

The New Jersey Infant and Toddler Credential:
A Framework for Quality Professional Development

Presented by:
Coalition of Infant/Toddler Educators
The DART Center of Kean University
New Jersey Professional Development Center
For Early Care and Education

DRAFT
January 30, 2004

TABLE OF CONTENTS

	Page
Overview	1
Background	2
Philosophy	4
Key Elements	9
Child Development	9
Curriculum	10
Environment	12
Family and Community	13
Health and Safety	14
Infant Mental Health	16
Nutrition	17
Professionalism	19
Implications for Training	21
Proposed Structure of the Credential	22
Conclusions	24
References	25
Glossary	28
Resources	30
Biographies of Writing Committee Members	32
Appendix	38

ACKNOWLEDGEMENTS

This document is the result of the efforts of a broad collaboration involving representatives of the early care and education, early intervention and pediatric health communities in New Jersey, under the leadership of the Coalition of Infant/Toddler Educators and the Campaign New Jersey ~ Better Baby Care Advisory Board.

The organizations that comprise the Campaign New Jersey ~ Better Baby Care Advisory Board include

- Coalition of Infant/Toddler Educators
- The DART Center for Infants, Toddlers and Their Families
- New Jersey Child Care Advisory Council
- New Jersey Association of Child Care Resource and Referral Agencies
- New Jersey Association for the Education of Young Children
- New Jersey Professional Development Center for Early Care and Education
- New Jersey Family Child Care Providers Association
- New Jersey Child Care Health Consultant Coordinators
- New Jersey Head Start State Collaboration Office
- New Jersey Infant Mental Health Association
- Division of Family Development – NJ Dept. of Human Services
- Early Intervention Services -- NJ Dept. of Health and Senior Services
- Office of Early Care and Education – NJ Dept. of Human Services
- Office of Licensing – NJ Dept. of Human Services
- Association for Children of New Jersey
- Children’s Futures
- Youth Consultation Services Institute for Infant and Preschool Mental Health
- And representatives of the pediatric health and early care and education communities

The Infant/Toddler Credential Working Group has met since May 2002 to craft the credential. To complete the final document, a Writing Committee was selected with representation from each of the following organizations:

- Coalition of Infant/Toddler Educators
- DART Center for Infants, Toddlers and Families
- NJ Child Care Advisory Council
- NJ Professional Development Center for Early Care and Education
- NJ Association of Child Care Resource and Referral Agencies
- NJ Association of Community College Early Educators
- NJ Dept. of Human Services
- Head Start
- NJ Dept. of Health – Early Intervention Services
- NJ Child Care Health Consultant Coordinators

Members of the Writing Committee are listed in the Biography section. Funding received by the Coalition of Infant/Toddler Educators from The Schumann Fund for New Jersey and Johnson & Johnson has underwritten the Campaign New Jersey ~ Better Baby Care and the efforts of the Writing Committee.

This document would never have come to completion without the leadership of Dr. Arlene Martin, Director of the DART Center and Associate Professor of Early Childhood and Family Studies, Kean University.

OVERVIEW

The New Jersey Infant/Toddler Credential Framework represents the content and curriculum guidelines for the development of training initiatives to support an Infant/Toddler Credential. It was guided by the work and efforts of CITE (Coalition of Infant Toddler Educators), the DART (Dissemination, Advocacy, Research, Training) Center of Kean University and the New Jersey Professional Development Center for Early Care and Education (NJPDCECE). Volunteering their time, child care advocates from the early care and education community met for two years to construct this framework.

This document is intended to guide training entities in developing appropriate training approaches rather than to prescribe how training will be conducted. It presents principles, areas of development and ways of thinking about how and under what circumstances infants, toddlers and families develop competencies and strengths that ensure their well-being. It is assumed that high quality training programs will embrace these principles and guidelines to provide practitioners with a curriculum that respects the integrity of the adult learner as well as the primacy of meeting the diverse needs of children from birth to three.

In New Jersey, it is recognized that infants and toddlers are cared for in a variety of diverse settings from relative care, to family child care and center-based care. Considering the similarities and differences in these settings, the need to create a set of core concepts was apparent to ensure quality care. The New Jersey Infant/Toddler Credential Working Group identified eight (8) key elements. The following key elements comprise the content framework to grow competent, high quality practitioners. These include the areas of:

- Child Development
- Curriculum
- Environment
- Family and Community Relationships
- Health and Safety
- Infant Mental Health
- Nutrition
- Professionalism

The topic of inclusion is embedded in all of the eight (8) elements. Residing in the principles that guide this document, the New Jersey Framework has two essential components: the critical notion of the importance of *infant mental health education* of practitioners and the significance of *interactional processes that occur in the transactional relations of the human infant and the environment*. These two features distinguish this framework and establish criteria for developing the training model. This framework builds on the work of Bowlby (1969), Ainsworth (1978), Mahler (1972) and Stern (1990). We have come to understand that Bowlby's concept of a "secure base" and the nature of interactive processes within human relationships comprise a measure of

quality in caring relationships and create a context in which the infant and toddler can thrive.

In order for practitioners to develop a quality of life approach to caring for infants and toddlers, to promote well-being and to ensure infant mental health, they must be trained in these conceptual frames that bridge theory and practice. Gonzalez-Mena (2003) speaks to these concepts within her ten principles of respectful, responsive caregiving based on the work of her mentor, Magda Gerber. We cannot view programs only as spaces that house infants and toddlers. In order to provide for the health, safety, nutrition, physical and educational care of the children, we must also attend to the mental well-being of the developing infant and toddler. It is critical that the internal emotional and creative life of the infant and toddler be emphasized as well as their physical, cognitive and social developmental domains.

In her recent book, June Handler, founder of the Coalition of Infant Toddler Educators (CITE) and mentor/teacher to most of CITE's leadership, suggests that infants and toddlers are "members, makers and interpreters" on a journey to "becoming" (Handler, 2003). This statement in itself indicates a deeper, inner life than we give credit to infants and toddlers and beckons our attention to their emotional side. Greenspan (1970), Stern (1990) and Goleman (2000) provide support and lend credence to Handler's notions that infant/ toddler emotional capacities be attended to in the caregiving routines, environmental congruence and curricular events that shape human interactional processes and deep intimate relations.

The New Jersey framework is unique in that it emphasizes and identifies these two features- *infant mental health and interactional processes*- to inform a training agenda. In order for staff to ensure competent infant and toddler development and provide for infant/toddler mental health, they must understand the important psychological processes within the theoretical bases of Bowlby's (1969, 1972) work on attachment, separation and loss, Mahler's (1961) separation and individuation construct, Ainsworth's (1978) paradigm of the strange situation, and the work of so many others (Brazelton, Gerber, Goleman, Greenspan, Osofsky, Stern). It is intended that trainers integrate these concepts into their courses, modules or field work in order to design a high quality infant/toddler credential training.

BACKGROUND

National attention to universal preschool education in public settings has heightened public awareness of the effects of early education on young children. Drawing on the significance of brain research, recent trends refocus our attention to the needs of our very youngest children in out-of-home childcare arrangements. The focus on universal pre-k in early care and education has raised our consciousness to the issues of quality relative to all forms of child care. It also reveals to us the dire needs of our very youngest children from birth to age three who spend much of their time in out-of-home care.

The advent of Early Head Start in New Jersey has brought a higher quality standard to infant/toddler care. This emphasizes the disparity in quality among infant care programs in the state. The Early Head Start model of center-based or family child care represents a desirable standard of care which can serve as a model for all New Jersey infant/toddler programs.

New Jersey has a particular commitment to the care of infants and toddlers. The State has a strong agenda and history in the development of infant and toddler programs and the professionalization of infant/toddler practitioners. During the country's heightened period of social change several programs for children were born. Nationally, Head Start was conceived in 1965, and locally the first infant/toddler, non-profit center-based child care program "Babyland" was created by Mary Smith, an activist in Newark, NJ who had deep concerns for the plight of infants and toddlers and of Newark women in underpaid, underappreciated jobs. She was aided by Monsignor William Linder (then a priest at Queen of Angels, Newark with the same concerns for the women and children at his church and in Newark in general) and by Dr. June Moss Handler, a Professor of Early Childhood and Family Studies, Kean University. Since then, many infant/toddler programs became integrated within preschool programs. In the late 1970's and early 1980's growing numbers of infants and toddlers in group care settings signaled the need for increased guidance and support in curriculum development and staff development. To address this need, in 1985 the Coalition of Infant/Toddler Educators (CITE) a grassroots advocacy organization was formed. It began as a networking organization to assist directors to create quality programs for infants and toddlers, to discuss and develop appropriate curriculum and practice in infant/toddler programs, and to design training to meet the needs of staff who were originally oriented to preschool education.

CITE is an organization that is unique. Events over the past twenty years have propelled CITE's agenda from advocacy, networking and training, to a larger national agenda when it aligned with the Better Baby Care Campaign (BBCC) to create Campaign New Jersey ~ Better Baby Care. The focus of the national Better Baby Care Campaign on quality issues and training of infant/toddler personnel to meet the needs of children, parents, and programs is of significance to the State of New Jersey. Over the past twenty years, CITE has evolved from a networking organization with one chapter, holding monthly training meetings and a State conference, to a statewide organization of five chapters. CITE's membership has significantly increased as a direct result of the organization offering monthly training meetings to professionalize infant/toddler practitioners. Currently CITE's agenda coincides with the national advocacy effort of the Better Baby Care Campaign. CITE has identified four steps of the national Better Baby Care Campaign as part of its commitment to promote quality for all infants and toddlers in the state. These four steps include:

- Creation of an Infant/Toddler credential
- Creation of a Training of Trainers Program
- Creation of the new position of Infant/Toddler Specialist
- Creation of a full Public Awareness Campaign on the needs of infants and toddlers in group care

PHILOSOPHY

Infant/toddler programs require a perspective that is different from the approach generally assigned to preschool education. There is a unique dynamic at work in an infant/toddler setting. Jeree Pawl, infant psychiatrist and Zero to Three board member reminds us to ask “How does it feel?” in this infant environment. “What is the infant or toddler’s experience?” “What are the infant’s messages to us?” In authentic infant/toddler programs, the tone feels different and it should feel unlike any other type of child care setting.

The philosophy that identifies a preparation program for infant/toddler professionals must emanate from these essential differences. There are pictures and words that emerge to describe what a quality program of infant/toddler caregiving provides. A quality infant/toddler program engenders physical and psychological safety, a relationship-based program, a family-centered program, within a cultural context, rich in materials and stimulation. A responsive caregiving environment is a calm, organized, predictable setting that is mentally and emotionally secure, and filled with loving respectful interactions. These qualities and images establish features that are necessary to design a program for developing professionals in our field who work with infants, toddlers and their families. The New Jersey Infant/Toddler Credential philosophy views these practitioners as dynamic, interactive educators who will become confident in:

- child development theory and practice
- relationship-based, family-centered models of care and education
- quality interactions that promote mental health and well-being for all infants and toddlers
- understanding of primary caregiving and continuity of care
- an individualized curriculum of care and education

We believe that dynamic infant/toddler educators understand and honor the complexity and the richness of:

- family systems that are culturally and linguistically diverse, and
- individual differences of children and families with special needs.

A professional preparation program for infant and toddler educators develops individuals who are competent life-long learners, capable of serving the diverse needs of infants and toddlers and families based on the respect and intimacy inherent in the nature of this work. For the sake of the children, we can no longer accept the notion that “anyone can care for babies.” The field of infant/toddler care and education requires educators who are knowledgeable, caring, communicative, and personally committed to their own professional growth and development.

In 1988, The TASK (Training Approaches for Skills and Knowledge) Project of the National Center for Clinical Infant Programs (now Zero to Three) identified four

elements of training that are likely to provide competent infant-family practitioners. These elements include:

- A knowledge base built on a framework of concepts, common to all disciplines concerning infants, toddlers and their families;
- Opportunities for direct observation and interactions with a variety of children under three and their families;
- Individualized supervision that allows for trainees to reflect on all aspects of work with infants, families and colleagues from a range of disciplines; and
- Collegial support both within and across disciplines, that begins early in training and continues through the practitioner's professional life (Fenichel & Eggbeer, 1990).

Fenichel and Eggbeer (1990) list core concepts that are general guides all practitioners need to be aware of in their work with children birth to three including:

1. Endowment, maturation and individual differences
2. The power of human relationships
3. Transactions between the infant and the environment
4. Developmental processes and their interrelationship
5. Risk, coping, adaptation and mastery
6. Parenthood as a developmental process
7. The helping relationship

With these core concepts in mind, the competent practitioner must integrate both knowledge and skills across these areas and apply them to the individual circumstances of both infants/toddlers and parents.

In 1990, a team of CITE's board members attended the first Training of Trainers of Infant Specialists sponsored by Zero to Three and based on the TASK core concepts. The concepts introduced in the TASK training greatly influenced CITE's leadership and thereby influenced the direction and work of CITE in the last fifteen years. Several guiding principles from the TASK experience, described above, are embedded in CITE's historical development. The TASK approach is also reflected in the development of the framework for the New Jersey Infant/Toddler Credential.

