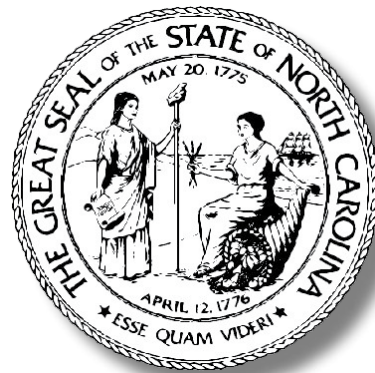


# Infant–Toddler Foundations



The Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Inquiries should be directed to the NC Division of Child Development, Customer Services Unit, 2201 Mail Service Center, Raleigh, NC 27699-2201, 800-859-0829 (in state only) or 919-662-4499.

North Carolina Infant and Toddler Early Learning Guidelines Task Force (2007). *Infant–Toddler Foundations: Guidelines for development and learning for North Carolina's infants and toddlers (birth to 36 months)*. Raleigh, NC: North Carolina Division of Child Development.



# Acknowledgments

The publication of *Infant-Toddler Foundations* is the culmination of three years of effort by many individuals and organizations. Throughout this time, the care and well-being of North Carolina's youngest citizens has been at the heart of our collaborative effort.

For their ongoing visionary and financial support, special thanks go to the Division of Child Development's current and former Directors: Cynthia Bennett, who brought this project to completion; Robert Kindsvatter, who kept the momentum going during a time of transition; and Peggy Ball, who brought the idea to life.

We also acknowledge the generosity and support of ZERO TO THREE and the National Infant and Toddler Child Care Initiative who awarded the Division of Child Development with a planning grant in 2004. Efforts made during this grant provided the vision for these infant-toddler guidelines. The North Carolina Partnership for Children, the Office of School Readiness, and the Department of Public Instruction's Early Childhood Section were also instrumental in bringing this effort to fruition. A special word of thanks goes to Cindy Bagwell with the Office of School Readiness, whose advice was instrumental to our success, and to Don Carter, NC Even Start, who convened the initial workgroup.

With heart-felt thanks, we also recognize members and staff of the Infant-Toddler Guidelines Task Force. Their ongoing commitment to excellence and accuracy, their leadership, while collaborating so beautifully, has been an inspiration and a joy. To Catherine Scott-Little, Ph.D., whose professional generosity to the Division of Child Development and to the State of North Carolina, along with her constant dedication and humble leadership, made this publication possible. To Edna Neal Collins, Ph.D., whose writing and research brought a strong foundation to these guidelines. And finally, to the many individuals and organizations, listed here,

who reviewed drafts, participated in focus groups, provided comments, and contributed to the accuracy and usefulness of this publication.

We dedicate this publication to North Carolina's early childhood professionals, teachers, caregivers, parents and grandparents, who nurture our state's youngest citizens, countless infants and toddlers, each and every day.

## Task Force Members

FACILITATOR

**Catherine Scott-Little, Ph.D.**

Human Development and Family Studies,  
UNC-Greensboro, Greensboro, N.C.

WRITER

**Edna Neal Collins, Ph.D.**

Department of Human Environmental Sciences, Meredith College, Raleigh, N.C.

GRAPHIC DESIGNER

**Kevin Justice**

Justice Design, Graham, N.C.

EDITOR

**Betty Work**

Greensboro, N.C.

ADVISOR

**Cindy Bagwell, M.Ed.**

Office of School Readiness

## NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT

PROJECT MANAGERS

**Lorie Pugh**

**Mary Staak**

STAFF

**Betsy Bennett**

**Mary Lee Porterfield**

**Tammy Tanner**

**Nicole Wilson**

NORTH CAROLINA CHILD CARE COMMISSION

**Carol Eatman, RN**

NORTH CAROLINA CHILD CARE HEALTH & SAFETY RESOURCE CENTER

NORTH CAROLINA FAMILY HEALTH RESOURCE LINE

**Jacqueline Quirk, BSN**

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

**Sharon Carter**

Davidson County Community College

## Task Force Members (continued)

**Peggy Teague, Ed.D.**  
Wayne Community College

NORTH CAROLINA DIVISION OF PUBLIC HEALTH

**Gerri Mattson, MD, FAAP, MSPH**  
Children and Youth Branch, Women's  
and Children's Health Section

**Deborah Nelson, Ph.D.**  
Early Childhood Comprehensive Systems  
Grant, Children and Youth Branch

**Sharon Ware RN, Ed.D.**  
Child Care Health Consultation Project,  
Children and Youth Branch

**Jerry Wilkinson, MA, MPH**  
Early Intervention Branch

NORTH CAROLINA PARTNERSHIP  
FOR CHILDREN/SMART START

**Marti Brown**  
Martin/Pitt Partnership for Children

**Meredith Holden**  
Johnston County CDSA, Formerly with the  
Down East Partnership for Children

**Shelly Martin**  
Smart Start of Pender County

**Jean Squier, MS**  
Hoke County Partnership for Children

**Gale Wilson**  
North Carolina Partnership for Children

NORTH CAROLINA OFFICE OF  
SCHOOL READINESS

**Norman Allard, Ph.D.**  
Preschool Exceptional Children

**Anne-Marie de Kort-Young**  
More At Four

**Janet McGinnis, M.Ed.**  
N.C. Outdoor Learning Environments Alliance

CHILD CARE PROVIDERS

**DeVonna Douglas**  
Wake County Family Child Care Home Association

**Shelly Martin**  
Private Child Care Center, New Hanover County

CHILD CARE RESOURCE & REFERRAL NETWORK

**Kathie Boling, MA Ed.**  
Former: Director, NC Statewide Infant-Toddler  
Project  
Current: National Center for Infants,  
Toddlers and Families, Washington DC

**Marti Brown**  
Infant-Toddler Specialist  
Child Care Resource and Referral

DEPARTMENT OF ALLIED HEALTH, SCHOOL  
OF MEDICINE, UNC-CHAPEL HILL

**Patsy Pierce, Ph.D., CCC-SLP**  
Division of Speech and Hearing Sciences

EVEN START FAMILY LITERACY

**Gretchen Conway, M.Ed.**  
Caldwell County Even Start

**Patsy West, MS**  
Early Childhood Consultant, Even Start

EARLY HEAD START

**Pat Henke**  
Asheville City Schools Preschool Early Head Start

MIGRANT HEAD START

**Consuellis Hawkins-Crudup, MS**  
East Coast Migrant Head Start

SCHOOL OF EDUCATION, CENTER FOR LITERACY  
AND DISABILITY STUDIES, UNC-CHAPEL HILL

**Bonnie DiLeone, M.Ed.**  
Clinical Instructor and Consultant

## State and National Expert Reviewers<sup>1</sup>

### CONTENT SPECIFIC REVIEWS:

CULTURAL DIVERSITY

**Pilar Fort, MA**  
Early Head Start National Resource Center  
ZERO TO THREE, Washington, D.C.

EMOTIONAL-SOCIAL WELL-BEING

**Melissa Johnson, Ph.D.**  
Pediatric Psychologist, WakeMed  
Health and Hospitals, Raleigh, NC

CHILDREN WITH DISABILITIES

**Judy Niemeyer, Ph.D.**  
Director of Graduate Studies, Department  
of Special Education Services, School  
of Education, UNC-Greensboro

### FULL DOCUMENT REVIEW

**Peggy M. Ball**  
NC Early Childhood Consultant, Raleigh, NC

**Loraine Barker-Witkowski**  
Infant and Toddler Quality Enhancement Specialists  
Child Care Resources, Inc., Charlotte, NC

**Susan Butler**  
Infant and Toddler Quality Enhancement Specialists  
Child Care Resources, Inc., Charlotte, NC

**Deborah Carroll, Ph.D.**  
Early Intervention Branch Head, Infant  
Toddler Program Manager, Division of  
Public Health/DHHS, Raleigh, NC

---

<sup>1</sup> Recognition of the names listed as state and national reviewers indicates each individual's review of the document; however it does not necessarily indicate that the individual endorsed all the content.

**Deborah J. Cassidy, Ph.D.**

Professor, Human Development and Family Studies, School of Human Environmental Sciences, UNC-Greensboro

**Karen Chester**

Executive Director, NC Interagency Coordinating Council, NC Division of Child Development, Department of Health and Human Services, Raleigh, NC

**Marian Earls, MD, FAAP**

Medical Director, Developmental and Behavioral Pediatrics, Guilford Child Health, Inc., Greensboro, NC

**Cathie Feild, Ph.D.**

Executive Director, North Carolina Association for the Education of Young Children, Raleigh, NC

**Suzanne A. Fullar, RN, MSN, MPH**

Pediatric Nurse Practitioner, Children's Developmental Services Agency, Western Carolina University, Cullowhee, NC

**Patricia Hearron, Ph.D.**

Professor, Department of Family and Consumer Sciences, Appalachian State University, Boone, NC

**Beverly Hersey**

Director, Early Childhood Services, Easter Seals United Cerebral Palsy, Wilksboro, NC

**Linda Hestenes, Ph.D.**

Associate Professor, Department of Human Development & Family Studies, UNC-Greensboro

**Olson Huff, MD, FAAP**

American Academy of Pediatrics, North Carolina Partnership for Children, Action for Children Chair, Task Force on Childhood Obesity and the North Carolina Study Committee on Obesity

**Jeanine Huntoon**

Early Childhood Specialist, Office of Early Childhood, Nebraska Department of Education, Lincoln, NE

**Brenda Jones, RN**

BC Child and Family Health Manager, East Coast Migrant Head Start Project, Raleigh, NC

**Diana Jones Wilson**

President, Faith Partners Inc., Raleigh, NC

**Marsha Kaufman-McMurrain, Ph.D.**

Early Childhood Consultant, Roswell, GA

**Jody Koon, MS**

Program Section Chief, Office of School Readiness, Raleigh, NC

**Jonathan B. Kotch, MD, MPH, FAAP**

Professor, Maternal and Child Health, UNC-Chapel Hill

**Jani Kozlowski, MA**

Early Childhood Consultant, North Carolina Partnership for Children, Raleigh, NC

**Ronald Lally, MA, Ed.D.**

Co-Director, Center for Child and Family Studies, WestEd, Sausalito, CA

**The Honorable Paul Lubke, Ph.D.**

North Carolina House of Representatives, North Carolina General Assembly, Raleigh, North Carolina, Professor, Department of Sociology, UNC-Greensboro

**Tammy Mann, Ph.D.**

Deputy Director, ZERO TO THREE, Washington, D.C.

**Sandy Newnan**

Program Chair/Instructor, Early Childhood Associate Degree, Central Piedmont Community College, Charlotte, NC

**Judy Niemeyer, Ph.D.**

Director of Graduate Studies, Department of Special Education Services, School of Education, UNC-Greensboro

**Karen Ponder**

Early Childhood Consultant and Former President, North Carolina Partnership for Children, Raleigh, NC

**Jane Pope**

Family Child Care Association of Wake County, Cary, NC

**Julie Renaud**

Early Childhood Education and Literacy Specialist, Motherhead, Inc., Raleigh, NC

**Lucy Roberts**

Section Chief, Primary Education, Division of Elementary Education, Department of Public Instruction, Raleigh, NC

**Sally Sloop**

Statewide Family Support Coordinator, Family Support Network of NC, UNC-Chapel Hill

**Michele Wheeler**

North Carolina Training Coordinator, Motherhead, Inc., Raleigh, NC

**Pat Wesley**

Former Director, Partnerships for Inclusion, Frank Porter Graham Institute, UNC-Chapel Hill

## Focus Groups and Pilots

**Statewide Infant-Toddler Quality Enhancement Project**

Child Care Services Association, Child Care Resources, Inc. and Southwestern Child Development Commission

**Caldwell County Child Care Provider Association, Lenoir, NC**

Early Childhood Infant and Toddler Teachers and Administrators, Family Child Care Home Providers, Even Start

**DCD, Central Region Headquarters and Field Staff, Raleigh, NC**

Contract Administrators, Workforce Unit Specialists, Regulatory Licensing Consultants and Supervisors

**DCD, Eastern Regional Field Staff, Martin-Pitt Partnership for Children, Greenville, NC**

Regulatory Licensing Consultants and Supervisors, Abuse and Neglect Consultants

**DCD, Western Regional Field Staff, Hickory, NC**

Regulatory Licensing Consultants and Supervisors, Abuse and Neglect Consultants

**Davidson County Community College, Childcare Development Center, Lexington, NC**

Early Childhood Infant and Toddler Teachers and Administrators

**Down East Partnership for Children, Child Care Providers, Rocky Mount, NC**

Early Childhood Infant and Toddler Teachers and Administrators, Family Child Care Home Providers

**East Coast Migrant Head Start Early Childhood Center, Bailey, NC**

Early Childhood Infant and Toddler Teachers, Early Childhood Education Specialist and Regional Manager

**Fayette Place Community Center "Granny Group," Durham, NC**

Grandparents as Parents Kith and Kin Group, Public Health Nurse

**Human Development and Family Studies Child Care Lab, University of NC-Greensboro**

Early Childhood Infant and Toddler Teachers and Administrators

**Interagency Coordinating Council Professional Education Committee, Raleigh, NC**

Meredith College, Family Support Network, Partnerships for Inclusion, Office of School Readiness, DCD and Parent of Child with Disabilities

**North Carolina Association for the Education of Young Children 2007 State Conference**

Early Childhood Infant and Toddler Teachers and Administrators, Family Child Care Home Providers, Early Childhood Technical Assistance Staff, Higher Education Specialists

**North Carolina's Birth-Kindergarten Consortium**

Meredith College, Appalachian State University Early Childhood Class

**Western Regional Child Care Professionals, Children's Resource Center, Hickory, NC**

Children's Developmental Services Agency (CDSA) Early Intervention Coordinator and Supervisor, Family Support Network, Child Care Resource and Referral, Smart Start Early Childhood Technical Assistance Consultant

**Western Regional Child Care Providers, Children's Resource Center, Hickory, NC**

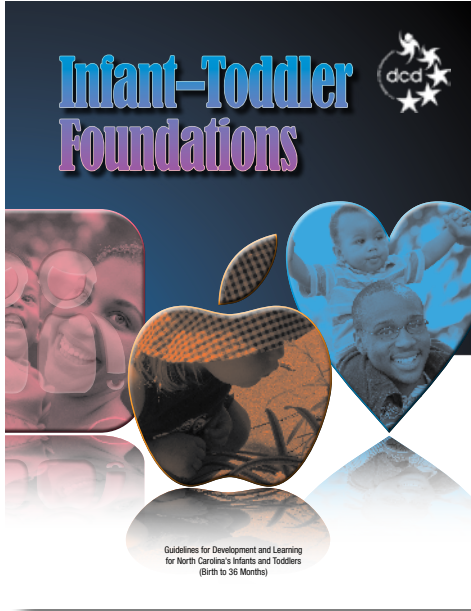
Early Childhood Teachers and Administrators, Family Child Care Home Providers, Criminal Records Check Administrator, Parent Educator





# Contents

<b>About this Publication</b> . . . . .	8
<b>Introduction</b> . . . . .	11
<b>How to Use These Guidelines</b> . . . . .	14
<b>Guiding Principles and Practices</b> . . . . .	15
<b>Frequently Asked Questions</b> . . . . .	24
<b>Domains of Learning</b> . . . . .	31
Emotional and Social Development . . . . .	31
Developing a Sense of Self . . . . .	32
Developing a Sense of Self With Others . . . . .	34
Learning About Feelings . . . . .	36
Health and Physical Development . . . . .	39
Physical Health and Growth . . . . .	40
Nutrition . . . . .	40
Sleep . . . . .	42
Physical Activity . . . . .	43
Self-Care . . . . .	45
Safety Awareness . . . . .	48
Gross Motor/Large Muscle . . . . .	50
Fine Motor/Small Muscle . . . . .	51
Approaches to Learning . . . . .	53
Curiosity and Eagerness . . . . .	54
Confidence, Risk-Taking, and Problem-Solving . . . . .	55
Attention, Effort, and Persistence . . . . .	56
Imagination, Creativity, and Invention . . . . .	58
Wonder and Delight . . . . .	60
Language Development and Communication . . . . .	63
Receptive Language (Hearing/Listening/Understanding) . . . . .	64
Expressive Language (Talking/Communicating) . . . . .	66
Early Literacy . . . . .	69
Cognitive Development . . . . .	73
Sensory Exploration & Discovery . . . . .	74
Social Connections . . . . .	76
Concept Development & Memory . . . . .	78
Problem-solving . . . . .	80
Creative Expression . . . . .	82
<b>Appendix A Important Milestones</b> . . . . .	84
<b>Appendix B Resource Information</b> . . . . .	86
<b>Appendix C Glossary of Important Terms</b> . . . . .	90
<b>Appendix D Selected Bibliography</b> . . . . .	94



# About this Publication

*Infant-Toddler Foundations* describes the characteristics, skills, and knowledge we want children in North Carolina to develop from birth to 36 months of age. This publication provides guidelines for the development and learning for ALL infants and toddlers. It is a companion to *Foundations: Early Learning Standards for North Carolina Preschoolers and Strategies for Guiding Their Success* (NC Department of Public Instruction, 2004). Together, these two documents provide guidelines for children's development and learning from birth through age five.

With this publication, North Carolina joins the ranks of states that provide guidelines for young children's development and learning starting at birth. These guidelines are an essential part of our state's early childhood system.

In this publication you will find guiding principles for parents, caregivers, teachers, and other professionals who care for infants and toddlers. There are guidelines for infant and toddler development and learning in five domains. These domains include Emotional and Social Development, Health and Physical Development, Approaches to Learning, Language Development and Communication, and Cognitive Development.

The guidelines are followed by specific strategies adults can use to promote development and learning. There are "Real World Stories" that show how these strategies can be carried out in a variety of settings such as homes and child care classrooms. This publication describes how infants and toddlers develop and learn when they receive high quality care and education. It also describes the experiences that adults need to offer every young child to support development and learning in all areas.



The idea for developing infant-toddler guidelines came from a statewide group of early childhood leaders from across North Carolina. This group participated in a planning grant received by the North Carolina Division of Child Development (DCD) in 2004: the National Infant & Toddler Child Care Initiative @ Zero to Three. The purpose of this grant was to improve the coordination of services among early childhood programs and to recommend needed services for infants, toddlers and their families.

The planning group met for a year and a half. The team joined North Carolina Even Start to develop infant-toddler guidelines for the state. In May 2005, a small task force of early childhood experts began writing these guidelines. By the end of 2005, the Division of Child Development began funding the project and recruited additional specialists from higher education, non-profits, and state agencies to join the group. The objective was to create an accessible resource that caregivers and families could use to guide their daily interactions with the infants and toddlers in their care.

The North Carolina Infant-Toddler Guidelines Task Force worked throughout 2006 and 2007 to create these guidelines.

Task Force members studied research, policy statements, and professional literature about how to support the development of infants and toddlers. We spent many hours reviewing guidelines from other states and crafting language that would be clear and useful to readers.

It was a priority to write guidelines, strategies, and examples that support the care and education for ALL children. This includes children with disabilities, children who live in poverty, children at risk, children from different cultures and backgrounds, and children whose first language is not English. This information was checked for consistency and alignment with other standards that infant-toddler professionals in North Carolina are expected to follow. These other standards include *Foundations* and the Early Childhood Outcome Indicators from the Office of Special Education Programs in the U.S. Department of Education (Early Childhood Outcomes Center,

2005). In addition, we also aligned these guidelines with the West Ed Program for Infant-Toddler Care Developmental Milestones (Lally, et al., 2003).<sup>1</sup>

We invited individuals from a wide variety of agencies and professions to give feedback on this document. Program directors, teachers, family child care providers, early intervention professionals, infant-toddler specialists, DCD staff, and families all gave input about what should be included. A total of 158 individuals in 15 focus groups across the state provided feedback on the guidelines. The places where focus groups were held are noted in the front of this publication. In addition to the focus groups, expert reviewers from North Carolina and across the country gave feedback on these guidelines. We are grateful to everyone who contributed to this publication for their support of North Carolina's infants and toddlers and their families, teachers, and caregivers.



**“All infants and toddlers” includes children with emotional or physical disabilities, children from different cultures and circumstances, children whose first language is not English, children who have special health care needs, and children who have other special needs of any kind such as the effects of living in poverty, experiencing violence, abuse, neglect, or other family stresses.**

<sup>1</sup> Other standards studied include North Carolina's licensing regulations for child care facilities, the *Infant Toddler Environment Rating Scale: Revised Edition* (Harms, Cryer, & Clifford, 2006) and the *Family Day Care Rating Scale* (Harms & Clifford, 1989) used to determine program quality points under the star rating system, and *Caring for Our Children, 2nd Edition* (American Academy of Pediatrics, 2002), which specifies national standards for the health and safety of child care environments.



*A journey of a thousand miles  
begins with a single step.*  
— Confucius

# Introduction

**I**n recent years, we have learned a great deal about development during the first three years of life. Magazine articles describe the amazing things infants and toddlers can do. New research explains how their brains develop. When infants and toddlers experience caring relationships and positive environments every day, they are on their way to a bright future. Negative experiences and environments can create barriers to development and learning. With help, many children are able to overcome these barriers, but harmful experiences can have long-lasting effects. Clearly, a child's future depends on the strength of the foundation set during the first three years of life.

We have also learned about the vital role that caring adults play in children's lives. Infants and toddlers need adults who are warm and sensitive to their needs. Loving relationships are necessary for young children's emotional, social, physical, and cognitive development. To nurture development in all these domains, adults must know how children typically grow and develop. They must recognize that each child has individual strengths and may have special challenges. This allows families, caregivers and teachers to offer learning activities at the right level for each child. These experiences support and challenge young children to reach their potential.

There are many different cultures in North Carolina. A child's culture and background affects how he or she develops. Adults who work with young children must learn about and respect each child's culture and background. Gaining cultural knowledge and respect

helps caregivers and teachers work with families as a team. These partnerships help families reach goals they set for their children.

Some infants and toddlers face significant challenges in their everyday lives. These challenges include disabilities, special health care needs, poverty, violence, abuse or neglect, and other family stresses. Adults who care for these young children must be prepared to meet their special needs. They must begin by building trust and a sense of safety for children who are living in poverty or other stressful circumstances. This sense of security supports all learning and development.

This publication will assist people who work with infants, toddlers, and their families as they carry out these major responsibilities. The guidelines provide a common vision for the development and learning of all infants and toddlers in North Carolina. This common vision can help teachers, caregivers, and families work together for children's futures. Caring adults will be better able to nurture children consistently and create high quality learning environments. *Infant-Toddler Foundations* provides the guidance that caregivers and teachers need to realize their shared hopes and dreams for North Carolina's youngest citizens. By following these guidelines, adults can build positive relationships with children and nurture their desire to learn.

## History and Background

There have been many national and state-level efforts to improve the quality of infant and toddler care. Two recent publications, *From Neurons to Neighborhoods* (National Research Council and Institute of Medicine, 2000) and *Eager to Learn* (National Research Council, 2001), have contributed to these efforts. In these reports, the National Research Council reviewed research and made policy recommendations about early childhood development and learning in the United States. The publication *Hardwired to Connect: The Scientific Case for Authoritative Communities* (YMCA of the USA, 2003) speaks of the importance of nurturing communities to help children grow into healthy, happy adults.

Early Head Start and the National Child Care and Development Fund are federal programs aimed at improving the quality of infant-toddler care. The Individuals with Disabilities Education Act (IDEA) mandates appropriate services for infants and toddlers with disabilities. These programs help provide high quality experiences for some of the infants and toddlers who need them most. Recent efforts focus on creating a system that ensures high quality programs for this age group. For example, the National Infant & Toddler Child Care Initiative @ Zero to Three, mentioned earlier, works with states to build a high quality infant and toddler child care system. It is funded by the U.S. Department of Health and Human Services. Such coordinated efforts are critical, because the average quality of infant and toddler child care continues to be low.

Within our own state, there have been numerous efforts to improve the quality of programs for infants and toddlers. North Carolina's Smart Start program is an early childhood initiative that is recognized across the nation. Smart Start formed public-private partnerships in every county that work together to help children be ready to succeed in school. Many other states have started similar programs. The T.E.A.C.H. Early Childhood<sup>®</sup> Scholarship Project focuses on increasing early childhood teacher education levels. The Child Care W.A.G.E.\$<sup>®</sup> Project supports education and increases compensation for early



childhood teachers. Both of these programs started in North Carolina and both have expanded to several other states. These programs reward teachers and caregivers for staying at the same child care facility. They also support consistent relationships between adults and children that are so important to early learning.

The list of groundbreaking programs in our state does not end there. The North Carolina Division of Child Development (DCD) has funded many programs to improve the care infants and toddlers receive. DCD developed a star-rated licensing system for child care centers and family child care homes. This system helps parents locate programs that choose to meet higher standards of quality. DCD also funds a network of infant-toddler specialists. These professionals help child care facilities improve their infant and toddler programs and increase the number of spaces devoted to infant and toddler care. DCD collaborates with other programs that improve the health and safety of infants and toddlers in child care. Examples of these programs include Sudden Infant Death Syndrome (SIDS) training, emergency preparedness training for child care providers, and the services provided by child care health consultants. In 2005, regional Children's Developmental Services Agencies (CDSAs) were created to coordinate all assessment



and intervention services for children birth to three with disabilities and their families. In 2006, the state legislature significantly increased funding to serve infants and toddlers with disabilities through these agencies. North Carolina also offers high-quality preparation for the infant-toddler workforce. Birth through Kindergarten licensure is available through four-year colleges and universities. The Infant-Toddler Care Certificate Program is available through the community college system.

Even with these programs in place, North Carolina still faces the same challenges as the rest of the nation. Recent data show that the average quality of infant-toddler classrooms in this state continues to be lower than the level needed to promote optimum development and learning. With an increasing number of infants and toddlers in out-of-home child care for many hours each week, poor quality care is a grave concern. The fact that much of this care is unlicensed further increases concerns about quality.

High program quality is one essential element of an early childhood system that ensures positive outcomes for all children. It is also necessary to define more clearly the outcomes or end results that are desired for children so that child care providers can work toward goals they understand. Such guidelines specify desired results for infants and toddlers that all teachers and caregivers can share and strive to achieve.

As of 2005, all states had developed or were completing early learning guidelines for preschool children ages three through five. Almost half of the states had published guidelines for infants and toddlers or were in the process of writing them (Scott-Little, Kagan, & Frelow, 2006). North Carolina now joins this group of states. This set of guidelines strengthens continuing efforts to meet the challenges related to infant-toddler program quality. When teachers and caregivers use the strategies in this document to help infants and toddlers develop as these guidelines describe, program quality will improve.

## Hopes for these Guidelines

Individuals who care for and educate infants and toddlers are on the forefront of providing what children need to thrive and learn. Communities and policymakers play a vital role by providing vision, support, and funding. We hope this publication will raise awareness about how important the first three years of life really are. We hope policymakers and communities will increase funding and support for infant and toddler programs. For children and for society as a whole, there is no more important work than caring for infants and toddlers.

The guidelines and strategies in this publication reflect up-to-date knowledge about infant and toddler development and learning. We hope they will help families, caregivers and teachers focus on experiences that will make a difference in children's lives. We hope that all adults who work with infants and toddlers will use these guidelines to set up environments, plan activities, and decide what is important to observe and assess in children's development. We hope they will use this document to talk with families about age-appropriate goals for their children.

When the words infants, toddlers, and children are used in this document, they refer to ALL children ages birth to three. This includes children who have or are at risk for disabilities and delays and children with special health care needs. It includes children who live in all neighborhoods, children of migrant workers, and children who are culturally and





linguistically diverse. The following section explains how to use these guidelines to help ALL infants and toddlers develop and learn.

## How to Use These Guidelines

We recommend that you begin by reading *Infant–Toddler Foundations* cover to cover. You will learn about:

- *Principles that guided the writing Task Force and should guide your work with young children and families.*
- *Practical tips for using these guidelines appropriately.*
- *“What to Look For” – the guidelines for the development and learning of infants, young toddlers, and older toddlers.*
- *“What to Do” -- the strategies for supporting development and learning of infants, young toddlers, and older toddlers.*
- *“Real World Stories” show positive strategies at work in different settings.*
- *“Important Milestones” to help you determine whether infants and toddlers are developing like other children their age or might need to have their development evaluated.*
- *Other resources and references that can help you in your work with infants, toddlers, and families.*

Once you have reviewed *Infant–Toddler Foundations* as a whole, it is time to focus on the children and families in your care. Check the age levels at the end of this section to see which guidelines might apply to the children you work with. Study the guidelines for your age group(s) under “What to Look For” in each domain area. You will find guidelines divided into five domains: Emotional and Social Development, Health and Physical Development, Approaches to Learning, Language Development and Communication, and Cognitive Development. Each domain is further divided into three to five areas. It may be helpful to start by focusing on one domain at a time.

These guidelines help to tell the story of what children at different stages of development may begin to do. You will probably notice that infants and

toddlers in your group regularly do some of the things listed for their age group. They may just be starting to show some abilities, and they may not yet do some of the things described. This is normal. Use the guidelines to think about “next steps” for each child in your group.

Then consider the natural moments during the day that might offer chances for children to take these next steps. What activities might you plan? What materials might you add to the environment? For children with disabilities or special needs who may not be at the same level as other children their age, use the same process described above: Think about “next steps” for these children by considering their current level of development and how they might develop next.

After the guidelines in each area, you will find strategies to support development and learning listed under “What to Do.” The strategies will help you think about how to turn a guideline into a natural moment for development and learning. Many of these strategies can be carried out with no special equipment needed. Choose strategies that seem most likely to help the children you care for take their “next steps.”

Sometimes the guidelines for a child’s age group do not seem to describe how a particular child is developing right now. This may happen whether or not a child has a disability. When this happens, look at guidelines for younger or older age groups as appropriate. Use the *Foundations* document for preschool children if needed. Your goal is always to learn what developmental steps the child is taking now. Then you can choose strategies to support those next steps. Many strategies for children with disabilities are suggested. Be creative and find ways to adapt other strategies. Families and other professionals can suggest additional ideas.

Finally, it is important to understand some of the terms used frequently in this document. These and other important terms can be found in Appendix C.

- **Teachers and Caregivers.** *Adults who work with infants and toddlers include teachers and caregivers in centers; family child care home providers; kith and kin or family, friend and neighbor care; early intervention professionals, and many*

We recommend that you begin by reading *Infant–Toddler Foundations* cover to cover.

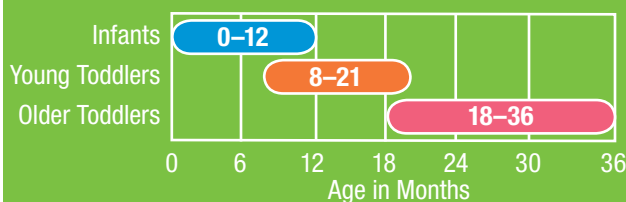
others. We use the terms “teachers” and “caregivers” to refer to adults who work with infants, toddlers, and their families. These terms are meant to include adults who work in other roles as well.

- **Domains and Areas.** “Domain” refers to one of the five broad categories in which guidelines and strategies are grouped, such as Emotional and Social Development. “Area” refers to one of the smaller categories within domains, such as Developing a Sense of Self.
- **ALL children.** The phrases “ALL children” and ALL infants and toddlers” are used to emphasize that the guidelines apply to all infants and toddlers in North Carolina, whatever their circumstances and needs.



### A word about age levels

Guidelines for development and learning are divided into the three overlapping age levels described below. These age ranges help the reader know “where to start” when using the guidelines.



**Use these age ranges as a general guide, not a rigid timetable!** Many children will not reach all of the guidelines at the infant level by the time they are 12 months old. Likewise, some children under 18 months may display some abilities and skills listed at the older toddler level.

These guidelines can be used to help decide “what comes next” and to provide appropriate experiences for each child. Base your decision on what the child is able to do at this time, not the child’s age. This is especially important for children with disabilities.

**Remember: Do NOT use these age ranges as “deadlines.” Each infant or toddler develops at his or her own pace.**

*Consult Appendix A if you are concerned about a child’s progress.*

## Guiding Principles and Practices

Broad principles about how infants and toddlers grow, develop, and learn have guided the writers as we developed these guidelines. These principles should also guide the reader who is using the guidelines. Keeping these principles in mind will help you see each child as a whole person who is part of a family, a community, and a culture. These principles in turn suggest related broad practices to be carried out by all adults who work with infants and toddlers. Each guiding principle is presented below with the major practices and actions it suggests. By following these principles and practices, you will make it possible for each child to develop to his or her potential.

### Principle One

**Nurturing and responsive relationships are essential for healthy growth and development.**

Relationships with sensitive, caring adults are a must for children’s development in all domains. Children develop strong emotional bonds, or secure attachments, with trusted adults. In fact, nurturing relationships promote healthy brain development. Infants and toddlers are much more likely to thrive when they have at least one close, secure relationship with a loving adult. These relationships can be with



anyone who is a regular part of a child's life. It might be a parent, family member, teacher, or caregiver. All are important.

