

**Infant and Toddler Guidance for Center-based NYCEECs**  
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## Health and Safety

Infants and toddlers learn best when they are emotionally and physically safe and secure. In this section, we review some of the key components needed to help build a safe space for infants and toddlers, which include expectations from the New York City Department of Health and Mental Hygiene (DOHMH) and/or the Office of Children and Family Services (OCFS).

### **Licenses, Certifications, and Permits**

Providers of infant and/or toddler care must comply with the licensing and permitting requirements of their licensing agency, the NYC Department of Buildings (DOB), and the Fire Department of New York (FDNY).

- A separate Article 47 permit is required for early childhood education programs providing infant and toddler child care. We strongly suggest that programs also have a preschool aged permit, especially when serving toddlers.
- Infant and toddler child care must be provided on the first floor of the building, unless approved by DOB, FDNY, or other appropriate government agencies.
- Infant and toddler child care programs must be equipped with a sprinkler system that complies with the NYC Building Code.

Please refer to the [3-K for All and Pre-K for All Policy Handbook](#) for additional guidance on licenses, certifications, and permits.

### **Safety and Security: Plans and procedures**

Providers must ensure a safe learning environment for both children and staff by having comprehensive safety and security policies, procedures, and staff training.

Safety plans establish policies and procedures for the safe operation of your program. As the provider, you are responsible for developing a safety plan, tailored to the needs and context of your program, in accordance with New York City Department of Education (DOE) policy and the requirements of your licensing agency; DOHMH.

All infant and toddler programs must ensure staff are trained on sudden infant death syndrome ("SIDS"), safe sleep practices, and "shaken baby syndrome" identification and prevention training.

Programs that maintain a staff/child ratio of 1:4 for children under 12 months of age shall demonstrate through their written Safety Plan that they have sufficient staff in the program at all times to provide a staff/child ratio of 1:3 for the safe evacuation of children younger than 12 months of age during emergency situations.

The DOE suggests all infant and toddler providers have an evacuation crib or other assistive devices available for children unable to evacuate on their own or without assistance.

*Please refer to the [3-K for All and Pre-K for All Policy Handbook](#) for additional guidance on safety plans. For any questions related to COVID-19 related safety guidance, please refer to [NYCEEC Health and Safety Guidance](#).*

## Child Health

### Medical Examinations

Infants and toddlers are required to have frequent medical examinations by their pediatrician. These visits assist with identifying any delays in developmental milestones, or questions the family may have and it also allows the child to be given their necessary vaccinations. It is expected that they have periodic examinations at 2, 4, 6, 9, 12, 15, 18 and 24 months.

### Immunizations

All children must be immunized in accordance with the New York Public Health Law §2164 and DOHMH regulations. Prior to allowing a child to attend your program, you must ensure that the child has:

- Obtained all required immunizations, as set forth below; or
- Obtained, at a minimum, the provisional immunizations to enroll; or
- Received a valid medical exemption for any missing immunizations; or
- Submitted a medical immunization exemption request and is waiting on a determination.

**A child may not attend any program if immunization information has not been provided for that child unless the provisions above are applicable.** Providers must have on-site, all appropriate documentation from families for each child in attendance.

Please note the current immunization requirements, which are subject to change. Providers should regularly review state and city guidance regarding immunization requirements. The DOE also provides information on vaccines [here](#). Please note that dosage requirements listed below are specific to children between the ages of birth and 24 months. Additional immunization requirements may be required after 24 months.

Immunization	Doses Required	Notes
Hepatitis B (HepB)	3 doses	
Diphtheria-tetanus-pertussis (DTaP)	4 doses	
Haemophilus influenzae type b (Hib)	1 - 4 doses	Depends on child's age and type of doses previously received
Pneumococcal conjugate (PCV)	1 - 4 doses	Depends on child's age and type of doses previously received
Polio (IPV or OPV)	3 doses	
Influenza (Flu)	1 dose	Annual requirement for children 6 months and older. Must be given between July 1 - December 31
Measles, mumps, rubella (MMR)	1 dose	
Varicella (chickenpox)	1 dose	

Providers must collect immunization records at pre-registration. If the family is not able to provide the immunization records at pre-registration, you may collect the immunization records at another time prior to the child attending the program.

