Enforcement

Always Level 2 Noncompliance.