



INFANT/TODDLER LEARNING & DEVELOPMENT PROGRAM GUIDELINES

2ND EDITION



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A Message from the State Superintendent of Public Instruction

I am pleased to present the second edition of the *California Infant/Toddler Learning and Development Program Guidelines*, an important publication that provides program administrators, teachers, and college instructors with guidance on the essential elements of high-quality infant/toddler care programs.

We know that 90 percent of brain development occurs before the age of five. It is so important that our education resources promote a healthy start for our children, meeting their needs in the communities where they live. This publication responds to a need for a common understanding of high-quality early learning and care across a broad spectrum of programs and communities.

We also know that in order to close the achievement gap, California needs to increase access to early learning and care programs to promote and engage young children in learning as early as possible. Our teachers, including those working with our youngest learners, cannot be expected to do this alone. We must provide high-quality evidence-based and practice-based professional development to ensure that they have the tools and training needed. We must invest in our teachers to invest in our children.

First and foremost, this publication is for infant/toddler program directors. But it will also be useful to infant care teachers, families, community members, and policymakers. It complements and builds upon policies adopted by the State Board of Education and recent publications by the California Department of Education's Early Learning and Care Division. It presents a broad picture of high-quality infant/toddler care, based on the most recent research available, and will strengthen our ability to meet the needs of children and families in California's diverse infant/toddler settings and communities.

TONY THURMOND

State Superintendent of Public Instruction

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Early Childhood Education Stakeholder Organizations

Baccalaureate Pathways in Early Care and Education (BPECE)
California Association for Bilingual Education (CABE)
California Child Development Administrators Association (CCDAA)
California Commission on Teacher Credentialing
California Community Colleges Chancellor's Office (CCCCO)
California County Superintendents Educational Services Association (CCSESA)
California Head Start Association (CHSA)
California Kindergarten Association
California Association of Professors of Early Childhood Special Education (CAPECSE)
California State Parent Teacher Association (CAPTA)
California Teachers Association
Californians for Quality Early Learning (CQEL)
Californians Together
Children Now
CSU Northridge, AS Children's Center (CCSUCC)
Curriculum & Instruction Steering Committee (CISC)
Curriculum Alignment Project (CAP)/(CCCECE)
First 5 California
Migrant Education Even Start (MEES)
Migrant Head Start
National Council of La Raza (NCLR) (formerly known as UnidosUS)
Professional Association of Childhood Education (PACE)
Special Education Administrators of County Offices (SEACO) Committee
Special Education Local Plan Area (SELPA) Administrators of California
The Children's Collabrium
The Tribal Child Care Association of California (TCCAC)

Invited as Observers:

California Early Childhood Mentor Program
Child Development Training Consortium (CDTC)
Desired Results Training and Technical Assistance Project
Desired Results Access Project
Faculty Initiative Project

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Covina Child Development Center

Hope Preschool

Little Munchkins Academy

Little Sweet Peas

Marin Head Start, 5th Avenue Early Head Start

Marin Head Start, Indian Valley Campus

Martinez Early Childhood Center

Merced College Child Development Center

Mills College Children's School

Napa Valley College, Child Development Center

Solano Community College Children's Programs

The Cameron School

The McCarthy Family Child Development & Training Center, College of the Desert

The Presidio Child Development Center

University of California, Berkeley, Dwight Way Child Development Center

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Willow Street School House

Wu Yee Children's Center





Introduction

Infant/toddler early learning and care programs can have an enduring, positive impact on the development and well-being of California's youngest children. The first three years of life are a time of rapid brain development and amazing learning. The quality of early experiences influences a young child's ability to form positive relationships with adults and other children, to use language to communicate and express ideas with an ever-increasing vocabulary, to regulate emotions and behavior, and to engage in learning with purpose, attention, and creativity.

Families with infants and toddlers rely on group care programs to partner with them to provide high-quality early learning and care for their children. Parents and family members want the best for their young children. They hope their babies' first steps are on a path to a successful life. Together with families, infant/toddler early learning and care programs can work to ensure that *all*¹ infants and toddlers have the kind of experiences that will make a positive difference in their lives.

At the heart of the baby's experiences are healthy relationships with nurturing adults. Infants and toddlers need to feel emotionally secure in every significant relationship they have. They thrive when



they have secure attachments with their parents and other family members at home, and with their teachers in the infant/toddler program. High-quality infant/toddler programs organize care to provide each child a special relationship experience away from home as the program also establishes warm, supportive relationships with the child's family and connects with the child's life at home.

First and foremost, this publication is for infant/toddler program directors. It will also offer useful information to infant care teachers, families, community members, and policymakers. The vision of care in this publication stems from research on both early childhood development and collaboration with families. Part One gives an overview of research and best practices,

1 Whenever infants, toddlers, babies, or children are mentioned in this publication, the intention is to refer to all children. In some places the word *all* is used to emphasize the inclusive perspective presented in this publication.



focusing on collaboration with families, insights into early learning and development, the role of the infant care **teacher**, program leadership and administration, and support for infant/toddler dual language learners. Part Two presents guidelines for high-quality early learning and care addressing the full range of factors that contribute to quality.

Need for Program Guidelines

This publication responds to the need for a common understanding of high-quality early learning and care across a broad spectrum of programs and communities. Infant/toddler programs serve diverse linguistic and cultural communities in California. Each program must adapt its approach to its own community of children and families while providing early learning and care that reflects research and best practices. Research clearly shows that the

quality of early learning and care matters. Early learning and care leaders throughout California are working to promote quality improvement by building systems to support training and coaching that lead to measurable changes in practice. Ultimately, this work aspires to enhance the learning, development, and success of all young children and set them on a path that helps them meet California's high expectations for all children throughout the preschool, elementary, and secondary school years.

The guidelines in Part Two present a broad picture of high-quality practices for meeting the needs of diverse infant/toddler program settings, families, and communities. Although the guidelines are not mandatory, they represent the best practices based on current scientific information on early childhood learning and development and are strongly recommended by the California Department of Education for all infant/toddler programs.

Program directors and infant/toddler care teachers are drawn to the early learning and care profession to make significant and enduring impacts on the lives of young children and their families. Doing their job well requires a commitment to learning about early childhood development and applying that knowledge in caring for children and families. Programs need to encourage intentional practice rooted in a respectful openness to diverse children and families, observation of children's learning and development, and reflection on the effects of program policies and practices on the children and families



they serve. Just as important, for program directors and teachers to be successful, they must reflect on their own perspectives, experiences, assumptions, and biases as a first step in understanding the lives of the children and families in their care. To support intentional, reflective practice, this publication does not prescribe exactly what should be happening in a program or specifically what should be taught and what methods should be used. Rather, it proposes principles and practices for infant/toddler programs to use in supporting the diverse strengths of young children and families, developing caring relationships with them, and facilitating reflective, collaborative engagement in learning.

A Day-to-Day Vision of Quality

Infants and toddlers thrive in places where they can feel secure, express their emotions and drive to learn, and build their competence. They rely on adults for nurturance and guidance as they learn. When infants and toddlers receive care from adults who provide a secure attachment that meets their emotional and physical needs, those relationships become a base for exploration and discovery. They learn from being in close relationships in many different ways during the first three years of life. For example:

- A two-month-old infant who is hungry or tired relies on a caring adult to read her cues and meet her needs.
- A teacher repeats a song or finger play after a five-month-old looks into her eyes and coos, as if he is asking her to keep the experience going.
- A teacher, noticing the interest of a thirteen-month-old who is pointing at a picture in a book, labels the picture for the child.
- A fifteen-month-old actively explores in a safe and interesting environment



organized by his teacher, who is attuned to his developmental capabilities.

- A twenty-two-month-old with asthma and her family feel reassured by the treatment of her teacher, who knows how to give medication and communicates regularly with the family about the child's special health needs.
- A two-year-old whose family's primary language is different from the teacher's feels comforted when the teacher says to her one or two familiar words in her family's language.
- A thirty-month-old whose family is going through a major crisis expresses anger or sadness and learns that she can trust her teacher to help her with difficult feelings.

Program Policies, Practices, and Professional Development

Program policies and practices that support the development of positive relationships—in particular, relationships between both teachers and families



and teachers and children—provide the foundation for high-quality early learning and care. Some examples of policies and practices are as follows:

- Primary care
- Small groups
- Continuity of caregiving relationships
- Safe, interesting, and developmentally engaging environments and materials
- Inclusion of children with disabilities or other delays
- Responsive care that respects cultural and linguistic diversity
- Curriculum that is responsive to individual children’s interests, needs, and developmental abilities

The professional development of teachers also enhances program quality. Teachers develop professionally through

education, study, experience, reflection on practice, training, onsite coaching, and ongoing communication with children’s families. Professional development can lead to changes in teachers’ perspectives and approaches in the following ways:

- Teachers deepen their understanding of how to be responsive to young children and to support children’s learning and development.
- Teachers learn the importance of being emotionally and physically available to young children and their families and interacting in a warm, sensitive, predictable manner.
- Teachers learn how to respond to individual interests, strengths, family experiences, diverse cultural perspectives and languages, and different approaches to learning.

Teaching and Caring

Adults who care for infants and toddlers spend every moment both teaching and caring.² In centers and family child care homes, early childhood professionals are simultaneously caregivers and teachers, as their work affects infants’ health,

2 The word *adult* is used to identify the role of the adult, including a teenage parent who takes on adult responsibilities as a parent.



safety, development, and learning. They attentively care for a child's well-being as they discover ways to support the individual child's curiosity, play, and exploration. What to name this complex role is a challenge. This publication uses the term *infant care teacher*³ to emphasize the comprehensive nature of providing care and facilitating early learning and development. Infant care teachers treat caregiving routines as learning opportunities for the infant and set the stage for learning by providing developmentally appropriate, safe, inclusive, and engaging learning environments. They also introduce materials, make comments, offer suggestions, and ask questions of children based on observation and study of the children's learning and development.

Organization of the Content

This publication is divided into two parts:

- **Part One—Setting the Stage for Program Quality**
- **Part Two—Program Guidelines**

Part One, Setting the Stage for Program Quality, consists of chapters 1–5. Chapter 1 focuses on developing programs with families. The chapter describes how all infants and toddlers enter early learning and care programs as newly developing members of their families, cultures, and communities. Important throughout childhood, the family's involvement in the development and care of their children is especially intense during the infant/toddler years. This publication recognizes the family's funda-

mental role by emphasizing the building of partnerships with families in developing and operating infant/toddler programs.

Chapter 2 summarizes current research on early learning and development, including brain development, addressing key insights that provide guidance on how to nurture infants and toddlers. The summary examines the latest information on the impact of early relationships on the well-being and development of young children. It considers both the vulnerability and competence of infants and toddlers and how biological predispositions and experience dynamically work together to influence the course of development.

Chapter 3 describes the role of the teacher. It gives an overview of the teacher as a reflective, intentional practitioner who forms close, caring relationships with young children and their families. It also explores ways to support children's well-being and facilitate their learning and development.

Chapter 4 addresses program leadership and administration. Program leadership and administration are essential in all settings—infant/toddler centers where a director often leads the program and family child care homes where the provider leads the program. A broad range of topics are considered, including supporting the professional development of teachers, reflective practice, supervision, mentorship, program policies that promote quality, reflective curriculum, community relations, and administrative concerns.

Teaching and Caring Occur Together from the Beginning of Life

Infants learn the rhythms of speech, gestures, social rules, and the meaning of facial expressions from adults during the first months of life. Every moment in which an adult provides care to a young infant is a moment rich with learning. Above all, young infants learn how people respond to their communication and behavior. For example, when an adult responds to an infant who is crying due to hunger, the infant not only experiences the satisfaction of being fed but also learns that his crying brings a response from an adult.

3 An *infant care teacher* is defined as an adult with care and education responsibilities who interacts directly with children in infant/toddler programs. When the word *teacher* is used in this publication, it refers to an *infant care teacher*.



Chapter 5 focuses on supporting infants and toddlers who are dual language learners (DLLs).⁴ This chapter begins with an overview of current research on the development of children who experience more than one language during infancy. It then offers a comprehensive look at ways to support DLLs from birth to age three. Among the topics covered are approaches to teaching and caring for DLLs, assessment, family engagement, young DLLs with disabilities or other delays, and professional development of teachers.

Part Two, Program Guidelines, consists of chapter 6 that presents guidelines for operating infant/toddler programs. Practices that best support infants and toddlers who are DLLs, as well as children with disabilities or other delays, are addressed throughout the following 10 guidelines:

1. Aspiring to be a high-quality program
 2. Addressing culture, diversity, and equity
-
4. *Dual language learners* are infants and toddlers learning two or more languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language.

3. Supporting relationships, interactions, and guidance
4. Engaging families and communities
5. Including children with disabilities or other delays
6. Promoting health, safety, and nutrition
7. Assessing children's learning and development
8. Planning the learning environment and curriculum
9. Supporting professionalism and continuous learning
10. Administering programs and supervising staff

The guidelines and examples in chapter 6 offer clear directions on the best practices for infant/toddler care professionals. This material draws on current research and on the collective professional experience of California's numerous early childhood educators who have contributed to the creation of the California Early Learning and Development System. The guidelines represent a solid foundation on which to build high-quality infant/toddler programs for California's future.



Related Publications

This publication is a resource to use in conjunction with other CDE publications that support early childhood education

professionals. Since the publication of the first edition of the *Infant/Toddler Learning & Development Program Guidelines* in 2006, the CDE Early Learning and Care Division (formerly called the Early Education and Support Division or the Child Development Division) developed the California Early Learning and Development System. The system provides early childhood education professionals with an integrated set of programs, publications, and initiatives based on state-of-the-art science of early learning and development and best practices in education. Each component of the system provides resources that focus on a different aspect of supporting early childhood educators and links to the resources of every other component. The following section provides an overview of the components of the California Early Learning and Development System,

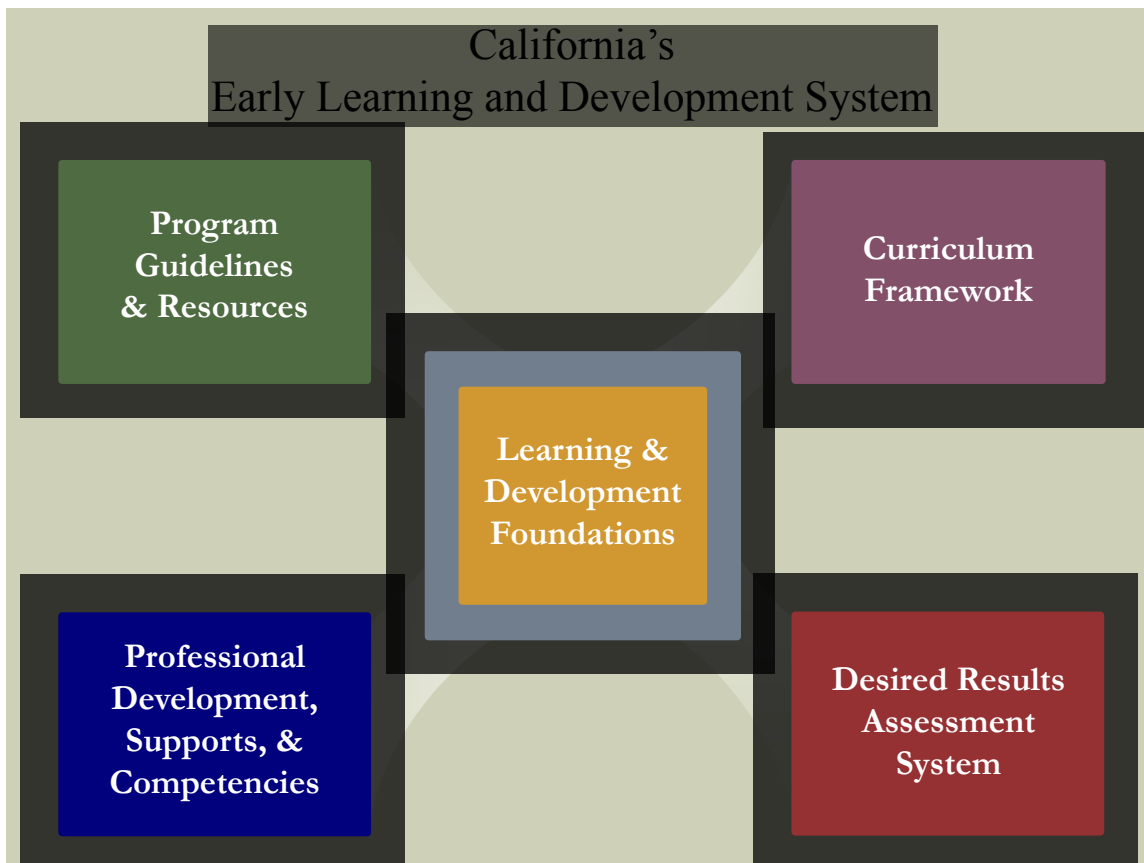
highlighting those resources in the system that support infant/toddler programs.

As seen in figure I-1, at the center of California’s Early Learning and Development System are the Learning and Development Foundations. There are four main components of the system that are aligned to the foundations: Program Guidelines and Other Resources; Curriculum Framework, which guides how to support children’s learning and development described in the foundations; Desired Results Assessment System; and Professional Development, Supports, and Competencies.

1. California Learning and Development Foundations

At the center of the California Early Learning and Development System are the California infant/toddler and pre-school learning foundations. The infant/

Figure I-1. California’s Early Learning and Development System



Source: California Department of Education, Early Learning and Care Division (ELCD)

toddler foundations describe competencies—knowledge and skills that all children typically learn from birth to age three with appropriate support. Four domains of early learning and development are addressed: Social–Emotional Development, Language Development, Cognitive Development, and Perceptual and Motor Development. Taken together, the foundations present a comprehensive view of what infants and toddlers learn through communicating and interacting with others, through exploring and making discoveries in thoughtfully designed learning environments supplied with engaging and appropriately challenging materials, and through participating in care routines. Essentially, the foundations describe major areas of learning in which intentional teaching and caring can support the developmental progress of infants and toddlers.

2. California Curriculum Frameworks

California’s curriculum frameworks offer guidance on how teachers and programs can support the learning and development described in the foundations, through environments, routines, interactions, and teaching strategies that are developmentally appropriate as well as individually and culturally meaningful and connected. In the field of early education, the CDE created the *California Infant/Toddler Curriculum Framework* (CDE 2012b) and the three-volume *California Preschool Curriculum Framework* (2010b, 2011, and 2013a). The infant/toddler curriculum framework focuses on the four domains included in the infant/toddler learning and development foundations—Social–Emotional Development, Language Development, Cognitive Development, and Perceptual and Motor Development. Curriculum strategies for each domain are complemented by an integrated approach across domains to planning learning environments and experiences. The framework

delineates a reflective curriculum-planning process that teachers can use to facilitate the learning and development of children both individually and in small groups.

3. Program Guidelines and Other Resources

In addition to this publication, the California Early Learning and Development System also includes:

- *California Preschool Program Guidelines* (CDE 2015);
- *Guidelines for Early Learning in Child Care Home Settings* (CDE 2010a);
- *Preschool English Learners: Principles and Practices to Promote Language, Literacy, and Learning* (CDE 2009b);
- *Inclusion Works!* (CDE 2009a);
- *California Striving Readers Comprehensive Literacy Plan: A Guidance Document* (CDE 2013b); and
- *The Alignment of the California Preschool Learning Foundations with Key Early Education Resources* (CDE 2012a).

The following publications in the system recommend policies and practices that help more specifically with creating high-quality infant/toddler programs.

Guidelines for Early Learning in Child Care Home Settings. As an adaptation of the original *Prekindergarten Learning and Development Guidelines* (CDE 2000), *Guidelines for Early Learning in Child Care Home Settings* (CDE 2010a) helps home-based child care providers offer high-quality early learning and care experiences to children and their families. The publication covers topics such as identifying the roles and relationships involved in home-based child care; creating safe, inclusive environments that foster learning and development; implementing developmentally appropriate curriculum;

promoting professional development for home-based providers; and considering various factors when infants and toddlers receive care in mixed-age group settings.

Inclusion Works! This publication provides information and proven strategies for promoting belonging and inclusion for all children. Building on research and the experience of years of effective implementation, the handbook contains stories and examples, as well as background information and resources that support strategies for successful inclusion. Suggestions are provided on adapting the environment, along with examples of inclusive strategies. A glossary and appendices make this handbook a practical tool for care providers.

The Alignment of the California Preschool Learning Foundations with Key Early Education Resources: California Infant/Toddler Learning and Development Foundations, California Content Standards, the Common Core State Standards, and Head Start Child Development and Early Learning Framework. This publication presents the developmental continuum of learning for children from birth through kindergarten. It shows the connections among the nine domains of the *California Preschool Learning Foundations* (CDE 2008, 2010c, 2012c) and the content of the other important resources. This alignment demonstrates that early learning is a significant part of the educational system and that the knowledge and skills of young children are foundational to all future learning. Of note is the alignment of the preschool learning foundations with the infant/toddler learning and development foundations. The vertical alignment between the areas of learning and development at the infant/toddler and preschool levels supports children's transition from infant/toddler care to preschool and provides for continuity in the building of children's knowledge and skills across those settings.

4. Professional Development, Supports, and Competencies

Professional development is provided through the state's extensive higher education system, the Program for Infant/Toddler Care (PITC), and other CDE activities. The *California Early Childhood Educator (ECE) Competencies* describe educators' knowledge and skills and inform professional development learning outcomes.

California Early Childhood Educator Competencies. The *California Early Childhood Educator Competencies* (California Department of Education and First 5 California 2012) serve several inter-related purposes. First, the competencies provide coherent structure and content to foster the professional development of California's early childhood workforce. Second, they inform the course of study that early childhood educators follow as they pursue higher education. Third, they provide guidance in the definition of ECE credentials and certifications. And fourth, they give comprehensive descriptions of the knowledge, skills, and dispositions that early childhood educators need to support young children's learning and development across program types. The competencies were developed for early childhood educators and for individuals responsible for ECE professional development—such as higher-education faculty, training organizations and consultants, and human resources departments of large agencies that provide early learning and care services.

5. Desired Results Assessment System

The Desired Results assessment system is designed to document the progress made by children and families in reaching desired results and provides information to help practitioners improve child care and development services. Desired Results for Children and Families are the outcomes

(or results) that California promotes for all children and families.

Closing Thoughts

This publication, combined with the other resources of the California Early Learning and Development System, provides a comprehensive vision of high-quality infant/toddler programs to those who contribute to the care and education of infants and toddlers. The foundation for high-quality early learning and care programs is a partnership between each child's family and teachers who are supported to be reflective, intentional practitioners. At the heart of high-quality early learning and care programs are relationships—between the families and the program, between families and teachers, between teachers and children, between teachers, and between program leaders and teachers. Program leaders have an extraordinary opportunity to establish an organizational climate that promotes responsive relationships throughout their programs and reflective engagement in every relationship. Program leaders who inspire the development of such programs will offer early learning and care experiences that enhance the well-being and long-term success of California's diverse infants and toddlers.



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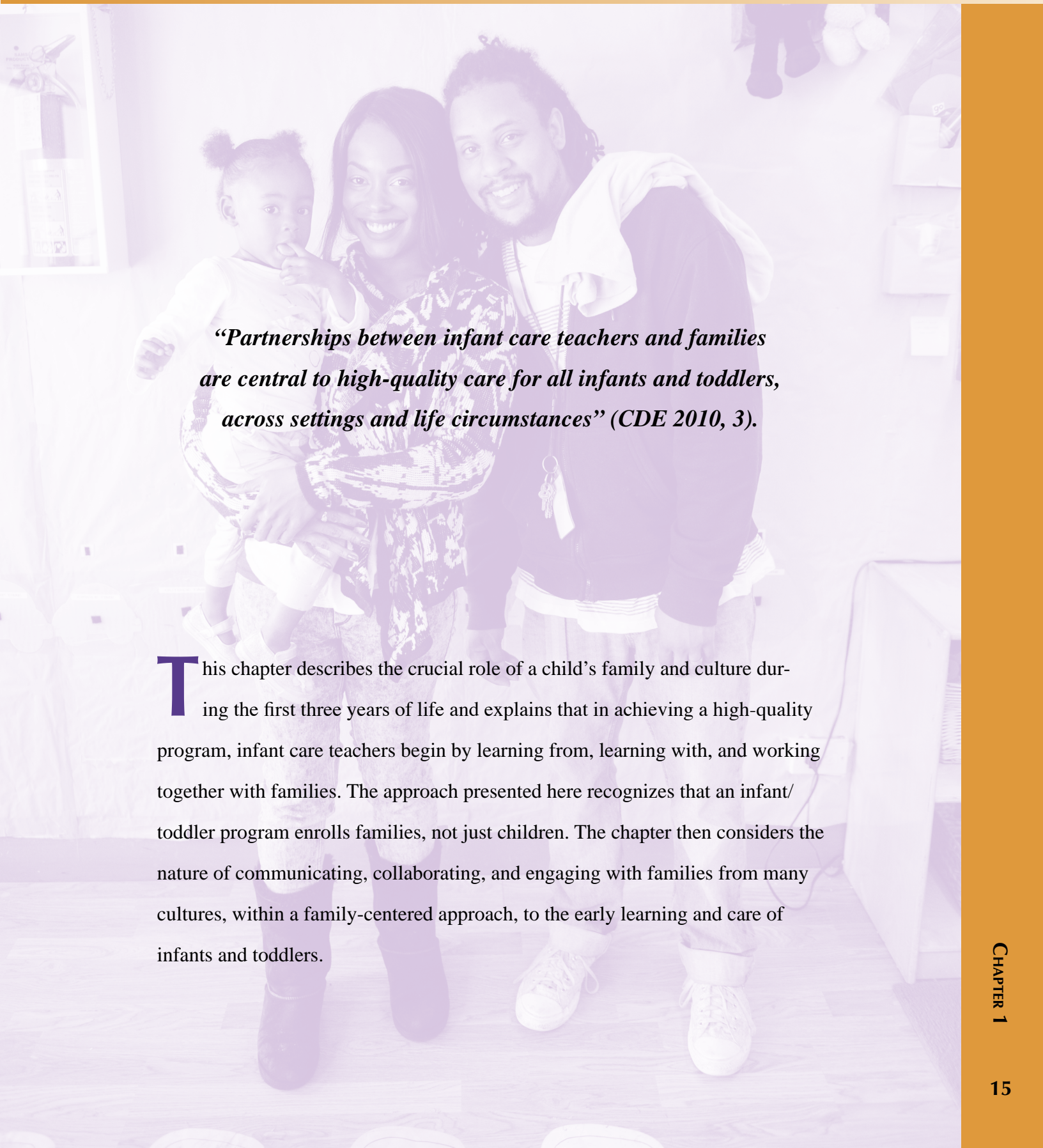


Part One: Setting the Stage for Program Quality





The Development of Programs with Families



“Partnerships between infant care teachers and families are central to high-quality care for all infants and toddlers, across settings and life circumstances” (CDE 2010, 3).

This chapter describes the crucial role of a child’s family and culture during the first three years of life and explains that in achieving a high-quality program, infant care teachers begin by learning from, learning with, and working together with families. The approach presented here recognizes that an infant/toddler program enrolls families, not just children. The chapter then considers the nature of communicating, collaborating, and engaging with families from many cultures, within a family-centered approach, to the early learning and care of infants and toddlers.

Families, Culture, and Communities

Children are not islands. They are intimately connected with their families and cultures. Children and their families each have a significant influence on the other, each learning and growing through their relationships and interactions with each other. The child is learning ways of being, communicating, expressing ideas and feelings, and building relationships in their family, culture, and community. The family is learning about their child's temperament and personality, energy level, ways of communicating, and learning styles. Likewise, cultural communities both influence and are influenced by families' practices and beliefs related to young children.



The family's influence on the learning and development of an infant or toddler surpasses all other influences

Family relationships have more influence on a child's learning, development, and identity than any other relationships. Family members know him better than anyone else. They know his usual way of approaching things, what his interests are, how he likes to interact, how he is comforted, and how he learns. Family members understand his strengths and unique

characteristics. Just as important, the child's relationships with family members shape the way he experiences relationships outside the home.

"What young children learn, how they react to events and people around them, and what they expect from themselves and others are deeply affected by their relationships with parents, the behavior of parents, and the environment of the homes in which they live" (Shonkoff and Phillips 2000, 226).

A young child's sense of identity is strongly influenced by the family. Families continuously contribute to children's knowledge of who they are and who their family is. In addition to building each child's sense of self, families have essential information about their children that is invaluable to teachers. Families know the child's and family's history and significant events, the child's personality, routines and schedules, important relationships, style of exploring and learning, ways of communicating, disabilities, and health history.

Each child's family has goals, values, and expectations for the early learning and care of their child. Learning this important family knowledge is key in supporting the healthy psychological and physical growth of infants and toddlers. Building authentic partnerships between teachers and families characterized by respect and two-way communication builds the platform for this valuable sharing of information. This kind of partnership, collaboration, and authentic two-way communication goes beyond traditional "parent involvement," which is more teacher-driven and defined.

"Transformative approaches to **family engagement** focus on the strengths of parents, building parents' capacity, and see families, educators and community leaders as equal partners with a shared voice in student learning" (Thompson 2014, 1).

Families' cultural priorities are revealed in their behavior and language.



This is particularly important in understanding families whose **home language** is not English. Because language relates a child's experiences and reflects familial ways of living and thinking (Boroditsky 2011), recognizing the important role of the home language in an infant's development should be central to teacher-family interactions.

An essential role of the infant care teacher is actively promoting the attachment between a child and her parent(s). Talking to her about her parent(s), showing her photos, acknowledging that she loves, misses, and thinks about her

parent(s) during the day all let her know that you understand how important the relationship is. Equally important is letting the parents know about their child's day, sharing updates and information about the day, communicating moments when their child is thinking about them, and recognizing the loving interactions you see between the child and parent.

Highlighting the child's strengths and discoveries is especially important if the



child has disabilities or other delays, as the family may have previously experienced a focus on only the child's delays or developmental concerns. Or the child's disability or other special need may have influenced her self-expression and engagement through eye contact, smiling, or other forms of communication. Family members are often attuned to the unique communication styles of their child with a disability or other special need. Partnering closely with the family can build the child's trust in and comfort with the infant care teacher.

In cases where the infant care teacher is not able to communicate in the family's home language, a person should be identified for translating or assisting with interpreting both verbal and written information. Parents appreciate efforts by staff to communicate with them in their primary language.

Remember that in many families there are more than one or two people who are important to the child. Learning about each child's unique family, particularly the family members and others who care for the child, can help support the child's significant relationships. When a child has a disability or other delay, early interventionists may also have a role in this care process. The teacher is the bridge connecting the child and family during the day. The more the teacher partners with the

family in supporting attachment with their child, the more successful the child will be in the program.

This collaborative relationship between families and teachers benefits children in many ways. The quality of the relationship, the ease of two-way communication, and the mutual respect of expertise not only gives both families and teachers needed information to provide the best care and education for the child, it communicates to the child that his world is working in synchrony. The more respect and comfort shared between families and teachers, the more comfortable and secure the child is. The more valued the child's family is, the more valued the child feels.

Cultural perspectives on nurturing young children

Families, like their children, are not islands; they are interconnected with cultural communities. Each family has beliefs, values, and expectations for their children that are rooted in cultural traditions yet reflect the unique perspective of that family. Culture also influences families' perspectives and approaches to supporting children with disabilities or other delays. No two families follow cultural rules in exactly the same way, and most families are connected to and influenced by multiple cultures.



Williams and De Gaetano (1985) describe culture as a way of life of a group of people, including shared views of the world and social realities, values and beliefs, roles and relationships, and patterns or standards of behavior. Through culture children gain a sense of identity, a feeling of belonging, and beliefs about what is important in

life. Much cultural knowledge is transmitted implicitly. “Before the start of formal education, children begin to acquire competencies and skills that the cultural group considers important for maturation and independence as an adult. Sometimes this is conveyed directly through **intentional teaching** by the family. More often these skills are absorbed indirectly through select experiences provided in family life. For example, an older child may learn to take care of a younger one just by watching her mother or an older sibling” (CDE 2016, 24).

We include cultural communities as a sphere of influence. First, there are cultural differences in styles of social interaction. Therefore, the particular patterning of individual behaviors in a responsive and reciprocal interaction may be different in adult–child pairings from different cultural backgrounds. Second, the pervasive influence of racism, prejudice, and discrimination in American society means that many families from historically marginalized communities have responded by developing adaptive cultures. Cynthia Garcia-Coll and her colleagues describe ‘adaptive culture’ as a group of goals, values, attitudes, and behaviors that set families and children of color apart from the dominant culture.

Both the adaptive culture and the dominant culture influence the social context of a child’s development (Garcia-Coll et al. 1996). One likely influence of the dominant culture is implicit bias. For example, recent research indicates that, when expecting challenging behaviors, preschool teachers tend to focus more attention on African-American boys than on other children in the group (Gilliam et al. 2016). This research points to the importance of reflective practice as a way for teachers to become aware of the influence of their own cultural perspectives and biases.

Even without explicit instruction, children often learn from their families

what is right and wrong, how to care for themselves and others, how to show love, how to communicate, how to deal with feelings, and what to celebrate, eat, and wear. Children raised exclusively in their home culture learn those lessons almost effortlessly. The first time a person encounters others who were not raised with the same cultural norms, there can be feelings of confusion, discomfort, curiosity, and judgement; each of us comes to know our system as “right.” This can be uncomfortable for both children and adults when it happens. This is our challenge and opportunity in building nurturing relationships with children and families. Not only do many children and families have to navigate an unfamiliar cultural context when they begin care, but educators are asked to use this opportunity for self-reflection on their own cultural influences as well.

A person’s approach to nurturing infants and toddlers reflects one’s values. “Every aspect of how parents and teachers care for, educate, and think about young



children is embedded in cultural perspectives and beliefs. How you respond when children cry, how you decide it is time for them to eat, what you define as healthy and as sick, what you believe are appropriate clothes to wear, how you express love, what you expect to do for children, and what you expect them to do on their own are examples of the millions of ways that culture affects who we are as people, parents, and teachers” (Keyser 2017, 23). Values that are familiar may be experienced as “natural,” whereas other values that are unfamiliar are considered “different” or “wrong.”

If an educator begins to feel uncomfortable with a family’s practice with their child or with the family’s request for a certain type of care, it is an opportunity for the educator to think about their own values and how the family’s values might be equally important and relevant in their own cultural context. When one begins to learn about other cultures, it is important to “suspend judgment”—that is, to separate understanding of each culture from judgments of its values. “If judgments of values are necessary, as they often are, they will thereby be much better informed if they are suspended long enough to gain some understanding of the patterns involved in one’s own familiar ways as well as in the sometimes surprising ways of other communities” (Rogoff 2003, 14). If

teachers can use these situations to grow in their own understanding and appreciation of multiple perspectives, they have the opportunity to more deeply understand their own and others’ cultural influences.

Learning about others’ cultures takes time, interest, respect, communication, and observation. Since many of our cultural beliefs are learned implicitly, we may not be experienced in articulating them. When a parent picks up her child from the blanket and hands him to you to say goodbye, she may not be able to say, “I feel more comfortable knowing that I am physically giving you my baby to care for when I leave. I can’t just leave when he is alone on the floor.” This is your chance to pick up on the parent’s cue and make sure you either hold the baby for goodbye or ask the parent next time, “Would you like me to hold Leo so he can say goodbye to you?” When we ask parents to write down their ‘cultural practices’ on intake forms, they often do not know what to write or even what this means. One effective way to learn about and uncover cultural practices is to ask parents about common routines and to respectfully probe more deeply if the routines are different from routines of the early learning and care culture (Tonyan 2015).

The early childhood profession in the United States has historically emphasized that young children be set on a path toward



independence and encouraged to care for themselves as early as possible. The common practice of encouraging older babies to feed themselves reflects the profession's emphasis on independence, while many families value **interdependence** more than independence. This value can be observed in the ways children are taught to help one another and to respect the needs of others (such as staying at the table until everyone is finished). Early learning and care programs have begun to modify program practices and policies to weave the concepts of both interdependence and independence into the fabric of care.

There may be times when you cannot incorporate a family's request or preference for care into your own practice in caring for children. In this case you can still let the child and family know that you respect the family's practice. For example, you might say to the child: "I know you love to sleep in your swing at home. Your papa tells me how contented you are sleeping there. At school I will help you nap, too. We can rock a little, and then I'll put you in your comfy bed and pat your back." You might say to the parent: "Thanks Tomas, for letting me know how you help Benji sleep at home. It may take him a few days to learn a new way to go to sleep here, but I'll be sure to help him with a little extra rocking at first while he is learning, so it won't feel so different, and we can check in every day to see how it is going."

Each family and each individual interpret culture uniquely. While learning about the culture of one family may offer you some understanding of another family, do not assume that families who identify with the same cultural name are the same. It is essential that you maintain an open, interested demeanor with each individual and family so that you can learn their unique culture. As educators, if we can learn that there are many different success-

ful ways to care for and educate children, we can collaborate with our parent partners to more deeply understand a diversity of cultural perspectives through dialogue, listening, collaboration, and sensitive observation. It is important that we engage in this cultural exchange with each parent and family, knowing that no two families live their culture in exactly the same way.

Language and culture

Another crucial aspect of family and culture is home language. Language is an important transmitter of culture and an essential component of a child's identity. "The support of language acquisition by the cultural group is one of its key accomplishments and a principal means through which **cultural transmission** occurs. Language is important not only because it is a means of social connection and communication, but also because it represents an important way to learn about the culture and reinforce **group identity**" (CDE 2016, 24). Jones and Lorenzo-Hubert (2008, 12) articulate four key constructs related to language and culture:

1. Culture defines language, and language is shaped by culture.
2. Language is a symbol of cultural and personal identity.
3. Cultural groups have different worldviews based on the shared experiences that influence their various languages.
4. Language is the medium by which culture is transmitted from generation to generation.

While it is important for programs to prioritize hiring teachers who share families' home languages, programs and educators that do not represent all of the languages spoken by children and families can still implement policies and strategies to support and honor children's home lan-

guages. Written materials can be translated into the languages of families in the program, translators can be hired to support communication, and technology can be incorporated through the use of translation programs to offer parents and teachers a platform for sharing observations, questions, and information with each other.

Teachers can ask families and translators to teach them strategic words from the child's and family's vocabulary. Even without being fluent, teachers can communicate that they value the child's home language and see the family as a valued resource. Inviting parents to use their home language in the care setting, to read to children, or to do activities in their home language can convey to families that their culture and language are seen as an important part of the curriculum. It also shows children that home languages have power and are important in the culture of the program.

Using a **strengths-based approach** educators can support **parent engagement** with linguistically diverse families by inviting parents and families to share “information about their home language use, methods they use to promote children's learning and development, family strengths and challenges, and goals for their children's education and for parent development and advancement” (Barreco, Smith, and Stephens 2015, 10). Most importantly, programs need to communicate to children and families that their home language and culture are seen as assets to children and the program.

Children and families nested in communities

In addition to their cultural connections, families also participate in communities. In fact, infants, toddlers, and their families develop within a set of “nested” communities, each one influencing the child's development and identity. These communities may include neighborhoods, towns, places of worship, infant/toddler programs, and schools. Each community has its own nested cultures, and each has an influence on the family and the child.

Communities can be a source of strength for families and their children by providing support and resources. For instance, neighbors in a community may provide friendship and emotional support to one another, celebrate family events, and help families cope with stress. A community may have available prenatal and health care, nutrition, and early intervention services—all of which help children as they develop.

Infant/toddler programs represent an important kind of supportive community for families and their young children. They are communities where infants and toddlers spend large amounts of time, learn, and develop significant relationships with adults and other children. “Furthermore,



children’s daily experiences and teachers’ practices in child care appear to be deeply rooted in social, cultural, and historical values of a specific community. Individual communities might vary significantly in the particular goals that they hold for the children, and tailor their child care practices to nurture these goals” (Wishard et al. 2003, 31). For these communities to work well, families must be respected, have a sense of belonging, and be engaged in reciprocal relationships where they both offer and receive support from the community.

When an infant enters an infant/toddler program’s community, both the infant and the family experience dramatic changes in their lives. Usually for the first time, the infant is faced with the challenges of learning a new environment, different routines, and new relationships. The family members, too, must make a significant adjustment—sharing their child’s care with someone outside the family.

Building Partnerships Between Programs and Families

An infant/toddler program is a system of relationships (Rinaldi 2003). Within this system, the relationship between the family and the program is key to the program’s relationship with the child. Through a welcoming relationship with the family, the child’s teachers begin to understand the family’s perspectives, strengths, needs, routines, hopes, and expectations. This understanding helps teachers to appreciate not only who the child is but also the child’s experience of the world.

Within a system of relationships, the relationship between the family and the teacher is key. For a family, the experience of entering an infant/toddler setting may be highly emotional. Family members usually have anxiety about the separation from their child and may feel conflicted

about leaving their child. For many families these feelings and experiences can often be intensified if the family does not see their language, ethnicity, or culture represented in the program. They can also be intensified if a child has a disability or other delay.



All families feel protective of their child and want the best for her. Their beliefs about what is right for their children reflect their culture, their family context, and their unique relationships with their child. They may feel unsure what to expect from the infant/toddler program or what kind of relationship they will have with the program. For a child with a disability or other delay, in addition to concerns about acceptance or belonging, there may be intense feelings or protective urges associated with the child’s health, safety, development, or other areas of vulnerability.

The nature of relationships between programs and families have undergone significant changes. Historically teachers have seen their role with parents as providing parent education and parent involvement opportunities, both of which are teacher-driven and defined, and are more deficit-driven than strengths-based. Currently there are several more strengths-

based and collaborative approaches to the program–family relationship, including: **family-centered care**, **transformative family engagement** and pedagogical approach from educators in Reggio Emilia, Italy, who believe that “the participation of the families is just as essential as is the participation of children and educators” (Edwards, Gandini, and Forman 1998, 21).

Family-centered care

Family-centered care proposes a strengths-based approach to the relationship between programs and families in which families and teachers recognize and respect one another’s knowledge and expertise, share information through two-way communication, share power and decision-making, acknowledge and respect diversity, and create networks of support (Keyser 2017).

Family-centered care recognizes that children, families, and programs can benefit from the expertise and perspective of both the family and the teacher, and that listening, two-way communication, collaboration, and partnership lead to shared decision-making in the child’s early learning and care. To authentically engage with families, teachers must continually do the reflective work of recognizing their own cultural assumptions and beliefs. Family-centered care asks educators “to do some of the most important and immediate work around diversity issues” (Keyser 2017, 22), as children in their care are building their identity as part of their family, culture, ethnicity, socioeconomic level, and language group.

In addition to culture, ethnicity, and language, it is important to learn the di-

versity of the child’s family structure and roles when welcoming children and their families into the program. It is important when thinking about children’s families not to make assumptions. Henderson and Mapp (2002, 10) highlight the importance of family by recognizing that “all family members, siblings, grandparents, aunts, uncles, and fictive kin who may be friends or neighbors, often contribute in significant ways to children’s education and development.”



It is important to let a family give you information about who the important people are and what their relationships are to each other and to the child. Questions like, “Tell me about your family?” and “Who are the important people in your child’s life?” will be more useful than, “What is the mother’s name?” and “What is the father’s name?”

Family-centered care also recognizes the teacher’s and program’s role in participating in and helping to build networks and sustainable communities of support for families. These communities can provide support to families years after they leave the infant/toddler program.

Family engagement

The concept of family engagement

(versus parent involvement) recognizes all members of a child's family (not just parents) and emphasizes the importance of the reciprocal relationship between families and schools. Program staff must be aware that family participation in both the program and the home can take on many forms and depends on the unique characteristics of each family (Halgunseth et al. 2009).

Family engagement occurs when there is an ongoing, reciprocal, and strengths-based partnership between families and their children's Early Childhood Education (ECE) programs (Halgunseth et al. 2009). Principles of family engagement include: encouraging and validating family participation in decision-making related to their children's education; consistent, two-way

communication through multiple forms that are responsive to a family's linguistic preference; collaboration and exchange of knowledge; collaboration between families and programs in creating learning activities in the home and community; creation of a home environment that values learning; collaboration between families and teachers in establishing home and school goals for children; and support and training for education professionals in creating a comprehensive system for promoting family engagement (Halgunseth et al. 2009). When a child is receiving services for a disability or other delay, it is helpful for program administrators and teachers to talk with the family about how the specialized service providers will be able to share pertinent information with the program.



Relational family engagement, a new approach to family engagement, emphasizes **reflective practice** as a tool in deepening the relationships in early childhood programs. Virmani, Wiese, and Mangione (2017, 97) state: “We define relational family engagement as family engagement that is anchored in intentionally attending to the emotional quality of interactions, with the understanding that parent child relationships and teacher child relationships are at

program enables teachers and parents to practice and develop the skills that deepen their dialogue and create a broader understanding of their children.