Providers must have families complete and provide upon enrollment:

- [Medical form](#), updated at the appropriate intervals
- Immunization form, updated at the appropriate intervals
- [Medical Consent](#), if applicable
- [Ointment Agreement](#), if applicable

Providers should have families complete and provide upon enrollment:

- A plan for child's sleeping routine (see sample [Sleeping Arrangement](#) agreement here)
- A plan for child's feeding arrangement (see sample [Feeding Agreement here](#))

*Please refer to the [3-K for All and Pre-K for All Policy Handbook](#) for additional guidance on Child Health. For any questions on COVID-19 related Child Health guidance, please refer to [NYCEEC Health and Safety Guidance](#).*

## Facilities

Adequate and well-maintained facilities are essential to ensuring high-quality infant and toddler programming.

### Furniture

All furnishings should be easy to clean and sanitize. Corners should be rounded and cabinets and drawers should have child-safe closures.

An infant and toddler child care program must provide:

- Crib or bassinet per child that is approved by the US Consumer Product Safety Commission, and that complies with standards of the American Society for Testing and Materials (ASTM) International for infant sleep equipment
- Firm crib mattress specifically designed for the equipment used, covered by a tight fitting sheet
  - The crib or bassinet must be free of bumper pads, pillows or sleep positioning devices not medically prescribed, loose bedding, blankets, toys and other possible suffocation risks
- Tables, chairs and other equipment should be age and size appropriate, finished with nontoxic, lead-free surface coverings and cleaned and sanitized as needed
- Soft and safe places to rest non-mobile infants where they can be positioned while engaging in activities or to watch other children playing, if needed
- High chairs for feeding, if needed

*Please refer to the [3-K for All and Pre-K for All Policy Handbook](#) for additional guidance on Facilities. For any questions on COVID-19 related facility guidance, please refer to [NYCEEC Health and Safety Guidance](#).*

## Routine Care

Early relationships between children and their caregivers/teachers are strengthened when staff meet children's needs consistently. Providers should establish safe and responsive routine-care practices during meals and feedings, diapering and toileting, and napping or rest times to support children's social and emotional developmental needs.

### Meals and Feeding

**Meals must follow Child and Adult Care Food Program (CACFP) guidelines.** Serving portions should be appropriate to the nutritional needs and age of the child. Staff must always provide adequate and competent supervision during meals to prevent choking hazards and support young children to develop self-feeding skills. **Staff must never use food or drink as a reward or punishment.**

Meal time should be a welcoming and learning experience shared with children and program staff. Providers should have a Meal Policy that is shared with families indicating:

- The number of meals and snacks served during program hours;
- The types of food served;
- Protocols if families choose to supply their own food or if breast milk or formula is provided;
  - How milk is warmed up
- Precautions taken regarding food allergies;
- How the menu for all meals served during program hours will be shared;
- The process developed for families to know how much their child ate on any given day (ie. a chart, uneaten food returned);
  - Food should not be reheated
- How staff plan to use meal time to assist children in building social and self-help skills.

*Please refer to the [3-K for All and Pre-K for All Policy Handbook](#) for additional guidance on Meals and Food Allergies. For any questions on COVID-19 related Meals and Food Allergies guidance, please refer to [NYCEEC Health and Safety Guidance](#).*

### Meals and Family Communication

Children need nourishing food for their healthy development. During the first three years of life, children are growing more rapidly than any other period in their life. Together with the child's family, providers must ensure the children in their care are receiving adequate and healthy food that supports their growth and helps them develop lifelong healthy habits.

Providers should also talk with families about their feeding routines so that to the greatest extent possible, those same practices are aligned while the child attends the program. **Decisions to introduce new foods, at the age-appropriate time, must be discussed and approved by the child's family.**

### *Responsive Feeding*

Before children have language, they use many verbal and non-verbal signals to communicate when they are hungry and when they have had enough. Responsive feeding is the practice of learning what these signals are and responding to them promptly and consistently. By practicing responsive feeding, caregivers help children develop healthy eating habits, help children learn self-feeding skills, and bond with the children in their care. Working with families on their child's meal plans is beneficial so that you know how to consider when additional mealtimes may need to be scheduled to meet the infant or young toddler's individual needs.

Responsive feeding consists of the following caregiving practices:

- Watch for baby or young child's cues of hunger or fullness
- Respond warmly and promptly
- Feed them the right amount of and type of food for their age and stage
- Let them stop when they're full
- Focus on being affectionate and nurturing, including holding infants during bottle feeding
- Sitting with children as they eat and encouraging conversation

### *Infant Feeding*

All infant meals and snacks must adhere to CACFP nutritional guidance. Infant food must be appropriate for the individual infant's nutritional requirements and development. Providers must work with the family to create an individualized feeding plan for infants in care and keep on record written statements from the family of each infant in care indicating the formula, breast milk, and feeding schedule/instructions. These statements must be updated to reflect the infant's dietary needs regularly. When infant formula is required, such formula may be prepared by and provided by the family or the program when agreed, in writing, by the family.

