

Infant-Toddler Zone Handbook

Anyone who has cared for infants and toddlers knows how challenging it can be. There is no work more important to the children, their families and society as a whole. Each child's family has its own unique culture and strengths that shape who the child is and becomes. Because infants and toddlers are dependent on the adults who care for them, they must rely on their caregivers to be sensitive to their individual needs and to ensure their safety in group child care settings.

Research has shown that the earliest years are a critical time for brain development. Caregivers must remember that early experiences affect the growth of the brain and form the foundation for the child's ability to learn. Infants and toddlers are changing daily and so must their environments. They need opportunities to engage in a variety of appropriate early learning experiences, positive guidance and close supervision during this period of rapid growth. To provide this, caregivers must learn as much as they can about the individual needs of the children in their care, as well as the characteristics and needs of this age group.

Families put great trust in the caregivers they choose for their infants and toddlers. Taking care of these young children is an important job and a valuable service to families. Making each family feel welcome and including them as partners in their child's early care and education is a key to success.

Providing a safe and nurturing child care environment is not an easy task. Keeping children safe requires careful planning and proactive, protective measures. Staff should be trained to follow clear policies and procedures that will reduce the risk of harm to children. Safe practices in the care of infants and toddlers will greatly reduce liability for yourself and your child care facility. To learn how to create this secure world, let's take a look into the . . . **Infant-Toddler Zone.**

CREATING A SECURE INFANT-TODDLER ENVIRONMENT

INDOORS

Creating a Secure Infant-Toddler Environment Checklist Appendix A: Be Lead Safe! (form 15B)

The arrangement of the physical space is very important for safety in child care. The best way to keep children safe is with constant visual supervision. Plan or adapt the spaces in the facility so staff can see and hear all children at all times. Infants and toddlers should be cared for in separate spaces from older children. You will need adequate space for very young children's activities: feeding, napping, active play, quiet play, diapering, and toileting. When planning these areas, think about preventive measures to provide safe but stimulating learning. Remember that exploring and learning go hand in hand.

Infants and toddlers crawl, climb and fall often. As their mobility increases, so do the safety hazards. Use approved gates or doors to close off stairways that lead to basements, upper floors and other levels. Continually check to see that all gates and doors are closed. Kitchen, laundry and storage areas are not safe for children. To keep curious children from wandering or following staff members into these areas, you might install half doors or doors with glass panes with safety latches or locks. This may let you see the children at all times while protecting them from dangers (pinched fingers, etc.).

Be prepared to make a quick exit. Sometimes you may need to get children out of the facility very quickly. It is best to have two exits from each room. One exit should have direct ground level access to the outdoors for an evacuation crib. Mark these exits, post an evacuation plan and check that these doors are *not* locked.

Have adequate storage for infants' and toddlers' supplies and belongings. You will need spaces for clothing, diapers, and bedding. Planning for ample storage areas makes it possible to keep all necessary items close at hand in the classroom. *Never* leave children unsupervised while you get supplies! Teachers also need space to store their personal things. Make sure that storage areas are locked or cannot be reached by curious toddlers.

Make diaper changing safe, sanitary, and convenient. Position the diaper-changing table so the adult working there can see everyone and everything in the room. Make sure the changing table is adult height and toddlers can easily reach it by using steps with handrails. A hand washing area for both staff and children should be near-by, supplied with soap and paper towels. Use the diapering area *only* for diapering and bathing children. This area is often misused, sometimes for preparing food or temporary storage of supplies and toys. This transmits germs and contaminates the items placed there.

Older toddlers need easy, quick access to child-sized toilet facilities, and should be carefully supervised. These facilities should be cleaned and sanitized daily. Toilet doors and lids can be too heavy for children to open or close safely. You can provide privacy with small partitions between toilets; then no doors are needed. This makes it easier to supervise children at all times. It will reduce the number of injured fingers, hands, toes and feet. Be sure to have low hand washing sinks near the children's toilets.

Monitor the water supply and food preparation. For safety, keep the hot water supply temperature at 90°-110°F throughout the day. Check it periodically with a thermometer. Test the water supply and drinking fountains to make certain the water is free of lead and other contaminants. Provide adult hand washing sinks and an area for cleaning, sanitizing and sterilizing toys and equipment. Remember to clean and sanitize the sinks and water fountains per sanitizing and/or disinfecting procedures.

You may be preparing foods and beverages in the classroom or in a kitchen. You *must* have a sanitary space for this. Food preparation and food service should *never* be done at or near the diaper-changing table. Food preparation sinks should be kept separate from all other sinks. Proper hand washing is very important because cross contamination may occur when staff performs both diapering and food preparation.

Protect mobile infants and toddlers from surfaces and equipment that may injure them. Remove clutter that could cause stumbling and tripping or that might be a choking hazard. Carpeting or area rugs can add softness, but check that they are well secured with slip-proof tape or mats. Anchor furniture and equipment securely to prevent it from falling or being pulled over. Furniture and equipment with rounded edges and corners are now readily available for purchase. If there are exposed sharp edges or corners on your furniture or equipment, these items should be padded or removed. If there are stationary support poles within the room, cover their surface with a cushion guard to prevent injuries.

Children of this age will naturally explore any area they can reach. Safety locks or latches should be installed on all low cabinets and drawers. Curious toddlers will try to investigate the toilet as soon as they can pull themselves up. Locking devices for toilet lids can be installed to eliminate this danger. Keyed or combination locks must be used on both medication and hazardous supply storage cupboards and containers. Medications and cleaning products must *never* be in children's reach. Store them in *separate* locked storage areas and return them immediately after use.

Monitor air quality and temperature to keep children healthy and safe. Do not allow smoking in or around the facility. Infants and toddlers are sensitive to smells, so adults are encouraged to wear clothing that is smoke-free. Breathing second-hand smoke increases an infant's risk for *Sudden Infant Death Syndrome* (SIDS). Keep the room temperature between 68 and 72 degrees, never exceeding 75. This temperature range is

healthiest for young children. Infants are at greater risk for SIDS when they become overheated during naps.