A related goal of relational family engagement is supporting program administrators and staff in using authentic dialogue with families in a way that creates regular opportunities for reflection about their children’s learning and development and co-construction of their partnership in promoting the child’s learning. Programs can draw upon the knowledge they gather to inform activities they plan for parents and families. Relational family engagement is central to effectively engaging culturally and linguistically diverse families as active contributors to their children’s lifelong success as learners (Virmani, Wiese, and Mangione 2017).

Family educator partnerships

There are several organizations and approaches that feature authentic parent–teacher collaborations and partnerships. The Head Start Parent, Family, and Community Engagement Framework defines these Family Engagement Outcomes: family well-being, positive parent–child relationships, families as lifelong teachers, families as learners, family engagement in transitions, family connections to peers and community, and families as advocates and leaders (U.S. Department of Health and Human Services 2011).

The teachers in Reggio Emilia, Italy, also support the idea that family engagement, collaboration, and the sharing of mutual expertise strengthen the program for children, families, and teachers. “The ideas and skills that the families bring to the school and, even more importantly, the exchange of ideas between parents and teachers favors the development of a new way of educating, and helps teachers to view the participation of families not as a threat but as an intrinsic element of collegiality and

Complex Feelings

Bonita steps into the room and looks around. Maria, the teacher she’s talked with before, is heading toward her. She has a nice smile. “This is it,” Bonita thinks. “No choice. I have to be at work in twenty minutes.” Maria greets both Bonita and the small, awake bundle in her arms. After chatting briefly with Maria, Bonita says, “Well, I have to go.” As she hands her baby, Amos, to Maria, she adds, “And you know when you feed him, well, I mean after you feed him, he burps more easily if you first lean him forward on your knee. I guess I told you that, or showed you, but when you do it, he likes the pats lower down on his back, and it’s more sort of a rub-pat. Oh, I’m not really liking this ...” Her voice cracks. Maria says, “No, of course not, this is a hard, hard thing. I do remember a lot of what you told me and showed me about Amos, and I think Amos is already good about showing what he wants and likes.” Bonita looks sad and says, “I know he’ll be OK.” Maria looks at her warmly and answers, “We’ll talk when you come back, and I’ll tell you what I saw and did, and you can tell me more about Amos. You can call and check on him if you’d like. We’ll be thinking about you, Amos and I.”

the center of children’s positive long term developmental and learning outcomes.”

Reflective practice also increases teachers’ ability to reflect on their own practices and beliefs, including mindful self-regulation (Heller and Gilkerson 2009). This goal of implementing reflective practice in all relationships in an ECE



Struggles and challenges in building partnerships

There are times when teachers struggle to find a way to respect and build trust with a family. The teacher may feel like family members are not trying, do not understand their child, are not responsive to their child's cues, or care for their child in inappropriate ways. At the same

time that a teacher needs to determine if the child is safe, it is also important to understand the family along both a developmental and cultural continuum. When we think about child development, we expect an infant to go through certain steps in learning. We do not expect him to walk before he can turn over.

as the integration of different wisdoms” (Edwards, Gandini, and Forman 1998).
When families and teachers truly collaborate, each can provide invaluable resources to each other. Parents help deepen a teacher's understanding of their child through providing information, perspectives, family culture, history, and context, and can challenge teachers to expand their own definitions of the teaching and learning process. Teachers can also provide unique resources to parents by offering them another lens through which to view their child.

If we think about families along a similar developmental continuum, we may be better able to partner with them from a strengths-based perspective. For example, if a family is not reading their child's cues, but is clearly excited to have a baby, you could acknowledge the love, “It is so clear how much you love your baby. I can see it in your eyes,” and you could make a small observation, “I notice when you move from one side of the stroller to the other that Sammy is watching you carefully. He is so observant.” In this way you are using a strengths-based approach to leverage a new perspective for the parent.
Shared observations and reflective dialogue can enable parents and teachers to see the subtle developmental changes that the child is experiencing, and to see the child as a competent, self-motivated, and resourceful researcher, and offer a glimpse into the important questions the child is asking—even when the child's behavior is challenging. For example, when a parent shares an observation of their infant reaching and stretching for a toy and then digging her feet in, but not yet able to crawl, the teacher can acknowledge how carefully the parent was observing and how resourceful the infant is by trying so many ways to get the toy—reaching, stretching, and digging with her feet. Using family and teacher observations to discuss and understand the child values the expertise of both.

Sometimes, differences of opinion arise between the infant/toddler program and a family about how to care for children. Addressing these differences often provides opportunities for teachers to learn and grow together with families. Teachers need to initiate conversations with family members to learn family members' thoughts about caring for the child. Even

time that a teacher needs to determine if the child is safe, it is also important to understand the family along both a developmental and cultural continuum. When we think about child development, we expect an infant to go through certain steps in learning. We do not expect him to walk before he can turn over.

Even

when a family belongs to the same cultural community as the teacher, the teacher's perspective may differ from the family's, as each person interprets cultural rules and expectations differently.

When issues come up involving cultural differences, educators can use the three-step procedure of Acknowledge, Ask, and Adapt. To acknowledge is to communicate awareness of the issue, to convey sincere interest and responsiveness, and to involve the family in seeking a joint solution. To ask is to learn about the parent's precise point of view by restating what the parent is saying, and paying attention to both verbal and nonverbal responses. To adapt is to work with family members toward a solution by searching for areas of common agreement and negotiating on the important issues (adapted from Virmani and Mangione 2013, 72–5).

Resolving a difference

In one infant/toddler center, babies would arrive with amulets and medicine bags hanging around their necks for health reasons. The staff members decided to remove those items while the babies were at the center so the babies would not be strangled. The staff members did not think the amulets served a purpose, but the parents felt strongly that they must remain on the babies throughout the day. Finally, after much discussion, the parents and staff members managed to hear each other. Instead of forbidding the babies to wear preventative or curative bags around their necks, they found ways to attach the bags to the babies' clothes so that the bags would not present a potential strangling hazard and the babies could still wear their amulets.

Open, respectful communication helps the teacher bridge children's experiences in the program with their experiences at home. When a teacher becomes aware of different beliefs, values, practices, or

communication styles, open and respectful communication with the family is especially important. This type of communication means being thoughtful and willing to share one's own beliefs and values without imposing them on the family. It also means learning the beliefs and values of family members without judging them. Through conversations with the family, the teacher may discover ways of adapting so that the child's experiences in the infant/toddler setting closely connect with experiences at home.

When working with children with disabilities or other delays, it is important to establish a partnership between the teacher, parent(s), and specialized service providers so that each party sees themselves as co-specialists. When a child has a disability or other delay, differing opinions, perspectives, or protective urges may be magnified due to the child's or family's previous experiences with medical settings, early intervention, etc. Teachers may also experience heightened protective urges in these situations. There may be additional perspectives of professionals or specialized service providers (early intervention, medical, etc.) in the family's life who will also be involved in the child care setting.

The following strategies for building collaboration and engagement promote a strengths-based approach to partnerships with families:

- Build trust and relationships
 - Being responsive to family interests early in the relationship helps build trust. In programs based on relationships with families, teachers seek and value the family as the best source of information about the child (such as temperament, strengths, interests, or needs). Family members often enjoy talking with someone who knows and appreciates their

child's unique personality and sense of humor. This connection between families and teachers can be one of joy and humor as they share stories about children's activities at home and in the care setting. When concerns do arise, the existing relationship provides a natural transition for talking about the child as the family member and the teacher know and come to trust each other more by this time and have already developed some trust.



- Create a welcoming environment
 - When setting up your environment, look at it both through the eyes of an infant and also through the eyes of a family. Is there low, comfortable furniture where families can sit with or near their children to observe? Are there places for parents to put their things? Do families see reflections of

themselves, their cultures and ethnicities, and their languages and families in the photos, signs, books, and artifacts? Have you invited families to bring in photos and family artifacts to share in the care environment?

- In a review of why families become involved (in children's programs), Hoover Dempsey et al. (2005) found that "how welcoming the program is" was one of the most influential indicators of family engagement.

Programs can strive to become more welcoming in a number of ways, ranging from staff greeting families at the door, to hanging signs so that families can navigate the building more easily, to establishing a "family room" where families can mingle and find information on child development or the educational program. To ensure that all families feel welcome, programs can incorporate role models from diverse backgrounds and celebrate the cultures of all members of the program community. Intangible benefits that result from a welcoming environment, such as feelings of acceptance and appreciation, are also important for promoting partnerships with families (Con-



stantino 2008). In addition to making an effort to welcome all families in your environment, it is also important to observe, assess, and listen to how successful you have been. Do families spend time talking with each other and the staff? Do they seem comfortable in different areas of your program? Do they take initiative to read to or play with children when they are in the care setting?

- Engage in reflective practice with parents
 - Partner with families in the mutual sharing of observations about children. Think together about what questions children might be asking in their play and what they might be learning. Leverage the parent’s perspective about the child, how she learns, and the goals the family has for her to better understand how you can partner with the parent and child in learning. “Every time families interface with practitioners is an opportunity to reflect with the family about what it is they see and notice about their child’s learning” (Virmani and Mangione 2013).
- Engage in reflective practice in all relationships in the program
- Commit to reflective practice as a program
 - Reflective practice requires a commitment from the program and administrators for teachers to reflect on their own experiences and their own assumptions, beliefs, and values.
 - If the ultimate aim is to engage families meaningfully in their children’s learning and, more specifically, support them in developing secure, stable relationships with their children, then program directors and site supervisors need to start by engaging staff in respectful, responsive interactions, such

that staff can do the same with each other and with the families they work with. This process is often referred to as “**parallel process**” and follows the concept that “as we are nurtured, so we are enabled to nurture” (Heller and Gilkerson 2009, 11).

- When mental health consultants or other specialized service providers, such as early interventionists, are working with the program, they may also provide support in reflective practice.
- Encourage two-way/multi-way communication from the beginning
 - Communicate to families the importance of sharing with you their knowledge, experience, perspective, and information about their child and family.
 - Let them know that sharing the information they have about their child, family, culture, and language will help you be a better teacher for their child.
 - Let them know you are listening by including things you have learned from the family when talking and interacting with them and their child.
 - Invite families to give you feedback and suggestions.
 - When families share a new, different, or even conflicting viewpoint, ask them to tell you more so you can more deeply understand their values.
 - For children who are receiving early intervention services, coordinated planning and communication with families and early interventionists are especially important.
- Learn about family, culture, and language—one family at a time
 - Use a variety of venues and strategies to learn about a child’s family and culture.

- Spend time with family members in the program and in their home (when possible), observing their style of care, interaction, and education with their child. There are many things you can observe and learn about values and culture that are not always directly expressed.
- Offer a variety of ways for parents to communicate with the program. Some parents are more comfortable with spontaneous conversations in the parking lot or hallway than they are in the care setting or the director's



office. Some will be more relaxed talking to the teacher when there is another family member present. Some will be able to share their ideas in the large group after talking with other parents in a small group. Some parents are more comfortable texting or emailing than talking in person.

- Ensure that there is adequate space

available to speak with family members in private for more sensitive conversations.

- Emphasize nonverbal communication when serving DLL families. If parents see that you are warm and sensitive to their child and that the child responds to you, it will go a long way in bridging the communi-



cation divide. Although all parents appreciate a teacher's efforts to serve their child, for DLL families, the nonverbal quality of the educator-child relationship is something that they will especially value and understand.

- Ensure that any written material provided to parents is available in their primary language. Make efforts to have interpreters and translators available when needed.

Closing Thoughts

Learning and development happen within the context of the relationships children have with their families and their teachers, and the relationships between their families and teachers. Parents and teachers play a central role in their children's learning and development. The

quality of interactions between parents and children, teachers and children, and parents and teachers matters (Virmani and Mangione 2013).

The relationships children form in their early years are critical to successful learning and development throughout their lives. The secure and stable relationships that children form with their parents help to set the stage for children's sound mental health, motivation to learn, and achievement in school and later life (NSCDC 2004).

These relationships all happen in the context of culture(s), home language, and communities. The family and its culture and language play a central role in early learning and development (CDE 2009).

Culturally responsive practices are essential in early learning settings to form authentic partnerships with families that promote children's development. Specific knowledge of the child's cultural or multicultural background and life at home can be the key to effective teaching and learning (CDE 2016).



Educators of young children have the opportunity to engage with the family, culture, language, and community when building programs and developing relationships. Learning how to build authentic collaboration, two-way communication, reflective practice, and strong communities of support with families enables teachers to honor and leverage the resources and multiple perspectives of the parent community. This dialogue and rich exchange of information offer both families and teachers the opportunity to deepen their understanding of children and of the teaching and learning process.

Recent child development research described in the next chapter sketches a picture of infants and toddlers as motivated learners who actively seek relationships with adults. The usefulness of insights from this research is greatly enhanced by information from the child's family and culture, and completes the picture of the individual child.

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Insights into Early Learning and Development



Infants and toddlers are motivated to seek relationships and explore the world with curiosity and energy. From these powerful motivations, development proceeds and is integrated across the social–emotional, language, cognitive, and perceptual and motor domains. Learning in different developmental domains often occurs at the same time, and young children may quickly shift their focus from one type of learning to another. Infants and toddlers actively seek to make discoveries and understand the world of people and things. They strive to learn to communicate and deepen their relationships with the adults who care for them. Most importantly, they rely on those adults to keep them safe and help them develop a sense of physical and emotional security that allows them to explore and learn confidently.

Discoveries

Two-year-old Graciela tries going down the slide by herself for the first time, and Jake races up after her. She remembers her teacher telling another child, “Use your words. Say, ‘My turn.’” She then turns to Jake and says, “My turn,” as she scoots down the slide. At the bottom she sees a ball, and Jake cries out, “Mine!” She tries rolling the ball up the slide to him, but it simply rolls back down. They both find this funny, and it turns into a game, with Graciela rolling the ball up, and Jake trying to catch it before it rolls back. Their teacher watches and smiles, saying, “You’re playing with the ball together! And look, the ball keeps rolling down!” Graciela has made some important discoveries about her ability to master her movement, her new way of using language, and her competence in handling new social situations while learning that objects do not roll uphill.

During the first three years of life, children constantly change as they move through three stages of development. From birth to eight or nine months of age, children form their first expectations about emotional security and the predictability of the people who care for them. From about eight months to sixteen or eighteen months of age, they use their emerging abilities to move and explore their environment, with caring adults as a secure base for exploration. Older infants, eighteen to thirty-six months of age, express their developing identity through words such

as “me,” “mine,” and “no,” while relying on adults with whom they are in secure relationships to care for and guide them (Lally and Mangione 2017).

Although all children go through the major stages of infancy, no two children do it the same way. Each child is born with a unique combination of strengths, abilities, and temperament traits, along with an amazing potential to learn and develop. Research on early brain development has illuminated how biological potential and the child’s environment interact to shape who the child is and the unique way she develops.

Five major insights have emerged from research on early learning and development:



1. Infants and toddlers experience rapid brain development.
2. Infants and toddlers learn and develop in the context of important relationships.
3. Infants and toddlers are competent.
4. Infants and toddlers are vulnerable.
5. Infants and toddlers are a dynamic blend of biological predispositions and experience.

Learning about these five insights can help programs and infant care teachers facilitate young children’s learning and development. This chapter summarizes pertinent research and offers ideas on how to use this information in early learning and care programs.

Insight 1: Infants and Toddlers Experience Rapid Brain Development.

The human brain begins developing in the first few weeks after conception, and continues to develop throughout life (Stiles and Jernigan 2010). Prenatally and during the first few years of life, the brain rapidly forms neural connections—more than one million new neural connections per second! Equally important, as connections continue to form, the brain prunes back the neural connections that are not used (Center on the Developing Child 2007). This shaping of the brain, through

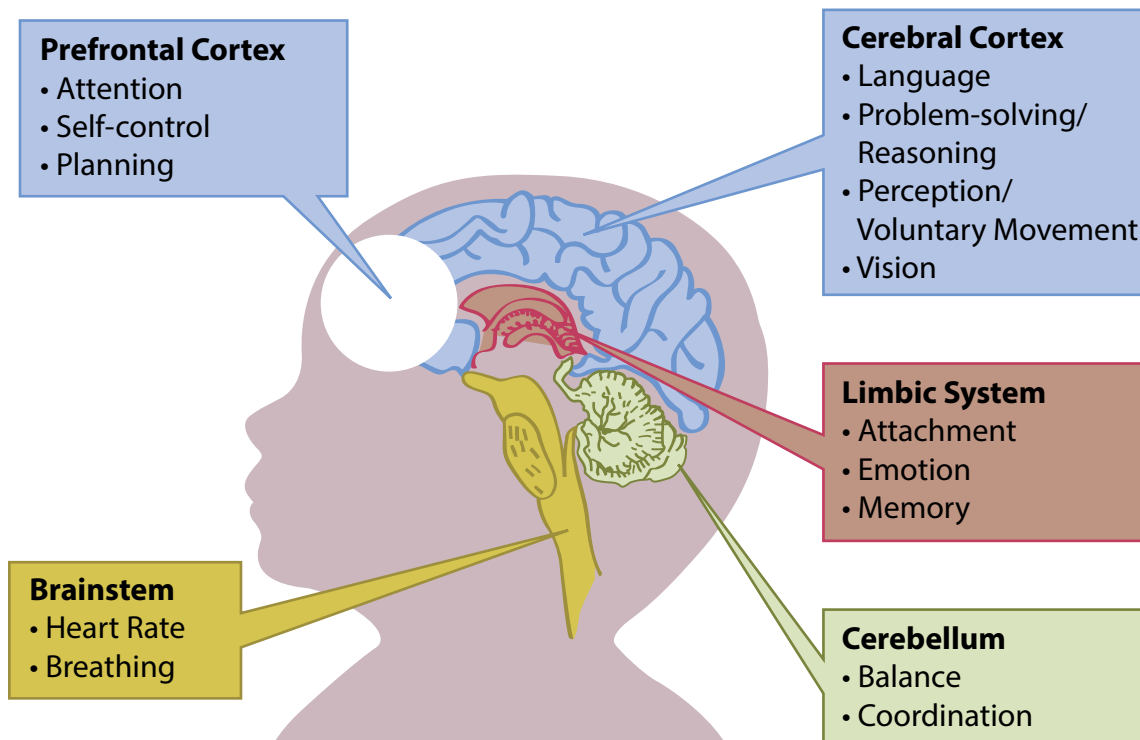
the formation of billions of neural connections and focused pruning, provides the foundation for later learning. It helps to explain why infants and toddlers are in need of responsive care, are so capable and yet so vulnerable, and are influenced by both their biological predispositions and their experiences. The key ingredient to helping infant brains flourish is warm, responsive caregiving that supports infants and toddlers as they use their developing abilities to interact with others and explore their environments.

As seen in figure 2.1, Brain Areas and Functions, while different areas of the brain play larger roles in certain domains of development than others, all aspects of infant and toddler brain development are interconnected and influenced by one another (Center on the Developing Child 2007). The lower parts of the brain, including the brainstem, which controls functions such as heart rate and breathing, and the cerebellum, which is associated with balance, coordination, and sensory

processes, develop first. Even before birth, the infant brain is processing visual and auditory information, such as light and dark contrasts and the sounds of the mother's voice. After birth, the infant brain begins integrating basic sensory experiences, such as those involved in feeding, sleeping, touching, seeing, and hearing. The midbrain includes the limbic system, which is at the forefront of early brain development and is involved in key areas of infant development: emotion, memory, and attachment. The limbic system is integral in forming secure relationships and developing emotion regulation. As the infant's brain continues to develop, in particular, the cerebral cortex, the infant becomes increasingly able to move purposefully, to learn language, and to reason and solve problems, and adapts to patterns of social interactions that form the foundation for relationships and exploration throughout his life.

The developing brain is a social organ. As an infant develops, back and forth

Figure 2.1: Brain Areas and Functions



Source: Developed by WestEd.

interactions between the infant and important adults strengthen neural connections. In contrast, those connections that are not strengthened through social interaction and exploration are pruned. As the infant continues to grow, the development of the prefrontal cortex starts to become prominent. This area of the developing brain plays a critical role in attention, self-control, and planning.

As infants and toddlers grow, their developing ability to plan effectively, solve problems, manage feelings, and interact with others in challenging situations follows an optimal course when consistently provided a strong social–emotional foundation. In supportive social relationships, the infant experiences co-regulation. The emotional reactions of the infant’s limbic system work together *with* the thinking and planning of the prefrontal cortex. Without relationships that provide emo-



tional security and regulation, young children lack important experiences that help their brains develop the ability to attend to problems, think in clear, organized ways, and plan actions. Thus, teachers and family members play a critical role in helping

The Science of Early Childhood Development

Research by the Center on the Developing Child at Harvard University suggests that:

1. Brains are built over time, from the bottom up. Sensory pathways, like those for vision and hearing, are the first to develop, followed by early language skills, and then higher cognitive functions.
2. The interactive influences of genes and experiences shape the developing brain. The “serve and return” relationships between children and their parents and other caregivers in the family and community play a central role in a child’s early experiences.
3. The brain’s capacity for change decreases with age. The brain is most flexible, or plastic, early in life to accommodate a wide range of environments and interactions. As the maturing brain becomes more specialized to assume more complex functions, it is less capable of reorganizing and adapting to new or unexpected challenges.
4. Cognitive, emotional, and social capacities are inextricably intertwined throughout life. The emotional and physical health, social skills, and cognitive–linguistic capacities that emerge in the early years are all important prerequisites for success in school and later in the workplace and community.
5. Toxic stress damages the developing brain architecture, which can lead to lifelong problems in learning, behavior, and physical and mental health. Scientists now know that chronic, unrelenting stress in early childhood, caused by such factors as extreme poverty, reported abuse, or severe maternal depression, can be toxic to the developing brain.

Source: Center on the Developing Child, 2007

children feel safe, express emotions, and regulate emotions so that they can effectively think, learn, plan, and respond to the challenges and excitement of the world.

The integration of the limbic system and the prefrontal cortex highlights how all the parts of the developing brain work together and become increasingly integrated. For example, experiences with language can influence cognition, and highly stressful experiences can impact all areas of brain development (Center on the Developing Child 2007). The research on infant and toddler brain development shows that teachers play an essential role in fostering healthy development of all areas and functions of the developing brain.

Insight 2: Infants and Toddlers Learn and Develop in the Context of Important Relationships.

Infants develop through the interaction of their genetic, biological unfolding in combination with their experiences. Who this baby is and how he is perceived influences the care he receives. Adults' responsiveness to a particular baby determines the quality of the relationships that are created. Are relationships joyful, mutual, awkward, in tune, erratic, or harmonious? To what extent does the child feel emotionally secure in those relationships? Such experiences have an effect on who the child will be, when he will learn, and what he will be able to learn.

Adults' perception of when the child is ready to explore and learn influences what adults do with the child, which in turn contributes to his sense of self. The best chance for this development to progress is if the care the child receives is sensitive to the particular child he is—a child different from any other. The adult's awareness and understanding of this unique child contribute to the child's fundamental sense of possibility for himself, his competence,

and his effectiveness—all of which will be part of his emerging sense of self.

“[W]hen young children and their caregivers are tuned in to each other, and when caregivers can read the child's emotional cues and respond appropriately to his or her needs in a timely fashion, their interactions tend to be successful and the relationship is likely to support healthy development in multiple domains, including communication, cognition, social-emotional competence, and moral understanding” (Shonkoff and Phillips 2000, 28).



When the fit between teacher expectations and child actions may be at odds, such as in cases of cultural discontinuity, teachers may not be as responsive to children's interests and needs, and children may lack the potential support of an attachment figure. When relationships are formed, some social characteristics are preferred because they fit more easily into the expectations of the 'other.' In early childhood education, there is an increasing amount of research on implicit bias (unconscious attitudes and stereotypes that influence our behaviors towards others). These studies demonstrate far-reaching

implications for children’s relationships with teachers and other outcomes, including higher rates of suspension and expulsion from early learning and care settings, when there is cultural discontinuity and a corresponding disconnect between teacher responses and child actions and needs (Ray, Bowman, and Brownell 2006; Howes and Shivers 2006; Shivers et al. 2007; Adamu and Hogan 2015).

The first step in addressing cultural discontinuity and implicit bias is to engage in reflective work to become aware of these factors.¹ Programs and teachers can then take active steps to minimize the effects of cultural discontinuity and bias, and identify culturally appropriate ways to support each child and family. Actions include hiring culturally representative staff, learning about and valuing the cultural strengths of all families and staff, and engaging in professional development that encourages open discussion of bias and possible solutions. These actions help to ensure responsiveness to the interests and needs of all children, their connection to needed services, and the design of inclusive care environments (Capatosto 2015; Shriver Center 2017).

Relationships, while important throughout life, play an especially crucial role in the early years

A nurturing relationship with at least one loving, responsive adult is essential for a child to develop trust and a healthy sense of self. In the child’s first relationships he learns about himself, establishes a base from which to explore the world, and discovers how to engage adults to meet his needs. If these first relationships

are loving and responsive, the child learns that he is worthy of love and attention and that caring adults provide a secure base to return to if he needs support. With this foundation, he can extend this learning to new relationships, and will come to expect that other people are generally trustworthy, that problems with others can be resolved, and that close relationships are valuable sources of emotional security.

Relationships support all learning domains

When an infant feels emotionally and physically safe, she can focus her attention on exploring and learning about her world. The adults who provide a “secure base” allow her to explore with confidence. Exploration creates opportunities for learning. She starts to feel competent when adults provide experiences that capture her interest and provide the support she needs to master new skills. For example, a five-month-old infant learns that, through making sounds and actively moving her arms, legs, or other body parts, she can let her teacher know she wants to play peek-a-boo again—and her teacher responds by playing. When young children know that caring adults are physically and emotionally available to provide encouragement, help, love, and appreciation, a strong foundation is set for healthy relationships and lifelong learning across domains of development.

Infants and toddlers also learn by developing relationships with one another. In the early months of life, infants learn by observing and imitating other children. As they grow older, they engage in similar play while imitating each other. By the time they are toddlers, they play together; for example, building with blocks, helping each other solve problems, and taking on different roles in pretend play. Infants and toddlers become emotionally connected to one another. In their early relationships,

1 One tool available to program administrators and teachers to address cultural discontinuity and implicit bias is the Implicit Association Test at Project Implicit.



they learn how it feels to be in a conflict, to resolve conflicts with other children, and to be comforted by another child as well as to comfort another child.

Self-regulation develops in the context of relationships

One of the most important developments in the first three years of life is infants and toddlers learning to regulate their emotions and behavior. They are starting to gain control over their physical and emotional responses, a process that is intertwined with cognitive development and executive functioning (Barrett et al. 2007; CDE 2009).

In the first few months, infants already have certain self-regulatory skills, such as turning away when stimulation becomes too intense, or calming oneself by sucking a thumb or fingers. Over the next few years, they also learn how to self-regulate through the co-regulation they experience with their caregivers (Calkins and Hill 2007; Thompson 2011). “Development of self-regulation is dependent on ‘co-regulation’ provided by parents or other caregiving adults through warm and responsive interactions in which support, coaching, and modeling are provided to facilitate a child’s ability to understand, express, and modulate thoughts, feelings and behavior” (Murray et al. 2015, 14). When the adult responds

predictably and positively, infants learn that after communicating a need it will be met promptly. They also learn that a caring adult can comfort and help them when emotions are overwhelming and, over time, they learn strategies for emotional and behavioral self-regulation through these interactions with caregivers (Calkins and Hill 2007).

Consistent, prompt responses help infants feel secure and help them learn to wait and regulate their emotional responses even though they feel stress. Research has shown that secure early relationships can affect children’s biochemistry, buffering them from the negative impact of stress (Loman and Gunnar 2010). Even simple physical contact with a well-regulated caregiver can help infants physiologically regulate (Waters, West, and Mendes 2014). “Developing and maintaining the ability to notice and control primary urges such as hunger and sleep—as well as feelings of frustration, anger, and fear—is a life-long process. Its roots begin with the external regulation provided by parents or significant caregivers, and its healthy growth depends on a child’s experiences and the maturation of the brain” (Perry 1996, 2).

Secure Relationships Support Exploration

Jenna, who was born prematurely and has been delayed in developing language and motor skills, rolls toward the low shelf. She bangs the bowl she is holding on the hard surface of the shelf and looks expectantly at her infant care teacher, Josh. He smiles at her and says, “Hi, Jenna, I see you over there!” Jenna wiggles delightedly and holds the bowl out to him and squeals as she pulls it back close to her chest. “You are holding that bowl and showing it to me. You played with that same bowl yesterday, didn’t you?” Josh moves closer and gently touches Jenna’s arm. “See? You brought me close to you.” Josh sits nearby while Jenna turns back to the shelf and finds another bowl to explore.

Early Experiences, Early Learning

Young children are always learning—even when the adults interacting with them are not aware that they are teaching. Think of the newborn who, when she cries out in the middle of the night, is gently picked up and cuddled, hears a soothing voice, and is gazed at lovingly as she is fed. Now think of another newborn who, when she cries out in the mid-

dle of the night, hears doors banging and angry voices, is picked up roughly, and then is fed, facing outward, in rigid arms. These two babies are learning very different things about the world.

What lessons are toddlers learning in the following examples? Mia is told not to grab toys from others as her teacher angrily grabs the toy

from her to give back to the other child. Mia continues to grab toys from other children and becomes angry herself. Aleisha sees her teacher hand another child, James, his blanket when he cries as his father leaves. Then, the next day, as James stares out the window watching his father leave, Aleisha brings James his blanket to comfort him.

Eventually, children start to anticipate both their inner feelings and cues from other people that signal a stressful situation. Being able to anticipate stress, older infants plan and take action to cope with it. For example, when feeling tired, a child may look for her blanket and find a quiet place to rest.

The rhythm of playful social interaction—giving a message and then waiting for a response—helps children develop the ability to moderate impulsive action to engage socially. Adults who read young infants' cues and adapt to their rhythm and pace provide them with opportunities to practice self-regulation. The benefits of having an adult who adapts to one's rhythm and pace extends to all children, including children with disabilities or other delays.

The ability to regulate socially develops hand-in-hand with the ability to maintain attention in various situations (Murray et al. 2015). The child's daily experiences with an adult who pays attention to him strengthen his developing capacity to be attentive. From these experiences the child expands his inborn capacity to engage in focused exploration of the world of people and things.

Insight 3: Infants and Toddlers Are Competent.

Infants and toddlers come into the world ready to love and eager to form social ties—"they are born looking for us" (Pawl 2006, 1). In the first hours of life, babies respond to touch, snuggle up to their mothers' breasts, and gaze at their parents' faces. These first responses to children provides their first information about the world and how it feels.

All infants and toddlers, including those with disabilities or other delays, are curious, active, adaptable, and self-motivated learners

Babies begin to explore the world and the people around them from the moment they are born. A newborn's brain is wired at birth to begin paying attention to the things that will matter most to his development. Even before birth, the fetus is gathering sensory information and organizing it into predictable patterns. At birth he can recognize his mother's voice and the cadence of his birth language. On the first day of life, he stares longer at faces than at other objects. Within days he begins to anticipate feedings and smells. Infants are ready pattern seekers, looking to both the

social and physical world for things that happen repeatedly, like a loving touch, a response to a cry, and the predictable rhythms of daily experiences. Their brains organize all of this information to build expectations of how people behave and how the world works.

The inborn drive to learn continues and expands as the infant grows. A toddler who is given a set of nesting cups will begin to explore them without instructions from an adult—fitting them together, stacking them, trying to fit other objects in them, or banging them together to see what sounds they make. She organizes and integrates this new information with her past experiences of banging and stacking cups. Infants and toddlers are active, motivated learners who have their own curriculum. Like scientists, they test ways to explore and discover. They store away new information so they can use it again in their next experiment.

In addition, infants and toddlers are adaptable learners. Under typical circum-

stances their brains allow them to learn one or more languages, learn various patterns of social interaction, and explore in countless ways. The adults in the child's life have remarkable power in this learning process when they provide predictable, responsive, and warm relationships, as well as environments and materials for children's self-motivated learning.

Infants and toddlers teach themselves when they are free to move on their own

When free to do so, infants and toddlers move almost all the time. Early in life, young infants move their limbs in and out as they gradually gain control of their muscles. They study their hands and watch intently as they begin to find ways to use them to grasp and stroke people or things within their reach. Infants relish the struggle of reaching, stretching, rolling, and lifting their bodies. They find new ways to touch, discover, and take delight in their developing abilities to move. They



gain information about the world through large- and small-muscle movement.

For all young children, including those who have differences or delays in their movement skills, learning happens when they are moving. Some children will move constantly, with a high level of energy, while others will observe for a while and start by moving slowly, sometimes tentatively. Some children will participate in moving or changing positions with the support of a sensitive adult. No matter what their styles of moving are, when infants and toddlers reach, crawl, climb, push heavy objects, fall, get up, and move on, they make new discoveries about the world around them and the capabilities of their bodies.

Communication and language begin developing early

Communication and language development start earlier than many people realize (Kuhl 2000). In fact, babies hear language well before birth, and soon after birth they recognize the voices of family members and other familiar adults. Early in life,

young infants engage in give-and-take communication by making sounds, facial expressions, and gestures when adults communicate verbally and nonverbally with them and give them time to respond. The first back-and-forth exchanges of sound and other nonverbal cues between a baby and an adult are like conversations in that they follow the same pattern.

These early “conversations” lay the groundwork for children’s developing language skills during early childhood, which, in turn, gives them a good start for learning to read at school age. Early “conversations” are richest when adults are responsive to infants’ feelings and interests. As communication and language develop, so does cognition (Bjorklund and Causey 2017). Adults who sing, talk, ask questions, listen, and label things when interacting with young children directly affect how the children’s brains develop (Bjorklund and Causey 2017).

Many children learn one language at home and another in the infant/toddler program. Because infants usually have an easy time learning more than one language, they often begin to explore, understand, and speak both languages. At first children who learn two languages may use both languages together while speaking, drawing from both sets of vocabulary to find the words they need to communicate. When both languages are respected and supported, toddlers continue to become competent at using both of them, using different languages with different people. However, if children are given the message that the language in the infant/toddler program is preferable to their language at home, they may stop learning their families’ languages. In so doing, they may lose their ability to communicate with family members.

Having teachers who are fluent in the child’s home language is optimal. However, hearing even a few words of the home language spoken at the program

The Power of Communication: Reading and Responding to Children’s Cues

Bani is in the process of finishing a nearly complete change of clothes for Dooley. Dooley, though cooperative for a five-month-old whose play was interrupted, was not entirely pleased with this necessary restraint and the push-and-pull process of dressing. Bani leans over and smiles at him. “You are one good fellow,” she says appreciatively. “We don’t usually have such a tussle, right?” Dooley kicks both legs up and down and waves one arm. “Auwaah,” he says, with a large, moist rush of air. “I agree,” says Bani, “It was an effort—now what?” Dooley twists his body and looks away while Bani waits. Then he looks back, grins, and says, “Ahh-eee.” Bani grins back, lowers her face close, and says “Ahh-eee is right, Dooley—whatever you say.” “Up we go,” she says, as she puts him to her shoulder. “Let’s get your rattle so you can get back to business.”

not only supports learning in the family's language, but also offers the comfort of familiar sounds in a new place. Continuing to learn the home language strengthens the child's developing sense of self. Families also appreciate that the program values their cultural experiences and languages. An easy and impactful place to start is to use the words from the home language for "mom," "dad," and other important family members in the young child's life.

Insight 4: Infants and Toddlers Are Vulnerable.

The developing brain that allows infants to be such adaptable learners also means that they are entirely dependent on adults for survival. Compared to the young of other species, babies are helpless for a long time (Bjorkland 2009). Foals can stand up when they are born, and baby sea turtles take care of themselves from the moment they hatch. For infants, their very survival—and well-being—hinges on the protection and care they receive from adults.



Infants orient to adults for protection and learning

Young children orient to adults not only for protection, but also to learn how to be a competent participant in their family

and community. The challenge for adults is to protect and nurture infants while being respectful of their developing competence. Being responsive to both the vulnerable and the competent sides of an infant takes understanding and sensitivity. An important part of this dual role is attending to how one says and does things with infants and toddlers. During the first three years of life, children are forming their first impressions of the world. They are finding out how they feel in different situations and how others make them feel. The ways in which adults relate to them has a profound influence on their developing sense of security and their self-confidence.

Nurturance from adults affects the developing brain

Research on brain development has added to knowledge about infant vulnerability. Early experiences with adults have a direct influence on the connective pathways formed in the brain during the early years (Center on the Developing Child 2012; Shonkoff and Phillips 2000; National Scientific Council on the Developing Child 2007). In other words, experience alters the structure of the brain, which in turn affects the way the brain works.

For example, past research indicated that infants who are born premature and have extended stays in the neonatal intensive care unit (NICU) have less brain response to all types of touch compared with other infants. This difference in brain processing is associated with poorer cognitive, motor, and language development at age two (Chorna et al. 2014).

However, in the past, premature infants' lack of response to touch was documented when little or no emphasis was placed on making sure they received regular physical contact. But recent research shows that

when premature infants are touched affectionately during their NICU stay—held, hugged, and breastfed—their brains develop more typical responses to touch (Maitre et al. 2017). In addition, other research shows that premature infants and their developing brains benefit in many ways from affectionate touching, such as massage, including increased weight gain, shorter hospital stays, improved immune function, and decreased vagal tone (an indicator of stress response) (Field 2010). Touch is just one of the many ways that early experience affects brain development.

As stated earlier in this chapter, research shows infants enter the world ready to learn language. When adults provide experiences with language, infants usually learn language quickly and easily. However, their amazing potential to learn language depends on the quality and quantity of the opportunities to communicate with other people. Within the typical range of infants' experiences with language, there are vast differences. Researchers found that, by age three, children whose family



members spoke to them frequently had much larger vocabularies than children whose family members spoke less often to them (Hart and Risley 1995; 2003).

The mental health of infants and toddlers is strengthened by responsive, nurturing relationships that support the development of secure attachment relationships. This type of early relationship experience is crucial, as research in the field of infant and early childhood mental health suggests that even infants and young children can experience mental health disorders (National Scientific Council on the Developing Child 2012). “Infant mental health is defined as the developing capacity of the infant and young child to experience, express, and regulate emotions; form close and secure relationships; and explore the environment and learn, all in the context of cultural expectations.” (Parlakian and Seibel 2002) (cited in Osofsky and Lieberman 2011, 120).

Although any child could experience mental health issues, some children are at greater risk than others (see the box “Protecting Children from Trauma, Toxic Stress, and Cumulative Risk” later in this section). For example, an infant experiencing disrupted interactions with a depressed caregiver may show signs of depression herself by withdrawing from social interactions, which could then affect her language, cognitive, and emotional development in infancy and her general well-being throughout life (ZERO TO THREE 2009).

In contrast, children who experience supportive, responsive caregiving may be protected from the stressful experiences that could lead to infant mental health concerns (National Scientific Council on the Developing Child 2012). Early intervention is often effective in treating infant mental health problems, especially interventions that support caregivers as they learn to be more responsive with their infants (Lieberman and Van Horn 2012).



The idea that infants are both competent and vulnerable reflects the view that both biological predispositions and life experiences contribute to development. Young children's development reflects not only the genetic potential and capacities they are born with, but also the experiences they have. Development hinges on the interaction between genetic potential and life experiences.

All infants and toddlers, including children with disabilities or other delays, are well equipped by nature to seek out close, caring relationships that give them the security they need to grow and learn

From birth, infants seek ways to feel safe. Infants come into the world equipped biologically with signals to elicit help from adults. The cry is perhaps the most powerful but certainly not the only signal children give. The tender appearance of young infants draws a protective response in most adults (Kringelbach et al. 2016).

Infants' smiles and coos bring out warm responses and joyful feelings.

To be responsive, adults rely on cues from infants to learn how best to respond to them. Adults come to understand when children are hungry, tired, ill, uncomfortable, or just fussy. Infants quickly learn to communicate to lessen their vulnerability. For example, infants learn that if they make a certain sound or movement adults will usually come to give them attention. Later, as infants develop motor abilities, they are able to go to adults. As infants and adults develop relationships, both of them create ways to ensure the infants' safety and well-being.

Infants rely on consistent, predictable, and positive experiences with adults to become secure

One key to security for infants is being nurtured daily by a few people in predictable and consistent ways. A young infant feels confident when he recognizes the face and voice of the infant care teacher who greets him in the morning. The adult also gets to know the infant's subtle cues and unique ways of communicating. Children who form secure attachments with adults over time, both at home and in an infant/toddler program, explore their world



confidently and become increasingly competent in social situations.

Secure relationships have far-reaching benefits. Researchers who have followed children over several years have found that infants and toddlers with secure attachments grow into more competent school-age children. As one researcher has said, “Confidence in the relationship ... becomes self-confidence” (Sroufe 1995, 220). Research has shown that infants form attachments with their family members as well as their child care providers (Howes and Spieker 2016). Researchers say that infants who form secure attachments to their child care providers tend to be better able to adapt to new people and situations and master new social challenges. In addition, children who are securely attached to their providers show more competent interactions with adults and more advanced peer play, both during the child care years and in elementary school (Howes and Spieker 2016; Shonkoff and Phillips 2000). Secure relationships with child care providers support healthy social-emotional development. Benefits can be seen in other areas as well, including communication skills, intellectual development, and moral development (Shonkoff and Phillips 2000).

Infants’ physical health and safety are in the hands of those who care for them

Because their immune systems are not fully developed, infants and toddlers are more susceptible than older children to infectious disease. Generally, licensed infant/toddler settings are effective in safeguarding the health of young children. Yet, despite improvements in recommended health care practices, many children in infant/toddler settings are exposed to serious illnesses.

Awareness of children’s special health concerns and appropriate action by infant/toddler programs based on those concerns are important preventive health measures. Programs can also be useful resources to families by maintaining contact with a health care provider or adviser. (Policies and practices that programs implement as preventive health strategies are described in chapter 4.)

A critical aspect of young children’s health and development is nutrition. Infants and toddlers are at risk for both early childhood obesity and food insecurity, which can affect cognitive, behavioral, and physical health (Institute of Medicine 2011, Cook and Frank 2008). Infancy and toddlerhood are ideal times to encourage healthy eating habits by helping children follow their hunger cues and encouraging them to eat a variety of nutritious, minimally processed foods. Part of encouraging healthy eating habits includes providing opportunities for active play, exploring both indoors and outdoors, and supporting healthy sleep habits (Institute of Medicine 2011). (Guidelines related to nutrition are listed in chapter 6, guideline 6.)



Because infants and toddlers constantly explore the environment and take risks to test their developing large motor skills, accidental injury presents a danger

to them. Today, more safety information is available about accidental injury than ever before, thanks to mandatory safety labeling, safety-oriented websites, and public service announcements. Infant/toddler programs can work together with families to safeguard children and help families access information on child safety in their own language. In particular, programs can provide information about the importance of using appropriate infant or child seats in cars. In the infant/toddler care setting, children need a safe environment in which to explore and take appropriate risks to learn what their bodies are capable of doing. Finding ways to promote healthy physical movement while keeping children safe is an important role for the infant care teacher.

Infants who have or are at risk for developmental delays or disabilities benefit from early intervention

While all infants are vulnerable, some are uniquely vulnerable due to their early experiences or circumstances at birth, such as multiple foster care placements, maternal substance abuse during pregnancy, or disabilities. One of the most important messages to emerge from the last decade of early childhood research is the power of prevention and early intervention. Prevention is the first step in addressing young children's vulnerabilities. Because outside influences, such as the environment and nurturing relationships, are important for optimal brain development, high-quality infant/toddler programs may prevent later difficulties through responsive and consistent care.

Infant/toddler programs also contribute to the lasting impact of early intervention in many ways, beginning with identification. Disabilities or other delays often become apparent in the first three years of life. Careful observation, ongoing communication with families, and developmental

screening can lead to early identification and appropriate referral. In California, the system of early intervention services for children from birth to age three is called California Early Start. (See appendix E for more information on California Early Start. The Child Care Aware website at <http://usa.childcareaware.org/> provides links to similar systems in other states.) After a referral, teachers can collaborate with families and early intervention specialists to ensure that children's learning and development are supported in all settings where they spend time (Jones 2009).

Infants and toddlers are vulnerable to abuse and neglect

Abuse and neglect can have long-term impacts on all domains of children's development. Infants and toddlers are especially vulnerable to abuse and neglect. Infants and toddlers are more likely than older children to live in homes with domestic violence, more likely to experience abuse and neglect, and more likely to die of abuse and neglect (Osofsky and Lieberman 2011).