Caring relationships help infants and toddlers develop social skills and learn about their feelings. When infants and toddlers feel secure with their caregivers, they feel free to explore their world. This hands-on exploration helps them to learn. When a sensitive adult helps a toddler just enough to finish a challenging activity, the toddler develops problem-solving skills and self-confidence. Children's interest in the people they care about leads them to watch and listen to these adults. This helps young children learn words. Research even suggests that positive nurturing can make a child less vulnerable to stress, depression, and anxiety. All development takes place in the context of relationships. The characteristics described in these guidelines develop best when infants and toddlers have secure relationships with the adults who care for them.

A child's culture may seem obvious due to race or ethnic origin, but culture is much more than these obvious differences. It influences all aspects of everyday life, such as how people talk and listen and how they carry out daily routines.

## Practices

Build positive relationships with children.

Support positive relationships between children and all of the important adults in their lives.

Nothing is more important for infant and toddler development than the relationships adults build with the children in their care. To form these relationships, respond sensitively to children's communication and feelings. Pay attention to their strengths, needs, and interests. Keep expectations flexible. During a hectic day, it is sometimes easy to focus mostly on completing activities, transitions, and routines, reaching particular learning goals, or managing children's behavior. Make relationships the first priority. All other goals then become easier to reach. Children are more motivated and able to participate in activities and follow guidance when they care about and trust their caregivers. The strategies suggested in this publication promote strong, loving relationships with infants and toddlers.

Parents and home environments have a major impact on children's development. Strengthen the relationships between children and their family members. Begin by forming supportive relationships with families. Communicate daily with families about each child's care. Exchange information and suggestions and work as a team.

Sharing these guidelines can be a starting point to build relationships with families. Focus on the positive and affirm families' commitment to their children. These steps can be especially helpful for families who are raising children with disabilities. Some children do not respond to positive interactions in the ways parents expect or hope they will respond. Your support can help parents continue their efforts and encourage them to try another approach. This support gives families' confidence in their ability to raise healthy, happy, successful children.



## Principle Two

Each child develops within a culture.

Culture influences how people think about children's development and learning. Members of each culture share beliefs, attitudes, and values about what is good for young children. A child's culture may seem obvious due to race or ethnic origin, but culture is much more than these obvious differences. It influences all aspects of everyday life, such as how people talk and listen and how they carry out daily routines.

Adults help children become successful members of their culture. Adults let children know what they value and how to behave. Success may mean different things to different cultures. Children's culture influences how they develop and learn. It may influence how they respond to the strategies and activities suggested in this publication. North Carolina is home to families and children from a wide variety of ethnic and cultural backgrounds. Knowing each child's cultural background will help teachers and caregivers use these guidelines appropriately.



## Practice

Respect and value the diversity of children and families.

Families from diverse cultures have varied hopes and expectations for their children. Culture also affects how families view children with disabilities and what they want for these children. Show respect for families by asking about their goals for their children and listening to what they tell you. Listening can lead to an understanding of the family's culture. Work with families and adapt the strategies in this publication to achieve the family's goals whenever possible. Recognize that what feels "normal" and "right" may be different for different families. There are many ways to raise healthy, happy, successful children.

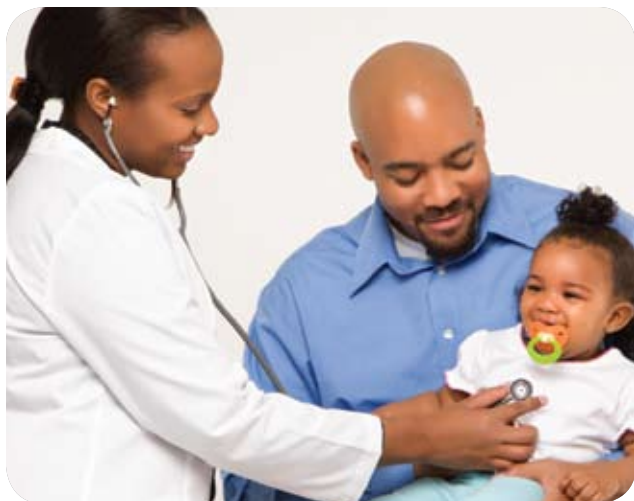
Help infants and toddlers feel secure and comfortable by providing care that's as much like home as possible. Include materials and activities from the cultures of the children and families in the group. Understand and support each child's culture and way of learning. "Correcting" behaviors and practices that are culturally based can confuse children and hurt their sense of self. Work with families to help children whose first language is not English to continue speaking their home language as they learn English. Most of all, think of the diversity of children and families as something to celebrate. Help all children to understand and enjoy the wonderful variety of people who are part of the human race.

## Principle Three

Each child is unique.<sup>2</sup>

Although these guidelines describe what most young children from birth to three are likely to be learning and doing, each child is different. A wide range of abilities and behaviors is normal for children of the same age. A child may advance quickly in one area and proceed more slowly in another. Different children also have different temperaments. One child may be eager to try new things and meet new people,

<sup>2</sup> This guiding principle and several others are identical or similar to the guiding principles for the *Foundations* document for preschool children. The authors are deeply appreciative of the ideas offered by this earlier document.



while another may hang back and need more support from a trusted adult before joining an activity or meeting a stranger. A young child with a disability may be very much like his or her peers in some ways and very different in others.

## Practice

Respect each child and work to meet his or her unique needs.

Observe each child carefully to learn about his or her individual development, needs, interests, and temperament. Use these guidelines to pinpoint what each child is learning to do right now. Then choose strategies that are likely to support children in their efforts. This means keeping each child in mind when planning the routines of the day, creating activities, and adding materials to the environment.

Use what is learned from observing children to guide interactions with each child as well. Show you understand each child's language, behavior, and feelings. For children who have delays or disabilities, work with families and other professionals to make and carry out formal plans to meet their needs. An Individualized Family Service Plan (IFSP) is written for a child with a disability and his or her family. A health care plan is written for a child with a chronic health condition like asthma or food allergies. Carry out these plans as part of daily activities and routines.

## Principle Four

Each child develops as a whole.

Children's bodies, feelings, thinking skills, language, social skills, and love of learning all develop together. These guidelines are divided into different domains and areas of development to make them easier to read and think about. In the child's life, they cannot be separated; a child develops and grows in all domains at once. Each new ability or skill builds on earlier ones. Each new ability or skill also helps the child develop in more than one domain.

For example, a young toddler learns to look for her mother's reaction to a noisy new toy. This shows that she trusts her mother and feels secure with her (Emotional and Social Development). She may also learn the name of the toy by looking at and listening to her mother talk about it (Language Development and Communication). The toddler also knows that her mother's face and body can tell her "try this toy" or "don't touch this toy." This knowledge will help to keep her safe and healthy in unfamiliar situations (Health and Physical Development). Similar guidelines sometimes appear in more than one domain or area. This overlap occurs on purpose. It shows that development in one area is connected to development in other areas.

### The importance of a "medical home":

All infants and toddlers should receive regular health care. Immunizations protect the child against life-threatening illnesses. Well-child visits help identify health or developmental needs that may require early intervention services. These visits should include vision, hearing, dental, and developmental screenings. Having a "medical home" means that the child sees the same health care provider regularly. A health care provider who sees a child regularly is more likely to notice anything that is out of the ordinary. This is one reason why a "medical home" is so important for infants and toddlers.



## Practice

### Promote the development of the whole child.

Use activities, materials, and daily routines to support children’s development in all areas. To help children be ready for school, focus on their emotional and social development, health, and attitudes about learning. These contribute to future learning and success. So do children’s thinking skills, their basic knowledge, and their communication skills. No one area is more important than another area is.

Strategies listed under “What to Do” in one domain will help children to develop in other domains as well.

For example, use diapering as a special one-on-one time with an infant. This builds a secure relationship, a foundation for emotional and social development. The diapering routine also promotes cognitive development by helping the infant anticipate what comes next. Talking during diapering promotes language development by helping the infant to connect what is happening to the words for common objects and events.

Observe each child’s health daily and encourage each family to take their child to see the same health care provider regularly. These steps reduce the chance that health and physical problems will interfere with a child’s learning and development later. Remember, and remind parents and policymakers, that being ready for school involves much more than knowing colors, shapes, numbers, and letters.

## Principle Five

### Development begins before birth and continues throughout life.<sup>3</sup>

These guidelines focus on development between birth and three years. However, the infant’s body, brain, and abilities develop in amazing ways before he or she is born. And development in all areas continues through the infant and toddler years into the preschool years and beyond. This includes brain development.



In other words, it is incorrect to focus only on the infant-toddler years. This focus “begins too late and ends too soon” (National Research Council and Institute of Medicine, 2000, p. 7). These guidelines cover a significant part of a child’s development, but they tell only part of the story. People keep developing throughout their lives.

## Practice

### Promote prenatal care and education.

### Help children and families make smooth transitions, and strengthen programs for children of all ages.

Prenatal care supports the health and well-being of a mother and her baby. The health of the mother and the family directly affect the infant’s development before birth. Families affected by depression, violence, or substance abuse need early treatment. This supports the health of the family and the child developing in the womb.

Provide emotional support to families. Tell them about the benefits of prenatal care and healthy practices. Advocate for improved prenatal care and education programs in your community. These steps will help babies come into the world ready to continue developing and learning as described in these guidelines.

Help children and families make smooth transitions when they leave infant-toddler programs. Work with

<sup>3</sup> This principle is taken from the *Florida Birth to Three Learning Standards* (Florida Partnership for School Readiness, 2004).

other teachers and caregivers to make programs for preschoolers ready to receive them. High-quality programs for preschoolers and older children build on the foundation created in the first three years. Work with other advocates to improve programs and schools for all children in your community. Children will reach their full potential only when high-quality environments, caring relationships, and effective teaching continue throughout their childhood.



## Principle Six

Development occurs in predictable patterns.<sup>4</sup>

Even though each child develops at his or her own pace, there are predictable steps or stages of development. One ability or skill usually develops before another one. The earlier achievement forms the foundation for the later one. For example, most children sit up, crawl, pull to stand, “cruise” along furniture, and then walk independently. Children vary a great deal, however, in when and how they reach each stage. One child may progress quickly from a “belly crawl” to cruising and walking. Another child, with a quiet temperament, may be content to sit and

explore toys that are within reach and begin walking rather late. A third child, with a physical disability, may need physical therapy and special equipment to help him walk. All three children eventually progress to walking in their own way and at their own time. These guidelines describe the typical steps in a young child’s development. There will be differences in the way children achieve these steps.

## Practice

Know typical patterns of development and be able to recognize variations.

Develop a thorough knowledge of the steps and stages of development. These guidelines outline typical patterns, but it is important to learn more about child development. This deeper knowledge leads to reasonable expectations for children. It suggests environments and experiences that are appropriate for young children. Knowing the typical patterns of development helps you to know the “next step” for each child.

Learn about the many ways that development can vary as well. Be able to recognize when this variation is within the range of normal development. Know when to ask for further evaluation to find out if a child has a delay or disability. Appendix A of this book includes a list of “Important Milestones.” Use this resource to help you decide whether a child may need further screening.

## Principle Seven

Infants and toddlers are active learners and they learn through play.

Infants and toddlers are ready to learn from birth. They learn best in safe environments where they can be actively involved in things that interest them. Children respond to what excites them and gives them pleasure. This stimulates them to move on to new discoveries.

To learn about the world and about what they can do, infants and toddlers must be able to play with toys and materials. They do not need special or expensive toys to help them develop and learn. What they need is time to explore the everyday world with all of their

<sup>4</sup> Foundations



senses and to move their bodies freely. Children who have disabilities learn to explore in ways that work well for them. They may explore in different ways from their peers who are developing typically. Some children need prompting or coaching from adults to play and explore. These guidelines describe how infants and toddlers develop in settings where they can move about and explore their world for much of the day.

Young children learn through play. Play includes activities that are freely chosen by the child, meaningful, and enjoyable to children. Infants and young toddlers often repeat actions that help them discover what objects are like and what their bodies can do. Later in the toddler years, play begins to be more symbolic. It becomes a way for children to show what they know and remember and to try out new roles. This kind of play helps children develop thinking skills and early literacy skills. As older toddlers begin to play together, they learn from one another and start to develop the social skills they will need for success in school and later in life. The strategies in this publication suggest many ways to help infants and toddlers develop and learn through play.

## Practice

Set up environments to encourage active exploration and play.

Get involved and follow children's interests during their play.

Inform parents, colleagues, and policymakers about the importance of active learning and play.

High-quality infant-toddler environments encourage exploration and play. Create a daily schedule that includes plenty of time for children to choose what they want to do. Plan activities, but do not require all children to participate. Place an assortment of materials where infants and toddlers can reach them. Arrange space so children can move around and explore safely. Allow infants and toddlers to be out on the floor for most of the day. Do not confine them in swings, bouncy seats, or playpens for long periods of time. Infants and toddlers also learn from their active involvement in caregiving routines. For example, they can experience textures of foods during mealtime and learn to separate trash from dishes to be washed during cleanup.

Setting up the environment and completing routines is not enough however. Children learn more when adults get involved in their play. Notice what infants and toddlers are doing and respond to their interests. Help children pursue the things they are interested in, listen to them and answer questions, and talk about what they are doing. Show toddlers how to play together and resolve conflicts. For children whose disabilities make it harder for them to explore and play with other children, bring the environment to them. Show children new possibilities and skills and draw other children into play with children who have disabilities.

Tell others about the role of active exploration and play in children's learning. All parents, colleagues, and policymakers share the goal of preparing children to succeed in school. Some may believe that the best way to do this is to provide school-like experiences earlier in life. Be prepared to explain how active exploration and play are, in fact, better ways to help children be ready for school.



## Becoming an Advocate for Children in Child Care

A child care ADVOCATE is a person who speaks and writes to others, including law-makers, to ask for support for young children, their families and caregivers:

- Learn all you can about how infants and toddlers develop and learn.
- Apply what you learn to create a high quality child care environment for young children.
- Share your ideas, skills and resources with other child care providers.
- Write or call your congress people and senators and tell them your concerns.
- Raise community awareness.
- Share with others your love for young children!  
*“I really enjoy working with young children. I love helping them develop into wonderful human beings.”*
- Explain to others why quality child care is important for infants and toddlers!  
*“Young children are our future. They need nurturing and safe environments and loving caregivers like me.”*
- Ask your community for what you need!  
*“I want to remain an infant caregiver but I need affordable health insurance. I wish child care providers were paid enough to get health insurance.” OR “I want to learn more about early childhood development but I need substitute care so I can attend class.”*
- Invite community members and local politicians to visit your child care center or home. Tell them what you need!  
*“Several child care providers are organizing a tour of local child care facilities. The mayor and town council are invited and the local radio station will attend.”*
- Write articles for local newspapers, flyers and bulletins.
- Join professional organizations that work for the good of young children and families.

*(See Appendix B for a list of state and national organizations.)*

## Principle Eight

**ALL children are children first.**

Many infants and toddlers develop in ways that are not seen as “typical” for their age. They may have a disability or be delayed in reaching some milestones of development. They may be “at risk” for delays due to poverty, premature birth, abuse or neglect, or many other circumstances. They may have special health care needs. Some infants and toddlers may need extra time or assistive technology to complete activities that other children do easily.

All children develop in their own unique way, as part of a family, a community, and a culture. They thrive on positive relationships and time to play with adults and other children. They are motivated to learn about and influence the world around them. Children with disabilities and other special circumstances will make progress on the abilities and skills listed in this document. They may do so at different ages and in different ways than other children.

### Practice

**Promote inclusion and high quality inclusive settings for ALL children.**

High-quality infant-toddler programs include all children and celebrate each child’s strengths. Anyone who works with infants, toddlers, and families is likely to have a child with a disability or other special need in their group at some point. Child care providers who responded to a recent survey reported that 3.54% of the children in their programs had a delay or disability (Partnerships for Inclusion, 2005).

Learn new skills and strategies as needed to work with children in your group. Prepare the environment to be accessible to each child and encourage positive interactions among all children. The effort required to reach these goals benefits every child. Children with disabilities learn appropriate behaviors and new skills from their peers, who act as role models. All children in the program learn to appreciate the strengths and gifts of people with different abilities. This publication includes strategies to meet the needs of individual children. This includes children who have disabilities,

delays, special health care needs, and other special circumstances.

## Principle Nine

Everyone in a child's life plays a role in his or her development.

As discussed in Principle One, relationships with families, caregivers, and teachers provide the foundation for young children's development. However, many other people in a child's community also play a role in nurturing that development. People who administer programs set policies for their organizations. They supervise staff and emphasize the goals they believe are most important. Primary health care providers monitor children's health. They are the experts many families turn to first with questions about a child's development.

Lawmakers and other community leaders decide how to spend public money. They also pass laws and make rules that affect the quality of programs. Charitable organizations and foundations fund programs that help infants and toddlers. Collaboration among different people and organizations – or a lack of collaboration – affects the success of programs that support infants, toddlers, and their families.

Decisions made by people in these roles can affect the health and wellness of parents and caregivers. This in turn affects the well-being of infants and toddlers. These guidelines focus on the things caregivers and parents can do day to day to support young children's development and learning. However, many other people and organizations affect how well caregivers are able to realize their hopes and dreams for children.

### Using These Guidelines

It is important for everyone who uses this publication to follow the Guiding Principles. Follow these “Do’s and Don’ts” to be sure you are using these guidelines appropriately.

#### They **SHOULD** be used to...

- Provide a common set of guidelines for development and learning.
- Recognize individual differences among infants and toddlers.
- Educate professionals, families, communities, and policymakers about the importance of the first three years of a child's life and the contribution of adults who work with infants and toddlers.
- Promote shared responsibility for very young children's early care and education.
- Support high-quality environments and experiences for ALL infants and toddlers.
- Support appropriate caregiving and teaching practices in infant and toddler programs.
- Provide a guide for choosing or creating appropriate curricula to help ALL children develop and learn.
- Provide a guide for observing young children's development and learning.

#### They should **NOT** be used to...

- Serve as an assessment checklist.
- Single out or “blame” anyone.
- Decide that any child has “failed” in any way.
- Deny access to programs or services.
- Create expectations and requirements for programs that conflict with other standards child care providers must follow.
- Emphasize child outcomes without recognizing the need for high-quality programs to promote those outcomes.
- Take the place of formal developmental screening or evaluation of children.
- Discredit the values, beliefs, or culture of any family.

*Appreciation is expressed to the authors of Foundations for many of these ideas about using guidelines for development and learning appropriately.*





## Practice

Work together with colleagues, families, administrators, policymakers, and communities to support young children’s development.

As stated in the Foundations guidelines for preschool children, “it takes everyone working together” (NCDPI, 2004, p. 7). Individuals who work with infants and toddlers have a special responsibility to make others aware of how very young children develop. Use these guidelines as a starting point to educate people in the community about infant and toddler development. Explain the resources that are needed to support infant and toddler programs. This may be as simple as talking to a colleague about appropriate infant and toddler practices. Or it may involve writing letters or attending public meetings. There are many ways to advocate for policies and funding that will benefit infants, toddlers, and families. Learn about the wide range of programs and services available in the

Decide “what comes next” for each child in different areas and create opportunities for the child to develop those abilities or skills.

community. Collaborate with others to coordinate services for children and families.

If you are an administrator, consider staff wellness when making decisions about your program. Staff members who are healthy and not under stress are more likely to provide the sensitive, caring interactions young children need. Use these guidelines for staff development. Share them with families.

Consider family needs as well as children’s needs when setting goals and policies. All of these steps will help teachers and families are ready to form positive relationships with infants and toddlers. It will help them provide the support and the challenges that young children need to develop and learn.

Parents, caregivers and teachers have day-to-day responsibility for helping infants and toddlers reach the goals described in these guidelines. They cannot do it alone. They must have support from administrators, policymakers, and the community to achieve these goals.

## Frequently Asked Questions

### What ages are covered by *Infant–Toddler Foundations*?

These guidelines and strategies apply to children from birth to 36 months of age. *Foundations* covers guidelines and strategies for children ages three, four, and five who are not yet in kindergarten. Together, the two sets of guidelines cover all of the years before children enter kindergarten. Some readers may be surprised that children 24 to 36 months of age are considered “toddlers.” Many programs think of only one-year-olds as toddlers. These guidelines and strategies are appropriate for two-year-olds as well. Expecting two-year-olds to behave like older preschoolers often leads to frustration for both children and adults. Use this book to create appropriate expectations and nurturing environments for all children under the age of three.

### What does it mean if a child in my group does not do the things described in the guidelines for his or her age level?

The age levels in this book provide a general guide about what to look for at different ages. Some of the characteristics usually emerge early in the age range for each level; others emerge later. However, each child is different. Some children will seem to “jump ahead” in one area while moving more slowly in another. Even children at the top of an age range may not show every ability or skill listed for that level. Look at a child’s overall pattern of development and progress to decide whether he or she is developing as expected. Do not focus narrowly on just a few skills or abilities.

On the other hand, be alert for signs of possible developmental delays. When children do not reach expected milestones by a certain age, their development may need to be checked. A list of “Important Milestones” is found in Appendix A. If you see that a child is not reaching important developmental milestones by the expected age, talk with parents about what all of you have observed. Contact your regional Children’s Developmental

Services Agency (CDSA) for further information about developmental screening. (To locate the CDSA for your area, call (919) 707-5520 or visit [www.ncei.org/ei/itp/cdsa.html](http://www.ncei.org/ei/itp/cdsa.html).) Always discuss a referral with the child’s family.

### How are these guidelines different from standards we already have?

*Infant–Toddler Foundations* focuses on how we can expect infants and toddlers in North Carolina to develop and learn when they receive high-quality care and education. Thus, these guidelines focus on the development and learning of children. They do not focus on standards or requirements for child care programs. Many other standards focus on program characteristics that support children’s development and learning. These include licensing rules for child care facilities, quality indicators in the Environmental Rating Scales, and program standards for Early Head Start. Standards for national accreditation by the National Association for the Education of Young Children or the National Association for Family Child Care also focus on program characteristics.

Use these guidelines along with standards for programs such as those listed above. High-quality programs help infants and toddlers develop and learn as described in these guidelines. Children develop best in programs with high standards.

Some programs such as Early Head Start and the Infant-Toddler Program for children with disabilities have their own expectations for child outcomes. *Infant–Toddler Foundations* is designed to be consistent with these expectations.

### How can I use these guidelines in my work with children who have disabilities or delays?

Infants and toddlers with disabilities or delays will make progress toward the guidelines defined in *Infant–Toddler Foundations* when they receive high-quality care and education. They may move more slowly than their peers in some or all areas. Some children will not develop all of the skills and abilities listed. When working with an infant or toddler with

a disability, begin by looking at the guidelines at their age level. If none of the guidelines at this age level seem to describe what the child with a disability is trying to do now, look at an earlier age level. For some children, guidelines at two or three different levels will describe their current development. Decide “what comes next” for each child in different areas and create opportunities for the child to develop those abilities or skills.

The strategies listed under “What to Do” in each area can help all children develop and learn. Some strategies will work better with some children than others. It will be necessary to adapt strategies to help particular children learn. Specialists such as early interventionists, speech-language pathologists, physical therapists, and occupational therapists can help parents, teachers and caregivers learn special strategies. These strategies will help children with disabilities or delays develop to their full potential.



### Are these guidelines meant for families, too?

Many families will find the information in this publication useful. Child care providers can use this publication to help families understand what your child care program is trying to accomplish and why you do the things you do. It can also help families understand what is reasonable to expect of their children at different ages. Families often worry about whether their children will be ready for school. These guidelines and strategies help to show how the everyday activities of infants and toddlers will help them to be ready. Many of the strategies in this publication are things families can do at home to help their children develop and learn.

Some families will enjoy reading *Infant–Toddler Foundations* from cover to cover. Others will prefer to attend workshops or just talk with you about it. Introduce these guidelines to families and ask whether they would like to learn more. Follow their suggestions for learning experiences that will be helpful for them. Keep in mind that some families have a beginning literacy level. Share information by talking with these families rather than handing them a document to read. Locate adult translators or interpreters to help you communicate with families who speak limited English.

#### Early Intervention for Infants and Toddlers with Disabilities and Delays

The North Carolina Infant-Toddler Program provides services for children ages birth to three who have disabilities and delays. According to the requirements of the Individuals with Disabilities Education Act (IDEA), children and their families receive specialized services. Regional Children’s Developmental Services Agencies (CDSAs) coordinate these services. They receive referrals, coordinate assessments, and determine whether children are eligible for services. Each eligible child and family has an Early Intervention Service Coordinator to work with them. This person works with the family to write and carry out an Individualized Family Service Plan (IFSP). This plan describes outcomes the family wants to work toward for themselves and their child. It outlines the services to be provided and is reviewed at least every six months. For more information and to locate the CDSA for your region, visit <http://www.ncei.org/ei/itp.html> or call 919-707-5520.



## Is this a curriculum for infant and toddler programs?

*Infant–Toddler Foundations* is NOT a curriculum. It provides a guide for choosing and evaluating curricula and daily activities. These guidelines can help you decide what experiences will help infants and toddlers develop and learn in important ways. The strategies suggest opportunities to provide for children. This publication will not tell you which curriculum, activities, or materials are best for the children in your care.

There are many different curricula that might help infants and toddlers in your group develop as these guidelines describe. Think about children’s needs and their current development. Consider their families’ cultures and preferences. Bear in mind your own philosophy, the resources you have available, and any other factors that are important to you. Then you can choose a curriculum, or develop your own curriculum, to meet the needs of the children you serve.



## Is this an assessment tool?

It is *not* an assessment tool. *Never* use these guidelines identified under “What to Look For” as a checklist. Using the possible observations listed under the “What to Look For” section as a checklist could suggest that there is something wrong with children who have not achieved everything on the list. The information listed under “What to Look For” are guidelines which describe the areas of development and learning that parents, teachers and caregivers should promote. Use the “What to Look For” material to guide your observations of children. Observations tell you whether infants and toddlers are developing the characteristics described in each domain area.

The strategies listed under the “What to Do” sections of each domain area are provided to help you use your observations to choose appropriate activities, toys, and materials for children. While you may want to try many or all of these strategies, remember not all children will respond to each one. Appropriate experiences help each child take the next step and continue to progress. Because each child is unique, some strategies will work with some children and not with others.

## Are these guidelines based on research?

These guidelines and strategies are based on current research about child development. This research helped the Task Force decide which guidelines were most important to include. We also reviewed research to make sure the guidelines state appropriate expectations for infants and toddlers. In other words, research tells us what characteristics infants and toddlers are likely to be developing in the first three years of life. These guidelines reflect what we have learned through research.

## Why does *Infant–Toddler Foundations* include these domains?

The five domains in this publication are part of North Carolina’s official definition of school readiness. This definition was developed in 2000 by the Ready for School Goal Team (Scott-Little & Maxwell, 2000), based on a national report on school readiness (National Education Goals Panel, 1995). The domains are the same as those used in the *Foundations* document focused on preschool children ages three to five, so the two sets of guidelines can be

used together easily. In everyday life, it is not possible to separate these domains. Each child develops as a whole person. However, organizing the information into five domains makes it easier to think about and explain the important aspects of infant and toddler development.

### How does *Infant–Toddler Foundations* relate to *Foundations*?

This publication covers the same domains of development as North Carolina’s early learning

guidelines for preschoolers (*Foundations*). In most cases, the areas of development listed under each domain are also the same as *Foundations*. In some cases they are different because a different organization was needed to show infant and toddler development more accurately. The table below shows how the domains and areas of this document align with the domains and areas of *Foundations*. When infants and toddlers develop the characteristics and behaviors described in these guidelines, they are ready to accomplish the Widely Held Expectations described in *Foundations*.

### Alignment Chart for *Infant–Toddler Foundations* and *Pre-K Foundations in North Carolina*

Domain	Infant-Toddler Foundations	Foundations
 <b>Emotional and Social Development</b>	Developing a Sense of Self	Developing a Sense of Self
	Developing a Sense of Self with Others	Developing a Sense of Self with Others
	Learning About Feelings	Developing a Sense of Self AND Developing a Sense of Self with Others
 <b>Health and Physical Development</b>	Physical Health and Growth - Nutrition - Sleep - Physical Activity	Physical Health and Growth
	Self-Care	Self-Care
	Safety Awareness	Safety Awareness
	Gross Motor/Large Muscle	Motor Skills
	Fine Motor/Small Muscle	
 <b>Approaches to Learning</b>	Curiosity and Eagerness	Pondering, Processing, & Applying Experiences and Curiosity, Information-Seeking & Eagerness
	Confidence, Risk-Taking and Problem Solving	Risk-Taking, Problem-Solving & Flexibility
	Attention, Effort, and Persistence	Persistence, Attentiveness, & Responsibility
	Imagination, Creativity and Invention	Imagination, Creativity and Invention
	Wonder and Delight	Aesthetic Sensibility
 <b>Language Development and Communication</b>	Receptive Language (Hearing/Listening/Understanding)	Receptive Language
	Expressive Language (Talking/Communicating)	Expressive Language
	Early Literacy	Foundations for Reading AND Foundations for Writing
 <b>Cognitive Development</b>	Sensory Exploration & Discovery	Scientific Thinking & Invention
	Social Connections	Social Connections
	Concept Development & Memory	Pondering, Processing, & Applying Experiences AND Mathematical Thinking & Expression
	Problem Solving	AND Scientific Thinking & Invention
	Creative Expression	Creative Expression



### Why do similar guidelines and strategies appear in more than one domain?

For very young children, one developmental step often forms the foundation for future development in more than one domain or area. For example, the ability to imitate others helps a child form relationships and learn words. Imitation allows children to participate in pretend play and learn self-care routines. Toddlers imitate the use of common objects, appropriate ways to behave, and much more. Thus, imitation appears in the guidelines for all five domains. Repeating guidelines in this way helps to show how all of the domains are connected.

### How will these guidelines help children to be ready for school?

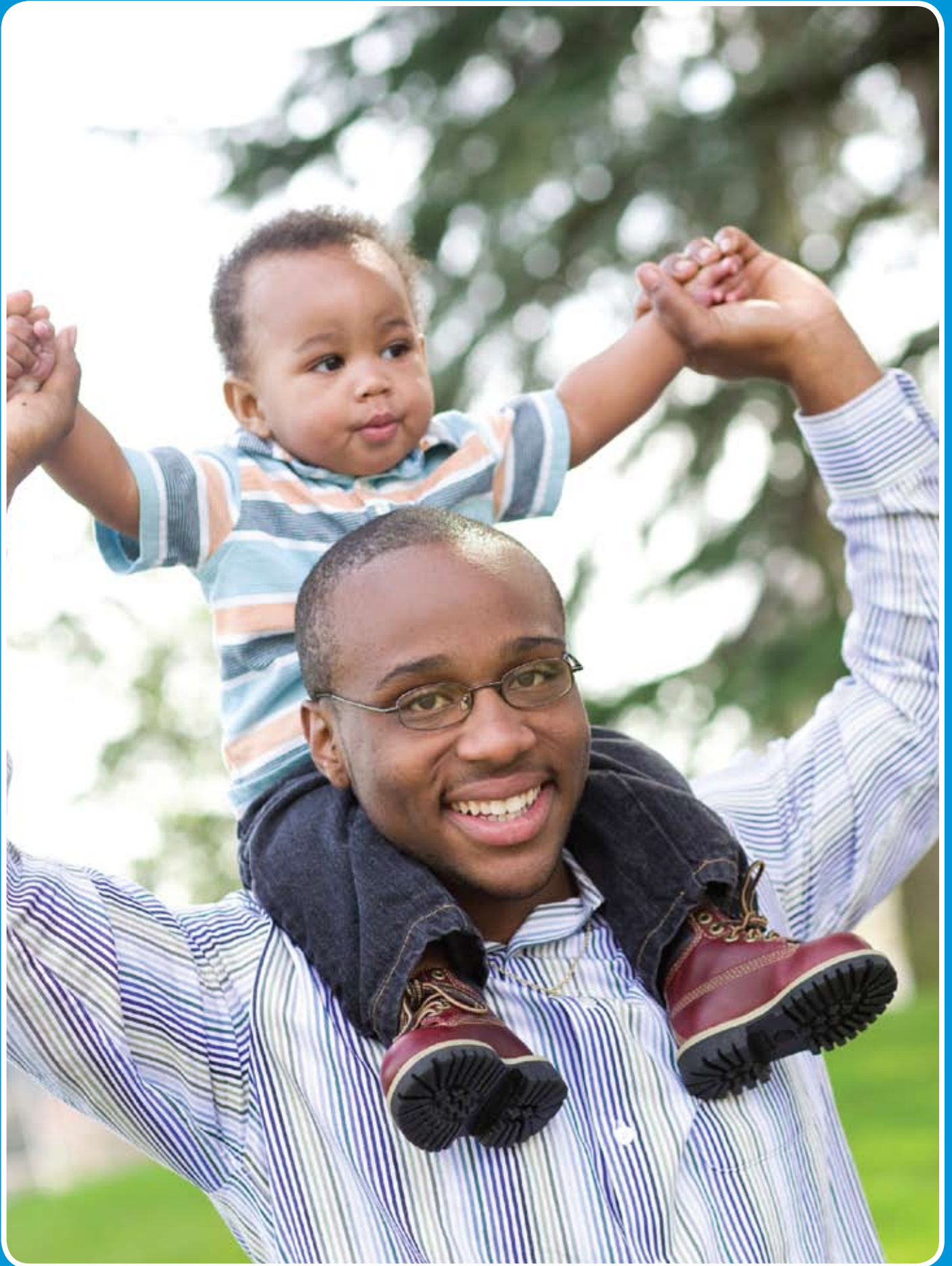
It is easy to see how some of these guidelines relate to the things children will learn later in school. For example, when toddlers do things described in the guidelines like “discover nature and changes in nature” and “try to count and use some number words,” it is obvious that these behaviors show early science and mathematics knowledge developing.