Provide shields or screens to keep children away from air conditioners, heating vents, heaters and humidifiers. To work properly, these appliances will need frequent filter changes and routine maintenance.

Electrical outlets are a danger in any room with young children. Take special precautions by placing safety plugs in each outlet. Select safety plugs that are not small enough to be choking hazards. To use an outlet, you will need to remove the plug. Don't forget to replace safety plugs after each use. Do not use nightlights that can be reached by crawlers or toddlers. These attract children but can burn or shock them.

Items that hang within reach are a real safety threat. Toddlers and older infants naturally pull on anything they can grasp. Both hanging cords and tablecloths are dangerous because a child may pull something down on herself. Young children may easily get tangled in hanging cords and could possibly strangle. Make sure that all electrical, telephone, and window blind cords are completely out of the reach of the children. Avoid using tablecloths in infant-toddler areas.

The windows and doors in an infant-toddler area can be dangerous for young children. Protective hinge guards on doors can help prevent severe injuries to small fingers and toes. Place protective knob or handle coverings on doors to keep children from hurting their heads. Open windows should have guards over them to keep children from pushing out a screen and falling out. Be cautious choosing window coverings. They should be lead-free and easy to clean. Make sure they don't have hanging cords that children can reach. Blinds, shades or window treatments should not be used to completely darken the room. Some source of light is needed in order to be able to see the children at all times.

Select only unbreakable mirrors for use in infant and toddler areas. Many times there are spots in the classroom that are difficult to visually supervise. Convex mirrors can be mounted on the wall to ensure that staff can see into these blind areas.

All surfaces should be easy to clean. Floors, walls and woodwork should be cleaned and sanitized regularly. Allow no peeling, flaking or chalking paint surfaces around children. All materials should be non-toxic. Use only lead-free paint for the interior and exterior of the building. You should check the paint that was previously used in these areas. For safety's sake, it may be necessary to remove previous paint and materials.

OUTDOORS

Creating a Secure Infant-Toddler Environment Checklist

Appendix B: Equipment and Material Suggestions for Infants 0-12 Months (form 3C)

Appendix C: Equipment and Material Suggestions for Toddlers 12-24 Months (form 4C)

- ❖ **Set up the outdoor area so it is challenging but safe.** Children need and thrive on outdoor play to use and practice their motor skills. Play in nature also offers opportunities for creativity, problem solving, wonder and delight! The benefits to children who spend time in nature are many, so the outdoor environment should include natural elements (trees, flowers, grass, dirt, etc.)
- ❖ **Provide a variety of materials, equipment and structures** for climbing, riding, pushing, pulling, and digging. Anything you can do indoors can be done outdoors. Providing infants and toddlers access to a wide variety of materials outdoors is recommended, including opportunities to interact with the adults. Close supervision is key to ensure all children are engaged and safe when outdoors. Convenient outside storage will save time for caregivers and improve the supervision of the children. Materials can also be carried in and out in a portable container or “Fun Bucket”.

The outdoor play area should directly connect to the indoor area. Use durable fencing that is at least four feet high to provide a safe space for play. The fencing and gate materials should have smooth edges with no sharp points. Keep gates closed while children are in the outside play site. Areas free of tripping hazards for infants just learning to walk are desirable. Check the surface materials and have resilient surfacing which is clean, durable and of appropriate depth. Provide a fall zone around equipment. (Grass is not considered a resilient material for fall zones.)

Children will need both sunny and shady play spaces with a variety of surfaces. Some facilities have porches and decks. Make sure these are built with approved materials and have safe railing enclosures. Regularly check that the wood is smooth and has no splinters. It is important that all outside structures are well built, routinely checked and maintained.

A separate play area is best for children under the age of two. Select outside equipment that is age and developmentally appropriate. Use the most recent safety standards when you purchase toys and equipment. Follow a regular schedule for cleaning the play area and conducting the playground safety checklist. All equipment should be sturdy, stable, and free of hazards. Keep it in good repair to protect children from injury. Dispose of broken equipment immediately if it cannot be repaired.

Take special precautions when your outside play area is shared with others. Every day you should thoroughly check for debris and broken equipment before your children go out to play. Look for broken glass, stones, sharp objects, standing water, poisonous

plants, brush or high grass, and ice. Remove any hazards immediately when found. No animals should be in areas where children are playing.

Protect children from water hazards. Children can be at risk of drowning when they are left unsupervised near even small amounts of water. If there are outdoor swimming pools, creeks, ponds, puddles or tubs for water play, be extra cautious. Keep children away from water except with careful adult supervision. When they play under a sprinkler, watch out for large puddles and for children running and slipping. With any kind of water play, make sure the water is clean and watch the children closely. Empty the water containers immediately after use, and clean and sanitize them.

Establish safety and supervision procedures for taking children outside. Outdoor play is required when weather permits. Refer to the Child Care Weather Watch Chart (www.ncrlap.org/resources). The process of preparing and getting infants and toddlers outdoors requires many helping hands. Many watchful eyes are also needed at this time because children get excited. Some may run ahead of the others. Getting children ready to go in strollers takes time. So much will be happening! Dividing into smaller groups may make the transition go more smoothly. Planning is key to insure adequate supervision and child safety.

PLANNING FOR PROTECTION

TAKE A CHILD'S-EYE VIEW

Planning for Protection Checklist Appendix D: Choking/CPR (form 14B)

Babies need open space to crawl, without clutter or excess furniture. Sit on the floor of your infant-toddler areas, lie down, even crawl around! This is how the children in your care see their space. Is it a good fit for them? Because these children are so small and can move themselves into tight spaces, check the furniture and the way it's arranged for possible entrapment spots. Many little fingers have been crushed by rocking chairs. It's a good idea to replace rocking chairs with gliders that have closed side panels.