When family members are experiencing high levels of stress, infant/toddler programs can help them obtain services and resources. The help the family receives can reduce stress and lessen the likelihood of child neglect or abuse. For example, the approach known as "Strengthening Families" promotes five protective factors that, when well-established in families, diminish the incidence of abuse and neglect. The protective factors are: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social-emotional competence of children (Harper Browne 2014).

Program policies that support close relationships between a teacher and a small group of children allow the teacher to know individual children well and to read-

ily identify signs of risk. When action must be taken to protect a child, a program must follow the state reporting laws. In California, county departments that administer local health and human services provide information on reporting suspected child abuse and neglect. (For immediate help, a national hotline [1-800-4-A-CHILD] provides direct access to local agencies.)

Insight 5: Infants and Toddlers Are a Dynamic Blend of Biological Predispositions and Experience.

Each child is born with his own predispositions, including his unique biological inheritance, abilities, and rate of development. As each child develops, his relationship experiences, genetics, and cultural experiences shape how those predispositions are expressed and altered. In turn, the child's predispositions affect how people respond and relate to him. For example, an

Sensory and Motor Differences

Just as there are differences in temperament, each child also differs in how he or she takes in and responds to sensory information about the world and his or her own body. We see this in babies who become distressed by clanging noises, who wiggle uncomfortably when waistbands fit closely, or who react negatively to a caregiver's new cologne. The way that sensory information is processed and organized, as well as differences in quality of muscle tone, affects a child's motor responses to people and objects in the environment. These differences are part of the child's neurological make-up and, in most cases, are in the normal range. How a child receives and organizes sensory input and how she organizes motor responses can have a profound effect on how she relates to others and how she regulates behavior. Recognizing a child's unique pattern of sensory preferences and tolerances is another step in individualizing care.

Source: Adapted from Williamson and Anzalone 2001.



infant who expresses distress loudly and quickly may receive more prompt responses than a less expressive infant.

Whether a child has a physical disability, sensory impairment, or other delay also contributes to his uniqueness. The first section of this chapter has already described how relationships contribute to a young child's uniqueness. This section considers both the impact of his genetic predispositions for responding to the world and the impact of the child's experiences on his development.

Temperament is a window into how the child relates to the world

Temperament refers to a child's individual way of approaching and responding to the world. It has been compared to "a personal pair of mentally 'colored glasses'" through which a child views and responds to the world (Herschkowitz and Herschkowitz 2002, 58). Although temperament is present at birth, children who are nurtured by understanding and accepting adults are able to develop self-regulation strategies that help them expand their responses to fit each situation rather than mostly responding in ways typical of their temperament.

There are many ways to define and study temperament traits in young children, but definitions share that temperament consists of basic, inherent dispositions that are biologically and environmentally influenced (Shiner et al. 2012). In a classic study of temperament, researchers Thomas and Chess (1977) identified nine temperament traits: how active the child is, how regular she is in her eating and sleeping patterns, how adaptable she is, how positive her mood tends to be, whether she approaches new situations readily or is slow to warm up to them, how sensitive she is to stimulation, how intensely she reacts to stimulation, or how persistent or how distractible she tends to be. Newer research provides support for some of these distinctions, grouping temperament traits generally into the categories of activity, emotionality or affective intensity, attention, and self-regulation (Shiner et al. 2012).

Temperament traits cluster together to create distinct styles of approaching and responding to people and situations. One child may readily approach new situations while also expressing her feelings intensely. A second child may be adaptable and may react quietly to things. And a third child may be slow to warm up to new situations and be highly sensitive to stimulation or often fussy. Each of these children will develop unique relationships that will depend, in part, on how well the adults' responses fit the child's temperament. When the adult adapts to the child's temperament, the better the fit and the more positive their developing relationship is likely to be.

Children benefit from caregiving strategies that consider their temperaments. For example, older toddlers who are particularly withdrawn benefit from caregiving that sensitively encourages them to try new things and interact with new people. Older toddlers who tend to express their exuberance through aggression benefit

from caregiving that calmly and consistently enforces reasonable limits, such as being gentle with others and considering others' feelings, while providing other opportunities for exuberant activities (Rothbart, 2012). Fearful children are particularly vulnerable to the stress of their caregivers (Groeneveld et al. 2012), and internalize self-control best from parents using gentle discipline practices (Shiner et al. 2012). In contrast, fearless children benefit from responsive yet firm parenting (Shiner et al. 2012).



Different temperaments may fit better or worse with different group care settings, too. A child with an active, exuberant temperament may thrive in a setting where he can freely explore the environment and assert himself. However, in a setting without a positive outlet for his exuberant approach to people and things, his behavior may be viewed as challenging by teachers. In contrast, a child who is adapt-

able and quiet may be considered “easy” and receive less interaction from adults than other children who seem to be more in need of support. Since programs usually serve groups of children, they have to be flexible enough to accommodate children with vastly different temperaments.

Providing warm and responsive caregiving to children of all temperamental dispositions, from exuberant toddlers to fearful infants, encourages healthy self-regulation and personality development (Rothbart 2012). Children of all temperaments are adaptable learners, and their temperaments will continue to evolve over time depending on their experiences, eventually developing into the unique personalities of later childhood and adulthood (Rothbart 2012).

Brain Development and Gene Expression

“[C]aregivers are the architects of the way in which experience influences the unfolding of genetically pre-programmed but experience-dependent brain development. Genetic potential is expressed within the setting of social experiences, which directly influence how neurons connect to one another. Human connections create neuronal connections.”

Source: Siegel 2012, 113.

Experience affects gene expression and brain architecture

Why does a child who experiences responsive relationships from caring adults grow up to be a confident, warm, and lifelong learner? Experiences have lasting effects because those early experiences are changing which genes are expressed in the infant’s developing organ systems, especially in the brain (National Scientific Council on the Developing Child 2010). These

changes in gene expression, where individual genes are switched on and off through experience, is called **epigenetics**.

The effects of epigenetics can be temporary or last a lifetime, and are especially powerful in infancy and in utero when the brain is remarkably adaptive and vulnerable to experience. This vulnerability

allows early experiences to affect biology, including which genes are expressed and which connections are made in the brain. If those experiences are of warm, responsive caregiving in a loving family and supportive community, the infant brain is more likely to develop well. If those early experiences include toxic stress from poverty, malnutrition, abuse, or neglect, gene expression can be altered and the brain may form connections in ways that could lead to lifelong mental health issues, difficulties with learning, and challenges with forming and maintaining relationships (National Scientific Council on the Developing Child 2010).

Everyday differences in experience can affect brain architecture and gene expression, such as the specific languages an infant hears or the types of environments and materials he explores (Meltzoff et al. 2009). Along with temperament, these differences in experience, within the context of a responsive relationship with a caring adult, helps the child develop into a unique individual with distinct characteristics, interests, and abilities.

Culture, language, and developmental differences contribute to the child’s uniqueness

The experiences that shape the architecture of the brain and genetic expression come from many sources, including culture, language, and developmental differences. In our quest for human universals, we often minimize the importance of a culture’s impact. Many of the behaviors teachers think of as ‘normal’ are, in fact, culture-bound. A family’s culture and language contribute to a child’s learning and development in many ways. Culturally based experiences affect not only young children’s food preferences, language development, and social relations but also the ways in which children absorb and react to new information and ideas. Chil-

Protecting Children from Trauma, Toxic Stress, and Cumulative Risk

What is cumulative risk?

Children who experience multiple risk factors for negative outcomes are experiencing *cumulative risk*. These risk factors include familial and household risks (e.g., parental mental illness), neighborhood risks (e.g., community violence), sociodemographic risks (e.g., poverty), and individual risks (e.g., birth weight), among others (Evans, Li, and Whipple 2013). The research on this topic shows that young children experiencing multiple risk factors are more likely to experience a variety of negative outcomes, including mental illness, physical illness, cognitive delays, poor academic performance, risky adolescent decision-making, poor physical and mental health as adults, and even early death (Evans, Li, and Whipple 2013; Rouse and Fantuzzo 2009; Merrick et al. 2017; Center on the Developing Child 2017). Cumulative risk in early childhood is not uncommon. In California, 20% of children between birth and age five experience three or more risk factors (out of a possible eight studied) according to the National Center for Children in Poverty (National Center for Children in Poverty 2014).

What is toxic stress?

Stress is a normal part of life. Learning how to cope with typical stressful experiences, like separations from a parent while in the care of a supportive and familiar adult, is an important part of emotional development. But persistent chronic stress, called *toxic stress*, has lasting harmful effects on infants and toddlers. Toxic stress is a physiological response that may be caused by very different experiences in different children. There are even a few internal conditions (such as an underlying mental health disorder) that can lead a child's brain to create higher levels of stress hormones without a direct connection to experience. Toxic stress increases stress hormones in the body without the typical recovery period that occurs with positive or tolerable stressful experiences. These increased hormones alter gene expression and brain structures, as well as other organ systems, which may

result in developmental delays and long-term mental and physical health problems (Center on the Developing Child n.d.).

What is early childhood trauma?

Early childhood trauma results from the experience of a traumatic event or series of events between ages zero to six, such as abuse, neglect, violence, or disaster, and may result in ongoing negative effects on a child's well-being (Substance Abuse and Mental Health Services Administration 2014; Zero to Six Collaborative Group, National Child Traumatic Stress Network 2010). Infants and young children are at disproportionate risk of experiencing traumatic events such as neglect and abuse (Osofsky and Lieberman 2011). Because young children cannot predict or protect themselves from danger, they are especially vulnerable to trauma. They also cannot tell us about their experiences of trauma, and may express their traumatic stress through behaviors ranging from poor memory, nightmares, poor appetite, and social withdrawal. Because the brain is rapidly developing in early childhood, the possible consequences of traumatic events include reduced brain volume, lower IQ, difficulty regulating emotions, and other persistent negative outcomes (Zero to Six Collaborative Group, National Child Traumatic Stress Network 2010).

How are cumulative risk, toxic stress, and trauma related?

While cumulative risk, toxic stress, and trauma are all different, they are also all related and children experiencing one are likely to experience the others. Children experiencing trauma and stress are more likely to experience cumulative risk, especially since most traumatic events would be considered risk factors. In addition, experiencing many risk factors, among them traumatic experiences, may result in the physiological experience of toxic stress. According to ZERO TO THREE (2016, 1), "Trauma is the emotional, psychological, and physiological residue left over from heightened levels of toxic stress that accom-

Protecting Children from Trauma, Toxic Stress, and Cumulative Risk *(continued)*

panies experiences of danger, violence, significant loss, and life-threatening events.” In sum, cumulative risk is the actual experiences in daily life that may also be traumatic (such as community violence), toxic stress is the heightened and persistent physiological response to stressful experiences of all types (including trauma), and trauma results from the experience of a traumatic event or a series of traumatic events, which is also likely experienced as toxic stress.

How can children be protected from cumulative risk, toxic stress, and trauma?

Supportive, responsive relationships with caring adults can protect children from these adverse

experiences. However, many children experiencing risk, toxic stress, and trauma do not have access to these relationships because their caregivers are experiencing or causing these adverse experiences. The most effective prevention is to eliminate the stressful situation, but this may not always be possible. Programs and services can help with this, including caregiver interventions that help caregivers learn to cope with their own traumatic experiences as well as provide responsive care to their young children. In addition, experiences of high-quality child care with a responsive and caring teacher may help buffer children from the effects of adverse experiences (Center on the Developing Child n.d.).

dren may solve problems by working with others or by working alone. When learning language, they learn cultural rules—when to listen and speak, how to show respect, and which words are appropriate and which ones are inappropriate.

Children’s experiences at home and in the community influence their reactions to infant/toddler settings. A setting’s cultural ways of interacting and doing things may be familiar to a child or may be unfamiliar or even frightening. For instance, in cultures that emphasize collectivism, in which the focus tends to be on the well-being of the group, infants learn to wait for the adult to initiate interaction. In contrast, the dominant US culture emphasizes individualism, which values individual action and well-being. In such a culture, the expectation is often that children should show autonomy and initiate interaction with adults. When a child from a culture that emphasizes a collectivistic approach to care enters a childcare environment that emphasizes an individualistic approach, the unfamiliar cultural expectations may have multiple effects. For example, a child familiar with waiting for an adult to initiate interaction may, in turn, receive less atten-

tive caregiving as her teachers respond to other children’s bids for attention and wait for her to initiate. She, in turn, may have a harder time connecting with her teachers, and may not have the same relational and learning opportunities as her peers. In either case, the teacher’s understanding of the child’s home culture and language will enable the teacher to adapt to the child’s cultural expectations and make the infant/toddler group-care setting more familiar and comfortable, thereby supporting the development of a secure relationship.

Each child will approach and explore his or her environment and relationships differently. Some children need specialized support from an attentive adult to help them actively explore the world and build relationships with other people. Other children naturally seek out these experiences through self-discovery and activity. Although most children generally follow a fairly similar developmental path, some children develop differently due to their disability, experiences, or inborn traits. Understanding each child’s development is part of the joy and responsibility of the teacher. If the child’s development varies from the expected path, the teacher needs

to monitor the child's development, communicate with the family, and determine how best to support the child. If a child is receiving early intervention services, a team of people, including family members and specialized service providers, will be able to provide guidance and insight about the unique characteristics of each child (Jones 2009).



Closing Thoughts

The five major insights described in this chapter confirm and expand on what the early childhood profession already knows from years of practice. Infants and toddlers are especially sensitive to experiences as their rapidly developing brains are shaped by a combination of biology and early experiences. Through responsive care, teachers focus on establishing secure relationships with infants and toddlers. Secure relationships become the base for young children's exploration and learning across all domains and areas of development. Being responsive to all infants and toddlers requires keeping the whole child in view. A teacher who understands that children are both competent and vulnerable at all times relates to children as active, motivated learners while providing loving care that ensures their safety and well-being. Being responsive also means getting to know each child as a unique person. From the family and through observation,

teachers learn that each child's abilities, rate of development, and ways of relating to others combine to make her like no other child. One of the greatest challenges and rewards of teaching is finding the approach that best facilitates each child's unique path of learning and development.

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CHAPTER 3

The Role of the Infant Care Teacher

A photograph showing a woman with her hair in a bun, wearing a white floral-patterned shirt, looking down at a young child. The child is holding a small object, possibly a toy or a piece of fruit, and looking up at the woman. They are in a brightly lit room with windows in the background. The image has a soft, purple-tinted overlay.

For children in an infant/toddler program, the teacher is the center of their experience. The teacher's predictable, consistent nurturance establishes an emotional connection with the child. When the child expresses a need for emotional support, the teacher is responsive. The teacher notices when children are hungry or tired and takes care of them. When a young infant reaches out to touch another baby, the teacher is nearby—smiling, providing encouragement, and helping the children learn how to be with each other. As children grow and change, the teacher puts materials in the indoor and outdoor environments that introduce new opportunities for exploration and discovery. The teacher is at once a nurturer, a guide, a supporter, an encourager, an observer, a planner, a provider of new experiences, a safe lap, and a listener. The teacher helps the children feel that they are where the adults care deeply about them—in a place that was made just for them.

Teachers in high-quality settings, in both centers and family child care homes, bring many important attributes to the job of guiding infant and toddler learning and development. These attributes include interpersonal skills to support relationships with children, families, and colleagues, an understanding of child development, the ability to observe and identify each child’s unique characteristics, and a professional commitment to supporting each child’s ongoing learning. High-quality infant/toddler programs help teachers focus on the child; work together with the family, as described in chapter 1; and understand the child’s path of development, as described in chapter 2.

Relationships with Children and Families

Close, nurturing relationships with children and their families are the starting point in the efforts of infant care teachers to support children’s learning and development (Sosinsky et al. 2016; Dean, LeMoine, and Mayoral 2016). Infants and toddlers look to their teachers for emotional security and depend on relationships with their teachers as a base for exploration and learning. Effective teaching is rooted in an understanding that infants and toddlers are active, motivated learners who have their own “curriculum.” To facilitate discov-

ery and exploration, teachers adapt to the strengths, abilities, needs, and interests of individual children. A responsive approach with every child is key to including children with disabilities or other delays in infant/toddler programs.

Positive relationships with families foster two-way communication. When teachers establish an honest, caring, and understanding dialogue with family members, children’s experiences in the infant/toddler setting become more predictable for them. As described in chapter 1, discussions with family members help teachers to find out about their approach to care and the child’s unique characteristics and experiences. This two-way sharing of information allows teachers to interact with infants and toddlers in familiar ways and to build connections between home and the infant/toddler program throughout the child’s enrollment (CDE 2010).

Teachers build meaningful relationships with children during ordinary, everyday interactions (Harper-Browne and Raikes 2012; Jamison et al. 2014). A mutual gaze with a four-month-old baby, a moment of eye contact with a twelve-month-old child scooting across the room, the acknowledgment of a two-year-old’s interest in his image in the mirror—such actions occur every day in infant/toddler programs. In one instance a child feels more secure, in another a child becomes more willing to ex-



Responsive Relationships at Different Ages and Stages

Four-month-old Augustin relaxes and gazes into the eyes of his teacher, Rita. He is resting comfortably in her arms after having a bottle. Rita gazes back and smiles and says, “Mmm, Augustin, you seem quite content. Let’s sit here for a moment together.” After a few moments Rita tells Augustin she will place him in his crib for a nap and that she will be nearby to keep an eye on him while he sleeps. He knows her well, and this routine is familiar to him. Rita has other babies to care for too, but when he is in her arms, Augustin feels as if he is the only baby in the world. Rita also helps him to be safe and comfortable when he is on the floor with the other children, who are a bit older. For Augustin, Rita is an anchor.

Twelve-month-old Ana scoots across the room, looking intently at a red toy truck on a low shelf. She looks back at her teacher. Mrs. Lopez smiles and nods. Ana is practicing being on her own, an experience new to her. She will probably return to Mrs. Lopez’s lap in a few moments. Mrs. Lopez knows that Ana started scooting just a few days ago at home. Her mom and dad were excited about seeing Ana, who was born with spina bifida, start scooting and moving around on her own. When Mrs. Lopez organized her living room into a child care home, she knew that babies would be exploring every inch of available space. She worked on making it safe, inter-

esting, and flexible enough to grow and adapt with the children in her care. As a result, Ana can explore in her own time, in her own way. When Ana discovers blocks inside the truck, she makes a happy sound. Mrs. Lopez acts surprised (“My goodness, there are three blocks in that truck”) even though she put them there with Ana in mind.

As two-year-old Lin gazes into the mirror, she smiles at herself and says, “Lin, that is Lin.” Her teacher, Jamal, says, “Yes, a reflection of Lin in the mirror and look, here’s Jamal in the mirror too!” Lin scans the room behind her in the mirror and sees that Emma is at the top of the slide. “Emma slide,” she says to Jamal. They both turn from the mirror and look as Emma slides her favorite doll down the slide. Jamal notes that Lin is using the mirror as a tool to survey the room. As quick as a cat, Lin darts across the room and catches Emma’s doll at the bottom of the slide. Jamal moves with her to see what will happen next. Emma howls, “Mine!” Lin looks from the doll to Emma, to Jamal. She offers the doll to Emma and says, “More?” Emma smiles, and the game of sliding the doll together begins. Jamal breathes a sigh of relief and smiles to himself. He has intervened many times in conflicts between Lin and Emma, and it is a joy to see their friendship develop. He looks forward to telling their families about the game they invented.

plore, and in a third a child gains a stronger sense of self. Teachers who are responsive as they develop relationships with infants and toddlers appear to work magic. But underneath the magic is a compassionate interest in each child, careful observation, a commitment to children and families, and a thoughtful approach to supporting learning and development.

Every interaction with an infant or toddler may present new possibilities for supporting the child’s development. The child is an active person who responds to each interaction and experience in a

unique way. For the teacher every moment provides an opportunity to learn—to find ways to cultivate the potential in every child. Through embracing their role as learners, teachers become more effective. Through observing, asking questions, listening, and reflecting, they learn from the children and from the children’s families and further build their knowledge and skills. Other sources of professional development for teachers include keeping up-to-date on child development information; participating in professional learning on infant/toddler care and education;



working with specialized service providers in early intervention, social services, and health care; and reflecting on their work.

Early social–emotional development, which emerges from early relationships and interactions, has a major impact on all domains of learning and development

(Harper-Browne and Raikes 2012). Teachers nurture a child’s social–emotional health in a variety of ways, including supporting children’s developing sense of self, providing emotional support, facilitating socialization, and giving guidance.

Support sense of self and connection to others

Teachers support a child’s sense of self in relation to others by letting the child know that his family and his home language are important. Ways of communicating an appreciation and understanding of the child’s developing identity include placing photos of his family in the care environment, engaging in simple rituals at mealtime or naptime that are similar to rituals at home, and speaking the child’s home language or saying a few familiar words in the child’s home language.

An essential part of supporting identity development is recognizing and appreciating what a child is doing at any given moment and can do. If teachers are chiefly concerned with what a child cannot yet do, they may focus their educational efforts on skills far beyond the child’s developing abilities to the detriment of her sense of



self. Similarly, teachers who are unaware of how their own cultural expectations for a child's behavior may not be aligned with a family's cultural expectations may undermine that child's developing sense of self. When teachers base their educational approach on a child's strengths and interests, they validate the child as an active learner and help her to see herself as a capable person.

Provide emotional support

When caring for infants and toddlers in groups, the teacher plays a key role in the emotional climate of the room (Thomason and La Paro 2009). When a child observes her family members talking and smiling with her teacher, she is likely to feel safe and comfortable with that teacher. By talking about the child's mother, father, or grandparent, the teacher encourages the child to think of them and remember her connection to her family. The child looks to the teacher when she is excited to share a discovery or when she needs help. A warm, positive response from the teacher lets the child know that her discoveries are important and that her needs will be met. When the teacher speaks in a nurturing

tone to other children, the child sees that the teacher relates to everyone in the group with respect and genuine interest.

Facilitate socialization and give guidance

An important part of the teacher's role is to facilitate socialization in the infant/toddler setting. Socialization or social learning means helping children learn to participate in the life of the group.

Infants and toddlers in groups form relationships and become friends. These relationships may present them with their first experiences of feeling affection for a friend, feeling frustration with someone who gets in the way or takes away a toy, and receiving and giving empathy and help. Infants and toddlers in groups are learning to be together and to do things together.

Teachers can help infants and toddlers learn to adapt to the group and become socially competent. For example, a teacher can guide an infant who is reaching for the face of another infant to touch gently. Or the teacher can communicate an understanding of an older child's negative feelings toward a friend, helping the child gain a sense of calm. The environment should be set up so that children have



enough materials (to minimize disputes of possession) but are not overwhelmed by too many things or too much stimulation. Quiet places that accommodate two or three children enable them to focus on one another and enjoy their play together.

Interacting with other adults gives teachers another powerful way to facilitate social learning. As children observe

Learning About Being Together

Eighteen-month-old Aidan wants to play in the water sink. He has seen the water trickling out of the faucet from across the play yard and he is heading straight for it. His teacher, Deborah, has noticed his focused attention and purposeful movement. She quickly moves toward the sink, where Noah is happily filling a plastic beaker with water and pouring it onto the ground at his feet.

When Aidan arrives at the sink, he presses against Noah to move him out of the way and reaches for the beaker in Noah's hand. Noah tries to snatch the beaker away and yells. Deborah calmly and gently places a hand on Aidan's shoulder and a hand on Noah's. "You both want to play here in the water. There are more beakers in the sink, Aidan." He looks into the sink and reaches for Noah's beaker again. Aidan leans against Noah, who leans back. Deborah's hand keeps the boys from pushing each other. "Noah is standing here, Aidan. You can play here, too, if you would like."

She hands Aidan a beaker, which he takes. She increases the flow of the water a bit, and both boys reach toward the water with their beakers. "There is room for both of you here and enough water too," Deborah says, "You are playing together now." The boys stand shoulder to shoulder and fill and pour. Deborah stays close to them for a while and occasionally comments on what they are both doing.

teachers interacting with family members, program leaders, other staff, and volunteers, the children are learning how people treat each other.

Curriculum for Infants and Toddlers

A major part of the infant/toddler care teacher's role is to plan possibilities for learning and facilitating the children's exploration and learning. The curriculum includes three important, interrelated elements: (1) the learning environment; (2) the caregiving routines; and (3) interactions and communication with infants and toddlers. Each of these elements requires thoughtful planning and implementation based on teachers' reflections on their observations and documentation of the children's behavior, discovery, and learning. As teachers engage in a curriculum-planning cycle they reflect on the impact of the environment, routines, and interactions and communication on children's learning. From their collaborative reflection, among themselves, with the children, and with the children's families, teachers identify ways to change the learning environment, routines, interactions, and communications to extend and add complexity to the children's meaning-making and learning.



The Environment

The physical environment communicates powerful messages to infants and toddlers. The design of children's environments affects children in many ways, including their physical and emotional safety and learning experiences (Chazan-Cohen

et al. 2017). Well-designed environments

- are safe and appropriately challenging;
- provide appropriate choices for the children—not too many or too few;
- invite children to move freely—instead of limiting their ability to move;
- are furnished with chairs and other equipment that are the right size—not too big or too small;
- are adapted to the different ages and abilities of all children in the group, so that every child can participate in the daily experiences;
- offer peaceful, well-organized places, areas to be active, and places to explore materials both indoors and outdoors;
- display pictures of the children, their families, and their community—rather than things that are unfamiliar to the children and lack personal meaning; and
- are stable and predictable—because constant changes can be confusing to infants and toddlers.

Creating an environment that matches the children’s developing abilities and interests requires careful observation and thoughtful planning. The goal for teachers is to make everything in the environment say to the children, “This place is for you.”

Set up the environment for learning and development

In designing the environment, teachers set the stage for learning and development (CDE 2009a). The environment influences every area of growth, including perceptual and motor development, social–emotional development, language development, and cognitive development. Teachers in high-quality programs work together with families to create a predictable, familiar, and meaningful environment for the children.

Effective teachers place materials indoors and outdoors that offer a rich variety of possibilities for movement, exploration,

and discovery. They observe which kinds of materials hold children’s attention and introduce slightly different yet related items. They notice the skills a child is trying to master and find ways for that child to practice them. Teachers also need to ensure that children who want private time by themselves have places to move away from the group yet can still be supervised. In a toddler program, for example, lace curtains were hung under a loft to allow teachers to see a child who wants to be in a private place.



One of the most important principles of preparing the environment is to make adaptations that consider the different ages and abilities of each child. This principle supports responsive care and education. It also facilitates the inclusion of infants and toddlers with disabilities or other delays. An environment that is adapted to the developing abilities and strengths of individual children makes possible the full participation of every child (Torelli 2002).

Create a healthy and safe environment

Infant care teachers also support learning and development by maintaining a

safe and healthy environment for infants and toddlers. Key health practices include frequent cleaning and sanitizing of surfaces, play materials, and equipment. Teachers need to inspect the environment regularly for safety hazards, such as mushrooms growing in the play yard or slippery, wet floors in the bathroom. Inspections and other measures prevent accidents and injuries.

A stable, predictable environment that is peaceful and moderates the amount of stimulation infants and toddlers experience is critically important for their well-being and development. The activity and noise levels of a typical preschool setting would easily overwhelm infants and interfere with their ability to focus on learning. Instead, children from birth to age three need a quiet, calm place, with a limited amount of auditory and visual stimulation. Best practices for infant/toddler environments include thoughtful use of sound absorption materials, neutral, calm colors, and sufficient materials for children's play, but not so many that the environment becomes cluttered (CDE 2009a).



The environment and children's physical activity

Because infants and toddlers are continually learning with their bodies, teachers need to attend to perceptual and motor development and learning in their daily interactions. Infants and toddlers make many important discoveries about people, objects, gravity, spatial relationships, and their capabilities and limits through freely moving their bodies (Gopnik, Meltzoff, and Kuhl 2000). Like their peers, children who have a disability, including sensory or physical disabilities, benefit from movement. Family members and specialized service providers help teachers learn how to assist a child who has a disability with movement and exploration.

Honor the natural process of physical development

Physical development unfolds naturally and usually does not need to be taught. Infants and toddlers are motivated to move their bodies to make discoveries. Teachers can support this process by remaining available to give assistance when children need it. For children who are typically developing, equipment is unnecessary to assist them with learning to move and walk, and may interfere with the perceptual and motor learning that naturally occurs as they move freely. In cases where a child has a disability or other delay and requires additional support, a specialized service provider working with the child and family may recommend adaptive equipment.



Teachers support children in making wise choices by preparing a safe yet appropriately challenging environment and staying available to help. Because children are more likely to fall and get hurt when put in places they did not get to themselves, teachers should avoid placing children on equipment or into positions that they cannot yet manage on their own. A safe environment frees teachers to enjoy and support an infant's developing abilities by watching, smiling, and talking about what the child is doing.



Plan and prepare to support children's free, active movement

When teachers understand that young children must move, they facilitate movement by observing each child's development and by looking ahead to what each child might do next. When planned for, children's interest in actively moving their bodies can be enjoyed and appreciated and not considered a disruption. Infants and toddlers test their abilities frequently and change quickly. To keep the child safe and allow free choices and appropriate risk-taking, teachers need to stay available and modify the environment when necessary. In programs with mixed-age groups and with children of diverse abilities, teachers need to consider all the children in the group and organize the learning environment to support every child's emerging abilities.

For an infant who is crawling, a low platform or ramp that raises the child only



a few inches from the floor is an appropriate challenge. Later, as the infant begins to pull up on objects and move along them, a teacher might provide a low table that is the right height for "cruising." Toddlers have jokingly been called "furniture movers," as many of them love to push around heavy objects, such as chairs and tables.

When teachers respond to children's natural urge to move, they can do it in a way that works for both the children and the teachers. A teacher who, for safety reasons, does not want toddlers pushing furniture might offer crates or boxes to push. Teachers who understand and appreciate that learning and discovery happen when children are physically active find many ways to support physical activity (CDE 2009a).



Predictable, Consistent Caregiving Routines

The heart of the infant/toddler curriculum lies in the daily caregiving routines (CDE 2002). Daily routines, such as diapering, dressing, feeding, napping, and even wiping a nose, offer rich opportunities for engaging the child's attention and cooperation (an important early step in socialization and guidance), for learning, and for deepening relationships.

Personalize caregiving routines

The intimate, one-to-one time during caregiving allows teachers to personalize interactions with each child. Because each child has different experiences with routines at home, communication with the child's family members helps to ensure cultural continuity between the home and the infant/toddler setting. For example, one infant may appreciate talking and laughing during care activities, and another child may be more quiet, slow-moving, and particularly attentive to the teacher's actions.



Appreciate the ordinary as extraordinary

Children under age three do not distinguish routine chores from play, work, or adventure the way adults do. For children, each and every event offers rich and important learning experiences. But regularly occurring routines quickly become special to children because they are ordinary; they are repeated over and over. Children recognize them. They come to rely on them to give rhythm and order to their lives. They become familiar with the sequence of activities that make up each different chore. They begin to join in whatever way they can. Through their participation in everyday activities, children begin to develop ideas about past and future; beginning, middle, and end; space and time; cause and effect; pattern and meaning; self and other; and friends and strangers that will help them one day sort out their experiences the way adults do.

Routines become familiar events in the day that provide predictability and security. Even young infants come to anticipate the

Adapt to the Unexpected

Because of the unpredictability of young children's interests, teachers frequently have to create a balance between being predictable and being flexible in carrying out daily activities. In a program for older toddlers, for example, when the children were playing outside, a grandfather stopped by unexpectedly and dropped off a fresh bale of hay. The toddlers were fascinated with the hay. They pulled the bale to shreds and then began to stuff the hay into openings under the slide. Observing their cooperative play, focus, and passion, their teacher decided to let the outside time last longer that morning. This change meant that lunch and nap times were a little late. When family members came to pick children up at the end of the day, their children took them to the playground to look into the openings and see the hay.

sequence of events. A nap, for example, follows a bottle and time in the teacher's lap. Routines should be predictable but also flexible enough to allow for changes.

Attend to health, safety, and nutrition during routines

During routines teachers must carefully maintain healthful and safe practices to protect both children and adults and to minimize absences due to illness or injuries. Frequent handwashing is a highly effective measure to reduce the incidence of communicable diseases. Teachers should work with families and specialized service providers and follow through on any procedures or precautions that may be required when a child has a special health need. Teachers also need to ensure that children receive nutritious meals and snacks. A healthful diet early in life can have a lasting impact on children's long-range learning and development.



A teacher's way of handling routines has a powerful effect on the child's developing identity. Consistent, prompt, and nurturing responses to the young infant's cries communicate to the child that her actions make a difference. The young infant begins to see herself as someone who can make things happen. Teachers who invite the child to be an active participant in routines let her know that she has an important role to play in her care. Through participation in routines, the child learns that she is some-

one who can cooperate with others. This approach to routines strengthens the child's self-confidence and makes the experience enjoyable for both the child and the teacher.

Interactions and Communication

Infants develop intellectually and learn to communicate through relationships and exploration of the environment (Chazan-Cohen et al. 2017; IOM and NRC 2015). Their teachers support intellectual and language development in their daily interactions with children by recognizing discovery and learning, helping children explore ideas and symbols, and nurturing a love of books and stories.

Recognize discovery and learning

As they explore and try to manipulate things, infants and toddlers constantly make discoveries (Gopnik 2016, 30). For infants and toddlers, everything is new. They are learning about cause and effect, the use of tools, the permanent nature of objects even when out of sight, and how things fit in space. They also constantly learn new strategies for exploring and acting on things through imitation and experimentation. They learn by touching, mouthing, banging, and squeezing things. They repeat actions over and over. By observing infants and toddlers, teachers can see the discovery process at work. Teachers who recognize the discovery process are more likely to introduce experiences and materials that allow children to explore their interests further. Effective teachers respect the exploration and experimentation of infants and toddlers as they would respect the work of a scientist. They avoid interrupting the children and give them time to pursue their interests. When a child senses that her teacher appreciates her interest in the world, she continues to develop as a self-confident learner and keeps building her competence.



Help children explore ideas and symbols

As infants and toddlers investigate physical environments and relationships, they also explore ideas and symbols (Bruner 1983; Gopnik 2010). Conversations with adults about objects and activities in their daily lives help children come to know the names for things (cat, kitten, ball) and for categories of things (animals, baby animals, toys). They begin to grasp the rules that govern language (for example, one cat, many cats; un coche, unos coches). In their everyday interactions with adults, they find countless opportunities to explore the nature of nonverbal and verbal communication. It may include the use of sign language or alternative communication systems for children with hearing impairment or developmental delays.

The teacher notes when a child is interested in communicating and responds, such as when an infant crawls into the teacher's lap and tugs on her chin, and the teacher nods and laughs and says, "You pulled my chin!" The teacher can expand



on a child's communication. When a child is saying, "Ba ba" and pointing to the ball, the teacher may add, "Yes, ball. You see the red ball." Singing, rhyming, finger plays, and word games fascinate infants and toddlers and help them to enjoy language and to feel comfortable in trying new ways to communicate.

Experience with language is critically important for infants and toddlers (Harper-Browne and Raikes 2012). By being responsive to the children's efforts to communicate and using language regularly with them, adults foster language development. Experience with language also builds young children's vocabularies, which contributes to learning to read when they are older. Just as important, communication between the teacher and child makes their relationship more meaningful.



Children whose family's primary language is different from the language spoken in the infant/toddler setting benefit when they continue to learn their home language (see chapter 5). Research suggests that learning a first language serves as a foundation for acquiring a second language. Experiences with the home language in the infant/toddler setting help to maintain the sounds and meanings of that language for the child. They also convey the teacher's respect for that language as a valid means of communication, support the child's developing identity, and foster communication at home. Research also indi-

cates that bilingual children who learn English as they develop competence in their home language acquire word identification skills that can support learning to read English in elementary school (Ordóñez et al. 2002). It is important to remember that concept development (for example, colors, numbers, shapes, etc.) can take place in any language and that concepts developed in a child's primary language will transfer to the child's second language.

During the infant/toddler years, because of diverse learning styles, personalities, levels of motivation, and family experiences, children who are learning both English and their home language will use different strategies and progress at varying rates. Bilingual language development may take more time. Thus, effective infant care teachers need to be patient and consistent when communicating with children who are learning more than one language. (See chapter 5 for more information on supporting infant/toddler DLLs.)

Nurture a love of books and stories: Preliteracy

In addition to communicating with language, teachers can support what is called preliteracy by reading and telling stories when children are interested. Allowing infants and toddlers to explore books in whatever ways they choose—stacking and carrying books around, turning pages, pausing to study a particular page, holding a book upside down, opening and closing a book, even sucking on a book—helps



them to become comfortable with books. Experiences with books increase children's interest in the stories, ideas, and pictures they contain. Children develop an appreciation for the stories and, as they grow older, begin to understand that the symbols on the page convey meaning. The first steps in learning to read happen many years before the child reads his first word. Some of these steps include the moment a child picks out a favorite book and then sits on a teacher's lap, listens with rapt attention, asks a question, points to a picture, or comments about the story.

Storytelling, which is common in many families and communities, fosters language learning and encourages discovery, pretend play, and the development of an understanding of cultural beliefs and values (Gardner-Neblett, Pungello, and Iruka 2012; Gardner-Neblett and Sideris 2017). Children also begin to learn about the structure of stories, which is an important step in the long journey of learning to read.

Curriculum-Planning Process

Planning infant/toddler curriculum begins with teachers learning about each child's development through careful listening and observation (National Infant & Toddler Child Care Initiative 2010). Observation is an essential teaching skill. When teachers mindfully observe, they find out how individual children make discoveries and meaning within everyday moments of play and interactions. Observing to as-



Assess each child's learning means carefully watching and listening with thought and reflection. In doing so, teachers find evidence of individual children's meaning-making—how a child expresses or shows feelings, how a child responds to the impact of his actions on the objects he encounters or the people with whom he interacts.

When teachers observe infants' play and interactions, they gather evidence on each child's social-emotional, language, cognitive, and perceptual and motor development. Observation can help teachers see, describe, and understand how an infant organizes feelings, ideas, skills, and concepts. Sometimes, teachers may choose to write down what they observe in a note. They may also take a photo, or, with older toddlers, they may keep a sample of each child's work. In doing so, teachers collect observational data that provide clear, vivid evidence of children's development. Observing how children explore and play with familiar materials or ideas often makes it possible for teachers to track children's developmental progress on various measures of the *Desired Results Developmental Profile (DRDP 2015)* (CDE 2015).

As teachers observe children's play, exploration, and interactions, they discover ways to support children's learning. Ideas for the next steps in curriculum planning emerge as teachers reflect on how they might extend or expand children's exploration, problem-solving, thinking, interactions, and language. For infants and toddlers who receive early intervention services, teachers may also collaborate with family members and specialized service providers to embed interventions into daily routines and experiences. Observation, reflection, and documentation in the moment simultaneously launch an ongoing assessment of each child's progress in learning as well as the curriculum-planning cycle.

The Curriculum-Planning Cycle

Observe, reflect

Observing and reflecting on each moment means being present and attentive with children as they interact with others and the environment. This mindful presence is different from participating in children's play or directing their play. Whether for one minute or 15, an attentive, mindful presence means watching and waiting to see what happens, moment by moment, as infants and toddlers play. By watching, wondering, and reflecting, teachers gain an increasingly detailed picture of children's exploration and discovery. When observing children mindfully, a teacher will discover small scientists at work—gathering information, comparing, making assumptions, evaluating assumptions through their actions, experimenting, and, over time, building mastery of a wide range of concepts and skills.

Document, reflect, plan

Documenting means gathering and keeping evidence of children's exploration and interests for future use. A common form of documentation in early care settings is a written note, often referred to as an observation anecdote. Other forms of documentation include photos, video recordings, and work samples (for older toddlers). Documentation serves a dual purpose. First, it holds memories of teachers' observations of children's learning—the children's expressions of feelings, ideas, concepts, and skills. Teachers can use an-



ecdotal notes and other evidence to deepen their understanding of children and to support periodic assessment of each child's progress (as measured by the DRDP). The kinds of progress that teachers support in infants and toddlers are described in the *California Infant/Toddler Learning and Development Foundations* (CDE 2009b) and the *California Infant/Toddler Curriculum Framework* (CDE 2012). Second, documentation guides teachers as they determine next steps in ongoing, day-to-day curriculum planning for expanding and making more complex possibilities for infant and toddler learning.

Maguire-Fong (2015, 36) describes how teachers can reflect on documentation in the following way:

When adults review together the photos or written observations of play, they engage in a reflective dialogue, sharing their interpretation of the documentation. Reflective dialogue is also a way for teachers to invite families to join them in support of children's learning. In reflecting together



in conversation, they exchange impressions and ideas about what children are thinking and they explore possibilities for what contexts to prepare next ...

As teachers reflect on the exploration and interactions of infants and toddlers, they discover possibilities to sustain, extend, and help children make their play more complex, and thereby support the children's continued learning. Teachers review ideas for possible next steps in the curriculum, which might include: adding materials in interest areas to offer new experiences or experiences that challenge emerging competencies; expanding infants' participation in care routines; and being intentional about engaging infants in conversations about certain topics. Teachers include in such plans ways to support the learning of individual children. To ensure full participation of children who have disabilities or other delays, teachers



The Curriculum Process in Action

Through observation, documentation, assessment, reflection, and planning, a team of teachers decided that a small group of toddlers was ready to try to grasp things above their heads and swing their bodies forward and backward. They had noted, in particular, that the children had been trying to swing from a bar below the changing table. Believing that allowing them to play in the changing area would be unsanitary and inappropriate, the teachers decided to find another place where the toddlers could pursue their interest in swinging their bodies.

They identified a porch railing at about the same height as the bar below the changing table. They moved equipment away from the porch railing and placed a rubber mat below it. Once these changes were made, the teachers observed that the children frequently reached up to the rail and lifted their feet to swing from the porch railing. The children enjoyed doing this activity alone and together.

Now, when children enter the diapering area to try to swing from the rail there, they can be redirected to the porch railing. The children have a place that is safe, sanitary, and appropriately challenging to try out their developing motor skills. The teachers continue to observe, document, and reflect on the children's use of the railing, along with other large motor play, with an eye toward discovering the next challenge to offer the children.

should always adapt the experiences in consultation with families and early intervention specialists. The teacher's observations and documentation also inform the

Individualized Family Service Plan (IFSP) process for infants and toddlers who receive early intervention services.

Implement, reflect

Once a plan is developed teachers then begin to implement it. While implementing a plan, teachers observe, reflect, and document. The curriculum-planning cycle continues as teachers observe to discover how children respond to the planned curriculum and show evidence of their development during the planned learning encounters. Teachers often approach this step with a sense of wonder, as they may be surprised and amazed by the children's responses. To hold these responses in memory, teachers may record notes, take photos, or label, date, and keep track of older toddlers' work samples, all of which can be reviewed at a later time. In such reviews, teachers assess the impact of the curriculum plans to think of additional ideas for supporting the children's learning. At the same time, they assess individual children's learning. For example, teachers might reflect on the following questions:

- Are children responding as we had predicted, or were there surprises?
- What do the children's responses reveal? How can we describe the children's interests or intentions? What concepts and ideas are the children developing within their play?



- What changes are suggested by the children's responses to the environment, materials, or interactions? What might be the next step in supporting the children's learning?
- Are children showing evidence of progress on any of the DRDP measures?

Partnering with families in planning curriculum

Teachers find it particularly helpful to share documentation of children's learning with family members. When families and teachers reflect together on the documentation of children's exploration and learning, family members offer insights into the children's behavior and ideas, as well as share expectations of their children at home or in the community. Teachers and families together discover ways to connect the children's experiences in the infant/toddler program with their experiences at home and in the community.

Experiences at home and in the community are a powerful source of connections for infants and toddlers. Teachers nurture children's appetites for learning and meaning-making by building upon the knowledge children bring to the infant/toddler setting. When teachers embed elements of the children's home and community in the infant/toddler program, the children

encounter familiar concepts, language, and materials. This familiarity creates fertile ground for meaning-making and helps infants and toddlers explore with comfort and ease. Connecting experiences at home with those in the program also brings coherence to the moment-by-moment experiences of meaning-making. Just as important, connections between home and the program also support children emotionally and socially. This emotional support helps infants feel secure and allows them to explore and experiment with new objects and solve problems in a new setting. The key is to get to know the families well to find out which connections are meaningful for the individual child. When teachers discover what may be personally meaningful for a child, there is a good chance of fully engaging that child in meaning-making and learning.

Working Together with Family Members to Support Their Child's Learning

Maete, mother to 26-month-old Lupita, has complained to the teacher and the administrators that she feels Lupita is overlooked and treated unfairly by the teachers. She notices when she drops off and picks up Lupita that the teachers do not pay a lot of attention to her daughter and that Lupita rarely comes home with art activities. She is infrequently greeted during drop-off and pick-up. She feels as though she has tried to reach out to the teacher, Alexis, but is being ignored.