Based on the influence of the Zero to Three training, CITE leadership recognized the need to develop a more formalized training mechanism to promote training initiatives in the infant/toddler child care community. As the need for infant/toddler training of practitioners and supervisors grew, CITE and the Department of Early Childhood and Family Studies of Kean University collaborated to create the DART Center for Dissemination, Advocacy, Research and Training. The purpose of the DART Center was to create and implement training initiatives specifically for infant/toddler and family practitioners. In 1991, the DART Center housed at Kean University sponsored its first mentor teacher training of infant/toddler supervisors and shortly thereafter initiated infant/toddler CDA training. Supervisory courses and CDA training offered by the

DART Center have been conducted throughout New Jersey and continue to be funded by New Jersey foundations and business collaboratives. DART training initiatives have emphasized literacy development within CDA training and conceived the DART Mentor Teacher Training for Infant/Toddler supervisors and accreditation specialists. Building on these training models and incorporating the expertise of the mental health initiatives promoted by New Jersey's Youth Consultation Services (YCS) team, the approach recommended in this framework draws on the strength of a multi-modal, comprehensive integrated curriculum.

Established in 1918, YCS is a non-profit, non-sectarian social service agency, the largest provider of social services to children in New Jersey with more than 90 programs in 35 cities. The mission of YCS is to advocate for, educate, shelter and care for children in need and their families, so that each can further develop the skills, self-worth and hope necessary for success within their communities. Services include short term and intermediate shelters and group homes, after school programs, therapeutic foster care placements, special education schools, and specialized mental health programs for infants and young children, birth to six years of age.

The YCS Institute for Infant and Preschool Mental Health is a training and consultation, clinical service and research institute concerned with the optimal development of the infant and child within the context of his/her primary attachment relationships. The YCS Institute has provided training and consultation to over 30 infant, child, school, hospital and community-based agencies in the region and provides consultation services to the Early Head Start- National Resource Center (EHS-NRC). Institute staff have offered trainings and consultations in infant and preschool mental health throughout the United States. Their clinical services provide therapy, assessment and support for infants, toddlers, preschool aged children and their families.

In April 2003, New Jersey was selected to be one of the first group of states to participate in the National Infant & Toddler Child Care Initiative at Zero To Three, which is a project of the Child Care Bureau, Administration for Children and Families, US. Department of Health and Human Services. It is designed to support State and Territory Child Care Development Fund (CCDF) administrators in their efforts to effect system-wide improvements in infant and toddler child care. This three-year project will work directly with ten states and territories per year, a total of 30, and will produce fact sheets, issue briefs and other materials that will be available to all states and territories.

The Initiative will help New Jersey use existing strategic plans to improve the infant and toddler child care system; provide technical assistance, consultation and other supports to our team; collect and disseminate information on infant and toddler child care supply; collect and disseminate information on infant and toddler child care investments and initiatives; produce materials that feature infant and toddler child care issues and trends and help NJ evaluate progress towards our goals. CITE members comprise a significant part of New Jersey's NITCCI team.

In the Spring of 2002, a group of fifty of New Jersey's child care advocates who are concerned about the quality of programs that serve our state's youngest children met to conceive the philosophical base of an Infant/Toddler Credential. This philosophical base frames this document. The following statement of philosophy and guiding principles was the result of their initial discussions.

Philosophy of the New Jersey Infant/Toddler Credential

What is the appropriate philosophy of a program that prepares infant/toddler professionals?

This educational program, grounded on principles of research-based, transdisciplinary, developmentally appropriate early childhood practice and instruction, is designed to prepare individuals to become nurturing, competent professionals for infants and toddlers in child care environments.

It believes in including all babies and toddlers in safe, healthy, responsive caring environments that support strong nurturing relationships, cultural competence, diverse learning needs and styles of every child, and partnership with the family in the child care process.

This program honors the life skills students bring to their educational endeavor, tries to meet diverse adult learning needs, and offers instruction on theory and practical strategies through course work, experiences, and mentoring. It expects a high level of professionalism and integrity from students at all times.

The guiding principles of the Infant/Toddler Credential state that:

1. Families are children's first caregivers and must be involved in daily decisions about their child.
2. Infant/toddler professionals need knowledge and understanding of child development.
3. Infant/toddler professionals need to be aware of the importance of nurturing interactions.
4. Nurturing programs provide intentional planning for young children's daily experiences.
5. Infant/toddler professionals need to have an appreciation for diversity including culture, gender, abilities.
6. Infant/toddler professionals make a commitment to their own ongoing growth and the growth of others.
7. Infant/toddler professionals understand appropriate communications and interactions with adults.
8. Infant/toddler professionals advocate for children's needs and quality programs.
9. Infant/toddler professionals understand the ethical issues of the field and uphold these ethics through their behavior.
10. Infant/toddler professionals take steps to maintain their positive mental health in order to provide nurturing relationships.

11. Infant/toddler professionals understand the importance of a primary relationship in the life of each child.
12. Infant/toddler professionals provide children with developmentally appropriate activities in the areas of communication, language, physical, social, emotional, creative and cognitive development.
13. Infant/toddler professionals understand appropriate assessment techniques and use them in planning for children.
14. Infant/toddler professionals understand the value of inclusive settings and adapt programs in order to include every child and family who wishes to participate.
15. Infant/toddler professionals understand the importance of good prenatal care and health care for young children and their families and support families in meeting this need.
16. Infant/toddler professionals seek to maintain positive self-esteem for every child in their care.

KEY ELEMENTS

The Infant/Toddler Writing Committee organized this curriculum framework around eight key elements that frame quality infant/toddler caregiving programs. These elements are presented in this section in the form of competencies that the committee believes all infant/toddler caregivers need to develop. The guiding principles of mental health and interactional processes, of family centered care, continuity of care and primary caregiving are embedded within the eight key elements of the credential training. Trainers, training institutions and agencies may use them to inform, influence and strengthen their training approaches. Each key element is introduced with a philosophical precept. The Key Elements are listed here and are also presented along with sample demonstrations of competence and suggested evaluation strategies in the Appendix.

A. CHILD DEVELOPMENT

With an amazing amount of development taking place in the first three years of a child's life, cognitively, socially and physically, understanding the "ages and stages" during this period is critical.

Candidates need to know that these ages and stage encompass all areas of development, that development is predictable yet individual and that expectations for children need to be realistically based on the child's developmental age, not just his or her chronological age.

Candidates also need to know that all areas of development are linked and that each one depends on and influences the other. Experiences shape development as young children adapt to their world so a variety of age appropriate hands-on activities and experiences should be offered (www.zerotothree.org).

The effective Infant/Toddler Practitioner displays the following competencies in the key element area of CHILD DEVELOPMENT:

- Competency A1. Recognizes that child development follows a predictable and sequential pattern facilitated by maturation and the environment.
- Competency A2. Understands that there are accepted, research-based theories of child development.
- Competency A3. Understands the typical range of various domains of child development in order to identify early indicators of possible developmental delays.
- Competency A4. Demonstrates understanding of impact of conditions such as, Down Syndrome, on cognitive development in infants and toddlers.
- Competency A5. Understands the impact of individual temperament characteristics on children's development.

- Competency A6. Understands social emotional development in infants and toddlers and respects approaches for teaching self-awareness, self-esteem, and self-discipline.
- Competency A7. Applies attachment theory to developing relationships between infants and their families
- Competency A8. Demonstrates understanding of impact of a disability on typical social emotional development in infants and toddlers.
- Competency A9. Demonstrates knowledge of perceptual-motor development in infants and young children.
- Competency A10. Demonstrates understanding of effects of conditions such as Cerebral Palsy, Spina Bifida, etc. on gross and fine motor development.
- Competency A11. Applies understanding of sensory processing and how children regulate sensory input.
- Competency A12. Demonstrates understanding of the effects of sensory deprivation, such as, visual impairments/blindness, hearing impairments/deafness on the developmental stages from birth to three.
- Competency A13. Embeds speech and language development concepts into activities for young children.
- Competency A14. Demonstrates understanding of the impact of various disabilities on speech and language development in infants and toddlers.
- Competency A15. Understands the inter-relatedness and interdependence of physical, motor, cognitive, sensory, social and emotional development.
- Competency A16. Demonstrates understanding of developmental patterns that accompany specific disabilities.
- Competency A17. Recognizes the importance of play, playfulness and imagination as the vehicle of learning in the lives of all infants and toddlers with disabilities.
- Competency A18. Demonstrates knowledge of basic skills that are the components of play at all developmental levels.
- Competency A19. Demonstrates understanding of typical development of infants and toddlers, and awareness of indicators of atypical development.

B. CURRICULUM

NAEYC’s statement on “what is curriculum?” states that *content* is what emerges from the goals and objectives for children; *process* is what you do to help children learn; *context* is the setting in which learning takes place and, for children under three, *relationships* are a key part of the context. Components of a curriculum include a statement of philosophy, a statement of goals and objectives, guidance on creating the physical environment, an educational approach, and suggestions for developmentally appropriate activities and a meaningful role for parents. An important aspect is acceptance of differences which is exemplified in the inclusive nature of the curriculum. Adapting materials and activities to facilitate the participation of children with disabilities enriches the curriculum for all children.

The effective Infant/Toddler Practitioner displays the following competencies in the key element area of CURRICULUM:

- Competency B1. Understands how young children learn and how they develop socially, emotionally, cognitively, and physically in order to develop an appropriate philosophy for a child development program.
- Competency B2. Demonstrates knowledge of goals and objectives that are clearly defined, realistic, and cover all areas of development and outline what children can be expected to achieve.
- Competency B3. Demonstrate ability to plan and implement a curriculum based on a philosophy, goals and objectives.
- Competency B4. Understands the importance of physical environment in planning and implementing the curriculum.
- Competency B5. Understands the importance of observation of children to promote individual learning.
- Competency B6. Demonstrates knowledge of developmentally appropriate activities and materials that are used for planning and responding to the interests and needs of young children, including those with special needs.
- Competency B7. Recognizes that families are children's first and primary teachers.
- Competency B8. Supports nurturing relationships between caregiver and child as the basis of the infant/toddler curriculum.
- Competency B9. Understands the importance of using a variety of interactional strategies to promote development.
- Competency B10. Demonstrates an understanding of the various aspects of child development, including large and small motor, cognitive, perceptual, social, emotional, communication, creative, and expressive skills.
- Competency B11. Demonstrates an understanding of the importance of routines, rituals and transition in planning curriculum for young children.
- Competency B12. Understands a variety of approaches to enable all children to acquire and construct knowledge, skills and understanding.
- Competency B13. Supports children's emergent literacy skills.
- Competency B14. Supports emerging mathematical and science skills.
- Competency B15. Supports creative and imaginative activities, and sensory activities of art, sand and water play.
- Competency B16. Respects, includes and celebrates all forms of diversity within the curriculum.
- Competency B17. Demonstrates a willingness to meet the special needs of all children by adapting materials and using a variety of strategies to enhance the participation of all children including those with disabilities.
- Competency B18. Engages a variety of approaches to learning: manipulation of materials, sensory activities, repetitive learning.

- Competency B19. Guides children’s behavior through appropriate uses of curriculum and environment.
- Competency B20. Models and uses appropriate language that encourages and supports infant/toddler receptive and expressive language development.

C. ENVIRONMENT

Attention to the infant and toddler learning environment is a key aspect of working with very young children. The environment needs to be family centered and thoughtfully designed to meet the cultural, social, emotional, physical, and cognitive needs of each developing child. The environment is an integral part of the curriculum and is reflective of the philosophy of the program.

The effective Infant/Toddler Practitioner displays the following competencies in the key element area of ENVIRONMENT:

- Competency C1. Demonstrates appropriate space design, including multiple activity areas, places for small group play and individual play.
- Competency C2. Provide an environment that uses the physical space to create a homelike atmosphere that is safe, developmentally appropriate and addresses various domains.
- Competency C3. Provides an environment that utilizes cozy spaces that provide soft, comfortable private space for one or two infants/toddlers at a time.
- Competency C4. Creates an environment that is in compliance with all applicable codes and regulations.
- Competency C5. Provides an environment that is considerate of and designed to accommodate the functional status and special needs of each child in care.
- Competency C6. Provides a program with adequate age and culturally appropriate materials to minimize the need for sharing. Rotates and adds new materials on an on-going basis.
- Competency C7. Demonstrates an understanding of how the environment affects the way children learn.
- Competency C8. Demonstrates an understanding of each child’s abilities and how to plan for an environment that balances safety and risk-taking.
- Competency C9. Demonstrates an understanding of ways to design an appropriate indoor environment that utilizes low dividers, couches and shelving as dividers, lighting, noise reduction, etc.
- Competency C10. Adapts walls and surfaces to provide perceptual and tactile experiences, e.g., uses textures, mirrors and aesthetic elements.
- Competency C11. Provides an environment that identifies the interests of each child as an individual.
- Competency C12. Provides an appropriate, consistent sleeping environment that is safe, promotes good health, is pleasant for children and is influenced by routines established at home.