The furnishings and space should match the children's needs. For infant areas, choose quality equipment and furniture that is sturdy and in good condition. Select solid low tables, chairs, and shelves for the toddlers. When sitting in a chair, a toddler's feet should rest on the floor or on a firm surface. Don't forget to create cozy, soft places with pillows and carpet. These areas give young children a chance to snuggle and find comfort away from the group.

It is the nature of young children to wiggle, squirm and move about. Keep this in mind and always secure them when they are in high chairs and strollers. *Never* leave them unattended. A child's body can slip into a leg opening and her head can become entrapped. It's also very easy for a child to roll off a diaper-changing table, so keep one hand on him at all times. (Straps are *not* recommended on the diaper-changing table.) Remember that babies need to move and explore. Keeping them restrained in "containers" (cribs, high chairs, bumbo seats, exersaucers, bouncy seats, swings, etc.) is *not* good for their development.

If children are transported to and from the facility, they will need to be in approved car seats for the appropriate weight of the child. Be sure you are properly trained to install the seats safely. Make sure each child is correctly placed and buckled in the seat. *Do not* use an infant carrier as a car seat.

Choking is a serious risk for little children. Any small item is a potential choking hazard – bottle caps, coins, beads, hair barrettes, balloons, counting bears, marbles, small balls and many others. When non-durable stuffed toys rip, children may choke on the foam contents. Remember to check the durability of rattles, squeeze toys and teethers. While you're on the floor, look around. What else do you see that might choke a child?

The removable tips on doorstops are small and easily pulled off by little fingers. Replace them with solid doorstops. Do not use removable decals on windows and doors or use

pushpins, thumbtacks or staples to hang items on the walls. Any of these can easily fall to the floor, where a child may quickly pick it up and put it into his mouth.

Check children's clothing for possible strangulation and choking hazards – loose buttons, ribbons, or ripped fabric. Remember that items like plastic coverings, latex gloves, balloons, foam pieces and plastic bags can also lead to choking or suffocation.

As babies begin to crawl, pull themselves up and walk, they are attracted to everything. Remember that the contents of trash cans and diaper pails are likely to be harmful. These containers should have tight-fitting lids. Keep them where the children cannot reach them.

TOYS

Planning for Protection Checklist

Appendix B: Equipment and Material Suggestions for Infants 0-12 Months (form 3C)

Appendix C: Equipment and Material Suggestions for Toddlers 12-24 Months (form 4C)

Use low shelves for toy storage and display. This encourages exploration. It also allows children to access toys independently. Shelving can be used to define interest areas for young and older toddlers.

Choose and maintain toys carefully. Examine all new toys for durability, size and age appropriateness. Think about choking hazards and the age of the children who will use them. Remember, not all toys are equally durable; some hold up much better than others. You need to regularly check the condition of your toys for signs of wear and tear. Discard anything with sharp edges, splinters, cracks and other dangers. Soft toys with rips should be mended or thrown away so children won't pull out bits of stuffing and possibly choke on them. Make sure that all toy materials are nontoxic and lead free.

To reduce the spread of germs, all toy surfaces need to be cleaned daily. Try to select toys that are easy to clean. Children naturally put toys in their mouths. After they've been mouthed and the child is finished with it, put these toys aside. Have an extra supply of toys to substitute for them. All toys should be cleaned and sanitized daily by hand or in the dishwasher; they can be air-dried. During this daily cleaning routine, double check for broken toys and toys with loose parts. Avoid using stuffed toys if they cannot be machine-washed and dried. Cloth toys should be used by *only* one child at a time. When a child has finished with a cloth toy, put the toy in a container, to be washed and dried later that day.

SAFE PLACES TO NAP

Planning for Protection Checklist Appendix E: SIDS literature, Sample Sleep Chart

Using safe sleep practices at naptime reduces the risk of accidental injury or death.

Each child should have his own crib, mat or cot. Don't allow infants to share a crib. Never use chairs, sofas, pillows, adult beds, waterbeds or beanbags for the sleeping infant or toddler.

Check that the mattress is firm and fits snugly in the crib. There should be less than the width of two fingers between the edge of the mattress and the crib sides. Crib sheets should fit the mattress tightly. Do not use pillows, soft bedding, quilts, comforters, heavy blankets, bumper guards and foam mats in cribs.

Beginning December 28, 2012, all cribs in child care facilities and family child care homes must meet new and improved federal safety standards. More information is available at <http://www.cpsc.gov/>. Follow these required rules and the manufacturer recommended maintenance procedures.

Documenting close supervision of sleeping infants using a Sleep Chart is required.

Following these safe sleep practices also reduces the risk of Sudden Infant Death Syndrome (SIDS).

Protect children from the spread of germs and infectious diseases at naptime. Keep a distance of 18 to 36 inches between cribs, mats and cots. Don't allow linens and beds to be shared. You'll need a good supply of linens. Place clean bed linens on the infant crib mattresses daily and on toddler cots and mats weekly or more as needed. When changing bed linens, clean and sanitize mattresses, mats and cots. When cots or mats are used, stack them so the sleeping sides are not in direct contact with either the floor side or the sleeping side of the next cot or mat. To do this, you can place dividers between the mats. Use material that is washable and durable, such as heavy construction plastic.

Consider the number of children in the room and the emergency evacuation plan.

Always have at least one evacuation crib with sturdy wheels for transporting the group of infants in case of emergency. Make sure it is reinforced to hold the extra weight. This crib should be kept near the exit to the outdoors. You may need more evacuation cribs, depending on the total number of children.