Alexis admits that Lupita is often overlooked by her and her staff because she is so quiet and compliant. Alexis struggles with Maete's direct communication style and has started avoiding her. Alexis noticed that on the days Lupita's grandmother picks her up, Lupita beams and becomes

very animated and engaged in a way the teachers do not usually observe. Alexis decides to engage Maete in a conversation to find out more about the role of Lupita's grandmother in her life. She learns that the grandmother often does the bedtime ritual at their home, and Lupita's favorite time is when her Abuela reads her books in Spanish.

Alexis asks Maete to invite Lupita's Abuela to the class to read before the children have their nap. Lupita's grandmother starts coming in to read a book in Spanish once a week. Lupita's engagement with the teachers and other children starts to shift. Everyone notices the difference. Soon other children's grandparents start coming in to read as well. It is a positive experience for the staff, families, and children, especially Lupita.

Self-Awareness and Reflection

Self-awareness and reflection help teachers understand their strong feelings to protect children. Teachers also gain insights into their attitudes about different approaches to infant care and the inclusion of children with disabilities or other delays. Childhood experiences often shape one's beliefs about educating and nurturing children. For example, a teacher who was brought up to sit quietly and listen may believe that all children should be raised that way. Teachers who are unaware of the influence of their childhood experiences may feel comfortable only with practices with which they are familiar. Authentic knowledge of and respect for a family's cultural practices and **cultural responsiveness** in general are simply not possible without ongoing self-awareness

helps teachers to communicate openly with families (CDE 2016).

As part of professional development, effective teachers learn from exploring their feelings about children with disabilities or other delays. Teachers who are not completely aware of their attitudes may fear that they would not know how to care for a child with a disability or other delay and could do something harmful or inappropriate. Self-awareness, along with knowledge and support from collaboration with families and early interventionists, helps teachers overcome fearful responses and increases their openness to the benefits of inclusion for all children and families (CDE 2009c).

In general, self-awareness enhances teachers' skills in day-to-day interactions with children. For example, some teachers learn that they are overly concerned for the children's safety. This exaggerated concern may lead them to restrict the children's opportunities to test their developing abilities.

Teachers who become aware of their emotional reactions discover ways of ensuring safety while allowing children to try new challenges. Similarly, teachers may be unaware that their feelings about a child who is temperamentally sensitive or distractible may interfere with their relationship with that child. When caring for a child who has experienced trauma, teachers may experience secondary trauma. In effect, they indirectly experience the child's trauma. Teachers need

Infants Sleeping with Siblings

A teacher named Deborah was thrilled to have twin sisters in her infant group whose family came from Thailand. When Pakpao, the twins' mother found out that her daughters would need to sleep in separate cribs, she became visibly upset. Although Deborah knew that some cultures were used to co-sleeping, she thought it only pertained to the mother and infant and did not extend to siblings. After saying to Pakpao that it was the center's policy to

have children sleep separately, Deborah said she would look into how best to accommodate the parent's wishes. That night, Deborah went on the internet to research co-sleeping among siblings to learn more about the issue and also spoke with her Program Director about how best to approach the issue. After this experience, Deborah learned that it was important to find out more about cultural differences to be responsive and sensitive to a family's needs.

and reflection on one's own cultural perspective. Reflection enables teachers to appreciate the impact of their own backgrounds and upbringing on their practices and become open to the value of other approaches. Awareness of their own beliefs

time and support to reflect on their feelings as they care for infants and toddlers. When teachers become aware of their feelings, they open up to the child and appreciate the child's unique strengths, needs, and interests (Lally et al. 1995).

At the heart of self-awareness for infant care teachers is an “awareness of one’s own emotional state, attachment style, emotional availability. . .” (Purvis et al. 2013, 368). It involves taking an objective look at one’s inner experience and behavior (Shapiro, Brown, and Biegel 2007). In reflecting on the past in this way, teachers may examine personal experiences or histories of trauma. Trauma stems from experiences that lead to intense physical and psychological stress reactions. It may be related to “a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being” (SAMHSA 2014, 2). As teachers engage in self-reflection and increase their self-awareness in emotionally powerful caring relationships, they will need reflective support from their supervisors and access to mental health consultation.

To provide effective, supportive care for infants and toddlers who have experienced trauma, teachers need to be aware of their own experiences and understand the possible negative impact of trauma-related physical and emotional stress on development and well-being (Elliot et al. 2005, 462; US Department of Health and Human Services 2014). Trauma-informed care is an approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment” (Hopper, Bassuk, and Olivet 2010, 82). Self-awareness helps care providers anticipate and avoid practices that are likely to re-traumatize children who have previously experienced trauma (SAMHSA 2014).

Awareness of one’s emotional responses is essential for teachers when concerns about the child’s well-being arise. At

Taking Time to Listen

Natalie, an infant care teacher, has made a point to listen to and support the parents of children she works with. As sixteen-year-old Xiumei arrives at the center with her four-month-old daughter, Yingying, tears are streaming down Xiumei’s face. Natalie greets her with a tender smile and asks Xiumei how she is doing. Because they have talked a lot in the past several weeks, Natalie knows that Xiumei is under tremendous pressure. She stops and listens to Xiumei’s story of her morning. After she put Yingying in the stroller and rushed out the door to make the

6:30 a.m. bus, Xiumei realized that she had forgotten Yingying’s blanket. She could not go back because she had to get Yingying to the center and hurry to class. Mrs. Ruiz, her teacher for vocational training, had already told Xiumei if she was late again she would have to repeat the class.

So many thoughts are running through Xiumei’s mind, including Yingying, class, getting a job, and the many bills she has to pay. If Xiumei has to take this class again, she will not get the job at the local hospital. Natalie acknowledges that Xiumei’s morning sounds stressful and hands her a box of tissues.

With permission Natalie gently takes Yingying after Xiumei gives her a kiss on the forehead and wraps her in a blanket. Natalie asks Xiumei if she wants to take a moment to sit on the couch and catch her breath. Xiumei sadly says she would like to, but is unable to. From past experiences Natalie has learned that Xiumei will seek comfort from others outside of her family only when she feels she really needs it. In a supportive voice Natalie says she understands and tells Xiumei to “hang in there,” things will work out, and “Yingying is in good hands.”

times, significant stress may interfere with a family's ability to nurture their child. In response, a teacher's impulse to protect the child may become amplified. To interact respectfully with the family and to find ways to support the family and their child, teachers need to work on learning about the family's perspective and understanding their own emotional responses.

Self-awareness and reflection are prerequisites to careful observation of children, as personal feelings can often cloud what teachers see. Acting on personal feelings can also have a negative impact on the quality of care and education teachers provide. For example, a teacher experiencing stress in her personal life and feeling overwhelmed may be annoyed by a child's clinginess and react angrily rather than taking time to think about what might be going on with him and how she can help him feel secure. Teachers who become aware of their personal feelings through reflection are better equipped to focus on the children and the families and provide responsive care and education.

Care for Oneself

An essential part of being an infant care teacher is preparing oneself to care for others. In talking about professionals who provide care to others, the respected psychiatrist Daniel Siegel states, "If we don't care for ourselves, we'll become limited in how we care for others" (Siegel 2010, 3). This insight is especially important for infant care teachers, given the heightened emotions that come into play when caring for infants and toddlers.

Caring for infants and toddlers and developing a positive attachment with them is personally rewarding, but the work is also often stressful. Due to low pay and other factors, teachers are likely to experience significant stress outside the workplace. In addition, the work itself may be stressful, particularly in situations where the number

of children in care exceeds recommendations for group size and teacher–children ratios and where teachers lack appropriate support systems. Many teachers are likely to care for children who have experienced trauma on a daily basis (Statman-Weil 2015). Sometimes the teachers themselves may have experienced trauma in their lives. Thus, both stress outside the workplace and job-related stress adversely affect the capacity of care teachers to be responsive to the children in their care.

Teachers may also experience compassion fatigue, which can lead to secondary trauma/vicarious trauma and job burnout. Compassion fatigue can be defined as the "emotional and physical exhaustion that caregiving and helping professionals can develop over time" (CBHI 2015). In particular, it refers to the naturally occurring behaviors and emotions that stem from learning about a traumatizing event experienced or suffered by a person being cared for (Adams, Boscarino, and Figley 2006). Adams, Boscarino, and Figley (2006) state that the likelihood of developing compassion fatigue increases when teachers have their own experiences or history of trauma and have little support to cope with the demands of caregiving.

Infant/toddler programs must support all teachers by collaborating with them to develop individualized self-care plans. Programs can help teachers identify and implement research-based self-care strategies. One strategy suggested by research that may be effective for care professionals is mindfulness training. For example, Napoli and Bonifas (2011) report that mindfulness training may positively affect one's capacity for empathy. To promote mindfulness, programs provide time and space for teachers to practice self-reflection. Self-care, of course, includes engaging in regular exercise, maintaining a healthful diet, and balancing an active life with sufficient rest and sleep. Just as important, programs can

access community mental health consultation resources for teachers. Consultation with mental health professionals can help teachers cope with issues that infants/toddlers and families face. It can also help teachers with the stress they experience in their own lives as well as from the daily practice of teaching and supporting children and families. Above all, the key to effective self-care is a strengths-based approach that promotes resilience and fosters a sense of competence and hope among teachers.

Closing Thoughts

Teaching infants and toddlers requires learning about child development, the role of the family and community in the child's development, the role of language and cultural differences in early development, and the impact of a teacher's beliefs, values, and experiences on relationships with children and families. The many responsibilities of teachers include building relationships, providing emotional support, preparing environments for active learners, and facilitating exploration and discovery. As they develop professionally, teachers become skillful observers and increasingly learn from each other. Although complex and demanding, the teacher's role is highly rewarding. In high-quality programs, teachers have the opportunity to experience firsthand the amazing growth of children with whom they have formed close, caring relationships.

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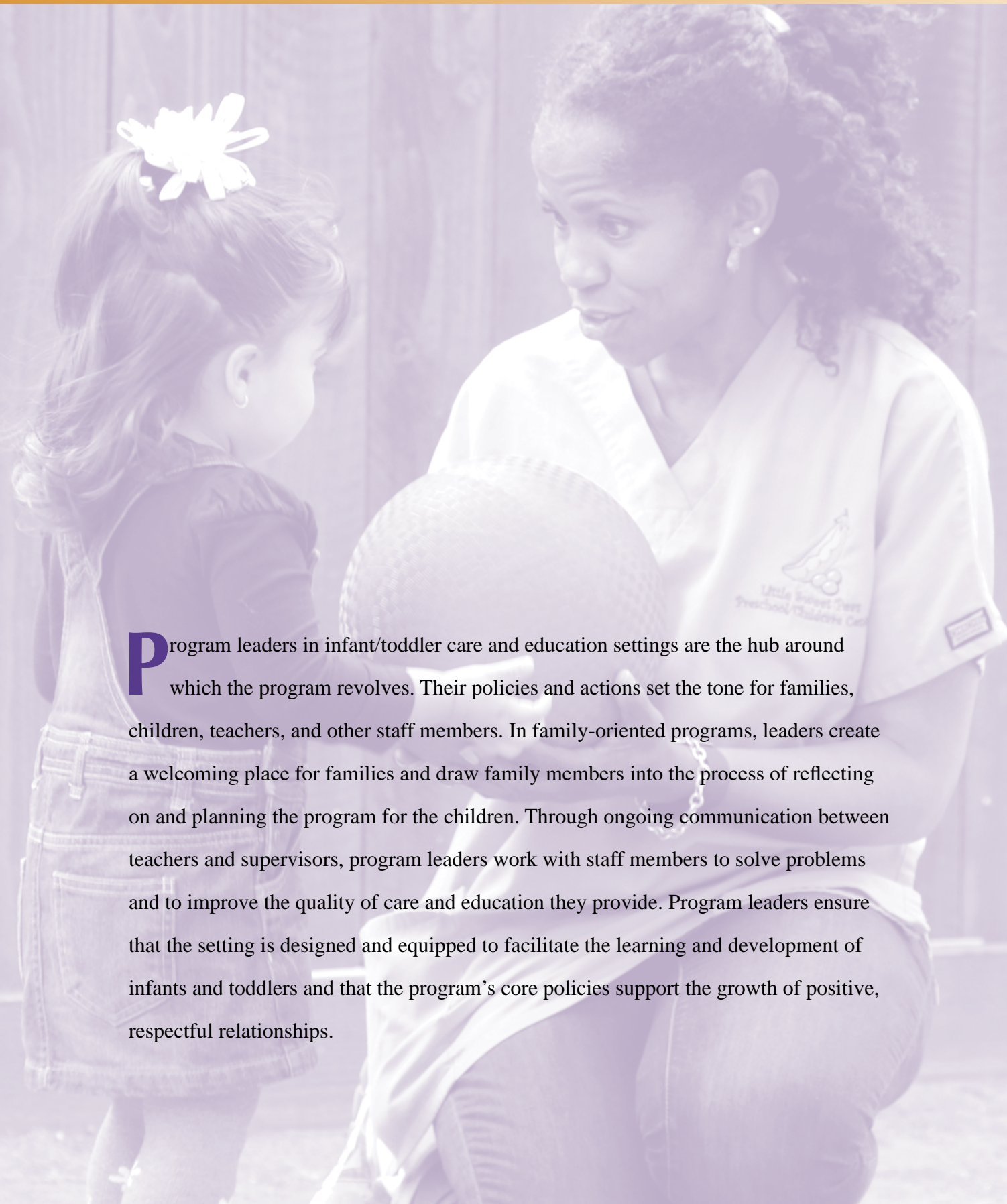
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CHAPTER 4

Program Leadership and Administration

A photograph of a woman with dark curly hair, wearing a white uniform with a logo that says "Little Sprouts Preschool/Childcare Center", kneeling and holding a large, textured ball. She is looking at a young girl with a white flower in her hair, who is wearing a dark top and denim overalls. The background is a wooden wall.

Program leaders in infant/toddler care and education settings are the hub around which the program revolves. Their policies and actions set the tone for families, children, teachers, and other staff members. In family-oriented programs, leaders create a welcoming place for families and draw family members into the process of reflecting on and planning the program for the children. Through ongoing communication between teachers and supervisors, program leaders work with staff members to solve problems and to improve the quality of care and education they provide. Program leaders ensure that the setting is designed and equipped to facilitate the learning and development of infants and toddlers and that the program's core policies support the growth of positive, respectful relationships.

Effective program leadership is essential for ensuring high-quality outcomes for infants, toddlers, and their families. The role of the **program leader** is complex and requires specialized training and expertise in addition to a solid grounding in child development knowledge and best practices in early childhood education. Program leaders may hold a wide variety of titles and positions in a wide variety of settings: operators of small or large family child care homes, with or without employees; directors of single-site programs; or site supervisors within multiple-site programs. Regardless of the size or characteristics of a particular setting, program leaders face similar issues and concerns.

Operators of family child care homes, whether they have employees or not, are program leaders. In addition to managing their own business, family child care providers create the foundation for their

program and carry out the many responsibilities of program leadership.

The major responsibilities of program leaders include setting policies to

- establish an emotionally supportive climate for families, children, teachers, and other staff members;
- foster the professional growth of the teachers and the continuous improvement of the program;
- establish and maintain relations with the larger community and attend to business and funding concerns; and
- manage the facilities, attend to health and safety, comply with regulations and laws, and administer a system for assessment and monitoring.

To be effective in carrying out these responsibilities, leaders must have a vision of high-quality care and education that includes everyone—children, families,

Different Ways of Participating

Sonja had tried something new today in the staff meeting—having teachers role-play a conference with family members. She wanted to help the teachers find ways to talk about potentially difficult topics with family members. The activity did not go the way she planned. She asked Jasmine to play the parent of a toddler who bit another child. This behavior happened in Jasmine's room, and Sonja thought it might help Jasmine to wear the mother's shoes for this exercise. Jasmine had never done a role-play before. She had never even heard of it.

At first, Sonja strongly encour-

aged Jasmine to participate. Sonja felt that Jasmine was just being stubborn or shy. Jasmine got up and sat in front of everybody, but before she spoke, she started to cry silently. Sonja felt terrible. She did not know what to do for a moment. Liz, Jasmine's co-teacher, handed Jasmine a tissue and led her out of the room. Sonja looked at the group and said, "I am sorry. I thought it was a good idea." Everyone was quiet.

When Jasmine and Liz returned a few minutes later, Liz spoke for Jasmine. Jasmine had asked Liz to explain that she came from a religious and

cultural community in which being the center of attention and acting like someone else was just unheard of. It was shameful behavior. Hugo, a new teacher in the infant room, suggested that instead of doing role-plays, they talk about how parents and other family members might feel in a conference with the teacher and how the teacher might help them to feel more comfortable. Sonja smiled at Hugo and felt relieved as the other staff members agreed to the idea. Sonja suggested that if anyone had an idea but did not want to speak out, he or she could give the idea in writing to her.

teachers and other staff members, community members, and other **stakeholders**. This chapter describes an overall approach to program leadership and administration and identifies policies and practices of effective program leaders.

The Role of the Program Leader

Effective leaders seek to create a program that is open to everyone's participation and respects different perspectives on participation. Through reflecting on the program together, sharing ideas, and listening to one another's perspectives, families and staff can discover how to work together to promote the learning and development of the children. A leader who respects and listens to the opinions and ideas of everyone and who also facilitates communication and discussion creates opportunities for families and staff to learn from each other. One of the greatest opportunities for a leader is to help families and staff members find ways to move forward together with a common purpose that incorporates diverse perspectives. To act on this opportunity, the leader works to solicit ideas from families and staff members and to develop policies and procedures that are responsive to their feedback.

Being respectful and responsive may not mean accommodating every wish or

concern of a family member or a teacher. The leader must balance the wishes of families and staff members with the legal requirements and financial considerations of the program and widely accepted standards for high-quality care and education. Sometimes a program leader must make an unpopular decision or set an unpopular policy—to avoid doing so would be irresponsible. The key for the leader is to communicate in a straightforward, clear manner and, insofar as possible, to adapt to concerns of the families and staff members when setting policies and making decisions.

Setting the conditions for work

Many factors influence how staff members perceive their working conditions. Although some perceptions are based on prior experiences and personal preferences, staff members' positive or negative ratings of an organization's overall climate are usually widely shared. Collective perceptions are based on the following elements: the work environment's attractiveness and adequacy of physical facilities and supplies; quality of supervisory support; clear communication of expectations and policies; opportunities for professional growth, challenge, and advancement; fairness of the reward system; degree of professional autonomy and participatory decision-



making; effectiveness of organizational functioning; openness to new ideas; and a spirit of collegiality among staff members (Bloom 2010; Whitebook et al. 2016).

All of these program elements are strongly influenced by the program's leadership. An administrator may have to work with a less-than-ideal physical setting, limited funds for equipment and materials, and policies that were set by the organization sponsoring the program. Even within these constraints, much can be done to create a positive, effective workplace environment that leads to greater job satisfaction for staff. Program administrators can demonstrate leadership by actively recruiting staff members who reflect the children, families, and communities served and fostering a climate in which diverse perspectives are invited and valued.

The first step is to create a culture of openly sharing information about everything that affects people's workplace lives. Being transparent and specific with staff members about budgets, accountability requirements, personnel policies, and broader organizational structures and priorities builds trust and collaboration between the administrator and teaching staff. Additionally, the administrator's willingness to answer questions from staff and engage in ongoing discussion reinforces a sense of teamwork. Even when some substantive changes cannot be made, open team discussions with a supportive administrator help staff members work together within organizational realities and collaborate on important program areas where decision-making and management can be shared. Although some aspects of a program cannot be changed, those that can be changed may be strengthened.

Participatory management is widely practiced in both corporate and nonprofit settings. This democratic leadership model recognizes that job satisfaction increases when employees have a voice in making

decisions that affect their lives. It increases their perception that they are respected and treated fairly, and consequently, it strengthens their commitment to the organization. When teachers have a meaningful role, for example, in solving a staff scheduling problem, planning a school community event, addressing adult needs in the physical environment, or choosing new equipment and materials, they more fully understand and have a greater commitment to implementing the decisions that are made (Bloom 2011). Being recognized for regularly making positive contributions to improve a program reinforces early childhood educators' perceptions of themselves as professionals.¹



A critical area in need of improvement is the compensation of early childhood educators. Compensation for teachers of young children is much lower than compensation for almost every other profession requiring postsecondary training, including teaching in the K-12 educational system (Whitebook, Phillips, and Howes 2014). Only 25 percent of prekindergarten teachers nationally receive health benefits

1 Additional information about examining, assessing, and improving the working environments of early childhood educators can be found in the SEQUAL tool developed by the Center for the Study of Child Care Employment (Whitebook and Ryan 2012).

(Herzenberg, Price, and Bradley 2005). Teacher aides and other early childhood workers earn far less (United States Bureau of Labor Statistics 2008). The combination of low pay and often-challenging working conditions can compromise early childhood educators' overall health and well-being as well as the quality of their work with children (Gilliam 2008; IOM and NRC 2015). These factors also contribute to high rates of staff turnover in many programs, even though it is well established that the youngest children need the most consistency in adult caregiving. To address this situation, attention must be paid to the entire employee compensation package, beginning with establishing a formal salary scale with increases based on education, performance, and additional professional activities (Rhodes and Huston 2012). Health and retirement benefits should be included in an agency's fair and reasonable compensation package for its teaching staff.

Although program administrators often lack the fiscal authority to increase all wages and benefits in their programs, they can be strong voices for better support of program staff and systemic change. They can work within their sponsoring organizations to place a high priority on improving staff compensation as well as financial support for credit-bearing course work and other specialized professional development and training. As visible leaders in the field, they can also educate policymakers at all levels about the inadequacies and potential harmful effects of the current system for families with young children, for the early childhood workforce, and for a society looking to prepare its youngest members for future productivity.

Policies Supportive of Teachers' Professional Growth

The professional development of teachers is essential for high-quality care

and education. The National Institute of Child Health and Human Development Early Child Care Research Network (1999) found that, by age three, children whose teachers have more job-related training or formal education score higher in areas of language comprehension and school readiness and have fewer behavior problems. With teachers who are better prepared, infants develop stronger expressive language skills (Burchinal et al. 1996), and both infants and toddlers are more likely to engage in language activities, complex play with objects, and creative activities in child care settings (Howes 1997).



Effective program leaders recognize the crucial role of the professional development of teachers. Such leaders create learning opportunities for teachers and support their efforts to continue their education. Such leaders also take full advantage of on-site consultation, technical assistance, and training available to their program. If feasible, programs should provide incentives for teachers to continue their education. Part of the leader's job is to stay current on incentives and learning opportunities for teachers in the larger community. That information should be

regularly given to staff members, and an effort should be made to allow them to participate in professional development outside the program.

Just as important as the professional development of teachers is the continued growth of the program leader. Participation in professional development enables the program leader both to understand what teachers are learning and to support the implementation of the latest information on high-quality care and education. Teachers appreciate when their program leader stays current on infant development and care, and they look to that person as a model for their own professional growth (NAEYC 2008).

Because families are reassured when they sense the high quality of a program, program leaders are responsible for communicating with families about the continuing professional development of the staff. Information about the policies that support the staff's professional growth can be shared with families in meetings, conversations, the program's handbook, and other written materials. Leaders should consider the views of families in determining the focus of on-site technical assistance and training. Often, ideas or concerns from family members help leaders identify priorities for strengthening the program.

The program leader has to make sure that professional development remains a priority in the face of daily demands that may arise. A hallmark of leadership is providing and protecting regular times for conversation, reflection, and planning with teachers, both individually and as a group. The time and attention given to professional growth and the leader's approach to it will shape staff interactions with the children and families and will enhance the program's quality of care and education.

Integrating Reflective Practice, Reflective Supervision, and Mentorship

A program leader who structures the early childhood program as a learning community for the adults as well as the children views staff supervision through the lens of a mentor and coach. The goal is to encourage reflective practice—approaching the educational setting with the intention to observe mindfully, respond thoughtfully, and take time afterward to share reflections, thereby deepening one's own understanding and improving one's own work. **Reflective supervision** is a way of guiding infant care teachers to draw lessons from their own experiences that will influence their next steps (Heffron and Murch 2010; Virmani and Ontai 2010).

When the program leader is also the person evaluating or rating the teacher's performance, it can be challenging to act in the role of mentor or coach. Through reflective practice, teachers may feel vulnerable as they examine their own actions, impacts, and experiences. The ability to reflect may be impeded by fear or concern over what the supervisor wants to hear. It is important to have an open discussion with infant care teachers on separating the evaluative observations and meetings from observations for reflective practice and coaching sessions.

Using techniques of reflective supervision with a teacher requires the program leader to spend time observing the teacher during periods of active engagement with children. This builds familiarity with the teacher's context and enables the program leader to tailor questions and responses to the challenges observed and focus on the strengths displayed. The process of reflecting together about the work afterward provides individualized coaching and feedback that are valuable to teachers at each stage of their professional development.



The supervisor adapts the manner in which she works with infant care teachers based on a variety of factors, such as teachers' personal and professional experiences, their style of interacting with others, and the particular situation in which they are providing services to infants, toddlers, and their families. The supervisor also offers support as teachers decide how to apply new insights and information to their work with children and families. When supervisors listen carefully, pause to think about what teachers say, ask questions, and share ideas, teachers experience the kind of trusting, respectful, and caring relationship they need to build with children and families.

Reflective supervision creates opportunities for teachers to contribute to the continuing development of the program. The reciprocal nature of reflective supervision enables teachers to clarify issues and problems for program leaders and to identify ways for the program to operate more effectively. Through this process, specific program policies or practices may

Best Practice for Reflective Supervision/Consultation Guidelines

- Establish consistent and predictable meetings and times
- Ask questions that encourage reflection on details about the teacher's relationship with the infant and the infant's family
- Listen
- Remain emotionally present
- Teach and guide
- Nurture and support
- Apply the integration of emotion and reason
- Foster the reflective process to be internalized by the supervisee
- Explore the parallel process and allow time for personal reflection
- Attend to how reactions to content affect the process

These best practice guidelines support the development of a **trusting relationship** between the supervisor and the teacher or staff member.

Adapted by Deborrah Bremond and Peter L. Mangione from Best Practice for Reflective Supervision/Consultation Guidelines, Michigan Association for Infant Mental Health, 2015.

be reconsidered based on teachers' experiences and suggestions.

The reflective process is not just for teachers but also for program leaders. Supervisors or colleagues within or outside the program can support each other. Family child care providers who work alone can find opportunities for reflective conversations in provider networks or associations or with classmates from child development courses. Interaction between colleagues who serve as peer mentors for

each other supports a cycle of positive change.

Relationships and Outcomes

"Although effectiveness as a leader is often measured in quantitative outcomes—increasing school readiness, decreasing incidences of abuse and neglect, increasing vaccination rates—it is our ability to reflect on, and optimize, our relationships that makes these goals achievable. It is our skill in connecting with others, guiding and mentoring them, that makes 'good numbers' a natural outgrowth of good relationships. In other words, our accomplishments are a reflection of what our relationships have allowed us to achieve. . . Leadership takes place in the context of relationships, and quality relationships are crucial to good outcomes."

Source: Parlakian and Seibel 2001, 2.

members; and (3) enable teachers to be responsive to infants and toddlers and their families. The following recommended program policies were developed to foster positive relationships throughout an infant/toddler program. Family child care programs often have two of these policies—primary care and continuity of care—built into their program structures, and many child care centers have found creative ways to administer such policies. For financial and administrative reasons, the policy of en-

suring small groups by reducing teacher-to-child ratios and overall group size presents a challenge to programs—and yet the benefits to children, families, and teachers are significant (NAEYC 2009).

Responsive care and education

Being responsive to families is at the heart of the program leader's job. A responsive approach to care and education allows programs to adapt to each unique family, including families of children with disabilities or other delays. Teachers can become more responsive through staff development opportunities that help them explore their own values. Through learning about their own perspectives, they become more appreciative and accepting of other perspectives, recognizing similarities and differences between their points of view and those of others. Staff development should also focus on working together with the family and specialized service providers who support a child with a disability or other delay.

Primary care system

One of the main goals of primary care is to set the stage for the development of secure attachment relationships between children and their primary caregivers. In a primary care system, an infant care teacher is responsible for a small group of children. This teacher carries out daily care routines, communicates daily with family members, and observes and maintains individual records on each child in their small group. Primary care is usually a team effort in which two teachers work together, each one having primary responsibility for half of the children in the group. (Each teacher is also secondarily responsible for the other teacher's children.)

Though primary care is not exclusive, it does give infants and toddlers and their families a chance to come to know one teacher well. The teacher and the infant are

able to develop routines together. A teacher would know, for instance, that one child in the primary group likes to place the toy she is holding on a nearby shelf before a diaper change and retrieve it after her diaper is changed and hands are washed. The teacher and the child's family also come to know each other. When the teacher and the family share their understanding of the child, they find ways to develop continuity between care in the infant/toddler program setting and care at home. This type of personalized understanding goes a long way toward helping the infant and family develop a sense of well-being and belonging. The security that develops through primary care frees the child to explore and discover the environment and to develop friendships with other children (Raikes and Edwards 2009).

Small groups

A policy for maintaining small groups strengthens the primary-care relationship and fosters the safety, health, and comfort of infants and toddlers (American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education 2011; NAEYC 2015; Lally, Torres, and Phelps 2010). Ideally, a small group of children and two teachers are in a separate room by themselves rather than in a large space with other groups. A good

guide is that the younger the children, the smaller the group should be. When children with disabilities or other delays are part of the group, the group size should allow teachers to provide the specialized services or care those children may require to participate fully with other children (DEC 2007).

Culturally responsive care and education

Development is a cultural process that reflects children's participation in dynamic cultural practices and circumstances at home and in their cultural communities. To understand the perspectives, skills, needs, and behavior of children, early childhood educators need insight into families' values, beliefs, and practices (CDE 2015a). Responsive infant/toddler programs create a climate of respect for each family's culture and language.

Leaders have primary responsibility for developing a system of communication, starting with initial interviews that are responsive to families who have different values, child-rearing perspectives, and goals for children. Arrangements should be made to communicate in the family's home language if family members speak a language different from the program staff. Ongoing professional staff development and reflective supervision should focus on and support understanding of diverse

perspectives and practices. Staff members and family members need time to discuss their different values and goals. When programs accept cultural diversity and sensitively adapt to families of various cultures, they create a climate of trust and understanding. Care for infants and toddlers that connects with their families' beliefs and practices (for example, ways of holding infants, expectations



for behavior, perspectives about learning) helps individual children feel a sense of belonging in the program.

Leading and preparing staff to become more culturally responsive might include the following (Day 2006):

- Promoting reflective practice and professional development opportunities about culture that are in-depth and long-term, using examples that come from the lives of families in the program, and remembering that first one must understand how culture influences one's own life to understand how culture influences others;
- Educate teachers about culture. Help teachers practice with gaining a deep understanding of culture and how it influences learning and development;
- Educate teachers about the prevalence and effects of racial and cultural bias in early childhood education;
- Advance teachers' knowledge and understanding of cultural groups—including their immigration and migration histories in the community; and
- Embrace the value of a culturally diverse workplace.

It is very challenging to take on and maintain this type of leadership work in isolation. Louise Derman-Sparks recommends that early childhood leaders commit to their own growth on the topic of cultural responsiveness and anti-bias education by doing the following (Derman-Sparks and Olsen Edwards 2010):

- Expand your own knowledge
- Develop an ongoing support system
- Take part in anti-bias work in your profession
- Join with other community groups

Inclusion of all children and families

Program leaders make a strong statement about being responsive to diverse families when policy and corresponding practices convey an accepting attitude toward all children, including those with disabilities or other delays. Inclusion means making a commitment to respect all families as unique people whose strengths and needs are in some ways similar and in other ways different from the strengths and needs of other families (CDE 2009a). Because family members understand their child best, family-oriented programs provide a sound approach for including children with disabilities or other delays. Family members can offer insights into communicating with their child, adapting the infant/toddler setting to accommodate their child, and linking with early intervention specialists who support their child's learning and development. Throughout the child's time in the program, the family is at the center of a collaborative team that includes early intervention specialists and program staff. In addition, some family members may have a disability and need accommodations to access and participate in family activities. Asking family members what is needed to support their participation and inclusion in the program's activities is the best way to determine how to accommodate their needs.



Continuity of care

The term *continuity* is used in many ways in the early childhood field. It refers to caring for children in a way that is similar to the style of care they receive at home. It also refers to helping children make a transition from home to an early learning and care setting or from one early learning and care setting to another. In this document, *continuity of care* is used to define the length of time that a primary



New Ideas Take Time

Marta sighs; she feels tired. It is late at night after the staff meeting at the Tender Hearts Children's Center. Marta wanted to get the staff members excited about changing their child care program to allow groups of children and teachers to stay together over time. This approach was called continuity of care. She learned about the idea at a conference she attended with Lianne, the infant room lead teacher. Lianne and Marta had a long talk on the drive home about how wonderful it would be for children to have time to get to know each other and their teachers. Continuity of care was supposed to help reduce conflict, which would be really nice. It was also supposed to help children concentrate more on exploration and learning because they would feel more confident and comfortable when they knew everybody well.

When Marta introduced the idea of children and teachers staying together, the other

teachers didn't like it at all. One teacher said she only liked working with toddlers, not with babies. Another teacher asked how a group could stick together when she had a new assistant every few months. A third teacher wondered how it would work when she left on maternity leave the next month. Marta herself began to question the idea when she thought about how much children's enrollment fluctuated, and she wondered how it would work when the teacher-to-child ratios changed as the children grew older.

Lianne pokes her head in Marta's office before heading home and asks, "You all right?" Marta shakes her head and says, "It sounded so good until the staff brought up all those problems and barriers." Lianne nods and says, "Yeah, that meeting was overwhelming, but we can't overcome barriers if we don't know what they are. What if we have another meeting and see if the same people who identi-

fied the problems can help us think of some solutions?" Marta nodded and commented, "You know, if you think of your own children switching teachers all the time and meeting new kids every few months, you want to protect them from that. You want them to feel safe and comfortable. Maybe we could start by asking staff to think about children they know and love. When we were asked to do this at the conference, I started to see things from the child's point of view. If teachers think about staying together with the same group from the child's perspective, instead of from a classroom management perspective, the idea may feel different." Lianne adds, "Maybe we could also ask people for their ideas about how to make things more . . . what was that word the presenter used? 'Continuous' for the children."

They smile at each other, and Marta thanks Lianne for being supportive. They turn off the lights and head out to their cars to go home to their families.

infant care teacher and a small group of children are together: optimally, for the first three years of life, if not longer.

Program leaders can help children and families feel secure by making decisions that aim to maximize continuity. Their policies should provide staff members with the working conditions, supports, and opportunities for professional development and advancement that keep good teachers in their programs and in the field. The goal is for teachers to stay with the same group of children from the time of enrollment until the children are three years old. This policy allows teachers to deepen their relationships not only with individual children but also with families. In California continuity of care is especially important as many infants and toddlers in nonparental care regularly spend time in more than one child care setting over the course of a single day or week and must already negotiate relationships with several teachers (Pilarz and Hill 2014).

Children also develop close and meaningful relationships with each other over time. When children are cared for primarily by one teacher in a small group over a period of years, they have an opportunity to develop deep and continuing relationships. These relationships provide them with valuable early experiences: caring for others, the feeling of being cared for, negotiating, and cooperating—in other words, learning to live with their peers. Family child care programs often have continuity built in when they serve mixed-age groups and thereby provide infants and toddlers with the rich experience of developing relationships with children of various ages as well as the opportunity to be in the same setting with their brothers and sisters.

Reflective Curriculum Planning

One key way in which program leaders shape early childhood programs is through

pedagogical leadership—establishing the curriculum approach the program will adopt. The selection of a curriculum approach is one of the most significant decisions program leaders will make. It will be informed by the program’s mission and vision and should align with the *California Infant/Toddler Learning and Development Foundations* (CDE 2009b) and the *California Infant/Toddler Curriculum Framework* (CDE 2012). Both resources address all early childhood developmental domains and curriculum content areas. They can be used by program administrators and teachers as a guide for building a curriculum tailored to an individual program’s context and needs. Alternatively, they can steer program leaders to select an established curriculum judged as a good fit for the program’s children, families, teachers, and community.

Regardless of the specific approach to curriculum and overall program policies and practices, it is the administrator’s responsibility to ensure that the curricular philosophy, including the core principles and strategies outlined in the infant/toddler foundations and curriculum framework and other documents in the California Infant/Toddler Learning and Development System, is clearly articulated to staff members. The program’s curricular approach may be introduced during an initial orientation period, but also addressed on an ongoing basis through group collaboration, individual observation and coaching, and times set aside for professional development, discussion, and reflection. A large portion of an effective program leader’s time and energy will be devoted to working with staff members in the context of their support of children’s learning and development while providing constructive feedback and engaging in collaborative programmatic and pedagogical improvement.

Relations with the Community

Early learning and care programs are important parts of communities. They play an essential role that is more than providing child care. As programs develop relationships with individuals and other organizations in the community, all of them have the opportunity to participate in a shared vision and support programs in sustaining quality. The ways that a community views, nurtures, and educates its children is a key component to community success. Early learning and care programs can be a driving force in increasing community awareness and appreciation of children.

As bridges to the communities in which they live, work, and raise children, families both contribute to—and benefit from—connections between the early learning and care program and the community. Program leaders can partner with families to make their program visible to the community in a variety of ways. One way to make the community aware of the program is to invite volunteers to visit and participate. Another strategy is to partner with community organizations. In addition, making contact with local businesses and letting them know about the program may lead to offers of assistance.

An essential part of the program leader's job is to strengthen collaboration with other professionals within the early childhood field and build relationships with local service providers from related fields, such as health and social services or the California Department of Social Services Community Care Licensing Division (IOM and NRC 2015). Early intervention specialists may work with the program as

they provide support or therapy for children in the program. Health and social service professionals may offer assistance to the program and families. Local public safety services, such as fire and police departments, should be made aware of the program's needs in an emergency situation and consulted when the program develops an emergency preparedness plan. In addition, early learning and care programs are often where parents turn for information about local services and programs. Through collaboration with community-based organizations and agencies, an infant/toddler program can become an effective source of social support for families.



Advocacy is another essential aspect of building relations with the surrounding community. Effective program leaders take an active role in shaping the conditions (for example, standards, regulations, policies, systems development) that affect infants, toddlers, families, and the field.

Administration

Program administration focuses on a wide variety of issues and considerations, including health and safety, the handling of routines, the environment, laws, regulations, accountability, and the assessment of individual children. A thoughtful approach to administrative policies and procedures provides the necessary infrastructure for a program that is responsive to children, families, teachers, and other staff members.

Health and safety

Keeping infants and toddlers safe and healthy in the context of caring relationships and daily routines includes protecting both their physical and emotional health. Program leaders set policies and corresponding procedures for health and safety in response to child care licensing standards, current best practices for healthy and safe child care, and suggestions and comments from families and teachers. A program's overall approach to health and safety should reflect a relationship-based philosophy and take into account the children's developmental abilities and needs, their individual characteristics, and their families' cultural values, beliefs, and practices (American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education 2011).

Program leaders must establish policies and procedures that protect the health and safety of infants, toddlers, and adults during routine care, such as feeding, mealtimes, diapering, toileting, and napping. Attention must be paid to proper hand-washing; a plan for administering medication when necessary; and proper preparation, handling, and storage of breast milk,

formula, and food. Healthful and safe practices during routines assure families that their children are protected and promote the health and well-being of children and teachers.

Teachers and other staff members need frequent updates on health and safety information, such as hand-washing, on universal precautions for preventing the spread of infectious disease, and on opportunities for professional development and training on cardiopulmonary resuscitation (CPR) techniques, first aid procedures, and care of children with special health care needs. They also rely on program leaders for proper equipment, supplies, and time for such procedures as cleaning and sanitizing toys and surfaces and responding to any safety or health concern that may arise.

A well-designed environment

Well-designed and appropriately equipped facilities foster the well-being of children and teachers by conveying a message of belonging. They support learning and development through the thoughtful arrangement of furnishings as well as the selection and organization of materials. Well-designed environments are comfortable, with both child-sized and adult-sized furnishings, natural light, fresh air, and sound-absorption materials that minimize noise. Infants and toddlers should have access to the outdoors. As much as possible they should be able to move freely between indoors and outdoors. Environments must be accessible for children with disabilities or other delays. The setting should also be a welcoming place for families and have an area furnished with a couch or comfortable chairs.

Program leaders must make sure that the environment allows visual supervision of all children at all times, including children in nap rooms and the toileting area, and is conveniently arranged for



routine care. For example, in infant/toddler care centers, plumbing should be located so that teachers can wash hands and help children with toileting in the care setting. For proper hygiene, the food preparation area with its own sink must be separate from other areas (in particular, the diapering and toileting areas).

Laws, regulations, and accountability

All infant/toddler programs (with the exception of license-exempt programs) must adhere to laws and regulations. Program leaders are accountable for ensuring that their program meets or exceeds all licensing requirements as well as the requirements of the **Americans with Disabilities Act (ADA)** (appendix E) to support the full participation of children, family members, and staff with disabilities or other delays. Program leaders also have to take steps to ensure that the teachers and other staff members are alert to cases of abuse and neglect and are prepared to act on their suspicions when necessary. Resources are available to help program leaders and teachers understand and meet legal requirements.

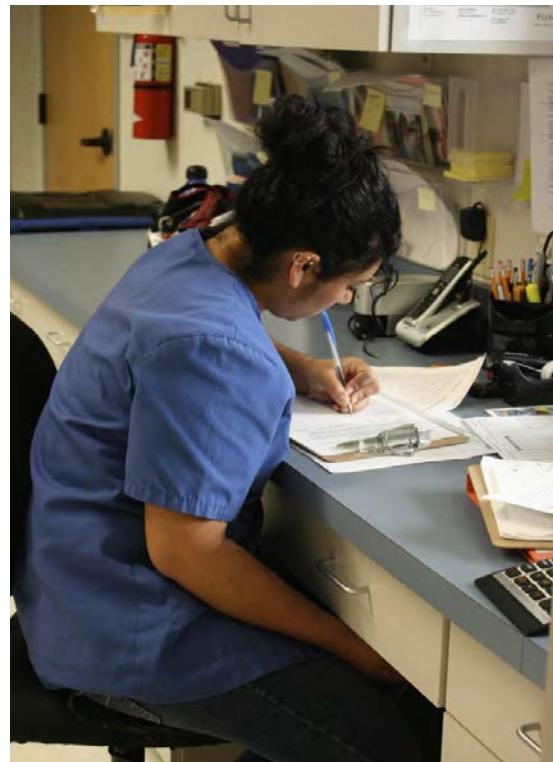
Besides making sure that programs meet all applicable laws and regulations, program leaders have an important role in establishing processes to support continuous program improvement. Maintaining program quality includes a focus on fostering family engagement, using data (including input from families and staff) to evaluate the program's effectiveness and identify program improvement goals, and ensuring accountability to the philosophy and curricular approach.

A successful program is one that accomplishes its mission in ways consistent with its organization's core values, beliefs, and goals. Integral to this work is using well-respected documents that outline standards for high quality in the field, such as the National Association for the Edu-

cation of Young Children's (NAEYC's) Early Childhood Program Standards and the Division of Early Childhood (DEC) of the Council for Exceptional Children Recommended Practices (DEC 2014). The NAEYC Early Childhood Program Standards include specific criteria and indicators that measure quality across 10 broad domains of program functioning. The DEC Recommended Practices provide guidance in eight topic areas to practitioners and programs that serve children with disabilities or other delays. Other valid and reliable research-based program assessment tools are more specifically targeted and can provide both assessments of current program quality and goals for continuous program improvement.

Assessment of children's development

As part of engaging in continuous quality improvement, programs assess the developmental progress and learning of infants and toddlers. Programs funded by the California Department of Education use the DRDP (CDE 2015b) assessment instrument. The insights gained through



assessments aid teachers in planning appropriate learning environments and offering engaging materials to children. The assessment of children's development also helps teachers and family members identify children who need to be referred for further assessment. Periodic assessment of children's development provides a firm basis on which to make a referral, if a delay or disability is suspected. Please see appendix E for more information on making a referral.

Effective assessment of children should include information from family members, teachers, and program leaders. Teachers or program leaders usually have primary responsibility for ongoing collection of information on children's learning and development. Family members should participate in documenting their children's learning and development. They review the assessment records with teachers and program leaders and participate in planning learning experiences based on the assessment information.