Some readers may wonder how other guidelines relate to school readiness. For example, how does the infant’s ability to “use their face and body to express emotion” help them to be ready for school? If you think about the later skills and abilities that depend on being able to communicate feelings, the answer becomes easier to see. When adults respond sensitively to children’s feelings, children know it is all right to express them. When adults use words for feelings, children begin to use words for feelings, too. As they get older, children can use words instead of reacting with their bodies. Children who cannot talk may use body movements to communicate. They may use special equipment, sign language, or cue



cards to help them communicate with words. Better communication helps children get along well with peers and adults. This in turn helps them succeed in school. Infants need to begin expressing their feelings, and adults have to respond appropriately, before the process described above can start.

Healthy development in all domains is necessary for success in school. Together, all of the skills, abilities, and characteristics included in these guidelines form the foundation for learning in kindergarten and later grades.





# Emotional and Social Development

Children's emotional and social development involves their thoughts and feelings about themselves and their relationships with others. Learning to manage and express feelings is also part of this domain. Infants and toddlers become aware of themselves and how they are different from anyone else. They begin to learn how to manage their emotions and form positive relationships with adults and peers.

A child's temperament plays a big role in emotional and social development. Temperament is the unique way a child responds to the world around him or her. People react differently to infants and toddlers with different temperaments. For example, adults may not interact as warmly with a toddler who is shy and solemn as they do with a toddler who is bubbly and friendly. This can affect children's relationships with others and how children see themselves. Sensitive adults accept that each child is different. They learn to interact with children in ways that match their temperaments and show caring for all children.

Sensitive interactions also help infants and toddlers form secure attachments. Attachment is the strong tie children feel with special people in their lives. Children feel pleasure and comfort when the people they are attached to are nearby. They form attachments to adults who are present much of the time, such as family members and caregivers.

Healthy emotional and social development depends on secure attachments. Children develop a positive sense of self when they experience positive emotional support and secure relationships. Many experts believe that healthy emotional and social development is necessary for infants' and toddlers' future development and learning in all domains.

Infants and toddlers with sensory impairments, such as vision or hearing loss, may need specialized assistance to develop a strong sense of self. Caregivers must make the effort to understand and respond to their signals, and show them how to explore and influence the world around them.

Infants and toddlers who have or are at risk for disabilities may need extra help to form relationships and express feelings appropriately. They can develop to their potential when caregivers remain warm and consistent and teach them the skills they need.

## Developing A Sense of Self

---

## Developing A Sense of Self With Others

---

## Learning About Feelings



# Developing a Sense of Self

Children learn about themselves as unique individuals through their interactions with the world around them. They develop awareness of their bodies, their feelings, and their ability to influence the world around them.



## What to Look For

### Infants may begin to:

- ♥ Coo to show they are happy or excited.
- ♥ Cry to show distress or pain.
- ♥ Soothe themselves and settle down once their basic needs are met.
- ♥ Develop awareness of fingers, hands, toes and feet.
- ♥ Gain awareness of body control (study own hands and feet moving, roll over and back).
- ♥ Show interest in their image in a mirror (stare, smile, reach out to touch).
- ♥ Eat and sleep on a more regular schedule.
- ♥ Respond to their name.
- ♥ Show preferences for certain foods.

### Young Toddlers may begin to:

- ♥ Use hands, mouth and eyes in coordination to explore their own body.
- ♥ Recognize themselves in a mirror (move body on purpose to see action in mirror, say name or "That's me.").
- ♥ Explore the environment on their own.
- ♥ Show caution toward places where there are drop-offs or heights.
- ♥ Cry, laugh, or express feelings in other ways to get another person to do something.
- ♥ Show outward pleasure in things they have done (clap, smile big at adult, say "Yay!").
- ♥ Control some impulses (look at forbidden object and say "No, no," allow adult to direct them to a different activity).

### Older Toddlers may begin to:

- ♥ Become aware of themselves as unique individuals (recognize themselves in pictures, say "I big girl.").
- ♥ Show awareness of specific body parts.
- ♥ Participate in play with others.
- ♥ Adjust their behavior to be appropriate for the situation they are in (tiptoe near a sleeping baby, imitate adult manners at special event).
- ♥ Display intense emotions such as temper tantrums less often.
- ♥ Use objects in the environment to show others what they want them to do (bring box to adult to be opened, open door to show they are ready to leave).
- ♥ Show emotions such as pleasure, shame, embarrassment, guilt and frustration.
- ♥ Develop "I can do" attitude (start task with confidence, say "Me strong!").
- ♥ Attempt to take care of themselves without help from others (push adult away, say "Me do it myself!").
- ♥ Show increased awareness of their own toys and other possessions (say "Mine", put things in own room or cubby).

## What to Do

- ☑ Observe children carefully. Learn how each child prefers to be held for feeding, sleeping or comforting and how he or she reacts to things like noise, light, or touch. Use what you learn to provide consistent, predictable care and help each child be comfortable. Share what you know with others who care for the child.
- ☑ Keep brief notes on each child to help you remember the unique needs of each



individual child. Use this information as you plan how you will care for the child.

- ☑ Take plenty of time to interact with each infant in a relaxed way during everyday caregiving routines such as diapering, dressing and feeding. Plan ahead so that you have everything you need (such as supplies and clean hands) before you start routines. Then you can focus only on the child.
- ☑ Hold and talk to babies individually throughout the day, not only during diapering, dressing and eating times. Cuddle them while reading a book or playing with a toy.
- ☑ Talk with infants as you watch them explore their bodies. For example, say “Look, at your hands, Aaron. You are moving your fingers.”
- ☑ Be on the floor with children. Support and encourage them by making eye contact and talking with them.
- ☑ Offer a comfort object such as a favorite blanket or stuffed animal to help a child feel secure when he or she is stressed.
- ☑ Place unbreakable mirrors in different areas of the room so children get to see themselves often (for example, above the changing table and on the walls at child’s eye level).
- ☑ Let children feed themselves finger foods (but be aware of choking hazards). Encourage them to hold their bottle or cup and provide small spoons so they can practice scooping food.
- ☑ Display pictures that show people from different cultures and different types of families in a positive way. Include pictures of children in your group and their families.
- ☑ Offer toys, materials and activities that are interesting and challenging for children to explore. When a child has mastered a toy or puzzle, offer one that is a little harder.
- ☑ Try to avoid telling children “no” by giving them many choices that are OK. Give them many chances to make choices and decisions. For example, if a toddler tries to grab a toy from another child, offer two other similar toys to choose from. Offer two different snacks, or let children choose which book to read.
- ☑ Respect toddlers when they try to get what they want or do something their own way. Be patient, give them time to work at things, and encourage them to communicate what they want.

## Real World Stories

Ms. Butler has just added a play tunnel and beach balls of various sizes to her toddler classroom. Two-year-old Trey grabs a large ball and shoves it into one end of the tunnel. The ball gets stuck at the first rib, and he kicks it hard. It doesn’t budge. Trey runs around, crawls through, and pushes the ball back out from the other end with his head. “Look, Ms. Butler!” he calls. “I got it out!”

“Good for you! Is there another ball that would fit?” she asks. Trey looks around at all of the balls and chooses a smaller one. He squats down and pushes it into the tunnel, watching to see if it rolls through. Then he crawls through the tunnel after the ball.

Alia, who is two-and-a-half and new to the classroom, watches Trey with interest. “Would you like to try it?” Ms. Butler asks. Alia nods but doesn’t move. Ms. Butler moves closer to the tunnel and points to two different balls. “Shall we try this one, or that one?” Alia runs over, picks up the smaller ball, and slowly crawls through the tunnel, pushing the ball in front of her.

Trey starts to come back through the tunnel in the opposite direction. Ms. Butler gently tells him to start at end where she is standing. “Alia’s coming through,” she explains. “You don’t want to bump into her.” Trey looks in and sees Alia, then runs around to Ms. Butler. Alia crawls out the other end and holds the ball over her head with a big smile on her face.

*Both toddlers in this example try a new challenge and show pride when they succeed. This experience helps them feel good about themselves and what they can do. Ms. Bennett makes this possible by providing the tunnel and the beach balls. She knows that children have different temperaments and that some need more encouragement than others. Trey jumps right in. All he needs is an enthusiastic response and a well chosen question. Alia is slower to warm up to the new activity. Ms. Butler also knows that adults in Alia’s home often show children how to play. Alia may be waiting for directions. The teacher gives just enough direction and support to help her get started. The toddler’s happy expression shows that she is becoming more confident.*

*This activity also gives toddlers the opportunity to begin learning how to play together. Ms. Butler helps them do this when she reminds Trey to look out for Alia. When the toddlers are more familiar with the activity and each other, she may let them try to work out the problem of meeting each other in the tunnel.*

♥ DEVELOPING A SENSE OF SELF and  
SENSE OF SELF WITH OTHERS

🍏 CONFIDENCE RISK-TAKING AND PROBLEM-SOLVING

👋 GROSS MOTOR, PHYSICAL ACTIVITY

🎯 PROBLEM SOLVING

# Developing a Sense of Self With Others

Infants and toddlers develop the beginnings of social skills as they interact with other people. They form attachments, show caring and concern for others, and learn how to play with other children.

## What to Look For

### Infants may begin to:

- ♥ Become attached to caregivers who are consistent, sensitive and responsive.
- ♥ Notice other infants (look at them, reach for them, touch them).
- ♥ Make eye contact with others.
- ♥ Seek to be near their caregivers.
- ♥ Enjoy being held, rocked or talked to.



- ♥ Imitate sounds, facial expressions or gestures they see other people do (peek-a-boo, hands up for “so big”).
- ♥ Become upset when another infant is crying.
- ♥ Recognize and reach out to familiar people.
- ♥ Smile, cry, or physically show that they need attention from a caregiver.

### Young Toddlers may begin to:

- ♥ Imitate actions of older siblings and playmates.
- ♥ Enjoy playing alongside other children, sometimes imitating their actions.
- ♥ Offer toys and objects to others.
- ♥ Show attachment and emotional connection towards others (“check in” with caregiver while playing, greet family member with big hug).
- ♥ Look at familiar caregivers to see how they are reacting to a situation or person.
- ♥ Repeat behaviors to get attention (throw or bang toys, make loud sounds).
- ♥ Cry when their parent or family member leaves (separation anxiety).
- ♥ Separate from parent or main caregiver without being overcome by stress.

### Older Toddlers may begin to:

- ♥ Show attachment with people who take care of them on a regular basis (give hugs and kisses, say “I love you,” seek out caregiver when upset or uncertain).
- ♥ Show interest in other children (spontaneously hugs peers, want to play with certain children, call other children “friends”).
- ♥ Become less likely to get upset when their primary caregiver is not with them.
- ♥ Learn to control their emotions and behaviors with guidance from their caregivers.
- ♥ Play with other children, but may have trouble sharing or struggle for control.
- ♥ Show caring and cooperation (pick flower to give adult, help to put away toys).
- ♥ Communicate concern for others (Hug a child who has fallen and ask “Are you OK?”).
- ♥ Offer help to meet the needs of others (give soft doll to crying child, pick up item someone dropped).
- ♥ Play with others with a common purpose.
- ♥ Try out roles (fire fighter, shopper) and relationships (parent/child) through imitation and pretend play.

- ♥ Develop an awareness of their behavior and how it affects others (know that yelling makes child sad, sharing toy makes playmate happy).
- ♥ Use words to influence playmates' and caregivers' behavior.
- ♥ Show defiant behavior or do what they want to do rather than what someone asks them to do.
- ♥ Use words to make needs known and become less likely to bite, hit or be physically aggressive toward others.

## What to Do

- ☑ To promote attachment, allow only a small number of people to care for each young child regularly.
- ☑ When there is more than one caregiver in the room, assign one specific person to be the primary caregiver for each young child. The primary caregiver should complete all of the child's daily caregiving routines, such as feeding and diapering.
- ☑ Assign the same person to be a child's primary caregiver each day. This helps the child develop a strong relationship with the caregiver and helps the caregiver learn about the uniqueness of the child. If the primary caregiver is absent, assign a person familiar to the child to be the primary caregiver.
- ☑ Watch infants for signs that they are not becoming attached. For example, a child might become passive, not react to something that would typically upset a child, or seem not to thrive like other infants. Talk with family members, administrators, or other professionals if you observe these signs.
- ☑ Treat children as individuals by using their names rather than just talking to them as a group.
- ☑ Maintain eye contact and interact with children in an engaging way during caregiving routines such as diapering and feeding.
- ☑ Allow infants and toddlers to be with and watch others much of the day.
- ☑ Set up interest areas with enough toys and materials for two to three children to play without having to argue over the materials.
- ☑ Include materials that show persons from different backgrounds in a positive way. For

Attachment is the emotional bond that forms between babies and the people who take care of them. This can include parents, older siblings, other family members, and child care providers.

example, post family pictures, read books from diverse cultures, offer materials and foods from different groups of people, and post photographs of children with disabilities using adaptive equipment.

- ☑ Encourage family members to say good-bye to their infants and toddlers. This helps children understand what to expect when family members leave and trust that their loved ones will come back.
- ☑ Realize that parents may be afraid that if their child becomes attached to other caregivers, their child might be less attached to them. Reassure parents and guardians that children can become attached to several people and will not become less attached to them.
- ☑ Recognize that fear of strangers and separation anxiety are normal stages of attachment in mobile infants. Help parents understand that fear of strangers and separation anxiety are normal.
- ☑ Support each child's attachment to their family while the child is in your care. Greet both the infant/toddler and family members as they arrive and depart. Talk about family members with children during the day. Set up a communication system (report form, notebook) for letting families know what the child's day has been like.
- ☑ Have a regular schedule so that toddlers know what to expect. Allow enough time in the schedule for toddlers to do things for themselves.
- ☑ Model "gentle touches" for toddlers as they interact with others.
- ☑ Add safe, interesting, and realistic toys and materials to the environment to encourage role and pretend play about many different themes (cloth or soft dolls, work hats and props, telephones, pots and pans).
- ☑ Prepare toddlers for transitions, which are times of change or involve moving from one activity to another. Be prepared for the next activity and offer something to keep toddlers involved while they are waiting (finger plays, movement songs)
- ☑ Model cleaning up and encourage toddlers to participate in clean-up of the play area, interest areas, snack table, and other parts of the room.



# Learning About Feelings

This area includes infants' and toddlers' growing abilities to express their feelings, wants, and needs. As children grow older, the way they express their emotions changes. They gain control over some of their feelings and learn new ways to express them.



## What to Look For

### Infants may begin to:

- ♥ Show happiness, sadness, fear and anger.
- ♥ Cry, coo, smile, laugh.
- ♥ Show when they feel overwhelmed (yawn, look away, extend arms or legs, arch their body, fuss).
- ♥ Use their face and body to express emotion.
- ♥ Stop crying when parent or caregiver comes near.
- ♥ Enjoy being held and cuddled other than at feeding and bedtime.
- ♥ Show pleasure when they are in a familiar setting and with a familiar person.

### Young Toddlers may begin to:

- ♥ Express different emotions such as affection, delight, frustration, and shyness.
- ♥ Have strong feelings that they may express physically.
- ♥ Use body language and facial expression to communicate feelings (clap when happy, pout and hunch shoulders when sad).

- ♥ Imitate actions to express emotions (raise arms like parent when excited, stomp feet like brother when mad).
- ♥ Show signs of separation anxiety.
- ♥ Find comfort in a familiar setting and with a familiar person.

### Older Toddlers may begin to:

- ♥ Show new fears based on their new understanding about the world (monsters, animals, big machines).
- ♥ Learn to express different emotions, such as disgust, tenderness, hostility and love.
- ♥ Show emotions about their own abilities or behaviors, such as confidence, doubt, fear, power, pride and shame.
- ♥ Use words, signs, or gestures to communicate emotions.

## What to Do

- ☑ Be aware of infants' and toddlers' reactions and reassure them that you are there for them.
- ☑ Pay attention to infants' signals that they are overwhelmed. Give them some quiet time or extra time cuddling with you to help them recover. Take them out of situations where there are too many people, too much noise, or too much stimulation of any kind..
- ☑ Talk about your own feelings with the children. Use words to describe your emotions.
- ☑ Use "feeling" words to acknowledge and label emotions that you see the child is experiencing ("You're very mad!" "You look sad.") This helps the child to feel understood and learn to use words to describe feelings.
- ☑ Understand that expression of feelings (both positive and negative) is important to healthy emotional development. Children need to express both types of feelings and have adults accept these feelings.
- ☑ Provide adaptive equipment and materials when a child needs support to be active and successful in program routines and activities. When children are able to participate, they feel a sense of belonging and security.
- ☑ Comfort toddlers when needed and let them know they are safe and secure. Let them know you care for them even when they have strong negative feelings. Give them hugs, cheers, and hold them in your lap if they welcome these touches. (Some children prefer to be comforted in other ways.)



- ☑ Focus on each toddler's positive qualities and accomplishments. Avoid talking about children as good or bad or messy or neat.
- ☑ Accept the toddler's mistakes as a natural process of learning and exploring. Use supportive language such as "Oh, the milk spilled. Let's get a paper towel and clean it up," rather than "You're so clumsy. You made a mess."
- ☑ Encourage independent choices so toddlers can feel a sense of control and success. For example, let them decide how to play and when they need to go to the toilet. Let them do things for themselves even if they do not do it exactly the way you would have.
- ☑ Provide child-size equipment. If using adult-size materials and furnishings in a family child-care home, adapt them so children can use them independently and safely.
- ☑ Provide opportunities for toddlers to repeat successful activities over and over again until they are ready to move on to something more challenging. Have many different toys available to toddlers at the same time.

## Real World Stories

Mrs. Jackson is playing with her six-month-old granddaughter, Dyanna, on a soft quilt. Dyanna was born two months prematurely. This morning she fusses from time to time, as she often does. Mrs. Jackson talks softly to her and massages her gently. When Dyanna looks away, tenses her body, or whimpers, Mrs. Jackson stops. She waits for the baby to become calm and look again at her face. She knows that Dyanna gets overwhelmed easily. Mrs. Jackson wishes that Dyanna would smile more like her other grandchildren did when they were babies, but she is patient.

Two-year-old Isaac is tossing soft blocks into a laundry basket. Isaac is the son of Mrs. Jackson's neighbor. He is very active and has a hard time focusing and remembering things. Isaac jumps up and down and exclaims, "Two points!" "Good shot!" echoes Mrs. Jackson. Soon Isaac loses interest and begins running around the room. Mrs. Jackson places Dyanna in a carrier on her body, puts on her coat, and moves to the door. Then she suggests that Isaac get his coat so they can go outside. Before they go out, she reminds him they must stay inside the fence to be safe.

Outside, Isaac plays happily on a riding toy and a toddler-sized climber. Dyanna snoozes

in her carrier. Then Isaac makes a break for the chain-link fence and starts to climb. Mrs. Jackson immediately moves close to him. "I know you want to go out, but it's safer in here," she reminds him. "Come down now." Isaac continues to climb. "OK, I'm going to help you down now," she says. She picks him up and places his feet on the ground.

Isaac throws himself down on the ground. He kicks his legs, yelling, "Want out! Want out!" Mrs. Jackson says calmly, "I know you do. But it is safer inside the fence. I'll get out your lawnmower when you're ready to play again." She waits and watches to make sure that Isaac does not hurt himself. Eventually he stops yelling and kicking. "Want mower now," he says. "Thank you for asking nicely," praises Mrs. Jackson as she hands him the toy.

*In this example, Mrs. Jackson works hard to form strong, positive relationships with Dyanna and Isaac. She knows their attachment to her will help them learn to manage their feelings and get along with other people. She has learned about each child's unique needs and challenges. Like many premature babies, Dyanna is not as much fun to play with as other babies. She does not give as many positive responses. But Mrs. Jackson does not give up. She is sensitive to*

*how much stimulation Dyanna can handle. She knows that Dyanna must be calm to interact with her. Mrs. Jackson uses a soft voice and gentle touches to soothe Dyanna and she gives the baby a chance to calm herself.*

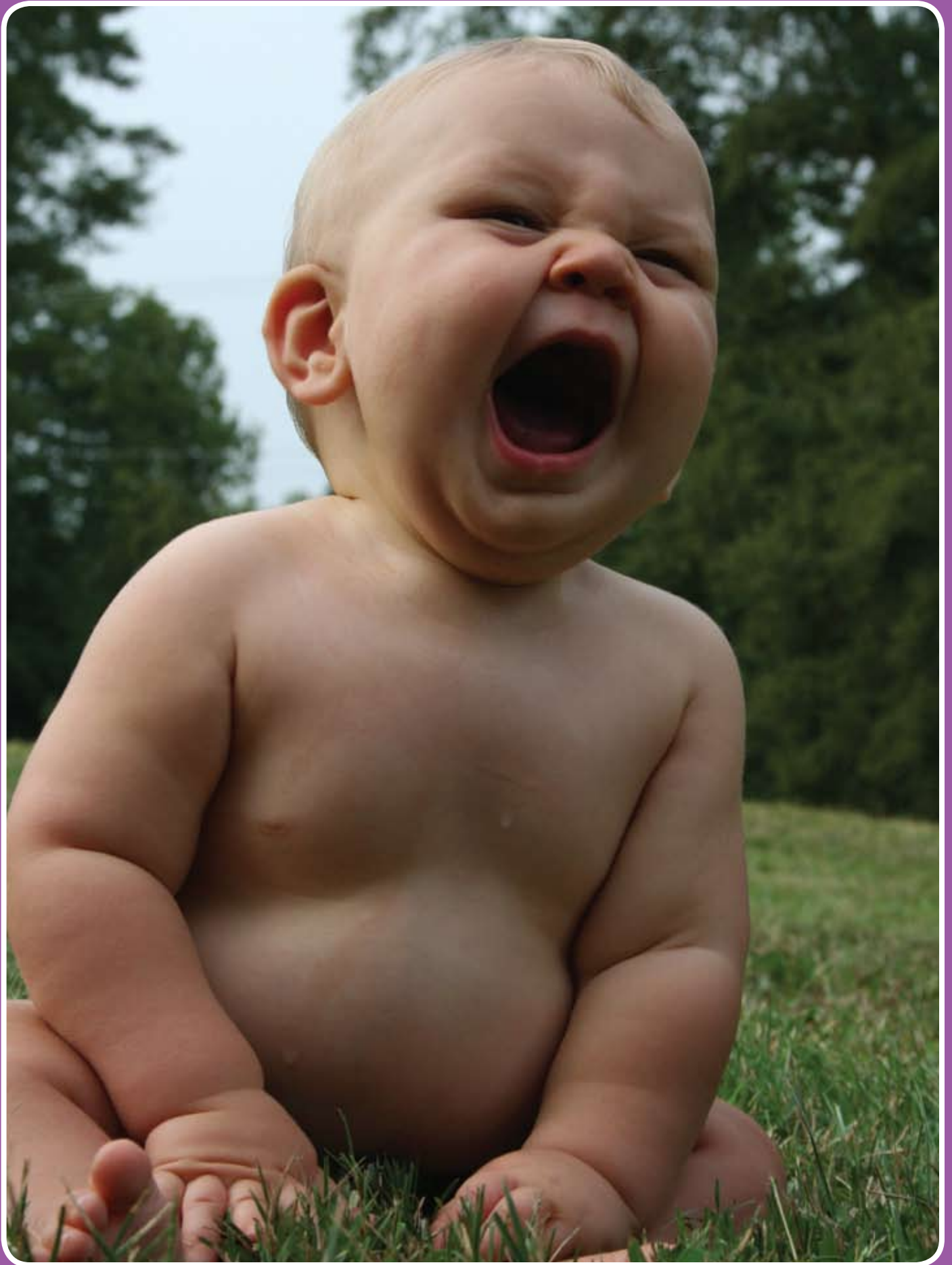
*It's difficult sometimes to be pleasant with a toddler like Isaac. Mrs. Jackson stays calm and positive. She gives him plenty of time for active play indoors and outdoors. She provides activities and toys he likes, and she sets clear limits to keep him safe. Mrs. Jackson anticipates possible problems and is ready to respond calmly. When Isaac has tantrums, she accepts his strong feelings. She also teaches him to manage his feelings in a better way.*

*Both Dyanna and Isaac are receiving early intervention services because their development is delayed compared to other children their age. Mrs. Jackson is a member of their intervention team. She uses ideas from their service coordinator and other professionals every day as she cares for the children.*

♥ SENSE OF SELF WITH OTHERS  
and LEARNING ABOUT FEELINGS

✎ SAFETY AWARENESS

*For more information about Early Intervention for Infants and Toddlers with Disabilities and Delay see page 26.*



# Health and Physical Development

The “Health and Physical Development” domain focuses on how young children learn about their bodies. During the first three years of life, young children develop at a pace that is unique to each child. Infants gradually gain control over their bodies and begin to move to explore their world. Toddlers learn to use and control objects and do things for themselves.

Children figure out what they need and what they can do by using their bodies in different ways. They learn how to stay physically and emotionally safe. Infants and toddlers communicate and seek to meet their needs for food, rest, movement, stimulation and exploration. They do this with facial expressions, sounds, actions and words, depending on their abilities.

It is important for adults to respond when young children communicate their needs. Caregivers find it helpful to set up routines and respond consistently. A family’s culture influences daily care routines, so caregivers must understand families’ cultures and preferences. This allows caregivers to carry out routines and set up environments that feel comfortable and safe to infants and toddlers.

When adults respond quickly to infants’ and toddlers’ needs, young children learn what to expect and begin to trust others. They feel safe to explore and develop habits that support their physical health and growth. Playing with infants and toddlers indoors and outdoors is also an important part of the caregiver’s role. Play is essential to the physical well being of children. It helps them develop fine and gross motor skills, dexterity, and strength.

A caregiver in the child care setting may be the first person to notice that an infant or toddler has special needs. Infants and toddlers with disabilities may need therapy and special equipment such as adaptive strollers, supportive seats and standers to help them move and participate in activities. They may require more time and support to learn some self-care skills and develop more control of their muscles.

Children with special health care needs may need other specialized care, which may include giving medication. They should have a health care plan that explains how to manage the child’s health care needs on a daily basis and in emergency situations. Playgrounds and outdoor environments should be made accessible for children with physical or visual disabilities. All children need and benefit from active play.

Physical Health and Growth

---

Self-Care

---

Safety Awareness

---

Gross Motor/Large Muscle

---

Fine Motor/Small Muscle



# Physical Health and Growth

Physical health and growth includes behaviors that promote well-being and a healthy, active life. This section is subdivided into three areas: **Nutrition**, **Sleep**, and **Physical Activity**.



## Nutrition

### What to Look For

#### Infants may begin to:

- ✎ Show excitement and joy when they are about to be fed.
- ✎ Show hunger or fullness using actions, sounds, or words (cry or search for food, turn away when full).
- ✎ Suck and swallow breast milk or formula.
- ✎ Show preferences for different foods.
- ✎ Respond to different textures of foods in their mouth (eagerly wait for the next bite, spit out food, turn head away).
- ✎ Learn to eat different types of food such as liquids, pureed or soft foods, and finely chopped food.

#### Young toddlers may begin to:

- ✎ Want to feed themselves.
- ✎ Eagerly participate in snacks and mealtimes.
- ✎ Bite, chew, and swallow soft food smoothly.
- ✎ Show interest in many types of food and no interest in other foods.
- ✎ Eat inconsistently (eat a lot at one meal and little at the next, be too busy playing to eat).
- ✎ Ask for food when hungry or accept food when offered.
- ✎ Be willing to try new foods.

#### Older toddlers may begin to:

- ✎ Enjoy helping with meal and snack routines (set table, wash hands, throw away trash).
- ✎ Bite and chew solid food more easily.
- ✎ Accept or refuse food depending on their appetite and interest.



- ✎ Notice and talk about food textures, temperatures, and tastes (crunchy crackers, warm soup, sweet apples).
- ✎ Understand that some foods are good for them (fresh fruits, vegetables, milk) and some are not very healthy (potato chips, soda).

## What to Do

- ☑ Promote and support breastfeeding for young children. Provide storage for breast milk, private areas for nursing mothers, and education about the benefits of breastfeeding for both mother and infant. Feed iron-fortified formula to infants who are not breastfeeding.
- ☑ Wait until an infant shows signs of hunger before feeding. Allow enough time for them to finish bottles or food.
- ☑ Ask families about food allergies and serve only foods children are not allergic to. Also, ask about any history of allergies in the family. Some children may need to avoid eggs, peanuts, nuts and fish until ages two or three.
- ☑ Do not give honey or cow's milk (whole or low fat) to infants under one year of age.
- ☑ Offer infants no more than one new food each week so specific allergies can be recognized.
- ☑ Allow children to leave food uneaten. Do not force them to eat more than they want. They may be full.
- ☑ Allow enough time for children to explore foods with their fingers and to eat.
- ☑ Eat healthy foods with children (fruits, vegetables, whole grains, milk, and meat). Talk about foods and how they help the body. ("Milk makes your bones and teeth strong.")
- ☑ Offer a variety of safe and healthy foods that meet the nutritional needs of infants and toddlers. Ask families what they eat at home and offer these foods. Serve foods that represent the cultures of the children in the classroom.
- ☑ Encourage young children to try new foods. Offer a new food up to 10 times if needed to let a child get used to a new taste and texture.
- ☑ Respect cultural, religious and other family preferences for different foods (for example, no pork or a vegetarian diet). Do not offer foods that go against these preferences.
- ☑ Offer types, sizes and textures of food that each infant or toddler can eat safely and successfully. Work with families, dietitians

## Serve Food Safely

When providing food to children less than 3 years of age always consider their feeding needs. Serve food that is easily managed by the children and supports their self-help skills. Avoid hard, round or hard-to-chew foods. Puree foods or soften raw foods by parboiling them if needed.

Choose raw fruits and vegetables carefully. Some may be too difficult for young children to manage and may be a choking hazard. Common choking foods for young children are firm fruits, carrots, celery, cherries, grapes, hard candy and gum, nuts, hot dogs, peanut butter, popcorn, and dried fruits and large chunks of food.

For children with special feeding needs learn how to meet those needs with specially prepared foods, special feeding equipment and close supervision during meal times. Remember to keep meal times positive and social as well as nutritional.

### Choking Prevention Tips

- ▶ Cut food into tiny bite size pieces.
- ▶ Serve food in small, manageable quantities.
- ▶ Have the children remain seated while eating.
- ▶ Supervise the children while they eat.
- ▶ Know how to do the Choking Rescue (Heimlich Maneuver) for infants and for children older than 1 year of age.

and health care providers to offer the formula, foods, and other forms of nutrition appropriate for children with special nutritional needs.

- ☑ For young children who need help eating and drinking, offer support, proper positioning, special equipment and many chances to practice eating and drinking.
- ☑ Offer young children soft, small finger foods and make sure they are able to bite, chew and swallow these foods properly. Offer cups and spoons and encourage children to feed themselves when they are ready.
- ☑ Limit juice and other high sugar drinks. Offer water frequently. Limit juice to four-to-six ounces a day. Do not allow children to sip fruit juice throughout the day or drink juice while lying down in bed.
- ☑ Allow and encourage children to serve and clean up food. Provide materials for pretend play about shopping, cooking, serving, eating, and cleaning up.



## Sleep

### What to Look For

#### Infants may begin to:

- ✎ Sleep for longer periods at a time: more at night, and less during the day.
- ✎ Roll over and put themselves in the positions they prefer for sleeping.
- ✎ Show signs of being tired (rub eyes, cry, put head down).
- ✎ Settle down and fall asleep after a routine that includes a series of events

leading up to nap or bedtime (change diaper, read books, play soft music).

- ✎ Sleep and wake at regular times according to their needs.

#### Young toddlers may begin to:

- ✎ Show they know when it is time to sleep (point at bed, get blanket).
- ✎ Cooperate with sleep routines (choose a book, get preferred sleep toy).
- ✎ Use simple sounds, gestures, or words to show they are tired.