Water should not be offered to children under 6 months, providers can offer children under 6 months additional formula or breast milk instead.

### *Bottle Feeding*

Formula, breast milk, and perishable infant food must be kept refrigerated. All containers and cups must be clearly marked with the child's first and last name and the date it was brought in.

Heating infant's bottles or food in a microwave is prohibited. All devices for warming bottles and infant foods must be kept away from children's reach. Devices warming formula, breast milk, or food for infants must be kept at a temperature not exceeding 120°F. Providers must not hold children while removing warm bottles from warming devices.

Infants 6 months and younger must always be held when bottle-feeding and should be fed by the same staff member daily, if scheduling allows. Staff members should cradle the infant in their arms while feeding while also singing or chatting in a gentle voice. Engaging with an infant during feeding builds on their social and emotional development and helps the infant feel safe and secure.

Infants over 6 months must be held to bottle-feed until they demonstrate appropriate mastery of self-feeding with the bottle. Children must be taken out of cribs, nappers, bouncy chairs, etc., to feed. Bottles must never be propped. Staff members should also allow for breaks that allow for burping during the feeding which teaches the infant that a trusting adult will help meet their needs.

### *Supporting Breastfeeding*

Providers must have a designated place set aside for breastfeeding mothers who want to visit the program during the workday to breastfeed, as well as a private area with an outlet for mothers to pump their breast milk. The private area should have access to soap and running water or hand sanitizer.

Non-frozen breast milk should be transported and stored in the containers to be used to feed the infant, identified with a label which will not come off in water or handling, bearing the date of collection and child's full name. Breast milk should be defrosted in the refrigerator if frozen, and then heated briefly in bottle warmers or under warm running water so that the temperature does not exceed 98.6°F. If there is insufficient time to defrost the milk in the refrigerator before warming it, then it may be defrosted in a container of running cool tap water, very gently swirling the bottle periodically to evenly distribute the temperature in the milk.

### *Feeding Solid Foods*

Providers must work with families to create a plan for introducing solids to infants or young toddlers. It is recommended that age-appropriate solid foods other than human milk or infant formula be introduced no sooner than 6 months of age or as indicated by the individual child's family, and nutritional and developmental needs.

Uneaten portions of infant food from which children have been spoon-fed must be discarded or returned to the family at the end of the day. Food should not be reheated.

Providers should encourage self-feeding by older infants and toddlers by practicing:

- Eating finger foods;
- Holding and drinking from an appropriate child-sized cup;
- Using a child-sized spoon; and
- Using a child-sized fork

To allow for the proper development of motor skills and eating habits, children should be allowed to practice feeding themselves. Children can also use their fingers for self-feeding. Children should be provided with opportunities to serve and eat a variety of food for themselves. Foods served should be appropriate to the toddler's developmental ability and cut small enough to avoid choking hazards.

Remember that learning to self-feed can be difficult for children. Continue to encourage children to self-feed even if they make a mess. Refrain from expressing frustration if a child produces a mess from self-feeding.

### *High chairs*

High chairs, when used, must have a sturdy and steady base and be used only for infants and toddlers who are able to sit up independently. A safety strap must be fastened around infants and toddlers who are seated in high chairs. High chairs must be age and size appropriate and no infant or toddler should be left unattended for any amount of time while eating.

Feeding chairs or toddler tables with built in seating are also acceptable alternatives. If children are able to, they can also sit at the age appropriate sized tables and chairs located within the classroom.

## **Diapering and Toileting Guidance**

Providers must ensure safe and healthy learning environments that support the learning and developmental progress of children. Progress toward independent toileting is an important element of the developmental growth of children and the timeline for mastering this skill is different for each child. To that end, staff must assist all children with toileting regardless of a child's acquired toileting skills.

### ***Diapering Infants and Young Toddlers***

Children must be kept clean and comfortable at all times. Diapers must be changed when wet or soiled and must be checked every 2 hours. The diaper changing area must be as close as possible to a sink with soap, and hot and cold running water. This area or sink should not be used for food preparation, if possible. Diaper changing surfaces must be cleaned and disinfected after each use with an Environmental Protection Agency (EPA) registered product or bleach and water solution.