Closing Thoughts

Effective program leadership and administration create the foundation for the growth of positive relationships. A program's climate is most influenced by the approach taken by the program leader. The job requires being attentive and responsive to families, children, teachers, and other staff members as well as modeling reflective practice and supervision. It also requires attending to many details, ranging from professional development to laws and regulations, a program must follow. Program policies and decisions work well if they flow from a vision of high-quality care and education as well as from ideas of family members, teachers, and other staff members. Program leaders strengthen everyone's commitment to working and learning together when the leaders set a respectful tone and ensure

that all aspects of an infant/toddler program take into account the concerns and perspectives of family members, teachers, and other staff members.

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CHAPTER 5

Support for Infant/Toddler Dual Language Learners



Introduction

A large proportion of California's infant and toddler population are **Dual Language Learners** (DLLs).¹ According to the 2015 California Health Interview Survey, 52% of the approximately 3.0 million children age zero to five in California come from homes where either English is not the primary language or English and another language are spoken (UCLA Center for Health Policy Research 2015). The US Census Bureau (2013) reports that 252 languages are spoken in California, with English and Spanish being the most common, followed by Chinese, Tagalog, and Vietnamese. In addition, language revitalization for California's Native American tribes is part of the dual language landscape (U.S. Department of Health and Human Services and U.S. Department of Education 2017).² Thus, it is highly likely that educators working in infant/toddler programs will encounter children who are experiencing two, possibly three, languages during their first few years of life.



DLL families come from many different countries of origin, often possess different cultural norms, and demonstrate variability in their family characteristics including their socioeconomic circumstances and immigration histories (Castro and Espinosa 2014). These background factors contribute not only to the individuality of every DLL infant and toddler, but also to the family's expectations for their development and education. By identifying and learning how best to address the unique attributes of DLLs, infant/toddler educators will strengthen the foundation of DLLs' healthy growth, development, and readiness for formal schooling.

This chapter touches on a number of salient issues relevant to the early learning and care of DLLs in infant/toddler programs. The issues addressed include:

- 1 Dual Language Learner - Term used to refer to children birth to age five who are learning two or more languages at the same time or are learning a second language (for example, English) while continuing to develop their home language.
 - 2 In addition to children learning English as a second language, there are close to 100 tribal languages in California, with efforts to revitalize and preserve indigenous languages. In these cases, children may have English as the home language and are learning their heritage language (U.S. Department of Health and Human Services and Department of Education 2017).
- The importance of understanding the ecologies in which these children and their families are located
 - The role of brain development in bilingualism
 - Factors associated with quality early learning and care for this group of children
 - Aspects of individual differences that influence the rate of language proficiency
 - The added significance of family en-

agement when working across languages and cultures

- Implications for the early childhood field

It is worth noting that the CDE views language and cultural differences as important assets in the development of DLLs (CDE 2009) and has published a number of guidance documents that reinforce this position (see Resources). Additionally, in July 2017, the California State Board of Education adopted the California English Learner (EL) Roadmap whose first principle states:

Preschools and schools are responsive to different EL strengths, needs, and identities, and support the socio-emotional health and development of English learners. Programs value and build upon the cultural and linguistic assets students bring to their education in safe and affirming school climates. Educators value and build strong family, community, and school partnerships.



This chapter extends the above perspective to children from birth to age three. It describes 10 Guiding Principles as a basis for understanding the development of first and second languages of DLLs in the infant and toddler years, the importance of respecting a child's home language and culture, and implications for programming and practices.

“Being exposed to two or more languages at a young age is a gift. It is a gift because children who are able to learn through two or more languages benefit cognitively, socially, and emotionally.”

“Exposure to more than one language should be celebrated as a growth opportunity that offers many learning and social advantages. Children who are developing bilingual abilities are developing unique strengths that will add to the cultural and linguistic resources of California.”

Source: CDE 2010, 224.

Guiding Principles for Supporting Infants and Toddlers Who Are Dual Language Learners

1. All young children have the capacity to learn two or more languages and benefit cognitively and socially in an early learning and care setting that promotes development of their home language as well as English.
2. High-quality infant/toddler programs benefit all children, but young DLLs require additional support to achieve equitable outcomes.
3. Recognition of a family's culture, values, and language preferences reflected in respectful partnerships with families of young DLLs will benefit young DLLs' adjustment in infant/toddler settings.
4. To the extent possible it is important

to utilize the home language in early learning and care settings. The use of the home language enhances comprehension and expressive language skills and is beneficial for continuity between home and experiences outside the home.

5. Information about which languages a child's parents and other family members use should be obtained by a program at entry.
6. The learning and development of young DLLs must be supported and assessed in the home language across all developmental domains.
7. The language characteristics of young DLLs need to be understood by all program staff:
 - (a) Language development is influenced by the amount and quality of exposure in each language.
 - (b) Young DLLs may hear two languages early in life or primarily hear the home language for an extended time at home before entering an early learning and care setting where they also hear English.
 - (c) Young DLLs may take longer to respond to English.
 - (d) Because infants and toddlers are learning to communicate, regardless of language, they may develop comprehension and expressive skills in each language at different rates.
 - (e) Young DLLs are capable of developing "sensitivity to their conversational partner," that is, they can often tell which language to use with whom and in what setting.
8. Bilingual learning does not lead to language development delays. When

young DLLs are provided with a linguistically enriched and balanced program, they will become proficient in both languages. Children who do experience delays in language or have other disabilities continue to benefit from a linguistically enriched and balanced program.

9. Young DLLs, like all young children, need responsive and respectful relationships with the adults who nurture them. Moreover, for young DLLs who do not understand English and whose home culture emphasizes distinctive adult-child interaction styles, the social-emotional connection with early educators who use English while caring for them is particularly critical.
10. All language development interactions and learning experiences should be interesting and engaging for young DLLs and should build upon young children's intrinsic motivation to learn language to communicate and participate in their social and educational settings.

Contextual Factors

In addition to a particular DLL's linguistic environment, it is important to consider family factors that contribute to that child's language development. The factors are 1) immigration histories and different cultural norms; 2) socioeconomic status (SES); and 3) the influence of an older sibling or other relatives and adults in the home.

1) Immigration histories and different cultural norms

The majority of young DLLs are U.S. citizens, with one or both of their parents as immigrants. These families have resided in the U.S. for varying amounts of time and have different immigration and resettlement

histories that undoubtedly influence goals for their child's language development (Espinosa and Gutiérrez-Clellen 2013). A family's level of acculturation to U.S. society, including the language patterns found in their local neighborhoods, will affect the use of different languages at home, which in turn will influence the rate and proficiency of the child's first and second language development (NASEM 2017).³

When families come to the U.S. from other countries, their childrearing patterns and cultural expectations for child growth and development may differ from what is considered normative in the U.S. For example, parents may not encourage toddlers to feed themselves because they want them to learn to accept help and promote interdependence between the adult and the child, not independence. Emphasizing interdependence over independence in development is characteristic of cultures that place a strong emphasis on the well-being of the group and not necessarily on a particular child's individual development (Zepeda et al. 2006). Other possible areas of differences include expectations for toilet training, sleeping routines, separation from adults, learning and play, and verbal and nonverbal communication styles.

In understanding young DLLs and how best to serve them, early educators need to differentiate between universal developmental processes that occur for all infants and possible cultural influences on particular behaviors. Although there is a common developmental trajectory for all

infants, "the rate of development and the content or context of developmental expression differs between cultures, subcultures and ethnic groups" (Garcia-Coll 1990, 270). Because many DLLs come from homes with a different language and culture than the dominant culture, early educators are asked to understand each family's priorities for child development and challenged to adjust their thinking about SES and general expectations for development.

2) SES

The SES of a family may support or impede a child's development. One important correlate of SES is a mother's level of education. Research with monolingual populations has shown clear connections between maternal education and children's listening and speaking skills (Magnuson et al. 2009). Children from low SES backgrounds demonstrate lower levels of performance across a variety of language measures from infancy to secondary school (Fernald, Marchman, and Weisleder 2013; Padilla et al. 2017). Recent evidence suggests that the impact of low SES may pertain to the language development of young DLLs. For some DLLs, SES-related differences in language development can be traced to differences

Finding a Middle Ground

Parents of 24-month-old Carlos do not want him playing with his food and getting it all over his face. As the parents do not allow this at home, they expect that the teachers at the child care center will spoon-feed him and not allow him to play with food. Because the center values self-feeding as a means of developing self-help skills, the teachers are not quite sure how to handle the parent's request. When speaking with Carlos' parents, the teacher explains that she understands why the parents want their child to be spoon-fed and how important it is to them. She tells them that she will try to accommodate their request when she can, but, because she must care for several other children, there may be times when Carlos may have to feed himself. Noticing the parents' look of concern, she reassures them that she will do her best to comply with their wishes.

3 The National Academies of Sciences, Engineering, and Medicine (NASEM) recently published a Consensus Study Report titled *Promoting the Educational Success of Children and Youth Learning English: Promising Futures*. This publication provides comprehensive research-based information on educating DLLs and English learners (ELs).

in mother–infant interaction as early as 9 months old (Fuller et al. 2015).

3) The influence of an older sibling or other relatives and people in the home

An important factor in young children’s acquisition of English as a second language is whether they have an older sibling who speaks English with them. Studies show that toddlers who have school-age siblings score higher on measures of English language development (Bridges and Hoff 2014). Once older siblings enter a formal school setting, they may prefer to speak the language of the school and tend to use that language with their younger siblings. Some families live with other relatives or families who may interact with the infant in English as well.

The interrelationships of contextual factors

In understanding the relationship between family factors and a child’s development, the effects of poverty and culture are often difficult to separate. Because many young DLLs come from immigrant families with higher rates of poverty (Borjas 2011), educators are often challenged to distinguish between cultural influences and influences related to a family’s SES. Culture and SES are global constructs (Bradley and Corwyn 2002; Whiting 1976) consisting of many different elements that families have to manage. Thus, a constructive approach views families as active agents responding to their living circumstances in reasonable and meaningful ways (Bernheimer and Weisner 2007). An overreliance on demographic characteristics to understand families may distort the educators’ perception of the positive adaptations within immigrant families. For example, a child’s crowded living conditions consisting of multiple generations of family members may be perceived as a demographic risk factor, but may actu-

ally provide the developing child access to additional learning opportunities (Castro, Garcia, and Markos 2013). An eco-cultural approach (Weisner 2002) that focuses on how daily family activities reflect their particular social and cultural context provides a deeper understanding of family functioning without reference to culture and SES as independent influences.

Brain Development and Potential to Learn Two or More Languages

Although child development experts have long acknowledged the relationship between brain development and a child’s evolving capabilities, only within the last few decades has the emergence of technology, such as the functional magnetic resonance imaging (fMRI), enabled neuropsychologists to document more precisely how external stimulation affects brain activity. The developing infant brain is characterized by plasticity, which allows it to adapt to the linguistic and cultural context into which a child is born. Experiences help shape the architecture of the brain by stimulating neural connections. One of the major ways that the brain develops involves the “serve and return” interaction between the developing baby and adults (Shonkoff and Bales 2011). New neural connections are made when the infant activates a ‘serve’ through body language and vocalizations and the adult ‘returns’ the serve by responding in a meaningful way.

The plasticity of the developing human brain gives all infants an innate capacity to learn multiple languages from birth. Babies have been called “linguistic geniuses” for their potential to learn any language that they hear (Kuhl 2010). Research shows that exposure to two or more languages does not cause confusion or long-term delay in either language(s) (NASEM 2017). This finding pertains to

all children, including those with disabilities or other delays. Psychologists who study the relationship between language development and infant brain development have found that learning a second language increases brain density (Conboy 2013), and enhances flexibility in thinking skills, such as the ability to focus attention when presented with confusing information or selecting relevant over irrelevant information (Sandhofer and Uchikoshi-Tonkovich 2013).

Because bilinguals are learning two or more languages at the same time as monolinguals are learning one, bilinguals, by necessity, are more flexible learners. Emerging research suggests that bilingual infants process information differently than monolinguals and that this difference bestows a cognitive advantage. This distinction in information processing leads to enhanced attention to visual cues (Sebastian-Galles et al. 2011) and sound cues (Kovacs and Mehler 2009a) during speech processing, earlier detection of language switching (Kovacs and Mehler 2009b), and greater advantage in executive control tasks (Carlson and Meltzoff 2008; Poulin-Dubois et al. 2011). These research findings point to the kinds of cognitive advantages that bilingualism holds for young DLLs.

Research suggests that the age of acquisition for second language learning can influence how well a child is able to master a second language (Hernandez and Li 2007). Besides the visual cortex, the auditory sensory cortex is one of the earliest areas of brain development in infancy that is important for interaction with others. Research demonstrates that, by the second half of the first year of life, the ability of

What is executive function?

“Enhanced executive function abilities such as working memory, inhibitory control, attention to relevant vs. irrelevant task cues, and mental or cognitive flexibility, as well as improved language skills, have been linked to early bilingualism when proficiency in each language is roughly balanced. These abilities have been portrayed as the biological foundation for school readiness, providing the platform upon which children’s capacities to learn

(the ‘how’) educational content (the ‘what’) depends. It has been found in multiple studies that there is a bilingual advantage when comparing monolinguals and bilinguals on tasks that require selective attention, cognitive flexibility, and certain literacy skills such as decoding when the two languages have similar writing systems. Notably, these advantages have been found across all socioeconomic, racial, and ethnic groups...”

Source: Espinosa 2013, 54.

infants to distinguish the particular sounds of the language(s) they hear becomes fixed, and they start to discount other language sounds to which they are not exposed (Kuhl et al. 2006; Gervain and Werker 2013).

The publication *From Neurons to Neighborhoods* (Shonkoff and Phillips 2000) puts forth evidence that healthy brain development is highly dependent upon positive interactions with caring adults and that infants are born ready to learn. In addition, in reviewing brain development research, the National Academy of Sciences’ recent report on transforming the workforce for birth to age 8 (IOM and NRC 2015, 77) concludes:

The capacity for learning is grounded in the development of the brain and brain circuitry. Rather than a structure built from a static “blueprint,” the brain architecture that underlies learning is developed through a continuous, dynamic, and adaptive interaction between biology and environment that begins at conception and continues throughout life.

What Quality Care and Education Look Like for Infants and Toddlers Who Are Dual Language Learners

Although quality indicators for infant/toddler programming have been developed and used, none have been specifically developed for programs that serve DLLs (Fulgini et al. 2014). Standards for high-quality early learning and care include a focus on health and safety, on the importance of relationships and how those relationships form the context for learning, and finally, on how the quality of the experiences within a program is paramount, as nearly everything that an infant and toddler confronts is novel information (Polk and Bogard 2016) and presents a learning opportunity. The powerful role of relationships in early development makes clear the significance of continuity of care, which provides a strong foundation for building and supporting healthy relationships.



The components of high-quality early learning and care for infants and toddlers described in other parts of this publication are the starting point for services directed towards young DLLs. Additionally, re-

search on preschool quality can shed light on infant/toddler's quality of learning. In particular, it is noteworthy that indicators of quality for the general population of preschool-age children may not sufficiently measure how to meet the unique needs of DLLs (Peisner-Feinberg et al. 2014).

One of the most important aspects of quality for young DLLs is support for their home language, i.e., first language (L1) and culture. Both the new Head Start Performance Standards (U.S. Department of Health and Human Services 2016) and the NASEM report (2017) recognize that bilingualism is an asset and explicitly acknowledge the importance of supporting the first language of the developing infant as the child is exposed to English. Specifically, the Head Start standards point out that programs for infants and toddlers should, “focus on the development of the home language, while providing experiences that expose both parents and children to English” (NASEM 2017, 32). Similarly, the NASEM report concludes that, “DLLs benefit from consistent exposure to both their L1 and English in ECE settings.” (NASEM 2017, S-5).

In addition to the home language, support for a family's home culture is an essential component of high-quality care and education for DLLs. When the learning environment is attuned to a child's culture, it supports continuity in teacher–family and teacher–child relations and enhances a child's developing sense of self (U.S. Department of Health and Human Services and U.S. Department of Education 2016). This attunement not only encompasses the physical environment, such as the use of culturally specific materials and artifacts, but also, and more importantly, the psychological climate provided by teachers. The latter is more challenging as it relates to teachers' attitudes and beliefs about other groups, and their ability to interpret meaning and communications across

cultures (Gonzalez-Mena 2008), and their behavioral responses when working with children (Nemeth 2012). The crucial importance of supporting the home language and culture of the developing infant should be reflected in quality indicators for serving DLLs.

Characteristics of Infants and Toddlers Exposed to Two or More Languages

Children who are developing bilingually go through the same linguistic developmental progression as monolingual children. They babble at the same age, say their first words at the same age, and combine words into phrases at about the same age (Genesee 2008). However, young bilinguals may appear to have some delay in language development due to the distribution of vocabulary words across two languages (Bedore et al. 2005). This finding may result from the necessity of using different languages in different situations, such as home and school (Grosjean 2008). Thus, assessment of bilingual children's vocabularies in only one language (usually English) will likely underestimate their developing understanding of words and concepts.

For children to learn a language, they must have sufficient exposure to it in meaningful communication contexts and ample opportunities to practice speaking it. Studies with non-DLLs have demonstrated that the relationship between the amount of language input is critical to language development (Hirsh-Pasek et al. 2015; Hoff 2013). However, for bilingual children the role of language input is more complicated, and the quantity of exposure in any one language may likely be less when compared with that of monolinguals. Thus, depending upon the amount of language exposure in any particular language, DLLs will demonstrate different rates of

development in each of their languages (Hammer et al. 2014).

In addition to rich language exposure, the age at which children are first exposed to a second language may play a role in their ultimate proficiency in that language. In general, due to their greater **brain plasticity**, children who receive early bilingual exposure prior to age three will achieve greater bilingual mastery than children who are exposed later in life (Petitto 2009). Research clearly shows that children in educational programs whose home language is supported during the first years of life compared with those whose home language is supported at later ages develop higher levels of English proficiency (Dupoux, Peperkamp, and Sebastián-Gallés 2010; Meisel 2011).

Early Learning and Care Approaches

Although there are specific educational approaches used with preschool age DLLs, such as the balanced English and home language approach and the English language development with home language support approach (CDE 2015a), learn-



ing language from birth to age three is qualitatively different from the preschool period. Although infants are capable of understanding and expressing themselves in two languages, a body of research evidence supports the recommendation that it is preferable to use an infant's or toddler's home language to the greatest extent possible (NASEM 2017), as infants and toddlers are in the initial stages of developing their first language. A firm grounding in a child's first language is important, as it lays the basis for the transferability of language skills to a second language (U.S. Department of Health and Human Services and U.S. Department of Education 2017). In addition, maintenance of the first language helps preserve cultural continuity with the home environment and allows children to build on their learning at home.

with English support approach can be used with infants and toddlers, particularly when staff or volunteers are able to speak the home language and English. In this approach, children are intentionally exposed to English via adult-child interactions, availability of learning materials in their home language and English, and the display of words in their home language and English. With such exposure to English during the infant/toddler years, DLLs are in better position to benefit from bilingualism and have better school readiness outcomes when compared with children whose home language and English are supported beginning in preschool (Yazjian et al. 2015).

When children are immersed in settings where they are unable to understand the teacher's language, they may demonstrate behavior that may appear maladaptive. Sanchez and Thorp (1998) have noted that infants and toddlers who are immersed in an English-only environment may exhibit excessive shyness, or conversely appear resistant or defiant. They may appear unresponsive or disorganized and may refuse to interact and communicate. Teachers may misinterpret this behavior as a language or behavior problem. It is helpful to remember that behavior is communication and to consider what the child is trying to communicate through the behavior.

Although many programs seek to be responsive to the needs of DLLs, there is often a concern that they do not have

staff who speak all the home languages of the children in their care. Regardless of the languages DLLs speak, supporting them is a shared responsibility of all early educators. The recent NASEM (2017) report

Beginning a relationship with a DLL may take a bit more time and focus

A teacher named Jennifer is asked to care for 12-month-old Jae Eun, who comes from a Korean-speaking household and does not understand English. Jennifer is apprehensive at first but gets down on the floor and scoots a little closer to Jae Eun, maintaining a respectful distance. In her hand, Jennifer holds a plush doll. Jae Eun, with a scared look on her face, stares wide-eyed, but does not move. Jennifer, noticing that Jae Eun is looking at the doll, says, "Jae Eun, doll." "Doll." Jae Eun looks away and then

looks back at Jennifer. Jennifer smiles, but does not come closer. Then she picks up another toy and holds it for Jae Eun to see. Jennifer begins playing with the plush doll while Jae Eun watches. Slowly, Jae Eun looks up at Jennifer, looks down, and reaches out to touch the toy that is closest to her. After this experience, when Jennifer asked the family for key words in Korean to use with Jae Eun, she learned the word for "doll" and used it the next time she noticed Jae Eun holding the doll.

Nonetheless, in a policy statement on supporting DLLs in early childhood, the U.S. Department of Health and Human Services and U.S. Department of Education (2017) suggests that a home language

underscores this point when it states:

Research indicates that children’s language development benefits from the input of adults who talk to them in the language in which the adults are most competent and with which they are most comfortable. Dual language learners’ (DLLs’) language development, like that of most monolingual children, benefits from the amount and quality of child-directed language—that is, language that is used frequently in daily interactions, is contingent on the child’s language and focus of attention, and is rich and diverse in words and sentence types (NAS-EM 2017, 148).

All infant care teachers can learn and implement strategies that introduce English to DLLs during the infant and toddler years while simultaneously promoting development and maintenance of the home language—an important principle. Not all teachers can teach in all languages, but all teachers can learn specific strategies that support the maintenance of all languages.



In addition to ways to effectively interact with a DLL when the educator does not speak the child’s home language, it is important to respect and support the

family’s culture. This can be achieved through learning more about first and second language development, understanding how culture and language development intersect, understanding the role of assessment, learning how to work effectively with families, and developing a commitment to culturally responsive caregiving (Han and Thomas 2010; NASEM 2017; Zepeda, Castro, and Cronin 2011).

One resource that may be helpful to programs serving DLLs is the Planned Language Approach (PLA), which was developed by the National Center on Cultural and Linguistic Responsiveness of the Office of Head Start. While the PLA is a systematic assessment of a program’s goals and objectives for language and literacy development for all children, the approach is particularly helpful for DLLs. In essence, the PLA helps programs align their policies to their capacity to provide early learning and care, beginning with a program preparedness checklist that assesses 13 categories related to a program’s policies and practices, including communication with families, culturally responsive practices, professional devel-

Young children can successfully learn two languages, and do not need to give up their home language in order to learn English if it is the formal language of the . . . [early childhood] setting. Practitioners can enhance the language learning of dual language learners by providing rich learning opportunities in each language. For example, they may support the home language at the same time as the . . . [practitioners’] language through family involvement, bilingual materials, and activities and interactions in the home language with teachers, staff, and peers who speak that language (CDE 2013, Paper 1 (Neuroscience Research), 34).

opment, and program governance. This initial assessment lays the groundwork for program improvement in serving DLLs.

Family Engagement

Family engagement is critical in serving DLLs. Engagement with a child's family helps teachers bridge cultural and linguistic differences and gain a deeper understanding of a child's development. Because the developing child learns language and culture through interactions with parents and other family members, teachers working across cultures need to partner with families to establish a dialogue about childrearing beliefs, practices, and expectations. In this way, teachers can integrate culturally responsive practices into their own program goals and objectives (Orosco and O'Connor 2014). Teachers who acknowledge that families possess funds of knowledge reflective of their own culturally derived skills and competencies (Moll et al. 1992), and utilize that knowledge in their practice can help reduce incongruity for the young child.

Although family engagement is a shared responsibility between families and teachers (Weiss et al. 2014), the responsibility to initiate contact and provide opportunities for families to engage with teachers should begin with teachers themselves. As many DLLs come from immigrant families where English is hardly spoken in the home, and there is, to differing degrees, unfamiliarity with the operation of educational and social services, their families are unlikely to take the first step in establishing teacher–family partnerships. As a starting point, infant and toddler care programs and teachers need to develop and incorporate procedures and processes for routine communication with families (Halgunseth et al. 2009).

Immigrant families may want their children to learn English as quickly as possible and may not necessarily be sup-

portive of home language development in out-of-home care. This desire may stem both from their feelings of protection towards their children and from the stigma associated with speaking certain languages as well as the racial discrimination experienced by certain groups of immigrants (Garcia and Torres-Guevara 2010; Garcia-Coll et al. 1996). Conversely, other families may want their children to retain their home language as a means of connection to their heritage and culture. Thus, through dialogue with family members, programs and teachers must determine the family's goals for first and second language development. It may also be helpful to provide information to families on the importance of strong home language development and the advantages that bilingualism has for brain development and school success.

Whereas maintaining connection to the home language has positive benefits for the social–emotional development of the child, loss of the home language may be associated with psychological disadvantages over time. The importance of maintaining one's primary language for the development of a healthy cultural identity has been stressed by a number of experts in bilingualism and early education. On one hand, immersing young DLLs in a language-rich environment in their primary language provides a strong foundation for cross-linguistic transfer (August and Shanahan 2006) that enhances the learning of English and maintains and strengthens important emotional connections to a child's home culture (Sanchez and Thorp 1998). On the other hand, loss of the home language may have an adverse effect on families when children and parents are no longer able to meaningfully speak with each other (Wong-Fillmore 1991). Loss of a child's primary language may seriously interfere with communication in the family, thus reducing trust and understanding and

feelings of parental control (Toppelberg and Collins 2010).

The foundation for the development of social–emotional competency is laid during the infant–toddler period through the quality of parent–infant and family–infant interactions. Within the evolving parent–child relationship, the development of a positive attachment relationship underpins the development of a child’s social and communicative competency (Halle et al. 2014). However, DLLs, by virtue of having to learn two or more languages, must negotiate between two communication systems that reflect different cultural norms. Thus, teachers working with DLL families need to recognize the important role of the home language in strengthening the parent–child attachment relationship and connecting the child to the home culture.

Children growing up bilingually and biculturally will likely be exposed to different socialization practices conveyed through the speech and actions of their different socializing agents, such as parents and teachers. Although some children develop relationships with their teachers that are similar in quality to their parent–child relationship, other children may develop a relationship with their teacher that is distinctive in quality and type.

For DLLs, the *differentiated internal working model* concept of attachment (Davis 2003) may be particularly important. In effect, the quality of the attachment relationship developed with parents may be different than with teachers. With exposure to different socialization practices, DLLs may develop distinctive relationships with different attachment figures and, “depending on individual differences, some DLL children may be more successful than others in differentiating socialization cues from parents and caregivers [teachers], and responding appropriately within social contexts” (Halle et al. 2014, 737).

Assessment of Infant/Toddler Dual Language Learners

One of the essential steps in serving young DLLs/ELs is the accurate identification of their language status for delivering appropriate educational services and monitoring progress. Because DLLs develop their knowledge about the world in two languages, their skills and abilities will be distributed across both of their languages. As such, assessments conducted in only one language will yield incomplete information on child competency and will not provide educators with how to address areas where growth should be supported or built upon. This point is confirmed by the recent NASEM report that concludes: “During the first 5 years of life, infants, toddlers, and preschoolers require developmental screening, observation, and ongoing assessment in both languages to support planning for individualized interactions and activities that will support their optimal development.” (NASEM 2017, 423).

Identifying the child’s language status is crucially important because it forms the basis for developing appropriate early learning and care. The best way for identifying the languages an infant or toddler is exposed to is by using a Home Language Survey. Such surveys are often given to families during their initial enrollment period. The Office of Head Start has advanced criteria for use in designing a survey that can be adapted by programs. A subset of the criteria with sample questions are listed below. (The entire criteria can be found at <https://eclkc.ohs.acf.hhs.gov/culture-language/article/planned-language-approach>.)

- Language Background
 - What language(s) does your family speak?
- Dual Language Development

- Did your child grow up with one language from birth?
- Language Dominance
 - Does your child use or understand one of his/her languages more often than the other?
- Home Language Experiences
 - Who are the people in your child's life who speak the home language to him or her?
- English Language Experiences
 - Who are the people in your child's life who speak English with him or her?
- Individual Characteristics
 - What are your child's interests and favorite activities?

In California, monitoring of the developmental progress of infants and toddlers in state-funded programs is done through the Desired Results Developmental Profile (DRDP) (CDE 2015b), a teacher-observation assessment instrument. The DRDP for infants and toddlers consists of 29 items divided into five domains covering approaches to learning/self-regulation, socio-emotional development, language and literacy, cognition, and physical development. The DRDP helps early educators observe, document, and reflect on the developmental progress of individual children. The assessment results inform individualization of curriculum and program improvement. The instructions for the DRDP indicate that DLLs may demonstrate their knowledge and skills in their home language, English, or in both languages, and clearly specify that the adult who observes and collects documentation for the DRDP assessment should speak or be supported by a person who speaks the DLL's home language.

Summative assessments that are appropriate for infants and toddlers who are DLLs are limited. The few that exist

are available in Spanish due to the higher concentration of Spanish speakers in the population. Two measures that were used in the national study of Early Head Start (Baby Faces) were the MacArthur-Bates Communicative Development Inventory (CDI) and the Preschool Language Scale (PLS-4). The CDI is a report for parents that measures vocabulary development, word production, the use of gestures and early grammar understandings. The PLS-4 measures receptive and expressive language skills from birth to age six. It is not unusual for programs to translate assessments in English into another language to measure the child's learning and development when using the home language. Although translation is expedient, given the limited availability of assessments in various languages, caution should be exercised as translations need to be vetted for linguistic and cultural appropriateness as well as their technical properties (NAEYC 2005; NASEM 2017).

Although a limited number of valid and reliable assessments developed for young children learning two languages are available (Barrueco et al. 2012), there is a process that educators can follow to ensure the appropriate measurement of children's development for the purpose of individualizing and enhancing their educational experiences. Espinosa and Gutiérrez-Clellan (2013) outline five steps to guide educators in the assessment of young DLLs in preschool that are also applicable to infant/toddler programs.

1. Determine what language is spoken in the child's home. Use family or parental language surveys to assist with this effort.
2. Determine the child's level of second language development.
3. Obtain information about a child's primary language development to assess if the child is developing

typically. Ask family members for their observations.

4. Observe the child's responsiveness to learning opportunities. Compare the observed responsiveness to that of other DLLs to ascertain the child's ability to learn.
5. Determine if any developmental concerns exist that may require additional assessment and possible referral.

Early educators need to be skilled observers with knowledge of both a DLL's culture and how first and second language development occurs. As the family is the educator's best source of information about their child's development, it is important to involve adult family members in the assessment process (Espinosa and Gutiérrez-Clellan 2013).

Inclusion of Infant/Toddler Dual Language Learners Who Have Disabilities or Other Delays



Assessment of ongoing language development is particularly salient for preschool-aged DLLs because there is a tendency to overlook an actual disability due to limited English proficiency (Zetlin et al. 2011). Although evidence indicates

that young children with disabilities or other delays are able to process two languages (Chen and Gutiérrez-Clellan 2013), the field of early childhood education experiences difficulties in understanding the unique challenges that children with disabilities or other delays have when growing up with two languages. Specifically, for children with identified disabilities, many parents and professionals “often express unsubstantiated concerns and beliefs regarding the supposed negative effects of dual language exposure in children with disabilities and their presumed difficulty or inability to become bilingual” (NASEM 2017, 10-17). The belief is that by focusing solely on one language, the task of learning language will become easier for the child with a disability or other delay (Chen and Gutiérrez-Clellan 2013). However, professional organizations, such as the American Speech-Language-Hearing Association (ASHA), make clear that audiologists and speech-language pathologists must provide culturally and linguistically appropriate services to their clients. The

Division for Early Childhood of the Council for Exceptional Children also supports maintenance of the home language and provides additional recommendations through their set of recommended practices (DEC 2014). A central feature of culturally and linguistically appropriate services for DLLs is supporting each child's use of the home language as well as English.

Because DLLs experience low rates of identification and referral to appropriate services (NASEM 2017), it is important for early educators to be vigilant in monitoring both first and second language development from birth to age two to three so that if they suspect a true language delay or language problem

the child is appropriately screened and referred. Special education services are available under Part C of the Individuals with Disabilities Education Act (IDEA 2004) (appendix E), a federal law regarding education for children with disabilities or other delays. The goals of Part C are to offer support services to families with infants and toddlers with developmental delays with the hope of reducing the costs of intervention at later stages of development (Cole, Oser, and Walsh 2011).

Professional Development

Professional development is an important vehicle for infant/toddler care teachers and program leaders to increase their understanding of the development of DLLs. For many DLL infants and toddlers, their first exposure to English may take place in out-of-home care (Fuligni et al. 2014). Because the development of DLLs demonstrates distinct characteristics, the design of appropriate early learning and care for DLLs should incorporate sound practices attuned to their unique attributes (Castro and Espinosa 2014). Undoubtedly, all children should experience high-quality support for their language development, but for DLLs, that support should be in both languages. Fundamentally, whether using one or two languages when serving infants and toddlers, teachers should demonstrate warm, nurturing, one-on-one conversations that are responsive to a child's communications (Pearson and Mangione 2006).

Experts on bilingualism in early childhood have identified knowledge and skills needed to serve DLLs (NASEM 2017). Specific competencies for serving DLLs (California Department of Education and First 5 California 2011) in the guidance document developed by the California Department of Education on early educator competencies reflect the view of experts. The following knowledge and skills are

particularly important in the early learning and care of infants and toddlers. Infant care teachers need to

- understand the relationship of early brain development to language development;
- understand that second language development takes time and space. Recognize that language mixing is a normal part of bilingualism and not a sign of confusion;
- understand the use of strategies that support children's development of their first and second languages;
- demonstrate effective communication strategies with families about how to support DLLs; and
- have working knowledge of culturally and linguistically appropriate assessments.

In addition to this content knowledge, an attitudinal component influences an individual's behavior toward young children. Professional competency with DLLs is affected by an educator's dispositions to implement linguistically and culturally appropriate practices within the broader societal context in which their services are provided. This includes establishing a commitment to building competency and knowledge, maintaining a commitment to cultural responsiveness, and developing and sustaining a consciousness of the broader social realities that confront DLLs and their families (Lopez, Zepeda and Garcia 2012).

Closing Thoughts

Because a large proportion of California's infants and toddlers come from homes where either English is not the primary language or English and another language are spoken, it is likely that programs and teachers will serve DLLs and their families. An understanding of the

background characteristics and the unique features of learning for infants exposed to two languages is the starting point for building needed knowledge, skills, and dispositions to optimize learning and development for DLLs. From birth to age three is a **sensitive period** for language learning (National Scientific Council on the Developing Child 2007), and exposure to both a home language and English during this time can provide a strong foundation for general language development and bilingualism.

Opportunities to learn two or more languages from an early age not only provide developing children with added cognitive and social benefits, but also enable them to maintain continuity with their cultural heritage, promote respect for human diversity, and have the potential to improve their economic futures (Callahan and Gandara 2014). The California State Board of Education's (2017) "English Learner Roadmap Policy – Handout 3" states: "Bilingualism provides benefits from the capacity to communicate in more than one language and may enhance cognitive skills, as well as improve academic outcomes." Moreover, as noted in California's Master Plan for Education, "we must recognize our state's widespread multiculturalism and bilingualism and embrace them as 21st century educational and social resources" (Joint Committee to Develop a Master Plan for Education 2002, 38). Supporting the bilingual potential of our young children from the beginning is a good place to start.

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Part Two: Program Guidelines





Guidelines for Operating Infant/Toddler Programs

This chapter provides detailed guidance for administrators and teachers in several areas of high-quality infant/toddler programming. After the introduction to each guideline, specific practices of effective programs and teachers are listed. Some redundancy exists across guidelines in the lists of best practices; this redundancy or overlapping content is intentional, as many practices pertain to multiple guideline areas.

In efforts to align the current document with the California Early Learning and Development System, the practices listed are consistent with the content and order of the *California Early Childhood Educator Competencies* (California Department of Education and First 5 California 2011). Please note that the numbering of the guidelines does not indicate an order of importance, as all guidelines are considered essential to high-quality infant/toddler programs.

- Guideline 1:** Aspiring to Be a High-Quality Program
- Guideline 2:** Addressing Culture, Diversity, and Equity
- Guideline 3:** Supporting Relationships, Interactions, and Guidance
- Guideline 4:** Engaging Families and Communities
- Guideline 5:** Including Children with Disabilities or Other Delays
- Guideline 6:** Promoting Health, Safety, and Nutrition
- Guideline 7:** Assessing Children’s Development and Learning
- Guideline 8:** Planning the Learning Environment and Curriculum
- Guideline 9:** Supporting Professionalism and Continuous Learning
- Guideline 10:** Administering Programs and Supervising Staff

Guideline 1

Aspiring to Be a High-Quality Program

High-quality infant/toddler programs are thoughtfully designed and carefully implemented to meet the needs of all children in their programs. California's young learners are culturally, linguistically, and socioeconomically diverse. Effective program administrators are responsive to the unique needs of the children and families served in their program by establishing mutually respectful relationships with families and maintaining deep interest in each child and his or her family. They support teachers in efforts to establish collaborative relationships with families so that teachers can organize the infant/toddler environment to be responsive to the unique needs of children in their program. High-quality programs support the full range of abilities and potential of young DLLs and are intentional about language policies and specific program approaches that support these goals. Responsive programs support teachers in creating the appropriate learning environments for all children, including children with disabilities or other delays.

However, because programs are constantly changing—taking on new children, new families, new teachers, and new leaders—maintaining program quality is a continually evolving task. Aspiring to be a high-quality infant/toddler program involves engaging in a process of continuous program improvement. Program administrators and teachers might ask the following questions:

- How can we effectively support all relationships and a sense of belonging in our program, including staff–staff; staff–family; staff–child; child–family; child–child; and program–community?
- What do we know about our children and families, and how are we responsive to their developmental, linguistic, and cultural strengths and needs?
- How else might we gain feedback from families about how to better meet their needs and the needs of their children?
- How can we use a variety of sources (for example, teacher observations, teacher–child conversations, samples of children's work, children's reflections on documentation, direct assessment, parent reports, and input from **specialized service providers**) to inform program planning and improvement?



1.1

High-quality programs engage in continuous program improvement.

High-quality programs are accountable for meeting quality standards and establishing goals to meet them. Many programs must meet specific requirements set by funding or regulatory agencies. They may also be required to document their effectiveness through a designated set of measures. In California, the California Department of Education's Early Learning and Care Division (CDE/ELCD) (formerly the Early Education and Support Division or the Child Development Division) implements a statewide assessment of children in state-funded programs using the Desired Results System for Children and Families. Frequently, programs on a path of continuous improvement and program excellence will choose a system of accountability, such as accreditation through the National Association for the Education of Young Children (NAEYC) or participation in a quality rating and improvement system, in addition to the required system.

High-quality programs actively engage staff, family members, and community stakeholders, including regulatory agencies and community leaders, to share program evaluation information and goals for program improvement with them. Programs set annual goals for program improvement, provide resources and support for meeting objectives, and assess progress toward achieving program goals.

Family child care program leaders are in a unique position to shape the quality of early learning and care they provide. As small-business owners, they carry the major responsibility for improving the quality of their programs. By soliciting and responding to feedback from family members, mentors, and other teachers, program leaders can assess how well their programs are serving children and families. With this

information they can take steps to improve the quality of their programs and provide early learning and care that is responsive to the community they serve.

Five key ways in which programs can engage in continuous program improvement are:

- establish a program philosophy;
- implement a program-planning process;
- develop program policies and procedures that are informed by family input;
- implement a plan for continuous program improvement; and
- make use of external evaluation to inform program planning.

PROGRAM PHILOSOPHY

Programs

- Provide leadership in articulating a statement of philosophy and implementing philosophy-driven practices.
- Include elements in the program's written statement of philosophy regarding child development, learning and curriculum, families, diversity, and inclusion.
- Build staff composition reflecting families and the community.



- Collaborate with staff, colleagues, families, early childhood educators, regulatory agencies, and community leaders to regularly review the program’s statement of philosophy.
- Conduct ongoing analysis of the philosophy and its implications for practice.
- Describe the program’s philosophy to prospective staff, colleagues, families, funding agencies, and the community.

PROGRAM-PLANNING PROCESS

Programs

- Develop methods that allow early childhood educators, families, staff, colleagues, regulatory agencies, and community leaders to participate in the program-planning process.
- Provide leadership to early childhood educators on the principles of effective program planning and explain the complex array of funding streams that support early learning and care settings.
- Lead staff, colleagues, families, early childhood educators, regulatory agencies, community leaders, the program’s board of directors, funding agencies, and other individuals, as appropriate, in program planning—including the recruitment and enrollment of children.
- Involve staff, colleagues, families, early childhood educators, regulatory agencies, community leaders, the program’s board of directors, funding agencies, and others who contribute to the program in setting annual goals for program improvement; provide resources and support for meeting goals; and assess progress toward achieving program goals.

PROGRAM POLICIES AND PROCEDURES

Programs

- Initiate and contribute to discussions with professionals, families, regulatory agencies, policymakers, and other service providers to design policies that support high-quality services in early learning and care settings, including their own.
- Develop flexible systems that allow staff, colleagues, and families to participate in the creation of program procedures.
- Promote policies that enhance the quality of program components.
- Develop, document, assess, and monitor program policies and procedures for effectiveness, appropriateness, and compliance with regulations and requirements.
- Collaborate with families, staff, and colleagues to adapt policies and procedures for meeting individual child and family needs, as appropriate.
- Provide professional development to staff and colleagues on policies and procedures.

CONTINUOUS PROGRAM IMPROVEMENT

Programs

- Apply organizational theory and effective leadership styles—as they relate to early learning and care settings—to the process of program evaluation and improvement.
- Develop policies and standards, including language policies for DLLs, to promote positive outcomes for all children.
- Examine the effectiveness of policies and procedures for addressing concerns about a child’s development,

behavior, or other areas, such as health and safety.

- Plan and implement a program evaluation and improvement plan to promote positive outcomes for all children and families.
- Create systems for including the ideas and perspectives of everyone—families, teachers, staff members, and program leaders—in ongoing discussions of program improvement.
- Revise and adapt program policies and practices in response to collaborative reviews and ideas from all program participants (families, teachers, and staff members).
- Implement changes respectfully, ensuring that everyone—teachers, staff members, and families—participates in the process and is aware of the changes that are occurring.
- Maintain a high-quality program that meets funding agency requirements and standards.
- Integrate learning and development guidelines into program planning and improvement.
- Promote high-quality standards and practices among staff and colleagues, families, the program’s board of directors, local leaders, and other individuals who contribute to the ongoing operation of the program.
- Utilize internal data (e.g., staff surveys, parent surveys, child outcomes) in program improvement discussions.

EXTERNAL PROGRAM EVALUATION

Programs

- Provide resources to colleagues and engage families in conversation about the value of program evaluation and certification for continuous program improvement.

- Analyze the benefits and limitations of working with organizations that offer evaluation services for program improvement and certification.

1.2

Programs and administrators use knowledge of child development to create and implement policies and practices that support children’s development in all domains.

Being informed and understanding child development to guide policies and practices are essential to supporting children’s positive developmental outcomes. In particular, it is important to understand developmental theory and research, all developmental domains, their interrelatedness, and other factors that contribute to development. Additionally, having specific knowledge of infant/toddler learning and development, the importance of learning through play, and individualizing devel-



opmental expectations is central to supporting staff members so they can provide appropriate learning experiences for young children in the infant/toddler program.

To make important enhancements to the learning environment for DLLs, all staff members will need to understand the layered and culturally rooted influences on children's development. It is important for staff to understand how a child learns a first and second language during the early years and how to promote development in both languages. It is also important to understand the significance of children's home language to their developing sense of self, and its role in enhancing continuity between the home and child care program. Knowledge of the similarities and differences between monolingual learners and DLLs is important when children's rates of progress are considered. Thus, understanding general child development and the variations for DLLs is an important qualification for staff.

A deep understanding of child development will also contribute to knowledge of individual differences, which will enable administrators to support staff members who are concerned about a child's development or behavior. Screening tools, such as the *Ages and Stages Questionnaire (ASQ3)* (Squires and Bricker 2009), can be helpful for programs and teachers in determining when individual variation is outside the expected norms.

An early learning and care setting is often one of the first places to identify a child as having a need for more specific assessment. As such, knowledge of child development is critical when screening children. This knowledge is also helpful when children with identified disabilities or other delays are included in a program. Knowing where the child is on the developmental pathway will guide the next steps and adaptations that may be needed.

CONTEXT OF DEVELOPMENTAL THEORY AND RESEARCH

Programs

- Use an understanding of developmental research and theory to inform decisions about policies and practices for diverse groups of children and families.
- Stay current on cross-cultural and dual language developmental theory and research.
- Apply an understanding of the context of developmental theory and research to work with diverse children and families.