ACTIVE PHYSICAL PLAY

Planning for Protection Checklist

The indoor and outdoor environments should provide space for crawling and climbing on the floor and on safe equipment. Allow space and time for active exploration and vigorous exercise everyday. With close supervision, infants should be placed on their tummies to play. Only use cribs for sleeping or preparing to go to sleep, not to keep children contained and confined. Children need opportunities for active physical play inside as well as outside, and this should be a normal part of everyday activities, included in the daily schedule. This gives young children the chance to strengthen muscles and practice skills for healthy development.

When the weather permits, children should go outside daily. Outside play allows children time to get fresh air and to explore. It provides stimulating sensory and motor activities that are important for development. Follow regulations for outside play (30 minutes daily for infants, one hour for everyone else) and inform parents of your outside play policy. Stroller rides are not considered outside play.

Keep children's typical development in mind when supervising active physical play. Infants and toddlers are just discovering their own motor skills. They explore and practice these in active physical play and may easily bump their heads, fall or stumble. Always be aware that normal developmental behavior can lead to injury. Support children or hold their hands when there is a greater risk of injury, such as taking walks outside the play area. Young children are also just beginning to learn how to deal with others. They haven't mastered sharing, taking turns and respecting others' space. Biting, scratching and hitting are common reactions to frustration at this age. You can eliminate some of these problems if you have a variety of outside play equipment, multiples of their favorite toys, and close supervision.

Provide careful and close supervision during active physical play. Caregivers who are engaged in children's playtime – observing and interacting with them – provide both learning and safety. They see what interests a child and can create more chances to explore it. They'll see a problem developing and can redirect a child before it becomes severe. Caregivers should see all children at all times and **never** leave children alone in the outdoor environment.

Following the American Academy of Pediatrics' position on screen time and active physical play, screen time, including television, videos, video games, and computer usage, is prohibited for children younger than two years and limited for older children in child care.

COMMUNICATION and RECORDS

Planning for Protection Checklist

Appendix F: Emergency Care Plan (form 1B)

Appendix G: Diapering, Feeding, and Napping Schedule (form 1C)

Appendix H: Child's Care and Emergency Information (form 9A-r)

Appendix I: Emergency Telephone Numbers (form 10A-r)

Appendix E: SIDS literature

Good two-way communication between parents and staff builds trust and confidence. It is an important tool for providing safe quality care to each young child. Talk with parents as they drop-off and pick-up their children. Listen and learn about what is happening with the child at home. Keep parents informed about the events of their child's day and what is happening in the child care facility. During the day, call the parent if you have questions or if the child becomes sick or injured. Daily notes help parents know what their child has experienced. These are easy to produce if you keep a log on each child's day. Record information about routines (feeding, diapering, napping) and developmental milestones (rolling over, taking first steps, new words, using the potty). Be sure to keep written records and talk to parents about unusual or worrisome incidents and changes in behavior.

Programs should have written policies and procedures for parents to read and sign. Let them know in clear words how you will handle routine care (feeding, napping, diapering, exercise). Be open to making adjustments when possible to accommodate the way parents care for their children at home. Doing this makes it easier for you to provide culturally sensitive care and for children to adjust. Explain what you will do when a child gets hurt or is ill. Describe how you will manage children's behavior and provide discipline. It's important for parents to know what they can expect from you and what you expect from them. There will be less chance for any misunderstandings that might create friction between parents and caregivers.

You should always have an emergency plan in place. Practice using it! Designate a staff member to take charge in an emergency. Post your emergency phone numbers by each telephone. Review emergency care plan with all staff every 6 months. Have each child's care and emergency information easily accessible. Update emergency information annually.

Require signed permission for each adult who may pick up a child from your care. This practice will increase the security of the children. For their safety and your own protection, take steps to prevent confusion at the end of the day. Develop a daily sign-in

and sign-out procedure. Keep a record of who brings and picks up each child. When enrolling, parents should provide a list of adults who they authorize to pick up their children when they can't do it themselves. This list should be limited to three or four names. Each authorized person should have both a driver's license number and phone number on file. When these authorized people come to the center to pick up children, they should present their driver's licenses and confirm their telephone numbers. Don't assume the person dropping off a child is authorized to pick up the child. Careful checking will ensure that they are in fact the person listed on the record and have received permission from the parent to pick up the child. If an unauthorized person attempts to leave with the child, the director should be notified immediately and the parents should be contacted.

CARING FOR INFANTS AND TODDLERS

GUIDING BEHAVIOR

Caring For Infants and Toddlers Checklist

Caregivers are responsible for the physical, social, cognitive and emotional needs of children in their care. For infants and toddlers especially, this means that they must be supervised at all times. Someone must always be watching each child; *they must never be left alone*. You can only provide this intensive care with a low staff-child ratio. It is very important that each adult cares for just a small number of children. Then you are able to provide safe and responsive care to meet each child's individual needs.

Infants and toddlers are learning about their world and what is expected of them. They don't yet know what is "good" or "bad" behavior, or what is safe and not safe. They don't understand a warning about danger, and may not remember the next time they encounter that danger. It takes time, patience, and encouragement from caregivers to guide infants and toddlers as they learn how the world around them works. This happens when caregivers actively engage with children in floor time activities.

Older infants and toddlers are beginning to investigate, explore and climb. This is normal development. When the physical environment is designed to meet the developmental needs of the children using the space, the children are supported as they learn what behaviors are expected and challenging behaviors are reduced. Spaces created for feeding, sleeping, quiet and active play, can support positive adult-child and peer interactions. A child must never be controlled or punished by physical restraints such as tying, taping or keeping her belted in a seat. Use simple words as you remove a child from a situation and redirect his attention and behavior. Be sure to tell the child what they can do, not simply tell them what not to do. The child will begin to understand in time. Use lots of smiles and hugs to reinforce positive behavior.

Very young children depend on the patient guidance of adults to develop the social and emotional competence that science has established is linked to later school success.