Providers should keep track on a chart the number of times a child's diaper was changed and if the child was wet and/or had a bowel movement. Providers should let infants and toddlers know you notice that they need to be changed. Smile, chat lovingly, sing throughout the diaper change.

As infants become older, having staff narrate their actions as well as the infants actions throughout the diapering process will help the child develop an understanding of what is happening.

Sufficient and suitable clothing must be available so that children who dirty or soil their clothing may be changed. All such clothing must be returned to parents/guardians for washing in a plastic, lined bag. Each child should have at least one change of clothes at the program should their clothing become soiled during the day. The DOE recommends as a best practice for all programs to have extra clean clothing available.

When disposable diapers are used, soiled diapers must be disposed of immediately into an outside trash disposal or placed in a tightly covered plastic-lined trash can inaccessible to children until outdoor disposal is possible. If the child requires ointment to be placed on them, the program must receive parental consent in advance.

Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap, and towels accessible to the children. The use of potty chairs is not permitted. Toilets seats must be cleaned and sanitized after each use.

**Additional Diapering Guidance**

Recommended from the Centers for Disease Control and Prevention (CDC)

<b>Prepare</b>	<ul style="list-style-type: none"> <li>● Cover the diaper changing surface with disposable liner</li> <li>● If you will use diaper cream, dispense it onto a tissue</li> <li>● Bring your supplies (e.g., clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area</li> </ul>
<b>Clean Child</b>	<ul style="list-style-type: none"> <li>● Place the child on diapering surface and unfasten diaper</li> <li>● Clean the child's diaper area with disposable wipes</li> <li>● Always wipe front to back</li> <li>● Keep soiled diaper/clothing away from any surfaces that cannot be easily cleaned</li> <li>● Securely bag soiled clothing</li> </ul>
<b>Remove Trash</b>	<ul style="list-style-type: none"> <li>● Place used wipes in the soiled diaper</li> <li>● Discard the soiled diaper and wipes in the trash can</li> <li>● Remove and discard gloves</li> </ul>
<b>Replace Diaper</b>	<ul style="list-style-type: none"> <li>● Slide a fresh diaper under the child</li> <li>● Apply diaper cream, if needed</li> <li>● Fasten the diaper and dress the child</li> </ul>
<b>Wash Child's Hands</b>	<ul style="list-style-type: none"> <li>● Use soap and water to wash the child's hands thoroughly</li> <li>● Return the child to a supervised area</li> </ul>

<b>Clean Up</b>	<ul style="list-style-type: none"> <li>● Remove liner from the changing surface and discard in the trash can</li> <li>● Wipe up any visible soil with damp paper towels or a baby wipe</li> <li>● Wet the entire surface with disinfectant; make sure you read and follow the directions on the disinfecting spray, fluid or wipe</li> <li>● Choose disinfectant appropriate for the surface material</li> </ul>
<b>Wash Your Hands</b>	<ul style="list-style-type: none"> <li>● Wash your hands thoroughly with soap and water</li> </ul>

### Handwashing Practices

Providers must ensure staff and children wash their hands immediately after toileting or diapering. Children should be taught how to correctly wash their hands after using the bathroom. Visual and verbal prompts should be used to assist children.

The following hand washing practices, aligned to ITERS-3, should be followed by children and staff:

- Moisten hands with water and apply liquid soap to hands
- Rub hands together, away from the water stream, vigorously until a soapy lather appears and continue for a minimum of 20 seconds (children can sing “Row, row, row your boat,” twice)
- Rinse hands, and dry with individual paper towels that are not shared
- The paper towel should be used to turn off the faucet when done
- Throw paper towels in the wastebasket

If the same sink is used for both toileting and other handwashing routines, it must be disinfected in between the types of use with a bleach solution or a solution approved by the EPA. All staff should be involved in diapering and helping children learn how to use the bathroom.

### Communication to Families regarding Diapering and Toileting

It is important to have frequent, open communication with families about diapering and toileting progress. Diapering and toileting routines at home and at the program should be as similar as possible. Providers should inform families about diapering and toileting policies and procedures prior to the beginning of the program year including:

- Where and how children will be assisted with diapering, toileting and changed after accidents
- Supplies families may be requested to provide (e.g. a change of clothes, etc.)
  - Families cannot be required to provide these items
- How program staff will communicate with families about diapering and toileting progress on an ongoing basis
- How families can communicate questions about staff assistance with toileting accidents and diapering

Teaching young children to use the bathroom is an important and intimate skill. As teaching staff, it is important to respect the privacy of children, while also encouraging their self-esteem and independence. Allow children who have shown the capability to use the bathroom independently and those who request privacy when using the bathroom permission to do so. Working together, families, teaching staff and program leaders should encourage children to be fully independent in toileting.