- Competency C13. Demonstrates the ability to assess the environment on a regular basis using research-based instruments.
- Competency C14. Provides an environment that supports adult/child interactions.
- Competency C15. Provides an environment that supports parent involvement and helps parents feel welcome.
- Competency C16. Provides an environment that facilitates routine care such as diapering, feeding, sleeping, etc.
- Competency C17. Provides an environment that supports language development.
- Competency C18. Demonstrates knowledge of the potential impact of exposure to specific environmental conditions of child development and behaviors.
- Lead
 - Medications
 - Allergens
 - Foods
- Competency C19. Demonstrates an understanding of the key components of a safe developmentally appropriate outdoor infant/toddler space that facilitates positive socialization and cognitive and motor development.

D. FAMILY AND COMMUNITY

The family and community component of the credential recognizes the importance and significance of the family as the child's primary educator and the role of the larger community in supporting and assisting the family in its primary role. The family mediates the world for the child, provides models for ways of being in the world, e.g., learning, loving, language, values, traditions, and routines. The community assists the family in providing resources, services and education.

The effective Infant/Toddler Practitioner displays the following competencies in the key element area of FAMILY AND COMMUNITY:

- Competency D1. Understands the significance of the family through family-centered practice, recognizing the family as the center of a young child's life and is the child's constant support, decision-maker and advocate.
- Competency D2. Demonstrates understanding of the complex job of families in caring for and providing learning opportunities for young children, and the additional responsibilities that accompany having a child with special needs.
- Competency D3. Demonstrates sensitivity to families of infants and toddlers with disabilities and awareness of the family's primary role relevant to services needed by their child.
- Competency D4. Responds appropriately to family strengths and individuality and builds upon their different coping methods.

- Competency D5. Supports families of infants and toddlers with disabilities throughout the development of the Individual Family Service Plan, when possible.
- Competency D6. Applies family- centered principles and child care supports that reinforce families in the task of enhancing their children’s learning and development.
- Competency D7. Promotes the involvement of families as partners, encouraging their input, participation and presence in the child environment.
- Competency D8. Promotes the family’s acquisition of knowledge, skills, and confidence in identifying and implementing developmentally appropriate activities with their child.
- Competency D9. Understands their own beliefs, value systems, culture, and child-rearing experiences as they establish professional relationships with children and families.
- Competency D10. Demonstrates awareness of varied child care practices among cultures and actively seeks knowledge about the cultural and ethnic backgrounds of all the infants and toddlers in his/her care, including those with disabilities.
- Competency D11. Understands the role of parent’s mental health, health, and relationships on infant/toddler growth and development.
- Competency D12. Understands the socioeconomic, cultural, familial, and social systems of the community in which the child care environment is located.
- Competency D13. Understands the importance of responsive early childhood services (e.g., respite care, sick-child care, shift work, inter-generational care) that support families in providing for their children.
- Competency D14. Understands a family system in the context of its own culture, value systems and community resources.
- Competency D15. Demonstrates knowledge that a child’s experience is impacted by how their parents and caregivers respond to them and shape development as the child adapts to the world around him/her.

E. HEALTH AND SAFETY

Protecting the health and safety of children from birth to three is basic to the development of a well-rounded, quality program. These areas provide for meeting the basic needs of very young children in child care. Candidates must have a basic understanding of each area in order to be considered competent in providing comprehensive care and education for the young child.

The effective Infant/Toddler Practitioner displays the following competencies in the key element area of HEALTH AND SAFETY:

- Competency E1. Ensures direct supervision of all children in care.
- Competency E2. Utilizes and adheres to National Health and Safety performance Standards: Guidelines for Out of Home Child Care Programs.

- Competency E3. Utilizes, regularly monitors and evaluates sanitary routines, including diaper changing, early toileting, meal service and maintenance of toys and equipment.
- Competency E4. Demonstrates knowledge of how diseases are spread. Maintains and implements protocols for infection control and universal precautions:
 - Bloodborne pathogens: HIV/AIDS, hepatitis B
 - Diapering
 - Handwashing
 - Toy sanitation
- Competency E5. Uses observation as a means of ensuring health, safety and protection of children:
 - Daily health assessments
 - Documentation of significant findings
- Competency E6. Recognizes the signs and symptoms of common diseases and illness:
 - RSV (respiratory syncytial virus)
 - Common cold/flu
 - Diarrheal diseases
And responds appropriately as warranted:
 - Isolating the child if necessary
 - Contacting parent(s)/guardians
 - Administering medications according to Office of Licensing Procedures
- Competency E7. Demonstrates knowledge, understanding and protocols relating to SIDS, CPR, first aid, medication administration and medical emergencies.
- Competency E8. Understands the potential underlying health causes of difficult or delayed infant/toddler behaviors: FAS (fetal alcohol syndrome), PDA (prenatal drug abuse), exposure to environmental hazards.
- Competency E9. Knows and adheres to licensing and regulatory requirements.
- Competency E10. Demonstrates knowledge and understanding of health resources and how to access them, i.e., child care health consultants and HealthLink newsletters.
- Competency E11. Demonstrates knowledge of the indicators of child maltreatment and the legal requirements and procedures for reporting child abuse and neglect: Shaken Baby Syndrome.
- Competency E12. Demonstrates knowledge of recommended health care and immunization schedule. Demonstrates ongoing monitoring and record-keeping: Lead poisoning.
- Competency E13. Understands and plans for the special health needs of children in child care:
 - Allergies
 - Apnea
 - Nebulizers
 - Epipens

- Individual family service plans
 - Special needs care plans
- Competency E14. Demonstrates knowledge of emergency preparedness, monitoring and corrective actions:
- Evacuation drills
 - Medical emergencies
 - Reporting injuries
 - Tracking injuries
 - Major safety hazards
 - Ingestion
 - Falls
 - Falling objects
 - Cuts
 - Eye injury
 - Pinches
 - Burns
 - Electrocution

F. INFANT MENTAL HEALTH

In order to promote well-being, prevent problems for children at risk and provide early intervention, an application of infant mental health principles is necessary. Infant Mental Health is an interdisciplinary field concerned with the optimal physical, social, emotional and cognitive development of the human infant within the context of his/her own family. It is the developing capacity of the child from birth to age three to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.

The effective Infant/Toddler Practitioner displays the following competencies in the key element area of INFANT MENTAL HEALTH:

- Competency F1. Understands the influence of parents' fears and expectations on child care needs and options.
- Competency F2. Recognizes "goodness of fit" between infant and toddler and care-giver(s).
- Competency F3. Supports nurturing relationships between infants and parents and caregivers.
- Competency F4. Acknowledges that infants are born with remarkable capacities for human relatedness, which help invite, inform, and regulate relationships with their care-givers.
- Competency F5. Supports the infant/young child's growing curiosity and need to explore the world while using the parent/care-giver as a secure base.

- Competency F6. Applies knowledge of the core concept of attachment which recognizes that from the earliest moments of life, infants are building notions about self and others through the nature of their earliest attachments.
- Competency F7. Demonstrates and acknowledges the mobile infant/toddler's efforts and needs to begin to recognize and control their feelings and actions.
- Competency F8. Applies knowledge of differences in infant/toddler temperament and how temperament can affect interactions between children, parents and care-givers.
- Competency F9. Recognizes that the period of life from birth to three is the greatest period of brain growth and that brain growth and development are greatly dependent on experience.
- Competency F10. Demonstrates an ability to assist infant/toddlers in their ability to cope with excitement, arousal, and strong emotions.
- Competency F11. Understands that the infant/toddler's primary relationship (typically parent/child) is best understood within the context of the home and family life.
- Competency F12. Understands how children regulate sensory input (vision, hearing, touch, smell, taste and movement) and how this affects cognitive, social and emotional development.
- Competency F13. Understands stages of social and emotional development in infants and toddlers.
- Competency F14. Appreciates and recognizes early indicators of special needs including possible developmental delays.
- Competency F15. Appreciates impact of care-giver changes and losses on infants/toddlers and how these affect social-emotional development.
- Competency F16. Understands the importance of play, playfulness and imagination in the lives of infants and toddlers.
- Competency F17. Understands that learning is most meaningful and effective when the child is emotionally invested in the activity and socially related.
- Competency F18. Fosters resiliency and capacity for empathy in infants and toddlers.
- Competency F19. Recognizes the importance of culture in shaping the expression of social-emotional development in infants and toddlers.

G. NUTRITION

Nutrition for infants and toddlers is more than just getting food into them. Infants and toddlers in group care need a nurturing feeding environment and caregivers who are aware of nutrition concepts, food safety and best practices in feeding young children. In addition, caregivers familiar with child development can plan for age-appropriate food and nutrition activities throughout the day in which children develop and practice skills.

The effective Infant/Toddler Practitioner displays the following competencies in the key element area of NUTRITION:

- Competency G1. Demonstrates an understanding of the importance of good nutrition (from pre-natal through age 3) to brain growth and healthy development:
- Meets RDAs
 - Types of food/portion sizes are age-appropriate
 - Formula
 - Cow's milk
 - Introduction of solid foods
 - Finger foods- self-feeding
 - FTT
- Competency G2. Recognizes appropriate feeding practices and challenges for each agegroup:
- Bottle feeding
 - Formula preparation, storage and feeding
 - On demand - no struggling over foods
 - Breastfeeding: benefits, barriers, how to make program breastfeeding friendly
- Competency G3. Incorporates concepts of safety, socialization, and cultural diversity into the feeding/nutrition program:
- Social atmosphere
 - Participation in planning, preparation, and clean-up
 - Diversity of foods
 - Foods that are culturally familiar to children
 - Prevention of choking hazards (grapes, etc.)
 - Family style eating for toddlers
- Competency G4. Recognizes professional responsibility to act as a role model for healthy food choices.
- Competency G5. Understands cause and consequences related to childhood obesity and other eating disorders.
- Competency G6. Describes oral health issues relating to nutrition and feeding practices:
- Bottle propping
 - Thumb sucking
 - Dental caries
 - Tooth brushing
- Competency G7. Identifies resources and programs available for supplemental nutritional programs for families and children: CACFP, WIC and Food Stamps.
- Competency G8. Identifies appropriate food-related activities as part of the curriculum.

Competency G9. Demonstrates an understanding of best feeding practices that nurture all infants and toddlers including those with diagnosed disabilities, emotionally as well as physically.

H. PROFESSIONALISM

This area of the Infant/Toddler Credential reflects the qualities of an outstanding professional. These qualities include: 1) a commitment to quality programs, demonstrated by familiarity with quality programs; 2) a commitment to ethical behavior and an understanding of the ethical issues that can arise in working with young children and their families; 3) a commitment to lifelong learning, as demonstrated through individual initiative in seeking information that supports the professional's ability to improve her own practice; and 4) a commitment to reflect on beliefs about young children and families that develop out of our own past experiences. Candidates for the Infant/Toddler Credential recognize their important role as advocates for young children. They act as advocates by being a resource to family members and by supporting their colleagues in implementing best practices. Involvement in public advocacy activities is another way that infant/toddler professionals can support the development of high quality programs for young children and their families.

The effective Infant/Toddler Practitioner displays the following competencies in the key element area of PROFESSIONALISM:

- Competency H1. Demonstrates professional work habits including dependability, time management, independence and responsibility.
- Competency H2. Understands the legal and regulatory requirements for establishing safe, nurturing, inclusive and enriching programs.
- Competency H3. Has knowledge of high quality standards in infant/toddler care and implements them through program practice.
- Competency H4. Demonstrates a commitment to continuing learning to enhance skills.
- Competency H5. Demonstrates the ability to explain professional practice as it relates to research, theory and professional guidelines and standards.
- Competency H6. Develops leadership skills that advocate for high program quality.
- Competency H7. Demonstrates effective communication through authentic partnerships with colleagues, parents/guardians and community.
- Competency H8. Demonstrates reflective teaching practice in daily program operations.
- Competency H9. Understands the ethical issues of the field.
- Competency H10. Demonstrates a commitment to a code of ethics and upholds these ethics through own behavior.
- Competency H11. Applies profession's standards and ethics to assess own competence, e.g., NAEYC Code of Ethics and NJ Core Knowledge and Competency Areas.

- Competency H12. Participates in ongoing program evaluation to support future planning.
- Competency H13. Engages in reflective supervision to enhance professional outcomes.
- Competency H14. Participates in professional organizations and/or professional activities.
- Competency H15. Establishes professional short and long-range educational goals.
- Competency H16. Continues learning and applying good practice.
- Competency H17. Maintains an on-going professional portfolio.
- Competency H18. Advocates for self, children and families and the profession.
- Competency H19. Demonstrates ability to manage personal and professional boundaries including program and agency boundaries.
- Competency H20. Demonstrates ability to manage multiple priorities and responsibilities of the job.
- Competency H21. Demonstrates flexibility and resiliency in response to diversity and change.
- Competency H22. Demonstrates knowledge of relationship-based practices with infants and toddlers in care, with parents, with Early Intervention providers and with other staff in the program.
- Competency H23. Demonstrates awareness of support services that are available to support infants, toddlers, and their families, such as the NJ Early Intervention Services Coordinator in each county.
- Competency H24. Demonstrates willingness to mentor others as his/her professional competence grows.

