US Nanny Association

National Nanny Standards

January 2027

Nanny Standards (N)

Definition. The Nanny Standards define the foundational competency expected of in-home childcare providers who care for children in a private household. These standards cover safety, health, development, daily care, professional conduct, communication, and family partnership. They apply across ages unless a more specialized Newborn and Infant standard applies.

N.1. Professional role, ethics, and scope of practice

Standard. A nanny provides safe, developmentally appropriate, family-aligned childcare in a private home while maintaining professional boundaries, ethical conduct, and clear limits of practice.

A credentialed nanny at this level should know and be able to:

- Explain the difference between a nanny, babysitter, household employee, educator, medical provider, therapist, and parent/guardian decision-maker.
- Maintain confidentiality about the child, family, home, schedules, health information, finances, and family circumstances unless disclosure is required for safety or law. Respect confidentiality agreements, non-disclosure agreements, proprietary household materials, trademarks, copyrights, private family information, and employer-owned content or documents.
- Follow written work agreements, household policies, child-care plans, and parent/guardian instructions unless they conflict with immediate safety or legal obligations.
- Avoid providing medical, legal, tax, immigration, psychological, nutrition-therapy, lactation-consulting, or special-education advice outside verified qualifications.
- Use professional communication, punctuality, reliable documentation, and respectful language. Wear attire that allows safe, active work with children and meets the expectations agreed with the employer.
- Serve as a dependable, ethical, reliable, and consistent role model for children through safe choices, respectful communication, honesty, accountability, and appropriate behavior.
- Know when to escalate concerns to parents, emergency services, child protective services, healthcare providers, or other qualified professionals.
- Invest in educational qualifications and continuing education to strengthen knowledge of child development, health, safety, early childhood education, and professional nanny practice.

N.2. Active supervision and injury prevention

Standard. A nanny maintains active supervision and prevents predictable injuries in the home, vehicle, community, and play environments.

A credentialed nanny at this level should know and be able to:

- Use active supervision: know where each child is, scan and count frequently, position the body to see and hear children, anticipate hazards, and redirect unsafe behavior early.
- Match supervision to the child's age, temperament, developmental ability, health status, environment, and activity risk.
- Identify and reduce common hazards: choking, suffocation, drowning, burns, poisoning, falls, strangulation, unsafe furniture, unsafe sleep surfaces, unsecured weapons, medications, cleaning products, hot liquids, sharp objects, and unsafe pets.

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- Follow age-appropriate water safety practices; remain within arm's reach of infants, toddlers, and weak swimmers around water.
- Use safe transportation practices, including parent-approved routes, legal child restraints, safe loading and unloading, and never leaving a child unattended in a vehicle.
- Require and correctly use age-appropriate helmets and protective gear for bicycles, scooters, skates, skateboards, riding toys, and other activities where helmets are recommended, required by law, or required by parent instruction.
- Follow product safety labels, recall notices, weight and age limits, and manufacturer instructions for car seats, cribs, strollers, high chairs, carriers, gates, and play equipment.
- Prepare for emergencies by knowing household exits, meeting places, emergency contacts, allergy plans, medication authorizations, and when to call 911.

N.3. Health, hygiene, infection prevention, and illness response

Standard. A nanny supports child health through hygienic routines, infection-control practices, illness awareness, and timely parent communication.

A credentialed nanny at this level should know and be able to:

- Wash hands with soap and water at key times, including before food preparation, before feeding, after toileting or diapering, after nose wiping, after outdoor play, after handling animals, after cleaning bodily fluids, and after removing gloves.
- Help children build handwashing routines using developmentally appropriate instruction and supervision.
- Clean, sanitize, and disinfect household childcare areas and child equipment according to the use, surface, body-fluid exposure, and parent-approved products.
- Never smoke, vape, consume alcohol, use recreational drugs, or work while impaired while caring for children. This includes prescription or over-the-counter medications that may reduce alertness, reaction time, judgment, or the ability to provide safe childcare.
- Recognize common symptoms that require parent notification, including fever, vomiting, diarrhea, rash with fever, respiratory distress, pain, dehydration signs, lethargy, head injury, allergic reaction, or behavior that is significantly unusual for the child.
- Use appropriate temperature-taking methods according to parent preference and device instructions, including axillary/underarm, tympanic/ear, temporal/forehead, or other family-approved methods. Document the temperature, method, time, and related symptoms.
- Administer medication only with written parent/guardian authorization, clear dosage instructions, original labeling when available, and documentation of time, dose, and response.
- Maintain current pediatric and adult CPR and First Aid certification and know how to respond to choking, breathing emergencies, bleeding, burns, falls, poisoning, seizures, and allergic reactions while waiting for emergency help.
- Follow the family's written plan for allergies, asthma, seizures, diabetes, or other known conditions; seek emergency help when the plan says to do so or when symptoms are severe. For allergies, know how to recognize signs of anaphylaxis and how to use an epinephrine auto-injector, such as an EpiPen or equivalent, only when authorized, trained, and required by the written plan or emergency protocol.
- Know that vaccine decisions are made by parents/guardians, nannies for themselves, and qualified healthcare providers. Know where to find current CDC and AAP vaccine recommendations and communicate transparently about household expectations and exposure risks.

N.4. Child development and monitoring

Standard. A nanny understands age-expected child development patterns and uses observation to support the child's growth, learning, and well-being without diagnosing or replacing formal screening.