#### Older toddlers may begin to:

- ✎ Use words for being tired.
- ✎ Initiate and participate in sleep routines (wash hands after lunch, get blanket, lie down on bed or mat).
- ✎ Fall asleep on their own.

### What to Do

- ☑ Place infants on their backs to sleep for naps, and at night, to reduce the risk of Sudden Infant Death Syndrome (SIDS). Follow doctor recommendations for infants who have special sleeping needs or equipment. A doctor may recommend that certain infants not be placed on their backs to sleep, but this is rare.
- ☑ Provide a safe sleep environment for infants and toddlers.
- ☑ Carry out sleep routines that meet the child's needs and take into account the beliefs, customs and needs of families.
- ☑ Ask families to share the sleep routine used at home and use it in the child

## Safe Sleep Practices

Follow these recommendations to create a safe sleep environment:

- ▶ Provide a crib or bed that meets all current safety requirements for the child's age group.
- ▶ Ensure that the sleep surface is firm.
- ▶ Make sure there are no curtains or blind cords hanging near the crib or bed.
- ▶ Keep room temperature moderate to avoid overheating.
- ▶ Take care not to bundle infants in many layers to avoid overheating.
- ▶ Do not place soft toys, objects, or loose blankets in the crib.
- ▶ NEVER smoke near infants.

*Adapted from: Task Force on Sudden Infant Death Syndrome. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk. PEDIATRICS Vol. 116 No. 5 November 2005, pp. 1245-1255.*

care environment if appropriate (get rocked to sleep, hold a special toy).

- ✔ Provide a relaxing environment for children when they show signs of being tired (play soft music, turn out the lights).
- ✔ Provide areas for children to rest to accommodate individual sleep needs. Toddlers should have individual nap schedules.
- ✔ Help children learn to calm themselves and fall asleep. For infants, consider playing soft music and quieting the environment.

For older children who choose their own sleep positions, rubbing their back may help them relax and fall asleep.

- ✔ Learn and use the words families use to tell someone they are tired. Use these words and teach children to use them to tell you they are tired.
- ✔ Work with families and health care providers to help young children with special health care needs and disabilities sleep comfortably and safely and get the amount of sleep they need.

## Physical activity

### What to Look For

#### Infants may begin to:

- ✎ Show they enjoy physically active play by repeating actions (kick, wave arms, roll over).
- ✎ Respond to rhythms in music and movement games (kick feet, clap hands, smile).
- ✎ Move their bodies to explore the indoor and outdoor environment.
- ✎ Show endurance and stamina by continuing movement through an entire song or activity.

#### Young toddlers may begin to:

- ✎ Anticipate and ask for outdoor play (point at door and say “Out!”; resist coming indoors).
- ✎ Engage in regular and sustained movement (ride toy all around play yard, go up and down slide over and over).
- ✎ Develop strength and stamina as they use large muscles and participate in physical activity for longer periods of time.
- ✎ Enjoy active play and seek to be physically active (choose to play often on climber, laugh and squeal while running).

#### Older toddlers may begin to:

- ✎ Engage in lively movements by choice for long periods of time indoors and outdoors.
- ✎ Enjoy more complex movement activities (running, jumping, and skipping).
- ✎ Match body movements to rhythm (move slowly to slow music, dance in time with music).
- ✎ Show pride in new skills and strengths (ask others to watch them, say “I’m big and strong!”).



## What to Do

- ☑ Take children outside often and regularly in all seasons. Dress them appropriately for the weather (raincoats, sweaters, boots, mittens, coats, hats).
- ☑ Show children you enjoy being outdoors and encourage them to explore the outdoor environment.
- ☑ Closely supervise infants and toddlers during physically active play.
- ☑ Invite and encourage children to participate in physical activity and free play every day. Schedule several periods of active physical play each day, with each period lasting thirty to sixty minutes. Include time for child-directed play, not just adult-directed activities.
- ☑ Show and engage children in new and safe ways they can move their bodies indoors and outdoors: run, walk, climb, crawl, dig, pedal, slide, rock, bounce, sway, and jump. Do this for children of all ages, including children with special needs. Show children how physical activity is fun for everyone.
- ☑ Repeat physical activities that children enjoy over and over again. Sing favorite movement songs (“Wheels on the Bus”, “Hokey Pokey”) with actions. Make small changes to help children improve their skills over time.
- ☑ Plan new and different outdoor activities for infants and toddlers. Change materials and toys regularly to promote physical activity and make outside playtime fun.
- ☑ Look for programs or activities in the community that encourage physical activity for families, including children with special needs: parks, greenways, playgrounds, swimming pools, lakes and gyms.
- ☑ Do not offer TV to children under two years of age. Offer physical activity rather than TV for children over two years of age. Many people feel that TV should not be offered to older toddlers in child care. However, if you decide to offer TV to children over two years of age, limit time watching TV, videos, or DVDs to 30–60 minutes per day.
- ☑ Computers are not necessary to help most infants and toddlers learn. Instead, infants and toddlers benefit more from being physically active. Assistive technology and computer experiences help some children with special needs to learn, develop, or communicate. Work with families and specialists to provide appropriate physical activity as well as technology for these children.
- ☑ Some infants and toddlers are highly sensitive to light, noise and the way they are touched. Provide spaces that offer less stimulation so they can feel calm and comfortable. Work with families and specialists to offer appropriate physical activity for these children.

---

## Avoid confining infants in seats and other containers

- ▶ Avoid placing babies in car seats or similar seats except while they are in the car because this can flatten the back of their heads.
  - ▶ Never use wheeled walkers, which delay motor development and are a safety hazard due to the risk of tipping and falling down stairs.
  - ▶ Avoid the use of ‘Johnny-jump-ups’, especially for premature babies, because they contribute to uneven muscle development. Babies’ muscles develop best when they are allowed to move around freely on the floor.
  - ▶ Place babies in safe places where they can move freely instead.
-



# Self-Care

Self-care for infants and toddlers begins with a growing awareness of and interest in their own needs. They first get their needs met by communicating with trusted adults. Then they begin to participate in taking care of themselves.



## What to Look For

### Infants may begin to:

- ✎ Use different sounds to let caregivers know they need attention.
- ✎ Tolerate care routines (mouth care, hand-washing, diapering, dressing, and bathing).
- ✎ Show interest and assist in routines (open mouth for bottle or spoon, raise arms for dressing).
- ✎ Show a preference for soothing objects and routines (coo during bath, reach for security object, snuggle up to caregiver before nap).
- ✎ Begin to soothe themselves (suck thumb, find pacifier).

### Young toddlers may begin to:

- ✎ Use simple sign language, facial expressions, sounds or words to tell you what they need.
- ✎ Cooperate and help with care routines (mouth-care, hand-washing, diapering, dressing, bathing).

- ✎ Drink from a cup and feed themselves with their fingers or a spoon.
- ✎ Protect personal objects and space from others.
- ✎ Help with clean-up routines.
- ✎ Show excitement at completing self-care tasks (show teeth after brushing, hold up hands after washing).
- ✎ Cooperate with medical care, positioning, and use of adaptive equipment.
- ✎ Identify and use objects and follow routines that are comforting (get their blanket and lie down where they usually sleep, pick out favorite book to be read before lunch).

### Older toddlers may begin to:

- ✎ Use words or sign language to ask for the things they need (food when hungry, drink when thirsty, go outdoors when they need to be physically active).
- ✎ Soothe themselves when needed (find a quiet area for alone time, look at book before nap).



- ✎ Increase independence with basic self-help skills (pull up pants, put on socks, shoes and hat).
- ✎ Remember and imitate details of self-care routines (talk through steps while washing hands; tell doll how to brush teeth during pretend play).
- ✎ Start self-care routines and complete some steps independently (undressing, hand washing, brushing teeth).
- ✎ Understand the role of people who help children stay healthy (doctors, nurses, dentists).
- ✎ Show appreciation for possessions (put toys away, handle materials carefully).
- ✎ Use adaptive equipment, ask for help with positioning and movement, or participate in medical care routines as needed.
- ☑ Learn about the abilities and customs of children and their families. Set up routines so children can do them successfully. Make routines as similar to home as possible.
- ☑ Talk about care routines with children as they are happening and make it fun for them.
- ☑ Provide children many opportunities to use the toilet when they show they are ready. Support all attempts to use the toilet. Coordinate the timing and process of toilet learning with the family.
- ☑ Model hand-washing and encourage children to practice washing their hands at all appropriate times. Provide hand-washing stations that children can reach safely on their own.
- ☑ Encourage children to practice cleansing their mouths and brushing their teeth. Model tooth-brushing for older toddlers. Provide stations for tooth-brushing that children can reach safely on their own.

### What to Do

- ☑ Respond quickly and consistently when children tell you they need something. Learn to read their cues, cries, and gestures. Ask family members how and when children may communicate certain needs.
- ☑ Establish regular routines for diapering, toileting, bathing, eating, sleeping, and dressing children. Do things the same way every time as much as possible.
- ☑ Use fluoride toothpaste with caution and only with children over age two who can spit out the toothpaste. A small, pea-sized amount of toothpaste is enough for toddlers. Keep toothpaste out of children's reach when not in use.
- ☑ Encourage children to take an active part in dressing themselves. Suggest a step the child can complete. ("Put your foot

## Real World Stories

Ms. Donna cares for five children ranging in age from three months to thirty months in her family child care home. She begins her lunch routine by feeding three-month-old Katie. Katie waves her arms and fusses as her bottle is being prepared. Ms. Donna soothes her by saying, "It's hard to wait when you're hungry. Here comes the bottle now." She holds Katie close, looks at her face, and speaks softly to her during feeding. When Samantha (age 30 months) asks for a new puzzle, Ms. Donna says, "I'll get it when Katie is finished. You can look at a book while you're waiting." Samantha pulls a book from a pocket on her wheelchair.

When Katie is settled in her crib for a nap, Ms. Donna helps the other children wash their hands for lunch. Samantha and Leyla (age 19 months) can wash their hands by themselves. Ms. Donna reminds them to "keep rubbing your hands all over with soap." "Get germs off!" exclaims Samantha.

The four children eat lunch with Ms. Donna at a low table. She has organized everything and placed it within reach. Each child has a sippy cup of milk. Samantha and Leyla serve themselves cheese sandwiches and chunks of bananas. Ms. Donna helps them with the steamed zucchini. She places a small amount of each food on the other children's plates. The food is cut up so the toddlers can eat independently.

Brianna (age 10 months) uses a pincer grasp to feed herself pieces of sandwich, banana and zucchini. Colin (age 15 months) eats quickly with his fingers and a spoon and holds out his plate for more. "Colin, say 'More, please,' prompts Ms. Donna. "Muh, muh" says Colin. "Here's some more," she says as she serves the food.

Leyla eats the cheese sandwich and banana, but leaves the zucchini on her plate. When she asks for more sandwich and banana, Ms. Donna allows her to take more of each. "Maybe you'll like the zucchini next time," she remarks. "It's my favorite vegetable. Yum!"

One by one, the children lose interest in eating or say they are finished. Colin and Leyla throw their trash away and put their dirty dishes in a plastic dishpan on the table. Samantha wipes her tray with a damp paper towel before wheeling her chair to the trash can. Ms. Donna helps the children clean their hands and choose a quiet activity in the play area nearby.

*Ms. Donna knows that infants and toddlers learn during caregiving routines. For example, Samantha has already begun to learn about germs. All of the children at the lunch table are practicing self care, fine motor, and language skills. Ms. Donna serves a variety of foods and offers new foods like zucchini many times until the children accept them. She models healthy eating and good manners. Each child makes choices and participates actively. Even tiny Katie can communicate when she is ready for her bottle and when she has had enough to drink.*

*Ms. Donna allows plenty of time for routines. She understands that infants and toddlers have individual schedules and plans around their needs. Ms. Donna also plans ahead and keeps everything organized. She and the children feel calm and relaxed as they eat.*



SELF CARE, PHYSICAL HEALTH and GROWTH,  
NUTRITION, and FINE MOTOR/SMALL MUSCLE

EXPRESSIVE LANGUAGE

- in your pant leg." "Pull up your pants."  
"Pull your arm out of your sleeve.")
- ☑ Allow plenty of time for children to try and participate in all of these self-care tasks.
- ☑ Read books about visits with the doctor and the dentist. Offer play props so children can pretend to visit them.
- ☑ Offer children play food and kitchen utensils from many cultures, especially the cultures of families in your group. Offer toys and props to practice self-care behaviors (healthy play food, dress-up clothes that are easy to put on, tubs to wash baby dolls).
- ☑ Teach children about the importance of good personal health practices. Make sure to take into account individual family beliefs and customs.
- ☑ Ask families and health care providers if a child with disabilities or special health care needs has any special self-care needs. Help children understand and participate in these special self-care tasks. Use picture cards to guide them through the steps of self-care routines like hand washing.



# Safety Awareness

Safety awareness is the ability to identify things that might be dangerous and to protect oneself. It begins with infants' natural reflexes, awareness of their own bodies, and trust in caregivers. Toddlers begin developing the behaviors and skills they need to protect themselves and to stay safe as they learn from their experiences.



## What to Look For

### Infants may begin to:

- ✎ Show that they are aware of their body (look at moving hands, reach for feet).
- ✎ Develop trust in adults (calm down with adult help, make eye contact with caregivers).

### Young toddlers may begin to:

- ✎ Experience cause and effect (going downhill fast cause falls; turning the TV up too loud hurts ears).
- ✎ Show some caution on uneven ground and heights.
- ✎ Notice and imitate adult reactions to dangerous people and situations.
- ✎ Respond to warnings and directions from others.
- ✎ Understand the difference between what should be eaten and what should not.

### Older toddlers may begin to:

- ✎ Remember cause and effect experiences and apply their experiences to future situations (avoid touching cold railing, walk slowly down hill where fall happened).
- ✎ Increase self-control over their impulses.
- ✎ Recognize and avoid situations that might be unsafe.
- ✎ Understand what their bodies can do and understand their limits.
- ✎ Watch for adult reactions to unfamiliar things or situations that might be dangerous.
- ✎ Understand and follow basic health and safety rules. They still require close supervision from caregivers to follow these health and safety rules consistently.
- ✎ Feel proud when they follow safety rules and ashamed when they do not (say, "Look, I waited!" at corner; hang head after trying to reach forbidden item).

## What to Do

- ☑ Provide a safe environment indoors and outdoors so infants and toddlers can explore without hurting themselves or others. Help families learn about safe environments for infants and toddlers.
- ☑ Stay near infants and toddlers at all times and watch to keep them safe.
- ☑ Hold, cuddle, make eye contact and talk with young children to build trust.
- ☑ Play games that name and use body parts. ("Where is your nose?" and "When you're happy and you know it.")
- ☑ Model safe practices for infants and toddlers. (Don't stand on chairs or sit on shelves.)
- ☑ Do not try to make infants or toddlers do things they are afraid to do. Help them learn to trust their feelings about what is safe and what is not safe.



- ☑ Repeat safety messages every time they are needed. Understand that you may have to repeat them many times. (“Too high. Please put your feet on the ground. Chairs are for sitting.”)
- ☑ Give specific praise to toddlers for remembering safety messages and safe behaviors. (“Thank you for waiting for me.” “That’s good. You’re climbing on the climber.”)
- ☑ Use play with older toddlers to reinforce safety messages and practice responding to dangerous situations. (“Let’s pretend the fire alarm went off. What should we do?”)
- ☑ Help toddlers identify people they can go to when they feel afraid or where to go to feel safe when they need help (family members, caregivers, firefighters and other community helpers).
- ☑ Explain to infants and toddlers why and how unsafe actions can hurt them and others.
- ☑ Continue to supervise older toddlers closely. They are beginning to develop self-control, but it is easy for them to get excited and forget what is dangerous.

## Real World Stories

Six infants and two teachers are enjoying a warm fall day in the grassy play yard. The younger babies are having some tummy time on quilts in a shady spot. They wiggle their arms and legs and explore the toys in front of them with their hands and mouths.

Two older infants are crawling on and off the quilts. They stop to pat the quilted fabric, explore toys of different shapes and textures, and pull at the grass. The teachers watch carefully to keep the babies safe. The babies coo with delight. The teachers respond by talking enthusiastically about what the babies are doing.

Casey, an eight-month-old infant who is blind, sits in front of one teacher. From behind, the teacher hands Casey a small ball with a bell inside, saying “Here’s the ball, Casey.” He shakes it and then drops it. The teacher shakes it a little in front of him. “Casey, can you get the ball?” she asks. Casey coos and waves his arms, knocking the ball to the ground. “Where is it?” asks the teacher. Casey waves his arms some more and makes louder sounds. “Let’s get it,” says the teacher. She gently bends Casey forward until his waving arms hit the ball again. Then she helps him to rake it between his legs. “You got the ball!” she exclaims. Casey continues to hit the ball with his hands, making the bell jingle.

*These teachers recognize that babies, like older children, benefit from outdoor play. The infants have a chance to move their whole bodies and to explore a variety of objects and surfaces. They are strengthening their muscles as they move their arms and legs.*

*All of the infants show interest in their immediate environment. If they are able, they move toward the things that interest them. They feel the textures of the quilt, grass, and toys, and the smell of the grass. These experiences help them enjoy physical activity, which supports all areas of their development.*

*The teachers recognize that Casey may not reach out to explore because he does not see what is there. One teacher uses a jingling ball to get his attention. She shows him that he can find things by reaching out and leaning forward. This helps him develop strength and balance. It also helps him learn about the objects around him, which might not happen without the teacher’s help. At the same time, the teacher does not take over his play. She helps him just enough so that he learns what he can do.*



GROSS MOTOR/LARGE MUSCLE and PHYSICAL ACTIVITY



CURIOSITY AND EAGERNESS



SENSORY EXPLORATION AND DISCOVERY

# Gross Motor/Large Muscle

Gross motor refers to the use of large muscles including those that control the head, neck, trunk, arms and legs. Muscle control allows infants and toddlers to interact with the environment and other people.

## What to Look For

### Infants may begin to:

- ✎ Gain control of arm and leg movements.
- ✎ Lift and turn their heads to strengthen neck, back and stomach muscles.
- ✎ Support and balance their bodies by pushing up, sitting, or rolling over.
- ✎ Move from place to place as their abilities allow (scoot, squirm, roll, crawl, or cruise).
- ✎ Imitate big motions with their arms, legs, and bodies.

### Young toddlers may begin to:

- ✎ Develop strength, balance and coordination by repeating movements (pull up and sit down; bend and straighten).
- ✎ Move their arms and legs together to climb, push, and pull (push a stroller, use riding toys, crawl up steps).
- ✎ Walk or move through the world with more independence (crawl, cruise, use therapeutic walker).

### Older toddlers may begin to:

- ✎ Move their legs to complete a task (kick, jump, step, pedal, push away).
- ✎ Plan movements that require a series of steps (use a low slide, duck down to crawl under a table).
- ✎ Master the use of familiar objects (riding toys, crawl tubes, large ball in basket).
- ✎ Perform actions smoothly with balance, strength, and coordination (run, dance, bend over to pick up a toy, reach up high on a shelf).

## What to Do

- ✓ Play with infants and toddlers both indoors and outdoors. Make sure the environment is safe. Include play on a variety of surfaces and provide open spaces for free movement.
- ✓ Play with infants on their tummies frequently throughout the day. Place interesting toys in front of them and use a rolled towel to support a baby's chest and arms if needed. For babies who do not like being on their stomachs, try a few minutes of tummy time several times an hour rather than for one long period.
- ✓ Give young children brightly colored and interesting toys to reach for or move toward (balls, mobiles, soft toys).
- ✓ Use diapering time to do baby exercises and to play (bicycling legs, arm lifts, kicking, reaching).
- ✓ Provide pillows, small mounds, balance beams, stepping-stones, and other low barriers for children to climb on and over. This develops balance, builds strength and improves coordination.
- ✓ Run, jump, skip, hop and throw balls with children, both indoors and out. Encourage them to move their bodies indoors and outdoors with movement games, music, and dancing from different cultures. ("I'm a Little Tea Pot", "Little Sally Walker", "De Colores", "All Fish Swimming in the Water")
- ✓ Create mazes and obstacle courses that are age appropriate. For example, invite children to move through tunnels, under chairs, around tree trunks and over low hills.
- ✓ Provide push and pull toys, riding toys (with and without pedals), balls, tools, slides, and other materials that give children chances to exercise large muscles and practice skills.
- ✓ Provide supports or special equipment that allows children with disabilities to participate in physical activities and play (therapeutic walker, scooter board, supportive seating for swings or riding toys, bars for pulling up).
- ✓ Create activities to encourage children with different abilities to play and learn together. For example, play a game of catch with a foam ball with children sitting down on the floor or ground. Include children who cannot walk with other children in a group.
- ✓ Talk with families if you have concerns about how a child is using his or her large muscles.



# Fine Motor/Small Muscle

Fine motor refers to the small muscles of the hands, arms, legs and feet that children use to move or control objects. Infants and toddlers develop finger, hand and eye coordination. This allows them to explore toys, complete self-help tasks, and begin to draw and scribble.

## What to Look For

### Infants may begin to:

- ✎ Reach for objects.
- ✎ Bring hands together to the middle of the body.
- ✎ Grasp, hold, shake and release objects.
- ✎ Transfer objects from one hand to the other.
- ✎ Use their hands to explore the texture, size and shape of objects.
- ✎ Use a raking motion with hands to pick up an object such as a block or toy.
- ✎ Use a pincer grasp to pick up an object with finger and thumb.

### Young toddlers may begin to:

- ✎ Use hands to control objects (stack blocks, pick up or roll a ball).
- ✎ Use hand movements for a purpose (open books, close doors, dump objects from containers).
- ✎ Use hands and eyes together (put together and take apart toys, feed themselves finger foods, fill containers).
- ✎ Use simple tools (spoon for feeding, hammer with pegs, crayon for scribbling).

### Older toddlers may begin to:

- ✎ Use more complicated hand movements (stack a few small blocks, try to draw, turn pages one at a time).
- ✎ Use hands and eyes together with more control (complete puzzles, thread beads with large holes, use shape sorters).
- ✎ Help dress themselves.
- ✎ Use tools that require finger and hand control (paintbrush, marker, measuring cups, shovel).

## What to Do

- ☑ Hang or hold objects within a child's reach to encourage reaching and bringing hands together.
- ☑ Play games from different cultures that include hand motions with words, such as "Pat-a-cake", "Todos Los Pescados", and "Itsy Bitsy Spider."
- ☑ Put small, safe objects on a tray or protected spot on the floor for children to grab and handle. For example, offer rattles and teething toys to infants; blocks, crayons, and snap-together toys to older toddlers. For children with impaired vision, use toys with switches and varied textures. Increase contrasts to help them see what is there (bright toy on black background; pictures outlined with heavy line).
- ☑ Offer materials and activities to encourage large sweeping motions and the ability to hold objects. For example, children might draw or paint with crayons, finger paints or use objects like rubber stamps and small-wheeled vehicles. Use wide brushes or markers or adapt handles for children with limited grasping ability.
- ☑ Offer children toys and materials to fill, stack, dump and pour, such as small blocks, buckets, plastic cups and water. Provide options for children with different abilities. For example, include play dough, puzzles with and without knobs, empty boxes, and containers with lids.
- ☑ Roll or throw soft balls and toys of different textures back and forth.
- ☑ Give children toys and materials for both indoor and outdoor play that support a wide range of fine motor skills.
- ☑ Work with family members and therapists to provide modified toys and materials that children with disabilities can use to build fine motor skills. For example, children might draw with oversized crayons or feed themselves with a curved spoon.
- ☑ Offer toys with buttons, Velcro®, zippers and snaps.
- ☑ Talk with a child's family if you are concerned about the way a child uses the small muscles of his or her hands and feet.









# Approaches to Learning

Children's approaches to learning include how they go about developing new skills and concepts and their attitude toward learning. All children are born learners. Each child approaches learning in his or her own way, figuring out what "works."

For infants and toddlers, approaches to learning begin with their interest in the world around them and their desire to make things happen. They show curiosity and eagerness to interact with people and objects and excitement about their discoveries. Young children may express wonder and delight with smiles, movement, sounds, laughter, and later with language. They learn by doing and trying, when they succeed and even when they do not.

They may try a variety of different ways to get what they want, which is how they begin to solve problems. When infants and toddlers do the same things over and over, they learn new concepts and strengthen their skills. Toddlers may become more creative and begin to use their imaginations during play, music, and art.

All children face challenges. Their learning is affected by culture, language, and individual circumstances. Some children are challenged by developmental delays, poverty, or other risk factors. These children may need additional support and encouragement to develop a sense that they can be successful. For example, children with cognitive challenges may need extra help and direction to learn how to play with toys. A child with autism may show he is having fun in a different way from other children, such as by squealing or jumping. To encourage further efforts, adults must respond positively to children's enthusiasm.

When adults support their efforts, infants and toddlers become more willing to try new things and take risks. Adults encourage children's enthusiasm for learning by honoring their culture, valuing their curiosity, and setting up safe, interesting environments. High quality indoor and outdoor environments invite infants and toddlers to explore and "get into things." Adults who nurture healthy approaches to learning lay a strong foundation for future learning, success, and enjoyment of life.

## Curiosity and Eagerness

---

## Confidence, Risk-Taking, and Problem-Solving

---

## Attention, Effort, and Persistence

---

## Imagination, Creativity, and Invention

---

## Wonder and Delight



# Curiosity and Eagerness

Infants and toddlers show an interest in the world and want to find out how things work. They show excitement at their discoveries.



## What to Look For

### Infants may begin to:

- 🍎 Show interest in themselves (watch own hands, play with own feet).
- 🍎 React to new sights, sounds, tastes, smells, and touches (stick out tongue at first solid food, turn head quickly when door slams).
- 🍎 Show interest in things around them (reach for toys, gaze at trees, stop and listen to sound of clock chiming).
- 🍎 Explore the environment using their senses – smell, hear, see, feel and taste.
- 🍎 React positively to caregiver's face, voice, touch, or actions (smile or gaze at caregiver, make sounds, move body).

### Young toddlers may begin to:

- 🍎 Show enthusiasm for exploring and learning (clap, smile, try again and again).
- 🍎 Show curiosity (with pointing, facial expressions, words).
- 🍎 Move toward people and things that interest them.
- 🍎 Be willing to approach new people, things, and experiences.
- 🍎 Start activities that interest them and try to get others involved.

### Older toddlers may begin to:

- 🍎 Seek more information about people and things around them ("study" an object carefully, stare for long moments, become completely occupied in figuring out a situation).
- 🍎 Be more willing to try new things.
- 🍎 Explore the indoor and outdoor space around them independently.
- 🍎 Choose their own activities more often.
- 🍎 Show pleasure in new skills and in what they have done.
- 🍎 Show interest in what others are doing.
- 🍎 Try to involve other children in play.
- 🍎 Talk about what they want to do, ask questions, and make their choices known using gestures, facial expressions, or words.

## What to Do

- ☑ Stimulate children's senses – smell, touch, hearing, sight, and taste – to encourage children to react and move. For example, place colorful toys around an infant during tummy time, hang wind chimes outdoors, or invite toddlers to smell flowers.
- ☑ Be sensitive to infants and toddlers with special sensory needs. Avoid overwhelming children with stimulation. Provide quiet, uncluttered spaces for children who need them.
- ☑ Talk with infants and toddlers about what they are experiencing and what is happening around them. Notice and respond to children when they react to what is happening.
- ☑ Provide non-mobile children with a variety of materials (colorful toys, rattles, mobiles) to look at, listen to, reach for, and touch.
- ☑ Provide a wide variety of sensory materials for infants and toddlers to explore. Provide both familiar and new materials in response to children's interests. Include materials that are found in their homes.
- ☑ Allow infants and toddlers to choose materials and activities. For some children with special needs, caregivers must introduce toys, begin activities, and play a more active role. Follow children's signals to decide whether to continue, vary, or end an activity.
- ☑ Allow infants and toddlers plenty of time to explore at their own pace indoors and outdoors.
- ☑ Provide safe spaces and remove dangerous items indoors and outdoors so infants and toddlers can explore safely.
- ☑ Show enthusiasm for children's discoveries.
- ☑ Offer toys and activities that are challenging and exciting for each child at his or her individual level.
- ☑ When children express interest, show them what toys will do and how materials can be used.
- ☑ Ask open-ended questions to encourage curiosity. For example, "What will happen when we add the water to the flour?" "What is the man in the picture trying to do?"
- ☑ Express interest in what children are doing and encourage them to notice each other's activities.

# Confidence, Risk-Taking, and Problem-Solving

Infants and toddlers become willing to try new things and take risks. They become more confident that they can get the results they want.

## What to Look For

### Infants may begin to:

- 🍎 Try a variety of approaches for getting what they want (make noise, move arms and legs, reach toward things).
- 🍎 Explore new experiences both indoors and outdoors (toys, foods, people, spaces).
- 🍎 Enjoy repeating actions to make something happen again.
- 🍎 Get upset when the expected does not happen.



### Young toddlers may begin to:

- 🍎 Use trial and error to get something done, get what they want, or solve problems.
- 🍎 Be willing to try or explore unfamiliar things and interact with new people.
- 🍎 Show interest in toys that offer a challenge and try to work them.
- 🍎 Explore freely without a familiar adult nearby.
- 🍎 Imitate adult actions

and problem-solving (talk on the phone, stir in a pot, get a toy from behind the couch).

- 🍎 Let a caregiver know that they need help (point, gesture, ask for help).

### Older toddlers may begin to:

- 🍎 Try many different ways of doing things to get what they want or solve problems.
- 🍎 Show confidence in their own abilities (try to lift a heavy object, work for a long time on a difficult puzzle).
- 🍎 Want to do things their own way. (“Me do!”)
- 🍎 Express a belief that they can do things for themselves (push adult’s hand away, say “I can do it.”).
- 🍎 Try new challenges willingly and with enthusiasm.
- 🍎 Show pride in what they have done.

- 🍎 Develop new interests.
- 🍎 Seek help from others using words, signs, picture boards, and other forms of communication.

## What to Do

- ☑ Be kind, caring, and loving toward infants and toddlers. Your support gives children the confidence to take risks.
- ☑ Respond consistently to children’s efforts to communicate. Talk to infants and toddlers!
- ☑ Establish a regular yet flexible routine. Model flexibility. (“Oops, that didn’t work! Let’s try something else.”)
- ☑ Show pride in what infants and toddlers have done. Respond to children’s expressions of pride. (“You have a big smile on your face! You look proud that you went down the slide all by yourself.”)
- ☑ Allow infants and toddlers to do things their own way and take some risks. Intervene when needed to keep children safe.
- ☑ Help children take a closer look to increase their understanding. (If a child is interested in leaves, take him outdoors to collect leaves. If a child is interested in a plastic dinosaur, read her a book about dinosaurs.)
- ☑ Encourage children to try new experiences and new ways of doing things.
- ☑ Ask questions and actively involve children in finding answers. (“I wonder where your teddy bear went.” “I wonder where the ants sleep.” “What do you think?”)
- ☑ Seek and accept children’s ideas. Let them know that their thinking and their efforts are valued more than “getting the right answer.”
- ☑ Help children deal with mistakes in a positive way. Avoid criticizing or making fun of them.
- ☑ Take your own mistakes in stride. Model for children by talking about what you are doing as you remain calm, figuring out what went wrong, and trying again.
- ☑ Recognize that some children with disabilities, such as children with autism, have difficulty trying new things, using a toy in a different way, or varying their routines. Work with other professionals to learn strategies that help these children try new things and accept changes. Use pictures to help them understand what will happen next.

# Attention, Effort, and Persistence

Infants notice people, events, and things around them. Toddlers are able to focus for longer periods of time. They become more able to stick with an activity even as it becomes more difficult.



## What to Look For

### Infants may begin to:

- 🍎 Focus and pay attention to people and things around them.
- 🍎 Try hard to make things happen (bat at a mobile, make sounds to get attention).
- 🍎 Repeat interesting actions over and over.
- 🍎 Show interest in the different qualities of an object (notices the sound of a rattle, then be drawn to the “feel” of it, exploring it with mouth or hand).

### Young toddlers may begin to:

- 🍎 Focus for longer periods of time when the child has picked the activity.
- 🍎 Repeat successful experiences (do shape sorter over and over, climb up and down stairs).
- 🍎 Repeat experiences they enjoy.

- 🍎 Work longer to reach a goal (fill a container completely, try to put on a shoe).
- 🍎 Keep trying even when things don't work (try for a long time to zip a jacket, try to engage a busy adult in play).

### Older toddlers may begin to:

- 🍎 Stay focused longer on a person or a more complex activity.
- 🍎 Keep working on an activity even after setbacks.
- 🍎 Keep working on activities with other things going on around them.
- 🍎 Enjoy showing and/or telling others what they have done.
- 🍎 Want to complete activities and do them well.
- 🍎 Cooperate with others to reach a goal.