DEVELOPMENTAL THEORY, RESEARCH, AND PRACTICE

Programs

- Stay informed about current research on children's development, learning, and curriculum and share pertinent information with early childhood educators, demonstrating consideration for their diverse educational, linguistic, and practical experiences.
- Develop policies and practices that reflect a strong foundation in developmental theory and current research and are supportive of children's growth and development in all domains, within the context of a child's language and culture, family, and community.
- Design systems and strategies to help early childhood educators increase their understanding of development in all domains, and of the role of early learning and care settings in supporting child learning and development.
- Introduce, explain, and apply new terms or concepts as appropriate.
- Engage staff, colleagues, and families in discussions about development that

include all domains and the integrated nature of learning.

- Engage staff, colleagues, and families in understanding the role of culture in children's development as reflected in child development theory and research and corresponding program policies.

FACTORS THAT CONTRIBUTE TO CHILDREN'S DEVELOPMENT

Programs

- Stay informed about current research and literature regarding the **ecological perspective** and factors that contribute to child development.
- Interpret, synthesize, or distill research so that it is accessible to teaching staff members and applicable to their teaching practices. Share pertinent information with staff often.
- Provide professional development for staff, colleagues, and families on factors that contribute to child development, including topics such as brain plasticity, risk and resilience, dual language development, and the importance of relationships.
- Consult with specialized service providers for technical assistance and information relevant to the children enrolled, such as methods to increase speech and language skills, or current approaches for inclusion of children who have a disability or other delay.

The Importance of Play

"As we observe infants, it almost looks as if they are working rather than playing: they are fully involved, absorbed in what they are doing. We don't need to invent exercises for them. They learn to follow their instincts and to trust their own judgment.

Infants accomplish mastery by endless repetitions, continuing the same activity over and over again, long after adults may have lost interest. When an infant repeats an action many, many times, he is not bored. Rather, he is learning thoroughly about that action, making it a part of himself and his world. When he has learned it to his own satisfaction, he will move on to another new activity.

While playing, children work through conflicts with objects, other children, and adults. Play provides an outlet for curiosity, information about the physical world, and a safe way to deal with anxiety and social relationships. In the long run, play serves children's inner needs, hopes, and aspirations."

Source: Gerber 2003, 13.

INFANT/TODDLER LEARNING AND DEVELOPMENT

Programs

- Provide leadership among early childhood educators and community leaders to promote the understanding of the unique nature of infant/toddler learning and development.
- Provide opportunities for staff and families to learn about early development and learning.



- Ensure that resources, such as the California Infant/Toddler Learning and Development Foundations (CDE 2009) and the California Infant/Toddler Curriculum Framework (CDE 2012), are available to support the planning efforts of staff members.

LEARNING THROUGH PLAY

Programs

- Stay informed about research concerning **scaffolding**, intentional teaching, and play.
- Facilitate collaboration among early education settings, schools, families, and the community to achieve a balance between planned experiences introduced by teachers and children's self-directed play.
- Provide professional development for staff, colleagues, and families that focuses on play and its implications for child growth and development.
- Take individual family circumstances and cultural preferences into consideration when making recommendations about play. For some families, talking about their relationship and interactions with their child may have more relevance than play.

INDIVIDUALIZED DEVELOPMENTAL EXPECTATION

Programs

- Guide staff members and families in developmentally appropriate practice that is responsive to the learning strengths, interests, and needs of individual children.
- Create program policies and practices that promote responsiveness to the learning strengths, interests, abilities, and needs of individual children.
- Facilitate implementation of develop-

mentally, individually, culturally, and linguistically appropriate early childhood practices.

- Build awareness in the broader community of the importance of developmentally, individually, culturally, and linguistically appropriate early childhood practices.

1.3

Programs and administrators use knowledge about the role of culture in development and the process of dual language development to be responsive to California's young learners.

All children grow and learn in the context of family, school, and community influences. For DLLs, these contexts include a language other than English as well as cultural practices that may differ from culturally dominant norms. Culture provides the lens through which young children interpret the world, learning what is expected, what is appropriate, and how to relate to the outside world.

Language becomes the essential tool for learning across all contexts. Chapter 5 provides additional information about DLLs, current research findings about best practices, recommendations about program approaches, instructional and assessment strategies, and effective family engagement.

UNDERSTANDING CULTURAL PERSPECTIVES OF SELF AND OTHERS

Programs

- Provide opportunities for early childhood educators to develop awareness of cultural backgrounds, understanding of the influence of culture on their practice, and appreciation of the cultural perspectives and strengths of children, families, and communities. Share information about implicit or unintentional

bias. Promote this awareness, understanding, and appreciation throughout the early childhood profession.

- Design an overall programmatic approach and organizational culture that encourages early childhood educators to explore their own cultural perspectives and appreciate the cultural perspectives and strengths of colleagues, children, families, and the community they serve.
- Communicate to teachers that, regardless of their own language and culture, they can be effective with children of many diverse languages and cultures.

PROGRAM STRATEGIES

Programs

- Facilitate discussion among staff members, families, and other community leaders about the appropriateness of various educational programs designed to support DLLs in early learning and care settings.
- Identify and address the need for additional information, research, or support related to cultural diversity.
- Develop and implement hiring policies and job descriptions for staff that include recruitment and retention of a diverse workforce that reflects the languages and cultures of families and the community.
- Facilitate the articulation of a clear, consistent, evidence-based program approach that is culturally and linguistically appropriate to the site; collaborate with families, staff members, and other community members, as appropriate, in building support for the program approach.
- Conduct ongoing evaluation of the program approach being implemented.

- Support program staff members in learning the language(s) spoken by the children in the program.

KNOWLEDGE OF DUAL LANGUAGE DEVELOPMENT



Programs

- Are knowledgeable about the process of dual language development during the infant/toddler years, including the following topics:
 - Simultaneous versus sequential/successive dual language development
 - Differences in learning and development between DLLs and monolingual children, including cultural variations
 - Developmental and cognitive benefits of learning two languages
 - Linguistically and culturally appropriate assessment approaches
 - Methods of effective engagement with families of young DLLs
- Communicate with the larger community about how children develop both their home language and English and how this knowledge is applied in early learning and care settings.

- Provide professional development opportunities on dual language development.
- Make research-based evidence available to staff members and families for supporting dual language development.
- Stay current on research and best practices.
- Seek input from families on their goals and preferences for the development of their child’s home language and English.
- Share information and talk with families about the program’s policies related to supporting the development of the home language and English.
- Collaborate with families and colleagues to design an educational program that facilitates continued development of the home language and English.
- Conduct ongoing evaluation of the infant and toddler program.

1.4

Programs participate in efforts to promote a high-quality early learning and care system.

To promote a high-quality early learning and care system, program administrators benefit from understanding theories about how systems work and how organizational change takes place.

SYSTEMS KNOWLEDGE

Programs

- Understand both the shared and divergent interests of early learning and care stakeholders, as well as the impact of current policies and proposals for making changes in the program.

- Understand alliances among stakeholders within and outside the early learning and care profession.
- Articulate a range of strategies to influence policy and to analyze and evaluate effective strategies for transforming the system to be equitable and high quality.
- Develop strategies to overcome barriers to change.

SYSTEMS THEORY AND ORGANIZATIONAL CHANGE

Programs

- Use positive, reflective inquiry strategies when planning professional development.
- Influence others to join in efforts for continuous improvement and change.
- Engage in the efforts of community agencies to develop their capacity to contribute to the early childhood system.
- Understand the role of research, data, and storytelling as methods to promote change in organizations, policies, and people.

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Guideline 2

Addressing Culture, Diversity, and Equity

Honoring diversity strengthens relationships with families and children, thereby enhancing the quality of children's early learning and care. Children in California schools come from a wide variety of cultural, religious, ethnic, linguistic, and socioeconomic backgrounds. Encouraging all children to value and respect the

differences—and the similarities—among groups and individuals should be a primary goal of every infant/toddler program.

Authentic responsiveness to culturally and linguistically diverse children and families and engagement with equity and social justice issues requires an enduring commitment to personal awareness and growth from program leadership and staff. Although important for all early learning and care professionals, this commitment is especially important for those whose ethnicity, culture, language, social class, or country of birth differs from that of the children and families they serve.

Program directors need to identify professional development opportunities that promote personal and interpersonal growth for themselves and for their staff. Such opportunities should become an integral part of ongoing professional development. Attention to culture, diversity, and equity can also be integrated into reflective supervision with staff. With ongoing support, program leadership and staff can become more intentional about being responsive to culturally and linguistically diverse children and families. In doing so, they demonstrate that authentic engagement with equity and social justice issues is a major focus of their daily practice.

Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience

Anti-Bias Education Activity

Make a class book about "Our Families" for children to take home and share. Make a page for each child and each teacher about who lives with them and what work their family members do in and outside of the home. For the children's pages, get informa-

tion from family members and from the child. For example, Maurice's page might say: This is Maurice's family. He lives with his dad and his grandma. His aunt and uncle sometimes take care of him. Maurice's dad goes to college to learn to be a teacher, he

cooks dinner for Maurice, and puts him to bed. Maurice's grandma brings him to school and works as a secretary. A dog named Gruffy lives with Maurice and his family.

Source: Derman-Sparks and Olsen Edwards 2010, 68–69.

of the world. It comprises beliefs about reality, how people should interact with each other, what they “know” about the world, and how they should respond to the social and material environments in which they find themselves (Gilbert, Goode, and Dunne 2007). Through culture children gain a sense of identity, a feeling of belonging, and a set of beliefs about what is important in life, what is right and wrong, and how to care for themselves and others. When children are raised only in their home culture, they learn those lessons almost effortlessly. But when they spend some of their formative years in care settings with people who were not raised in their culture and who do not necessarily share the same family and community values, the learning of those important early lessons becomes more complex (Virmani and Mangione 2013, 1).

The culture of families and communities

Effective infant/toddler settings reflect the importance of each child’s cultural background by respecting, acknowledging, and building on families’ cultural experiences and cultural rules for living. Programs and teachers understand the fundamental security that children gain from being part of a community and use that cultural base to strengthen children’s sense of self and feeling of connection to others. Programs and teachers demonstrate an active interest in and acceptance of children’s cultural backgrounds and work consciously to integrate the experiences that children have at home and in their community into children’s experiences in the care setting.

Connecting Cultural Activities to Concrete, Daily Life

“Culture is not an abstraction to young children. It is lived and learned every day through the way family members interact: through language, patterns of communication, family stories, family routines, religious practices, music, household customs, and the responsibilities of family members.”

Source: Derman-Sparks and Olsen Edwards 2010, 67.

The culture of the early learning and care setting

From the moment families enter a family child care home or an early learning and care center, they encounter culture in many ways. The noise level, colors, voice tones, expectations and interactions, language used, and smells from the kitchen, all reflect culture. The early learning and care setting itself is a small society with its own beliefs, values, and rules for living. The early learning and care setting is part of the broader early learning and care culture, which, in turn, is influenced by the dominant culture. Each early learning and care setting is also embedded within the community it serves.

Given these various influences, the culture of the early learning and care setting is always distinct or, in many cases, very different from each child’s home culture, and this difference may be more pronounced if the staff differs from the families in ethnicity, culture, language, social class, or country of birth. When these differences exist, the program should strive to create bridges of understanding, communication, and commonality.

Ideally, the cultural, linguistic, and ethnic composition of the staff will reflect the cultural, linguistic, and ethnic backgrounds of the children. Although representative staffing may not always be possible, it can contribute significantly to developing a climate in the program that emphasizes appreciation and respect

for family diversity. Recruiting new staff members whose cultural, linguistic, and ethnic backgrounds are representative of the children and families should always be a goal that programs actively pursue.

The *California Early Childhood Educator Competencies* (California Department of Education and First 5 California 2011, 21) states,

Cultural perspectives of children, families, staff, and colleagues vary widely on issues such as differences in individual children's learning, strengths, and abilities; gender identity and gender-specific roles; family composition and member roles; generational experiences and perspectives; communication styles; regulation and discipline; coordination and physical development; and acquisition and synthesis of information. Early educators who learn to think from a multicultural perspective are better able to provide opportunities that reflect each child's culture and family experiences (Banks 2006, 2008). Learning environments are enriched when diversity among children, families, and peers—as well as children's individual characteristics, values, cultures, and temperaments—are respected and valued in concrete ways.

2.1

Programs encourage and support appreciation of and respect for diversity among individuals and groups.

An attitude of respect for others regardless of their differences is essential in creating a positive, accepting program environment. This statement applies in culturally, linguistically, and ethnically diverse communities as well as in more

homogeneous communities. Families differ in their beliefs and values about child behavior, gender roles, the role of academics, appropriate discipline methods, school aspirations, and when, how, and with whom young children use language (State Advisory Council on Early Learning and Care 2013, Paper 4, Family Engagement). These culturally rooted differences influence children's development and behavior. Effective infant care teachers make a commitment to understand their cultural influences and to learn from the children's families about their values and beliefs to better understand the children and implement culturally responsive practices.

CULTURAL DIVERSITY OF FAMILIES

Programs

- Develop a statement that expresses the program's appreciation of cultural and linguistic diversity and share the statement with both staff and families.
- Develop and implement policies and practices that promote inclusion of all children and families in the program.
- Develop, in consultation with families, a statement about how the program will support the development of each child's first and second language.
- Use family information to guide the development of program policies and practices.
- Facilitate accommodations to policies and practices to address the unique contributions and perspectives, both cultural and generational, of all families.
- Develop curriculum and practices that create a welcoming atmosphere for all families and children.
- Work with families in need of special assistance and collaborate to ensure they receive culturally and linguistically appropriate services.

Teachers

- Embrace each child’s culture as an asset.
- Convey a warm welcome to all families, including during visits and at arrival and pickup times.
- Attend to the culturally diverse attributes of children and families. Work proactively to support children and families as they transition to the early childhood setting.
- Gather information about each family’s child-rearing practices and goals. Share that information with staff members to support and encourage family engagement and to inform program curriculum planning.
- Interact with families in a way that encourages their sense of belonging and involvement.
- Communicate with family members to ensure that they have the support and information necessary to be full participants in the program.
- Make program leadership aware of family concerns.
- Communicate regularly with family members to understand each family’s current and ongoing concerns.
- Attend to all relevant issues or special circumstances in a responsive and sensitive manner.
- Ensure that written communications are available in a family’s home language and that appropriate interpreters and translators are available when needed.
- Provide opportunities for family members to become involved in the program and to learn how to support their child at home.
- Invite family members to plan and carry out activities in the care setting that reflect the home culture.

INVOLVING FAMILY MEMBERS IN PLANNING

Programs

- Collaborate with families and staff members to develop and update policies that support the inclusion of families and colleagues in planning program services.
- Encourage the participation of all families and colleagues in curriculum planning throughout a program.

Teachers

- Provide opportunities to include families in planning curriculum and learning activities.
- Respect and include the contributions of all families in the planning of learning activities.

2.2

Programs and teachers are responsive to cultural and linguistic diversity.

Culturally and linguistically responsive programs celebrate each child’s cultural and linguistic background as assets to the program. All children bring prior knowledge and experiences into the program that will shape how they understand concepts and interactions. The teachers’ attitude toward these differences is critical in setting the stage for an inclusive, strengths-based, and responsive climate.

When teachers follow the form and style of care and interaction that children experience at home—for example, incorporating familiar ways of using language—those children are likely to feel more secure and comfortable in the early learning and care setting. At times, cultural consistency between the home and program may be difficult to achieve, or the teacher may feel that it is beneficial to introduce new strategies and practices.

In doing so, culturally sensitive programs support teachers in their efforts to communicate with parents about the program's own culture.

STAFF PREPARATION FOR COMMUNICATION PRACTICES

Programs

- Provide an orientation for staff that includes expressing respect to families through reflective communication and concepts of intercultural communication, roles, and relationships.
- Facilitate professional development, including reflective practice, which reinforces staff members' understanding of principles of respectful communication and concepts of intercultural communication.
- Ensure that discussions about culture are in-depth and long-term, using examples that come from the lives of families in the program, and remembering that one must first understand how culture influences one's own life to understand how culture influences others' lives.
- Support staff awareness and understanding of program policies and practices that invite open communication with all families; promote and seek input from families; and ensure that all communications are comprehensible to families whose home language is not English.

Teachers

- Participate in staff orientation sessions and other professional learning opportunities that focus on expressing respect to families through reflective communication and concepts of intercultural communication, roles, and relationships.

- Work actively to develop related skills and knowledge through orientation sessions.
- Demonstrate understanding of the cultural implications of the roles and expectations for relationships between early childhood educators and families.
- Apply skills and knowledge gained from orientation sessions to communicate respectfully with each family.
- Follow families' culturally based communication practices.
- Implement concepts of intercultural communication, including nonverbal communication.

FAMILY-TEACHER RELATIONSHIPS

Programs

- Develop program policies and practices that foster the development of effective, responsive family-teacher relationships, which are essential for high-quality early learning and care programs.
- Communicate with staff and families about policies and practices that foster family-teacher relationships.

Teachers

- Use multiple strategies for building relationships with families, such as conveying a sense of belonging to the child and the family, seeking the family's goals for the child, sharing child observations and documentation with families, and being available to meet with family members upon request.
- Attend meetings with families and provide information, asking open-ended questions and talking with each family about the child's learning and development.

2.3

Programs and teachers integrate home culture, language and practices in learning activities, materials, and environments.

To align the program with the children's family and the community's cultures, staff members ensure that the materials, activities, and visual aids reflect the child's neighborhood and community. The cultures, languages, and ethnicities of the children and families are reflected in the following: pictures displayed in the program; artwork created by the children; books housed in the library; music, curricular activities, field trips, and food served in the program. Displayed throughout the care setting are: photographs of the children, families, and their homes; signs in their native languages; and photographs and pictures of their family customs. Music, songs, stories, and literature from the cultures and in the languages of the children and families are integrated into instructional activities. Special care is given to ensuring that all materials authentically reflect the cultures and languages of the children and families.

VISUAL REPRESENTATION OF DIVERSITY

Programs

- Create a list of resources that offer developmentally and culturally appropriate recommendations for the visual representation of diversity in early childhood settings.
- Include visual representation of children and families in the program that reflects the diversity of their abilities,

Considering the Military as a Cultural Influence

"There are approximately 106,000 children with at least one parent employed as an active-duty military service member in California" (adapted Blanton 2013, 1). The experiences shared by members of the military and their families contribute to their understanding of the world around them. It is important to understand the impact that the "culture" of the military has on the child and family. Each branch of the service is different, as are the different rankings from enlisted member to officer. When a military family enrolls a child in the program, it will be useful to understand some of the unique characteristics.

Many resources developed specifically for programs serving military families are available at ZERO TO THREE (<https://www.zerotothree.org/resources/series/medical-and-health-care-resources-for-military-families>).

family composition, cultures, ethnicity, gender roles, and languages.

- Promote the use of materials that authentically reflect the cultures of the children and families and assess the visual representation of diversity in the program.
- Collaborate with teachers and families to design ways of reflecting the families' cultures and languages in governance of the program.



Teachers

- Place photos, pictures, books, signs, and other materials in the learning environment that reflect the cultural, linguistic, ethnic, ability, and individual diversity of children and families.
- Interact with families in scheduled meetings and informally on an ongoing basis to ensure that the overall learning environment reflects the cultural, linguistic, and generational diversity of the children and families in the program.

LANGUAGE DIVERSITY

Programs

- Develop and facilitate the implementation of program policies and practices that honor and promote communication in the home language of children and families.
- Develop and implement procedures that strengthen and monitor the support for both home language maintenance and English language development within the care environment (materials, books, displays, and the like), and learning activities and opportunities.
- Promote the effective use of interpreters and translators.
- Ensure that all parents receive complete and accurate information about program options to support the language development of children, including DLLs.
- Identify and use tools and services to help communicate with families who speak languages other than English.

Teachers

- Are responsive to children and families who use their home language (including sign language) to communicate.
- Are able to identify when interpreters and translators are needed and use them effectively.

- Create a learning environment that supports children's and families' communication in their home language and in English.
- Articulate the importance of language diversity and the benefits of bilingualism and multilingualism.

ASSESSMENT OF ENVIRONMENTS

Programs

- Provide for assessment of early learning and care environments in the program.
- Support staff members in the use of environmental assessment data to continually study the environment to ensure it reflects the diverse characteristics, abilities, cultures, and languages of families.
- Individualize assessment procedures, ensuring that approaches are culturally and linguistically appropriate.
- Link assessment results to curriculum planning and, as necessary, make adjustments for children with unique needs, including children with disabilities or other delays, and each DLL.

Teachers

- Contribute to the assessment process to determine how environments can be enhanced through a deeper understanding of the cultures, languages, strengths, and abilities of the children and families.
- Use the assessment data to continually study the environment to ensure it reflects the diverse characteristics, abilities, cultures, and languages of families.
- Explain to families and colleagues the importance of continually assessing environments to ensure that the cultures and languages of the families are reflected.

2.4

Programs and teachers help children learn strategies to address social injustice, bias, and prejudice.

Children are able to learn about social injustice, bias, and prejudice at an early age, even if they are unable to verbalize their understanding of such attitudes. Many children in infant/toddler settings are learning about and experiencing cultural differences for the first time and have a natural curiosity about them. In early learning and care programs, children enact and express the biases of their society—biases related to gender, race, ethnicity, culture, language, social class, and disability. The early learning and care program should be a setting that discourages bias and promotes acceptance of others and respect for diversity.

SOCIAL JUSTICE

Programs

- Understand the difference between prejudice and simple curiosity about others.
- Provide and support professional development opportunities that facilitate reflective work by program leaders and teachers about their values and perceptions regarding the importance of social justice.
- Make diversity a part of the ongoing, daily learning environment, representing the cultures and languages of the children and families in the program rather than a tourist curriculum in which children “drop in on” strange and exotic people to celebrate their holidays and taste their foods (adapted from Derman-Sparks and Olsen Edwards 2010).

Teachers

- Reflect on their values and perceptions of the importance of social justice.

- Are aware of emerging research on the impact of implicit bias on teachers.
- Understand that “it is not human differences that undermine children’s development, but rather unfair treatment based upon these differences” (Derman-Sparks and Olsen Edwards 2010, 3).

CHILDREN’S IDENTITY DEVELOPMENT

Programs

- Develop curriculum that promotes children’s sense of identity by integrating the home culture and language with learning activities and environments.
- Develop child guidance policies and practices that support, respect, and protect each child’s sense of self. Provide staff and families with this information and support implementation in ways that take into account the individual child and the child’s family.
- Create an organizational culture and learning community that aims to reduce implicit bias to promote the healthy development of children’s racial identity and prevent internalized oppression.
- Facilitate activities that help teachers reflect on how their own understanding of and response to children’s behavior are influenced by their own identity markers: race, culture, gender, psychological factors, and professional characteristics, such as training, experience, and attitudes and beliefs about teaching.
- Create a climate of belonging and connection for children, families, and staff in the program.

Teachers

- Actively communicate with children about themselves and their families.
- Conduct activities that promote positive identity development in young children.

- Use understanding of individual children’s life experiences and home culture to promote healthy development.
- Support the relationship between the child and the family.
- Use child guidance strategies that support, respect, nurture, and protect each child’s sense of self.

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Guideline 3

Supporting Relationships, Interactions, and Guidance

The quality of relationships children develop with adults and peers is central to children's successful learning and development. As stated in the *California Early Childhood Educator Competencies* (California Department of Education and First 5 California 2011), whether children's development is supported or compromised by their participation in early learning and care programs is determined in large part by the quality of their social-emotional experiences in those settings, including their relationships with both adults and peers (Shonkoff and Phillips 2000). Increasing evidence suggests that efforts to promote children's school readiness should focus on supporting children's social-emotional development in addition to their cognitive development.

All young children have a better chance to thrive academically and socially when the adults caring for them are sensitive, positive, nurturing, and responsive to their social-emotional needs. Teacher-child relationships are central to healthy growth and development as well as important to academic outcomes.

Relationship-based policies and practices

When programs implement the six policies and practices described in chapter 4—responsive care, primary caregiving, small groups, culturally sensitive care, inclusive care, and continuity of care—the stage is set for children to develop positive and secure relationships with teachers. When a teacher is with a small group of infants for an extended period of time, they have an opportunity to grow and learn together. Because the children stay together in a small group, they get to know one another intimately, and are able to

read cues, communicate, and predict each other's responses, which, in turn, creates a sense of safety and trust among the children. Because of his intimate experience with the group, a teacher can observe and anticipate the interests of each child. In addition, when a teacher works with the same family over several years, the likelihood of better communication and collaboration grows. Collaboration with families is especially crucial for teachers who care for infants with disabilities or other delays.



Thus, fundamental to the learning environments and curricula of early learning and care programs are relationships, interactions, and guidance (California Collaborative on the Social and Emotional Foundations for Early Learning [CA CSE-FEL]; adapted from the California Department of Education and First 5 California 2011, 29). Fostering relationships at all levels—adults with individual children, an adult with groups of children, between or

among children and adults, and adults (for example, teachers) with other adults (for example, colleagues, family members)—is central to a child’s and family’s sense of confidence and competence in the early learning and care setting.

Dual language learners

Teacher–child relationships are generally beneficial for all children, and in some important ways, are especially beneficial for DLLs. In particular, Spanish-speaking DLLs who experience interaction in their home language in emotionally supportive early learning and care settings make more progress with learning than their peers in less emotionally supportive programs (Vitiello et al. 2011). It is noteworthy that teachers who are able to speak to DLLs in their home language tend to view children’s behavior in a more positive light (Chang et al. 2007). However, regardless of the teacher’s ability to speak a child’s home language, positive social–emotional interaction is especially key in helping DLLs feel a sense of caring and belonging in an unfamiliar environment.

3.1

Programs and teachers collaborate with families to create a supportive emotional climate for children.

Children learn best in environments where they feel safe and cared for. Creating early learning and care programs that are supportive of children’s social–emotional well-being depends on how the overall program is designed, the child’s role in the learning environment, and the kind of social interactions that occur there (adapted from CDE 2011).

Through the ongoing, daily interactions that teachers have with children and their families, children develop a sense of security and safety. Effective teachers communicate with family members

regularly about children’s experiences at home, so they can connect the children’s home experiences with experiences in the program. When children feel secure in their relationships with consistent, caring teachers, they feel safe to learn through play and exploration.

Thus, children need consistent relationships with teachers. In addition, early, healthy emotional development depends on adults’ alertness to children’s feelings. Children benefit when adults acknowledge those feelings as valid and respond with empathy and compassion. A child who displays fear, anger, or excitement has difficulty engaging in learning unless her emotional needs are met first. Emotional support from caring adults helps children resolve troubled feel-

Highlight on Relationships

Child care as an important experience for very young children cannot be separated from our continued attempts to appreciate and understand relationships in general. Child care must be thought about and seen as occurring in a context of other relationships and as containing relationships. When “relationship” is highlighted as the true issue for children, families, and teachers, then the understanding of what child care is shifts. When relationships are recognized as the major issue, then true changes in the quality of care can happen.

Source: Adapted from Pawl 1990, 3.



ings, which enables them to reconnect in productive ways with peers and adults, and engage more fully in learning experiences in the care environment.

In an intimate setting with a small number of children the teacher is able to appreciate and be responsive to each child's rhythms, temperament, interests, and needs, which supports the inclusion of all children. The policies of primary care, small groups, and continuity of care lay the groundwork for an intimate setting. Small family child care homes with one teacher have these relationship-based policies built into the program structure, which is a great benefit of this type of setting. However, like centers, both large and small family child care programs that employ staff need to follow the policies of primary care, small

groups, and continuity of care to ensure that the teachers and children have time and space for their relationships to develop. For all programs the policies of responsive care and education, culturally sensitive care and education, and inclusion of all children and families are essential components of relationship-based care.

SUPPORTIVE EMOTIONAL CLIMATE

Programs

- Develop relationship-based policies that help to maintain stability and consistency in the program. Support staff and families in implementing these policies.
- Promote staff retention to ensure continuity of relationships with teachers for children and families.
- Hire, retain, and support staff members who represent the children's and families' cultural and linguistic backgrounds.
- Provide professional learning opportunities, including reflective supervision, mentorship, and coaching, to staff members on the relationship between the social-emotional climate and the overall learning environment.
- Promote reflective practices and professional development activities that support cultural responsiveness, including encouraging teachers to reflect on how their own cultural perspectives and experiences affect how they relate to diverse children and families.
- Provide professional learning opportunities to staff and resources to families about the importance of relationships, attachment, responsiveness, and respect, along with strategies to promote these qualities.
- Provide professional learning opportunities to staff about the ways young

"If I were the infant, would I like to be here?"

Does the environment allow me to be able to do everything that I naturally would do?

Are there opportunities for me to anticipate what will happen next?

Is there a large enough and absolutely safe space in which I can move freely?

Is there a selection of safe and appropriate objects from which I can choose?

Am I given time to play without interruption?

Can I do what is expected of me?

If I cry, do I know the person who will respond?

If I am tired, do I have a peaceful place to sleep?

Does my caregiver observe closely in order to understand my needs?

Am I given time to work out my own conflicts as much as possible?

Does my caregiver give me full attention while caring for me?

Will my caregiver stay with me when I am a toddler?

Are my parents welcome to visit me at any time?"

Source: Gerber 2003, 150.

children express their feelings about separation and transitions, as well as the importance of supporting families during times of separation and transition.

- Establish policies and practices to minimize the number of separations or transitions that children experience and the distress those occurrences may cause.
- Ensure that assessments of program quality include the evaluation of the social–emotional climate. Include family input and provide access to interpreters for families with DLLs when needed.

Teachers

- Reflect on how their own cultural perspectives and experiences affect their expectations, perceptions, and relationships with diverse children and families.
- Create intimate settings that reflect understanding of the importance for children to have stable relationships with adults.



- Work to build positive relationships with children and support the relationships between children and their families.
- Work with colleagues to plan and provide a positive social–emotional

The Developing Infant

“An infant’s first learning occurs in an interesting personal, emotional, and social interaction. That learning is certainly about how someone smells, sounds, looks, and feels; it is also about how one engages this other person, how one regulates oneself and each other, how one learns to capture and maintain each other’s attention as well as how each imitates and anticipates the other. The baby learns to share feelings, to intensify or dampen them, and this is learned in tandem. The

developing infant becomes interested in the objects enlivened by a partner; she is endlessly curious and begins to explore places and things on her own in the security of the relationship. Gradually, different feelings are sorted, and she learns how to soothe and quiet herself with maybe just a touch, or a look, or a word . . . or maybe not, depending on who she is to begin with. Children master these things at different rates and need different things to help them along. They also are more or

less shy, bold, intense, distractible, and eager to please. Learning the individual emotional characteristics of each child is interesting and necessary if one is to be genuinely and usefully responsive. Finding the special ways which each growing infant and toddler best responds is a great part of the pleasure.”

Source: Pawl, J. Guidelines Expert Panel Member for the first edition of the *Infant/Toddler Learning & Development Program Guidelines*.

A Child's Sense of Self

"In effect, as parents we can allow our child in child care to miss us, but she should not miss herself. Her sense of herself, and of herself in relation to others, should not be damaged. That is the major loss in being separated from a good and adequate parent. Separation itself may be painful in many ways, but it pales in comparison with the child's loss of an effective, competent, well-loved self or a socially competent self who can relate and be related to. There must be relating partners who much of the time respond to a child as he is and in terms of his needs. There must be a sensitive, caregiving relationship, not mechanical caretaking."

Source: Pawl 1990, 3.

climate in the learning environment based on the individual strengths, cultures, languages, and interests of the children in the group.

- Recognize personal care routines as key times during the day for emotional connections between children and teachers.
- Respond to each child's emotional needs, including providing individual attention in the child's home language.
- Organize the learning environment to reflect the importance of consistency, continuity, and responsiveness in supporting children's emotional development.
- Oversee day-to-day transitions, being sensitive to each child's responses to separations and transitions, and working with families to develop effective support to children during transitions.

EXPRESSION OF EMOTIONS

Teachers

- Attend to and understand how adults' emotions affect children.
- Establish an environment in which children and adults feel safe to explore their emotional experiences and to receive support as needed, incorporating

discussions throughout the day about feelings with adults and other children.

- Observe and respond to infants' verbal and nonverbal cues.
- Respond to crying by giving full, sensitive attention, speaking in comforting tones, and holding to soothe, as appropriate.
- Allow authentic expression of feelings by offering support and comfort rather than distracting the child.
- Develop an understanding, in close collaboration with the families, of culturally appropriate ways for children to express strong emotions.
- Incorporate materials that help children identify feelings.
- Use a variety of terms to describe children's individual emotional experiences.
- Facilitate communication about emotional experiences according to each child's development, language, and culture.



3.2

Programs support teachers' implementation of strategies to establish warm, nurturing relationships with all young children.

Close, secure relationships support the development of a positive sense of self and provide the emotional and physical environment a child needs to explore and learn. Nurturing relationships are essential to children's successful social and academic learning. Ample research now suggests that positive teacher-child relationships are linked to positive developmental outcomes for young children. Positive teacher-child relationships positively impact children's ability to get along with peers and children's ability to pay attention and engage in cognitive tasks. Importantly, children whose teachers establish warm, nurturing relationships with them are also less likely to display behavior problems (NICHD ECCRN 2001).

ESTABLISHMENT OF WARM, NURTURING RELATIONSHIPS

Programs

- Create program policies and practices that support relationship-based care, including small groups, primary care, continuity of care, responsive care, culturally sensitive care, and inclusive care.
- Provide professional development opportunities to staff and colleagues and resources to families for them to learn about relationship-based practice.
- Include time away from caregiving responsibilities for teams to engage in discussion and planning.
- Limit the size of groups so that teachers can provide close, caring relationships and easily adapt to individual children's strengths, abilities, interests, and needs.

- Communicate to family members the importance of caregiving routines for teachers to develop and maintain relationships with each child in the group.
- Support teachers as they organize daily caregiving routines that are adapted to each child.
- Support teachers as they strive for balance between the care of the individual child and the smooth functioning of the group.
- Support flexibility and collaboration among teachers so that other children in the group are attended to whenever their primary infant care teacher is occupied in caregiving routines with individual children.

Nurturing Collaborative Relationships Support Mindful Teaching

"A mindful approach . . . to education involves a shift in our attitude toward the individuals with whom we work. The active involvement of the student in the learning process enables the teacher to join as a collaborative explorer in the journey of discovery that teaching can be: We can embrace both knowledge and uncertainty with curiosity, openness, acceptance, and kind regard."

Source: Siegel 2007, 20.



Learning During Personal Care Routines

Learning during personal care routines does not mean that you have to sing ABCs or count with a child. The learning that happens relates directly to the routine. A child may learn that her teacher is in a hurry or that she has to sit on the toilet or eat when the teacher tells her to, rather than when she feels the need. On the other hand, a child may learn that his participation matters, that he is an active partner in his own care, and that his teacher likes it when he initiates the process by pulling her by the hand to the cubby for a diaper.

Source: Expert Panel Member for the first edition of the *Infant/Toddler Learning & Development Program Guidelines*.

- Create policies and practices that ease transitions between the home and the infant/toddler setting as well as between settings when a child attends more than one program.
- Provide for a “warming-in” process that allows children, family members, and teachers to observe and become familiar with each other.

Teachers

- Model positive relationships with each other and other program staff, and with children and families.
- Work with colleagues and families to support positive relationships among early childhood educators, between early childhood educators and children, between early childhood educators and families, among children, and between children and their families.
- Ensure that each child has developmentally and individually appropriate opportunities to interact with adults and peers in meaningful ways. Encourage children to develop and maintain positive relationships.
- Implement strategies that establish warm, nurturing relationships with all children, including DLLs.

- Interact with infants in predictable ways.
- Follow a daily sequence of events so that infants can anticipate what is coming next.
- Maintain adult-to-child ratios that provide opportunities for one-to-one attention with each child throughout the day.
- Accommodate different developmental levels and ages by adapting the environment and play materials as necessary.
- Nurture a sense of belonging for all children and adults, which includes demonstrating respect and appreciation for each individual’s way of being.
- Communicate with family members about their child each day. Share your awareness of and enthusiasm for the child’s interests, explorations, and accomplishments. Invite family members to share “stories” about the child from home.
- Approach personal care routines as opportunities for warm, cooperative, and enjoyable interactions and communication. This includes:
 - encourage children’s participation in the routines;
 - understand and incorporate family preferences into personal care routines;
 - organize in advance the equipment and supplies needed for routines so that full attention can be given to the child;
 - follow individual diapering and toileting schedules for all children and follow individual mealtime and napping routines for children until they indicate that they would like to participate with others in the group;
 - conduct routines in a predictable

manner to allow the child to anticipate and cooperate during routines, but remain flexible and sensitive to changes in the child's mood or attentiveness; and

- minimize interrupting children to carry out personal care routines. When an interruption is necessary, let children know in advance and assure them they can go back to what they were doing as soon as the routine is finished.

- Care for children in small groups in their own space separate from other small groups.
- Provide primary caregiving.
- Work as a team member with another primary caregiver(s).
- Provide continuity of care in either same-age or mixed-age groups.
- Help children become familiar with a new teacher and build a trusting relationship with her if their current teacher leaves the program.
- Help children and families who are new to the program and entering an established group develop relationships with the other children and families.

3.3

Programs and teachers collaborate with families to identify challenges that may affect children's social-emotional development and offer resources to address those challenges.

Both daily and ongoing experiences in the family and community can affect children's social-emotional development. Program administrators and teachers need to work closely with families and one another to identify stressors and any other factors at home or in the child's community that may be negatively affecting children's social-emotional development. Once stressors

are identified, programs and teachers can collaborate with families to share knowledge and resources that are supportive of children's health and well-being.

When program staff members do not speak a DLL's home language, they may tend to misinterpret or misunderstand the child's behavior. It is important for staff to enlist a native speaker of the child's home language with translator and interpreter training to assist with the assessment of a DLL's behavior and support the communication of appropriate responses.

COLLABORATION TO ADDRESS FAMILY CHALLENGES

Programs

- Work with families to identify family resources that support children's emotional development.
- Work with families to identify family challenges that may affect children's emotional development.
- Provide professional development for colleagues and families related to the impact of family stress on children's emotional development.
- Establish ties with community agencies that may meet the needs of families in the program.



- Create communication and referral protocols with regard to family challenges and needs.

Teachers

- Understand that daily occurrences and family and community stress may affect children’s emotional development and behavior.
- Share knowledge and resources with families to support their well-being and development.
- Respond to the needs of individual families as appropriate. Follow program communication and referral protocols.
- Plan with colleagues to adapt the program and its environment to meet the needs of all children and families.
- Respect the confidentiality of children and families with regard to stress and other family circumstances.

3.4

Programs ensure teachers have ample time to engage in supportive, responsive interactions with each child.

A teacher’s job is multifaceted. Teachers juggle many responsibilities, including scaffolding children’s learning experiences, assessing children’s learning and development, reflecting on and planning learning environments and experiences to meet children’s individual needs, debriefing with staff and colleagues, and meeting with parents. It is the role of the program administrator to ensure teachers have the release time needed to engage in activities outside the program that are necessary to success on the job, while still having sufficient time in the care environment. It is not reasonable to expect teachers to hold staff meetings or meetings with family members during program hours if appropriate substitutes are not provided

for teachers. Program administrators and teachers need to think collaboratively and creatively about ensuring that teachers have ample time to engage in supportive relationships with each child in their program while still holding meetings, assessing children’s learning, and planning for their learning experiences.

TIME TO ENGAGE CHILDREN

Programs

- Develop program policies and practices that allow early childhood educators to have ample time for quality interaction with each child in the child’s home language.
- Ensure teachers have ample time to assess children’s learning and plan responsive learning experiences.
- Develop procedures to observe and document the quality and frequency of interactions between staff and children.
- Work collaboratively and intentionally to plan meetings with families during times that would be least disruptive to children.

3.5

Programs and teachers provide positive guidance to promote social–emotional competence and prevent challenging behaviors.

One of the most challenging and rewarding aspects of infant/toddler early learning and care is that of guiding behavior and facilitating socialization. Infants and toddlers in groups develop close, emotional relationships with each other. From the start, infants and toddlers are interested in other people. Many families and teachers are surprised to find that even very young children are aware when someone is absent or feeling sad. Infants and toddlers gradually respond to the thoughts and feelings

of the people around them. They learn how their own actions influence other people. They discover the difference between interacting with adults and with other children. Because infants and toddlers learn from both interacting with people and watching others interact, adults in early learning and care settings need to interact respectfully with each other as well as with children.

When conflicts arise, teachers help infants and toddlers learn ways of managing intense emotions without hurting other people. Young children look to adults they trust to set limits for them and guide their behavior. One of the most important ways that teachers foster socialization is to set up calm, safe environments for small groups of children. A well-planned program can prevent conflicts between children and encourage them to engage in positive interactions with each other.



- Support teachers in understanding and facilitating the social–emotional development of the children in their care. This support includes providing effective tools, systems, and time for observing and reflecting on the social–emotional development of each child; planning meaningful learning experiences in the social–emotional development domain (including environmental adaptations); and engaging families.

STRATEGIES FOR SOCIALIZATION AND GUIDANCE

Programs

- Communicate with family members about the program’s socialization and guidance policies and practices, seeking views from each family about their child and their perspective on socialization and guidance.

SOCIAL–EMOTIONAL COMPETENCE

Programs

- Collaborate with families and staff to create a program environment that supports the social–emotional experiences of children and adults.
- Provide resources to colleagues and families about social–emotional development in early childhood, including information about variability in individual preferences and cultural expectations for the expression of emotion.
- Design guidance policies with an emphasis on supporting each child to be successful in the setting, with family involvement throughout the child’s enrollment.
- Implement continuity of care so that groups of children and teachers know and can anticipate each other’s behavior.
- Facilitate sharing of observations of children among appropriate staff members, encouraging peer reflection of observations to inform planning.

- Facilitate communication with families to ensure that the program implements appropriate strategies to promote healthy social–emotional development.
- Seek input from outside resources and specialized service providers and share it with program staff and families.
- Provide guidance to staff about individual children’s temperament, language, culture, communication skills, and abilities that contribute to learning and development.
- Explain individual and typical child development, especially in the area of social–emotional development, to adult family members.



Teachers

- Approach guidance by understanding that the child is a competent problem-solver trying to understand and negotiate a complicated social world.
- Keep in mind that behavior is communication, even as children begin to develop language and other ways of communicating.
- Collaborate with the family to guide behavior in ways that take into account each child’s developmental abilities,

temperament, language, communication skills, and culture.

- Make sure to use the child’s home language for a variety of purposes, rather than just for giving verbal directions and guidance.
- Model appropriate behavior and remain an active presence to prevent problematic situations. Interact respectfully, both emotionally and physically.
- Prepare the environment to encourage smooth group interactions (for example, arrange play areas to encourage small, focused groups of children and provide enough play materials for all children to be engaged).
- Plan experiences that incorporate a variety of developmentally appropriate, evidence-based strategies for supporting children’s social–emotional development, based on observations of children’s behavior and family input.
- Acknowledge and encourage positive social behavior. Help make such behavior visible to children (for example, “Thank you Micah, for giving Kori a ball so she can play, too.” “Elisa, she’s offering you a book. Do you want to look at it?”).
- Remain aware of individual differences in children’s ability to tolerate frustration or manage stress and support each child in finding ways to express those feelings in a healthy way.

CHALLENGING BEHAVIORS

Programs

- Provide support and professional development on the practices that are most likely to prevent challenging behavior in young children, including strong relationships, supportive environments (for example, carefully

planned transitions and schedules, play areas to encourage small focused groups of children, and protected space), and supporting children’s learning of social–emotional skills.

- Provide professional development opportunities to staff and resources to families on using strategies to respond to challenging behaviors, including support from behavioral or developmental specialists, early childhood mental health consultants, early interventionists, and mental-health professionals as necessary.

Teachers

- Understand that exploratory behaviors, such as testing limits and making mistakes, are some of the ways infants learn and that sometimes they may need redirection.
- Understand that a child under age three is not engaging in a behavior to be challenging, but is doing the behavior because it meets a need.
- Work together with families to develop ways to guide children who exhibit challenging behaviors without creating or reinforcing a negative self-image.
- Observe and identify the emotions underlying challenging behaviors.
- Gather input from colleagues, other program staff members, and families to gain a greater understanding of the function or purpose behind children’s challenging behaviors and to develop strategies—including self-reflection and peer-reflection—for addressing those behaviors.
- Share observations appropriately and respect confidentiality when discussions involve children and families.
- Implement strategies designed by colleagues, families, and other specialized service providers to address individual children’s challenging behaviors.
- Develop, modify, and adapt schedules, routines, and the program environment to positively affect challenging behaviors.
- Intervene when children are about to cause harm to others or the environment.
- Explore with a child’s family possible causes of stress or changes in behaviors. Listen to and accept family members’ thoughts about the source of their child’s stress when they say there is not a reason from home.
- Acknowledge a child’s angry feelings with a gentle response (being sensitive to differences in the expression of emotion) and, if necessary, redirect the child’s behavior.