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A credentialed nanny at this level should know and be able to:

- Understand major developmental domains: physical, motor, language, cognitive, social, emotional, adaptive, and approaches to learning.
- Use developmental knowledge to choose appropriate expectations, routines, play materials, communication, safety measures, and positive guidance strategies.
- Observe and document notable developmental progress, regression, or concerns in neutral, factual language.
- Understand the difference between developmental monitoring and formal developmental screening. Monitoring can be performed by parents, caregivers, and early childhood providers; formal screening should use validated tools and trained professionals.
- Support parents in making informed decisions that align with their parenting style, family priorities, and the child's needs by sharing observations clearly and encouraging them to consult the child's healthcare provider, early intervention program, school, or another qualified professional when additional guidance may be helpful.
- Avoid comparing children in ways that shame, label, or diagnose. Recognize that development varies by child, culture, language exposure, temperament, disability, and environment.
- Support development through responsive caregiving, play, conversation, movement, reading, music, outdoor time, exploration, and predictable routines.

N.5. Responsive relationships, social-emotional development, and positive guidance

Standard. A nanny builds safe, stable, nurturing relationships and uses positive, developmentally appropriate guidance to support behavior and self-regulation.

A credentialed nanny at this level should know and be able to:

- Know how trust develops through warmth, consistency, responsiveness, respect, and predictable caregiving, and apply these in daily care.
- Use co-regulation strategies such as calm voice, naming feelings, offering choices, modeling coping skills, and reducing overstimulation.
- Use positive guidance strategies: clear expectations, predictable routines, redirection, natural or logical consequences when appropriate, problem solving, and praise for appropriate behavior.
- Avoid physical punishment, threats, humiliation, shaming, harsh verbal punishment, food restriction as punishment, sleep deprivation as punishment, and isolation used in a frightening or unsafe manner.
- Recognize behavior as communication and consider developmental stage, sleep, hunger, sensory needs, stress, transitions, language ability, disability, trauma history, and family context.
- Document recurring behavioral concerns factually and discuss patterns with parents without diagnosing the child.
- Support peer and sibling relationships by coaching turn-taking, empathy, repair, conflict resolution, and safe boundaries.

N.6. Learning, play, language, and daily enrichment

Standard. A nanny creates developmentally appropriate learning experiences through play, conversation, routines, books, music, movement, nature, and exploration.

A credentialed nanny at this level should know and be able to:

- Use play as a primary method for learning across early childhood and adapt play to the child's age, interests, developmental level, and culture.
- Understand and intentionally balance adult-directed activities, child-directed activities, and child-led play to support safety, learning goals, independence, curiosity, and child agency.
- Support language development by talking with children, reading aloud, singing, asking open-ended questions, narrating routines, and listening attentively.

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- Provide varied experiences that support fine motor, gross motor, sensory exploration, early math, early science, early literacy, art, music, problem solving, and imagination.
- Use routines such as meals, dressing, cleanup, errands, and transitions as opportunities for learning and independence.
- Balance active play, quiet play, outdoor time, rest, independent play, and caregiver-child interaction.
- Support regular physical activity by planning age-appropriate movement, outdoor play, balance, coordination, strength, endurance, flexibility, and active games that match each child's ability and health status.
- Follow parent-approved limits for media and screens; prioritize human interaction, sleep, physical activity, play, reading, and family routines.
- Avoid worksheets, drills, academic pressure, or screen-based activities that are not developmentally appropriate or not parent-approved.

N.7. Nutrition, feeding, and food safety

Standard. A nanny supports safe, age-appropriate meals and snacks according to parent instructions, child development, food safety rules, and pediatric nutrition guidance.

A credentialed nanny at this level should know and be able to:

- Prepare and serve food according to parent-approved meal plans, allergy restrictions, cultural or religious practices, and medical instructions.
- Read basic nutrition labels and understand serving size, calories, sodium, added and total sugars, key nutrients, allergens, and ingredients so meals and snacks follow parent instructions and nutrition guidance.
- Use responsive feeding: recognize hunger and fullness cues, avoid pressure, avoid using food as a reward or punishment, and support pleasant mealtime routines.
- Reduce choking risk by supervising meals, seating children while eating, cutting foods appropriately, avoiding high-risk foods for young children, and teaching safe eating habits. Know common foods that are unsafe for young children.
- Follow food safety practices for handwashing, clean surfaces, safe temperatures, safe storage, and avoiding cross-contamination.
- Provide water and age-appropriate beverages according to parent guidance and pediatric nutrition recommendations.
- Understand that infant feeding, breastfeeding, formula use, complementary foods, allergens, and supplements require parent direction and, when needed, healthcare-provider guidance.
- Document appetite changes, feeding challenges, allergic symptoms, choking episodes, vomiting, diarrhea, or parent-specified nutrition concerns.

N.8. Family partnership, communication, and documentation

Standard. A nanny communicates clearly with parents and supports family priorities while maintaining accurate, respectful, and useful records.

A credentialed nanny at this level should know and be able to:

- Clarify expectations about schedule, duties, transportation, food, child guidance, media, outings, visitors, pets, illness, medication, privacy, photos, and emergency procedures.
- Know the state and household policy for cameras, nanny cameras, audio recording, photos, videos, child images, location sharing, and digital monitoring. Follow written parent instructions and applicable law before recording, monitoring, posting, transmitting, or sharing images, audio, video, school information, or location data.
- Use communication methods agreed to by the family, such as daily logs, texts, apps, notebooks, or verbal updates.