## What to Do

- ☑ Plan your day to be predictable for infants and toddlers and be flexible in carrying out your plan.
- ☑ Plan for smooth transitions when moving children from one activity to another (lunch to nap, center time to cleanup to snack). Let children know when changes are coming. Work with families to ensure smooth transitions when children arrive and depart.
- ☑ Allow infants and toddlers to use materials in their own ways. However, keep in mind that some children with disabilities may use materials to stimulate themselves in ways that do not help their development. Learn how to respond appropriately to this behavior.
- ☑ When children indicate they need help, respond by listening and observing to determine what kind of help is needed.
- ☑ Offer help when children show that they want it and need it.
- ☑ Adjust levels of help to fit different situations and children's abilities.
- ☑ Organize space and provide time so that infants and toddlers can work on an activity for as long as they want. Allow them to repeat activities and experiences.
- ☑ Add new things to the indoor and outdoor spaces around infants and toddlers. Provide a wide range of things to notice (windsocks and flags that move in the breeze, bird feeders outside the window, new photographs of family members).
- ☑ Provide moderately challenging activities and materials that allow children to try hard, to try different ways of doing things, and to experience success.
- ☑ Give ample time to children to solve problems without interrupting them.
- ☑ Encourage a child to keep working and praise his or her efforts. Focus on effort rather than results.
- ☑ Encourage children to work together and help them notice each others' contributions.

## Real World Stories

Sylvia sits on the floor with two nine-month-olds in her child-care classroom. There are many toys nearby on very low shelves. Sylvia offers each child a small soft doll with simple facial features. Each doll makes a noise when shaken.

Nathan, who has Down syndrome, brings his doll to his mouth with both hands. Then he drops the toy and grins at Sylvia. She shakes the doll gently on the floor in front of him. He looks down, picks up the doll with both hands, and brings it to his mouth again. "That feels good in your mouth, doesn't it?" Sylvia comments. Nathan smiles at her and drops the doll again. Sylvia once again calls his attention to the doll, and he repeats the process. Later, Nathan drops the doll and shows no interest in picking it up again. Sylvia chooses two of his favorite toys from the shelf and places them just out of reach in front of him.

Emma grasps her doll with one hand and quickly puts it in her mouth. First she chews on it and rubs it on her face using one hand and then the other. "That's soft," says Sylvia. Then Emma holds the doll in front of her and stares at its face. "She has a face," comments Sylvia. Emma smiles and coos, and Sylvia smiles back. Next, Emma shakes the doll, pauses, and shakes it again. She listens to the sounds it makes and laughs. Sylvia responds, "You like that noise!" In a few minutes, Emma tires of the doll. She crawls over to the shelf to find a new toy.

*In this example, Sylvia helps both children focus and use their hands to explore objects. She is more active in her efforts to help Nathan. She still allows him to explore in his own way. She respects his choice when he loses interest in the doll. Nathan has not begun to crawl, so Sylvia places two new toys that he likes nearby. This encourages Nathan to continue playing and to reach for the toys. Leaning and reaching strengthen his muscles and large motor skills.*

*Emma notices and explores several aspects of her doll. Sylvia does not have to prompt her to do this. Sylvia encourages her by talking about what Emma is seeing and doing. This helps Emma learn words for objects and events. Emma can crawl and find a new toy for herself when she's ready. Sylvia knows that Emma can move to something new on her own. She allows Emma to choose her next activity.*

🍏 ATTENTION, EFFORT AND PERSISTENCE

👉 FINE MOTOR, GROSS MOTOR

🗣️ RECEPTIVE LANGUAGE

🧠 CONCEPT DEVELOPMENT AND MEMORY

# Imagination, Creativity, and Invention

Infants and toddlers watch what others do, begin to pretend, and use materials in new and different ways.



## What to Look For

### Infants may begin to:

- 🍎 Try out a variety of sounds and movements.
- 🍎 Imitate sounds, movements, and facial expressions.
- 🍎 Become fascinated with people, objects, or activities.
- 🍎 Try a familiar action with a new object or person (try to bounce a block, wave bye-bye to a toy, make a sound to get a new adult's attention).

### Young toddlers may begin to:

- 🍎 Do new things with familiar objects or combine them in unusual ways (use a dress-up boa as a snake, pound a drum with a plastic bottle, try to stack bears).
- 🍎 Move to music in their own ways.
- 🍎 Explore art and other materials freely.

- 🍎 Imitate a wide variety of actions of other people, often playfully.

### Older toddlers may begin to:

- 🍎 Make believe, pretend, and act out familiar life scenes.
- 🍎 Use materials in new ways to explore and solve problems (bring a big spoon to the sand table when all of the shovels are in use, use dump truck as "grocery cart").
- 🍎 Communicate in creative or silly ways (make up own unique signs, repeat nonsense words and sounds, play with rhyming names).
- 🍎 Accept and use ideas from others.
- 🍎 Make up songs, chants, and rhymes.
- 🍎 Tell stories and pretend to read.
- 🍎 Be creative when planning and carrying out art work, music, and pretend play (add new colors and shapes, vary tempo and loudness, invent a new character).

## What to Do

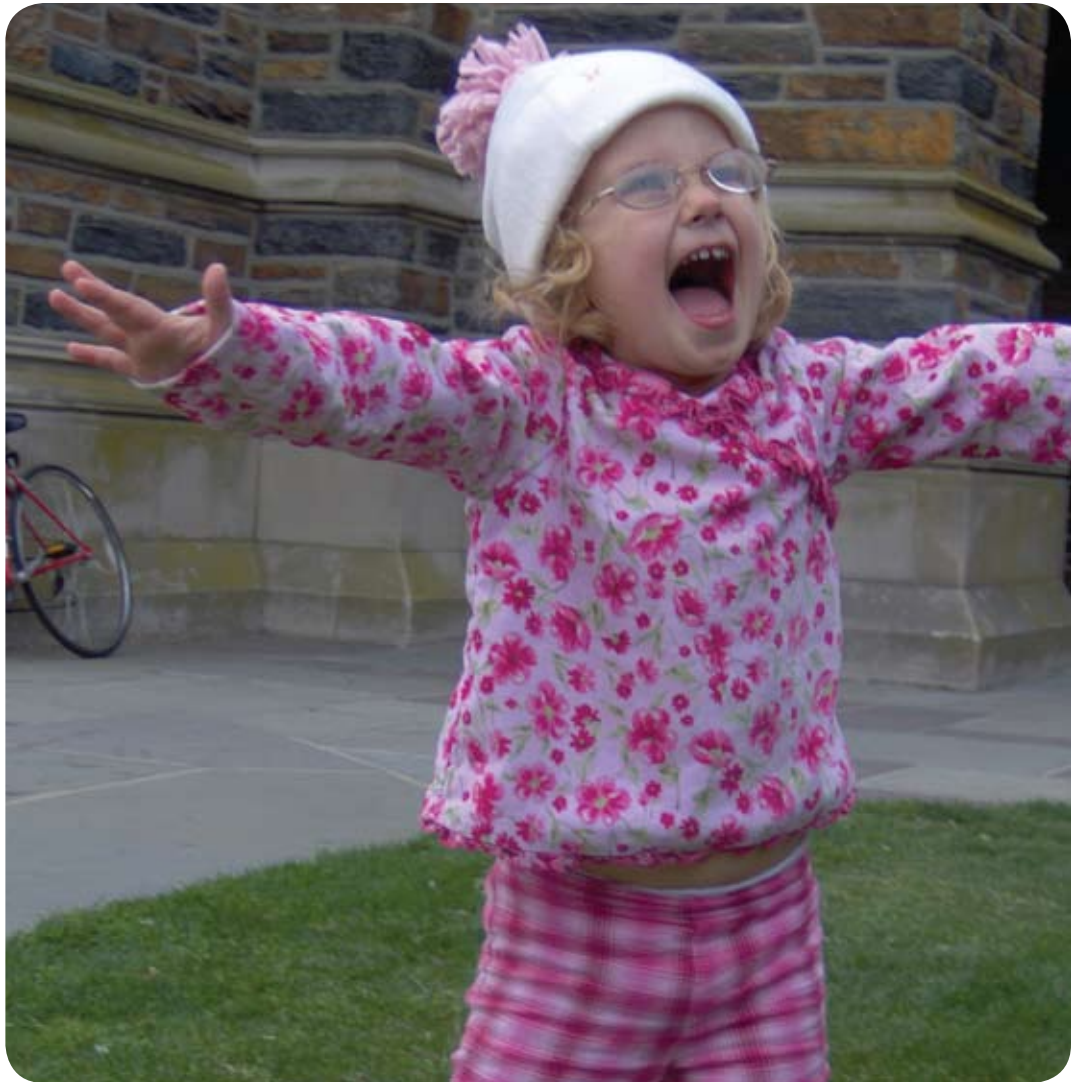
- ☑ Look and plan for children's differences and their many ways of learning. Use real objects, pictures, music, language, books, the outdoors, active play, quiet activities, and group activities to appeal to children who learn in different ways.
- ☑ Make a wide variety of changing experiences available to all infants and toddlers, including children with special needs. Encourage feeling, smelling, looking, hearing, and tasting.
- ☑ Read a variety of books and look at pictures with infants and toddlers. Ask them to talk about what they see.
- ☑ Provide materials that can be used in more than one way and are not limited to one right answer.
- ☑ Encourage children to notice what others are doing. ("See the way Sue is using the block for a race car." "Look at Luis and Mary. They are pretending to bake a cake.")
- ☑ Include unusual art and music materials when planning creative activities for children (jumping on bubble wrap, painting with feet, using classroom items such as blocks and toy pots to make music or create rhythm).
- ☑ Accept getting messy as part of a child's learning.
- ☑ Encourage children to think of different ways to use materials.
- ☑ Provide experiences in which there are many different ways to reach the goal. Encourage trial and error.
- ☑ Allow and encourage children to solve problems in their own ways.
- ☑ Provide materials for toddlers to pretend, use one object to represent another, and take on roles. This includes dress-up clothes for a variety of play themes and toys that can be used for many things, such as blocks, scarves, and clay.
- ☑ Encourage toddlers to think about new ideas. ("Have you ever wondered where snow goes?" "Where do birds live?")





# Wonder and Delight

Infants and toddlers first develop likes and dislikes. With a growing sense of playfulness, they begin to see things as “funny” and enjoy surprising others. They are attracted to things that please their senses.



## What to Look For

### Infants may begin to:

- 🍎 Show delight in pleasurable experiences.
- 🍎 Smile, giggle, and laugh at things they like (peek-a-boo, fuzzy animal, favorite food).
- 🍎 Show likes and dislikes for certain objects, people, and experiences and respond to things they consider “pretty” (songs, pictures, toys, colors).
- 🍎 Show wonder at new activities and discoveries (delight in crawling, finding a ball under a blanket).

### Young toddlers may begin to:

- 🍎 Show surprise at unexpected or unusual events.
- 🍎 Express likes and dislikes through facial expressions, sounds, and movements.
- 🍎 Show amazement at things they find attractive (say “aaah” and reach for a brightly colored toy, gaze at fluttering leaves).
- 🍎 Seek to repeat favorite experiences.
- 🍎 Enjoy copying sounds, actions, and words.
- 🍎 Act silly.

**Older toddlers may begin to:**

- 🍎 Play, understand, and delight in simple games.
- 🍎 Purposely do silly things with peers.
- 🍎 Discover things that interest and amaze them and seek to share them with others.
- 🍎 Use words, signs, or other means to express emotions (likes, dislikes, joy, pleasure).
- 🍎 Enjoy beauty and find certain things beautiful.

**What to Do**

- ☑️ Smile and laugh with infants and toddlers and show that you enjoy being with them. Find time every day to have fun with children.
- ☑️ Share children's delight at pleasurable experiences.
- ☑️ Play music of all kinds (classical, jazz, folk, etc.), not just children's songs.
- ☑️ Expose infants and toddlers to art of all kinds, going beyond typical art for children (great paintings, sculpture, mosaics, etc.).
- ☑️ Dance and do creative movement with children, using all kinds of music and props both indoors and outdoors. Encourage children to move or respond in their own ways.
- ☑️ Give infants and toddlers many opportunities to experience beauty through all their senses (touching snow, looking at rainbows, smelling freshly mowed grass, tasting different foods, listening to birds chirp).
- ☑️ Talk about the things you like and share your enjoyment with infants and toddlers.
- ☑️ Provide opportunities to share cultural traditions (foods, celebrations, toys, activities, art, etc.). Involve families in sharing things that are enjoyed in their home and culture.
- ☑️ Ask children to communicate what they like, dislike, and enjoy. Use actions, facial expressions, and/or words to reflect what a child seems to be communicating.
- ☑️ Be silly and share humor with children. Share jokes and funny stories.

**Real World Stories**

Carina and Josie are making cakes in the sandbox outside their two-year-old classroom. Cakes and piles of sand surround them. One girl holds the mold while the other fills it with sand and pats it down.

"Mas ... mas ... no mas!" says Carina as Josie works. "More ... more ... no more!" echoes Josie when they change places. Now it is Carina's turn to hold the cake mold. A mischievous grin appears on her face. "Mas...mas...mas ....," she says, as the mold begins to overflow. Josie gives Carina a questioning look. Then she grins back. Mas ... mas ... more ... more ....," she continues, as sand falls to the ground. Soon both girls are giggling joyfully. They take turns overfilling cake molds and buckets on purpose.

The teacher watches their silly play and smiles. She also notices that Tyler, who does not speak, is watching the two girls carefully. Suddenly, he smiles broadly and makes the sign for "more" with his hands. "More!" exclaims the teacher, repeating the sign. "Tyler is signing 'more.'"

Josie fills her next mold. She looks at Tyler from time to time. When he signs "more," she piles the sand higher. Tyler jumps up and down with excitement. He throws his arms wide apart before he brings his hands together to sign. The teacher smiles and laughs with the children. She speaks and signs to Tyler when he looks at her.

*These older toddlers show their growing sense of humor and delight in silly things. They pretend they don't understand when a container is full, and their teacher values their developing sense of humor and fun. She does not interrupt or direct them back to more careful cake-making.*

*She also observes that Tyler seems to understand what is happening and tries to communicate. Her quick response rewards his efforts. She helps the girls include him in their fun. Tyler might not have been able to join their play without the teacher's help.*

*The teacher chose not to interrupt the girls to ask questions or make comments about the concepts of volume, fullness, and "more." She knows that, although their play is silly, they are still learning about these concepts. The children's language shows what they know. There will be many other chances to ask questions and extend their thinking about concepts.*

🍎 WONDER AND DELIGHT

♥️ DEVELOPING A SENSE OF SELF WITH OTHERS

🗣️ EXPRESSIVE LANGUAGE

🧠 CONCEPT DEVELOPMENT AND MEMORY





# Language Development and Communication

Infants and toddlers often understand much more than they are able to say. During their first three years, they learn the meaning of many words, signs, and other forms of communication. Infants and toddlers express their needs, wants, and feelings through crying, gesturing, moving, looking, making marks with crayons, and talking. They build early literacy by exploring books, listening to songs and nursery rhymes, hearing stories, drawing and scribbling.

Adults build nurturing relationships with infants and toddlers by watching, listening, and responding consistently to their communications. Caregivers form and maintain these relationships when they hold, massage, talk, read and sing with babies and toddlers. They can learn to understand and respond to even the youngest baby's cues through touch and massage.

Young children begin to understand and use language as part of these nurturing relationships. They must have live models. Television and "educational" electronic games are no substitute for conversations with caring adults. The foundations of reading and writing begin in infancy when adults talk and read to children. Infants and toddlers learn to value reading and writing when they see adults using these skills in everyday life.

Many families speak languages other than English at home. Infants and toddlers need to continue learning and speaking their family's language as they learn English. This helps them to stay close to all of the important people in their lives. It will also help them understand concepts and learn to read in the future. Books and print in their family's language and from their culture are especially important.

Adults may also need to use sign language and gestures to help children understand language. Sign language gives infants and toddlers a way to communicate before they can talk. It enhances language development and decreases frustration.

Some infants and toddlers use assistive listening devices to help them hear. These devices allow them to learn the sounds and words that make up language. Caregivers can learn the skills to help these children attend to and use spoken language. Family members can explain how to use the assistive devices their infants and toddlers use for hearing.

---

*Receptive Language*

---

*Expressive Language*

---

*Early Literacy*



# Receptive Language (Hearing/Listening/Understanding)

Infants and toddlers learn the sounds of words and ways to use the words of their family's and caregiver's language(s) when adults talk, read, and sing with them.



## What to Look For

### Infants may begin to:

- Respond in many ways (move, startle, and coo) to sounds, toys, and music.
- Respond to voices (smile, coo, babble).
- Recognize familiar voices and become quiet if crying.
- Gaze at faces.
- Pay brief attention to the same object the caregiver is looking at.
- Understand differences in tones of voices.
- Recognize spoken or signed words for common items.

- Respond to simple requests (“Where are your shoes?” “Can you show me the puppy?”).

- Respond to their names (older infants).

### Young Toddlers may begin to:

- Follow the caregiver's gaze to look at the same objects or people.
- Understand simple, frequently used words, sentences and questions.
- Follow simple directions (“Put your pillow on the bed.” “Please sit by me.”).
- Respond to comments and questions about pictures, play, people, and things that are happening right now.

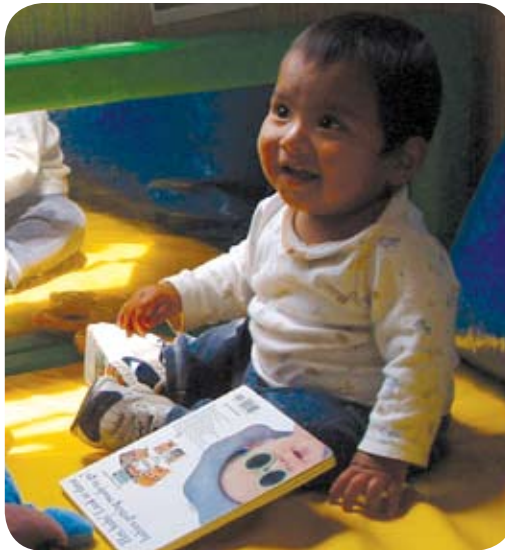
**Older Toddlers may begin to:**

- 👤 Understand many new vocabulary words and a variety of concepts (big and little, in and out).
- 👤 Understand and respond to gestures, facial expressions, tone of voice and some words that show strong emotions.
- 👤 Respond to more complex questions (“What is she doing?” “What happened to the bear in the story?”).
- 👤 Follow two-step directions (“Pick up the paper and put it in the trash.” “Get your cup and put it on the table.”).

**What to Do**

- ✓ Listen to, watch, talk to and play with infants and toddlers at their eye level.
- ✓ Hold babies making sure they can see or feel your mouth. Then, make sounds, or repeat the sounds babies make.
- ✓ Respond to infants when they look at you, cry, smile, coo, say words, and reach or move toward you. Talk to them, pick them up, and imitate their sounds back to them.
- ✓ Have fun making sounds and talking with infants and toddlers! Show them you enjoy these conversations.
- ✓ Smile big, make silly faces, use high and low voices, and hug infants and toddlers. Use many hand gestures and sign language appropriate for infants and toddlers, like waving your hand when saying, “Come here.”
- ✓ Play turn-taking games: make a sound and wait for the infant or toddler to make a sound before your next turn.
- ✓ Take infants and toddlers outdoors to listen to different sounds. Point out the sounds by saying things like, “Hear the fire truck!” or “Listen to the buzzing bees!”
- ✓ Learn to say at least a few words to children in their family’s language. Learn greetings, words for favorite people and things, and words or phrases for common events and routines.
- ✓ Play audio recordings of family members’ voices in their own language for infants and toddlers to hear. This will help infants and toddlers feel connected to their families.
- ✓ Use a variety of words when you talk, including labels for things, action words, and many descriptive words. (“Look at the squirrel with the long, fluffy tail! It is running and jumping all over the yard.”)

- ✓ Describe what you are doing, and what infants and toddlers are doing. (“I’m putting lunch in the oven right now. I can see you are all ready because you are waiting for me at the table.”)
- ✓ Label infants’ and toddlers’ emotions without judging them as good or bad. (“Oh, you are crying. You seem to be sad because Daddy has gone to work.”)



- ✓ When you speak, make your tone and facial expression match what you are saying. (For example, use a serious tone and don’t smile when saying, “We don’t hit our friends. Hitting hurts.”)
- ✓ Share positive stories about your childhood experiences. Talk about other family memories and experiences.
- ✓ Read and talk about books with infants and toddlers. Comment about the things that interest them in the books and ask simple questions about what they see.



# Expressive Language (Talking/Communicating)

Infants and toddlers express their wants, needs, and feelings in many ways including speech, gestures, sign language, pointing to pictures and using communication devices. As they practice communicating with others, they begin using more words and longer sentences to express more complex ideas.



## What to Look For

### Infants may begin to:

- 👂 Make different sounds for different purposes (whimper when wet, cry loudly when hungry).
- 😊 Smile, coo, wiggle, squeal or laugh to show pleasure when they see a familiar person.
- 👁️ Look toward adults for attention and look away when they are tired or over-stimulated.
- 🗣️ Engage in vocal play such as babbling and turn-taking with adults and other children.
- 👂 Imitate sounds, words, and gestures.
- 👂 Use gestures, sounds, signs and assistive technology to express wants and needs.
- 👂 Make specific sounds for certain people and objects.
- 👂 Repeat actions that mean something specific (lift arms to be picked up, point at desired toys).

### Young Toddlers may begin to:

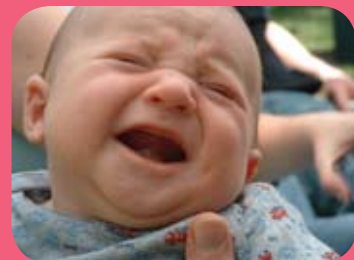
- 👂 Look, point, talk, or bring objects to caregivers to communicate.
- 👁️ Establish joint attention by looking at an object, at their caregiver, and back at the object.
- 😊 Express emotions through facial expressions and body movements.
- 👋 Wave “hi” and “bye.”
- 🗣️ Use a few words to talk about themselves, name family members and pets, say simple sentences, make requests and ask questions.
- 🗣️ Try to have a conversation.
- 🗣️ Use many different consonant sounds at the beginning of words.
- 🗣️ “Jabber” and pretend to talk using adult-like speech patterns and tones like their family’s language.
- 🎵 Attempt to sing along with music.

**Older Toddlers may begin to:**

- 🗣️ Acquire and use many new words each day and have a word for almost everything.
- 🗣️ Use two or three word “sentences” to talk about themselves.
- 🗣️ Use two or three words to talk to themselves and others about things they are “working on,” things they are doing, routines and events of the day.
- 🗣️ Use two or three words to ask for people, actions, objects, and pets.
- 🗣️ Answer simple questions.
- 🗣️ Use gestures and some words to express emotions (“Me do it” to show confidence, hugging and laughing to show affection, “No! mine!” when other child grabs toy).
- 🗣️ Use speech that is understood most of the time by familiar listeners; show frustration, often through their behavior, if not understood.
- 🗣️ Use “no” to mean they do not want to do something or they do not want something.
- 🗣️ Use language for simple pretend play (“He eat.” when feeding a toy baby with a spoon, “Now go work.” after putting on shoes and necktie).
- 🗣️ Carry on conversations about the same topic for three or four turns.
- 🗣️ Show interest in talking about past events, especially when the caregiver uses familiar words, objects and gestures.
- 🗣️ Sing simple phrases of songs.

**What to Do**

- ✔️ Imitate and repeat the child’s motions, sounds, and attempts at words in different languages and in a positive and encouraging manner.
- ✔️ Recognize that young infants do not cry or act out in order to be naughty or to make you angry. They are simply learning to communicate their wants and needs.
- ✔️ Realize that toddler behaviors such as biting or tantrums may happen because they do not yet have the words to communicate. They may be overwhelmed by learning so many new things. Help toddlers to calm down and give them words for their feelings. (“You seem to be mad that Joe has the toy you want. Let’s find another toy.”)
- ✔️ Take turns with infants and toddlers through talking, actions, and playing games like “peek-a-boo” or other communication games from their culture.
- ✔️ Encourage children to try out new sounds and words, including words in different languages.
- ✔️ Encourage conversations while playing or looking at books by using the strategy known as the CAR (Comment-Ask-Respond, Notari-Syverson, Maddox & Cole, 1999).
  - \* **Comment** on what an infant or toddler is interested in, such as a picture he may be looking at or a toy she may be playing with. WAIT at least five seconds before continuing with the next step.
  - \* **Ask** a question about whatever the infant or toddler is interested in. WAIT at least five seconds. Ask a variety of questions at different times about what the child is interested in. Include questions that require a simple one-word answer (such as “What does a doggy say?”) and questions that require a longer answer (such as “What do you think might happen?”)
  - \* **Respond** by adding a little more information about the child’s interest. For example, if a child says, “Doggy bark,” a caregiver might say, “Yes, a doggy barks and wags its tail.”
- ✔️ Talk with all infants and toddlers in positive ways about what they are hearing, seeing, feeling, smelling, and tasting. Talk about printed words they see related to these experiences. Talk with them about their experiences both indoors and outdoors.
- ✔️ Encourage older toddlers to talk about, “draw” or “scribble”, and act out what they see.
- ✔️ Be an appropriate language model by using correct grammar and a variety of different words. Show infants and toddlers how to participate in conversations by having many conversations with them and with other children and adults.
- ✔️ Sing songs, say rhymes, and do finger plays with infants and toddlers in different languages.



Recognize that young infants do not cry or act out in order to be naughty or to make you angry. They are simply learning to communicate their wants and needs.

## Real World Stories

Jae-Yoon and Sam, like all of their classmates in the young toddler room, love drums. It all started with a favorite book, *Pots and Pans*. First, the toddlers enjoyed pounding and tapping on the pots and pans in the home center. Then, the sturdy drums on the music shelf became popular. The toddlers bang on one drum or pot and then another with their hands or with blocks, listening to the different sounds. The teachers have hung pictures of drums all around the room at the toddlers' eye level. The pictures show adults and children from around the world playing all kinds of drums. Sam likes the picture of the goblet-shaped Djembe drum from West Africa.

Today is a special day because several family members have brought drums from home. The visitors arrive and sit on the rug in the middle of the room. Jae-Yoon is the first to notice the new drums. She hurries over to try the bongo drums. Eduardo's father shows her how to tap one drum and then the other. She copies him, listening to the high and low pitches. There is a Bera drum from Sri Lanka, a Native American drum with a deerskin top, and to Sam's delight, a big Djembe drum. He moves back and forth between the Djembe drum and the picture, pointing and jabbering with excitement. "Yes, that's a real Djembe drum, just like the one in the picture!" exclaims the teacher.


Each visitor has a chance to play his or her drum. Most of the toddlers cluster around to listen, and some move in time to the beat. The teachers allow the toddlers to join the drumming activity or to play in other parts of the room. The teachers also take many pictures. These pictures will be made into laminated books for the toddlers to look at later.


*A book was the starting point for these toddlers' interest in drums. Teachers followed up on this interest by adding new musical instruments*



*and pictures to the classroom. These materials encourage toddlers to recognize and label things, communicate, and express themselves creatively. Sam communicates his excitement upon seeing a drum like the one in the picture. The teacher shares his enthusiasm and adds words for what is happening. This encourages Sam to communicate further.*

*The visit from families takes the toddlers' exploration of drums to a new level. Family members get to share something that interests them and this helps them feel connected to their child's classroom. The visit from family members, like the pictures on the wall, introduces cultural diversity in a natural way. Toddlers develop positive feelings about a variety of people who play different kinds of drums. The teachers help the toddlers remember and learn even more by making books about this special event.*

 EXPRESSIVE LANGUAGE (TALKING AND COMMUNICATING) and EARLY LITERACY

 IMAGINATION, CREATIVITY AND INVENTION, WONDER AND DELIGHT

 CREATIVE EXPRESSION



# Early Literacy

The foundations of reading and writing – literacy – begin in infancy. Infants and toddlers explore books, listen to songs and nursery rhymes, hear stories, draw and scribble as they build their early literacy abilities.



## What to Look For

### Infants may begin to:

- 👶 Explore books and paper by tasting, mouthing, crumpling, banging, and patting.
- 👶 Listen to simple and repetitive books, stories, and songs in different languages.
- 👶 Take turns with caregivers making facial expressions and sounds in different languages.
- 👶 Look at pictures of faces and other simple objects.
- 👶 Make appropriate sounds when looking at pictures. (“Ack, ack” when looking at a duck, “Vrrrrroom” when looking at car.)

### Young toddlers may begin to:

- 👶 Show an increasing interest in books.
- 👶 Turn pages, point to, and label pictures in books. They may treat pictures as real (licking a picture of ice cream, rubbing “fur” of a cat in a book).
- 👶 Listen to and repeat simple and repetitive books, stories, songs, and finger plays in different languages.
- 👶 Carry books around, “name” them, and select books for adults to read out loud.
- 👶 Recognize some environmental print and logos (the golden arches for McDonald’s, their favorite cereal box, a sign for a store they go to often).

- 👤 Make marks, meaningful marks, “draw” and scribble (cover easel paper with big crayon marks, hold phone to ear and make marks with pencil, scribble on paper while sitting with caregiver who is writing).

### Older toddlers may begin to:

- 👤 Listen for longer periods of time to books, stories, songs and finger plays in different languages.
- 👤 Participate in rhyming games and notice sounds that are the same and different.
- 👤 Hold a book upright, turn pages appropriately most of the time, shut book and say “done” or “the end.”
- 👤 Chime in on a repeated line in a book while being read to by adult.
- 👤 Pretend to read familiar books from memory; repeat familiar phrases while looking at a book.
- 👤 Answer simple questions about stories.
- 👤 Show they understand the need for and the uses of print (scribble a “grocery list” during play, say “There what they have” when looking at a menu).
- 👤 Enjoy storybooks and storytelling in different languages.
- 👤 Understand the meaning of realistic symbols such as photographs, and later abstract symbols such as signs and print (know which pictures stand for which activities on a daily schedule, says “Sign say railroad tracks.”).

### What to Do

- ☑️ Provide daily lap reading time.
- ☑️ Read and share books with small groups of infants and toddlers every day. Look at and talk about pictures and read simple stories. Choose books about things infants and toddlers are interested in (families, pets, trees, flowers).
- ☑️ Include books that show children with disabilities in a natural way as part of the stories and pictures.
- ☑️ Give infants and toddlers access to books throughout the day. Provide books that children can put in their mouths and books with pages that turn easily, such as cloth and board books.
- ☑️ Place clear pictures of children and everyday objects throughout the room. Talk and sing about pictures in books and in the room.
- ☑️ Make books using pictures of family members and other familiar objects found in magazines, catalogs and environmental print (such as pictures from catalog cut-outs and labels from favorite foods). Make books of trips, events you have shared, and children’s art.
- ☑️ Share nursery rhymes, sing songs, and read simple poems in different languages.
- ☑️ Make stories come alive by using different voices and body movements.
- ☑️ Ask simple questions and make comments about books to start conversations with children. Talk about similar things that young children may have experienced. (“Do you have a pet?” “What did you see at the zoo?”). Welcome and encourage children’s questions too!
- ☑️ Help children tell stories and act out parts of stories they have heard using words, pictures, movement, puppets, and toys.
- ☑️ Place appealing books, signs, and posters in all interest areas indoors and outdoors at children’s eye level.
- ☑️ Point out words in books and in the environment (street signs, toy boxes, words on pictures in room).
- ☑️ Model respect for books and help children care for books.
- ☑️ Provide crayons and other art materials for infants and toddlers to explore. Adapt art materials if needed so children with disabilities can use them.
- ☑️ Model the use of reading, writing and drawing in everyday activities.
- ☑️ Bring books, paper, and writing/drawing tools outside for children to use and enjoy.
- ☑️ Make sure that children often see their name in writing, such as on their cubby/personal space, on all personal belongings, and on their artwork or other creations if they wish.
- ☑️ For older toddlers, point out a few familiar letters such as the first letter in a child’s name and call attention to them occasionally. If a child asks for a letter name, provide it. DO NOT drill toddlers on reciting the alphabet or naming letters.

## Real World Stories

It is a busy morning in Mr. McDowell's two-year-old classroom. Springtime is approaching. Most of the children in this group are close to three years old. Mr. McDowell takes out a book he has made using pictures of their class's first field trip. Their visit to a Mexican restaurant was a big success.

Miguel and Diana, whose parents work at the restaurant, ask to look at the book. "Let's read it together," suggests Mr. McDowell. He sits down on the rug with the toddlers. Several other toddlers hurry over to join them.

Each page of the book shows an event from the field trip. A simple sentence is written in both English and Spanish under each picture. Diana's mother helped translate the sentences into Spanish. Mr. McDowell reads each page and pauses for the children to talk about the pictures. Soon they reach a page showing Miguel's mother working in the restaurant kitchen. Miguel exclaims, "Mi mama!"

"Yes, there is your mother. Tu madre," agrees Mr. McDowell. He pauses to see if Miguel will say more. After a few moments, he asks, "What is your mother doing? ¿Que esta haciendo tu mama?"