The following guidance supports and encourages toilet learning in a safe and appropriate manner and includes visual aids, sample vocabulary words and routines.

When preparing to work with a child who is ready for toilet training, consider the following:

- Keep training directions simple
- Establish a consistent routine
- Practice dressing and undressing when not using the bathroom
- Identify vocabulary words with families to provide continuity at home and at school
- Praise children for their accomplishments, even if an accident happens
- Narrate actions to convey messages and meaning that encourage and affirm child progress through this toileting process (i.e. “First, you pull down your pants and then, you sit down on the toilet.” Or: “You pulled up your pants when you finished using the bathroom”).
- Empower children through this process by promoting success at each step, being patient, and positive about the process

Please refer to the [3-K for All and Pre-K for All Policy Handbook](#) for additional guidance on Toileting. For any questions on COVID-19 related Toileting guidance, please refer to [NYCEEC Health and Safety Guidance](#)

## **Nap and Rest**

Adequate nap and rest periods are important to children's healthy development. Providers must ensure appropriate rest areas are available in the program and that there is enough equipment for all children enrolled to nap and rest as necessary. Programs should let infants sleep when they show signs of tiredness as opposed to keeping them on a rigid schedule for napping. Families should be consulted to discuss the nap and rest routines of their child and whenever possible, use the same routines.

### ***Nap and Rest for Infants***

Infants may need 1 or 2 (or sometimes more) naps during the time they are in your facility. As infants age, they typically transition to 1 nap per day after 12 months (though this range can vary from child to child).

- **3 - 6 months:** Sleep about 4 to 5 hours during the day. They may take 2 or 3 longer naps, or several smaller naps throughout the day.
- **6 - 9 months:** Sleep about 3 to 4 hours during the day. They may nap for 2 or 3 hours at a time, or take shorter, more frequent naps.
- **9 - 12 months:** Sleep about 3 hours during the day. This sleep typically occurs in the form of 2 day time naps with an additional third nap late in the afternoon, if necessary.

Your program's designated rest/napping areas must:

- Have individual clean coverings, as needed for each child;
- Be located in a draft-free area;
- Be in a location where a safe egress is not blocked; and
- Allow staff to move freely and safely within the napping area in order to check on or meet the needs of children.

Cribs, bassinets or other sleeping areas used by young infants through 12 months of age must include an appropriately-sized fitted sheet, must not have bumper pads, toys or stuffed animals, blankets, pillows, wedges, bibs, necklaces, and garments with ties or hoods. These items must be removed prior to placing an infant in a crib or bassinet or other possible suffocation risks.

Providers must provide a safe sleep environment for each infant, consisting of a single crib or bassinet per child that is approved by the US Consumer Product Safety Commission, and that complies with standards of the American Society for Testing and Materials (ASTM) International for infant sleep equipment; and a firm crib mattress specifically designed for the equipment used, covered by a tight fitting sheet.

No provider may use or have on the premises any crib bumper pad unless a medical professional has determined that use of a crib bumper pad is medically necessary for a particular child using a crib in your facility.

### ***Nap and Rest Supervision***

Staff must maintain a constant line of sight supervision and 15-minute observations of sleeping infants, which includes actively observing and evaluating infants for overheating, breathing status, and other signs of physical or medical distress that may require immediate intervention. Staff must supervise infants directly and keep children within their line of sight at all times including when they are sleeping. This practice helps reduce the risk of suffocation, or death occurring while infants are in cribs or asleep. There should be documentation of the 15-minute observations, which must be kept on site for at least two weeks and be made readily available upon request. DECE suggests using the [DOHMH form](#).

When putting a baby down for a nap, staff member's should narrate their own actions and the infants' actions. For example, staff members might say, "You are showing me that you are tired, let's get you ready for a nap," and "I am going to lay you down in your crib now." Ensure that a quiet, calm and soothing voice is always used when engaging with the child. Always be sure to reassure the infant that you will be there when they wake up. Note an infants' demeanor when they wake up. If they are generally happy when they awake this likely means they are getting enough sleep.