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- Use active and reflective listening with children and parents by giving full attention, restating key concerns, asking clarifying questions, validating feelings, and confirming next steps.
- Document essential information: meals, bottles, sleep, toileting, diapers, medication, incidents, injuries, mood, activities, outings, and notable developmental observations.
- Use neutral language that distinguishes fact, observation, parent report, and opinion.
- Communicate concerns promptly, especially those involving safety, health, unusual behavior, injury, suspected abuse or neglect, developmental regression, or family plan changes.
- Respect family culture, language, values, routines, religion, and parenting goals within safe and lawful practice.
- Support continuity between parents and nanny by following agreed routines and documenting deviations or concerns.

N.9. Inclusion, individualization, and respect for culture and ability

Standard. A nanny provides respectful care that supports each child's identity, culture, language, temperament, abilities, and needs.

A credentialed nanny at this level should know and be able to:

- Adapt routines, materials, communication, and expectations to the child's developmental stage, temperament, language, culture, disability, sensory profile, and family context.
- Use inclusive language and avoid stereotypes, bias, teasing, exclusion, or assumptions based on race, ethnicity, religion, language, disability, sex, family structure, socioeconomic status, or culture.
- Support home language and family communication preferences when possible and encourage language-rich interaction in any language used by the family.
- Follow parent and professional plans for children with disabilities, developmental delays, chronic health conditions, allergies, sensory needs, behavior support plans, or educational accommodations.
- Recognize when specialized knowledge or additional training is needed before accepting or continuing a role.
- Promote independence and participation by adapting the environment and routines rather than excluding the child from activities.
- Protect dignity during toileting, dressing, feeding, hygiene, disability support, and emotional distress.

N.10. Legal, employment, and safety reporting awareness

Standard. A nanny understands the basic legal and employment context of private childcare and knows when safety concerns require action.

A credentialed nanny at this level should know and be able to:

- Understand that household employment rules, taxes, workers' compensation, overtime, driving, privacy, mandated reporting, and childcare rules vary by state and employment arrangement.
- Understand basic custody terms such as legal custody, physical custody, parenting plans, court orders, and authorized pickup lists. Release a child only to parent-approved adults and follow written daycare, school, camp, and activity pickup and drop-off requirements.
- Use a written work agreement that clarifies pay, schedule, duties, benefits, confidentiality, transportation, travel, overnight care, sick care, holidays, termination, and communication expectations.
- Protect personal and child data, including photos, location information, school names, routines, medical information, and employer identity.
- Nannies respect all confidentiality agreements and non-disclosure agreements. Even when no formal agreement exists, nannies protect the privacy of children and families by not sharing private household, personal, medical, financial, employment, school, schedule, location, or identifying information, and by not posting photos, videos, names, stories, or details about the child or family online without clear written permission.

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- Know the state-specific reporting requirements for suspected child abuse, neglect, abandonment, exploitation, or unsafe conditions, and act according to law and child safety.
- Maintain accurate time, attendance, expense, mileage, and reimbursement records as agreed with the employer.
- Avoid transporting children, administering medication, swimming, traveling, hosting playdates, or sharing photos without parent authorization.
- Recognize when to leave or refuse unsafe work conditions and when to seek advice from qualified legal, tax, medical, or safety professionals.

Newborn and Infant Standards (I): Birth through 18 months

Progressive level rule. The Newborn and Infant Standards build on all Nanny Standards and add specialized expectations for care of newborns and infants from birth through 18 months (0 to 18 months). They do not repeat the foundational requirements for safety, health, communication, professionalism, inclusion, or family partnership.

The Newborn and Infant exam includes these standards and the Nanny Standards.

Age scope. These standards apply to children from birth through 18 months, including newborns, young infants, mobile infants, and older infants approaching toddlerhood. Care after 18 months generally follows the Nanny Standards unless a written care plan requires additional infant-level, medical, developmental, or safety support.

I.1. Newborn and infant development

Standard. A newborn care specialist understands early growth from birth through 18 months, including the fourth trimester, rapid developmental change, newborn reflexes, age-expected milestones, and the limits of non-medical observation.

A newborn care specialist at this level should know and be able to:

- Understand age-expected newborn and infant development from birth through 18 months, including reflexes, sleep-wake patterns, feeding progression, early communication, attachment, motor development, sensory development, and social-emotional growth.
- Recognize that care expectations change across the newborn period, early infancy, mobile infancy, and older infancy through 18 months, including changes in feeding, sleep, mobility, communication, separation response, exploration, and safety risk.
- Recognize that newborns continue physiological regulation after birth and require careful support for feeding, temperature, sleep, soothing, and parent bonding.
- Know common newborn and infant reflexes, including rooting, sucking, Moro/startle, tonic neck, palmar grasp, and stepping reflexes, and distinguish reflexes from developmental milestones when observing growth.
- Know common physical milestones such as rolling over, sitting upright, crawling, pulling to stand, cruising, and walking, while recognizing that milestone timing varies and concerns should be shared with parents for pediatric guidance.
- Know common sensory and communication milestones such as recognizing faces, responding to voices, turning toward sounds, copying expressions, babbling, gesturing, and responding to familiar caregivers.
- Know common social-emotional milestones such as smiling, eye contact, early self-soothing, preference for familiar caregivers, stranger wariness, and separation response, and provide supportive interactions for each stage.
- Provide developmentally supportive activities such as tummy time while awake and supervised, floor play, talking, singing, reading, reaching activities, safe exploration, and responsive interaction based on parent preferences and pediatric guidance.