IMPLICATIONS FOR TRAINING

The need for qualified infant/toddler practitioners is significant as the demand for increased high quality infant/toddler care is driven by New Jersey demographics, changes in the economy and welfare laws, and mostly driven by the State Law Abbott v. Burke that has changed the landscape of early care and education within New Jersey since 1998. The field of early care and education is driven by the Abbott initiative as it attempts to professionalize all staff who work with young children. This event dramatically shifts our focus to infant/toddler programs as they begin to also question the quality and care of those who work in these settings with our very youngest children. It is imperative for our field to push the agenda of highly qualified care-givers forward in New Jersey as we embrace the national agenda in the Better Baby Care Campaign. And so our commitment to offer an infant/toddler credential to practitioners moves the agenda forward. New Jersey's young children (birth to three) and their families deserve this level of quality in child care.

In thinking through the infant/toddler credential some questions arise that need to be considered. We pose the following questions:

Who are the providers? What qualifications do they need? How do we ensure consistency in the course content and level?

1. Which college courses are acceptable? Determine course approval/acceptance process.
2. Who administers the course approval process?
3. How can the Resource and Referral agencies develop a consistent course structure to complement the CDA credential and adjust their Infant/Toddler CDA training?
4. Do Resource and Referral offerings dovetail with the credential programs?
5. Who leads the college course design process?
6. Are there entities that can start to offer credential training even if not all the courses are available yet?
7. What are the qualifications of the trainers?
8. Do the trainers need an initial training-of-trainers for people who will be designing the courses and offering the training? Can we approve courses offered by entities that have not sent a representative to the training of trainers?

What are our future goals?

Goal: To develop an Infant/Toddler Credential

Objectives:

1. Improve the knowledge, skills and qualifications of infant/toddler practitioners
2. Include an infant/toddler credential in DHS licensing requirements
3. Provide a link to higher education opportunities.
4. Address barriers to obtaining an infant/toddler credential.

Goal: To define the role of the infant/toddler mental health specialist.

Objectives:

1. Define the role of the infant mental health specialist
 - a. Mentor
 - b. Provide reflective supervision of staff
 - c. Be a liaison between staff and director
 - d. Facilitate communication
 - e. Implement strength-based approaches to evaluation
 - f. Work with parents, families, staff on educational needs of the child and parent development
 - g. Refer families to additional services when needed
 - h. Model appropriate strategies for addressing issues
 - i. Work with staff on their frustrations with children
2. Create a training program incorporating a variety of disciplines to train entry level infant mental health specialists.
3. Develop a financing model that illustrates the cost of not providing high quality care and infant mental health services.

Goal: Raise the Standards for infant/toddler care

Objective: Family child care partnership with Early Head Start

Action: Pilot demonstration project

Objective: Increase resources for zero-three programs

Action: Educate legislators about the importance of 0-3 population

Objective: Provide a clear picture of high quality programs

Action: Work toward consistency in regulations

Objective: Develop common language

Action: Integrate services offered to families of young children – e.g., food stamps, perinatal services, etc.

Emerging themes:

- We need to identify gaps and the resources available to fill the gaps
- We need to work across disciplines and develop a common language
- Develop an infant/toddler career lattice with professional development building blocks, including entry level, specialists, mentors and administrators
- Improve quality by working with NJDHS Office of Licensing to gradually raise standards while providing technical assistance
- Refine expectations and differentiate between needs of infants and toddlers
- Continue to coordinate among Better Baby Care Campaign partners and other collaborators

PROPOSED STRUCTURE OF THE NEW JERSEY INFANT/TODDLER CREDENTIAL

Eligibility of Practitioners

At the time that the practitioner submits an initial application for the credential process, s/he should have obtained at least six (6) months work experience (paid, volunteer or through student practicum) with children under three years of age in a licensed child care center, registered family child care home or early intervention service program. Individuals not meeting eligibility requirements will be considered on an individual basis.

Training Requirements for the Credential

Upon completion, program will equal

- 15 college credits related to the Key Elements **or**
- 9 credits plus 100 non-credit training hours related to the Key Elements **or**
- CDA + 6 credits related to the Key Elements

The credential training includes field experience.

The credential candidate will have support from an advisor.

Coursework and training should have been completed within the last 5 years to satisfy credential requirements.

Individuals not meeting eligibility requirements will be considered on an individual basis. Pre-service students may be considered for a provisional credential if they have completed the training requirements but have not yet obtained the required work experience.

Application materials to be submitted by the candidate:

- Transcripts
- Portfolio demonstrating how knowledge is applied to program implementation (options for documenting competency – video, photo journal, written child study, ethical dilemmas)
- Documentation of appropriate work experience
- Advisor's feedback on observation and field experience
- Recommendation letters (e.g., from parent, supervisor)
- Reflective personal essay and statement of commitment

Fees

- Build in cost of field advisor
- Build in cost of approval process
- Recommend cost of non-credit training options or allow free market rates
- Cost of credential - \$75 initial fee -- covers advisement, get assigned advisor
- On submission of portfolio -- \$425
- Cost of renewal - \$50

Who will sponsor the credential?

The Coalition of Infant/Toddler Educators will bring expert leadership and credibility to the credential application review process.

Who will administer the credential application/granting process?

NJPDC will administer the credential through the NJ Registry for Childhood Professionals.

Is there a renewal requirement?

Renew every three years. Renewal candidates must document the following:

1. Professional activity – at least two activities, for instance:
 - Edit a newsletter
 - Contribute to a newsletter or professional publication
 - Attend a conference
 - Conference presentation
 - Maintain membership in a professional organization
 - Board member of organization or task force

2. Continuing education in infant-toddler programming, program supervision, or other related topics – at least 20 hours annually. Options include continuing college education, attaining advanced degrees or certificates, attending a leadership training or institute, participating in a fellowship program or attending non-credit professional development events.

CONCLUSIONS

The New Jersey Infant/Toddler Credential Framework has been developed to assist community-based and family-based child care agencies, educational institutions, Resource and Referral Agencies, and Early Head Start Services to design effective training initiatives that will upgrade and professionalize the quality of staff in each of these programs. It is deemed a tool to support program staff development, increase the availability of college level-training programs, enhance and coordinate infant/toddler CDA training as well as non-credit CDA infant/toddler training initiatives that currently exist.

This document provides an essential framework and guidelines to create strong research-based, developmentally appropriate training programs that serve practitioners to professionalize and commit to high quality service delivery. The Infant/Toddler Credential Working Group offers this document to training providers and practitioners with the hope that a new vision for the highest quality infant/toddler programs and practices will be fostered through professionalization of those who work with our youngest children.

REFERENCES

- Administration on Children, Youth and Families. (1994). Comprehensive Child Development Program – A national family support demonstration. Interim Report to Congress: Washington, D.C: US Department of Health and Human Services.
- Ainsworth, M.S.B., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- _____ (1973). Attachment and loss. Vol 2. Separation: Anxiety and anger. New York: Basic Books.
- _____ (1969). Attachment and loss. Vol. 1. Attachment. New York: Basic Books.
- Brazelton, T.B. (1992). *Touch points: The essential reference*. Reading, MA: Addison-Wesley.
- Bronfenbrenner, U. (1987). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Bruner, J.S. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Campbell, F.A. & Ramey, C.T. (1994). Effects of early intervention on intellectual and academic achievement: A follow-up study of children from low-income families. *Child Development*, 65-2, 684-698.
- Carnegie Corporation of New York. (1994). *Starting points: Meeting the needs of our youngest children*. New York: Carnegie Corporation.
- Cohen, E. & Kaufmann, R. (2000). *Early childhood mental health consultation*. Washington, D.C. Center for Mental Health Services and Substance Abuse and Mental Health Services Administration.
- Collins, R., Mascia, J., Kendall, R., Golden, O. & Schock, L. and Parlakian, V. (2003, Spring). Promoting mental health in child care settings. *Zero to Three*. Washington, DC. 23 4, 39-45.
- Donahue, P.J., Falk, B. & Gersony Provet, A. (2000). *Mental health consultation in early childhood*. Baltimore: Paul H. Brooks, Pub.

- Emde, R.N. (1989) The infant's relationship experience: developmental and affective aspects. In A.J. Sameroff & R.N. Emde (Eds.), *Relationship disturbances in early childhood: A developmental approach*. New York: Basic Books.
- Fenichel, E.S. and Eggbeer, L. (1990). Preparing practitioners to work with infants/toddlers and their families: Issues and recommendations for policy makers. Washington, DC. National Center for Clinical Infant Programs.
- Goleman, D. (1995). *Emotional intelligence*. New York, NY: Bantam.
- Gonzalez-Mena, J. and Widmeyer Eyer, D. (2004). *Infants, Toddlers, and Caregivers*. New York, NY: McGraw Hill.
- Greenspan, S. (1981). *Psychopathology and adaptation in infancy and early childhood*. Madison, CT: International Universities.
- Handler, J. (2003). *Infants and Toddlers as Members, Makers, Interpreters: A Philosophical Journey*. Dubuque, IA: Kendall Hunt.
- Howes, C. & Hamilton, C.E. (1992). *Children's relationships with child care teachers: Stability and concordance with parental attachments*. *Child Development*, 63, 867-878.
- Isabella, R.A. & Belsky, J. (1991) Interactional synchrony and the origin of infant-mother attachment. A replication study. *Child Development*, 62, 373-384.
- Knitzer, J. (2000). Building services and systems to support the healthy emotional development of young children—an action guide for policymakers: Promoting emotional well-being of children and families: Policy Paper #1. New York: National Center for Children in Poverty.
- Mahler, M.S., Pine, F. and Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books.
- Osofsky, J.H. (1987). (ed.). *Handbook of infant mental health*. New York: Wiley and Sons.
- Pawl, J.H. (1990). Infants in day care: Reflections on experiences, expectations and relationships. *Zero to Three Bulletin of the National Center for Clinical Infant Programs*, Washington, DC, 10(3), 1-6.
- Phillips, D. (2002, Spring). Children's mental health: Detecting needs and addressing gaps. *Child Care Bulletin*, Issue 25. Vienna, VA: National Child Care Information Center.

- Shonkoff, J.P., & Phillips, D.A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, D.C: National Academy Press.
- Stern, D. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- Whitebook, M., Howes, C., & Phillips, D. (1989). *Who cares? Child care teachers and the quality of care in America*. Oakland, CA.
- Winnicott, D.W. (1987). *The child, the family, and the outside world*. Reading, MA: Addison-Wesley.
- Zigler, E.F. & Lang, M.E. (1991). *Child care choices*. New York: MacMillan, Inc.
- Zuckerman, B. & Brazelton, T.B. (1994). Strategies for a family -supportive child health care system. In Kagan, S.L. & B. Weissbourd (Eds.) *Putting families first: America's Family support movement and the challenge of change*. San Francisco, CA: Jossey- Bass, Inc.

GLOSSARY

Acknowledgement –

anecdotal record – written description of one specific event or behavior

attachment – an emotional bond between an infant/toddler and adult that involves mutual closeness, trust and responsiveness

attunement –

autonomy – a sense of being a separate, independent self

caregiver – all persons responsible for caring for infants and toddlers regardless of the care setting

developmental domains -

egocentric – the inability to understand the world from any perspective other than one's own

empathy – being aware of and responding to the feelings of others

families – includes all primary caregivers for the infant/toddler in the child's home setting (may include parents, grandparents, foster parents, and other extended family, for example)

fine motor – the ability to use the small muscles such as fingers and hands to manipulate materials in the environment. Example of fine motor skills include grasping a rattle, picking up small objects and eating with utensils.

gross motor – the ability to use the large muscles of the body, the arms, legs and torso, to control body movements such as lifting the head, rolling over, climbing, walking and running

infant mental health –

interactional processes –

mutuality –

object permanence – understanding that something or someone continues to exist even when out of sight

open-ended questions – questions that have not right or wrong answer

parallel play – two children playing side-by-side, each involved in separate individual activity

primary care – the person who has the primary responsibility for the care of a child

prosocial behavior – showing concern, cooperation, kindness and consideration for others; demonstrating a sense of caring for others

reciprocity -

reflexive behavior – when muscles react automatically to different kinds of stimuli. Examples of reflexive behavior in newborns include breathing, blinking and swallowing

self-calming/self-quieting – the ability of infants and toddlers to calm themselves rather than relying on others to calm them. Thumb-sucking and holding onto a special blanket are examples of self-calming strategies used by infants and toddlers.

separation anxiety – becoming anxious when primary the caregiver leaves

signaling –

spatial relations – the ability to make a logical connection about surroundings and the objects, including self, in them

solitary play – one child playing alone

stranger anxiety – exhibiting anxious behavior around unfamiliar adults

synchrony -

transactional relations –

transition times – times of change or moving children from one activity to another, such as from indoors to outdoors

trust – a child's confidence that his/her emotional and physical needs will be consistently met

RESOURCES

Americans with Disabilities Act (ADA) Section 504

Bredenkamp, Sue and Copple, Carol. (eds.). (1997). *Developmentally Appropriate Practice in Early Childhood Programs*. Washington, DC: National Association for the Education of Young Children.

Children's Upstream Services (CUPS) Services Initiative, Vermont Department of Developmental and Mental Health Services, 2000.

Core Knowledge and Competency Areas – NJPDC

Dodge, Diane Trister, Dombro, Amy Laura, and Koralek, Derry G. (2001). *Caring for Infants and Toddlers, Volume I and II*. Washington, DC: Teaching Strategies.