Expect tears or tantrums now and then. This is natural for infants and toddlers. Look at the child. Is he hungry, tired, too hot, bored? Is she being asked to do something that is too hard for her? Is there just too much going on? Discomfort, frustration, too much stimulation – any of these are difficult for adults as well as children. But adults have words and experience to help them cope; young children don't. Be prepared for these behaviors and have safe, acceptable ways to handle them.

Be a good role model and be patient. Young children will gradually learn acceptable behavior from the way they are treated. Infants who are soothed when crying by a

responsive adult learn to sooth themselves. Use gentle touches to soothe and calm a child. ***NEVER shake an infant or toddler.*** Shaking a young child can cause brain damage or even death. Time-out periods, hitting and spanking are not appropriate ways to discipline infants or toddlers. They are too young to understand the connection between their behavior and being put in time-out. Spanking can cause injury to children and is prohibited in child care facilities. It also tells children that hitting is an acceptable way to solve problems and that it's okay to hurt someone smaller or weaker. You will be much more successful if you distract a child before her behavior leads to trouble. If you're closely watching and supervising, you'll recognize those moments and be ready to step in. Guide her into an appropriate activity and then encourage her positive behavior. Remember – young children learn best from your kind words and your example.

FEEDING

Caring for Infants and Toddlers Checklist

Appendix G: Diapering, Feeding, and Napping Schedule (form 1C)

Appendix J: Infant Feeding Schedule (form 2C)

Appendix K: First Aid (form 14A-r)

Appendix D: Choking/CPR (form 14B)

As an infant or toddler caregiver, you are a partner with parents. You play a major role in giving young children a healthy start in life, providing the nutrition they need for their development and well being. You establish the mealtime environment and feed them. You oversee food safety and sanitary practices. Try to support and encourage parents in the feeding process. If they need it, help them get advice from a qualified nutritionist or their health care provider.

It's important to understand parents' wishes about feeding their child. Respect these as much as possible in group care. Learn about a child's feeding history before he enters the program. Try to follow his previous feeding schedule until the child is comfortable in your care. Discuss all of this with the parents and let their patterns guide you. Support mothers who are breastfeeding. Provide space where a mother can comfortably feed and spend time with her child.

Nutritional needs and eating patterns change frequently in the infant-toddler years. This goes along with their rapid growth. For infants, the amount of milk and how often they want it changes, with both bottle-feeding and breast-feeding. The time to add cereal and other solid foods varies from one baby to the next. Keep written feeding schedules for each child; update them regularly. Make any changes with the parents' agreement.

Keep a daily log with notes about a child's foods and eating habits. Be sure to record anything new or unusual. Watch for children's allergic reactions to formulas or foods. From the information parents give you and from what you observe, make a list of each child's food intolerance and allergies. Post the list where everyone who feeds the

children will see it. Remember that a caregiver trained in first aid and CPR must be present when an infant or toddler is fed.

Establish a comfortable, relaxed environment at mealtime. This is an important part of a young child's day. Hold an infant closely, maintaining eye-contact, in a slightly elevated, reclined position while bottle-feeding. *Never* prop bottles. A good practice is to only allow children to have bottles when held or seated. Avoid overfeeding. Babies will give cues when they've had enough. When the infant is full, stop! Burp babies properly during and after feeding and before they go down for naps.

Toddlers and babies who can sit by themselves should be upright when being fed. Put them in a high chair with a wide stable base. Keep little hands out of the way when attaching the tray. Make sure that they are secure in the seat and that the tray is locked in place. Allow adequate time for eating and for introducing new foods one at a time. As children show readiness, offer them varied foods. Self-feeding is an important time for the child to experiment with new tastes and to practice fine motor skills. Watch for the signs that they've had enough and are ready to get down. Don't keep children contained in high chairs except for mealtimes, and **never** leave a child alone in one.

Visually supervise children while they are eating. Limit the number of children fed by one adult at one time. The best practice for infants is one to one. If this is not possible, try not to have more than three infants being fed by one caregiver. Be sure to provide drinking water at frequent intervals during the day. Be aware that sticky or small pieces of food may cause choking. Some of the foods to avoid are candy, chips, corn, grapes, gum, hot dogs, nuts, peanut butter, popcorn, pretzels and raisins. Adults should always be within arm's reach of children during meals and snacks.

Carefully follow sanitary practices in the food preparation and service areas, as well as during feeding routines. Make sure to use clean and properly disinfected feeding chairs, bottles, caps, nipples and other baby feeding items. *Never* allow bottle sharing. Use only unbreakable bottles and dishes, but stay away from foam cups or plates. The small pieces that can break off are a choking hazard. Allow time to clean up before and after feeding periods. To prevent the spread of germs, use individual wash clothes and bibs for each child. Adults must follow all proper hand washing procedures related to feeding routines.

Formula, liquids and food products should be properly prepared, handled, and stored. Clearly explain to parents the safety guidelines and requirements for all foods and formulas that they bring to the facility. Both parents and caregivers should label all bottles and foods with the child's name and the date it was prepared. Check the contents upon arrival. Iron-fortified formula or breast milk provides the best nutrition to infants. Store all foods and bottles quickly; refrigerate if necessary. When mothers collect and provide breast milk, they should be responsible for handling, labeling, dating and

refrigerating it. Breast milk may be stored frozen for up to seven days. Previously frozen breast milk that is refrigerated should be used within 24 hours.

Check all dates and contents carefully before feeding anything to a child. Examine all baby food jars, seals, and rims when you open them, to see if there's been any breakage or contamination. Pour a portion of food into a dish and feed from the dish, not from the jar. Refrigerate the contents of the jar for later use that day with the same child or for the parent to pick up at the end of the day.

Check the temperature of milk and food before giving it to a child. Children prefer room temperature foods and these can't burn them. A bottle warmer is the safest way to warm formula or breast milk. *Do not* use microwaves or crock-pots, although they seem convenient. A microwave heats liquids and foods unevenly and may leave hot spots. In a crock-pot, bacteria in the water can contaminate bottle nipples. Sadly, children have been badly burned when water from an overturned crock-pot spilled on them.

