



Infant and Toddler Care Procedure

Regulations	
EHS/HS: 1302.47	WAC: 110-300-0221, 110-300-0275, 110-300-0290, 110-300-0291

Purpose

EHS Center Based Child Care follows the Foundational Quality Standards for Early Learning Programs-WAC 110-300.

Procedure

- Centers licensed for infants must contract with a childcare health consultant.
 - The consultant conducts at least one on-site visit monthly when an infant is enrolled.
 - Observes and assesses staff knowledge of infant health, development, and safety and offers support through training, consultation, or referral.
 - Observes and assesses classroom health practices including, but not limited to, infection control including cleaning, sanitizing, and disinfecting, and provides technical assistance to correct any practices of concern.
 - Observes and assesses behavior, development, and health status of individual infants in care and makes recommendations to staff or parents or guardians including if further assessment is recommended, as requested, or otherwise determined appropriate.
 - Provides a dated, signed, written summary to the early learning provider for each visit that includes topics discussed with parents or staff, any areas of concern related to discussion, observation, assessment, or screening outcomes. See Infant/Toddler Nurse Consultant Monthly Report.
 - Reports each visit to the department.
 - A center early learning provider must keep on-site a copy of the childcare health consultant's written reports along with any notes, recommended follow up, and any actions taken to address concerns identified.
- 2. Cribs and bedding must meet childcare licensing regulations (WAC 110-300-0290).
- 3. To reduce the risk of SIDS, all infants are placed on their back to sleep unless we have written documentation from both parent/guardian and health care provider that a different position is necessary (WAC 110-300-0291).
- 4. Respectful and sanitary diapering is practiced according to childcare licensing regulations (WAC 110-300-0221).
- 5. Toileting is initiated only after parent/guardian—caregiver consultation and follows a culturally sensitive routine established by parent/guardian and caregiver which uses positive reinforcement and never uses food as a reinforcement.