- Know and communicate the developmental and soothing benefits of parent-approved music, singing, rhythm, and gentle sound routines, and incorporate music appropriately into the infant's daily routine.
- Observe and document feeding, sleep, elimination, alertness, breathing patterns, skin color, muscle tone, crying patterns, and developmental changes.
- Distinguish routine observation from medical assessment. Refer concerns to parents and encourage pediatric consultation when symptoms or developmental concerns arise.
- Know common signs that require immediate parent notification or emergency action, such as breathing difficulty, blue or gray color, fever in a young infant, poor feeding, dehydration signs, unusual lethargy, seizure-like activity, injury, or inconsolable crying.
- Know basic infant sign language concepts, communicate potential benefits and limits to parents, and introduce parent-approved signs only when developmentally appropriate and desired by the parents.
- Support parent-infant attachment through respectful handling, responsive caregiving, parent education within scope, and reinforcement of parent preferences.

I.2. Safe sleep and SIDS/SUID risk reduction

Standard. A newborn care specialist follows evidence-based safe sleep practices for every sleep and understands how safe sleep practices reduce the risk of sleep-related infant death, including SIDS and suffocation, unless a written medical order from a qualified healthcare provider says otherwise.

A newborn care specialist at this level should know and be able to:

- Place infants on their backs for sleep on a firm, flat, non-inclined sleep surface designed for infant sleep.
- Keep the sleep space free of soft objects, loose bedding, pillows, blankets, positioners, wedges, bumper pads, stuffed animals, and other suffocation hazards.
- Use a crib, bassinet, portable crib, or play yard that meets current safety standards and manufacturer instructions.
- Avoid couch, armchair, adult bed, swing, car seat, bouncer, inclined sleeper, or carrier sleep as routine sleep locations; move a sleeping infant to a safe sleep surface when practical and safe to do so.
- Know that the American Academy of Pediatrics recommends room sharing without bed sharing, with the infant close to the parents' bed on a separate approved sleep surface, for at least the first 6 months and preferably through the first year.
- Understand the difference between room sharing and bed sharing. Newborn care specialists do not place infants to sleep in an adult bed, couch, chair, or shared sleep surface.
- Understand that SIDS risk reduction includes back sleeping, a firm and flat sleep surface, no soft objects or loose bedding, avoiding overheating and head covering, smoke and nicotine avoidance, and following parent-approved feeding and pacifier guidance consistent with pediatric recommendations.
- Avoid overheating and head covering; dress the infant for the room temperature and follow parent-approved sleep clothing choices consistent with safety guidance.
- Understand safe swaddling limits, including proper hip position, avoiding loose fabric, keeping the airway clear, and stopping swaddling when the infant shows signs of rolling or parent/healthcare guidance requires it.
- Communicate safe sleep concerns to parents respectfully and document parent instructions when they differ from general guidance, while refusing practices that create an immediate serious safety risk.
- Follow parent-approved sleep routines while maintaining safe sleep requirements. Do not independently implement a sleep-training method that parents have not approved.

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- Document sleep patterns, night waking, soothing methods, feeding times, diaper output, unusual crying, and parent concerns.

I.3. Infant feeding, food safety, and complementary foods

Standard. A newborn care specialist safely supports parent-directed infant feeding while recognizing feeding concerns that need parent or healthcare-provider attention.

A newborn care specialist at this level should know and be able to:

- Follow the family's written feeding plan for breastfeeding support, expressed breast milk, formula, bottle type, nipple flow, feeding positions, burping, intake targets, and timing.
- Know the American Academy of Pediatrics recommendation for exclusive breastfeeding for about 6 months when possible, followed by continued breastfeeding with complementary foods for 2 years or beyond as mutually desired by the parent and child.
- Know the nutritional stages and composition terms for human milk, including colostrum, transitional milk, mature milk, foremilk, and hindmilk, and understand that feeding plans must follow parent direction and pediatric or lactation guidance.
- Know common categories of infant formula, including cow milk protein-based formula, soy-based formula, and protein hydrolysate formula, and understand that formula type, concentration, and feeding plan must not be changed without parent and healthcare-provider instruction.
- Handle, label, store, warm, and discard expressed breast milk and formula according to parent instructions and recognized food-safety guidance, including safe refrigeration, freezing, thawing, time at room temperature, expiration dates, and discard rules.
- Understand that powdered infant formula is not sterile and may contain harmful bacteria, including Cronobacter. Follow current CDC recommendations for safe formula preparation, including additional precautions for infants younger than two months, premature infants, and infants with weakened immune systems.
- Never microwave breast milk, formula, bottles, or infant food. Warm bottles using parent-approved safe methods and test temperature before feeding.
- Prepare formula exactly as directed by the product label and parents; do not dilute, concentrate, substitute, add cereal, add supplements, or change formula without parent and healthcare-provider instruction.
- Use responsive bottle-feeding practices, including reading hunger and fullness cues, paced feeding when appropriate, matching bottle flow rate to infant needs, and never forcing an infant to finish a bottle.
- Understand infant feeding guidelines such as age-related changes in stomach capacity, feeding frequency, bottle flow rate, burping needs, and expected changes as the infant grows.
- Support parent-directed transitions from breastfeeding to expressed milk, formula, mixed feeding, bottle feeding, cup practice, and complementary foods while monitoring intake, tolerance, and infant cues.
- Recognize feeding concerns such as poor latch or suck, coughing or choking with feeds, persistent vomiting, blood in stool, dehydration signs, poor intake, parent-reported weight concerns, or allergic symptoms.
- Understand that complementary foods usually begin around 6 months when the infant shows developmental readiness, and only under parent direction. Know that honey, including raw honey and honey in baked or processed foods, must never be given to an infant under 12 months because of the risk of infant botulism.
- Know the principles, benefits, and safety requirements of baby-led weaning, including readiness, upright supervised feeding, soft appropriate textures, avoiding choking hazards, and following parent and pediatric guidance.