"¡Cocinando!" says Miguel.

Mr. McDowell again waits for Miguel to say more. When he does not, the teacher adds, "Si, cocinando. She cooked tacos and burritos for all of us. And then we ate them! Los comimos." The children point excitedly at the next page. It shows the class eating together at the restaurant with several family members. "There me and Tyler!" "¡Estamos comiendo!" "There my daddy!"

Later in the morning, the dramatic play center becomes a restaurant kitchen. The field trip book is displayed on a shelf. It is open to the page showing Miguel's mother. Several children are patting play dough into flat round shapes, and a large empty box serves as an oven. "Yo hago tortillas como mama," explains Diana proudly. ("I make tortillas like Mama.")

*In this example, Mr. McDowell uses experiences from everyday life to help older toddlers learn. He worked with*



*the families to arrange a field trip that was fun for children and showed the work parents do. The teacher-made book helps the children remember the trip. It also increases their interest in books because it is about them and their families. By using both Spanish and English words, Mr. McDowell builds the early literacy of all children in the class.*

*The toddlers are obviously very interested in the book. They show what they have learned by talking about it and pretending to cook tortillas in a restaurant.*

*Mr. McDowell also promotes early literacy and learning when he reads the book and talks about it with the toddlers. He reads with a small group of toddlers and stops to let them talk about the words and pictures.*

*The teacher uses the CAR strategy – Comment, Ask, Respond – (Notari-Syverson, Maddox, & Cole, 1999) to encourage Miguel to talk more about the book and help him learn. Mr. McDowell has learned enough Spanish to speak key words and phrases in the children's language. This helps them develop strong language skills in both English and Spanish.*

- 🗣️ EARLY LITERACY and EXPRESSIVE LANGUAGE (TALKING AND COMMUNICATING)
- ♥️ DEVELOPING A SENSE OF SELF WITH OTHERS
- 👤 SOCIAL CONNECTIONS and CONCEPT DEVELOPMENT AND MEMORY





# Cognitive Development

**D**uring their first three years of life, children learn faster than they will ever learn again. They are busy gathering and organizing information about their world.

Infants and toddlers learn about the social world through their interactions with other people. They begin to understand simple concepts through seeing, touching, hearing, smelling, tasting, and moving. Toddlers begin to notice more details and differences in their surroundings and become interested in more purposeful play. They use learned information to solve new problems. Children's growing creativity is seen in their art, music, movement, language, and pretend play.

Consistent, organized daily routines are the curriculum from which infants learn. They begin to understand and appreciate order in their world and predict what will happen next. All of children's play with toys, and their indoor and outdoor activities, contribute to cognitive development.

Infants and toddlers develop creativity when they are free to explore musical instruments, art materials, and building materials without being judged. When adults include materials and activities that are familiar to the child's culture, learning becomes more meaningful. Recent research shows the connection between interesting, positive early experiences and brain development.

Infants and toddlers who have disabilities or other special circumstances may need additional support and stimulation to help them learn. They may need to repeat experiences more often or require adaptations to help them remember concepts or solve problems. Caregivers can add or modify learning materials and activities indoors and outdoors to meet their needs. This ensures that all children have the opportunity to explore, discover, participate and create.

Sensory Exploration and Discovery

---

Social Connections

---

Concept Development and Memory

---

Problem-Solving

---

Creative Expression



# Sensory Exploration & Discovery

Infants and toddlers discover and understand their world using their senses. Over time, they learn to plan and control their movements so they can explore with purpose. Toddlers' ability to move about their environment allows for more varied experiences.



## What to Look For

### Infants may begin to:

- Respond to what they see, hear, taste, smell, and touch.
- Observe objects, displays, or events intently.
- Reach for or move toward interesting items, people, sounds, or movements.
- Explore objects with mouth and hands.
- Respond to familiar objects, people, and events.
- React to likes & dislikes (hold out arms for something they want, shake head “no”, throw unwanted food or objects).
- Imitate familiar sounds.

### Young Toddlers may begin to:

- Examine new experiences carefully (reach out to touch rain, stop playing to watch shadows, listen to and stare at musician).
- Use toys and other objects to make things happen (kick a ball, push a button on a toy).
- Notice differences in familiar objects, places, or events (frown at parent with a new haircut, look for furniture that was moved).
- Actively explore objects by handling them in many ways (moving, carrying, filling, dumping, smelling, and putting in mouth).

### Older Toddlers may begin to:

- Use their whole body to learn (get mud or paint on themselves from head to toe, fit themselves into a big, empty box).
- Express clear likes and dislikes and reject things they do not like (insist on favorite shoes, search for particular doll and refuse others).
- Discover nature and changes in nature (notice and interact with small insects, smell flowers, catch falling snow, shuffle through leaves).
- Explore the qualities of different materials (sand, water, sink and float, goop, clay).
- Participate in mixing and notice changes in material (paint, play dough, food ingredients).
- Watch and listen carefully to understand new situations and experiences.

## What to Do

- ✓ Provide a variety of sensory experiences for infants and toddlers. Include fresh air, a range of smells, sounds and temperatures, materials to touch and feel, and movement activities.
- ✓ Encourage infants and toddlers to use all senses--hearing, seeing, tasting, smelling, and touching--to explore indoors and outdoors.
- ✓ Help children who have sensory impairments to participate fully in all activities and enjoy a wide range of sensory experiences. For example, play music with a bass beat that children who are deaf can feel through their bare feet. Make sure they can also see others moving in time to the music. Remember, some children are overly sensitive to sound, light or touch. Expose them to new sensory experiences gradually.
- ✓ Comfort premature infants when they become over-stimulated. Premature infants may look away, fuss, or cry when there is



too much light, sound, or interaction with people. Turn lights low, keep noise down, swaddle them gently, and stop interacting with them when needed. Provide private space for all children to calm themselves when they are over-stimulated.

- ☑ Be aware that infants and toddlers explore their environment by placing things in their mouths. Provide safe toys and supervise children closely to prevent choking and the spread of germs.
- ☑ Place non-mobile children where they have opportunities to see and hear new things, see familiar things from different views and watch or join in with other children.
- ☑ Hang clear, simple pictures, mobiles, and unbreakable mirrors where infants and toddlers can see and/or hear them.
- ☑ Read to children. Tiny infants like to hear the sound of your voice. Toddlers like to see the pictures and turn the pages.
- ☑ Allow infants and toddlers to explore and experience different surfaces, such as vinyl floors, carpet, grass, concrete, sand, and mud.
- ☑ Give toddlers choices to allow them to communicate likes and dislikes, such as deciding between two toys or choosing which color shirt to wear. For children who cannot point or talk, look for gazes or other gestures that show their likes and dislikes.
- ☑ Take walks around the neighborhood to experience changes in nature. Point out flowers, colored leaves, wind, water, animals and other items in nature.
- ☑ Prepare an environment indoors and outdoors that is safe for children to explore. Cover electrical outlets, place breakable objects out of reach, pick up trash. Remove other dangerous objects from indoor and outdoor-play area.
- ☑ Observe what children are interested in, watch where they play, and provide materials and books to follow their interests.
- ☑ Provide sensory materials that allow children to make a mess (sand, water, paint, clay). They learn from these experiences.
- ☑ Make large objects available to toddlers to play with such as empty appliance boxes, beanbag chairs, or pillows.
- ☑ Learn how to adapt your environment to meet the needs of all children. Find out about community resources available to you and the children and families in your care.

## Real World Stories

Yesterday, Miss Luo saw several one-year-olds watching maple tree seeds whirl to the ground on their “wings”. Today she has collected maple seeds, dry leaves, and fluffy milkweed seeds. When they go outside, several toddlers cluster around Miss Luo. She shows them the maple seeds she has collected.

“Do you remember these?” she asks. Sarah smashes some seeds between her hands. Jamel examines one carefully, and Chutima tosses a handful into the air. “The whirligigs are twirling down,” says Miss Luo. “Whugigs!” echoes Chutima. When Adam begins crunching a seed with his teeth, Miss Luo gently tells him to spit it out and shows him how to toss it in the air.

Some toddlers begin searching the ground for more maple seeds. Later, Miss Luo shows them the leaves and the milkweed seeds and encourages the toddlers to toss them into the air.

While one toddler is standing at the top of a climber, Miss Luo shows him how to drop first one kind of seed and then another from this height. Several more toddlers climb up with items to drop. They start with the leaves and seeds and add other items such as twigs and small toys.

Miss Luo and her co-teacher watch carefully. They gently interrupt toddlers if they are about to drop something on another child. They use many different words to describe children’s experiences: “fluffy”, “floating”, “heavy”, “light”, “soft”, and “brittle.”

*In this example, these toddlers are exploring new objects and the properties of familiar objects. They explore by throwing, dropping, carrying, and squeezing. One child puts an unfamiliar object in his mouth. The teachers know that young toddlers continue to explore in this way. They also know that most children in their particular group are not likely to do it often. They decide they can keep the children safe during the activity.*

*Miss Luo chose this activity because toddlers were interested in the maple seeds. She helps them add to what they know by showing them other things that float down through the air. She gives them words to describe what they see. But she does not force toddlers to follow her agenda. She allows them to crush the seeds or drop other items from the climber.*

*She continues to encourage toddlers and talk about what they are doing. Toddlers begin to learn about natural objects from all of these actions. Their experiences form a foundation for scientific thinking and understanding.*

🌍 SENSORY EXPLORATION AND DISCOVERY and  
CONCEPT DEVELOPMENT AND MEMORY

♥ SENSE OF SELF WITH OTHERS

🍏 CURIOSITY AND EAGERNESS

🗣️ RECEPTIVE LANGUAGE and EXPRESSIVE LANGUAGE

# Social Connections

In this area, infants and toddlers learn about social relationships and the people around them. As they watch and interact with other people, children begin to understand their own role and others' roles in the social world.

## What to Look For

### Infants may begin to:

- Become connected to primary caregivers.
- Look toward people and follow them with their eyes.
- Show a clear preference for familiar people.
- Intently observe actions of children, adults, pets, and objects nearby.
- Imitate facial expressions and sounds.
- Reach to explore caregiver's face and clothes.
- Seek parents, siblings, caregivers, and teachers for play and meeting needs

### Young Toddlers may begin to:

- Imitate routine actions of their caregivers (rock a baby doll, push a lawnmower, "read" a magazine).
- Participate in daily routines (wash hands, come to table for snack).
- Remember people they have seen before.
- Show they understand others' emotions by offering comfort or help (pat crying child, offer soft toy).
- Know whom they can go to for help (regular caregiver versus visitor, parent versus neighbor).
- Recognize other children (make sounds, say name, move toward or away from child).
- Compare their own physical features and emotions with those of others by looking and touching.

Learn as much as you can about the cultures of the families in your program. Provide books, pictures, toys, music, and other materials that are familiar to children and bring their cultures into the play area in positive ways.



**Older Toddlers may begin to:**

- Help with daily routines (put cups out for lunch, feed pets, wash tables).
- Engage in make-believe play about things they see others do every day.
- Tell the difference between “mine” and “yours.”
- Select which children they want to be with.
- Talk about what others do during the day (“Mommy at work.” “Mimi at home.”).
- Show they know what others want by talking about it or trying to help (reach toward light switch when an adult says “It’s dark in here,” says “He get away” when looking at a picture of a man running).
- Put self and others in categories based on age, gender and physical characteristics using language and play. (Say, “I’m a girl.” Point to a picture, puppet or doll and say: “That looks like me.”)
- Use play to communicate what they know about their community.

**What to Do**

- ✓ Hold and hug infants and toddlers throughout the day to help each child feel safe and secure.
- ✓ Learn from families how they hold, calm and soothe their infant so you can do the same.
- ✓ Tell infants and toddlers what you are going to do before you perform caregiving tasks. (“I’m going to wash your face and then we can play.”)
- ✓ Make playful interactions part of caregiving routines. (Play peek-a-boo, imitate facial expressions, or make the same sounds infants make while dressing or changing them.)
- ✓ Learn as much as you can about the cultures of the families in your program. Provide books, pictures, toys, music, and other materials that are familiar to children and bring their cultures into the play area in positive ways.
- ✓ Bring other cultures into the program in positive ways so children can see and experience how diverse the human race is.
- ✓ Learn to say a few important words in the home language of infants and toddlers whose families speak a different language.
- ✓ Cuddle with a child or a few children while you read a book to them. Very young children may prefer to look at the pictures. Talk to them about what they are seeing and hearing.
- ✓ Keep television to a minimum! Play with infants and toddlers using real objects and real human interactions.
- ✓ Model pleasant, polite interactions with family members and other adults. Infants and toddlers will imitate you.
- ✓ Allow children to discover “what is me” and “what is not me.” Toddlers begin to recognize and explore differences among people, including skin color, clothes, and physical appearance. Talk about these differences in a positive way.
- ✓ Allow and support children’s choice of playmates. Help children play together, including children who are different from each other. Model and encourage gentle touch while playing.
- ✓ Toddlers frequently claim people and objects as “mine.” This is a normal part of learning the concepts of “yours” and “mine.” Children must learn these concepts before they can learn to share. Provide several of the same toys and help children understand these concepts. (“This is your truck and that is Eduardo’s truck. Both of you have a truck.”)
- ✓ Take children to community events and places such as parks, playgrounds, petting zoo, farmer’s market, and library to learn about the world.
- ✓ Allow toddlers to help with daily routines such as putting out napkins, folding laundry, feeding pets, and watering plants. Adapt tasks so children with special needs can participate. (Keep in mind children with health conditions such as asthma, allergies and chronic cough may need to avoid animals.)
- ✓ Share children’s pleasure in learning and discovering new things through their play, both indoors and outdoors.
- ✓ Make scrapbooks or memory books and revisit them with the children.



# Concept Development & Memory

Infants and toddlers acquire and remember basic concepts such as names of objects and people, colors, sizes, and shapes. Children relate what they learn to previous experiences and use their knowledge in new and different situations.



## What to Look For

### Infants may begin to:

- Look in the direction where objects disappeared or turn head towards sounds.
- Respond in simple ways to people and objects (smile and focus on familiar face, soothe at smell of mother, bat at a toy).
- Anticipate routine events (smile, wave arms and legs, make excited sounds, move toward adult holding bottle).
- Expect and try to repeat actions and events (make sounds when music stops, bounce up and down to get adult to continue "horsie ride").
- Discover different shapes and sizes by exploring (put toys in mouth, crawl over pillows, pick up large objects).

### Young Toddlers may begin to:

- Seek objects that are hidden or partly hidden.
- Observe and imitate others (children, adults, pets).
- Recognize where familiar objects belong.
- Identify objects and people in pictures by pointing.
- Use familiar objects in appropriate ways (comb hair, talk on phone, "water" plants with pitcher).
- Participate in routine events (carry clean diaper to changing table, go to sink to wash hands, sit at table for snack).
- Explore space with their bodies (fit self into large box, crawl under table, climb over low walls).
- Try to fit shapes into holes.

- Try to take simple objects apart and put them together (snap beads, pots with lids, containers that open and close).
- Indicate they want “more” (food, songs, “catch me” games).

### Older Toddlers may begin to:

- Experiment with safe tools to learn how they work (wooden hammer with pegs, sifter, funnel).
- Investigate the world of nature (care for classroom pets and plants, pick up rocks and bugs, ask questions about things seen outdoors).
- Search for objects in different places, even when not seen recently.
- Remember more about events (tell what happens next in favorite book, repeat finger play, talk about recent trip).
- Recall the order in which things happen (finish line in story or song, remember that outdoor play comes after snack).
- Use an object to represent something else during play (block for a cell phone, a large box for a fort).
- Put objects together that are alike in some way (cars with cars and airplanes with airplanes, plates separated from cups, all long blocks together on shelf).
- Ask for “more” or “one more” (toy, snack, story).
- Try to count and use some number words.

### What to Do

- ✓ Provide toys and materials that vary in color, texture, shape, size, and other characteristics.
- ✓ Keep toys and materials where infants and toddlers can reach them. Choose playthings that present some challenges to the children in your group.
- ✓ Talk often about what is happening around infants and toddlers. Name people and objects and describe events. Use a wide variety of words.
- ✓ Use self-talk (describe what you are doing) and parallel talk (describe what the child is doing) to provide new information. (“I am washing my hands-oooh, the water is warm.” “You are pushing the big dump truck. I am rolling the shiny, blue car.”)
- ✓ Make extra efforts to help infants and toddlers with disabilities connect concepts and words to their experiences. For example, for an infant who is blind, provide many things to touch, hear, feel and smell. Describe these things as the infant explores them. Make sure a child with hearing loss is looking at you and at the object you are communicating about before speaking or signing clearly about it.
- ✓ Use routines and real-life situations to help infants and toddlers learn. For example, talk about body parts during diapering or “hot” and “cold” while eating. Toddlers learn about things that go together and the concepts of “same” and “different” while sorting laundry and picking up toys.
- ✓ Allow infants and toddlers to play for long periods of time and repeat activities over and over.
- ✓ Observe each child carefully to determine what they enjoy, where they are comfortable, and how they learn best. Offer activities to match each child’s interests and temperament.
- ✓ Hide toys while infants are watching and encourage them to find them (under a blanket, in your hand, behind the chair).
- ✓ Give toddlers a chance to collect, sort and organize objects and materials both indoors and outdoors. Make sure children with disabilities have access to the same wide variety of materials.
- ✓ Encourage and help children to think about, name, and talk about what they are seeing and doing.
- ✓ Read stories that repeat the same words or lines over and over. Read favorite books many times. Talk about books after you read them. Read books on a variety of topics and place books in all learning centers.
- ✓ Invite children to tell or retell stories and talk about recent events.
- ✓ Provide materials for children to use in make-believe play. Play with them without taking over.
- ✓ Provide opportunities to play with materials in ways that change them, such as cutting play dough and squishing it back together or mixing two colors of finger paint.

# Problem-solving

Infants and toddlers use what they have learned from past experience to meet challenges and solve problems. They show flexibility, creativity, and persistence.

## What to Look For

### Infants may begin to:

- Make random movements with various parts of their body.
- Notice the results of an action and do it again (shake rattle to make noise, kick legs to make crib mobile bounce).
- Meet their needs in simple ways (cry, kick, spit food out).

### Young Toddlers may begin to:

- Use trial and error to make things happen (bang, then shake, then pull to get a lid off).
- Use what they know in other situations (try to get same reaction from different adults, look for buttons to push on new toys).

- Use body, objects, or others to get what they want (point to refrigerator for a drink, crawl over objects to get to toy, pull a string to bring toy closer).
- Use familiar objects in inventive ways (use spoon to feed self, doll, or other person; hand toy phone to parent to “talk”).
- Solve simple problems using tools (use stick to reach toy, catch bug with net, wave wand to make bubbles).

### Older Toddlers may begin to:

- Find solutions by thinking (stop play to think about what to do; try idea not suggested or demonstrated by others).
- Think about more than one way to solve a problem and choose one.
- Find creative solutions to problems (put chairs together for a train, use hollow block for a doll bed).





## What to Do

- ✔ Move toys closer when an infant is reaching for, but cannot touch, a desired object.
- ✔ Encourage infants when their random movements make something interesting happen. Talk about what is happening. (“You waved your arm and the bell jingled!”)
- ✔ Play a game of hiding favorite toys and encouraging children to find them with you.
- ✔ Provide toys and household items that pose problems for infants and toddlers to solve, such as empty containers with matching lids, measuring cups, pots and pans, sorters, busy boxes, simple puzzles, and large Duplo® blocks.
- ✔ Allow time for infants and toddlers to try to solve problems on their own. Know each child’s signs of frustration. Offer help only when the child seems unable to master the problem alone.
- ✔ When you help infants and toddlers, provide just enough help so they can finish independently and feel successful. For example, open a snack or zipper half way and let the child finish.
- ✔ Praise children for their effort by using words like, “Keep trying, you almost have it!” “You worked for a long time and you got it done!”
- ✔ Explore other solutions to problems by asking questions such as “what would happen if...”
- ✔ Be aware that children might be solving problems silently. Allow them time to do so. Invite a child to use words to state, or show you, what the problem is if you believe this will lead them to a solution, but do not require them to explain the problem to you.
- ✔ Support children and help them to feel secure. When children feel secure, they are willing to keep trying until they solve a problem, even if they fail sometimes.
- ✔ Welcome questions from children about why things happen. If possible, show them while you explain. (For example, if a child asks “Where did the ice go?” in a pitcher of water, put out a bowl of ice and invite children to watch what happens.)
- ✔ Ask questions that have many possible answers (open-ended questions) while reading books to toddlers, such as “What do you think might happen?” or “Where do you think the bird is going?”

## Real World Stories

Mrs. Juarez has placed a pile of scarves and homemade streamers in her outdoor play area. She hopes the children in her family child care home will enjoy them on this windy day.

Chelsea, who is two-and-a-half, selects two orange scarves and flutters about the yard. “See, I a butterfly!” she calls. Perhaps she is thinking of the monarch butterflies she has seen in the yard lately. Carlos, who is almost one, watches Chelsea and then crawls over to the scarves. With one scarf in each hand, he flaps his arms wildly and squeals with delight.

David, who is almost three, sorts through the streamers and separates the colors. He chooses a bright green one, saying, “This my snake, like the book.” Mrs. Juarez remembers that David liked the green tree python in a book from the science center. He runs as fast as he can with the streamer sailing behind him.

Suddenly, David stops and asks, “Can I put eyes on my snake?” “How will you do that?” asks Mrs. Juarez. David thinks for a moment, then points to the paint on the outdoor easel. Mrs. Juarez smiles and nods her head. David’s snake with eyes is soon flying behind him as he chants, “Snake fly, up high, snake fly, up high.” The two younger toddlers in the group run around the yard, fluttering scarves of their own.

*The scarves and streamers in this example are ideal for promoting creativity and helping children learn concepts. They are materials the children can use in many ways. Children at all age levels enjoy and learn from these materials, which encourage active play.*

*For younger toddlers, scarves make running and flapping their arms a new experience. The older children in the group use them to pretend. Scarves become butterfly wings and a streamer becomes a snake.*

*David and Chelsea make connections with what they know about snakes and butterflies. The younger children imitate the actions of the older ones. This increases their learning as well. Mrs. Juarez lets David figure out how to put eyes on the streamer to make a snake that flies. This encourages his creative thinking and shows that she values it.*

🎯 CONCEPT DEVELOPMENT AND MEMORY, PROBLEM SOLVING and CREATIVE EXPRESSION

✋ PHYSICAL ACTIVITY

🍏 IMAGINATION, CREATIVITY AND INVENTION

# Creative Expression

Infants and toddlers begin to explore music, drama, dance, art and building. They become more able to express their ideas and feelings using imagination and artistic materials.



## What to Look For

### Infants may begin to:

- Show interest and respond to sounds, tones, and voices.
- Listen to music and be calmed by it.
- Use everyday household objects for play (spoons, pots and pans, plastic bowls).
- Attend to bright or contrasting colors (primary colors, black and white).
- Gaze at pictures, photographs and mirror images.
- Show preferences for favorite colors.
- Hold, touch, and experience different textures (fuzzy blanket, smooth skin, rough carpet).

### Young Toddlers may begin to:

- Use hats and clothes for dress-up make-believe.

- Respond to and participate in music, rhythm, and songs (sway, clap, stomp, vocalize).
- Explore and use musical instruments.
- Use materials to create sounds (bang blocks together, run wheels over rough floor, shake metal can to make contents jingle).
- Observe and imitate hand movements to music and finger-plays.
- Explore sensory materials and use them to create visual effects (smear finger paint, tear paper, roll and squash play dough).

### Older Toddlers may begin to:

- Request preferred songs, music and rhymes.
- Express ideas and feelings through music and dance.
- Use props to recreate a familiar event (birthday party, going to the store).
- Experiment and create art with clay, crayons, markers, paint, and collage materials.

- Create familiar scenes using play materials (blocks, animals, people, cars).
- Pretend to be somebody other than themselves.

## What to Do

- ✓ Provide musical mobiles for infants to watch and listen to.
- ✓ Place pictures and photographs at eye level for infants and toddlers and talk about them. Laminate pictures and attach them to the wall with Velcro® so children can handle them without damage.
- ✓ Listen and dance to many types of music. Play soft, soothing music during nap and lively music for children to dance. Talk with the children about the variations in music, such as loud, soft, fast, or slow. Point out the sounds of different instruments.
- ✓ Ask families to share recordings of music they enjoy. Play songs and dances from different places in the world.
- ✓ Provide safe musical instruments that make all kinds of sounds. Use household items as rhythm instruments and make musical instruments with materials that are easy to find (empty boxes, plastic bottles, paper tubes).
- ✓ Sing nursery rhymes and do finger plays. Let toddlers choose songs by pointing to pictures. Provide board books with illustrations of favorite repetitive song lyrics so children can “read” them.
- ✓ Encourage children to move and dance to music in many different ways (march, clap, stomp, gallop, jump, sway). Offer dance props such as scarves, streamers, and shakers for toddlers to twirl and shake.
- ✓ Provide a wide variety of sensory materials both indoors and outdoors, such as play-dough, goop (cornstarch and water), clay, finger paint, chalk, sand, mud and wood pieces.
- ✓ Provide materials for drawing, painting, building, molding and collage. Choose materials that are suitable for the age and development of the children. For example, use contact paper for collages with children who cannot handle glue.
- ✓ Invite children to talk about the art they create. Recognize that they may not have words for their creations or may not want to describe them. Make specific



- comments about what they have done (“You put a lot of feathers in this corner”).
- ✓ Display children’s artwork at their eye level and go back often to talk about it. Help young children respect their artwork by encouraging them to keep the art on the walls.
- ✓ Provide toys that create life scenes like a farm, parking lot, bus station, or school. Use puppets and stuffed animals to act out songs, rhymes, and stories. Encourage children to pretend using these materials.
- ✓ Provide dress-up materials to encourage pretend play about a variety of themes (gowns and top hats for a night on the town; hardhats, big boots and tools for builders; dresses, ties, shoes and watches for house and office play).
- ✓ Offer creative play activities both indoors and outdoors. For example, children might use chalk on a blackboard indoors or on the sidewalk outdoors. Play music outdoors where children can make large dance movements.
- ✓ Take pictures of the children doing creative activities. Display these pictures to help children recall what they have done and to help families appreciate the creative process.



# Appendix A Important Milestones

## Deciding When to Refer a Child for Evaluation of His or Her Development

Infants and toddlers develop at their own pace. Each child has a unique heredity, unique experiences in the womb, unique experiences at birth, and in everyday life. Two children of the same age may have very different abilities, even though they are both developing in a way that is typical for their age.

Sometimes, however, a child who is “behind” does have a delay or disability. Adults who care for young children must be alert for signs that a child is not developing as expected. It is best to discover a delay or disability early in a child’s life so the child can receive special services as soon as possible. These services will help a child learn and develop as fully as possible.

This list of important milestones can help parents, teachers and caregivers decide whether a child’s development needs assessing and to find out if there is a delay or disability. Each milestone describes a behavior or skill that most children show by the age listed.

If you are worried about a child’s development, use the list below as a starting point to decide whether a child is reaching important milestones. Look at the milestones for the child’s current age and also look at earlier ages. It is often helpful to ask the child’s parents or guardians what they have noticed about the child. Tell them what you have observed. Use clear language to describe what you have seen or what the child does. If family members agree that a child is not reaching some important milestones as expected, suggest a developmental screening. Encourage families to talk to their child’s health care provider or to contact the Children’s Developmental Services Agency (CDSA) in their area.

Visit [www.ncei.org/ei/itp/cdsa.html](http://www.ncei.org/ei/itp/cdsa.html) or call 919-707-5520 to locate the CDSA for your area.

Obtaining a developmental screening for a child will help you determine if the child’s development is in the typical range. Highly trained professionals can also perform in-depth evaluations. They can measure a child’s strengths and needs, and recommend services that would benefit the child.

**NOTE:** *Use this list ONLY to help you decide whether a child may need screening. It is NOT possible to diagnose a delay or disability from this list.*

### Infants

#### At three months, infant...

- Looks at faces.
- Is not unduly frightened by new faces or surroundings.
- Sucks and swallows easily.
- Follows moving objects with eyes.
- Lifts head off floor while lying on tummy.
- Grasps objects in fist.
- Responds to loud noises.

#### At four to five months, infant...

- Reaches for familiar persons.
- Opens and closes hands (versus keeping them fisted).
- Brings hands together in the middle of body.
- Brings objects to his or her mouth.
- Turns head to locate sounds.
- Rolls from front to back OR from back to front.

#### At six to seven months, infant...

- Smiles and shows other joyful facial expressions.
- Sits up with help.
- Reaches for objects with either hand (versus reaching with only one hand).
- Cuddles and shows affection for people who take care of him or her.
- Holds head up when in a sitting position.
- Responds to sounds around him or her.

#### At eight to nine months, infant...

- Begins to eat some solid foods.
- Explores objects placed in hands.
- Sits alone for extended periods of time.
- Has developed some way of moving about the room (crawling, rolling, “commando crawl”, etc.).
- Plays games like peek-a-boo or pat-a-cake.
- Shares sounds, smiles, or other facial expressions back and forth with others.

**At all ages, infant...**

- ✦ Has a rounded head (versus a flattened area on the back of the head).
- ✦ Shows steady growth (neither too slow nor too fast) in weight, height, and head size.
- ✦ Has normal muscle tone (not too stiff and not too floppy).
- ✦ Uses both sides of the body when crawling (versus dragging one side).
- ✦ Keeps skills and develops new ones (versus losing skills and not regaining ones he or she once had).

**Young Toddlers****At 12 months, child...**

- ✦ Seeks others' attention using sounds and gestures.
- ✦ Participates in "back and forth" social interactions.
- ✦ Seems attached to the adults who take care of him or her most often.
- ✦ Responds to his or her name.
- ✦ Moves into and out of a sitting position.
- ✦ Creeps or crawls on hands and knees.
- ✦ Stands with support and pulls self to standing position.
- ✦ Switches objects from one hand to the other.
- ✦ Tries to finger-feed and hold own bottle or cup.
- ✦ Understands some words.
- ✦ Babbles ("ba-ba-ba", "da-da-da", etc.).
- ✦ Imitates simple sounds.
- ✦ Communicates with gestures such as showing, reaching, or waving.
- ✦ Points to objects or pictures.
- ✦ Looks for objects when he or she saw where they were hidden.

**At 14 – 15 months, child...**

- ✦ Stands alone.
- ✦ Picks up small objects with thumb and index finger (pincer grasp).
- ✦ Stacks a few blocks.
- ✦ Knows how some familiar household objects are used (e.g., spoon, phone, brush).

**At 16 – 18 months, child...**

- ✦ Says some words.
- ✦ Walks without help.

**At any age, child...**

- ✦ Plays with toys that other children his or her age can play with.
- ✦ Walks with a typical "heel to toe" motion (versus mostly on toes).
- ✦ Keeps skills and develops new ones (versus losing skills and not regaining ones he or she once had).

**Older Toddlers****At 24 months, child...**

- ✦ Recognizes herself or himself in mirror (points, says "me" or name).
- ✦ Shows a variety of emotions, such as anger, sadness, delight, and fear.
- ✦ Pushes a wheeled toy.
- ✦ Responds to simple questions with "yes" or "no."
- ✦ Follows simple one-step instructions.
- ✦ Uses two-word phrases that are meaningful.
- ✦ Says at least 15 words.
- ✦ Imitates some actions or words.

**At 36 months, child...**

- ✦ Separates from mother or other caregiver without becoming unduly upset.
- ✦ Shows interest in watching, imitating, and playing with other children.
- ✦ Eats a fairly well-rounded diet. (It is normal for toddlers to eat small amounts at times and to have food preferences.)
- ✦ Begins to show interest in toilet training.
- ✦ Walks and climbs stairs without falling often.
- ✦ Moves about without bumping into objects.
- ✦ Manipulates small objects easily with his or her hands.
- ✦ Follows simple two-step directions.
- ✦ Has speech that can be understood by most people.



- ✦ Points to and names familiar objects.
- ✦ Communicates in 2- or 3-word phrases or sentences.
- ✦ Enjoys being read to.
- ✦ Shows interest in toys.
- ✦ Engages in pretend play.

**At any age, child...**

- ✦ Plays with toys that other children his or her age can play with.
- ✦ Tolerates most textures of food or clothing.
- ✦ Moves smoothly and can complete new motor tasks with more than one step.
- ✦ Keeps skills and develops new ones (versus losing skills and not regaining ones he or she once had).

# Appendix B Resource Information

## Educational and Informational Resources for Early Childhood Educators, Parents and Others who work with Infants and Toddlers

Here is a sample of websites where you can learn more about infant and toddler care, development and learning, health and safety, child advocacy, child care, and professional development. There are many resources available and this is not intended to be a complete list.