CONFLICT RESOLUTION

Programs

- Provide professional development opportunities to staff and resources to families on the development of conflict resolution strategies appropriate for toddlers, communication skills, and factors that may influence behavior in young children.

Teachers

- Model appropriate behavior for resolving conflicts.
- Refine and implement developmentally appropriate strategies to help children learn how to express emotions, negotiate conflict, and solve problems.
- Support children in expressing their emotions and negotiating conflict in developmentally appropriate ways.
- Work with coworkers to utilize a similar and consistent process with children in the same care setting.
- Engage colleagues and other program staff, children, and families in discussions around conflict resolution.

APPROPRIATE EXPECTATIONS FOR BEHAVIOR

Teachers

- Examine their own expectations of appropriate and safe behavior, looking for potential bias toward race, culture, language, ethnicity, gender, or developmental skills.
- Help staff and family members understand that not all conflict is inappropriate and that children can often resolve conflicts without adult help.
- Recognize that social expectations vary among individuals, families, and groups and seek to understand each family's expectations for social behav-

iors. Respect and discuss differences between home and the program.

- Seek to make expectations of “appropriate” and “safe” behavior visible to, and understood by, children and families.
- Respond adaptively to individual children, considering each child's age, temperament, language, communication skills, culture, interests, and abilities.

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Further Reading

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Guideline 4

Engaging Families and Communities

An increasing number of research studies indicate that engaging families to support early learning promotes their children's school readiness and long-range success (Henrich and Gadaire 2008; Halgunseth et al. 2009, 3). Programs and teachers that strive to build genuine partnerships with the parents, guardians, and other primary caregivers at home and encourage families to become active participants in their child's early learning and development help families to become advocates for their children. High levels of engagement often stem from co-constructed program-family partnerships that are built on trust, shared values, ongoing bidirectional communication, mutual respect, and attention to each other's needs (Lopez, Kreider, and Caspe 2004; Halgunseth et al. 2009, 6).

In addition, ECE programs have learned that when they can effectively partner with families, young children benefit, and families are more likely to maintain engagement with school settings across the years. By strengthening family engagement during the early years, particularly with families from diverse backgrounds, families that have children with disabilities or other delays, and families with DLLs, ECE programs can help to reduce the achievement gap. (See State Advisory Council on Early Learning and Care 2013, Paper 4, Family Engagement, for a comprehensive discussion on the research and recommendations on engaging families with DLLs.)

Ways to engage parents and family members

Effective programs and teachers strive to develop respectful relationships with families by recognizing their goals and

values. Such relationships give families confidence that their own goals for their children's development will be valued. Instead of conveying information in one direction from the teacher to the family member, the teacher makes the effort to foster respectful two-way communication (DEC and NAEYC 2009).

Researchers have identified six components to family engagement: joint decision-making, regular two-way communication, collaboration and exchange of knowledge, learning in the home and in the community, joint family-program goal setting, and professional development (see State Advisory Council on Early Learning and Care 2013, Paper 4, Family Engagement). Family engagement means that families and ECE programs agree to share responsibility for the well-being and education of the children. They work collaboratively to bring elements of the home into the program and elements of the program into the home.

4.1

Programs and teachers build trusting collaborative relationships with families.

When programs strive to build trusting, open, and collaborative relationships with families and genuinely seek the family's input to inform program planning, family members receive the message that they play a key role in their child's learning and development. In efforts to establish strong links between home and the early learning and care setting, programs and teachers focus on developing strategies for family collaboration and being responsive to each family's home language.

It is well documented that positive interactions between a DLL's family and the program are important for promoting the child's development and well-being and that mutual respect is essential to fostering collaborative relationships. Programs need

to make their centers warm and welcoming for all families, so that families with DLLs feel comfortable, welcome, and enthusiastic about getting involved in program activities.

ENGAGING AND COLLABORATING WITH FAMILIES

Programs

- Develop a written statement of philosophy or a handbook for families that emphasizes the importance of connecting the infant's experience at home with the early learning and care setting.
 - Share and discuss the written statement of philosophy with family members and adapt policies as needed in response to each family.
 - Let family members know that the program places priority on supporting the relationship between the family and the child.
 - Develop and implement program policies that give families and staff members opportunities to observe and discuss the children's development, behavior, and learning.
 - Invite families to participate formally and informally in the development, governance, and evaluation of program services and policies, as appropriate.
 - Support families by providing tools and resources that help them contribute to their children's learning.
 - Schedule regular meetings, social times, and other special events for families so that they can learn more about the program, get to know each other and staff members, and build a sense of community.
- Support the participation of all family members, being responsive to their cultural, linguistic, and economic differences, as well as to any disabilities or other delays of the children or a family member.
 - Build relationships with families to ensure meaningful two-way collaboration for supporting the children's learning and development and helping families to understand child development.
 - Attentively greet family members when they arrive and depart from the program setting, and use those opportunities to exchange information about the family's child.
 - Contribute ideas and resources to promote each child's learning and development in the home and the community.
 - Collaborate formally and informally with families and colleagues to share observations, describe children's accomplishments, plan for children individually and as a group, and address concerns about children.
 - Support families as decision-makers and educators of their children.
 - Actively solicit and listen to families' goals, aspirations, and concerns about their children's development.
 - Participate in discussions about families' culture that are in-depth and ongoing, focused on examples that come from the lives of families in the program, with an awareness that one must first understand how culture influences one's own life to understand how culture influences others' lives.

Teachers

- Recognize that partnering with families promotes children's development.

HOME LANGUAGE

Programs

- Create strategies to engage family members from diverse linguistic and

cultural backgrounds and invite family members to share goals and strategies for supporting children's home languages in the group. Home language support may require the use of interpreters and translators.

Teachers

- Learn a few words in each child's home language, such as greetings, names of family members, words of comfort, and important objects or places. Parents and other family members can be good resources for learning their language.
- Seek and use resources to facilitate communication with family members in their home language, ensuring that all families are included.

4.2

Programs and teachers value the primary role of families in promoting children's development.

The family is central in children's lives, as it is through their experiences with their families that children learn about themselves and the world. In this publication, *family member* is used to define the people who are primarily responsible for a child, including extended family members, teen parents, or foster families. Programs support the healthy growth and development of the child within the context of the family by creating continuity between the home and the early learning and care setting. Programs are responsible for learning about the children's home life through communication with family members and, when possible, home visits. As part of this process, programs learn to work with diverse family structures, including those headed by grandparents, foster families, same-sex parents, and teen parents. An essential aspect of high-quality programs is finding ways to

support the growing relationship between the child and the family, and adapting to the strengths and needs of each child-family relationship. By getting to know families and understanding the importance of children's relationships with caregivers at home, programs and teachers can support the primary role of the family in children's learning and development.

KNOWLEDGE OF FAMILIES

Programs

- Develop or adapt program policies, based on knowledge of the families and on their input and feedback, to support family engagement in the program.

Teachers

- Gather information from family members and engage in direct, effective communication to learn about family composition, values, and traditions to support the primary role of families in their children's care and education and to engage families in the early learning and care setting.
- Learn about each family's values, beliefs, and practices by observing and engaging family members in conversation or by communicating with other staff members, as appropriate.
- Find out about each family's language preferences and language goals for their child.
- Refer to and use pertinent family information when responding to the needs of children and families.

PARENT-CHILD HISTORY AND RELATIONSHIPS

Programs

- Develop program policies that support children's relationships with family members at home.

- Provide professional development for staff on facilitating parent–child relationships and identifying areas of concern.
- Provide resources or consultation, as appropriate, to address concerns related to children’s relationships with family members at home.

Teachers

- Understand that all children develop in the context of relationships and that the quality of children’s interactions with family members at home has an impact on child outcomes.
- Follow program policies or practices designed to support relationships between children and adult family members.
- Make sure the presence of family members can be sensed by the child even when they are absent (such as by posting family photos or talking about family members).
- Use a variety of techniques to facilitate and reinforce positive interaction between children and adult family

members, and support each adult family member’s capacity to be responsive and sensitive to the child.

- Understand that culture influences approaches to nurturing young children.
- Are aware of their own values, perspectives, and beliefs.
- Identify concerns related to children’s relationships with adult family members and follow up as appropriate.

4.3

Programs create a climate in which family members feel empowered and comfortable as advocates for their children.

Programs convey an important message to families when they seek the families’ views and collaborate with them in the care of their children. When programs and teachers engage in open, respectful communication with family members and strive to develop positive, collaborative relationships with them, family members

Modeling Respect When Interacting with the Family Member and the Child

Fifteen-year-old Janea brings her infant daughter, Jade, into the program. Ruth, Jade’s teacher as well as Janea’s parent-education teacher, smiles and says, “You did your hair differently, Janea—it’s picture day at the high school, right?” Janea nods, looking shy. “My sister did it for me—we stayed up kind of late.” Ruth nods and says, “Sounds like you and your sister had a sweet time creating a fun, new hairstyle for you.” Ruth greets Jade with a warm smile. Janea says to Jade, “Let’s take off your jacket,

baby girl.” Jade looks up as her mom tugs on the first sleeve. She gazes at her mom’s face and raises her arm when Janea reaches for the next sleeve. Ruth smiles as she watches. “Janea,” Ruth says, “When you tell Jade what you are doing like that she just lights up—it helps her to know what is going to happen. I think she feels included. What do you think?” Janea looks thoughtfully at her daughter and says to Ruth, “When I first came here and saw you talking to the babies, it seemed weird, but I guess I

just got used to it. Jade seems to like it, and I love when she smiles at me.” Janea kisses her baby’s cheek. She goes on, “Sometimes people stare at me when I talk to her, like I’m crazy, but I really think she understands.”

“I agree,” says Ruth as she nods and turns to Jade. “Your mom and I are talking about how much you like it when she talks to you.” Jade radiates happiness as both Janea and Ruth smile at her for a moment before Janea says bye and rushes off to class.

feel included and empowered. The experience of authentically contributing to their children's experiences in the program helps family members become advocates for their children, both within the program and in interactions with other service providers. For example, they may be more likely to seek or request services for their children, such as referrals to early intervention, when needed or appropriate.

Programs can help families with DLLs recognize their families' cultural and linguistic strengths and learn the skills to ask for the types of services that they think will benefit their children. Programs should encourage families to share their strengths and participate in joint goal-setting and decision-making about their children's education. The entire program benefits when educators incorporate diverse cultures, languages, and talents of families with DLLs into the program's learning environment and curriculum. Once family members feel their contributions and opinions are valued, programs will benefit from their knowledge and experience.

EMPOWERMENT OF FAMILIES

Programs

- Develop a climate statement that expresses the program's appreciation of cultural and linguistic diversity and share the statement with both staff and families.
- Develop an open-door policy that encourages family members to visit the care setting at any time.
- Encourage families to offer recommendations for the program's structure and curriculum and to observe the ways in which their contributions are used in the setting.
- Invite families to share their areas of expertise with the teacher, other families, and the children in the program.

- Ensure all families have the opportunity to participate in a policymaking capacity or leadership role (for example, as members of a board of directors or advisory board).
- Invite families with young DLLs and families with children with disabilities or other delays to participate formally as part of groups that contribute to decisions for the program (for example, boards, committees, and the like), and to share on an ongoing basis their ideas on supporting and engaging with families.



Teachers

- Engage in a two-way exchange of ideas, preferences, and child-rearing philosophies during the first meetings with family members, setting the tone for future communication.
- Offer family members frequent opportunities to explain how care is provided at home and to discuss their preferences so that they may be incorporated into the child's care.
- Include the child and family members in the primary caregiving relationship (particularly in settings where families participate in the care of their children, such as programs serving teen parents).

- Solicit ideas from family members in addressing challenges their child may be having in an early learning and care setting.
- Invite families to volunteer regularly in the class and to participate in activities.
- Hold conferences with family members regularly, not just when there is a concern about the child.

4.4

Programs support teachers' responsiveness to the families' goals for their children's development and school readiness.

The most successful opportunities for family engagement are those that address family members' ideas about their roles in their children's education and their sense of efficacy in helping their children to succeed in school (Hoover-Dempsey and Sandler 1997). Working with parents to define shared goals helps to strengthen the home-school partnership. It is important that programs ask all families to collaborate and participate in joint goal-setting for their children, and to ask families with DLLs and those families who have children with disabilities or other delays about effective strategies and the contexts in which their children learn most effectively.

INTEGRATING EARLY LEARNING AND CARE WITH FAMILY EXPERIENCES

Programs

- Explain to staff and families the program's philosophy on infant/toddler learning and development as the early foundation for future school readiness.
- Incorporate the role of family members in facilitating their children's transition from the infant/toddler setting to the preschool setting, or to other programs, as applicable.
- Ensure that families with young DLLs are included as partners in their children's education. Families should be consulted regarding their children's early language learning experiences, their educational goals for their children, and the educational progress of their children.
- Invite families to link the program with any specialized service providers who may be able to support the child's participation in the program.
- Ensure that families of young children with disabilities or other delays are included as partners in their children's education. Families should be consulted regarding their children's unique learning needs, their educational goals for their children, and the educational progress of their children.
- Invite families to collaborate with program staff on long-term language development and learning goals for their children.
- Actively recruit families to participate in program activities.

Teachers

- Respond to children and family members in ways that encourage them to share family experiences.
- Explore in discussions with family members both families' and teachers' assumptions about young children and how they learn.
- Share information with families about children's experiences in the early learning and care setting.
- Share a child's records with the family, including assessment information on the child's learning, experiences, and developmental progress.
- Collaborate with families on long-term language development and learning goals for their children. Use the

California Infant/Toddler Learning and Development Foundations (CDE 2009a) to discuss and help families consider developmental progression and appropriate expectations. Using resources, such as the All About Young Children website at <https://allaboutyoungchildren.org>, can help facilitate these discussions.

- Support each child’s home language and culture at home and at school.
- Maintain confidentiality of family and child information, as appropriate.
- Design early learning and care environments that reflect the diverse experiences of children and families.

Culturally Responsive Care—A Way to Build Relationships with Families

“Acknowledge, Ask, and Adapt

By putting into practice the following steps for culturally responsive caregiving, you will gain the information you need to support appropriately the growth of all the children in your care.

Step 1: Acknowledge

The first step is a step of recognition in which you use your growing awareness of the existence of different cultural assumptions about infant and toddler development. A willingness to be open with yourself is essential to the success of this step.

Step 2: Ask

The second step is an information-gathering step. The goal is to get the information you need about the parents’ and your cultural beliefs and values so that you can solve the problem together during the third step. Do not rush the second step.

Step 3: Adapt

In this last problem-solving step, you use the information gathered in step two to resolve conflicts caused by cultural differences and find the most effective way to support each child’s growth.”

Source: Derman-Sparks 2013, 72.

4.5

Programs and teachers use effective communication strategies that reflect the diversity of families served.

Honoring diversity strengthens relationships with families and children, thereby enhancing the quality of care and education for children. Being responsive to cultural, linguistic, and economic differences and how these differences affect the ways in which programs and teachers communicate with families demonstrates a program’s commitment to valuing each family’s unique strengths. Programs and teachers can work to enhance their communication strategies, attending carefully to individual differences in family preferences for communication.

Two-way communication strategies have been found to be particularly effective with families with DLLs who may otherwise feel disconnected from the program. Two-way communication allows both parties to share information about the learning progress and well-being of the DLL and to collaborate on ways to help the child reach important learning goals. This type of communication works well during one-on-one meetings with the teacher or in a more informal setting such as in the community or in a group setting with other families with DLLs of similar linguistic backgrounds. Regular two-way communication may be the first step toward increasing family engagement and key to developing strong DLL family–program partnerships.

COMMUNICATION STRATEGIES

Programs

- Provide professional development for staff on the principles of and strategies for effective communication with families.
- Ensure confidentiality and privacy in

communications throughout the program.

- Develop a language and communication policy that focuses on learning the communication preferences of families with young DLLs and on exploring different ways that the family can communicate with teachers and staff about their child.

Teachers

- Respect each family's style and preferred method of communication and interact with families in a transparent, accountable manner.
- Interact with families in a timely and professional manner to establish relationships that encourage a mutual, two-way exchange of information about children.
- Make time for informal and planned one-to-one meetings with family members as needed.
- Maintain confidentiality and ensure privacy in communications regarding children, families, and staff and colleagues.

FAMILY PREFERENCES FOR COMMUNICATIONS

Programs

- Interpret and apply communication policies, as appropriate, to ensure that diverse families are included and complex situations are addressed.
- Help staff to understand and apply communication styles based on each family's expressed needs and preferences.
- Ensure that all communications are accessible and comprehensible to families (that is, in the family's preferred language).

Teachers

- Use various ways to communicate with families (for example, active listening, email, telephone, and text messaging), depending on each family's preferences and on the situation.
- Model for families effective strategies for communicating with children, adapt strategies for communicating with children, and adapt strategies, as needed, to meet diverse language and literacy needs.

4.6

Programs provide a welcoming space in the environment for communication between staff and family members.

Establishing a welcoming environment is an important aspect of fostering family engagement. "A welcoming environment implies that a program has focused efforts on maintaining an atmosphere that is inviting to families and honors their presence" (Constantino 2008, 25). In a welcoming environment, families feel that they belong and seek ways to contribute to the program. They become comfortable with exchanging information with their children's teachers and open to exploring ways to bring learning activities from the program to home. An essential part of a welcoming environment for families with DLLs is the program ensuring that they have opportunities to communicate in their home language. Encouraging communication between families with DLLs who share a home language, hiring staff members (when possible) who are able to communicate in the families' home language, and providing translations help the families to feel welcome in the infant/toddler program setting.

A welcoming environment also benefits the children. The family members' presence strengthens the children's sense of comfort and belonging in the infant/

toddler care setting. For young DLLs, seeing that the program makes it possible for family members to communicate in the home language helps the children value their home language and culture, and appreciate the importance of communicating in their home language. A welcoming environment also helps develop families' positive perceptions of a program. When staff demonstrate acceptance, warmth, and nurturance toward a family's child, program–family bonds are strengthened.



CREATING A WELCOMING SPACE

Programs

- Express a warm welcome by having staff and teachers greet families at the door.
- Use the environment to support families' sense of belonging and engagement. Provide an inviting, comfortable area that welcomes families and encourages them to exchange information, ask questions, learn about plans for the day, and support the child's transition from home to school.
- Offer a family room, where family members can mingle with one another and find information on child development.

- Make a private space available for families and staff to communicate with one another.
- Arrange for support so families with DLLs can use the home language to communicate with teachers and other program staff members.

4.7

Programs regularly provide family members with information about their children's learning and development, well-being, and everyday experiences.

A key to building successful partnerships with parents is to make them true partners by sharing with them the same kinds of educational information and ideas that are important to the teachers and staff. In a high-quality program, there is ongoing communication between the home and the early learning and care program. What the children learn in the program should be supported and reinforced at home as much as possible.

Family practices in the home are also important for young DLLs to learn, practice, and reinforce concepts in their home language that were initially introduced in the program. Recent research suggests the use of families' home language is a protective factor for children of immigrant families. When a family's native language is used regularly in the home, young DLLs show improved cognitive and social development. Thus, it is important for programs to encourage learning at home in DLLs' home languages. This is beneficial for maintaining strong family connections and strengthening a child's emerging skills.

INFORMATION ABOUT LEARNING

Programs

- Offer regular workshops for adult family members that they helped design and implement.

- Provide resources for educating the children’s family members using various media (print, audio, and video) and in the home languages of the families.
- Provide current information about the role of the family in maintaining home language skills.

Teachers

- Inform parents regularly about the purpose and benefits of the activities in the program for their children.
- Provide information regularly to families with DLLs about the benefits of developing both of the child’s languages and the advantages of bilingual development.

4.8

Programs support strong families.

The better that families are able to meet their children’s basic needs for shelter, food, and clothing, the more that family members will be available to support their children’s learning. Effective infant/toddler programs provide support to families who want it, usually by referring families to community resources. To support family functioning and promote resilience in families and young children, programs and teachers can establish community partnerships and identify key resources for families, connecting them to specific resources considered appropriate. In particular, services that help families become self-sufficient and prevent risk of stress or reduce ongoing, intense stress, allow family members to become sources of support for each other. Services that promote positive, nurturing relationships

among family members enable families to become more resilient and strengthen the children’s capacity for learning. Once working relationships with other service providers in the community are established, infant/toddler programs can work to ensure that families receive needed services and children experience continuity in their learning and development.

FAMILY FUNCTIONING

Programs

- Collaborate with staff, families, and social service providers to develop policies and procedures related to family support.
- Respond to questions or concerns from staff members or other adults and act as a professional resource.
- Provide professional development opportunities to staff on family functioning, protective and risk factors, trauma-informed practice, and community resources.

Strengthening Families: Five Protective Factors

Five protective factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social-emotional competence of children. Research studies support the commonsense notion that when these protective

factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development.

Source: Center for the Study of Social Policy, n.d.

Teachers

- Understand that families function in a variety of ways and that children or families may require support outside the program.

- Demonstrate an understanding of risk, stress, and resiliency factors related to family functioning and how to support all families appropriately.
- Take steps for further inquiry when concerns arise based on observations of a child or family.
- Communicate daily with families about children's well-being.
- Refer questions or concerns to other staff members when appropriate.
- Work with colleagues to respond to signs of risk or stress in children, as developmentally appropriate and individually meaningful.

program families, as appropriate.

- Anticipate families' needs for support based on knowledge of the families' circumstances or of current events that may affect them (for example, changing economic conditions, natural disasters).
- Identify key community resources that support program practices and family needs, including services that support families with DLLs.
- Share information with colleagues and develop connections to the program.

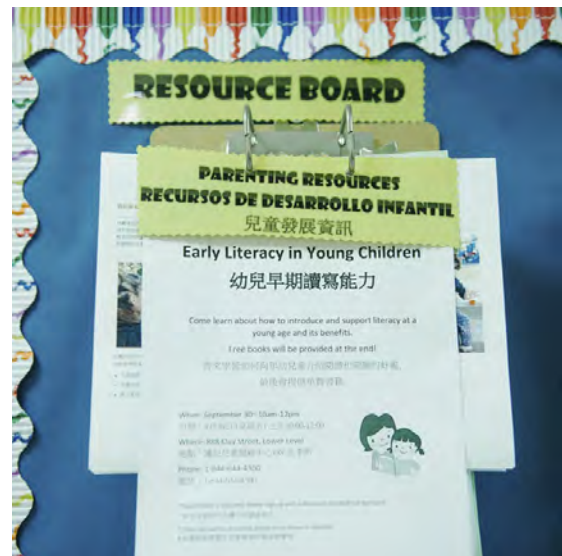
COMMUNITY PARTNERSHIPS

Programs

- Establish effective relationships with partners to ensure continuity of children's learning and development.
- Maintain professional connections to community and state partners.

Teachers

- Understand the importance of community partnerships in meeting children's needs.
- Form effective partnerships and collaborations with families, professionals, and community representatives.
- Support the needs of children, their success, and their well-being by maintaining professional connections to community and state partners.



Teachers

- Demonstrate familiarity with community resources to support children and families.
- Respond to requests from families about community resources and refer questions to appropriate staff members.
- Protect the confidentiality and privacy of families.
- Engage in conversations with families about referrals to community resources and assist in identifying or gaining access to services as needed, with consideration for the diverse linguistic and cultural experiences of families.

CONNECTING FAMILIES WITH RESOURCES

Programs

- Support staff and families in the referral process, as appropriate.
- Work with community resources to conduct outreach or provide services to

Volunteers Make a Difference

In one community, men from all corners of the community volunteered to go into child care programs once a week and read books, tell stories, or sing to children. Some of the men were fathers or grandfathers, and others were not.

In many cases the men were released from work to read to the children, and afterwards they returned to their jobs. They arrived with books under their arms, wearing tool belts and hard hats or business suits. They read to children in their home languages. Some of the men told stories from their communities' oral tradition, complete with voice variation and gestures. Others sang songs they remembered from childhood. They laughed when their voices cracked, and the

children did not mind one bit. In fact, the children did not mind when a song or story was in a language they had not previously heard. They appeared to enjoy the experience anyway.

The volunteers found that the children liked hearing the same simple songs and stories over and over. They also learned that a small group of two or three very young children may sit for a story, and then one may leave, and a little later another may join the group. Although the situation kept changing, the men had a lot of fun. They donated books to the child care centers and family child care homes they visited. The children, the teachers, the family members, and the volunteers all enjoyed these weekly visits.

- Provide resources to assist families in supporting continued development and maintenance of the home language.

USE OF COMMUNITY RESOURCES

Teachers

- Gain knowledge about the importance of community resources that can enhance professional expertise and children's learning experiences.
- Use community resources routinely to enhance their knowledge about families, services, and learning activities.

4.9

Programs and teachers engage families in supporting continued development and maintenance of the home language.

Programs and families with DLLs are critical to children's language development as the sheer number of words children hear and the richness of the speech they hear are strongly linked to their future language and literacy abilities. Once children learn concepts in one language they can easily transfer that knowledge to a second

language. Thus, parents of young DLLs can play a crucial role in supporting their children's cognitive and language development. It is critical that programs communicate to families the importance of speaking to children in their home language and suggest that families seize as many opportunities as possible to engage children in conversation.

Program staff need to help families with DLLs understand the importance of children learning concepts in their home language and engaging in extended language interactions in their home language. In addition, early learning and care programs can provide families with DLLs with the necessary provisions and resources to teach new concepts at home in DLLs' first language.

HOME LANGUAGE

Programs

- Collaborate with families and colleagues to provide a variety of ways throughout the program for young DLLs and their families to participate.
- Collaborate with families and colleagues to design an educational

program that incorporates each child's home language(s).

- Encourage families, colleagues, and community members to use children's home languages and provide training or support as needed.
- Ensure that appropriately trained interpreters and translators are used when needed.
- Conduct ongoing evaluation of programmatic support for children's home language(s) and use data to guide program improvements.

Teachers

- Assist in offering a variety of developmentally appropriate, individually meaningful, and culturally responsive ways for young DLLs to participate in the group (CDE 2009b).
- Work with colleagues to create various opportunities for young DLLs and their families to participate in the group throughout the day.
- Demonstrate understanding that the early learning and care setting is often the first place where young DLLs encounter English and that honoring each child's home language fosters positive social-emotional development and the child's learning and development in all other areas.
- Support home language development.
- Accept children's language mixing as a natural part of first and second language acquisition.
- Plan with families, colleagues, community members, and others who support children's learning and development.
- Incorporate practices that honor the role of the home language as a vital foundation in English language development.

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Guideline 5

Including Children with Disabilities or Other Delays

This section provides a broad framework for early childhood educators to help in planning and implementing quality educational programs for the inclusion of infants and toddlers with disabilities or other delays in regular early learning and care settings. Program approaches for children who do not qualify for early intervention services, but who require additional support to address behavioral or communication needs are also offered.

For an overview of California’s system for delivering services to children with disabilities or other delays, see appendix E

and appendix F. For additional resources related to core concepts and recommended practices in early childhood special education, please refer to the Early Childhood Special Education Series developed by the Special Education Division, California Department of Education—SEEDS—in collaboration with the Early Start Section, California Department of Developmental Services (<https://www.seedsofpartnership.org/pdResources.html>).

Inclusion as a program goal

Over the past 40 years, changes in both state and federal laws and in public policies and attitudes have resulted in increasing numbers of young children with disabilities or other delays participating with peers who are typically developing



in early learning and care settings. Federal laws, such as the Individuals with Disabilities Education Act (IDEA 2004) and ADA, protect the rights of children with disabilities or other delays.

The **IDEA** states that infants and toddlers should be educated in the natural environment. The ADA prohibits discrimination and ensures equal opportunity for persons of all ages with disabilities. Additionally, national associations, such as the Division for Early Childhood and the National Association for the Education of Young Children (DEC and NAEYC 2009) and the U.S. Department of Health and Human Services and U.S. Department of Education (HHS and ED 2015), have developed position statements to address inclusion in early childhood settings. In their joint position statement on inclusion, the DEC and NAEYC state:

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports. (DEC and NAEYC 2009, 1)

Inclusion as an overarching program goal supports the growth and development of all children. This statement is particularly true when educators hold themselves

accountable for the progress of all children, including those with diverse learning or developmental needs. When thoughtfully planned and implemented, inclusive programs contribute to a sense of community in early childhood settings by creating places where all families and children belong. Research indicates that the most effective programs are those in which all collaborators (families, early childhood educators, early interventionists, specialized service providers, and administrators) have shared values and goals for including children with disabilities or other delays. Inclusion is understood to benefit all children, families, and communities.

Universal design for learning

To support inclusive practices, programs should employ the principles of a **universal design for learning (UDL)** in the design of environments and curriculum approaches.

Universally Designed Learning (UDL) environments provide considerations for the widest diversity of learners possible so that all children benefit. These include children with varying disabilities, linguistic diversities, and varied learning styles. The concept of UDL facilitates inclusive early learning and care environments by ensuring equitable access and meaningful participation through flexible and creative approaches within a developmentally appropriate setting.

Curriculum design must be respon-

“When inclusive education is fully embraced, we abandon the idea that children have to become ‘normal’ in order to contribute to the world. Instead, we search for and nourish the gifts that are inherent in all people. We begin to look beyond typical ways of becoming valued members of the community, and in doing so, begin to realize the achievable goal of providing all children with an authentic sense of belonging.”

Source: Kunc 1992, 92.

sive to diverse care environments. Educators must share a commitment that all children participating will be successful in their learning and development. Successful outcomes for all children are characterized by diversity and individualization. (Cunconan–Lahr and Stifel 2007, 1–2)

Services for children with disabilities or other delays

Some children have special needs that do not meet the eligibility criteria for early intervention services, but that nonetheless require modifications or adaptations to the environment, curriculum, or instructional strategies to function successfully in the program. Such adaptations may include providing a footrest so that a child's feet are placed on a stable surface, keeping the child's knees even with the hips (providing stability when the child is seated), offering choices between two objects for a child with delays in language skills, preparing a child to use a replacement skill, such as a gesture to request help, or providing visual cues to prepare a child for transitions.

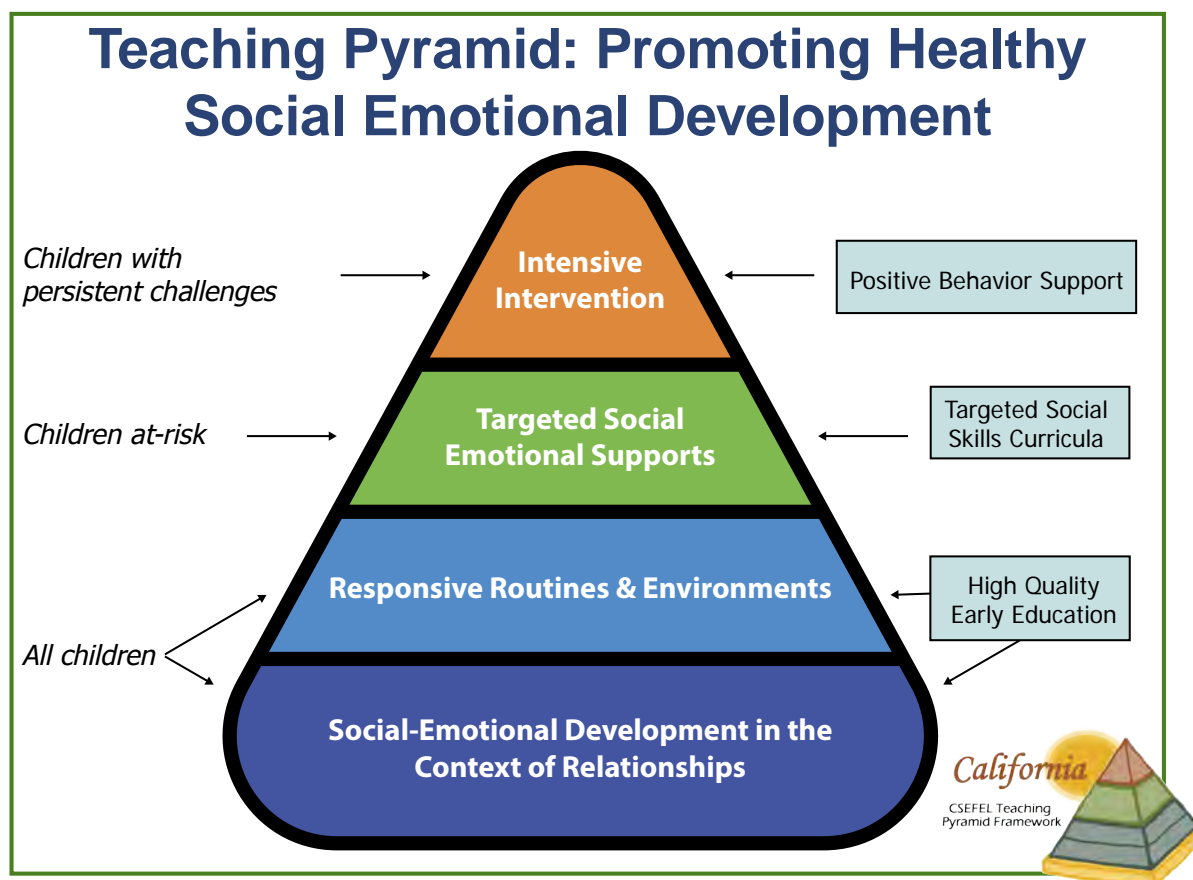
Early Start (Part C of the Individuals with Disabilities Education Act) is the program that provides early intervention services in California. Children identified at birth tend to have more significant disabilities or risk factors. Many children are not identified until they are a bit older, often after they have been in group care settings. Eligible children between birth and age three who receive early intervention services will have an individualized family service plan (IFSP). Children ages three through twenty-one who receive special education services receive a similar document called an individualized education program (IEP) that outlines the goals and strategies for teachers to use.

An additional area that continues to be an important focus of early educators

is providing responsive and caring educational settings for children with behavioral concerns. Young children's behavior is their primary method of communicating. Behavior (their actions) communicates what they want to express, obtain, or avoid. Challenging behavior often indicates that a child is experiencing stress from several factors: internal stress from fatigue, poor nutrition, illness, pain, or discomfort; external stress from a mismatch in the care environment or expectations; poor relationships with the teachers or children; overly difficult or overly simple tasks; limited social skills; trauma in the home environment; or a combination of these factors. A consistent and supportive teacher or other important adult can provide support for the child during short periods of stress. If challenging behavior continues over longer periods of time, it may be necessary to examine possible contributors to the behavior in the early learning and care environment and from other sources. A tiered intervention framework, such as the Teaching Pyramid, may be an appropriate response to challenging behavior (see figure 6.1).

Figure 6.1 shows the Teaching Pyramid: Promoting Healthy Social Emotional Development, as developed by the California CSEFEL Teaching Pyramid Framework. A two-dimensional triangle divided into four horizontal sections illustrates the Teaching Pyramid. Social-Emotional Development in the Context of Relationships and Responsive Routines and Environments appear in the bottom two layers of the pyramid, which are linked to high quality early education for all children. The third layer of the Teaching Pyramid is Targeted Social Emotional Supports, which links to children at risk for delays or developmental issues who could benefit from targeted social skills curricula. The top section of the Teaching Pyramid is Intensive Intervention, which is linked to

Figure 6.1. Teaching Pyramid: Promoting Healthy Social Emotional Development



Source: California CSEFEL Teaching Pyramid Framework.

positive behavior support for children with persistent challenges.

Unfortunately, many children may have challenges to or risks for their development, but are not eligible for specialized services. Early childhood educators have two general goals for such children: (1) to provide an environment where the child feels safe, secure, and cared for; and (2) to help the child develop coping skills to decrease stress and promote learning and development. As is the case with children with disabilities, children with other types of delays must be assessed systematically and regularly so that staff members are aware of each child's progress toward goals and provide timely intervention if problems or concerns arise. In high-quality early learning and care programs, staff members receive professional develop-

ment and training in areas of disabilities and other delays. Staff members are also aware of community resources available to children with disabilities or other delays and their families.

According to the California Collaborative on Social and Emotional Foundations for Early Learning (CA CSEFEL), guiding children in their efforts to build positive relationships and creating supportive social-emotional learning environments for all children are fundamental to promoting their social-emotional competence. For children at risk of developing behavior problems, targeted social-emotional strategies may be necessary, and for those children who display very persistent and severe challenging and behavior problems, individualized intensive interventions are required when the children do not respond

Table 5.1. Addressing Challenging Behavior for Children Over 2 Years of Age

Old Way	New Way
General intervention for all behavior problems	Intervention matched to purpose of the behavior
Intervention is reactive	Intervention is proactive
Focus on behavior reduction	Focus on teaching the child new skills
Quick fix	Long-term interventions

to typical preventive practices, child guidance procedures, or social–emotional teaching strategies that would usually work with most children (CA CSEFEL 2013).

5.1

Programs and teachers ensure a sense of belonging and support full participation of children with disabilities or other delays.

Teachers in high-quality programs regard children with disabilities or other delays as *children first* and as children with disabilities or other delays second. The child’s individual personality, learning strengths, interests, and needs are taken into account in setting learning goals and planning activities. Likewise, families of children with disabilities or other delays are viewed as having the same kinds of concerns for their child’s well-being and progress as do families of typically developing children.

Being rated as a high-quality infant/toddler program may not be sufficient for adequately meeting the individual learning needs of children with disabilities or other delays. Successful inclusion involves col-

laboration among professionals, specialized instruction, and organizational supports, such as ongoing coaching and mentoring, to ensure that inclusion is of high quality. When these supports are in place, teachers can successfully include children with disabilities or other delays seamlessly and thus contribute to children’s positive social and academic outcomes, such as the development of peer relationships and engagement in learning (Odom, Buysse, and Soukakou 2011). Inclusion provides benefits not only for children with disabilities or other delays and their families, but also for typically developing children in the program, who learn about acceptance and appreciation of individual differences (Diamond and Huang 2005; Odom et al. 2006).

SENSE OF BELONGING

Programs

- Welcome and support children with disabilities or other delays.
- Develop program guidelines to inform developmentally appropriate practices.
- Collaborate with families and staff to assess the program’s educational practices.

Adapting Teaching and Caring Styles

Jack was a talkative and exuberant two-year-old. His mother brought him to Annalisa's family child care home each morning with his older sister Autumn, who was three. Jack would bound into the living room, greet the other children, and ask to play outside. He loved to play ball, chase, and climb. Annalisa always enjoyed Jack's enthusiasm for life and his resourcefulness when he played.

One morning Jack's mother, Jeri, told Annalisa that Jack had been diagnosed with asthma, and he had to take breathing treatments. Jeri was a nurse, and she helped Annalisa learn how to operate the nebulizer. Annalisa was surprised to observe that after Jack had his breathing treatment he seemed like a very different child. Little

things that normally would not bother him made him cry loudly. One day he dropped a ball and cried and cried rather than pick it up. Annalisa was concerned and talked to Jeri about it. Jeri was concerned, too. She said she raised this issue with Jack's doctor, but he said the highest priority was clearly for Jack to breathe well. Annalisa took some time over the weekend to look at her observation notes on Jack and to reflect on how she might handle this challenging situation.

On Sunday evening she called her friend Dorie, who was also a family child care provider, to talk about it. Talking with Dorie helped Annalisa see that she would need to adapt how she was interacting with Jack. Annalisa decided that she would start to get

to know this new Jack, who emerged after the breathing treatments as if he had a different temperament. She felt she could adapt to that. She had known many other two-year-olds who cried easily and needed extra help when things became difficult.

This new perspective helped her to anticipate Jack's needs. She stayed closer to him and offered assistance a bit sooner than previously. Seeing him struggle was difficult, but she was there for him when he needed her. Eventually, Jack was prescribed a different medication that did not affect him as intensely. This change was a relief for all involved, but Annalisa remembered for years to come how when Jack changed, she had to change, and this memory helped her in many other situations.

- Develop program policies that address the needs of DLLs with disabilities or other delays.
- Offer professional development opportunities to staff, in collaboration with specialized service providers, on meeting the needs of diverse learners through multiple approaches to learning.
- Communicate with families about the program's approach to understanding and meeting the needs of diverse learners.
- Develop program policies to support the use of people-first language.
- Provide professional development opportunities to staff and families on people-first language.

Teachers

- Actively encourage inclusion of children with disabilities or other delays. Encourage positive social interactions among all children through adaptation of the environment, curriculum, and instructional practices.
- Follow guidance from specialized service providers and parents to support the learning and development of all children, according to developmental theory and program philosophy and practices.
- Respond to children's cues and preferences, such as sensory processing needs.
- Support the home language of DLLs with disabilities or other delays.

- Follow guidance to support all children’s active participation in learning opportunities through the use of easily adaptable materials, strategies, and techniques.
- Use people-first language by referring to the child first, not the disability or other delay. For example, refer to a child with delays rather than a delayed child.
- Regularly provide children with disabilities or other delays with opportunities to develop friendships with other children in the program (see appendix G).

5.2

Programs and teachers work closely with families in an educational partnership and provide them with appropriate community resources, information, and support that relates to the child’s disability or other delays.

Collaboration with families is key to successful inclusion in early childhood settings. Features of collaboration that have been associated with successful inclusion have been identified by Lieber et al. (1997) as “joint participation in planning, shared philosophies, shared “ownership” of (that is, responsibility for) all children, com-

munication, professional roles, stability of relationships, and administrative support” (Odom et al. 2006, 348). Some effective models may include coaching and mentoring with the specialized professional (for example, speech pathologist, physical therapist), providing ongoing guidance and support to the lead teacher. Other models may have teachers and early childhood special education teachers engage in a co-teaching model together. In all cases, intervention that focuses on collaboration among professionals and between professionals and families working in an equal, respectful partnership to assess a child’s strengths and needs, to make decisions, and to set goals for the child’s learning and development is likely to be the most successful approach.

Research Synthesis Points on Early Childhood Inclusion

1. *Inclusion* has multiple meanings but is essentially about belonging, participating, and reaching one’s full potential in a diverse society.
2. Inclusion takes many different forms.
3. Universal access to inclusive programs is not yet a reality for all children (from birth to age five) with disabilities.
4. A wide variety of factors, such as attitudes and beliefs about inclusion, child and adult characteristics, policies, and resources, can influence how inclusion is implemented and viewed by families and practitioners.
5. Collaboration is a cornerstone of high-quality inclusion.
6. Specialized instruction, interventions, and supports are key components of high-quality inclusion and essential in reaching desired outcomes for children and their families.
7. Children in inclusive programs generally do at least as well as children in specialized programs.
8. Inclusion can benefit children both with and without disabilities.
9. Dual language learners with disabilities or other delays are capable of developing two languages.
10. Professional development is necessary to ensure that practitioners acquire the knowledge, skills, and ongoing supports for effective inclusion practices.

Sources: Early Childhood Research Institute on Inclusion (Odom 2000), National Professional Development Center on Inclusion 2009, Buysse and Hollingsworth 2009, Odom, Buysse, and Soukakou 2011, and Chen and Gutiérrez-Clellen 2013.

PARTNERSHIP WITH FAMILIES OF CHILDREN WITH DISABILITIES OR OTHER DELAYS

Programs

- Express openness, sensitivity, and caring in response to initial contact by the family of a child with disabilities or other delays.
 - Establish trust with the families of a child with disabilities or other delays by being consistently available, maintaining confidentiality, sharing significant information, maintaining a safe environment, and demonstrating that the child is valued and liked (CDE 1996).
 - Ensure that interpretation and translation services are available when needed.
 - Provide staff members with information and ongoing mentoring, coaching, and reflective supervision that help them address special or individual needs of children in the programs, including the needs of DLLs.
 - Are aware of agencies that provide support to families of children with disabilities or other delays, such as Family Resource Centers with funding from Early Start (IDEA services in California).
- Ask open-ended questions about children and engage in active listening to gain information about children with disabilities or other delays.
 - Operate within the bounds of professional knowledge and experience when assessing the strengths or needs of a child with disabilities or other delays, referring parents to appropriate specialized service providers when the child's needs are beyond teachers' expertise.
 - Offer families opportunities to explore with other families the common interests and concerns about child development, parenting, or concerns specific to disabilities or other delays.
 - Respect cultural preferences in communicating with families about children with disabilities or other delays and use professional interpreters and translators when needed.

5.3

Programs meet legal requirements related to the care and education of children with disabilities or other delays.

Federal legislation, such as the IDEA 2004 and the ADA, along with state-specific mandates, are in place to protect the rights of adults and children with disabilities or other delays. At a minimum, programs need to meet the legal requirements related to the early learning and care of children with disabilities or other delays in their programs. However, programs should strive to develop policies that extend beyond the bare minimum requirements in federal and state legislation and move toward honoring policies, such as the position statement on early childhood inclusion developed by the Division of Early Childhood (DEC of the Council for Exceptional Children and the National

Teachers

- Engage in ongoing daily communication with families. For example, teachers might exchange a notebook with information about the child between the program setting and home.
- Work closely with families and specialized professionals to meet children's individual needs.
- Build relationships with community resources available to families of children with disabilities or other delays.