### ***Sleep Positioning***

Staff should always place infants down to sleep alone, positioned on their backs and on a firm surface, to reduce the risk of sudden infant death syndrome (SIDS) unless written medical instructions directing otherwise are provided by the infant's primary health care provider. The provider must maintain written medical instructions and make the instructions available for inspection by DOHMH and DOE.

### ***Ensuring a Safe Sleep Environment***

Infants must not be allowed to sleep in or on bean bag chairs, futons, bouncy seats, infant swings, highchairs, playpens, car seats, strollers, or other furniture/equipment not designed and approved for infant sleep purposes and meeting safe sleep environment criteria. Infants that fall asleep in areas other than a safe sleep environment must be moved to a safe sleep environment.

Only one infant may occupy a single crib or bassinet at any given time, unless children are being evacuated in the event of an emergency. Bedding must be changed prior to placing an infant in a crib or bassinet previously occupied by another infant. Choking and/or tangling hazards, bibs, necklaces, and garments with ties or hoods must be removed prior to placing an infant in a crib or bassinet.

Mats and cots must be stored so that the sleeping surfaces do not touch when stacked. During nap/rest, providers should space children as far as possible from one another. Stackable cribs are prohibited.

*Please refer to DOHMH's [Safe Sleep Guidance](#) for Infants.*

### **Hygiene Items**

Staff should use separate hygiene items for each child such as washcloths, towels, toothbrushes, combs and hairbrushes, these items may not be shared.

Thermometers, pacifiers, teething toys, and similar objects should be cleaned, and reusable parts should be sanitized between uses. Pacifiers and teething toys should not be shared.

*Please refer to the [3-K for All and Pre-K for All Policy Handbook](#) for additional guidance on Nap and Rest. For any questions on COVID-19 related Nap and Rest guidance, please refer to [NYCEEC Health and Safety Guidance](#).*

## **Staffing**

Qualified staff are essential to providing high-quality care at your program. Staff with education qualifications and certifications appropriate to the age of the children in their care are trained to recognize developmental milestones. This specialization allows them to better create appropriate social and developmental learning environments for children.

### **Staffing Qualifications**

High-quality programs are staffed by educators who meet all qualification and certification requirements.

**Education Director:** Responsible for the coordination and development of an age and developmentally appropriate curriculum and program, training of teaching and other staff, and supervision of lead teachers.

*Education Directors overseeing only infant and/or younger toddlers must have the following credentials:*

1. Bachelor's degree in Early Childhood Education or related field of study; and
2. At least one year of teaching experience (lead or assistant teacher) in a program for children under 24 months of age, or 6 college credits in infant/toddler coursework, or a study plan leading to 6 college credits in infant/toddler coursework.

*Education Directors overseeing older toddlers (over 24 months) and 3-K for All and/or Pre-K for All must have the following credentials*

1. Bachelor's degree in Early Childhood Education or a related field of study; and
2. Teaching license or certificate valid for services in the early childhood or childhood grades as pursuant to New York State UPK regulations; and
3. At least two years of lead teacher experience in a program serving children less than 6 years of age.

*Substitute:* At any time when the education director is not on the premises to supervise your program, you must designate an individual to act as the education director. This individual must be a certified group teacher or a group teacher whose application for certification is fully submitted and pending certification by the State Education Department or other accreditation organization or whose application for certification is fully submitted and pending approval by the Department, provided that the permittee has complied with criminal justice and SCR screening requirements for staff set forth in Article 47.

**Lead Teacher:** Responsible for planning and supervising age and developmentally appropriate activities for a given group of children.

*A lead teacher for infants and younger toddlers must be at least 21 years of age and have one of the following qualifications:*

1. Associate's degree in early childhood education; or
2. Child Development Associate (CDA) certification and a study plan leading to an Associate's degree in early childhood education within 7 years; or
3. High school diploma or equivalent (GED) with:
  - a. 9 college credits in early childhood education or child development; 2 years' experience caring for children, and a study plan leading to an associate's degree in early childhood education within 7 years; or
  - b. 5 years of supervised experience in an infant/toddler classroom if currently employed in a permitted child care program; or

- c. Study plan that is acceptable to the DOHMH leading to 9 credits in early childhood education or childhood development within two years; and a study plan leading to an Associate's degree in early childhood education within 7 years, if currently employed in a permitted child care program.