### Child Advocacy

#### Action for Children

An independent, non-profit, non-partisan, multi-issue organization in NC that works to influence public policy that affects children less than eighteen years of age. 919-834-6623. [www.ncchild.org](http://www.ncchild.org)

#### Children's Defense Fund

Advocates for the health and well-being of all children, with particular emphasis on children who are poor, who are minorities, or who have disabilities. [www.childrensdefense.org](http://www.childrensdefense.org)

#### Covenant for North Carolina's Children

A NC statewide nonprofit organization that advocates for children at the NC General Assembly. 919-649-2449. [www.nccovenant.org](http://www.nccovenant.org)

#### Faith Partnerships INC.

Works to assist impoverished families through collaboration with other faith-based organizations. [www.faithpartnerships.org](http://www.faithpartnerships.org)

#### Find Your State Legislators: North Carolina

Provides easy access to NC State Legislators' contact information. [www.ncga.state.nc.us](http://www.ncga.state.nc.us)

#### Find Your U.S. Legislators: U.S. Congress

Provides easy access to contact information for US Senators and Congressional Representatives. [www.house.gov](http://www.house.gov) or [www.senate.gov](http://www.senate.gov)

#### National Center for Children in Poverty

Provides national research and advocacy information on the status of children in poverty. [www.nccp.org](http://www.nccp.org)

### Child Care Quality

#### Child Care Bureau, Division of the Administration for Families and Children

Supports low-income working families through child care financial assistance; promotes children's learning by improving the quality of early care and education for preschool aged

children and children attending afterschool programs. [www.acf.hhs.gov/programs/ccb](http://www.acf.hhs.gov/programs/ccb)

#### Child Care Resource and Referral

Technical assistance programs designed to help providers develop quality child care programs.

#### In NC: Child Care Resources, INC.

[www.childcareresourcesinc.org](http://www.childcareresourcesinc.org)

#### Child Care Services Association.

[www.childcareservices.org/index.html](http://www.childcareservices.org/index.html)

#### Southwestern Child Development.

[www.swcdcinc.org/html/home\\_page.html](http://www.swcdcinc.org/html/home_page.html)

#### National Association of Child Care Resource and Referral Agencies.

[www.naccrra.org](http://www.naccrra.org)

#### More @ Four Pre-Kindergarten Program, Office of School Readiness

NC's pre-kindergarten initiative is designed to prepare at-risk 4 year olds for success in kindergarten. 919-733-0040. [www.governor.state.nc.us/Office/Education/Home.asp](http://www.governor.state.nc.us/Office/Education/Home.asp)

#### NC Association for the Education of Young Children (NCAEYC)

Promotes excellence in child care, teacher education and services for children in NC, birth through age 8. 1-800-982-4406. [www.ncaeyc.org](http://www.ncaeyc.org)

#### National Association for the Education of Young Children (NAEYC)

A national organization dedicated to improving the quality of child care programs for children from birth through grade three. [www.naeyc.org](http://www.naeyc.org)

#### National Child Care Information Center (NCCIC)

A national clearinghouse and technical assistance center that links parents, providers, policy-makers, researchers, and the public to early care and education information. [www.nccic.org](http://www.nccic.org)

#### National Network for Child Care

Practical information and resources about children and child care for parents, professionals, and the general public. [www.nncc.org](http://www.nncc.org)

#### National Program for Playground Safety

Assists the public in creating safe and developmentally appropriate play environments for children. [www.playgroundsafety.org](http://www.playgroundsafety.org)

#### North Carolina Division of Child Development

Regulates North Carolina's child care industry and supervises the subsidy services program serving low-income families. It also promotes



high quality child care through quality activities. Main web site. <http://ncchildcare.net>

#### **Choosing Quality Childcare.**

[http://ncchildcare.dhhs.state.nc.us/parents/pr\\_sn2\\_ov.asp](http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov.asp)

#### **Subsidized Child Care Program.**

[http://ncchildcare.dhhs.state.nc.us/providers/pv\\_sn2\\_cfsc.asp](http://ncchildcare.dhhs.state.nc.us/providers/pv_sn2_cfsc.asp)

#### **North Carolina Office of School Readiness.**

Administers a number of early education programs including More @ Four, Early Head Start, Head Start, Even Start, Preschool Exceptional Children and Title I Programs. [www.osr.nc.gov](http://www.osr.nc.gov).

#### **North Carolina Outdoor Learning Environments Alliance, NC Office of School Readiness, NC Partnership for Children**

A statewide collaboration that works to improve the quality of outdoor environments for all children. [www.osr.nc.gov/ole](http://www.osr.nc.gov/ole)

### **Child Health and Safety**

#### **California Childcare Health Program**

Resources to promote health and safety in the child care environment. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

#### **Carolinas Health Care System – Carolinas Poison Center**

Certified as a Regional Poison Control Center by the American Association of Poison Control Centers (AAPCC). 1-800-222-1222. [www.carolinas.org/services/poison](http://www.carolinas.org/services/poison)

#### **Children’s Environmental Health Network**

Works to protect the fetus and the child from environmental health hazards and to promote a healthy environment. [www.cehn.org](http://www.cehn.org)

#### **Consumer Product Safety Commission**

Lists all recalled consumer products. Describes hazards in products such as baby gates and trampolines. [www.cpsc.gov](http://www.cpsc.gov)

#### **Creating Healthy Environments for Children/Healthy Child, Healthy World**

Dedicated to protecting the health and well being of children from harmful environmental exposures. <http://healthychild.org>

#### **First Candle**

Research and advocacy organization dedicated to helping babies survive and thrive. [www.sidsalliance.org](http://www.sidsalliance.org) or [www.firstcandle.org](http://www.firstcandle.org)

#### **Healthy Child Care America, American Academy of Pediatrics**

Health professionals, child care providers and

families working together to improve the health and well being of children in child care settings. [www.healthychildcare.org](http://www.healthychildcare.org)

#### **NC Child Care Health and Safety Resource Center**

Promotes safe and healthy environments in child care settings. Look for information, resources, and a Directory of Child Care Health Consultants. 1-800-367-2229. [www.healthychildcareenc.org](http://www.healthychildcareenc.org)

#### **National Institutes of Child Health and Human Development**

Web site dedicated to safe sleep practices to prevent the incidence of Sudden Infant Death Syndrome. [www.nichd.nih.gov/sids/sids.cfm](http://www.nichd.nih.gov/sids/sids.cfm)

#### **National Resource Center for Health and Safety in Child Care**

Provides access to the National Health and Safety Performance Standards for Out-of-Home Child Care, the NC Child Care Rules and Sanitation of Child Care Centers Rules. <http://nrc.uchsc.edu>

#### **Natural Learning Initiative: An initiative of North Carolina State’s College of Design;**

promotes the importance of the natural environment in the daily experiences of all children; services include environmental design, action research and dissemination of information. <http://www.naturalllearning.org>

#### **SIDS - North Carolina Back to Sleep Campaign**

Works to increase the public’s understanding of SIDS and how to reduce risks. ITS-SIDS Project is the Infant-Toddler Safe Sleep and SIDS Reduction in Child Care Project. 1-800-367-2229. [www.nchealthystart.org/backtosleep/index.htm](http://www.nchealthystart.org/backtosleep/index.htm)

### **Child Health and Nutrition**

#### **Child and Adult Care Food Program (CACFP)**

Reimburses licensed caregivers for meals and snacks served to children. 919-707-5799. [www.nutritionnc.com/snp/cacfp.htm](http://www.nutritionnc.com/snp/cacfp.htm)

#### **Center for Disease Control and Prevention (CDC)**

At the forefront of US public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. [www.cdc.gov](http://www.cdc.gov)

#### **Eat Smart, Move More**

A NC statewide initiative that promotes increased physical activity and healthy eating

through policy and environmental changes. [www.eatsmartmovemorenc.com](http://www.eatsmartmovemorenc.com)

#### **KidsHealth**

Provides doctor-approved health information about children from before birth through adolescence. [www.kidshealth.org](http://www.kidshealth.org)

#### **NC Family Health Resource Line**

A bilingual telephone service that answers health related questions and links NC families to health and social service resources in their communities. 1-800-367-2229. [www.nchealthystart.org/services\\_resourceline.html](http://www.nchealthystart.org/services_resourceline.html)

#### **NC Oral Health Section**

A statewide dental program providing prevention and education services on dental health for children. Their goal is to prevent dental disease in children. [www.communityhealth.dhhs.state.nc.us/dental](http://www.communityhealth.dhhs.state.nc.us/dental)

#### **Nutrition NC**

The Nutrition Services Branch of the NC Women and Children’s Health Section promotes sound nutrition habits for infants, children and women in their childbearing years. 919-707-5799. [www.nutritionnc.com/index.htm](http://www.nutritionnc.com/index.htm)

### **Early Childhood Professional Development and Support**

#### **Center for the Social and Emotional Foundations for Early Learning**

National center focused on helping child care programs improve children’s social and emotional health and meet the needs of children with challenging behaviors and mental health challenges. [www.csefel.uiuc.edu](http://www.csefel.uiuc.edu)

#### **Child Care WAGE\$® Project**

Provides education-based salary supplements to low paid child care teachers, directors and family child care providers who work with children between the ages of 0-5. [www.childcareservices.org/ps/wage.html](http://www.childcareservices.org/ps/wage.html)

#### **National Center for Early Development and Learning**

Focuses on enhancing the cognitive, social, and physical development of children from birth through age eight. [www.fpg.unc.edu/~ncedl](http://www.fpg.unc.edu/~ncedl)

#### **North Carolina Community College System**

Provides information and education to early childhood professionals who are seeking to increase their training and education in the field early childhood development; campuses located throughout North Carolina. [www.ncccs.cc.nc.us](http://www.ncccs.cc.nc.us)

## Educational and Informational Resources (continued)

### **NC Institute for Early Childhood Professional Development**

Advisory group to the NC Division of Child Development. Offers information and resources, and advocates for early childhood professional development. 1-800-859-0829. [www.ncchildcare.org](http://www.ncchildcare.org)

### **Professional Development for Child Care Teachers and Administrators**

Provides information and planning tools for early childhood professionals who are interested in increasing their education in early childhood. [www.ncchildcare.org](http://www.ncchildcare.org)

### **Self-Help Credit Union**

Provides loans to child care providers to open or expand their business, buy needed equipment and real estate, and/or upgrade the quality of their child care programs. Providers serving subsidized children may qualify for a special low-interest loan program. 1-800-476-7428. [www.self-help.org](http://www.self-help.org)

### **T.E.A.C.H. Early Childhood® Health Insurance Program**

In participating counties, this program helps reduce the cost of health insurance to early childhood educators through collaboration with local Smart Start Partnerships, the Division of Child Development and child care businesses. [www.childcareservices.org/ps/teach.html](http://www.childcareservices.org/ps/teach.html)

### **T.E.A.C.H. Early Childhood® Project**

Salary supplements and scholarships available to child care employees for educational programs. 919-967-3272. [www.childcareservices.org/ps/teach.html](http://www.childcareservices.org/ps/teach.html)

### **Zero to Three: National Center for Infants, Toddlers and Families**

Provides information and resources that support and promote the healthy development of babies and toddlers. [www.zerotothree.org](http://www.zerotothree.org)

## **Infant and Toddler Development and Learning**

### **Bright Futures at Georgetown University**

Promotes relationships of trust between health professionals, children, families and communities. [www.brightfutures.org](http://www.brightfutures.org).

### **Center on the Social and Emotional Foundations for Early Learning**

Promotes positive social emotional outcomes for children birth to age 5. Serves as a national resource center for disseminating research and evidence-based practices. [www.vanderbilt.edu/csefel](http://www.vanderbilt.edu/csefel)

### **Child Trends: Social Science Research for Those Who Serve Children and Youth**

An independent, nonpartisan research center focused on promoting positive outcomes for young children. [www.childtrends.org](http://www.childtrends.org)

### **Frank Porter Graham Child Development Institute**

One of the nation's largest multidisciplinary research centers for studying young children and their families. [www.fpg.unc.edu](http://www.fpg.unc.edu)

### **National Infant and Toddler Child Care Initiative**

A project of the Child Care Bureau, Administration for Children and Families, Department of Health and Human Services that works collaboratively with Child Care and Development Fund (CCDF) administrators and other partners to improve the quality and supply of infant and toddler child care. [www.nccic.org/itcc](http://www.nccic.org/itcc)

### **National Scientific Council on the Developing Child**

Works to build strong, informed, bipartisan leadership in the public and private sectors by promoting interdisciplinary knowledge of early childhood development. Promotes successful learning, adaptive behavior, and sound physical and mental health for all young children. [www.developingchild.net](http://www.developingchild.net)

### **Office of Head Start/Early Childhood Learning and Knowledge Center**

Information for parents and early childhood educators who participate in Head Start programs. <http://eclkc.ohs.acf.hhs.gov/hslc>

### **PITC: The Program for Infant/Toddler Care**

Seeks to ensure that infants receive a healthy, emotionally secure and intellectually rich start in life by increasing the quality and availability of child care for children under age three, disseminates information about relationship-based infant and toddler care, and promotes good public policy. [www.pitc.org](http://www.pitc.org)

### **Talaris Research Institute**

Supports parents and caregivers' efforts to raise socially and emotionally healthy children through ongoing education and research. [www.talaris.org/index.htm](http://www.talaris.org/index.htm)

### **Tufts University Child & Family Web Guide**

Evaluates the effectiveness of web sites that contain child development research and practical advice. Topics are chosen by parents and cover early child development through adolescence. [www.cfw.tufts.edu](http://www.cfw.tufts.edu)

### **Zero to Three National Center for Infants, Toddlers, and Families.**

Promotes infant and toddler development through professional development, parent support and education, and the promotion of good public policy for young children and families. For general information go to [www.zerotothree.org](http://www.zerotothree.org). For specific information about the impact of TV/Video viewing on children under age three go to: [http://www.zerotothree.org/site/DocServer/media\\_research\\_doc\\_5-24.pdf?docID=281](http://www.zerotothree.org/site/DocServer/media_research_doc_5-24.pdf?docID=281)

## **Parent Resources**

### **American Academy of Pediatrics-Safety Net**

Provides resources to parents and early childhood educators on the impact of TV, video viewing, and electronic media on young children. <http://safetynet.aap.org> and <http://www.aap.org/family/tv1.htm>

### **Born Learning**

A public engagement campaign that helps parents, grandparents and caregivers explore ways to turn everyday moments into fun learning opportunities. [www.bornlearning.org](http://www.bornlearning.org)

### **Center for Inquiry Based Learning, Duke University**

Provides teacher resources to promote inquiry-based learning for children of all ages. [www.ciblearning.org/index.php](http://www.ciblearning.org/index.php)

### **Early Childhood and Parenting Collaborative (ECAP)**

ECAP, at the University of Illinois, is home to more than a dozen projects focused on the education, care, and parenting of young children. <http://ecap.crc.uiuc.edu>

### **Early Head Start National Resource Center @ Zero to Three**

Promotes the creation of new knowledge in early childhood development and the sharing of this information to Head Start participants and educators. [www.ehsnrc.org/index.htm](http://www.ehsnrc.org/index.htm)

### **East Coast Migrant Head Start**

Provides holistic, high quality early childhood services for the children of migrant seasonal farm workers. [www.ecmhsp.org](http://www.ecmhsp.org)

### **Even Start**

Creates family literacy projects that integrate early childhood education, adult literacy, parenting education, and interactive parent and child literacy activities for low-income families, including teen parents. [www.ed.gov/programs/evenstartformula/index.html](http://www.ed.gov/programs/evenstartformula/index.html)

### **NC Health Check/NC Health Choice**

Health Check and NC Health Choice, provides free or low cost health insurance to children and teens in families that meet financial qualifications. 1-800-367-2229. [www.nchealthystart.org](http://www.nchealthystart.org)

### **NC Smart Start**

North Carolina's early childhood initiative designed to ensure that young children enter school healthy and ready to succeed and located in all 100 counties in the state. [www.ncsmartstart.org/index.htm](http://www.ncsmartstart.org/index.htm)

### **Parents as Teachers**

Provides parents with child development knowledge and parenting support through four programs: Born to Learn, Professional Development, MELD and Advocacy. [www.parentsasteachers.org](http://www.parentsasteachers.org)

### **WUNC-TV**

Provides educational information and outreach services for parents, teachers and caregivers of children age 2-12. [www.unctv.org/education/teachers\\_childcare/index.shtml](http://www.unctv.org/education/teachers_childcare/index.shtml)

## **Professional Organizations and Resources for Early Childhood Educators**

### **National Association for Family Child Care (NAFCC)**

Supports family child care professionals, encourages high-quality child care, and is the accrediting agency for family child care homes. [www.nafcc.org](http://www.nafcc.org)

### **National Association for the Education of Young Children**

Dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age eight. [www.naeyc.org](http://www.naeyc.org)

### **National Even Start Association**

A membership organization that promotes the professional development of Even Start's educators and collaboration with other family literacy programs to ensure consistent quality of Even Start programs. [www.evenstart.org](http://www.evenstart.org)

### **North Carolina Association for the Education of Young Children (NCAeyc)**

Promotes excellence in child care, education and services for all children, birth through age eight by providing education and support to professionals serving young children and their families. 800-982-4406 or 919-510-5034. [www.generalinfo@ncaeyc.org](mailto:www.generalinfo@ncaeyc.org)

### **North Carolina Licensed Child Care Association**

Member organization for licensed child care providers. Contact P. O. Box 7118, Wilson NC 27895. (252) 299-1063. E-mail: [linda@nclcca.org](mailto:linda@nclcca.org)

## **Special Needs**

### **American Speech-Language-Hearing Association**

A professional, scientific and credentialing organization for speech-language pathologists, audiologists; contains a link to locate specialists nationwide. [www.asha.org/findpro](http://www.asha.org/findpro)

### **Family Support Network of NC**

Provides family support for children with special needs through community-based programs, training; provides a statewide resource directory. 1-800-852-0042. [www.fsnn.org](http://www.fsnn.org)

### **First Signs**

A national non-profit organization that is dedicated to the early identification of children with developmental delays and disorders; educates parents and pediatric professionals about the early signs of autism and other developmental disorders. [www.firstsigns.org](http://www.firstsigns.org)

### **NICHCY National Dissemination Center for Children with Disabilities**

Provides information on IDEA, effective educational practices, and disabilities in infants, toddlers, children, and youth. [www.nichcy.org](http://www.nichcy.org)

### **North Carolina Early Intervention Services/Together We Grow**

A variety of NC agencies who work together to provide early intervention services for children ages birth to three who have special needs, and their families. [www.ncei.org/ei/itp.html](http://www.ncei.org/ei/itp.html)

### **Partnerships for Inclusion**

Provides technical assistance to support the inclusion of children with disabilities, from birth through age five. 919-962-7356. [www.fpg.unc.edu/~pfi](http://www.fpg.unc.edu/~pfi)

### **TelAbility**

Using real time video-conferencing and internet technologies, TelAbility provides comprehensive, coordinated, family centered care to children with disabilities across North Carolina and offers education, training, and peer support for people who care for them. Offers caregivers education, training, and peer support. 919-843-0427. [www.telability.org/index.pl](http://www.telability.org/index.pl)



# Appendix C Glossary of Important Terms

The following definitions apply to the meanings of specific words contained within *Infant-Toddler Foundations*.

**Abilities** – Competence, aptitude or skill

**Acquire** – To learn something through effort and practice

**Active exploration** – Activities that promote and encourage child development and learning

**Active learners** – Children who learn by “doing,” “participating,” and “playing”

**Accommodate** – To make changes in materials, activities, interactions or environments so a child can participate fully

**Acknowledge** – Show positive recognition or interest with facial expression or words

**Activities** – Experiences planned by the child care provider that create opportunities for children to explore and learn about their world

**Adaptive equipment** – Devices or equipment designed to be used by children with disabilities to support their development and learning by helping them participate in play, learning, and caregiving routines

**Advocate** – (1) A person who acts in support of young children, their families and caregivers; (2) to plead in favor of support of children

**Age levels** – Overlapping ages of young children described in three broad categories: infants, young toddlers and older toddlers

**Alignment** – An arrangement of information that shows the relationship between two or more programs or sets of standards

**ALL children** – Used to emphasize that the guidelines apply to all infants and toddlers in North Carolina, whatever their circumstances and needs

**Anticipate** – To expect

**Appropriate** – What is usually expected for a child’s age and ability

**Area** – Refers to one of the categories within domains, such as “Developing a Sense of Self” in the Emotional and Social Development domain

**Artistic materials** – Loose parts and materials used to create new objects

**Assessment** – The act of gathering information about a child’s level of development and learning for purposes of making decisions that will benefit the child

**Assistive technology** – Devices used by children with disabilities to help them play, learn, and interact with their world

**“At risk”** – Phrase used to describe children who are in environments or situations that could impair their normal development

**Attach/Attachment** – The strong emotional tie children feel with special people in their lives (family members and other caregivers)

**Attempt** – To make an effort to do something with or without success

**Attitude** – Positive or negative feelings

**Background** – The total of a person’s experience, knowledge, education and culture

**Barrier** – Anything in a child’s life that limits healthy growth and development

**Behavior** – The manner of acting or responding to events, people, or environments

**Caregivers** – Adults who care for infants and toddlers in homes, child care centers, family child care homes; adults who are kith and kin or family, friend and neighbor care providers; and adults who are early intervention professionals or technical assistance experts

**Caregiving routines/care routines** – Everyday experiences that meet young children’s needs such as diapering, feeding, and dressing

**Challenges** – (1) Perceived obstacles to the typical development of a child; (2) activities that stretch a child’s current abilities, knowledge or awareness

**Characteristics** – Individual traits or qualities

**Checklist** – A list of characteristics used to indicate mastery of specific areas and used to evaluate a child’s progress

**Child abuse** – Non-accidental injury or pattern of injuries to a child including physical, emotional and sexual abuse

**Child care health consultants** – Specially trained health professionals, employed

by various organizations in North Carolina who work with child care programs to help create environments that best support the healthy growth and development of young children

**Child-directed play** – Allowing children to choose their own play in an environment that includes several options or choices

**Child neglect** – An ongoing pattern of inadequate care or a serious disregard for the physical, educational, emotional and medical needs of a child

**Child size equipment** – Furniture, materials, toys, dinnerware that is equal in scale to the body size of a young child

**Communication** – The act of understanding and/or expressing wants, needs, feelings and thoughts with others. Forms of communication may include crying, vocalizing, facial expressions, speech, gestures, sign language, pictures and/or objects.

**Community** – A group of people who care for and support one another

**Consistent** – Steady, harmonious, and free from contradiction

**Consistent relationships** – Relationships that develop when a child experiences predictable care from a primary caregiver(s) such as a parent or child care provider

**Coo** – Production of vowel sounds, often in response to a human face or voice, usually beginning around the second month of life expressing happiness or contentment

**Cooperate** – To work or act with others willingly and agreeably

**Coordination** – Various parts of the body working together in a smooth purposeful way

**Creativity** – The ability to move beyond the usual ideas, rules, patterns, or relationships

**Cuddle** – To hold close for comfort, warmth, safety and affection

**Defiant** – An unwillingness to cooperate

**Delay** – Slow to progress in one or more domains of learning

**Demonstrate** – To show clearly

**Developmental delay** – When children's development in one or more domains lags behind what is typical for their age

**Dexterity** – Skill and grace in physical movements

**Domain** – One of the five broad categories in which guidelines and strategies are grouped, such as Emotional-Social Development.

**Drill** – A method of instruction that requires memorization and repetition

**Early literacy** – Describes the foundations of reading and writing which begin in infancy

**Engage** – To become involved or to be attentive

**Enthusiasm** – Great excitement and interest

**Examine** – To observe, test or investigate

**Experiment** – An action used to discover something unknown, to test a principle or idea, or to learn cause and effect

**Extend** – (1) To make a longer sentence or add a thought to what the child has said; (2) to allow for more play by adding new ideas or materials to the setting; (3) to lengthen or stretch the human body, torso, arm, or leg

**Explore** – To investigate or study

**Eye contact** – To actively engage with others by looking at each other's eyes

**Family** – Refers to the closest relationships that a child has, customarily thought of as a mother and father, but often includes foster or adoptive parents, grandparents and others who are the primary caregivers in a child's life.

**“Feeling” words** – Words used by adults to name the common feelings experienced by people (happiness, anger, fear and sadness) to help young children learn to connect specific feelings with words

**Flexibility** – The ability to change or alter plans in response to the needs of a child

**Focus group** – A specific group who reviews material and then comments on the strengths and weaknesses of a product, and who may make recommendations for changes and improvements

**Follow children's signals** – Responding to a child by interpreting verbal and nonverbal cues

**Frustration** – Feelings of dissatisfaction resulting from unfulfilled needs or unresolved problems

**Gaze** – To look steadily and intently with curiosity, interest, pleasure, or wonder

**“Gentle touches”** – Appropriate touching

**Gestures** – Moving the limbs or body as an expression of thought or emphasis

**“Get involved in their play”** – Adults taking an active interest in play chosen by a child

**Health Care Plan** – A system of care that is developed by a physician or other medical staff to identify the specific needs, routines, medicines, activities in different environments for a child with special health care needs

**Imagination** – Forming mental images or concepts of things that are not actually present to the senses

**Imitate** – To copy, pretend or practice the activity of another individual

**Impulsive** – A sudden spontaneous action based on needs or wants

**Inclusion** – The environment, attitude and knowledge that encourages the enrollment and participation of all children, including children with disabilities

**Independent choices** – Choosing freely between developmentally appropriate alternatives

**Initiate** – To start or begin

**Interest areas** – Areas in a child care environment where similar materials, such as dramatic play materials, are grouped together to capture children's interest and engage them in play

**Inventive** – Creating with one's imagination

**Intervene** – (1) To step in to a situation to help; (2) to alter or hinder an action

**Investigate** – To study the details, to examine, or to observe in order to gain knowledge

**Invite** – To request participation in an activity event, or communication

**Jabber** – Rapid sounds or vocalizations made by infants and young children that sound like sentences or conversations but do not yet include words

**Label** – To attach a word to a picture, object, action, or event, either verbally or in writing

**Language** – Words, signs and symbols used by a group of people to communicate

**Materials** – Resources that caregivers add to the environment to enhance development and learning, including toys, pictures, and other things children can explore

## Glossary of Important Terms (continued)

**Medical home** – A doctor’s office, a community clinic or a health department that parents can take their children to for all their health care needs: immunizations, well-child check-ups, vision, hearing, dental, and developmental screenings and referrals for early intervention services

**Model** – The act of teaching others (children) through the example of doing the desired behavior

**Natural moments** – Common, routine and everyday occurrences in a child’s life

**Natural reflexes** – The body’s automatic response to specific stimuli (leg kicks upward when knee is tapped)

**Negative experiences** – Any experience in a child’s life that prevents or diminishes healthy growth, development, and learning

**“Next Steps”** – The abilities, characteristics, knowledge, or skills that are likely to emerge next in a child’s development; often used by caregivers to help them choose the kinds of play that will support a child’s development and learning

**Nutritional needs** – The food and sustenance required for a child to grow and develop

**Observe** – Taking notice of the unique characteristics of each child

**Parallel talk** – Adults talking to a child, describing what the child is doing

**Passive** – Not active; tending not to respond or participate

**Persistence** – Continued effort

**Pilot** – To practice doing an activity

**Pincer grasp** – Putting the index finger and the thumb together

**Play** – Spontaneous actions chosen by children and considered by them to be fun and meaningful

**Policymaker** – An individual who works to create laws, rules and/or guidelines that can affect children and families

**Poverty** – Living without the necessities of life due to a lack of money or resources

**Predictable steps or stages of development** – One skill or ability precedes the development of another skill and the earlier achievement forms the foundation of the later one

**Premature infants** – Infants born before the 37th week of pregnancy. Premature infants are born before their organs are fully developed and they may need special medical care while their bodies develop enough to survive without specialized care.

**Prenatal care** – The health care, education and counseling a woman receives during pregnancy. Receiving prenatal care supports the health of the woman and increases the chances of having a healthy, fully developed baby.

**Primary caregiver** – The adult caregiver who is responsible for developing an emotional connection with a specific infant or toddler and who is usually first to respond to the child when needs arise

**Problem-solving** – Behaviors practiced by young children that allow them to explore questions or situations and try different solutions

**Prompt** – To encourage an action or behavior

**Prop** – Any object used by children during play

**Raking motion** – The movement of extending one’s arms and then pulling it towards one’s body

**Random movements** – Unexpected and unplanned body movements in a young child

**Recall** – The act of remembering; to bring back from memory

**Reinforce** – To strengthen a response with some type of physical, emotional or verbal reward

**Repetitive books** – Books that repeat the same words or phrases over and over again

**Represent** – To use something to stand for or symbolize something else

**Respect** – To show esteem for another person; to communicate that his or her ideas, feelings and needs are worthy of consideration

**Responsive** – Warm, sensitive, well-timed, and appropriate to the child’s needs; used to describe caregiver-child interactions that promote healthy development

**Role** – Behaviors exhibited by a person that identifies their work, status or responsibilities

**Routines** – A pattern of events or interactions planned and occurring on a regular basis



**Safe Environments** – Environments where children can be actively involved in things that interest them and are appropriate for them to use, without getting hurt

**Security** – Freedom from care, anxiety, or doubt; feelings of safety and trust

**Self-talk** – Words or dialogue adults use to describe what they are doing

**Sensitive adults** – Adults who accept that each child is different, interact with children in ways that match their individual needs, and show warmth and caring for all children.

**Sensory** – Related to the senses: hearing, seeing, touching, tasting and smelling

**Sensory impairments** – Vision or hearing losses or other sensory disabilities that may require specialized assistance or early intervention

**Sensory materials** – Materials and experiences that stimulate at least one of the five senses of hearing, seeing, touching, tasting and smelling

**Separation anxiety** – The stress experienced by a child when separated from a parent or primary caregiver

**Setting** – Any place where children receive care

**Stimulation** – Any number of sounds, textures, temperatures, tastes, sights that impact a child's senses or development

**Sleep routine** – The process by which a child settles down, with or without the assistance of an adult, and allows sleep to occur

**Soothe** – To bring comfort, solace and reassurance

**Specialized care** – Care routines or services needed to ensure the successful development of children with special needs or special health care needs

**Special circumstances** – Situations in a child's life that may call for additional care or nurturing from the caregiver

**Special health care needs** – Chronic health conditions that may require specialized care (allergies, asthma, diabetes, seizure disorders)

**Special needs** – Developmental disabilities that may require specialized care

**Spontaneous play** – A child's inclination to act naturally without pre-planning



**Strategies** – Suggested activities, materials, and ways of interacting that promote development and learning

**Substance abuse** – Excessive use of substances such as drugs or alcohol that results in impaired judgment and interferes with the adult's ability to nurture, care for and provide a safe environment for young children

**Sudden Infant Death Syndrome (SIDS)**  
–The sudden, unexplained death of an infant younger than one year old

**Swaddle** – To wrap a baby snugly to give comfort and security

**Symbol** – Something that represents something else by association

**Tantrum** – A violent demonstration of anger or frustration

**Teachers** – Adults who care for infants and toddlers in homes, child care centers, family child care homes; adults who are kith and kin or family, friend and neighbor care providers; and adults who are early intervention professionals or technical assistance experts

**Tempo** – The rate of speed of a musical piece or lyrical passage

**Temperament** – The unique way a child responds to the world

**Themes** – Activities, materials, or interest areas in the child care environment that center around a certain concept or topic

**Therapy** – The treatment of disease or disorders using remedial services, rehabilitation, or curative processes

**Thrive** – To grow and develop with vigor and health

**Tools** – Anything used or created to accomplish a task or purpose

**Trial and error** – Attempting to solve a problem by randomly trying different approaches

**Trust** – Feelings of reliance and confidence in the good will of others

**Transition** – To move or change from one activity or location to another activity or location

**Turn-taking games** – Games between adults and young children where an adult makes a sound or action and waits for the child to mimic or copy them. Once the child responds, the adult makes a sound or action

**Visual effects** – Results of a child's artistic efforts that can be seen by others

**Vocabulary** – The collection of words that a child understands or uses to communicate

# Appendix D Selected Bibliography

## Infant and Toddler Development

The theories and research presented in these resources help to show why the guidelines included in *Infant–Toddler Foundations* are important for young children’s development and learning.

### The Whole Child

**Bell, M. A., & Fox, N. A.** (1994). Brain development over the first year of life: Relations between EEG frequency and coherence and cognitive and affective behaviors. In G. Dawson & K. W. Fischer (Eds.), *Human behavior and the developing brain* (pp. 314-345). New York: Guilford Press.

**Berk, L.E.** (2005). *Infants and children* (5th ed.). Boston: Pearson Allyn & Bacon.

**Frost, J. L., Wortham, S., & Reifel, S.** (2001). *Play and child development*. Columbus, OH: Merrill.

**Ginsburg, K.R., & the Committee on Communications & the Committee on Psychosocial Aspects of Child and Family Health.** (2007). The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*, *119*, 182-191.