Dombro, Amy Laura, Colker, Laura J., and Dodge, Diane Trister. (1997). *The Creative Curriculum for Infants Toddlers*. Washington, DC: Teaching Strategies.

Gilbert, Beverly Boals, Grymes, Joanne and Walters, Linda Mellan. (2000). *Environments for Infants and Toddlers: Connecting the Pieces*. Lewisville, NC: Kaplan Press.

Gonzalez-Mena, Janet and Eyer, Diane Widmeyer. (2001). *Infants, Toddlers and Caregivers*. Mountain View, CA: Mayfield Publishing Co.

Greenman, Jim and Stonehouse, Anne. (1996). *Prime Times*. St. Paul, MN: Redleaf Press.

Harms, Thelma, Cryer, Debbie, and Clifford, R. N. (1990). *Infant/Toddler Environment Rating Scale*, New York, NY: Teacher's College Press.

Head Start Regulations and Program Performance Standards
www.pitc.com (Programs for Infants and Toddlers Caregivers)
www.cite.org (Coalition for Infants and Toddlers Educators)

Healthy Minds: Nurturing Your Child's Development from 0 to 2 months. Zero to Three.

Individuals with Disabilities Education Act (IDEA), 1997.

Lally, J. Fonald, Griffin, Abbey, Fenichel, Emily, Segal, Szanton, Eleanor, and Weissbourd, Bernice. (1995). *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice*. Washington, DC: ZERO TO THREE: National Center for Infants, Toddlers, and Families

McBride, Susan L. (1999, May). *Family-Centered Practice*. Young Children. Washington, DC: NAEYC.

NAEYC Code of Ethics

New Jersey Early Intervention System, New Jersey Department of Health and Senior Services, Comprehensive System of Personnel Development, Provider and Service Coordinator Competencies, 2003

New Jersey Professional Development Center for Early Care and Education (2001). *Core Knowledge and Competency Areas: Professional Standards for Adults Working with Young Children Birth through Age Eight and In Out-of-School-Time Programs*. Union, NJ: Kean University.

NJ Regional Early Intervention Collaborative Workshops

Putting the Pro in Protégé: A Guide to Mentoring in Head Start and Early Head Start. US Department of Health and Human Services, Administration on Children, Youth and Families.

Restaino-Kelly (Martin), Arlene & Rudolph, Elyse. (1997). *Building Literacy Through Child Development*. Dubuque, Iowa: Kendall-Hunt Publishing Company.

Statewide Parent Advocacy Network (SPAN)

Williamson, Suzanne and Florence Nelson. (2002, April). *Building the Foundation: Initial Steps to Bring the Better Baby Care Campaign to New Jersey*.

BIOGRAPHIES OF WRITING COMMITTEE MEMBERS

Rosarita A. Annussek

Rose Annussek is the Region II, Disabilities Specialist for Head Start as a Booz Allen Hamilton Consultant to the Administration for Children and Families, at 26 Federal Plaza, New York, NY. Prior to this, she was the New Jersey Coordinator for the Quality Improvement Center for Disabilities Services, the former Head Start Training and Technical Assistance Project, located at New York University. She is also an Adjunct Professor at NYU in the Steinhardt School of Education, Department of Teaching and Learning.

She holds a Masters of Arts in Early Childhood and Elementary Education from The College of New Jersey and a Bachelor of Art in English Literature, Philosophy, and Secondary Education from Chestnut Hill College, Philadelphia. Currently, she is pursuing a doctoral degree at New York University.

Rose has been involved in the Early Childhood Education field since 1972, with almost twenty-five years spent at the Burlington County Community Action Program Head Start, in Burlington, NJ, first as a preschool teacher, and then as a Disabilities Services Coordinator.

From June, 1997 to September, 2003, she was a member of the New Jersey State Interagency Coordinating Council, appointed by Governor Christy Whitman. This is an Advisory Board to the Department of Health and Senior Services, Early Intervention System. She is a member of the New Jersey MAP to Inclusive Child Care Team and serves on the New Jersey Professional Development Center's Articulation Committee, Infant/Toddler Credential Workgroup, and co-chairs the Professional Standards Committee.

Renee Brady

Renee Brady has been an Early Care & Education professional for over 20 years. She received a Bachelor and a Master degree in Early Childhood Education from Kean University and taught in toddler and preschool classrooms for seven years. Before becoming Director of the child care center at Hackensack University Medical Center (HUMC), she was Head teacher for several years at another hospital-based program. Renee has worked for HUMC since 1996. Her program accepts children 3 months to 6 years of age, has 20 classrooms and 50+ staff members.

Renee actively participates in several professional organizations. She just completed a three-year term as the President of the Coalition for Infant/Toddler Educators (CITE) and was just elected as the Vice-Chair of the Bergen County Office for Children Advisory Board. Renee is also a member of the Child Care Advisory Council, the Better Baby Care planning committee and the National Infant/Toddler Child Care Initiative team.

In addition to co-teaching a Child Development Associate class through the Bergen County Vocational-Technical School, Renee has presented workshops at many

conferences throughout the state. She has also presented at the National Association of the Education of Young Children (NAEYC) conference in New York City, at the Administration for Children and Families (AFC) Region 2 Conference in Boston and the AFC Region 1 conference in New York.

In her spare time, Renee is a member of the Executive Women's Golf Association. When she is not golfing, she can be found at a local craft show.

Terri Buccarelli

Terri Buccarelli has worked in the field of early care and education since 1971. In her current position, Terri is responsible for the coordination of child care policies and initiatives; coordination of the legislatively mandated NJ Child Care Advisory Council; supervision of the MAP to Inclusive Child Care initiative, the School-Age Child Care Coalition grant and the Head Start-State Collaboration Project grant. Terri is a key member of the joint Department of Human Services/Department of Education work group that is implementing the NJ Supreme Court's *Abbott v. Burke* decision which mandated the provision of publicly-funded education to three- and four-year-old children in 30 of the state's poorest school districts.

Terri had been an Assistant Bureau Chief in the state Bureau of Licensing overseeing child care center licensing and voluntary family day care registration for 13 years. Earlier in her career, she managed state-operated child care centers for abused and neglected children; developed family day care recruitment, training, monitoring and referral services for a publicly-funded community agency; and taught preschoolers in a not-for-profit community child care center.

Marilyn S. Dunning

Marilyn S. Dunning, M.A., holds a Master of Arts degree in special education and has over 28 years of experience in early childhood and early childhood special education.

Marilyn was the first early childhood special educator on the pediatric rehabilitation team at the JFK Johnson Rehabilitation Institute and began their first preschool handicapped private classroom, while also working in early intervention. In 1989, she began a private business, Passage to Learning, which provided educational workshops, training to early intervention teams, technical assistance to early childhood classrooms about including children with disabilities in nursery schools and child care, and grants management.

Upon relocating to Virginia with her husband, Marilyn coordinated two federal grants from the US Department of Education, Office of Special Education Programs, at Child Development Resources, a nonprofit agency in Norge. The grant projects implemented a train-the-trainer model for caregivers nationwide to increase their knowledge and comfort about including children with disabilities in child care.

Marilyn is currently the Coordinator of the Comprehensive System of Personnel Development for the Early Intervention System in the New Jersey Department of Health and Senior Services. The system provides services to children from birth to three years

of age with developmental delays or disabilities and their families. Those services are provided in the child's natural environment, which is any place where their typical peers would be participating, and include the family's home, community activities, and child care.

Linda Gillespie

Linda Gillespie, MS Bank Street College of Education, New York, NY. Linda Gillespie is employed by ZERO TO THREE as a training specialist; in that capacity she is developing training curricula in reflective practice and relationship-based care to prevent child abuse and neglect. She is the president of the Coalition of Infant/Toddler Educators and sits on the advisory board the Better Baby Care Campaign, NJ. Linda has been conducting training since 1982. Since that time she has traveled nationally, training in both preschool and infant/toddler curricula.

Rita Marie Giosa

Ritamarie Giosa, RN has been a nurse for 30 years and is the Child Care Health Consultant Coordinator for Camden County Division for Children. Her background includes pediatrics, critical care, administration, public health and case management for families of at-risk young children.

Ritamarie has presented many workshops to child care providers and parents on topics of health, safety and infant mental health as well as to nursing students and professionals on legislative issues, roles and role conflict in nursing. She was primary author on the Healthy Child Care New Jersey Medication Administration in Child Care Training Program and is a contributing author on the AAP/Healthy Child Care New Jersey *Early Childhood Health Link*.

Ritamarie serves on the board of CITE and the advisory board of the New Jersey Better Baby Care Campaign. Ritamarie received her BSN from the University of Pennsylvania and is a graduate of the National Training Institute for Child Care Health Consultants at UNC-Chapel Hill. She is N-CAST certified and is taking courses toward a masters degree in nursing at Rutgers.

Barbara Kiley

Barbara Kiley is an educational consultant and trainer. Barbara has worked in the early childhood field for more than 25 years. She has been a pre-school teacher and director, taught first grade and served as an adjunct professor at Kean University in the Early Childhood and Family Studies Department. She has presented many workshops on subjects including infant/toddler care, parenting and pre-school education.

Barbara serves on the board of CITE, the advisory board of the New Jersey Better Baby Care Campaign and the board of the New Jersey Infant Mental Health Association. Barbara received a BA from the University of Maryland, a MA from Kean University and holds a post-graduate certificate in the clinical studies of infants, toddlers and their families.

Arlene Martin

Arlene Martin, Ed.D. is the chair of the New Jersey Infant/Toddler Credential Committee and a member of the New Jersey Better Baby Care Campaign. She is the Director of the DART Center for Infants, Toddlers and Their Families and an Associate Professor of in the Department of Early Childhood and Family Studies at Kean University. She is a former public school teacher, director of hospital based child care and consultant to business and industry for the development of on-site child care programs.

Arlene is co-founder and past president of the coalition of Infant/Toddler Educators (CITE). She is also Vice-President and President-Elect of the New Jersey Association of Early Childhood Teacher Educators (NJAECTE). She serves on the board of Community Coordinated Child Care of Union County, a Resource and Referral agency. She is the former liaison to the New Jersey Professional Development Center for Early Care and Education (NJPDC) and currently serves as co-chair of its statewide Articulation Committee.

With over 25 years of experience in early care and education, she teaches graduate and undergraduate courses in infant development, family studies, and methods of teaching in early childhood. Arlene has developed two models of teaching practice: a literacy-based infusion in the child development associate (CDA) training, and a mentoring model for the professionalization of supervisors, directors and master teachers in early childhood.

She is the co-author of three early childhood textbooks, *Building Literacy Through Child Development*, *Mentoring in Early Childhood Settings*, and *Perspectives on Early Childhood Practice*, A Handbook of Essential Readings. Arlene conducts research in the area of paraprofessional training, mentoring in accreditation facilitation projects, and in mediating diversity issues through on-line learning.

Kathleen Mulrooney

Kathleen Mulrooney, M.A., L.P.C Associate Director, YCS Institute for Training in Infant & Preschool Mental Health; New Jersey Licensed Professional Counselor; Adjunct Faculty Member, Fairleigh Dickinson University Dept. of Psychology; Member of the NJ Community Mental Health Board's Prevention & Children's Committee; NJ Interdisciplinary Council on Developmental & Learning Disorders (ICDL); Member of American Counseling Association, Former Steering Committee Member and Consultant with NJ Parent's Caucus; Children's "Go Team" Coordinator for Disaster Mental Health Response in Essex County (1998-2000), Former Director of the Center for Youth Prevention and Development at the Mental Health Association of Essex County, NJ; Consultant and trainer with Head Start including: Newark Preschool Council, Montclair Child Development Center; Consultant & Trainer with Court Appointed Special Advocates (CASA), Developed KIDSCOPE Model of Support for children affected by a loved one's mental health disorder which was presented to providers of Intensive Family Support Services throughout NJ. Presented locally, regionally, and nationally on KIDSCOPE model and on Home and Community Based outreach in family support and intervention. Implemented "Listen to Children," a cross-generational /school based mentoring program in Essex and Middlesex counties in NJ; Work with mothers living in shelters/transitional housing programs with psychiatric disorders and their children,

pregnant teens and HIV + mothers of infants and young children; Former Founding Director of New Hope: a community program for single mothers with infants. Served on advisory boards for DYFS and for Family Preservation Services. Provider of consultation & training specializing in infant and children's mental health and family/professional partnerships.

Florence Nelson

Florence Nelson, Ph.D., Executive Director, New Jersey Professional Development Center for Early Care and Education, holds a doctorate in Human Development and Family Studies. Florence has 17 years experience as a program director and teacher trainer, including 15 years supervising a child care program that served over 500 infants and toddlers. In addition to her responsibilities at NJPDC, she serves as an adjunct faculty member in the Dept. of Early Childhood and Family Studies at Kean University and is a faculty advisor in Human Services at Thomas Edison State College, where she teaches on infant/toddler development and programs. Dr. Nelson serves on the Board of Directors of the Coalition of Infant/Toddler Educators and the Campaign New Jersey ~ Better Baby Care Advisory Board; NJ Child Care Advisory Council; NJ BUILD Initiative; and the State Interagency Coordinating Council (Early Intervention).