**Assistant Teachers:** *Assistant teachers are individuals who are part of the classroom and teaching staff and work under the supervision of a Lead Teacher. Assistant teachers, regardless of permit/license type, must have the following credentials*

- Be at least 18 years old;
- Have a high school diploma or equivalent (GED);
- Complete the mandatory 2 hours of training in child abuse and maltreatment identification, reporting, and prevention as well as the requirements of applicable statuses and regulations; and
- **If your program is subject to the Head Start Program Performance Standards please note all assistant teachers must hold a minimum of a Child Development Associate (CDA) credential, or be on a study plan to complete this credential within 2 years.**

*Substitute:* A qualified substitute assistant teacher must meet the Assistant Teacher requirements listed above.

Please refer to the [3-K for All and Pre-K for All Policy Handbook](#) for additional guidance on Staffing. For any questions on COVID-19 related Staffing guidance, please refer to [NYCEEC Health and Safety Guidance](#).

## Program Staffing and Supervision

### Supervision

It is required that program staff have constant and competent supervision of children throughout the day to ensure the safety and well-being of all children. An education director or a lead teacher with equivalent qualifications must be present at all times during your program's operation.

Staff must supervise infants directly and keep children within their line of sight at all times including when they are sleeping. If an infant is in any physical or medical distress, take immediate emergency response as needed. The use of infant movement monitors or infant apnea monitors does not relieve your program from observing sleeping infants and noting the observations (See *Nap and Rest for Infants* section above).

**Child and Staffing Ratio Requirements**

To ensure classrooms are appropriately staffed and children are appropriately supervised, there are strict guidelines for staff-to-child ratios.

The minimum ratios of staff to children in an infant/toddler program must be as follows:

Age of Children	Maximum Group Size	Staffing Requirements
Under 12 months	8	1:4 or 1:3 (one lead teacher and one assistant teacher are required)
12 to 24 months	10 * Early Head Start programs must not have more than 8 children enrolled	1:5 (one lead teacher and one assistant teacher are required)
2 years to under 3	12 * Early Head Start programs must not have more than 8 children enrolled	1:6 (one lead teacher and one assistant teacher are required)

When children 12 months of age and older are in a group of mixed but contiguous ages, the minimum staff/child ratio and group size is based on the predominant age of the children in the classroom.

Programs that maintain a staff/child ratio of 1:4 for children under 12 months of age must demonstrate through their Written Safety Plan that they have sufficient staff in the program at all times to provide a staff/child ratio of 1:3 for the safe evacuation of children younger than 12 months of age during emergency situations.

**General Program Oversight**

**Enrollment**

## EarlyLearn (Infant and Toddler)

EarlyLearn programs provide care for infants and toddlers to families that qualify for free or low-cost care based on their income and needs. Programs with EarlyLearn seats are listed in the MySchools Directory along with other programs for children from 0-3; families should contact programs directly to apply. Families can enroll in infant and toddler programs year-round. Eligible students can enroll at any time if there is a seat available.

**Extended Day/Year** EarlyLearn seats will continue to be filled through the Child Care Block Grant (CCBG) eligibility and enrollment process. Families should complete a Child Care application; this can be done directly with assistance from a program or through Family Welcome Centers. Applications can be scanned and emailed to [earlylearn@schools.nyc.gov](mailto:earlylearn@schools.nyc.gov). Please visit the [EarlyLearn website](#) for additional information and additional guidance on submitting a Child Care application. Please note, if a family submits a Child Care application to a program directly, the program should submit the application through email or at a Family Welcome Center for processing.

Eligibility for **Early Head Start** seats is determined by the program. Families should submit documents needed for eligibility determination directly to programs. If a child is found to be eligible, they can enroll and begin to attend.

*For more information about eligibility, please contact [EarlyLearn@schools.nyc.gov](mailto:EarlyLearn@schools.nyc.gov) or [HeadStart@schools.nyc.gov](mailto:HeadStart@schools.nyc.gov).*

## Child Positive Behavior Guidance

### Infant Guidance

All developmental milestones are dependent on having the support of a responsive caregiver that will help an infant make sense of their emotional and physical experiences. Infants are wholly dependent on adults and attach to the adult(s) who meet their physical and emotional needs. The everyday, moment to moment interactions between infant and attachment figure(s) have a lasting impact on a child's life. Infant and toddler providers have the important opportunity of becoming attachment figures to the infants in their care.

**What is attachment and what are its functions?** Attachment is an early and critical developmental milestone that has functions throughout the child's lifespan. There are four main functions: 1) it provides the sense of security that a person will carry with them in the world; 2) it is critical to affect regulation; 3) it promotes the expression and communication of feelings; 4) it provides a base for exploration.