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- Support allergen introduction only according to parent instructions and pediatric guidance; do not initiate allergen exposure independently.

I.4. Infant health, hygiene, infection prevention, and common conditions

Standard. A newborn care specialist uses developmentally appropriate hygiene and infection-prevention practices for infants with immature immune systems and high caregiving contact, and recognizes common infant conditions that require parent communication or medical guidance.

A newborn care specialist at this level should know and be able to:

- Use meticulous hand hygiene before feeding, after diapering, after contact with bodily fluids, after handling laundry or trash, and before handling bottles, pump parts, pacifiers, or food.
- Follow safe diapering routines, including sanitation of changing surfaces, safe positioning, diaper rash observation, and proper disposal of diapers and wipes.
- Bathe infants only with parent approval, constant touch supervision, safe water temperature, prepared supplies, and no distractions.
- Clean and sanitize bottles, nipples, pacifiers, teethers, toys, high-touch surfaces, and infant equipment according to manufacturer instructions and parent preferences.
- Follow household illness policies, visitor policies, and infection-control practices for respiratory illness, fever, diarrhea, vomiting, rash, or known exposure.
- Observe and report changes in elimination, skin condition, umbilical cord area, circumcision site if applicable, temperature, feeding tolerance, or behavior.
- Know routine care considerations for the umbilical cord, circumcision site if applicable, cradle cap, newborn hair loss, teething, baby acne, colic, diarrhea, constipation, croup symptoms, and fever, while following parent instructions and encouraging pediatric consultation when needed.
- Recognize common newborn and infant health issues that may require special feeding, positioning, or medical guidance, including cleft palate, tongue-tie, reflux, pyloric stenosis, plagiocephaly, and brachycephaly.
- Know common newborn skin findings and terms, including lanugo, vernix, milia, pustular melanosis, and erythema toxicum, and communicate observations to parents without diagnosing.
- Know that fever in a young infant can require urgent medical attention and should be reported immediately according to parent instructions and pediatric guidance.
- Recognize that a temperature of 100.4°F (38°C) or higher in an infant younger than three months requires immediate medical evaluation. Understand age-appropriate temperature measurement methods and their limitations.
- Protect infants from tobacco smoke, vaping aerosols, unsafe sleep environments, unsafe pets, and crowded or high-risk exposure settings according to parent instructions and pediatric guidance.

I.5. Crying, soothing, and abuse prevention

Standard. A newborn care specialist responds to infant crying with safe, calm, developmentally appropriate strategies and never uses unsafe handling or punishment.

A newborn care specialist at this level should know and be able to:

- Understand that crying is communication and may reflect hunger, discomfort, fatigue, overstimulation, pain, illness, temperature, gas, reflux symptoms, or need for contact.

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- Use safe soothing strategies such as feeding if hungry, diapering, burping, holding, rocking, shushing, pacifier if parent-approved, swaddling only when safe and appropriate, dim light, reduced stimulation, and consistent routines.
- Know that shaking, hitting, throwing, rough handling, covering the face, unsafe restraint, and leaving an infant in an unsafe place are never acceptable.
- Recognize caregiver fatigue and use a safety plan: place the infant on their back in a safe sleep space, step away briefly if needed, contact parents, and seek emergency help if there is risk of harm.

I.6. Infant equipment, mobility, and environmental safety

Standard. A newborn care specialist prevents injuries related to equipment, rapid mobility changes, sleep products, containers, and household hazards.

A newborn care specialist at this level should know and be able to:

- Use equipment only for its intended purpose, within age and weight limits, and according to manufacturer instructions.
- Anticipate rapid developmental changes from birth through 18 months, such as rolling, sitting, crawling, pulling to stand, cruising, climbing, mouthing objects, reaching, and early walking.
- Maintain safe floor time and tummy time only while the infant is awake and supervised, according to parent and pediatric guidance.
- Avoid prolonged container use and provide parent-approved opportunities for movement, interaction, and exploration.
- Prevent falls from beds, couches, changing tables, high chairs, strollers, stairs, and caregiver arms by preparing supplies in advance and keeping one hand on the infant when elevated.
- Reduce choking and ingestion risk by removing small objects, batteries, magnets, button batteries, medication, coins, small toy parts, pet food, and choking hazards.
- Use rear-facing car seats according to law, manufacturer limits, and parent instructions; do not alter straps, add unapproved accessories, or leave infants sleeping unattended in car seats outside travel.
- Discuss safety concerns with parents promptly and document instructions when a safety plan, equipment change, or environmental correction is needed.