Nancy Thomson

Nancy Thomson is an early childhood education graduate of The College of New Jersey. She has a master of education degree in special education and certificate in non-profit management, also from TCNJ. Nancy has been with Child Care Connection for the past seventeen years, formerly as the director of training and resource development, and for the past five years as the executive director. Prior to coming to Child Care Connection, she was the education coordinator for the Trenton Head Start program after working as a teacher in a Head Start classroom. She is the mother of two teenage children.

June Trueax

June serves as senior team member of the Child Care Consultation Team of Family Service of Morris County, a 15-year project funded by the Geraldine R. Dodge Foundation and the United Way of Morris County. June holds a master's degree in Early Childhood Special Education, and has worked in the field since 1968. June has held every program position from assistant teacher to director. She has been a special needs coordinator for Head Start programs where she coordinated plans for children with the local school districts. June has conducted extensive training programs, including training of trainers, training about mentoring, and parenting education courses. She has developed and run conferences and has served as a presenter at state, national, and international conferences. June is an Adjunct Instructor at Kean University in the Early Childhood and Family Studies department. She is past president of CITE and is currently Chair of the Northwest chapter. She serves on the advisory board of Campaign NJ - Better Baby Care and the NJ Professional Development Center for Early Care and Education. June is an active child and family advocate and serves frequently on local and state taskforces.

Gambi White-Tennant

Gambi White-Tennant is currently Adjunct Professor at Kean University in New Jersey. She is also a national consultant to the Early Head Start National Resource Center (EHS NRC) at Zero To Three where her expertise in Early Head Start is used to support the work of Head Start federal staff. Gambi was formerly the Infant/Toddler Specialist at New York University – Head Start Quality Improvement Center where she coordinated training and technical assistance activities for Early Head Start programs in New Jersey and New York State. Gambi has authored and co-authored several journal articles and chapters. She has presented at national conferences on various issues concerning infant/toddler development, curriculum, program development, etc. Gambi is also an active member of the Early Head Start National Research Dissemination Work Group.

Her experience in infancy programs is diverse and includes such specialty populations as substance exposed infants and infants of adolescent parents. She also has experience in the area of infant mental health and is a faculty member of the YCS – Infant and Preschool Mental Health Training Institute in East Orange, NJ. Gambi is also a graduate Zero To Three – Leader’s of the 21st Century Fellows Program.

Suzanne Williamson

Suzanne Williamson is the Executive Director of Monday Morning, Inc., a professional child care management service, and is creator and National Co-Chair, Provider Appreciation Day. Provider Appreciation Day has been established as a nationally recognized day devoted to advocacy for the child care profession by increasing public awareness for the provider’s role in society as a partner with parents and families in caring for and educating our children.

Sue began her work in early care and education in 1982 as a family child care provider in her home in N. Plainfield, NJ where she lives with her husband, Bob, and 3 of their 4 young adult children. Along with her work for Provider Appreciation Day, she is the Executive Director of Monday Morning, Inc., a family child care management service. In that role, she oversees a network of over 200 providers and is a resource for Monday Morning Moms ® franchise owners around the country. Sue is also a Past President of the Coalition of Infant/Toddler Educators, which recently launched the Better Baby Care Campaign in NJ, is Chair of the New Jersey Child Care Advisory Council, a Board Member-at-Large of the National Association for Family Child Care, and sits on the Editorial Board of *Early Childhood News*. When she is not working, you will find Sue reading historical novels...preferably at the beach!

APPENDIX

NEW JERSEY INFANT/TODDLER CREDENTIAL FRAMEWORK

KEY ELEMENTS

The Infant/Toddler Writing Committee organized this curriculum framework around eight key elements that frame quality infant/toddler caregiving programs. These elements are presented in this section in the form of competencies that the committee believes all infant/toddler caregivers need to develop. The guiding principles of mental health and interactional processes, of family centered care, continuity of care and primary caregiving are embedded within the eight key elements of the credential training. Trainers, training institutions and agencies may use them to inform, influence and strengthen their training approaches. The Key Elements are listed here along with sample demonstrations of competence and suggested evaluation strategies.

Child Development	Page 39
Curriculum	41
Environment	43
Family and Community Relationships	45
Health and Safety	47
Infant Mental Health	50
Nutrition	52
Professionalism	53

NJ INFANT AND TODDLER CREDENTIAL
CHILD DEVELOPMENT
A1 – A8

With an amazing amount of development taking place in the first three years of a child's life, cognitively, socially and physically, understanding the "ages and stages" during this period is critical.

Candidates need to know that these ages and stage encompass all areas of development, that development is predictable yet individual and that expectations for children need to be realistically based on the child's developmental age, not just his or her chronological age.

Candidates also need to know that all areas of development are linked and that each one depends on and influences the other. Experiences shape development as young children adapt to their world so a variety of age appropriate hands-on activities and experiences should be offered (www.zerotothree.org).

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
1. Recognizes that child development follows a predictable and sequential pattern, facilitated by maturation and the environment.	Identifies typical developmental stages of children birth to 3 and describes how development and learning varies in each state.	Environmental appropriateness Observation and recording Formal and informal assessment
2. Understands that there are accepted, research-based theories of child development.	Uses knowledge of the sequence of stages of various domains of development, and the work of other developmental theorists.	Approaches to infant mental health Program quality indicators Primary caregiving and continuity of care, separation and reunion
3. Understands the typical range of various domains of child development in order to identify early indicators of possible developmental delays.	Recognizes characteristics that may mean that a child should be referred for an evaluation/assessment and helps families locate necessary resources.	
4. Demonstrates understanding of impact of conditions such as Down Syndrome on cognitive development in infants and toddlers.	Plans activities based on child's Individual Family Service Plan that will support cognitive development through sensory activities within daily routines.	Lesson Plans Supervisor Comments
5. Understands the impact of individual temperament characteristics on children's development.	Adapts child care environment to respond to children's individual emotional styles and needs.	
6. Understands social emotional development in infants and toddlers and respects approaches for teaching children to develop self-awareness, self-esteem, and self-discipline.	Models for parents and caregivers how to use different approaches with children to help them manage aggression, settle conflicts and learn to use language to express thoughts and feelings.	
7. Applies attachment theory to developing relationships between infants and their families.	Design and plan strategies to help children build trusting relationships with caregivers	
8. Demonstrates understanding of impact of a disability on typical social emotional development in infants and toddlers.	Is emotionally and physically available to all infants and toddlers with disabilities within daily routines.	Supervisor Observations

NJ INFANT AND TODDLER CREDENTIAL
CHILD DEVELOPMENT
(continued)
A9 – A19

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
9. Demonstrates knowledge of perceptual-motor development in infants and young children.	Uses physical movement and activities in the child care environment to build strength, coordination and a positive body image in infants and young children	
10. Demonstrates understanding of effects of conditions such as, Cerebral Palsy, Spina Bifida, etc., on gross and fine motor development.	Plans activities based on child’s Individual Family Service Plan that will support gross and fine motor development within daily routines.	Lesson Plans Supervisor Comments
11. Applies understanding of sensory processing and how children regulate sensory input.	Observes and inquires into a child’s ways of processing sensory information and how children develop strategies for self-regulation and exploration	
12. Demonstrates understanding of the effects of sensory deprivation, such as, visual impairments/blindness, hearing impairments/deafness on the developmental stages from birth to three.	Plans activities based on child’s Individual Family Service Plan that will facilitate development in sensory-deprived areas within daily routines.	Lesson Plans
13. Embeds speech and language development concepts into activities for young children.	Facilitates children’s individual communicative styles and conducts singing, stories, and playing work grams into daily activities.	
14. Demonstrates understanding of the impact of various disabilities on speech and language development in infants and toddlers	Plans activities based on child’s IFSP that will facilitate speech and language development within daily routines	Lesson Plans
15. Understands the inter-relatedness and interdependence of physical, motor, cognitive, sensory, social and emotional development	Documents observations of children’s skill levels across all developmental domains and how each strength and area of concern affects the other	
16. Demonstrates understanding of developmental patterns that accompany specific disabilities	Plans activities based on child’s Individual Family Services Plan that will support his/her development at an optimal level.	Lesson Plans
17. Recognizes the importance of play, playfulness and imagination as vehicles of learning in the lives of all infants and young children including infants and toddlers with disabilities	Plans learning activities that involve play for classroom and periodically sends suggestions for activities at home after consultation with parents.	Lesson Plans Notes to Parents
18. Demonstrates knowledge of basic skills that are the components of play at all developmental levels	Shares information on how all children, including children with disabilities, learn skills through play with parents and staff through formal presentations, i.e., workshops, and in conversations, i.e., parent conferences, etc.	Supervisor observations Documentation of workshops presented and discussions with parents and staff
19. Demonstrates understanding of typical development of infants and toddlers, and awareness of indicators of atypical development.	Conducts developmentally appropriate screening of all newly-enrolled infants and toddlers in a timely manner and follows referral procedures to seek further evaluation, involving parent throughout the process.	Documentation of screening and referrals.

NJ INFANT AND TODDLER CREDENTIAL
CURRICULUM
B1 – B10

NAEYC’s statement on “what is curriculum?” states that *content* is what emerges from the goals and objectives for children; *process* is what you do to help children learn; *context* is the setting in which learning takes place and, for children under three, *relationships* are a key part of the context. Components of a curriculum include a statement of philosophy, a statement of goals and objectives, guidance on creating the physical environment, an educational approach, and suggestions for developmentally appropriate activities and a meaningful role for parents. An important aspect is acceptance of differences which is exemplified in the inclusive nature of the curriculum. Adapting materials and activities to facilitate the participation of children with disabilities enriches the curriculum for all children.

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
1. Understands how young children learn and how they develop socially, emotionally, cognitively, and physically in order to develop an appropriate philosophy for a child development program	Writes individualized statement of philosophy for an infant/toddler program based on recognized theory and research	
2. Demonstrates knowledge of goals and objectives that are clearly defined, realistic, and cover all areas of development and outline what children can be expected to achieve	Plans activities and experiences with specific goals and objectives in mind to support each individual child’s learning style and development	
3. Demonstrates ability to plan and implement a curriculum based on a philosophy, goals and objectives	Has written plan that reflect goals and objectives utilizing observations,	
4. Understands the importance of physical environment in planning and implementing the curriculum	Arranges indoor and outdoor space to facilitate developmentally appropriate activities for young children	
5. Understands the importance of observation of children to promote individual learning	Participate in observations of children, prepare written reports, and plans future activities for individualized learning	
6. Demonstrates knowledge of developmentally appropriate activities and materials that are used for planning and responding to the interests and needs of young children, including those with special needs.	Provide examples of materials and activities according to various developmental stages during the infants and toddler years	
7. Recognizes that families are children’s first and primary teachers	Demonstrates a variety of techniques that involve parents in the daily program and share suggestions for ways the candidate shares the curriculum with parents	
8. Supports nurturing relationships between caregiver and child as the basis of the infant/toddler curriculum	Writes description of the strategies used to develop and maintain relationships with young children	
9. Understands the importance of using a variety of interaction strategies to promote development	Lists appropriate adult/child interaction strategies that may be used to promote development	
10. Demonstrates an understanding of the various aspects of child development, including large and small motor, cognitive, perceptual, social, emotional, communication, creative, and expressive skills.	Describes how each area of development is threaded throughout the curriculum design.	

NJ INFANT AND TODDLER CREDENTIAL
CURRICULUM
(continued)
B11 – B20

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
11. Demonstrates an understanding of the importance of routines, rituals, and transition in planning curriculum for young children	Posts written routines for program and shows flexibility in individualizing to meet varying age groups.	
12. Understands a variety of approaches to enable all children to acquire and construct knowledge, skills, and understanding.	Develops opportunities in the learning environment for children to explore and interact with materials that are individually suitable, culturally sensitive, and age appropriate.	
13. Supports children’s emergent literacy skills.	Provides appropriate materials for children to explore manipulate and use to support drawing, reading, and writing.	
14. Supports emerging mathematical and science skills.	Provides appropriate materials for children to explore that support classification, seriation, number, investigation, etc.	
15. Provides for creative and imaginative activities, of art, sand, and water play.		
16. Respects, includes and celebrates all forms of diversity within the curriculum.		
17. Demonstrates willingness to meet the special needs of all children by adapting materials and using a variety of strategies to enhance the participation of all children including those with disabilities	Participates in Individual Family Service Plan meetings, whenever possible and prepares for the enrollment of infants and toddlers with disabilities by becoming familiar with adaptive materials and strategies	Utilizes adaptive materials and strategies when infants and toddlers with disabilities are enrolled in the program and embeds activities from the IFSP in the Lesson Plans.
18. Understands a variety of approaches to learning: manipulation of materials, sensory activities, repetitive learning		
19. Guides children’s behavior through appropriate uses of curriculum and environment.		
20. Models and uses appropriate language that encourages and supports infant/toddler receptive and expressive language development.		

NJ INFANT AND TODDLER CREDENTIAL
ENVIRONMENT
C1 – C9

Attention to the infant and toddler learning environment is a key aspect of working with very young children. The environment needs to be family centered and thoughtfully designed to meet the cultural, social, emotional, physical, and cognitive needs of each developing child. The environment is an integral part of the curriculum and is reflective of the philosophy of the program.