1) **A Sense of Security:** The main function of attachment is to maintain an infant's sense of security. In distress an infant will usually cry and make efforts to move closer to their primary caregiver. The caregiver responds by moving toward the infant to soothe them with their voice and warmth or to tend to the infant's needs. Through this responsiveness, the infant's sense of security becomes restored, and the infant calms.

2) **Affect Regulation:** When an infant is in distress they will often move towards the caregiver for help. The caregiver's ability to accurately read the infant's distress signals and effectively soothe them enables the infant to regulate their emotional state. An infant can only regulate their emotions with the support of an adult. With consistent empathic and loving care, an infant will begin to develop their own ability to self-regulate.

3) **Expression and Communication:** Through these reciprocal exchanges between infant and caregiver, the bond is formed and the infant also learns how to express and communicate their need to play, sleep, eat or be comforted.

4) **A Base for Exploration Starting:** At about age one, when an infant enters toddlerhood their need to discover and explore their environment and seek some separateness from their attachment figure(s) becomes their central developmental task. Toddlers will explore the environment close to their caregivers and look at them for assurance that what they are doing is okay. When a caregiver is physically present, and available to encourage exploration and curiosity, a toddler is able to confidently go off and explore their environment.

### ***Infant Crying For Comfort***

Caring for an infant who cries constantly can be exhausting and overwhelming for child care providers. If a child is crying, program staff must check on the child and reassure them verbally. Repeated lack of responsiveness to an infant's cries, even for only a few minutes at a time, can be potentially damaging to the child's mental health.

Program staff should:

- Use a variety of safe and appropriate individualized soothing methods of holding and comforting infants who are upset;
- Engage in frequent, multiple, and rich social interchanges, such as smiling, talking, appropriate forms of touch, singing, and eating;
- Be play partners as well as protectors;
- Be attuned to infants' feelings and reflect them back;
- Communicate consistently with families regarding the infants' behavior;
- Interact with infants and toddlers and develop a relationship in the context of everyday routines (eg, diapering, feeding).

### **Older Toddler Guidance**

Providers are responsible for using positive behavior guidance strategies to empower children to develop a positive self-concept, and intentionally guide children to interact respectfully and constructively with peers and adults in their community, and their environment.

Providers should structure an environment and approach interactions in ways that build positive relationships with children and families. A child's behavior should be guided in a positive way as part of the developmentally appropriate instruction taking place in the classroom.

Children may not be sent home early and/or placed in time out as a form of discipline or as a strategy to manage disruptive behavior in the classroom. Your program must develop and implement strategies for responding to behavior that is disruptive to other children or unsafe for the child and/or others. Staff are responsible for documenting the supports and interventions that are put in place as part of an evidence-based approach to behavior guidance, instruction, and professional reflection. Programs must establish and follow a written plan for behavior management that is acceptable to the DOE.

Your program's child behavior guidance policy must be communicated to families and staff at the start of the programmatic year and be made available in the home language of the families your program serves. All staff, including non-instructional staff, must receive a copy of the child behavior management policy and be trained on the policy at the beginning of the year. All infant and toddler programs must ensure staff are trained on sudden infant death syndrome ("SIDS"), safe sleep practices, and "shaken baby syndrome" identification and prevention training.

Your program must also collaborate and communicate with families to develop strategies to build each child's social, emotional and behavioral skills. Additionally, you should share best practices with families in culturally and linguistically responsive ways.

## **Early Intervention (birth to 3 years old)**

If you have a concern about a child's development when they are between the ages of birth and three years old, New York City's Early Intervention Program can help by providing a free evaluation to find out if the child is eligible for services. Providers should support their staff members with talking to families about any concerns they have about a child's development. Program staff should review the Early Intervention process with the family and support them through the process to secure services.

- Families and program staff can make a referral to Early Intervention (EI) by:
  - Calling 311 and asking for Early Intervention; or
  - Completing the [Early Intervention Program Referral Form \(PDF\)](#) and faxing it to a regional office in the family's home borough.

Program staff must participate in EI reviews for both initial referrals and requested annual reviews.

### ***Evaluation***

Upon making a referral to EI, families are assigned a Service Coordinator who will help them navigate the program, including the evaluation process.

**Services**

If found eligible, EI will work with the family to develop an Individualized Family Service Plan (IFSP), which outlines the EI services they will receive. Eligible children can receive services in their “natural environment,” or the environment where the child normally is. This could be your program, the child’s home, and across other environments where typically developing children are found. You must ensure that these services are being provided at your program.