NAPPING

Caring for Infants and Toddlers Checklist

Appendix G: Diapering, Feeding, and Napping Schedule (form 1C)

Appendix D: Choking/CPR (form 14B)

Appendix E: SIDS literature, Sample Sleep Chart

Place babies in a safe sleeping position – on their backs. Do *not* place an infant on his stomach to sleep. When caregivers place infants on their backs to sleep, they reduce the likelihood of *Sudden Infant Death Syndrome* (SIDS). For many parents and caregivers, back sleeping is a new idea and some may find it hard to get used to. Research shows that fewer infants will die of SIDS if they are placed to sleep on their backs, and it is required by law. When awake, “tummy time” is good for infants and should be closely supervised. It helps prevent flat spots on the back of their heads and it's good for neck and shoulder muscles. Remember: *Back to Sleep, Tummy to Play*.

Caregivers reduce the risk of SIDS when they help infants avoid overheating and soft bedding. Keep sleeping babies warm but not too warm, because overheating increases the risk of SIDS. Keep the room temperature between 68 and 72 degrees, never exceeding 75. Sleepers or pajamas may be enough. If a light blanket is used, tuck it under the baby's armpits and between the mattress and crib frame. Swaddling is not allowed. Do not use pillows and loose, fluffy bedding such as quilts, comforters, and blankets. Do not use crib bumper guards, foam mats, or stuffed toys in cribs.

Guard against choking and strangulation hazards at naptime. Remove bibs before napping. *Never* use pacifiers with strings attached. Don't have mobiles or other toys tied

onto or across the crib. Take all stuffed animals, toys and books out of the crib at naptime. Leave absolutely no loose objects in the crib while the child is sleeping.

A caregiver should be with the children at all times during napping. Even when they are asleep you need to maintain the correct staff-child ratio. Stay alert during naptime and check the children regularly. Documenting close supervision of sleeping infants using a Sleep Chart is required.

DIAPERING and TOILETING

Caring for Infants and Toddlers Checklist

Appendix G: Diapering, Feeding, and Napping Schedule (form 1C)

Appendix L: Be a Germ-Buster: Wash Your Hands! (form 11B)

Appendix M: Helpful Hints on Infant and Toddler Handwashing (form 12B)

Diapering and toileting are more than just routines; these times provide opportunities for positive interactions between children and their caregivers.

Diapering a child takes a caregiver's full attention, but usually there are other children to supervise at the same time. The location of the diaper-changing table is very important for the safety of all children in the room. When the changing table faces the room, the caregiver can see the other children. If the caregiver's back is to the children while diapering, the chance of danger is greater. For the safety of the child being diapered, there should be a lip or railing on the changing table to reduce the risk of rolling off.

Sanitary diapering procedures are of utmost importance when caring for children. Change diapers in an approved diaper changing area only. If used, the changing pad must be in good repair. If it becomes torn or ripped, replace it immediately. The changing pad should be non-absorbent, smooth and easy to clean. Properly washing and disinfecting the pad after each diaper change is important and cannot be done correctly if the pad is damaged in any way. A practical tip is to cover the pad with a non-absorbent disposable slip of paper. Place the paper under the child, from chest to feet. Wearing disposable latex gloves is a must if you have cuts or sores on your hands. Dispose of the gloves with the soiled diaper and the paper changing slip after each diaper change. Remember that diaper pails and trash cans must be separate containers. Empty, clean and sanitize them every day.

Follow these steps to change soiled diapers and clothes.

(http://www.healthychildcarenc.org/PDFs/diaper_procedure_english.pdf). Check diapers of infants and toddlers every two hours. Change them right after the diaper is soiled.

Have diapering supplies ready and within reach before you put the child on the changing table. Wash your hands before you begin. Tell a child what you are going to do before

you pick him up. Keep the child away from your body and lay him on the papered mat. Remove the soiled diaper and put it in a plastic lined diaper pail with a secure lid. Soiled cloth diapers or soiled clothes should be put in a plastic bag to give to parents. Do not rinse diapers or clothes. Use disposable wipes to wipe stool and urine *from front to back* of the child's bottom. Place soiled wipes in the plastic lined pail. If the child needs thorough cleaning, use soap, running water and paper towels. Note any skin problems such as redness. Clean your hands with a disposable wipe. Clean the child's hands in the same way. Diaper and dress the child. Then wash the child's hands with soap and running water and return him to the activity area. Immediately clean and disinfect the diapering surface and all equipment and supplies touched. Finally, always wash your hands under running water.

Older toddlers may show signs of being ready to toilet train. Pay attention to signs of developmental readiness for each child when planning to initiate this process. Partner with parents for success by sharing information about the emotional, physical and cognitive readiness signs required for successful toilet learning. Children will toilet train at their own pace. They don't need to feel pressure to achieve this. The best practice is to use a child-sized toilet, not potty-chairs. If the child cannot reach the toilet, a non-slip plastic step is helpful. Have toilet tissue with holders in easy reach for the children. Sanitize toilets, step stools and toilet seat adapters daily.

HEALTH and HYGIENE

Caring for Infants and Toddlers Checklist

Appendix N: Universal Precautions (form 4B)

Appendix O: Daily Child Care Health Check (form 10B)

Appendix L: Be a Germ-Buster: Wash Your Hands! (form 11B)

Appendix M: Helpful Hints on Infant and Toddler Handwashing (form 12B)

Appendix P: Permission to Administer Medication (form 12A-r)

Appendix K: First Aid (form 14A-r)

Appendix D: Choking/CPR (form 14B)

Know the individual differences among children in your care. Each child in the facility is truly unique. Take time to know each child's health history and typical patterns. Require medical exams, health histories, and current immunization records when children enroll. Urge families to keep their children's immunizations current as recommended for the age of the child. Encourage them to take sick children to a health care provider and to report any illnesses to your facility.