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
1. Demonstrates appropriate space design, including multiple activity areas, places for small group play and individual play.	Candidate designs a scale drawing of an appropriate I/T area.	Review of candidate's design.
2. Provides an environment that uses the physical space to create a homelike atmosphere that is safe, developmentally appropriate and addresses various domains.	Candidate documents at least five ways to create appropriate homelike spaces in the I/T environment.	Review of candidate's description.
3. Provides an environment that utilizes cozy spaces that provide soft, comfortable, private play space for one or two infants/toddlers at a time.	Candidate will describe at least four ways to create soft, comfortable, private spaces for 1 or 2 infants or toddlers at a time.	Review of candidate's description.
4. Creates an environment that is in compliance with all applicable codes and regulations.	Candidate can describe the various types of regulatory codes affecting I/T programs and the overarching content of each.	Review of candidate's written description.
5. Provides an environment that is considerate of and designed to accommodate the functional status and special needs of each child in care.	Candidate will provide a position paper on ways to turn a once-traditional caring environment into an appropriate and inclusive environment for children with physical and developmental special needs.	Review of candidate's paper.
6. Provides a program with adequate age- and culturally-appropriate materials to minimize the need for sharing, e.g., rotates and adds new materials on an ongoing basis.	Candidate will provide written recommendations for equipping an I/T space with the appropriate types and amount of materials over the course of a six month period.	Review of candidate's recommendations.
7. Demonstrates an understanding of how the environment affects the way children learn.	Based on various reading selections candidate is able to describe environmental effects on children's learning.	Review of candidate's description.
8. Demonstrates an understanding of each child's abilities and how to plan for an environment that balances safety and risk taking.	Given a variety of developmental situations, candidate is able to articulate methods of providing a balanced environment.	Review of candidate's responses.
9. Demonstrates an understanding of ways to design an appropriate indoor environment that utilizes low dividers, couches and shelving as dividers, lighting, noise reduction, etc..	Candidates will make a model of an Infant/Toddler space/classroom.	Review submitted model

NJ INFANT AND TODDLER CREDENTIAL
ENVIRONMENT
(continued)
C10 – C19

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
10. Adapts walls and surfaces to provide perceptual and tactile experiences, e.g., uses textures, mirrors and aesthetic elements.		
11. Provides an environment that identifies the interests of each child as an individual	Candidate will write an article that describes at least five ways to plan an environment for various child interests.	Review of candidate's article.
12. Provides an appropriate, consistent sleeping environment that is safe, promotes good health, is pleasant for children and is influenced by routines established at home.	Candidate will write a description of ways to create an appropriate sleep environment.	Review of candidate's description.
13. Demonstrates the ability to assess the environment on a regular basis using research-based instruments.	Candidate will review a minimum of two environmental assessment tools and provide a comparison.	Review of comparison document.
14. Provides an environment that supports adult/child interactions.		
15. Provides an environment that supports parent involvement and helps parents feel welcome.		
16. Provides an environment that an environment that facilitates routine care such as diapering, feeding, sleeping, etc.		
17. Provides an environment that supports language development.		
18. Demonstrates knowledge of the potential impact of exposure to specific environmental conditions on child development and behaviors. <ul style="list-style-type: none"> • Lead • Medications • Allergens • Foods 	Candidate is able to describe a variety of environmental and potential underlying health causes of difficult or delayed behaviors.	Candidate's description is reviewed and assessed.
19. Demonstrates an understanding of the key components of a safe, developmentally appropriate outdoor infant/toddler space that facilitates positive socialization and cognitive and motor development.	Candidate will provide a description of an ideal outdoor learning environment and a rationale for each of the components.	Review of candidate's model outdoor play area.

NJ INFANT AND TODDLER CREDENTIAL
FAMILY AND COMMUNITY
D1 – D7

A family system can be culturally and linguistically diverse, intergenerational, complex, and rich, and may consist of a variety of relationships, including biological and non-biological parents or guardians, extended family, and siblings. Family-centered practice is based on beliefs and values that (a) acknowledge the importance of the family system on child development; (b) respect families as decision makers for their children and themselves; and (c) support families in their role of rearing and educating their children. Families of children with disabilities deal with multiple systems and require additional support services.

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
1. Understands the significance of the family through family-centered practice, recognizing the family as the center of a young child’s life and is the child’s constant support, decision-maker, and advocate.	Uses problem-solving skills and mutual planning for making decisions with families about their children and themselves	Constructs individualized curriculum goals with family Works together with parents Reports on child progress
2. Demonstrates understanding of the complex job of families in caring for and providing learning opportunities for young children, and the additional responsibilities that accompany having a child with special needs.	Establishes a relationship with families which attends to the multi-faceted dimensions of the child’s family life	Provides parent workshops Communicates daily with parents during separation and reunion periods
3. Demonstrates sensitivity to families of infants and toddlers with disabilities and awareness of the family’s primary decision-making role relevant to services needed by their child	Communicates on a daily basis with the families of infants and toddlers with disabilities in care and schedules periodic conferences, either in person or by phone.	Phone Logs, Progress Reports, and records of conferences with families, whether in person, in the center or at home, or by phone.
4. Responds appropriately to family strengths and individuality and builds upon their different coping methods	Provides a respectful environment that encourages dialogue among family members and others involved in the care of their children.	Provides written formal and informal ongoing family communication in each family’s primary language Discusses family coping styles
5. Supports families of infants and toddlers with disabilities throughout the development of the Individual Family Service Plan, when possible.	Communicates with the Early Intervention Provider relevant to activities in the center that will support the IFSP and shares information on the child’s participating in these activities with the family.	Documentation of routines and Lesson Plan activities.
6. Applies family-centered principles and child care supports that reinforce families in the task of enhancing their children’s learning and development.	Respects, supports, and advocates for family decisions and reflects family values, traditions and strengths in the child care setting	Asks questions and provides information to family in family’s primary language
7. Promotes the involvement of families as partners, encouraging their input, participation, and presence in the child care environment.	Spends more time listening to parents than asking questions or providing advice	Involves family in child’s education Include family members in committee and advisory board decision making process

NJ INFANT AND TODDLER CREDENTIAL
FAMILY AND COMMUNITY
(continued)
D8 – D15

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
8. Promotes the family’s acquisition of knowledge, skills, and confidence in identifying and implementing developmentally appropriate activities with their child	Supports families to make informed decision by sharing complete and unbiased information in a professional manner	Work together with parents to generate range of options. Asks parents to formulate goals. Work to formulate mutual goals for children.
9. Understands own beliefs, value systems, culture, and child-rearing experiences as they establish professional relationships with children and families	Recognizes and demonstrates an understanding of individual family’s values and practices	Provides appropriate workshops, training and resources around family and cultural issues.
10. Demonstrates awareness of varied child care practices among cultures and actively seeks knowledge about the cultural and ethnic backgrounds of all of the infants and toddlers in his/her care, including those with disabilities	Embeds activities in curriculum that reflect the cultural and ethnic backgrounds of all of the infants and toddlers in his/her care, including those with disabilities in active consultation with the families.	Provides materials and resources, i.e., books, dolls, puppets, that reflects cultural, ethnic and inclusion needs.
11. Understands the role of parent’s mental health, health, and relationships on infant/toddler growth and development.	Helps parents or caregivers find appropriate assistance through informal supports (e.g., community supports, self-help groups) and formal services (e.g., counseling) when help is needed to protect the well being of children	Handouts on disease prevention and intervention services Training and healthcare issues Available community resources
12. Understands the socioeconomic, cultural, familial, and social systems of the community in which the child care environment is located.	Initiates and maintains connections between families and supports within the community including, educational, disability, social service, health, recreational, and mental health resources. Identifies and uses community settings that best meet the child’s and family’s needs.	Schedules meeting with parents at time and places convenient to families. Uses translator or interpreter as needed to promote family participation.
13. Understands the importance of responsive early childhood services (e.g., respite care, sick-child care, shift work, intergenerational care,) that support families in providing for their children.	Develops working relationships with representatives from different programs and resources within the community	Provides extended hours Before and after care Holiday care. Provides opportunities for all family members to participate in program with comfort and ease.
14. Understands a family system in the context of its own culture, value systems, and community resources.	Works in a non-biased, inclusive, and accepting manner with families from different cultural, social, ethnic, and economic background	Develops an understanding of culture. Provides training on sense of respect for and acceptance of other value systems.
15. Demonstrates knowledge that a child’s experience is impacted by how their parents and caregivers respond to them and shape development as the child adapts to the world around him/her.	Recognize the reciprocal nature of attachment and communication between infants, toddlers, and their family	Workshops on interactional processes: cues, signaling, synchrony, reciprocity, and acknowledgement.

NJ INFANT AND TODDLER CREDENTIAL
HEALTH AND SAFETY
E1 – E6

Protecting the health and safety of children from birth to three is basic to the development of a well-rounded, quality program. These areas provide for meeting the basic needs of very young children in child care. Candidates must have a basic understanding of each area in order to be considered competent in providing comprehensive care and education for the young child.

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
1. Ensures direct supervision of all children in care.	Candidate describes methods or procedures that ensure that no child is unsupervised.	Candidate is observed employing successful methods of supervision.
2. Utilizes and adheres to National Health & Safety Performance Standards: Guidelines for Out of Home Child Care Programs.	Candidate identifies the primary content areas found in the Health & Safety Performance Standards	Candidate regularly analyzes the environment to support the development, implementation and maintenance of health and safety policies and procedures.
3. Utilizes, regularly monitors and evaluates sanitary routines, including diaper changing, early toileting, meal service and maintenance of toys and equipment.	Candidate can describe procedures for key I/T routines; how they can be monitored and evaluated to ensure safe and healthy implementation.	Candidate submits written procedures for key routines.
4. Demonstrates knowledge of how diseases are spread. Maintains and implements protocols for infection control and universal precautions. <ul style="list-style-type: none"> • Bloodborne pathogens: HIV/AIDS, hepatitis B • Diapering • Handwashing • Toy sanitation 	Candidate is able to list protocols to combat the spread of infectious diseases by using universal precautions under a variety of circumstances related to a child care setting.	Candidate’s list of protocols is reviewed.
5. Uses observation as a means of ensuring health, safety and protection of children. <ul style="list-style-type: none"> • Daily health assessments • Documents significant findings 	Candidate submits completed documentation of daily health assessments where significant finds were identified and action was taken.	Candidate’s documentation is reviewed and assessed
6. Recognizes the signs and symptoms of common diseases and illness such as RSV (respiratory syncytial virus), Common cold/flu, diarrheal diseases, and responds appropriately as warranted: <ul style="list-style-type: none"> • Isolating child if necessary • Contacting parent(s)/guardians • Administering medications according to Office of Licensing procedures 	Candidate describes how he or she would know if a child has a RSV or common cold and shares procedures that would be followed once identified in a child care setting.	Review of candidate’s description and procedures.

NJ INFANT AND TODDLER CREDENTIAL
HEALTH AND SAFETY
(continued)
E7 – E13

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
7. Demonstrates knowledge, understanding and protocols relating to SIDS, CPR, first aid, medication administration and medical emergencies.	Candidate attends classes in CPR, first aid, and medication administration.	Candidate provides documentation of the successful completion of additional training.
8. Understands the potential underlying health causes of difficult or delayed Infant/Toddler behaviors. <ul style="list-style-type: none"> • FAS (fetal alcohol syndrome) • PDA(prenatal drug abuse) • Exposure to environmental hazards 	Candidate is able to describe a variety of environmental and potential underlying health causes of difficult or delayed behaviors	Candidates description is reviewed and assessed
9. Knows and adheres to licensing and regulatory requirements.	Candidate is able to articulate key aspects of child care licensing and is working in a licensed or regulated facility.	Review of candidate’s description of key regulations and is able to provide a copy of the facility license or registration certificate.
10. Demonstrates knowledge and understanding of health resources and how to access them, i.e., child care health consultants and HealthLink newsletters.	Candidate is able to list various health resources that could be used in a child care setting	Review of resources submitted by candidate.
<ul style="list-style-type: none"> • 11. Demonstrates knowledge of the indicators of child maltreatment and the legal requirements and procedures for reporting child abuse and neglect, Shaken baby syndrome 	Candidate is able to describe various indicators of child abuse and neglect and how one is to respond once identified.	Review of candidate’s description.
12. Demonstrates knowledge of recommended I/T preventive health care and immunization schedule. Demonstrates ongoing monitoring and recordkeeping. <ul style="list-style-type: none"> • Lead poisoning 	Candidate submits an up-to-date copy of a preventive health care and immunization schedule, along with copies of monitoring and recordkeeping forms completed by the candidate in a child care setting	Review of the forms submitted by the candidate.
13. Understands and plans for the special health needs of individual children in care. <ul style="list-style-type: none"> • Allergies • Apnea • Nebulizers • Epipens • Individual Family Service Plans • Special needs care plans 	Candidate is able to describe the key aspects of a special needs plan and how one might be implanted in a child care setting.	Candidate’s description is assessed.