I.7. Parent support, team communication, postpartum awareness, and professional boundaries

Standard. A newborn care specialist supports parents during the postpartum period while maintaining clear boundaries between childcare, household support, team communication, and clinical care.

A newborn care specialist at this level should know and be able to:

- Provide calm, nonjudgmental support that respects parent decisions, feeding choices, cultural practices, family structure, and privacy.
- Work effectively as part of a care team that may include parents, doulas, lactation consultants, pediatric providers, household staff, and extended family members, while respecting the parents' decision-making role.
- Recommend a written work agreement that documents parent instructions for overnight care, parent sleep support, sibling care, household tasks, laundry, bottle preparation, visitors, pets, and travel.

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- Share observations about the infant factually and within scope; avoid diagnosing infant conditions or parent mental health conditions.
- Maintain detailed logs when caring for newborns and infants from birth through 18 months, especially overnight or during transition periods, including feeds, diapers, sleep, soothing, medications, symptoms, and unusual events.
- Recognize signs that a parent may need additional support, such as extreme exhaustion, expressed hopelessness, safety concerns, or difficulty functioning, and communicate concern appropriately to the parent or designated support person according to the work agreement and safety needs.
- Discuss safety concerns with parents promptly and professionally. Report suspected abuse, neglect, or immediate danger according to local law, local reporting requirements, and emergency safety needs.
- Refer parents to qualified professionals for lactation problems, postpartum mood concerns, medical symptoms, developmental concerns, nutrition issues, allergies, sleep disorders, or safety concerns.

I.8. Higher-risk infant situations, prematurity, and care plan compliance

Standard. A newborn care specialist follows parent-provided medical and developmental care plans for higher-risk infants, understands corrected age for preterm infants, and knows when additional qualifications are needed.

A newborn care specialist at this level should know and be able to:

- Recognize that preterm infants, low-birth-weight infants, medically fragile infants, multiples, infants with feeding difficulties, infants with complex healthcare needs, and infants with a history of NICU care may require written medical plans and specialized training.
- Know the difference between chronological age and corrected age, and understand why corrected age is important when tracking developmental milestones for premature infants.
- Use parent and healthcare-provider guidance when supporting preterm infants, and document feeding, sleep, weight-related concerns, jaundice, breathing patterns, temperature stability, elimination, and developmental observations carefully.
- Follow written instructions from parents and healthcare providers for feeding, medications, monitors, oxygen, therapy exercises, positioning, infection precautions, appointments, or emergency thresholds.
- Do not adjust medical equipment, medication, formula concentration, feeding route, therapy plan, or monitoring parameters unless specifically trained and authorized in writing.
- Document observations and care accurately so parents and healthcare providers can review patterns and concerns.
- Decline assignments beyond the verified expertise and skills of a newborn care provider, which may include tasks that require nursing training, medical decision making, or disability specific, medical, therapeutic, or developmental support beyond standard care.

Professional Nanny Standards (P)

Progressive level rule. The Professional Nanny Standards build on all Nanny Standards and Newborn and Infant Standards. This level adds advanced expectations for independent judgment, complex family systems, leadership, documentation, high-trust household roles, individualized developmental planning, and professional accountability.

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The Professional Nanny exam will include these standards, the Nanny Standards, and the Newborn and Infant Standards.

P.1. Advanced child development and individualized planning

Standard. A professional nanny uses advanced child development knowledge to create individualized care plans, support progress, and communicate concerns responsibly.

A credentialed nanny at this level should know and be able to:

- Integrate knowledge of development across infancy, toddlerhood, preschool, school age, and adolescence when designing routines and expectations.
- Create individualized plans for care, routines, enrichment, sleep hygiene, nutrition support, emotional regulation, school readiness, independence, and family goals.
- Use systematic observation notes to identify patterns in behavior, sleep, feeding, learning, transitions, peer interactions, emotional regulation, and family routines.
- Differentiate developmentally expected variation from concerns that need parent attention, pediatric consultation, early intervention, school support, or specialist referral.
- Support children during major transitions, including a new sibling, move, divorce, grief, parent travel, school entry, caregiver transition, illness, or household stress.
- Adapt plans for temperament, neurodevelopmental differences, disability, language, culture, advanced learning needs, developmental delays, trauma exposure, medical needs, and family values.
- Recognize that children who are gifted, academically advanced, twice-exceptional, or learning above age or grade expectations may need additional challenge, emotional support, flexible pacing, and parent-approved enrichment.
- Know the average amount of sleep needed per day for infants, toddlers, preschoolers, school-age children, and adolescents, and help create routines that allow for adequate sleep, rest, and recovery.
- Identify signs that a child may be ready for toilet training, including physical readiness, communication ability, interest, predictable elimination patterns, and the ability to follow simple directions; understand several parent-approved toilet training approaches and support consistency without shame or pressure.
- Avoid diagnostic labels unless provided by qualified professionals; use observable descriptions and parent-approved plans.

P.2. Developmentally appropriate curriculum and support

Standard. A professional nanny designs meaningful learning experiences that support the whole child across domains without turning home care into inappropriate academic pressure.