Pay close attention to children's physical well being. Do a general health check of each child upon arrival, throughout the day, and at departure. Doing this on a daily basis will give you a good sense of the child's usual appearance. Then it will be easy to recognize any change that might indicate something is wrong. Caregivers who closely

observe children will notice when their moods, energy, or appearance are different than usual. Document any changes. Communicate signs of illness or distress to parents.

As caregivers, we are required by law to recognize and report suspected child abuse or neglect. All staff should be trained to recognize the signs and symptoms and to know how to report them. If you suspect possible abuse or neglect from outside or inside the facility, make the proper documentation and note this to the director. Once the director is notified, then proper authorities should be contacted. If the director does not make the contact, the caregiver must do so. You may feel uncomfortable about reporting, but it is your responsibility. Infants and toddlers are especially dependent on us for this protection, because they cannot speak for themselves.

Use caution with medications. Parents bring diaper bags into the facility each day. Often they will bring medications in the bag that they think their child may need. Also, small children may drop potentially harmful items from home into the bag. As a result of this, diaper bags should be checked completely each day when children arrive with their parents. If a medication is not to be given at the facility, return it to the parent immediately. All medications to be given at the facility must be put in a designated locked cabinet or container. Any medications that need to be kept cold should be in a locked container in the refrigerator. Keep all staff purses and personal belongings, including medications, in locked storage so children do not have access to them. Keep all creams, lotions, medications and cleaning items off the diapering surface and out of the reach of children.

Caregivers need written permission to use creams, lotions, and medications. Parents must provide a signed medication permission form that gives all information for the caregiver to strictly follow. Remember that *medication* includes such things as diaper cream, teething gel, sunscreen, chap stick, and insect repellent.

Thorough, frequent handwashing is the single most effective practice to maintain a healthy environment. It's the most important thing you can do to reduce the spread of germs among children and the adults who care for them. Always use soap and running water to wash hands. Keep soap dispensers filled and have a good supply of paper towels. Antibacterial hand gels are *not* an adequate substitute for soap and water.

Caring for young children means dealing with their colds and runny noses. When blowing and wiping noses, use a tissue only one time and then discard it. Wash the hands of both the child and the caregiver before and after cleaning noses.

Young children also have the inevitable scrapes, cuts, and bloody noses. Learn and use Universal Precautions. These are very important steps that prevent the spread of blood-borne diseases. This includes using gloves whenever you come in contact with blood or body fluids containing blood. Wash your hands after removing the gloves.

Because accidents or health crises can happen at any time, caregivers must always be ready to handle an emergency. Create a daily staffing schedule so that there is *always* someone in the child care facility who is trained to administer first aid and CPR to infants and toddlers.

Important Reference Materials

At the beginning of each section of the handbook, checklists, sample forms and other informational materials are cited and listed below in the order each document is first referenced:

1. Creating a Secure Infant-Toddler Environment Checklist
2. Appendix A: Be Lead Safe! (form 15B)
3. Appendix B: Equipment and Material Suggestions for Infants 0-12 Months (form 3C-revised 2012)
4. Appendix C: Equipment and Material Suggestions for Toddlers 12-24 Months (form 4C-revised 2012)
5. Planning for Protection Checklist
6. Appendix D: Choking/CPR (form 14B)
7. Appendix E: SIDS literature, Sample Sleep Chart
8. Appendix F: Emergency Care Plan (form 1B)
9. Appendix G: Diapering, Feeding, and Napping Schedule (form 1C)
10. Appendix H: Child's Care and Emergency Information (form 9A-r)
11. Appendix I: Emergency Telephone Numbers (form 10A-r)
12. Caring for Infants and Toddlers Checklist
13. Appendix J: Infant Feeding Schedule (form 2C)
14. Appendix K: First Aid (form 14A-r)
15. Appendix L: Be a Germ-Buster: Wash Your Hands! (form 11B)
16. Appendix M: Helpful Hints on Infant and Toddler Handwashing (form 12B)
17. Appendix N: Universal Precautions (form 4B)
18. Appendix O: Daily Child Care Health Check (form 10B)
19. Appendix P: Permission to Administer Medication (form 12A-r)

These and a resource list are provided in this handbook or appendices.

CREATING A SECURE INFANT-TODDLER ENVIRONMENT

INDOORS

form: 15B

Arrangement

- Plan open spaces to see and hear all children at all times.
- Have infant and toddler areas separate from older children.
- Use approved gates or doors to close off dangerous areas.
- Have two exits from each room with one having direct access to the outdoors.
- Have adequate storage for all equipment and supplies.
- Position the diaper-changing table so staff can see everyone and everywhere.

Hygiene

- Have handwashing sinks in diaper-changing, toileting and food preparation areas.
- Have child-sized toilets and low sinks.
- Keep hot water temperature at 90° - 110°F.
- Test water supply and drinking fountains for lead and other contaminants.
- Provide area for cleaning, sanitizing and sterilizing toys and equipment.
- Provide separate sanitary space for food preparation and service.

Safety

- Remove all clutter. Secure or remove area or scatter rugs.
- Secure heavy pieces of furniture and equipment.
- Pad or remove furniture and cabinets with sharp edges or corners.
- Put safety locks on low cabinets, drawers and toilet lids.
- Put safety locks on medication and cleaning supply storage cabinets or containers.
- Maintain clean air quality with no opportunities for second-hand smoke.
- Keep rooms a moderate temperature so children do not overheat.
- Shield children from air conditioners, heating vents, heaters, humidifiers and fans.
- Use safety plugs in all electrical outlets. Keep nightlights out of children's reach.
- Remove all electrical, phone or hanging cords and tablecloths from children's reach.
- Install guards on all windows and protective hinge guards on all doors.
- Use lead-free blinds, shades and window treatments with no hanging cords.
- Use unbreakable mirrors.