**Greenough, W. T., Wallace, C.S., Alcantara, A. A., Anderson, B. J., Hawrylak, N., Sirevaag, A. M., Weiler, I. J., & Withers, G. S.** (1993). Development of the brain: Experience affects the structure of neurons, glia, and blood vessels. In N. J. Anastasiow & S. Harel (Eds.), *At-risk infants: Interventions, families, and research* (pp. 173-185). Baltimore: Paul H. Brookes.

**Greenman, Jim** (2005). *Caring Spaces, Learning Places: Children’s Environments that Work*. Redmond, WA: Exchange Press, Inc.

**Greenman, Jim, Stonehouse, Anne, Schweikert, Gigi** (2008). *Prime Times*, (2nd ed.). St. Paul, MN: Redleaf Press.

**Hooper, S. R. & Umansky, W.** (2004). *Young children with special needs* (4th ed.). Upper Saddle River, NJ: Pearson Merrill Prentice Hall.

**McGinnis, Janet R.** (2000). *Children’s Outdoor Environments: A Guide to Play and Learning*. Raleigh, NC: NC Partnership for Children. Retrieved January 29, 2008 from <http://store.ncsmartstart.net/chouengutopl.html>.

**National Scientific Council on the Developing Child.** (2006). *What science is telling*

*us*. Retrieved September 25, 2006 from [www.developingchild.net/news.shtml](http://www.developingchild.net/news.shtml).

**National Research Council.** (2001). *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press.

**National Research Council and Institute of Medicine.** (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

**National Scientific Council on the Developing Child.** (2007). *The science of early childhood development*. Retrieved January 19, 2008 from [www.developingchild.net/pubs/persp/pdf/Science\\_Early\\_Childhood\\_Development.pdf](http://www.developingchild.net/pubs/persp/pdf/Science_Early_Childhood_Development.pdf).

**Perry, B. D.** (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and mind. *Brain and Mind*, *3*, 79-100.

**Thompson, R.A.** (2001). Development in the first years of life. *The Future of Children*, *11* (1), 21-33.

**Trawick-Smith, J.** (2006). *Early childhood development: A multicultural perspective* (4th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

**Wittmer, D. S., & Petersen, S. H.** (2006). *Infant and toddler development and responsive program planning: A relationship-based approach*. Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

### Emotional and Social Development

**Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S.** (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.

**Bandura, A.** (1997). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.

**Belsky, J., Friedman, S. L., & Hsieh, K.** (2001). Testing a core emotion-regulation prediction: Does attentional persistence moderate the effect of infant negative emotionality on later development? *Child Development*, *72*, 123-133.

**Brazelton, T.B., & Sparrow, J. D.** (2006). *Touchpoints birth to 3: Your child’s emotional and behavioral development*. Cambridge ME: Da Capo Press.

**Bronson, M.B.** (2001). *Self-regulation in early childhood: Nature and nurture*. New York: Guilford Press.

**Brown, J. R., & Dunn, J.** (1996). Continuities in emotion understanding from 3 to 6 years. *Child Development, 67*, 789-802.

**Campbell, S.R., Spieker, S., Burchinal, M., Poe, M.D., & The NICHD Early Child Care Research Network** (2006). Trajectories of aggression from toddlerhood to age 9 predict academic and social functioning through age 12. *Journal of Child Psychology and Psychiatry, 47*, 791-800.

**Crockenberg, S., & Leerkes, E.** (2000). Infant social and emotional development in family context. In C. H. Zeanah, Jr. (Ed.), *Handbook of infant mental health* (2nd ed., pp. 60-90). New York: Guilford Press.

**Denham, S. A., Blair, K., Schmidt, M. & DeMulder, E.** (2002). Compromised emotional competence: Seeds of violence sown early? *American Journal of Orthopsychiatry, 72*, 70-82.

**Erikson, E. H.** (1963). *Childhood and society*. New York: W. W. Norton.

**Fogel, A.** (1993). *Developing through relationships: Origins of communication, self and culture*. New York: Harvester Wheatsheaf.

**Izard, C.E.** (2002). Emotion knowledge and emotion utilization facilitate school readiness. *Social policy report: Giving child and youth development knowledge away*. Vol. XVI, No. 3, Society for Research in Child Development.

**Jaffe, J., Beebe, B., Feldstein, S., Crown, C. L., & Jasnow, M.D.** (2001). Rhythms of dialogue in infancy. *Monographs of the Society for Research in Child Development, 66* (2), Serial No. 265.

**Kopp, C.B.** (2002). School readiness and regulatory processes. *Social policy report: Giving child and youth development knowledge away*. Vol. XVI, No. 3, Society for Research in Child Development.

**NICHD Early Child Care Research Network.** (2004). Trajectories of physical aggression from toddlerhood to middle childhood. *Monographs of the Society for Research in Child Development, 69* (4), Serial No. 278.

**Schore, A. N.** (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22* (1-2), 7-66.

**Sroufe, L. A.,** (2002). From infant attachment to promotion of adolescent autonomy: Prospective, longitudinal data on the role of parents in development. In J. G. Borkowski & S. L. Ramey

(Eds.), *Parenting and the child's world* (pp. 187-202). Mahwah, NJ: Erlbaum.

**Waters, E., Vaughn, B.E., Posada, G., & Kondo-Ikemura, K.** (Eds.). (1995). Caregiving, cultural, and cognitive perspectives on secure-base behavior and working models: New growing points of attachment theory and research. *Monographs of the Society for Research in Child Development, 60* (2-3), Serial No. 244.

**YMCA of the USA, Dartmouth Medical School, and Institute for American Values** (2003). *Hardwired to connect: The new scientific case for authoritative communities*. Washington, DC: Authors. Retrieved from www.americanvalues.org/html/hardwired.html.

**Zahn-Waxler, C., & Robinson, J.** (1995). Empathy and guilt: Early origins of feelings of responsibility. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions* (pp. 143-173). New York: Guilford Press.

**Zeanah, C.H., & Zeanah, P.D.** (2001). Toward a definition of infant mental health. *Zero to Three, 22*, 13-20

## Health and Physical Development

**Adolph, K. E.** (1997). Learning in the development of infant locomotion. *Monographs of the Society for Research in Child Development, 62* (3), Serial No. 251.

**Adolph, K. E., Vereijken, B., & Shrout, P.E.** (2003). What changes in infant walking and why. *Child Development, 74*, 495-497.

**Agran, P.F., Winn, D., Anderson, C., Trent, R., & Walton-Haynes, L.** (2001). Rates of pediatric and adolescent injuries by year of age. *Pediatrics, 108*, 345.

**Anders, T. F., Goodlin-Jones, B. L., & Zelenko, M.** (1998). Infant regulation and sleep-wake state development. *Zero to Three, 19* (2), 5-8.

**Birch, L. L., Fisher, J. O., & Davison, K. K.** (2003). Learning to overeat: Maternal use of restrictive feeding practices promotes girls' eating in the absence of hunger. *American Journal of Clinical Nutrition, 78*, 215-220.

**Bushnell, E.W., & Boudreau, J. P.** (1993). Motor development and the mind: The potential role of motor abilities as a determinant of aspects of perceptual development. *Child Development, 64*, 1005-1021.

**Campos, J. J., Anderson, D. I., Barbu-Roth, M.A., Hubbard, E. M., Hertenstein, J. J., & Witherington, D.** (2000). Travel broadens the mind. *Infancy, 1*, 149-219.

**Davis, K. F., Parker, K. P., & Montgomery, G. L.** (2004). Sleep in infants and young children: Part I: Normal sleep. *Journal of Pediatric Health Care, 18*, 65-71.

**Grantham-McGregor, S. M., Walker, S. P., & Chang, S.** (2001). Nutritional deficiencies and later behavioral development. *Proceedings of the Nutrition Society, 59*, 47-54.

**Gregory, A. M., & O'Connor T. G.** (2002). Sleep problems in childhood: A longitudinal study of developmental change and association with behavioral problems. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 964-971.

**Halpern, L. F. MacLean, W. E., & Baumeister, A. A.** (1995). Infant sleep-wake characteristics: Relation to neurological status and the prediction of developmental outcome. *Developmental Review, 15*, 255-291.

**Haywood, K., & Getchell, N.** (2001). *Life span motor development*. Champaign, IL: Human Kinetics.

**Marotz, L. R., Cross, M. Z., & Rush, J. M.** (2005). *Health, safety, and nutrition for the young child* (6th ed.). Clifton Park, NY: Thompson Delmar Learning.

**Matheny, A. P., Jr.** (1991). Children's unintentional injuries and gender: Differentiation and psychosocial aspects. *Children's Environment Quarterly, 8*, 51-61.

**Meyers, A., & Chawla, N.** (2000). Nutrition and the social, emotional, and cognitive development of infants and young children. *Zero to Three, 21* (1), 5-12.

**Morrongiello, B. A., Midgett, C., & Shields, R.** (2001). Don't run with scissors: Young children's knowledge of home safety rules. *Journal of Pediatric Psychology, 26*, 105-115.

**National Association for Sport and Physical Education** (2002). *Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years*. AAHPERD Publications, PO Box 385, Oxon Hill, MC 20750-0385.

**Pellegrini, A. D., & Smith, P. K.** (1998). Physical activity play: The nature and function of a neglected aspect of play. *Child Development, 69*, 577-598.



## Selected Bibliography (continued)

**Pollitt, E., Golub, M., Gorman, K., Grantham-McGregor, S., Levitsky, D., Schurch, B., et al.** (1996). A reconceptualization of the effects of undernutrition on children's biological, psychological, behavioral development. *SRCD Policy Report*, 10 (5). Ann Arbor, MI: Society for Research in Child Development.

**Roberts, S. B., & Heyman, M. B.** (2000). How to feed babies and toddlers in the 21st century. *Zero to Three*, 21 (1), 24-28.

**Sullivan, S.A., & Birch, L. L.** (1990). Pass the sugar, pass the salt: Experience dictates preference. *Developmental Psychology*, 26, 546-551.

**Thelen, E., & Corbetta, D.** (2002). Microdevelopment and dynamic systems: Applications to infant motor development. In N. Granott & J. Parziale (Eds.), *Microdevelopment: Transition processes in development and learning* (pp. 59-79). New York: Cambridge University Press.

**Wachs, T. D.** (1995). Relation of mild-to-moderate malnutrition to human development: Correlational studies. *Journal of nutrition supplement*, 125, 2245S-2254S.

### Approaches to Learning

**Bandura, A.** (1993). *Self-efficacy: The exercise of control*. New York: W. H. Freeman.

**Bono, M.A., & Stifter, C. A.** (2003). Maternal attention-directing strategies and infant focused attention during problem solving. *Infancy*, 4, 235-250.

**Bronfenbrenner, U.** (1993). The ecology of cognitive development: Research models and fugitive findings. In R. H. Wozniak & K. W. Fischer (Eds.), *Development in context: Acting and thinking in specific environments* (pp. 3-44). Hillsdale, NJ: Erlbaum.

**Carlson, S. M., & Moses, L. J.** (2001). Individual differences in inhibitory control and children's theory of mind. *Child Development*, 72, 1032-1053.

**Colombo, J.** (2004). Visual attention in infancy: Process and product in early cognitive development. In M.I. Posner (Ed.), *Cognitive neuroscience of attention* (pp. 329-341). New York: Guilford Press.

**Fein, G. C.** (1995). Infants in group care: Patterns of despair and detachment. *Early Childhood Research Quarterly*, 10, 261-275.

**Kavanaugh, R.D., & Engel, S.** (1998). The development of pretense and narrative in early childhood. In O. N. Saracho & B. Spodek (Eds.), *Multiple perspectives on play in early childhood education* (pp. 88-99). Albany: State University of New York Press.

**Keity, B., & Freund, M.** (2004). Mastery motivation: A framework for considering the "how" of infant and toddler learning. *Young Exceptional Children*, 8 (1), 2-10.

**Lowenfeld, V. & Brittain, W.** (1987). *Creative and mental growth* (8th ed.). New York: Macmillan.

**MacTurk, R. H. & Morgan, G. A.** (1995). *Mastery motivation: Origins, conceptualizations and applications*. Norwood, NJ: Ablex.

**Mayes, L. C., & Zigler, E.** (1992). An observational study of the affective concomitants of mastery in infants. *Journal of Child Psychology and Psychiatry*, 33, 659-667.

**Messer, D. J., McCarthy, M. E., McQuiston, S., MacTurk, R. H., Yarrow, L. J., & Vietze, P. M.** (1986). Relation between mastery behavior in infancy and competence in early childhood. *Developmental Psychology*, 22, 366-372.

**Piaget, J.** (1980). *Experiments in contradiction*. Chicago: University of Chicago Press.

**Silvén, M.** (2001). Attention in very young infants predicts learning of first words. *Infant Behavior and Development*, 24, 229-237.

**Trehub, S., Schellenberg, E., & Hikil, D.** (1997). The origins of music perception and cognition: A developmental perspective. In I. DeLige & J. Sloboda (Eds.), *Perception and cognition of music*. Hove, East Sussex, UK: Psychology Press.

### Language Development and Communication

**American Speech-Language-Hearing Association.** (1997-2007). *How does your child hear and talk?* Retrieved January 18, 2008 from <http://www.asha.org/public/speech/development/chart.htm>.

**Bloom, L., & Tinker, E.** (2001). The intentionality model and language acquisition: Engagement, effort, and the essential tension in development. *Monographs of the Society for Research in Child Development*, 69 (4), Serial No. 278.

**DeLoache, J.** (1996/1997). Shrinking trolls and expanding minds: How very young children

learn to understand and use symbols. *Zero to Three*, 17 (3), 10-16.

**Dickinson, D. K., & Neuman, S. B.** (Eds.). (2006). *Handbook of early literacy research, Volume 2*. New York: Guilford Press.

**Engle, S.** (1996/1997). The guy who went up the steep nicken: The emergence of storytelling during the first three years. *Zero to Three*, 17 (3), 1-9.

**Hart, B. & Risley, T. R.** (1995). *Meaningful differences in the everyday experiences of young American children*. Baltimore: Paul H. Brookes.

**Hollich, G. J., Hirsch-Pasek, K., & Golinkoff, R. M.** (2000). Breaking the language barrier: An emergentist coalition model for the origins of word learning. *Monographs of the Society for Research in Child Development*, 65 (3), Serial No. 262.

**Morrow, L. M.** (2005). *Literacy development in the early years: Helping children read and write* (5th ed.). Boston: Allyn and Bacon.

**National Early Literacy Panel.** (2006, March). *Findings from the National Early Literacy Panel: Providing a focus for early language and literacy development*. Presentation at the National Center for Family Literacy Annual Conference, Louisville, KY. Retrieved August 8, 2006 from <http://www.familit.org/ProgramsandInitiatives/FamilyPartnershipinReading/index.cfm>.

**Pierce, P., Abraham, L., Rosenkoetter, S., Summer, G., & Knapp-Philo, J.** (2008). Literacy development for professionals and children. In P. J. Winton, J. A. McCollum, & C. Catlett (Eds.), *Preparing and supporting effective professionals: Evidence and applications in early childhood and early intervention* (pp. 187-206). Washington, D.C.: Zero to Three Press.

**Rosenkotter, S., & Knapp-Philo, J.** (Eds.). (2006). *Learning to read the world*. Washington, DC: Zero to Three Press.

**Scarborough, H. S.** (2001). Connecting early language and literacy to later reading (dis)abilities: Evidence, theory, and practice. In S. B. Neuman & D. K. Dickinson (Eds.), *Handbook of early literacy research* (pp. 97-110). New York: Guilford Press.

**Sénéchal, M., LeFevre, J.A., Smith-Chant, B.L., & Colton, K.V.** (2001). On refining theoretical models of emergent literacy: The role of empirical evidence. *Journal of School Psychology*, 39(5), 439-460.

**Snow, C. E., Burns, M. S., & Griffin, P.** (Eds.). (1998). *Preventing reading difficulties in young children*. Washington, DC: National Academy Press.

**Strickland, D. S., & Shanahan, T.** (2004, March). What the research says about reading: Laying the groundwork for literacy. *Educational Leadership*, 61 (6), 74-77.

**Tabors, P. O.** (1997). *One child, two languages*. Baltimore, MD: Paul H. Brookes.

**Watson, R.** (2001). Literacy and oral language: Implications for early literacy acquisition. In S. B. Neuman & D. K. Dickinson (Eds.), *Handbook of early literacy research* (pp. 43-53). New York: Guilford Press.

**Whitehurst, G. J., & Lonigan, C. J.** (1998). Child development and emergent literacy. *Child Development*, 69, 848-872.

**Whitehurst, G. J., & Lonigan, C. J.** (2001). Emergent literacy: Development from prereaders to readers. In S. B. Neuman & D. K. Dickinson (Eds.), *Handbook of early literacy research* (pp. 11-29). New York: The Guilford Press.

## Cognitive Development

**Bialystok, E.** (2001). *Bilingualism in development: Language, literacy & cognition*. Cambridge, UK: Cambridge University Press.

**Bergen, D., & Mauer, D.** (2000). Symbolic play, phonological awareness, and literacy skills at three age levels. In K. A. Roskos & J. F. Christie (Eds.), *Play and literacy in early childhood: Research from multiple perspectives*. (pp. 45-62). Mahwah, NJ: Erlbaum.

**Carpenter, M., Nagell, K., & Tomasello, M.** (1998). Social cognition, joint attention, and communicative competence from 9 to 15 months of age. *Monographs of the Society for Research in Child Development*, 63 (4), Serial No. 255.

**Chen, Z., & Siegler, R. S.** (2000). Across the great divide: Bridging the gap between understanding of toddlers' and older children's thinking. *Monographs of the Society for Research in Child Development*, 65 (2), Serial No. 261.

**Colombo, J.** (1993). *Infant cognition: Predicting later intellectual functioning*. Newbury Park, CA: Sage Publications.

**DeLoache, J. S.** (2004). Becoming symbol-minded. *Trends in Cognitive Science*, 8 (2), 66-70.

**Gibson, E. J.** (2000). Perceptual learning in psychology: Some basic concepts. *Ecological Psychology*, 12, 295-302.

**Golomb, C.** (2004). *The child's creation of a pictorial world* (2nd ed.). Mahwah, NJ: Erlbaum.

**Gopnik, A., & Meltzoff, A. N.** (1992). Categorization and naming: Basic level sorting in eighteen-month-olds and its relation to language. *Child Development*, 63, 1091-1103.

**Lemerise, E. A., & Arsenio, W. F.** (2000). An integrated model of social processes and cognition in social information processing. *Child Development*, 71, 107-118.

**Mandler, J. M.** (1999). Representation. In D. Kuhn & R. S. Siegler (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (5th ed., pp. 255 - 308). New York: Wiley.

**Mandler, J. M., & McDonough, L.** (1998). On developing a knowledge base in infancy. *Developmental Psychology*, 34, 1274-1288.

**Piaget, J.** (1952). *The origins of intelligence in children*. New York: International Universities Press.

**Rogoff, B., Paradise, R., Arauz, R. M., Correa-Chavez, M., & Angelillo, C.** (2003). Firsthand learning through intent participation. *Annual Review of Psychology*, 54, 175-203.

**Rose, S.A., & Feldman, J. F.** (1997). Memory and speed: Their role in the relation of infant information processing to later IQ. *Child Development*, 68, 610-620.

**Rovee-Collier, C. K., & Barr, R.** (2001). Infant learning and memory. In G. Bremner & A. Fogel (Eds.), *Blackwell handbook of infant development*. Oxford, U.K.: Blackwell.

**Simcock, G., & Hayne, H.** (2003). Age-related changes in verbal and non-verbal memory during early childhood. *Developmental Psychology*, 39, 805-814.

**Vygotsky, Lev. S.** (1978). *Mind in society: The development of psychological processes*. Cambridge, MA: Harvard University Press.

**Waxman, S. R.** (2003). Links between object categorization and naming: Origins and emergence in human infants. In D. H. Rakison & L. M. Oakes (Eds.), *Early category and concept development: Making sense of the blooming, buzzing confusion* (pp. 193-209). New York: Oxford University Press.

## Selected Bibliography (continued)

### High Quality Programs and Practices

These resources describe best practices for infant and toddler care and education. The Task Force used them to write the “What to Do” sections and the examples illustrating high quality environments.

### Promoting Child Development and Learning

**Bredekamp, S., & Copple, C.** (Eds.). (1997). *Developmentally appropriate practice in early childhood programs: Revised edition*. Washington, DC: National Association for the Education of Young Children.

**Curtis, Deb and Carter, Margie** (2003). *Designs for Living and Learning*. St. Paul, MN: Redleaf Press.

**Dombro, A., Kolker, L., & Dodge, D.T.** (1999). *The creative curriculum for infants and toddlers*. Washington, DC: Teaching Strategies, Inc.

**Gonzalez-Mena, J., & Eyer, D. W.** (2004). *Infants, toddlers, and caregivers: A curriculum of respectful, responsive care and education* (6th ed.). Boston: McGraw-Hill.

**Harms, T., Cryer, D., & Clifford, R. M.** (2006). *Infant/toddler environment rating scale* (Rev. ed.). New York: Teachers College Press.

**Harms, T., Cryer, D., & Clifford, R. M.** (2007). *Family child care environment rating scale* (Rev. ed.). New York: Teachers College Press.

**Harms, T. & Clifford, R. M.** (1989). *Family day care rating scale*. New York: Teachers College Press.

**Honig, A. S.** (2002). *Secure relationships: Nurturing infant/toddler attachment in early care settings*. Washington, DC: National Association for the Education of Young Children.

**Hyson, M.** (2002). Emotional development and school readiness: Professional development. *Young Children*, 57 (6), 76-78.

**Isbell, R. T., & Raines, S. C.** (2007). *Creativity and the arts with young children* (2nd ed.). Clifton Park, NY: Thompson Delmar Learning.

**Isenberg, J. P., & Jalongo, M. R.** (2006). *Creative thinking and arts-based learning: Preschool through fourth grade* (4th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

**Lally, J.R., Griffin, A., Fenichel, E., Segal, M., Szanton, E., & Weissbourd, B.** (2003). *Caring for infants and toddlers in groups: Developmentally appropriate practice*. Arlington, VA: Zero to Three Press.

**Mallory, B. L., & New, R. S.** (Eds.) (1994). *Diversity and developmentally appropriate practices: Challenges for early childhood education*. New York: Teachers College Press.

**Mangione, P.** (Ed.). (1995). *Infant-toddler caregiving: A guide to cognitive development and learning*. Sacramento: California Department of Education.

**Milbourne, S. & Campbell, P.** (2007). CARA's Kit: *Creating adaptations for routines and activities*. Philadelphia, PA: Child and Family Research Programs, Thomas Jefferson University. Distributed by the Division of Early Childhood (DEC), Retrieved from [www.dec-sped.org](http://www.dec-sped.org).

**National Association for Family Child Care.** (2005). *Quality standards for NAFCC accreditation* (4th ed.). Retrieved from <http://www.nafcc.org/documents/QualStd.pdf>.

**National Association for the Education of Young Children.** (1995). *Responding to linguistic and cultural diversity: Recommendations for effective early childhood education*. Washington, D.C.: Author.

**National Association for the Education of Young Children.** (1998). *A caring place for your infant*. Washington, DC: Author

**National Association for the Education of Young Children.** (1997). *A caring place for your toddler*. Washington, DC: Author.

**National Association for the Education of Young Children.** (2005). *NAEYC early childhood program standards and accreditation criteria: The mark of quality in early childhood education*. Washington, DC: Author.

**Notari-Syversen, A., Maddox, M., & Cole, K.** (1999). *Language is the key: A multilingual language building program for young children. Accompanying videos: Talking and Books, Talking and Play*. Seattle, WA: Washington Research Institute.



**O'Brien, M.** (1997). *Inclusive care for infants and toddlers*. Baltimore, MD: Paul H. Brookes.

**Rosenkotter, S., & Barton, L. R.** (2002). Bridges to literacy: Early routines that promote later school success. *Zero to Three*, 22 (4), 33-38.

## Keeping Children Healthy and Safe

**American Academy of Pediatrics** (2001). The use and misuse of fruit juice in pediatrics. *Pediatrics*, 107, 1210-1213.

**American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care.** (2002). *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care programs* (2nd ed.). Elk Grove Village, IL: American Academy of Pediatrics.

**American Academy of Pediatrics, Committee on Public Education** (1999). Media education. *Pediatrics*, 104, 341-342.

**American Society for Testing and Materials** (2005). *ASTM designation F2373: Standard consumer safety performance specification for public use play equipment for children 6 months through 23 months*. West Choshohocken, PA: Author.

**California Childcare Health Program** (2006). *Nutrition and physical activity*. San Francisco: Author. Retrieved from [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

**California Childcare Health Program.** (2006). *School readiness and health*. San Francisco: Author. Retrieved from [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

**Committee on Nutrition, American Academy of Pediatrics.** (2004). Food sensitivity. In R. E. Kleinman (Ed.), *Pediatric Nutrition Handbook* (5th ed., p. 593). Elk Grove Village, IL: American Academy of Pediatrics.

**Green, M., & Palfrey, J.S.** (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents* (2nd ed., rev.). Arlington, VA: National Center for Education in Maternal and Child Health.

**Kriajicek, M. J., Hertzberg, D. L., Sandall, S.R., & Anastasiow, N.** (2004). *Handbook for the care of infant, toddlers, and young children with disabilities and chronic conditions* (2nd ed.). Austin, TX: Pro-Ed, Inc.

**National Association for Sport and Physical Education, an association of the American Alliance for Health, Physical Education, Recreation and Dance.** (2002). *Active start: A statement of physical activity guidelines for children birth to five years*. Reston, VA: Author.

**Patrick, K., Spear, B, Holt, K., & Sofka, D.** (Eds.). (2001). *Bright futures in practice: Physical activity*. Arlington, VA: National Center for Education in Maternal and Child Health.

**Sanders, S.** (2002). *Active for life: Developmentally appropriate movement programs for young children*. Washington, DC: National Association for the Education of Young Children.

**Story, M., Holt, K., & Sofka D.** (Eds.). (2002). *Bright futures in practice: Nutrition* (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health.

**Task Force on Sudden Infant Death Syndrome.** (2005). The changing concept of sudden infant death syndrome: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*, 116, 1245-1255.

**U.S. Department of Agriculture.** (n.d.). *Feeding infants: A guide for use in the child nutrition programs*. Retrieved from [http://www.fns.usda.gov/tn/Resources/feeding\\_infants.pdf](http://www.fns.usda.gov/tn/Resources/feeding_infants.pdf).

## Early Learning Guidelines, Standards, and Developmental Milestones

The Task Force used these resources to make sure the guidelines are realistic for infants, young toddlers, and older toddlers. This list includes early learning guidelines from other states and resources that identify milestones of typical development.

**Allen, K. E., & Marotz, L.R.** (2007). *Developmental profiles: Pre-birth through twelve*. (5th ed.). Albany, NY: Thomson Delmar Learning.

**Allen, S.G.** (2006). *Child development red flags*. Retrieved from [www.healthychild.net/articles/sh39redflag.html](http://www.healthychild.net/articles/sh39redflag.html).

**Arkansas Department of Human Services.** (2002). *Arkansas framework for infant and toddler care*. Retrieved from <http://www.arkansas.gov/childcare/generalpdf/infantframework.pdf>.

**Bright from the Start, Georgia Department of Early Care and Learning.** (2006). *Georgia early learning standards*. Retrieved from [www.dec.state.ga.us](http://www.dec.state.ga.us).

**Dombro, A., Kolker, L., & Dodge, D.T.** (1999). *The creative curriculum for infants and toddlers*. Washington, DC: Teaching Strategies, Inc.

**Florida Partnership for School Readiness.** (2004). *Florida birth to three learning and developmental standards*. Retrieved from [http://www.floridajobs.org/earlylearning/downloads/pdf/birth\\_to\\_3book.pdf](http://www.floridajobs.org/earlylearning/downloads/pdf/birth_to_3book.pdf).

**Greenspan, S. I., Prizant, B.M., Weatherby, A., & First Signs, Inc.** (2004). *Is your baby meeting these important milestones? Key social, emotional, and communication milestones for your baby's healthy development*. Retrieved from <http://www.firstsigns.org/healthydev/milestones.htm>.

**High/Scope.** (2002). *Child observation record for infants and toddlers*. Ypsilanti, MI: High/Scope Press.

**Iowa Department of Education and Iowa Department of Human Services.** (2006). *Iowa early learning standards*. Retrieved from [http://www.iowa.gov/educate/index.php?option=com\\_content&task=view&id=681&Itemid=805](http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=681&Itemid=805)

**Kagan, S. L., Britto, P. R., Kaerz, K., & Tarant, K.** (2005). *Washington state early learning and development benchmarks*. Retrieved from <http://www.k12.wa.us/EarlyLearning/pubdocs/EarlyLearningBenchmarks.pdf>.

**Kansas State Department of Education.** (2006). *Kansas early learning guidelines: a developmental sequence building the foundation for successful children*. Retrieved from <http://www.ksde.org/Default.aspx?tabid=1741>.

**Kaplan Company and the Chapel Hill Training and Outreach Project, Inc.** (2002). *The Early Learning Accomplishment Profile*, (3rd ed.), Lewisville, NC.

**Kentucky Department of Education.** (2006). *Building a strong foundation for school success: Kentucky's early learning standards*. Retrieved from <http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/Building+a+Strong+Foundation+for+School+Success+S+eries.htm>.

**Lally, J.R., Griffin, A., Fenichel, E., Segal, M., Szanton, E., & Weissbourd, B.** (2003).

*Caring for infants and toddlers in groups: Developmentally appropriate practice.* Arlington, VA: Zero to Three Press.

**Linder, T.** (1993). *Transdisciplinary play-based assessment.* Baltimore, MD: Paul H. Brookes.

**Miller, K.** (2001). *Ages and stages: Developmental descriptions and activities, birth through eight years.* Chelsea, MA: Telshare Publishing Company.

**National Center on Birth Defects and Developmental Disabilities.** (2007). *Learn the signs. Act early.* Retrieved from <http://www.cdc.gov/ncbddd/autism/ActEarly/default.htm>.

**NC Department of Public Instruction, Early Childhood Section and Exceptional Children's Preschool Program** (2004). *Foundations: Early learning standards for North Carolina preschoolers and strategies for guiding their success.* Raleigh: NC Office of Curriculum and School Reform Services. Retrieved from [www.dpi.state.nc.us/success](http://www.dpi.state.nc.us/success).

**Nebraska Department of Education and Nebraska Health and Human Services System.** (2006). *Nebraska early learning guidelines for ages birth to 3.* Retrieved from [www.nde.state.ne.us/ECH/ECH.html](http://www.nde.state.ne.us/ECH/ECH.html).

**New Zealand Ministry of Education.** (2006). *Te Whariki - Early Childhood Curriculum.* Retrieved from <http://www.minedu.govt.nz/index.cfm?layout=document&documentid=3567&data=1>.

**State of Maryland, Department of Human Resources, Child Care Administration.** (2007). *Guidelines for healthy child development and care for young children (Birth-3 years of age).* Retrieved from [www.dhr.state.md.us/ccs/pdfs/guidechild.pdf](http://www.dhr.state.md.us/ccs/pdfs/guidechild.pdf).

**Tennessee Department of Education.** (2004). *Tennessee early childhood/ early learning developmental standards.* Retrieved from <http://www.state.tn.us/education/ci/earlychildhood/>.

## History and Background

These resources help to explain why these guidelines were developed and how they will be useful.

**Child Care Services Association.** (2006). *Who's caring for our babies? A profile of early care and education for children birth to three in North Carolina.* Retrieved January 8, 2008 from [http://www.childcareservices.org/\\_downloads/research/ITStateReport.pdf](http://www.childcareservices.org/_downloads/research/ITStateReport.pdf).

**Early Childhood Outcomes Center** (2005). *Family and child outcomes for early intervention and early childhood special education.* Retrieved from [www.the-eco-center.org](http://www.the-eco-center.org).

**National Association for the Education of Young Children** (2002). *Early learning standards: Creating the conditions for success.* Washington, DC: Author. Retrieved from [http://www.naeyc.org/about/positions/learning\\_standards.asp](http://www.naeyc.org/about/positions/learning_standards.asp).

**National Education Goals Panel.** (1995). *Reconsidering children's early development and learning: Toward common views and vocabulary.* Goal 1 Technical Planning Group. S. L. Kagan, E. Moore, & S. Bredekamp (Eds.). Washington, DC: U.S. Government Printing Office.

**Scott-Little, C., Kagan, S. L., & Frelow, V.** (2006). Conceptualization of readiness and the content of early learning standards: The intersection of policy and research? *Early Childhood Research Quarterly, 21*, 153-173.

**Scott-Little, C., & Maxwell, K.** (2000). *School readiness in North Carolina: Strategies for defining, measuring and promoting success for all children.* Greensboro, NC: UNCG Regional Educational Laboratory at SERVE.

**Wesley, P.W., & Ryan, A.** (2005). *Children with special needs in North Carolina child care programs survey report.* Chapel Hill: The University of North Carolina, FPG Child Development Center, Partnerships for Inclusion.