NJ INFANT AND TODDLER CREDENTIAL
HEALTH AND SAFETY
(continued)
E14

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
14. Demonstrates knowledge of emergency preparedness, monitoring and corrective actions. <ul style="list-style-type: none"> • Evacuation drills • Medical emergencies • Reporting injuries • Tracking injuries • Major safety hazards <ul style="list-style-type: none"> ➤ Ingestion ➤ Falls ➤ Falling objects ➤ Cuts ➤ Eye injuries ➤ Pinches ➤ Burns ➤ Electrocutation 	Candidate is able to articulate how one should prepare for various emergencies and how to respond should one occur.	Candidate's presentation is reviewed and evaluated.

NJ INFANT AND TODDLER CREDENTIAL
INFANT MENTAL HEALTH
F1 – F11

In order to promote well being, prevent problems for children at risk, and provide early intervention, an application of infant mental health principles is necessary. Infant Mental Health is an interdisciplinary field concerned with the optimal physical, social, emotional, and cognitive development of the human infant within the context of his/her family. It is the developing capacity of the child from birth to age 3 to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
1. Understands the influence of parents' hopes, fears and expectations on child care needs and options	Establish initial relationship between provider and family	Family profile or intake process
2. Recognizes "goodness of fit" between infant/toddler and caregiver(s)	Candidate is able to individualize care according to strengths and needs of the child	Intake, observation and recording.
3. Supports nurturing relationships between infants and parents/caregivers	Provision of responsive, respectful, reciprocal care.	Observation and recording
4. Acknowledges that infants are born with remarkable capacities for human relatedness, which help invite, inform and regulate relationships with their caregivers.	Demonstrates support for attachment promoting behaviors and relationships.	Observation, recording, family narratives,
5. Supports the infant/young child's growing curiosity and need to explore the world while using the parent/caregiver as a secure base.	Provides opportunities for exploration, reassurance and encouragement in child care setting	Room arrangement, material selection, observation of interactions and exploration activities
6. Demonstrates knowledge of the core concept of attachment which recognizes that from the earliest moments of life, infants are building notions about self and others through the nature of their earliest attachments.	Candidates must understand the importance of their relationships, experiences and activities in the growth and development of the infant/toddler.	Observation of caregiving interactions and of child's ability to cope with separations
7. Demonstrates and acknowledges the mobile infant/toddler's efforts and needs to begin to recognize and control their feelings and actions	Candidate sets appropriate parameters and guidance strategies	Competency statement, observation, scenarios
8. Demonstrates knowledge of differences in infant/toddler temperament and how temperament can affect interactions between children, parents and caregivers.	Candidate is able to individualize care according to strengths and needs of each child and can adjust interventions to best accommodate child's natural temperament.	Observation and recording.
9. Recognizes that the period of life from birth to three is the greatest period of brain growth, and that brain growth and development are greatly dependent on experience.	Provides developmentally appropriate experiences and opportunities and recognizes the impact of negative experiences (ie: trauma, loss, violence)	Selection of materials and activities which support the child's curiosity and interest, Observation, Seeking consultation for suspected delay or trauma.
10. Demonstrates an ability to assist infant/toddlers in their ability to cope with excitement, arousal, and strong emotions.	Provides adequate levels of comfort and assists child in developing or utilizing self soothing behaviors	Observation of comforting or supportive interactions
11. Understands that the infant/toddler's primary relationship (typically parent/child) is best understood within the context of the home and family life.	Invites information about family life and home routines, allowing for certain items to be brought from home, in creating program planning.	Intake process, observation and recording

NJ INFANT AND TODDLER CREDENTIAL
INFANT MENTAL HEALTH
(continued)
F12 – F19

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
12. Understands how children regulate sensory input (vision, hearing, touch, smell, taste and movement) and how this affects cognitive, social and emotional development.	Insure that children have experiences which address all of their senses and respect individual differences in sensory processing.	Selection of materials, toys, and activities, Observation and Recording
13. Understands stages of social and emotional development in infants/toddlers.	Recognizes behaviors and milestones which correspond to typical developmental stages for social emotional growth from birth to 3 yrs.	Observation of caregiver and classroom environment,.
14. Appreciates and recognizes early indicators of special needs including possible developmental delays	Recognizes “red flags” of disabilities, trauma, or delays	Seeks consultation for evaluation of delays, disabilities, or trauma, Reports suspected child abuse or neglect.
15. Appreciates impact of caregiver changes and losses on infants/toddlers and how these affect social – emotional development.	Provides primary care and continuity of care	Good record of attendance, Able to adjust when child has experienced a known loss, Observation.
16. Understands the importance of play, playfulness and imagination in the lives of infants and toddlers	Uses play as an essential way of connecting with others, communicating feelings and ideas, and symbolically exploring, expressing and understanding one’s self and the world.	Selection of materials, Observation of adequate play opportunities, both structured and non-structured, Classroom environment conducive to safe, creative play.
17. Understands that learning is most meaningful and effective when the child is emotionally invested in the activity and socially related.	Able to follow the child’s preferences in play and activities, demonstrates reciprocal and enthusiastic response to learning and exploration on the part of the child.	Observation of ability to follow child’s lead in play and support interests and curiosity, Observation of enthusiastic and supportive response of caregiver to children’s play
18. Fosters resiliency and capacity for empathy in infants and toddlers.	Promotes social competencies, problem solving abilities, creativity and exploration in young children. Provides opportunities for children to feel and to be felt with in the classroom experience.	Observation and recording
19. Recognizes the importance of culture in the shaping the expression of social-emotional development in infants and toddlers.	Demonstrates cultural sensitivity and competence in dealing with diverse populations in the classroom and community	Home visits reflect cultural sensitivity, Intake, Classroom Observation.

NJ INFANT AND TODDLER CREDENTIAL
NUTRITION
G1-G9

Nutrition for infants and toddlers is more than just getting food into them. Infants and toddlers in group care need a nurturing feeding environment and caregivers who are aware of nutrition concepts, food safety and best practices in feeding young children. In addition, caregivers familiar with child development can plan for age-appropriate food and nutrition activities throughout the day in which children develop and practice skills.

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
1. Demonstrates an understanding of the importance of good nutrition (from prenatal through age 3) to brain growth and healthy development.	Candidate can create individualized meal plans that meet RDA requirements for each age group. Candidate utilizes the food guide pyramid for reference.	Review of candidate's plans.
2. Recognizes appropriate feeding practices & challenges for each age group.	Candidate can describe benefits and barriers to breastfeeding and strategies for implementing a breastfeeding friendly program. Candidate can describe importance of individual care and feeding on demand.	Candidate can discuss concepts of safe preparation, storage and feeding of breast milk and formula.
3. Incorporates concepts of safety, socialization, and cultural diversity into the feeding/nutrition program.	Candidate can plan individualized meals that are culturally familiar & free from choking hazards --one-on-one for infants and family style for toddlers.	Review of candidate's written meal plans.
4. Recognizes professional responsibility to act as a role model for healthy food choices.	Candidate can describe/articulate behaviors that lead to role modeling healthy food choices.	Review of candidate's description.
5. Understands cause and consequences related to childhood obesity and other eating disorders.	Candidate can articulate verbal and non-verbal messages associated with feeding and can describe concepts of satiation and anorexia.	Review of candidate's report.
6. Describes oral health issues relating to nutrition and feeding practices.	Candidate can describe issues associated with bottle propping,, thumb sucking, dental caries and tooth brushing	Review of candidate's description.
7. Identifies resources and programs available for supplemental nutritional programs for families and children.	Candidate can list the federal nutrition programs -- such as CACFP, WIC & food stamps -- and how to access them.	Review of candidate's description.
8. Identifies appropriate food-related activities as part of the curriculum.	Candidate can prepare curriculum content that includes nutrition learning opportunities for each age group.	Review of candidate's curriculum.
9. Demonstrates an understanding of best feeding practices that nurture all infants and toddlers including those with diagnosed disabilities, emotionally as well as physically.		

NJ INFANT AND TODDLER CREDENTIAL
PROFESSIONALISM
H1 – H10

This area of the Infant/ Toddler Credential reflects the qualities of an outstanding professional. These qualities include a commitment to the following: 1) a commitment to quality programs, demonstrated by familiarity with quality standards and the ability to advocate for and implement these standards; 2) a commitment to ethical behavior and an understanding of the ethical issues that can arise in working with young children and their families; 3) a commitment to lifelong learning, as demonstrated through individual initiative in seeking information that supports the professional’s ability to improve her own practice; and 4) a commitment to reflect on beliefs about young children and families that develop out of our own past experiences. Infant/Toddler Professionals recognize their important role as advocates for young children. They act as advocates by being a resource to family members and by supporting their colleagues in implementing best practices. Involvement in public advocacy activities is another way that infant/toddler professionals can support the development of high quality programs for young children and their families.

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
Demonstrates professional work habits including dependability, time management, independence and responsibility.	Manages time to plan, turns in required forms, communication, preparation	Supervisor’s recommendations and documentation
2. Understands the legal and regulatory requirements for establishing safe, nurturing, inclusive and enriching programs.	Candidate can articulate and demonstrate examples of compliance	Portfolio reflects at least one example of application of licensing rules in the group setting
3. Demonstrates knowledge of high quality standards in infant/toddler care and implements them through program practice.	Candidate can describe primary and continuity of care system and discuss how it is implemented in their program setting	Provide documentation (observation, competency statement, interview, video, etc.)
4. Demonstrates a commitment to continuing learning to enhance skills.	Documents at least 3 learning activities e.g. conference attendance, completes on-line course, leads discussion on professional issue, etc.	Certificates of attendance, photocopies of agenda, transcripts of on-line courses, etc.
5. Demonstrates the ability to explain professional practice as it relates to research, theory, and professional guidelines and standards.	Write a newsletter article, presents on relevant child development or curriculum issues at staff meeting or local networking Group	Provide copies of newsletters, announcements of presentations, etc.
6. Develops leadership skills in advocating for high program quality.	Write a newsletter article or organize a parent event that informs about characteristics of high-quality programs.	Provides document
7. Demonstrates effective communication through authentic partnerships with colleagues, parents/ guardians and community.	Provide an outline for a parent conference on a specific child and notes on the outcome of the conference	Provides document
8. Demonstrates reflective teaching practice in daily program operations.	Can discuss and justify modifications made to teaching strategies or environmental design after reflection on past program activities	Oral interview
9. Understands the ethical issues of the field.	Can discuss a specific situation in which an ethical concern arose and how it was resolved	Oral interview
10. Demonstrates a commitment to a code of ethics and uphold these ethics through own behavior.	Can give an example of one aspect of the code of ethics and how it applies in her program	Oral interview

NJ INFANT AND TODDLER CREDENTIAL
PROFESSIONALISM
(continued)
H11 – H24

COMPETENCY	DEMONSTRATIONS OF COMPETENCIES	EVALUATION
11. Applies profession’s standards and ethics to assess own competence, e.g., NAEYC Code of Ethics and NJ Core Knowledge and Competency Areas.	Can give a specific example of how she applies the Core Knowledge and/or Code of Ethics in her daily program practice	Oral interview
12. Participates in ongoing program evaluation to support future planning.	Shows use of feedback on individual children in planning for future group activities	Planning document
13. Engages in reflective supervision to enhance professional outcomes.	Can relate personal/professional beliefs to past personal or professional experiences	Notes from supervision meetings
14. Participates in professional organizations and/or professional activities.	Produces a membership card, program from a conference, etc.	Produces document
15. Establishes professional short-and-long range educational goals.	Uses personal professional goals to evaluate program	Written goal statements and evaluation
16. Continues learning and applying good practice.	Can discuss her next year’s goals for her own professional development	Oral interview
17. Maintains an ongoing professional portfolio.	Shows professional portfolio and can discuss most recent entries	Portfolio and oral interview
18. Advocates for self, children and families and the profession.	Conduct a parent meeting on a current issue concerning young children or families	Outline of meeting
19. Demonstrates ability to manage personal and professional boundaries including program and agency boundaries.	Can give examples of appropriate and inappropriate support to families that cross professional boundaries	Oral interview
20. Demonstrates ability to manage multiple priorities and responsibilities of the job.	Can give examples as a primary caregiver of how to meet individual needs of children in a group setting	Daily planning documents or oral interview
21. Demonstrates flexibility and resiliency in response to diversity and change.	Can give an example of a change in the program and how she managed in implementing the change, demonstrating positive acceptance	Oral interview
22. Demonstrates knowledge of relationship based practices with infants and toddlers in care, with parents, with Early Intervention providers, and with other staff in the program.	Interacts on a regular basis with all other adults involved with infants and toddlers in care, forms positive relationships over time, and continually engages in improving the quality of these relationships, sees the sharing of information as vital to quality care.	Supervisor observations and documentations of conferences with parents, Early Intervention Providers, other professionals and staff.
23. Demonstrates awareness of support services that are available to support infants, toddlers, and their families , such as the NJ Early Intervention Services Coordinator in each county.	Knows contact information for NJ Early Intervention System in county in which center is located and attends information workshops presented by NJ Early Intervention Regional Collaborative in region in which center is located, as appropriate.	Documentation of contacts for referrals and of workshops attended.
24. Demonstrates willingness to mentor others as his/her professional competence grows.	Acts as a mentor or coach for staff, as appropriate, and participates in mentoring program, as the opportunity arises, in order to increase his/her own levels of competency.	Documentation of professional development activities.