A credentialed nanny at this level should know and be able to:

- Plan experiences that support language, literacy, numeracy, science inquiry, creativity, movement, problem solving, social skills, independence, and executive function.
- Use play-based and interest-based approaches aligned with developmental stage, family priorities, and the child's school or therapy plans when applicable.
- Understand different learning approaches and how they may be used with children, including Montessori, Reggio Emilia, Waldorf, Pikler, and RIE, while following family preferences and staying within the nanny's training and role.
- Support preschool and kindergarten readiness by helping children build age-appropriate skills in communication, listening, following routines, early literacy, early math, fine motor control, social participation, independence, emotional regulation, and self-help.

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- Create age-appropriate play and enrichment schedules that include science, technology, engineering, and math activities through hands-on exploration, building, sorting, measuring, observing, questioning, experimenting, and problem solving.
- Use songs, rhymes, rhythm, and music-based activities that support listening, memory, math and counting, movement, color association, body awareness, language development, and routine transitions.
- Support executive function through routines, visual schedules, planning, memory games, flexible thinking, impulse control, emotional labeling, delayed gratification, patience, positive self-talk, and gradual responsibility.
- Understand the goal of homework and help children organize their environment, manage their time, work independently, manage emotions, take breaks, and ask for help appropriately without completing work for the child.
- Maintain familiarity with school expectations, state learning standards, skill-based reading levels, and classroom goals so they can support children who are behind, on track, accelerated, gifted, or academically advanced.
- Use conversation, reading aloud, games, storytelling, and parent-approved academic support to improve vocabulary, reading comprehension, listening comprehension, sequencing, recall, and reasoning.
- Coordinate with parents, teachers, tutors, therapists, and coaches when authorized by parents.
- Evaluate whether activities are inclusive, culturally respectful, safe, age-appropriate, and balanced with rest, outdoor play, family time, sports, and independent play.

P.3. Complex behavior and family support

Standard. A professional nanny supports complex behavior using evidence-aligned guidance, collaboration, and consistent family systems rather than punishment or diagnosis.

A credentialed nanny at this level should know and be able to:

- Assess behavior patterns in context, including developmental stage, sleep, hunger, sensory input, routines, transitions, attention, communication, expectations, sibling dynamics, stress, and environment.
- Develop parent-approved behavior support plans that use prevention, routines, environmental changes, skill-building, reinforcement, choices, repair, and consistent follow-through.
- Understand positive guidance techniques, including distraction, redirection, modeling, choices, natural and logical consequences, and structured parent-approved behavior programs when the family uses one.
- Help children develop self-regulation and resilience by teaching them to identify feelings, describe problems, pause before reacting, try alternative solutions, use positive self-talk, tolerate frustration, practice patience, and resolve conflicts respectfully.
- Support children with anxiety, rigidity, aggression, intense emotional outbursts, impulsivity, withdrawal, or social challenges by using safe, respectful strategies and parent-approved referrals to qualified professionals when needed.
- Identify and use stress management techniques for themselves and, when appropriate, children in their care, including healthy routines, reframing, thought stopping, thought challenging, journaling, taking a break, deep breathing, and progressive muscle relaxation.
- Maintain calm crisis de-escalation within scope and prioritize the safety of the child, siblings, nanny, and others.
- Document frequency, triggers, responses, recovery, and safety concerns without shaming or labeling the child.
- Recognize when behavior may reflect unmet needs, developmental differences, disability, trauma exposure, medical issues, family stress, peer pressure, bullying, substance exposure, mental health concerns, or another youth crisis risk, and refer concerns to parents and qualified professionals.

- Know that any child can be at risk or in crisis and understand how to communicate urgent concerns, follow the family's emergency plan, and seek help when a child's safety may be at risk.

P.4. Health, safety, nutrition, and risk management

Standard. A professional nanny leads proactive household childcare safety, nutrition, and risk management systems and maintains readiness for routine and high-risk situations.

A credentialed nanny at this level should know and be able to:

- Create or maintain parent-approved safety plans for emergencies, severe weather, fire, evacuation, lockdown, travel, medical emergencies, allergies, medication, and communication failure.
- Conduct periodic household childcare safety reviews for age-appropriate hazards, equipment, sleep spaces, choking risks, water risks, chemicals, medications, vehicles, outdoor spaces, online privacy, and visitor access.
- Seek additional training relevant to the household, such as water safety, allergy response, medication administration, child passenger safety, specific health support needs, online safety, or care for children with specialized needs.
- Create systems for medication logs, incident reports, allergy plans, emergency contacts, consents, travel documents, and child information forms.
- Communicate safety concerns to parents with specific observations and practical risk-reduction options.
- Decline unsafe instructions and escalate immediate risks according to law, emergency procedures, and child safety obligations.
- Understand child nutrition needs, general food group balance, hydration needs, and average caloric requirements by age, while recognizing that individual needs vary by growth, activity level, health condition, appetite, and pediatric guidance.
- Promote healthy eating choices, role model healthy eating, and create parent-approved daily food plans that are balanced, age-appropriate, culturally appropriate, and consistent with family preferences.
- Understand common special diets, including vegetarian, vegan, elimination, gluten-free, high-energy, low-FODMAP, Mediterranean, and paleo diets, and follow these diets only as requested by families.
- Follow parent and healthcare-provider instructions for medical diets, including diets used for cystic fibrosis, epilepsy, diabetes, underweight status, failure to thrive, allergies, intolerances, or other medical needs.
- Recognize that medical diets should be directed by parents and qualified healthcare professionals, and that a nanny should not independently diagnose, prescribe, or substantially change a child's diet.