Maintenance

- Have lead-free walls, woodwork and floors that are easy to clean and sanitize.
- Allow no peeling, flaking or chalking paint on any walls, cabinets and surfaces.

OUTDOORS

forms: 3C, 4C

- Have classroom space directly connect to outdoor play areas.
- Have four foot high fencing with closed gates and no protrusions.
- Have sunny and shady areas for play, with resilient surfacing.
- Provide age and developmentally appropriate play equipment.
- Have sturdy, stable equipment that is free of hazards, with appropriate fall zones.
- Complete a playground safety checklist on a regular schedule.
- Repair or remove broken equipment and toys.
- Clean all debris from play area before taking children outside.
- Protect children from all bodies of water.

PLANNING FOR PROTECTION

TAKE A CHILD'S-EYE VIEW

forms: 14B

- Arrange equipment to make open spaces for babies to crawl and toddlers to toddle.
- Check all equipment and furniture placement for entrapment areas.
- Remove all rocking chairs and walkers. Use chair gliders with closed side panels.
- Have child-sized tables, chairs, shelves and cribs.
- Make all children secure in high chairs, strollers and on diaper changing tables.
- Use caution with child seats and carriers. Follow manufacturer's instructions.
- Remove all possible choking hazards.
- Have trash cans and diaper pails with secure lids, away from children's reach.

TOYS

forms: 3C, 4C

- Use low shelves for toy storage and display. Avoid using toy boxes with lids.
- Check toys for durability, size and age appropriateness.
- Remove toys with sharp edges, splinters, cracks, rips and other dangers.
- Make sure all materials are nontoxic and lead free.
- Have a daily schedule to clean all toys, equipment, and surfaces.
- Remove all mouthed toys until they have been cleaned, sanitized and air-dried.

SAFE PLACES TO NAP

forms: SIDS literature

- Have a crib, cot or mat for each child – no sharing.
- Never use chairs, sofas, adult-beds, waterbeds or beanbags for children's sleeping.
- Use firm crib mattresses covered with tight fitting bed linens.
- Allow no soft bedding in cribs or playpens.
- Use cribs and playpens with slats spaced no more than 2 3/8" apart.
- Never use cribs or playpens with missing or cracked slats.
- Lock side rails in 'up' position on cribs and playpens when children are in them.
- Keep a distance of 18" to 36" between beds to reduce the spread of germs.
- Put clean bed linens on cribs daily, on cots or mats weekly or more often if needed.
- Have evacuation crib(s) with wheels to transport a group of children in emergencies.

EXERCISE and PLAY

- Provide safe spaces for crawling, climbing, and active exploration.
- Provide for daily exercising indoors and outdoors.
- Be aware of natural developmental behaviors that could lead to injury.
- Provide constant support and supervision during active play.

COMMUNICATION and RECORDS

forms: 1B, 1C, 9A-r, 10A-r, SIDS literature

- Communicate with parents daily.
- Share concerns and incidents as soon as they arise.
- Maintain a log of each child's day from arrival to departure.
- Have written policies, read and signed by parents.
- Have an emergency plan, telephone numbers, and each child's care information.
- Have signed permission for designated adults to pick-up children from the facility.

CARING FOR INFANTS AND TODDLERS

GUIDING BEHAVIOR

- Visually supervise infants and toddlers at all times.** Never leave them alone.
- Maintain a low staff-child ratio in the facility.
- Know what is age-appropriate behavior and have realistic expectations.
- Use positive reinforcement and redirection to manage behavior.
- Be a role model – use soft voices, kind words and gentle touches.

FEEDING

forms: 1C, 2C, 14A-r, 14B

- Respect parent's wishes regarding feeding. Support mothers who breastfeed.
- Have written feeding schedules and logs for each child. Update them regularly.
- Note any food intolerance. Post notices of all allergies.
- Create a relaxed mealtime environment. Eat with toddlers to set a good example.
- Hold the infant while bottle-feeding. Never prop bottles.
- Offer opportunities and adequate time for self-feeding.
- Visually supervise and assist toddlers while they eat.
- Avoid foods that could cause choking.
- Use sanitary procedures in preparing and serving liquids or foods.
- Check the temperature, contents and dates of bottles and foods.
- Use bottle warmers; be aware of dangers in using crock-pots and microwaves.

NAPPING

forms: 1C, 14B, SIDS literature

- Put normal, healthy infants in a safe position for sleeping—*on their backs*.
- Remove soft bedding, stuffed animals, baby bags, books and toys in or tied to cribs.
- Remain with and frequently check on napping children.

DIAPERING and TOILETING

forms: 1C, 11B, 12B

- Use diaper-changing table with raised edge for diapering or bathing.
- Have non-absorbent, smooth, easily cleaned diaper-changing pad in good repair.
- Use disposable paper slips on the changing pad. Clean and disinfect pad after use.
- Remove diapers and clothing immediately after they are soiled.
- Wash hands before and after diapering and toileting.
- Check bath water temperature. Never leave a child alone in a bath.
- Empty all water play tubs and bath water after use. Clean and sanitize surfaces.
- Recognize signs that a child is developmentally ready for toilet training.

HEALTH and HYGIENE

forms: 4B, 10B, 11B, 12B, 12A-r, 14A-r, 14B

- Know each child's health history. Maintain up-to-date immunization records.
- Do a health check of each child on arrival, throughout the day, and at departure.
- Use caution with medications and check for any unsafe items in diaper bags.
- Have signed permission slips to use medications, diapering creams and sunscreen.
- Use thorough, frequent handwashing to maintain a healthy environment.
- Use Universal Precautions when in contact with body fluids and blood.
- Have staff trained in First Aid and CPR present at all times.

