

WAC 110-300-0285 Infant and toddler nutrition and feeding. (1)

An early learning provider must have and follow written policies on providing, preparing, and storing breast milk or infant formula and food.

(2) After consulting a parent or guardian, an early learning provider must implement a feeding plan for infants and toddlers that includes:

(a) A plan to support the needs of a breastfeeding mother and infant by:

(i) Providing an area for mothers to breastfeed their infants; and

(ii) Providing educational materials and resources to support breastfeeding mothers.

(b) Feeding infants and toddlers when hungry according to their nutritional and developmental needs, unless medically directed;

(c) Serving only breast milk or infant formula to an infant, unless the child's health care provider offers a written order stating otherwise; and

(d) When bottle feeding, an early learning provider must:

(i) Test the temperature of bottle contents before feeding to avoid scalding or burning the child's mouth;

(ii) Hold infants and, when developmentally appropriate, toddlers to make eye contact and talk to them;

(iii) Stop feeding the infant or toddler when he or she shows signs of fullness; and

(iv) Not allow infants or toddlers to be propped with bottles or given a bottle or cup when lying down.

(e) Transitioning a child to a cup only when developmentally appropriate;

(f) Introducing age-appropriate solid foods no sooner than four months of age, based on an infant's ability to sit with support, hold his or her head steady, close his or her lips over a spoon, and show signs of hunger and being full, unless identified in written food plan pursuant to WAC 110-300-0190 or written medical approval;

(g) Not adding food, medication, or sweeteners to the contents of a bottle unless a health care provider gives written consent;

(h) Not serving one hundred percent juice or any sweetened beverages (for example, juice drinks, sports drinks, or tea) to infants less than twelve months old, unless a health care provider gives written consent, and helping prevent tooth decay by only offering juice to children older than twelve months from a cup;

(i) Increasing the texture of the food from strained, to mashed, to soft table foods as a child's development and skills progress between six and twelve months of age. Soft foods offered to older infants should be cut into pieces one-quarter inch or smaller to prevent choking;

(j) Allowing older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment;

(k) Placing infants or toddlers who can sit up on their own in high chairs or at an appropriate child-size table and chairs when feeding solid foods or liquids from a cup, and having an early learning provider sit with and observe each child eating. If high chairs are used, each high chair must:

(i) Have a base that is wider than the seat;

(ii) Have a safety device, used each time a child is seated, that prevents the child from climbing or sliding down the chair;

(iii) Be free of cracks and tears; and

(iv) Have a washable surface.

(l) Not leaving infants or toddlers more than fifteen minutes in high chairs waiting for meal or snack time, and removing a child as soon as possible once he or she finishes eating;

(m) Preventing infants or toddlers from sharing the same dish or utensil;

(n) Not serving any uneaten food from the serving container after the intended meal; and

(o) Not serving food to infants or toddlers using polystyrene foam (styrofoam) cups, bowls, or plates.

[WSR 18-15-001, recodified as § 110-300-0285, filed 7/5/18, effective 7/5/18. Statutory Authority: RCW 43.215.070, 43.215.201 and chapter 42.56 RCW. WSR 18-14-079, § 170-300-0285, filed 6/30/18, effective 8/1/19.]