P.5. Confidentiality and professional judgment

Standard. A professional nanny operates with advanced discretion, reliability, judgment, and accountability in complex private household environments.

A credentialed nanny at this level should know and be able to:

- Manage sensitive household information with discretion, including schedules, travel, school details, medical information, employer identity, security systems, finances, custody matters, and family conflict.
- Know the limits of written authority and emergency protocols, and exercise judgment within them when parents are unavailable.
- Navigate travel, public outings, high-profile families, multiple households, blended families, divorced parents, and household staff structures with clarity and discretion.
- Maintain accurate records of work hours, expenses, travel, reimbursements, petty cash, purchases, and child-related documentation.

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- Participate in performance reviews, goal setting, continuing education planning, and professional self-assessment.

P.6. Culture and collaboration

Standard. A professional nanny helps parents implement consistent, safe, developmentally appropriate care while respecting parent authority, family culture, and family values.

A credentialed nanny at this level should know and be able to:

- Translate child development and routine observations into practical options parents can consider, without presenting personal preference as medical, legal, therapeutic, religious, or expert advice.
- Support parent decisions on feeding, sleep routines, vaccines, school choices, religion, culture, child guidance approach within safe boundaries, media, extracurriculars, and household routines.
- Show respect for all cultures, religions, family structures, languages, and traditions, and help children learn about diversity and inclusion in developmentally appropriate ways.
- Understand their own culture and potential bias, as well as the family's culture, cultural relativism, multiculturalism, stereotypes, and the importance of respectful caregiving across differences.
- Share differing cultures with children through parent-approved stories, crafts, holiday celebrations, music, food, language exposure, community activities, and play.
- Understand common parenting styles, including authoritative, authoritarian, and permissive or laissez-faire approaches, and adapt to the preferences of the family within safe and ethical boundaries.
- Recognize common parenting-related labels or patterns, such as attachment parenting, free-range parenting, helicopter parenting, tiger parenting, and lawnmower parenting, without stereotyping or criticizing the family.
- Prepare summaries, transition notes, developmental observations, travel plans, packing lists, routine updates, or care-plan drafts as requested by parents.
- Coordinate with teachers, therapists, pediatric offices, coaches, tutors, household staff, and extended family only with parent authorization.
- Communicate disagreements respectfully and focus on child safety, consistency, evidence-based concerns, and family goals.
- Help onboard backup caregivers, temporary nannies, travel nannies, or household staff by sharing parent-approved routines and safety plans.

P.7. Specialized care, inclusion, disability awareness, and support

Standard. A professional nanny supports children with specialized support needs by following qualified professional plans and seeking appropriate training before accepting advanced responsibilities.

A credentialed nanny at this level should know and be able to:

- Follow parent-approved care plans for children with disabilities, developmental delays, neurodevelopmental differences, chronic health conditions, allergies, sensory needs, feeding needs, behavior support plans, school accommodations, or therapy goals.
- Have at least an introductory understanding of common developmental, learning, and neurodevelopmental differences, including Attention-Deficit/Hyperactivity Disorder, specific learning disorders such as dyslexia, autism spectrum disorder, and the fact that some individuals may have previously received an Asperger syndrome diagnosis.
- Understand that children with disabilities, developmental differences, giftedness, advanced learning needs, or twice-exceptionality may require individualized support, flexible expectations, environmental adaptations, and collaboration with parents or qualified professionals.

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- Understand the nanny's role as implementer and observer, not diagnostician or therapist, unless separately qualified and hired in that role.
- Use inclusive caregiving that supports participation, dignity, independence, communication, mobility, sensory regulation, and emotional safety.
- Recognize signs that a plan is not working or that the child needs additional support, and communicate observations to parents promptly.
- Support children receiving services by following parent-approved plans from teachers, therapists, physicians, early intervention providers, school teams, or other qualified professionals.
- Maintain confidentiality and avoid sharing a child's diagnosis, disability, learning needs, or support plan except as authorized by parents or required for safety.

P.8. Leadership and continuing education

Standard. A professional nanny demonstrates leadership through ongoing learning, ethical practice, accurate self-representation, and contribution to a more professional nanny field.

A credentialed nanny at this level should know and be able to:

- Represent qualifications accurately, including training, certifications, credentials, experience, specialized skills, language skills, and limitations.
- Seek evidence-informed continuing education in child development, safety, infant care, nutrition, positive guidance, disability and developmental support, household employment, and professional practice.
- Maintain current knowledge by using professional associations, credentialing bodies, pediatric sources, school or early childhood education sources, and continuing education opportunities.
- Mentor less experienced caregivers only within verified expertise and without encouraging unsafe or unsupported practices.
- Know that ethical obligations apply in full when working alone in a private home without direct supervision, and uphold them.
- Protect the credibility of the profession by refusing fraud, falsified references, falsified certifications, unsafe practices, discriminatory conduct, or deceptive marketing.
- Recognize that professional leadership includes knowing when a situation is outside the nanny's scope and when to refer parents to qualified professionals.

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