Association for the Education of Young Children (NAEYC) (DEC and NAEYC 2009).

Early Childhood Inclusion: A Joint Position Statement of the Division for DEC and the NAEYC.

Recommendations for using this position statement to improve early childhood services:

1. Create high expectations for every child to reach his or her full potential.
2. Develop a program philosophy on inclusion.
3. Establish a system of services and supports.
4. Revise program and professional standards.
5. Achieve an integrated professional development system.
6. Influence federal and state accountability systems.

The full text of the Statement can be found on the NAEYC website: https://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf.

ADA AND IDEA

Programs

- Follow requirements regarding parents' rights under the ADA, IDEA, and state law.
- Develop program policies and practices that meet legal requirements related to the early learning and care of young children with disabilities or other delays, communicating these to families and staff.
- Develop program policies and practices that meet the requirements of the ADA, IDEA, and state law related to parents' rights.
- Conduct ongoing monitoring of program procedures to ensure compliance.
- Provide professional development opportunities to staff and families on parents' rights and confidentiality.

Teachers

- Plan the environment and learning experiences in consultation with specialized service providers to meet the legal requirements as well as children's individual needs and interests.
- Refer questions to appropriate staff as needed.
- Respect the confidentiality of children and families.

5.4

Programs provide sufficient release time, training, information, and support for teachers to plan and consult regarding children with disabilities or other delays.

Including children with disabilities or other delays sometimes requires additional time for teachers to gain knowledge, reflect on ideas, and collaborate with family members and specialized service providers. To promote the success of such efforts, high-quality programs provide release time and opportunities for training and reflection so that teachers can gain the skills and information they need. Teachers report that one of their most common needs to help make inclusion effective is regular access to consultants (Scruggs and Mastropieri 1996). Early childhood teachers need information about specialized resource agencies and professionals, and they need the time and support necessary to work with such specialized service providers. Information to support collaboration with specialized service providers is included in chapter 5, "Collaborating for Inclusion," in *Inclusion Works!* (CDE 2009b).

TIME TO SUPPORT INCLUSION

Programs

- Provide professional development activities and staff reflection sessions so

that teachers have ample time to meet and to discuss the best ways to support children with disabilities or other delays.

- Encourage staff to discuss assessments or IFSPs, plan instructional strategies, and monitor individual children's progress together with family members and early interventionists.
- Make meeting with parents and family members a high priority and accommodate parents' and family members' schedules by making special arrangements, if necessary.

INCLUSION SKILLS

Teachers

- Engage in professional development opportunities provided by programs and in the community.
- Are open to ongoing coaching and mentoring, working with specialized professionals to learn more about effective ways to meet the needs of children in their care.
- Use their knowledge and experience of individualizing activities for children to support inclusive practices and develop questions for specialized service providers or coaches.

5.5

Programs ensure teachers' participation on an educational team that develops and implements IFSPs for children eligible to receive early intervention services and IEPs for children over age three who are eligible to receive special education services.

Children under age three who qualify for early intervention must have an IFSP developed by an interdisciplinary team. As required by federal and state laws, the IFSP contains clearly identified outcomes

that are regularly monitored. Since some children may continue to be enrolled in infant/toddler programs after age three, a similar process is in place for children eligible for special education services. (See appendix E for more information.)

The interdisciplinary team includes the child's parents or guardians; the infant/toddler teacher, as required by the federal IDEA; early intervention professionals; and the child. The team approach has numerous potential benefits, including mutual support and communication. Regular routines and activities for many children with disabilities or other delays will require a minimal degree of modification. For example, the program might already be serving children who have a language delay or a learning disability.

The team can support the infant/toddler staff in helping to meet the goals and individual needs of the child within the early learning and care setting.

IFSP OR IEP PARTICIPATION

Programs

- Partner with families and specialized service providers to assess and build staffing capacity to support children with disabilities or other delays and their families.
- Facilitate participation of program staff members on teams with families and specialized service providers.
- Ensure the availability of written and oral communication in a family's home language when needed. Professional interpreters and translators should be used as the terminology can be challenging to translate.
- Coordinate with other agencies or specialized service providers to ensure effective delivery of services to children in the program who have disabilities or other delays.

- Participate in IFSP or IEP teams and monitor implementation of recommendations at the program level.
- Adopt an interdisciplinary team approach (that is, teachers and specialized service providers related to the child's learning needs) to address the complexity of facilitating the language development of young DLLs with disabilities or other delays and to provide coordinated and comprehensive intervention.

Teachers

- Gather input from colleagues and families to inform the work of the team.
- Engage in two-way communication with team members (inside and outside the program) to ensure effective delivery of services for children with disabilities or other delays and their families.
- Understand the range of services available to children with disabilities or other delays, the roles of specialized service providers, and different models of support.
- Listen to and implement recommendations from specialized service providers.
- Integrate, as much as possible, approaches for helping children with disabilities or other delays into the regular daily routines and practices. For example, a child's IFSP may include strengthening the use of one side of the body. In this

case, the primary infant care teacher might incorporate some recommended exercises into diaper-changing, offer toys from the non-preferred side when interacting with the child, and provide toys that involve using two hands together.

- Attend to parts of the IFSP or IEP that specify following an approach that is used with all children in the program. For example, for children with low vision, a teacher needs to provide spoken directions and information instead of requiring children to rely on visual information. This strategy can be helpful for all children's understanding because it provides additional information and direction.



5.6

Programs promote teachers' collaborative work with specialized service providers in implementing appropriate modifications in the curriculum, instructional methods, or environment.

Children with disabilities or other delays may require modifications in educational environments or instructional activities to support full participation. Some children may also receive specialized therapeutic services. Sometimes these services are delivered directly by a specialized service provider—such as a speech–language pathologist, an occupational therapist, or a physical therapist—who can offer ideas to support the child's use of skills in the program setting. Sometimes environmental and instructional modifications are recommended by family members or other consultants. The most effective practice results when staff, family members, and specialized service providers work together.

Early childhood educators bring skills, expertise, and knowledge about children and contribute to an effective team effort involving teachers, families, and specialized service providers.

ACCOMMODATION

Programs

- Plan the physical environment to support access for children who move differently or who use mobility equipment, such as therapeutic walkers. Ensure that toys and materials are accessible, and all activities can be accomplished in similar positions—for example, sitting on the floor, standing at the sensory table, or sitting in a chair.

Discovering Books Together

Eighteen-month-old Ricardo walks over to the book corner as he keeps his left hand moving along a low toy shelf leading to the book corner. His teacher, Rosa, is seated comfortably on a large beanbag holding another child, who is thumbing through a cloth book in her lap. Rosa watches Ricardo to make sure he navigates his way to the book area safely. Ricardo smiles when he bends down and feels the edge of the beanbag and Rosa's leg and hears her voice, "I'm happy that you could join us, Ricardo."

Rosa has added a couple of textured and sound books

to the book corner with Ricardo in mind, since he has a visual impairment. Rosa knows that the other children in her care will also benefit from reading and exploring these books. "Doggie," says Ricardo, as he hands to Rosa the textured book of animals he picked out. He knows the book and finds it each time he enters the book corner.

Rosa reaches for the book and accommodates Ricardo on her lap along with the other child. As she guides each child to turn the pages, Rosa also guides them to feel the texture as she names each animal.

- Ensure that strategies to enhance learning and autonomy take into consideration the degree of visual and sound stimulation present in the learning environment that can be tolerated by the child.
- Plan work areas and learning materials to promote children's interactions and play so that children can participate in meaningful and relevant ways independently, partially assisted, or totally assisted.

Teachers

- Collaborate with family members and specialized service providers to modify activities in the curriculum to maximize participation and learning. For example, modified materials or equipment are included, or an activity is broken down into smaller steps.
- Are sensitive to the level and degree of help required by each child. For

instance, teachers attend responsively and consistently to children who require more cues or prompting to interact with materials, participate in activities, or persist with activities.

5.7

Programs, teachers, and specialized service providers (for example, special educators and therapists) support dual language learning in children with disabilities or other delays.

“Despite concern that dual language input will confuse or delay the language acquisition of young children with special needs, emerging research indicates that these children can learn and benefit from learning more than one language. Moreover, there is no available evidence that limiting these children to one language will decrease language difficulties or that dual language learning will increase language delays and problems (Kohnert and Medina 2009).” (See State Advisory Council on Early Learning and Care [2013, Paper 6, 211] for a comprehensive research review and discussion of early education for young dual language learners with disabilities or other special needs.)

Research on the bilingual development of children with autism, intellectual disabilities, and deaf children with cochlear implants suggests that children with a wide range of abilities and language and communication challenges can learn more than one language. Just as with children who are typically developing, use of the home language provides the child with various social situations that support understanding of how to interact with others. Scientific findings suggest that speaking the home

language facilitates social interactions and, in turn, language and social development (Chen and Gutiérrez-Clellen 2013).

Recent research also underscores the positive effects of a bilingual intervention approach for DLLs. In addition, based on the most current research findings, a bilingual approach is recommended for all children, including those with significant disabilities. There does not appear to be any research evidence for limiting exposure to a single language when children have disabilities. Furthermore, the need to support the home language for these children is critical: for many children, the home language, rather than English, is the only language in which the family can communicate.

Research indicates that many families of children with disabilities or other delays value home language maintenance and bilingualism for their children. Given the significance of the culture of a family, parent–child interactions, a child’s sense of identity and belonging, and the parents’ sense of competence and confidence, families who speak a language other than English should be encouraged to maintain their home languages with their children. Therefore, all teachers, even those who are monolingual, will need to develop collaborative relationships with family members, specialized service providers, and other colleagues to provide intervention that includes the use of both the home language and English.

To implement a bilingual early intervention for young DLLs effectively, bilingual teachers and staff will need to be recruited and trained. As the State Advisory Council on Early Learning and Care (2013, 225) made especially evident in Paper 6 (Early Intervention and Special Needs):

[T]eachers and other practitioners should be trained to facilitate the language development of all young

dual language learners, including those with special needs. This is an important area for professional development. There is also a critical need to recruit and train bilingual teachers and speech–language pathologists. In addition, an interdisciplinary team approach (i.e., teachers and specialized service providers related to the child’s learning needs) is required to address the complexity of facilitating the language development of young dual language learners with disabilities and to provide coordinated and comprehensive intervention.

DUAL LANGUAGE LEARNERS WITH DISABILITIES OR OTHER DELAYS

Programs

- Collaborate with specialized professionals to develop an understanding of current research that suggests children with a wide range of abilities and patterns of language development can learn more than one language.
 - Understand that speaking multiple languages at home and in care settings does not produce language delays or difficulties among children with a range of disabilities or other delays.
 - Collaborate with specialized service professionals to develop a shared understanding that families of children with disabilities or other delays value home language maintenance and bilingualism for their children.
 - Encourage families to maintain their home languages with their children as the culture, family, parent–child interactions, children’s sense of identity and belonging, and the parents’ sense of competence and confidence contribute significantly to children’s learning and development.
- Involve families in their children’s learning experience and provide parent education opportunities when serving young DLLs with disabilities or other delays. Through home visits, coaching, and modeling, family members benefit from learning strategies that support their children’s language development. For example, family members can be taught to use interactive storybook reading strategies, such as dialogic reading and responsive language interactions in their home languages.

Teachers

- Understand that recent research findings indicate that the use of the home language in intervention does not slow the second-language acquisition of DLLs who have various disabilities or other delays.
- Recognize that children with language and communication disorders can apply their home language skills when learning a second language and, in many cases, this results in a greater rate of English language development.
- Recognize that DLLs with a range of disabilities or other delays, including autism spectrum disorders or intellectual disabilities, and deaf children with cochlear implants, can learn more than one language, and when the first language is not stimulated, these children are likely to experience limited potential for growth in the second language.
- Collaborate with family members and other interdisciplinary team members to implement interventions that support maintenance of the child’s home language and English language development.
- Participate in ongoing professional development to learn specific language strategies and instructional adaptations that support bilingual development.

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Guideline 6

Promoting Health, Safety, and Nutrition

Children's health includes not only the absence of illness or injury, but also encompasses children's overall fitness and well-being. Equally important is the acknowledgment that children's health is related to family functioning, the socio-cultural context, and the emotional, social, and physical environments in which children live. Thus, programs consider all aspects of child and family development in promoting children's health, safety, and nutrition. Promotion and prevention, such as following sound health and safety practices, providing nutritious meals and snacks, and offering several periods of active and outdoor play each day, are important aspects of health, safety, and nutrition.

While prevention is the primary focus of this set of guidelines, interventions

(including emergency response and administration of medication) are considered essential components of promoting health and safety in early childhood settings. To implement health, safety, and nutrition guidelines effectively, program administrators and teachers should consider ways to adapt health, safety, and nutrition practices that are sensitive and responsive to families' cultural, linguistic, and socioeconomic backgrounds (adapted from California Department of Education and First 5 California 2011, 79).

Being sensitive and responsive begins by building trust with children and families through nurturing and supportive relationships. Respectful, two-way relationships with young children and families developed over time lead to feelings of safety and a sense of belonging.

Relationships promote children's well-being and provide a strong base for learning and development.



Programs

- Create an environment that is safe for children to move and explore freely.
- Ensure that furniture is child-size and age-appropriate.
- Create physical boundaries to keep children from entering unsafe places (such as a bathroom) unattended.
- Ensure that the environment is well-organized, and objects and materials are routinely sanitized.



other children and adults when they move freely. They experiment and make discoveries about weight, gravity, textures, balance, what moves and what does not, and which objects go together and which do not. Infants and toddlers use their large or gross muscles (such as those that control the arms, legs, and trunk) as well as their small or fine muscles (such as those that control eye movements, fingers, or toes). Children with delays in their motor development will generally progress at a slower pace; some may follow a different developmental path. Teachers and programs effectively facilitate physical development by recognizing that gross muscle movements (such as in rolling, crawling, climbing, moving heavy objects) are just as important in learning as are small muscle movements.

Promoting the physical health and well-being of children and families includes implementing routine health checks, encouraging regular physical activity in the program and at home, and attending carefully to each child's special health care needs. See Title 5 and Title 22 of the *Health and Safety Code* at <https://leginfo.legislature.ca.gov/faces/codesTOCSelected.xhtml?tocCode=HSC&tocTitle=+Health+and+Safety+Code+-+HSC> for related regulatory requirements.

Health is especially critical in programs that care for groups of infants and

Group Size as a Health and Safety Issue

Research clearly demonstrates the importance of maintaining appropriate teacher-to-child ratios and group sizes. Teacher-to-child ratios and group sizes are two of the most frequent indicators of an infant/toddler program's overall quality and significantly affect many health and safety issues. Smaller group size is associated with a decreased risk of infection in group settings. The risk of illness in children between the ages of one to three increases as the group size increases to four or more; whereas children in groups of three or fewer have no greater risk of illness than children cared for at home (Bartlett, Orton, and Turner 1986; Bell et. al. 1989).

6.1

Programs and teachers promote the physical health and well-being of all children and families.

Children and families' physical health and well-being are important to their overall day-to-day functioning. *Physical development* consists of a variety of simple movements at first and gradually becomes increasingly purposeful and coordinated. All infants and toddlers continually learn about themselves, their environment, and

toddlers. During the first months and years of life, children are particularly vulnerable to infectious disease, so proper hygiene and cleanliness are crucial to prevent the spread of illness. For example, infants and toddlers cared for in groups outside the home have been found to have higher rates of respiratory and ear infections than children cared for at home (Hardy and Fowler 1993). Research suggests that a ratio of fewer children per adult reduces the transmission of disease because teachers are better able to monitor and promote healthy practices and behaviors (Hayes, Palmer, and Zaslow 1990).

HEALTH-RELATED POLICIES AND ROUTINE HEALTH CHECKS

Programs

- Collaborate with staff to develop program policies and procedures related to daily health checks.
- Interpret and apply illness policies, as needed, to ensure they are appropriate for complex situations.
- Provide updates for staff members on current health issues and practices.
- Establish a relationship with a health care provider who can advise on good health and safety practices and who is sensitive to the cultural perspectives represented in the program.
- Maintain confidentiality when gathering information and communicating about the health of children.
- Recognize that inclusion of children with special health care needs, such as a heart condition, may require more strict adherence to the illness policy.
- Identify and respond to program-

Best Practices for Preventing Disease

To help in preventing disease, early learning and care programs should provide the following:

1. Information on immunization for all children and staff members.
2. Identification and protection of children and staff members who are at high risk if exposed to infectious diseases.
3. A systematic morning health check of children and staff members to exclude any individual who has an acute, contagious disease.
4. Strict hand-washing policies, procedures, and training.
5. Routine environmental cleaning and sanitizing practices.
6. Strict universal precautions, policies, procedures, and training.

Best Practices for Supporting Safety

To support safe practices, early learning and care programs should provide the following:

1. Written policies and procedures relating to accident prevention.
2. Periodic training for staff members on safety issues and accident prevention.
3. An emergency plan and policies, procedures, and training to cover emergencies, such as fire, earthquake, or other natural disasters.
4. An emergency care plan for each child.
5. A general transportation plan and an emergency transportation plan.
6. Staff members who are competent to assess an injury and to provide basic first aid and CPR.
7. Consultants who can recommend environmental adaptations that will enhance the safety of all children, including children with special health care needs or disabilities.
8. Periodic training regarding signs and symptoms of child abuse and neglect and reporting procedures.
9. An incident, accident, and injury report form . . . for an injury log with specific information about the date and time of each accident, who was involved, what happened, who was notified, and what follow-up measures and steps were taken to prevent recurrence.

Source: Adapted from Presler 1996.

- wide issues regarding illness or injury (for example, lice). Communicate with family members and report to a regulatory agency as required.
- Monitor program requirements for certification in child cardiopulmonary resuscitation (CPR) and pediatric first aid, and provide professional development to staff on CPR and pediatric first aid on a regular basis.

Teachers

- Conduct daily individual health checks for signs of illness or injury in children.
- Maintain health-related documentation and respond accordingly.
- Recognize and respond to sign of illness or injury in children or alert other staff as appropriate.
- Implement illness policies that include following universal precautions to reduce the spread of infection and disease.
- Understand the criteria for excluding children when they are ill.

PROMOTING HEALTH AND PREVENTING DISEASE

Programs

- Meet or exceed all required standards pertaining to health and nutrition.
- Maintain and update appropriate health policies and practices as well as health records and emergency contacts for all children.
- Establish policies and procedures to administer medications reliably, safely, and in accordance with child care licensing requirements.
- Maintain high standards for cleanliness; for example, by emphasizing frequent hand-washing and washing and sanitizing of play materials, equipment, and surfaces.

- Provide updates for staff members on current health issues and practices.
- Establish a relationship with a health care provider who can advise on good health and safety practices and who is sensitive to the cultural perspectives represented in the program.
- Maintain confidentiality when gathering information and communicating about the health of children.
- Seek community and financial support for health and safety improvements.
- Install sinks and toilets that children can use easily and that are convenient for teachers to supervise.
- Ensure that counters and sinks for food preparation are separate from and not used for diapering or toileting activities.

Teachers

- Establish and follow procedures for maintaining good hygiene, especially during diapering and food preparation.
- Incorporate hand-washing and other



hygienic activities into routines so that children can begin to learn healthy and safe habits early.

- Place infants in cribs on their backs when they are under twelve months of age or cannot easily turn over on their own, to lower the risk of sudden infant death syndrome, and communicate with families about this practice.
- Clean, maintain, and disinfect floors, surfaces, and all play materials regularly.
- Choose nontoxic materials and cleaning supplies.
- Provide ventilation to ensure rooms have fresh, clean air.

PHYSICAL ACTIVITY

Programs

- Provide information to staff on the physical development of infants and toddlers and the importance of promoting physical activity.
- Plan and implement program services, events, and regular assessment of the outdoor space to promote physical activity in children.
- Ensure that the daily schedule includes a balance of quiet and active times.
- Provide adequate equipment and



materials that promote small and large motor development.

Teachers

- Promote child health by ensuring that children go outside for physical activity, feel connected with nature, and follow their own curiosity and interests during child-initiated play in the outdoors.
- Provide a variety of indoor and outdoor developmentally appropriate play equipment that offers opportunities for large muscle movement both indoors and outdoors.
- Provide a variety of objects and materials for children to explore using their small muscles.



- Remain available and interact when appropriate as infants and toddlers physically explore the environment.
- Give children time to solve problems they encounter as they experiment with large and small muscle movements.
- Adapt the environment so that all children can move freely in accordance with their own abilities and interests.
- Allow infants who are not crawling or walking to move freely in a space where they are protected from more active infants or older children.
- For children with disabilities or other delays, including health issues, discuss with the family and specialized service providers appropriate ways to encourage physical activity.
- Ensure that staffing policies are designed to meet children’s special health care requirements, create and maintain a fully inclusive program setting, and protect the privacy and confidentiality of children and families.
- Collaborate with families and community service providers, as appropriate, to develop individualized daily plans for children with identified special health care requirements.
- Inform relevant staff about children’s plans and requirements.
- Adapt the environment, as necessary, to meet children’s special health care requirements.
- Establish policies and procedures to administer medications reliably, safely, and in accordance with child care licensing requirements. Work with families to develop individualized plans for children who require medication.
- Ensure that staff members receive professional development on the storage and administration of medications, regulatory requirements, and related topics.

SPECIAL HEALTH CARE REQUIREMENTS

Programs

- Provide supervision and professional development—including information about community resources and use of referrals—on how to support children with special health care requirements and their families.

Teachers

- Know individual children’s identified special health care requirements and locate documentation as needed.
- Refer concerns about children’s health status to appropriate staff and participate in the referral discussions, as appropriate.
- Protect the privacy and ensure the confidentiality of children and families.
- Support children’s understanding of special health care requirements, as developmentally appropriate and individually meaningful.
- Know individual children’s current use of medication and follow procedures



to label, store, and administer medication.

- Maintain documentation as needed.

KNOWLEDGE OF HEALTH PRACTICES

Teachers

- Communicate with families daily about children's well-being.
- Work with colleagues and families to plan developmentally appropriate opportunities to support children's learning about health.
- Maintain certification in child CPR and pediatric first aid, and respond accordingly to children's injuries or illnesses.

6.2

Programs and teachers ensure the safety of all children.

One of the top priorities for families in selecting an infant/toddler program is that the environment meets high standards for health and safety. California has its own licensing requirements to ensure the safety of children in early learning and care programs. However, many programs go beyond minimum state requirements to ensure children's safety and the prevention of accidents and injuries.

Because infants and toddlers are competent and constantly on the move, program leaders and teachers must prepare the environment so that it is safe as well as interesting for children to explore. Infant/toddler programs must pay special attention to safety because young children are gaining new skills rapidly and are continually testing their emerging abilities. Making safety a high priority reassures families that the teachers will protect their child while in out-of-home care. It also reinforces families' awareness of safety at home.



CHILD SAFETY

Programs

- Maintain and update appropriate safety policies and practices.
- Assign teachers to small groups of children so that children are continually supervised by someone who knows them well and can anticipate their behaviors.
- Ensure the program's facilities and indoor and outdoor play equipment meet or exceed safety standards for infant/toddler settings.
- Check all play equipment and materials frequently for safety, and maintain and repair as needed.
- Provide adequate space for children to move without hurting themselves or others.
- Develop relationships with local fire-fighters, police, and other public safety officials to gain support in preparing for emergencies and to be assured of their assistance when needed.
- Provide ongoing professional development for health and safety policies and practices, identifying and addressing potential barriers to compliance.

- Report program-related injuries to regulatory agencies, as required.
- Anticipate, investigate, and resolve complex health and safety problems in the immediate and broader environments (for example, using monthly inventories or checklists).
- Facilitate development of a program-wide plan to ensure that children will be adequately supervised at all times, including procedures for safe drop-off and pickup of children.
- Collaborate with staff on the development of program-wide emergency plans.
- Regularly review emergency plans, including first-aid and CPR training, to ensure they are current and effective.
- Maintain current emergency contact information for families and staff.
- Conduct emergency drills, maintain documentation as required by regulatory agencies, and engage in ongoing evaluation of the program's emergency preparedness.



Teachers

- Stay updated on policies and practices that address indoor and outdoor environmental health and safety and ensure program compliance.
- Respond quickly to accidents involving children and inform appropriate family members, providing documentation as appropriate.
- Model safe behavior.
- Continually monitor children of all ages to ensure they are safe even when they are sleeping.
- Arrange caregiving, play, and sleeping areas so that children can be seen and heard at all times.
- Ensure that children's areas are safe for exploration and free movement and are easily supervised, both indoors and outdoors.
- Anticipate and prevent safety problems (for example, remove toys from high-traffic areas).
- Select furnishings and play equipment (such as slides or ramps) that are both appropriately challenging and appropriately sized for the children in the group.
- Explain simple safety rules to older toddlers, helping them to understand and follow them.
- Prevent the intrusion of unauthorized visitors.
- Provide direction to children and adults during emergency drills.

6.3

Programs and teachers ensure that infants and toddlers are well nourished and enjoy mealtimes.

Children's nutritional needs change as they develop and grow. In some cases, the

program provides meals; in others, family members bring their child's meals. In both cases, close communication with family members about the child's daily nourishment is necessary to ensure a balanced diet for each child that is individually and culturally appropriate. How meals are provided is also important. Until they can sit up on their own, young infants should be held while being fed. For toddlers, mealtimes can be wonderful opportunities for teachers to nurture their relationships with children and to support developing peer relationships. Eating together in a pleasant environment contributes to a sense of community, especially when mealtimes reflect the practices and preferences of the families. Mealtimes offer opportunities for teachers to support the development of healthful habits and attitudes toward food and help to ensure that children receive the nutrition they need to grow.

NUTRITION

Programs

- Provide professional development for staff on healthful food choices and habits and food preparation within the family and cultural context. Provide teachers with training and resources to incorporate nutrition education into daily experiences with toddlers.
- Identify barriers to healthful behaviors.
- Provide resources and support to families regarding healthful food choices and habits and fresh foods, such as information on outdoor green spaces for families and farmer markets if available in their community.
- Ensure program policies address issues such as schedules, staffing patterns,



Teachers

- Establish and follow procedures for proper preparation, handling, and storage of mother's milk, formula, and food.
- Provide individual mealtimes for infants and toddlers until toddlers begin to show interest in eating together in a small group.
- Model healthful eating habits in front of the children.
- Use child-sized tables and chairs for mealtimes. Avoid use of high chairs or

and how the program's food service supports children's learning during mealtimes.

- Collaborate with families and staff to develop and implement specialized plans to meet the dietary requirements for individual children.
- Establish flexible policies around food and eating to allow adaptation to family and cultural preferences for feeding routines, providing as much consistency between home and the program for children as possible.
- If the program provides food, follow recommended practices for well-balanced, nutritious, and developmentally appropriate meals that incorporate the food preferences of the children's families.

- limit their use to mealtimes and ensure that footrests are adjusted.
- Follow principles of healthful food choices and habits, including offering appropriate portion sizes and a healthy selection of fresh foods.
 - Facilitate conversations about healthful food choices and habits, taking into account individual family and cultural preferences, and invite families to share strategies and suggestions for selecting and preparing healthful foods.
 - Adapt to family and cultural preferences related to feeding routines for their child while supporting healthful food choices and habits.
 - Promote and adhere to policies regarding celebrations and foods brought from home, making sure healthful foods are offered.
 - Adopt feeding practices that respect children’s internal cues of hunger and fullness.
 - Know and meet children’s individual dietary requirements (for example, regarding food allergies) and locate information in children’s records.

RELATIONSHIPS AND SKILL DEVELOPMENT

Programs

- Support teachers as they work to adapt mealtimes to meet the individual needs of infants and toddlers.
- Provide the equipment or staff training necessary to enable children and adults with disabilities or other delays to participate in mealtimes.
- Provide adequate space and facilities for mealtimes for all age groups.
- Provide a comfortable and private place for nursing mothers or for mothers to pump.



- Provide small tables and chairs for toddlers and infants who are ready to use them and comfortable chairs for adults when bottle-feeding infants and for sitting with children at the table.

Teachers

- Hold infants on laps for feeding until infants are ready to sit independently at a child-sized table.
- Help to create a positive climate during meals. Sit and talk with children during meals (making sure everything needed for the meal is nearby to avoid leaving the table frequently).
- Support children’s learning and social development during mealtimes, as developmentally, linguistically, and culturally appropriate.
- Talk with families to learn how to ensure consistent feeding practices between home and the care setting.
- Welcome family members who may wish to join children at mealtimes.

6.4

Programs and teachers promote children’s positive mental health.

A child’s mental health is affected by social–emotional experiences; in particu-

lar, the emotional responses the child receives from other people. A child's mental health is linked to the mental health of the family members who are primary attachment figures, whether they are parents, grandparents, or others. Social-emotional development and progress in increasing self-regulatory skills are supported through close personal relationships. Emotionally secure relationships support a child's sense of well-being and help the child trust her needs will be met.

Programs that support early childhood mental health ensure young children are emotionally secure and physically safe. A collaborative relationship with the family members helps program staff members understand the values that influence the family's interactions, expectations, and beliefs. Social-emotional well-being is necessary for a child to be mentally healthy and is foundational to children's learning in all other developmental domains.

MENTAL HEALTH

Programs

- Take steps to reduce staff turnover through supportive personnel policies.
- Encourage positive relationships between children and teachers and among teachers.
- Maintain contacts with mental health consultants and other mental health professionals who can provide services to children, family members, or staff.
- Collect information on mental health services and offer referrals to families or staff members, as appropriate.
- Understand that the way children and families express and manage emotions is influenced by their culture.
- Provide information about social-emotional skill development with family members.

- Promote reflective practice and reflective supervision as a vehicle to support teachers in their efforts to make sense of their own emotional responses or reactions to children and respond intentionally rather than reactively.



Teachers

- Observe and reflect upon children's emotional responses to the day's experiences and take these responses into consideration in all planning processes.
- Guide and support children's efforts to engage in satisfying relationships with adults and peers.
- Are responsive to cues from infants and toddlers who need help with meeting their needs or who need support with regulating their emotions or behavior through co-regulation with a nurturing adult.
- Use a positive tone when responding to children's actions or words.

- Discuss with family members their children’s emotional responses and the family members’ related interpretations.
- Help family members understand that social–emotional skills, like other skills, develop over time, and that adults can support these areas of growth.
- Recognize the emotional nature of early learning and care, taking time to reflect on one’s own emotional responses (both positive and negative) to particular children, interactions, or events.
- Take a break or talk with a supervisor or colleague, when needed, to avoid immediately acting on difficult feelings.
- Seek help when experiencing mental health problems, such as depression or anxiety.
- Recognize that there are cultural differences in understanding mental health.
- Consult with program supervisor/director about families who may be experiencing stress and how to assist them.

6.5

Programs and teachers protect all children from abuse and neglect.

To protect children and prevent abuse and neglect, programs should offer support to families to help lessen the stress they may be experiencing. A positive relationship with the family opens the door for providing assistance. This support can come in the form of conversations, referrals to services, or information on education or job opportunities. In addition, program leaders need to foster an environment in which teachers feel comfortable engaging in confidential discussions with

designated staff members about concerns for a child, and, as appropriate, with the child’s family members. Program leaders and staff members must also comply with requirements for reporting child abuse and neglect as well as training on mandated reporting.

CHILD ABUSE PREVENTION

Programs

- Develop program-wide policies and practices to reduce the risk of child abuse and neglect.
- Provide information and training on the five protective factors (parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and the social–emotional competence of children) from the Strengthening Families Approach that can reduce the risk of abuse and neglect (Harper Browne 2014).
- Provide professional development for staff on trauma-informed practice.
- Assess complex situations involving concerns about child abuse or neglect, making recommendations for action, and collaborating with personnel on specific cases, as appropriate.
- Provide professional development and ensure that staff members understand the role of a mandated reporter.
- Provide information to families on local services and physical and mental health care providers.
- Provide community resources for children, families, and staff in situations involving abuse and neglect.
- Provide support to staff members who may experience stress associated with providing care for children who have experienced or are experiencing trauma, abuse, or neglect.

- Make sure that all teachers and other program staff members develop an understanding that culturally different styles of caregiving should be clearly distinguished from caregiving behaviors that require intervention, such as abuse or neglect.

Teachers

- Observe each child carefully, noting clusters of behaviors or other signs that may indicate stress, trauma, abuse or neglect.
- Respond to stress and trauma experienced by children, families, colleagues, or staff members, seeking support from colleagues or mental health consultants, as appropriate.
- Learn about and implement trauma-informed practice.
- Address concerns about child abuse or neglect according to regulation and law; refer concerns to supervisor(s), as necessary.
- Adhere to the role of a mandated reporter.
- Honor the confidentiality of children, colleagues, and families.

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Guideline 7

Assessing Children’s Learning and Development

In early childhood settings, assessment is the process of obtaining information about various areas of children’s development, learning, and progress. A primary purpose of ongoing assessment is to provide feedback to teachers about children’s progress and to guide learning experiences. Assessment for the purposes of curriculum planning, planning of environments, and planning of other early learning experiences is essential to ensuring high quality in early learning and care programs (see Snow and Van Hemel 2008 for a review).

Screening, observations, and frequent documentation are important methods that teachers can use for understanding individual children and groups of children.

Engaging in some form of ongoing assessment is essential for helping the family and teacher know whether a child is making progress and helps teachers to set goals for learning and planning effective learning experiences for the program. It is particularly important that early childhood assessments used by programs are developmentally appropriate and culturally and linguistically sensitive, and fully cover the diverse learning needs of children with disabilities or other delays. Informed assessment systems provide

teachers and families with valuable information about what children know and are able to do, and contribute to the overall quality of an infant/toddler program. However, when assessment systems

are not informed by considerations of developmental appropriateness or are not sensitive to the diverse learning needs of individuals, or groups of children, there is a risk of making children uncomfortable and generating insufficient and perhaps inaccurate information.

At the infant/toddler level, assessment should be broad in scope, including children’s knowledge, skills, behaviors, temperaments, and health. As described in this section, assessment is distinct from program evaluation because it focuses on children, not on programs or services.

Purposes of assessment

Assessments can be used for a variety of purposes (Snow and Van Hemel 2008). In the *Principles and Recommendations for Early Childhood Assessments* (National Education Goals Panel 1998), four broad purposes for early childhood assessment were established:

- To promote learning and development of individual children;
- To identify children who may have delays, disabilities, or health conditions;
- To monitor trends in programs and evaluate program effectiveness; and
- To obtain benchmark data for accountability purposes at the local, state, and national level.

One of the most important assumptions underlying effective assessment of young children is that their development is continuing and complex. Although a one-time easily administered assessment may offer some information about children’s development, it is better to use a variety of instruments and methods over a period of time to gain a more comprehensive picture.

The need for formal assessments and documentation

Teachers frequently assess children, but often these assessments may not be

NAEYC Program Standard

The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children’s learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing sound decisions about children, teaching, and program improvement.

Source: NAEYC 2016.

done formally or documented systematically. Carefully maintaining detailed records of assessments provides a basis for well-considered judgments about children's progress in learning and development. The records enable teachers to analyze children's strengths and areas that may need improvement. Assessments may be conducted through an array of tools and a variety of processes, including records of teachers' observations of children, teachers' summaries of children's progress both individually and in groups, and, in the case of older toddlers, collections of children's representative work (Snow and Van Hemel 2008).

The time for an assessment

When to do an assessment depends on the purpose and functions. For example, many programs often conduct a developmental screening when a child enters the program and annually thereafter. If a teacher or family member has concerns about a child's development or suspects a developmental delay, a developmental screening should be done and the need for

DEC Recommended Practice

In early intervention, assessment is conducted for the purposes of screening, determining eligibility for services, individualized planning, monitoring child progress, and measuring child outcomes.

Source: DEC 2014.

a more comprehensive assessment may be indicated. Within early intervention, assessment is used in various ways.

In contrast, if the purpose of the assessment is to keep track of how well children are learning and progressing in the program, the staff will need to engage in ongoing observation and documentation of children's learning and development, and periodically use the documentation to complete a standardized assessment instrument, such as the DRDP.

7.1

Programs engage in authentic, ongoing observational assessment to document each child's learning and developmental progress.

The Desired Results Developmental Profile

The DRDP is an observation-based assessment designed for teachers to observe, document, and reflect on the learning, development, and progress of children during early childhood. The assessment results are used to plan curriculum for individual children and for groups of children.

Teachers using the DRDP:

- Observe children. Teachers observe the child in the regular environment during daily routines, interactions, and activities.
- Document evidence of children's development. Teachers regularly take anecdotal notes, gather samples of children's work, and take photos to document children's progress.
- Reflect and rate. After organizing and reflecting on the documented evidence teachers assign a rating to each measure. They may do this by hand on a paper copy of the DRDP or within DRDPtech[®], a cloud-based application available for teachers and programs.
- Special educators complete the DRDP for children in their caseload enrolled in early learning and care programs in partnership with the program teachers and enter their results into their local MIS or DRAccessReports for upload to CASEMIS.
- Analyze and plan. After compiling the DRDPs, teachers analyze the information and use the results to plan for individual children and groups of children.



As much as possible, assessment for curriculum planning should take place in settings with the types of activities and people who are naturally or typically a part of the children's daily life. Engaging in **authentic assessment** means choosing assessment tools that rely on tasks that are close to the real-life experiences of

Observing While Participating

One of the key challenges for infant care teachers is to be able to observe and record their observations while providing early learning and care. Learning how to address this challenge takes time and a good support system. Teachers can develop plans together for observing and recording behavior in the context of daily routines and events. Some teachers take turns; others have systems such as cameras and note cards placed around the rooms and play yards so they can take quick notes or photos "on the fly." There are many ways to participate and observe at the same time. Children become accustomed to the teacher's taking notes and photos, and it becomes incorporated into the daily routines. Observations from teachers who are involved with children daily are the most useful because the teacher understands the child's context; everything from how the child slept the night before to his current interests. Infant care teachers who observe regularly are better able to provide care and education that connects with each child in the group.

the young children assessed and are used in everyday real-life contexts (McAfee, Leong, and Bedrova 2004). For all young children, authentic assessment allows children to reveal their knowledge and skills as they naturally engage in learning in the program and home settings. For DLLs who typically use their home language to communicate, authentic assessment must include assessment in their home language as well as in English (State Advisory Council on Early Learning and Care 2013, Paper 5 [Assessment]).

Ongoing observational assessment is essential if used to inform the planning of curriculum, activities, and interactions. Throughout each day, there are many opportunities for teachers to observe children's play, exploration, problem solving, language, interests, and behaviors, and to document indicators of progress. When assessment is an ongoing practice, teachers and program administrators can make effective instructional adaptations that build on children's prior knowledge and support new learning for each child, with additional attention to DLLs and children with disabilities or other delays.

CHILD ASSESSMENT

Programs

- Create and support systems to continually observe, document, and reflect on young children's behaviors and interactions in the program setting to complete the assessment instrument (such as the DRDP instrument), at least twice per year.
- Develop policies on how to conduct assessments in settings that are natural and familiar to the child (such as the home or early learning and care setting) rather than unfamiliar settings structured exclusively for the purpose of assessment.

- Provide assessment materials and training for teachers.
- Enlist native speakers of the home languages of young DLLs so they can assist in completing the assessment in all domains of development. (State Advisory Council on Early Learning and Care 2013, Paper 5 [Assessment]).
- Individualize assessment procedures and link results to curriculum planning and make adjustments as necessary for each child, with particular attention to DLLs and children with disabilities or other delays.

familiar with the child and who understand the child's unique behavioral traits. Strangers doing an assessment may intimidate the child.

- Identify procedures for the monitoring of language interactions of young DLLs to ensure that rich learning opportunities are provided in both English and the home language.
- Establish procedures on how to assess young DLLs in both languages to understand each one's overall language development. Determine whether there is a need to further evaluate the child's



Teachers

- Meet together and with families regularly to gather information about children's behavior at home and discuss different approaches to assessment and children's progress.
- Evaluate and select child observational assessments that are reliable, valid, universally designed, and culturally, linguistically, and developmentally appropriate.
- Set up assessments to engage the child and arrange to have assessments conducted primarily by people who are

use of language in the home and consider different approaches to assessing the child's progress.

- Implement procedures for the monitoring of language interactions of young DLLs to ensure rich learning opportunities are provided in both English and the home language.
- Engage in observation and documentation regularly, as it is one of the most important and useful forms of assessment in program settings. Observation allows teachers to learn about children by carefully watching them, listening to them, and studying their work.

When using observation as an assessment method, teachers should

- observe the behavior of the infants and toddlers throughout the entire day;
- observe children when they are alone, with peers, with family members, and with teachers;
- watch carefully for infants' cues in order to understand and respond to them appropriately;
- observe children during times of spontaneous free activity;
- incorporate observation and assessment processes into daily routines and activities;
- remain aware of the broad range of developmental differences in children even when they are of a similar age;
- pay attention to children's activity levels, their biological rhythms, and their responses;
- review the assessment tool regularly and keep the developmental themes in mind while observing behavior (such as the developmental measures in the DRDP);
- listen as toddlers talk with others

informally and during group discussions;

- hold conversations with toddlers about their experiences and their work. Listen to their thoughts and ideas and ask questions that encourage older toddlers to describe their thinking and problem solving;
- study the older toddler's work (projects, drawings, "building," etc.) as part of gathering information about their development;
- find a quiet place and set aside time to reflect on documentation and assessment information;
- complete periodic assessments of each child using the DRDP or other identified assessment tool/process, and continue the process of observing, documenting, and reflecting;
- track each child's developmental progress over time;
- summarize assessment information on individual children in a form that can be easily used for curriculum planning; and
- include family members in the ongoing assessment process.

7.2

Programs use child assessments that are evidence-based, reliable, valid, universally designed, and culturally, linguistically, and developmentally appropriate.

In early learning and care programs, special care should be taken with assessments that require significant linguistic processing or language-based responses. Child assessment instruments should be culturally, linguistically, and developmentally fair and unbiased. Observational or nonverbal approaches should also be used. For DLLs, assessments should be



Care for Children First While Observing and Documenting: Two Examples

Losing sight of the child's needs and setting up an artificial situation

Juan cries, and Maria thinks he's hungry. Maria goes to the food preparation area and begins to prepare his bottle. Juan calms down and watches her. Maria notices that Juan has calmed down and goes over to write it down on her observation notes. Juan watches Maria leave the kitchen

area without a bottle. Juan begins to cry again. Maria realizes as she looks at her notes that she has never seen Juan grasp his own bottle. Maria finishes making Juan's bottle and places the bottle between his hands and uses only one of her fingers to hold up the bottle for feeding.

Meeting the child's needs and documenting naturally occurring behavior

Juan cries, and Maria recognizes his hunger cry. Maria moves close to Juan, looks in his eyes, puts her hand on him and says, "I think you are ready for a bottle. I will go get it for you." Maria goes to the food preparation area and begins to prepare his bottle. Juan calms down and watches her. She smiles at him and nods. Maria returns with

the bottle and shows it to Juan. He reaches for her, she picks him up, and they settle together in a low chair. Juan touches the bottle and Maria's hand as Maria holds the bottle for him. After several minutes, Juan finishes the bottle, burps, and smiles sleepily at Maria. She loves that look on his face. Juan needs to stay upright for several minutes

after his bottle so Maria carries him with her to the charts. She makes a note of how much he drank. She also notes that his hunger cry was recognizable to her, that he stopped crying when he saw she was getting a bottle (a sign that he can anticipate her actions and he trusts her), and that he touched the bottle for the first time today.

conducted in both the home language and in English. Enlist the support of native language speakers as needed to assess and interpret information that is gathered.

APPROPRIATE ASSESSMENT

Programs

- Provide professional development opportunities to staff members on the benefits and limitations of various assessment instruments and approaches, taking into account developmental, linguistic, or cultural considerations, and whether gathering information from families is included.
- Evaluate and select assessment instruments that are valid, reliable, universally designed, and developmentally, culturally, and linguistically and contextually appropriate for the children served. (State Advisory Council on Early Learning and Care 2013, Paper 5

[Assessment]).

- Ensure that staff members are qualified to administer assessment instruments, as appropriate.
- Interpret results of all assessments of young DLLs cautiously, particularly in the area of vocabulary and language development, making only tentative conclusions about their development and understanding the limitations of assessment instruments for this group of children.

7.3

Programs use a formalized system of screening with all young children, making referrals when appropriate.

Screening often is one of the first steps in the assessment process. Screening helps identify children who may need to be referred for evaluation to determine whether

they are eligible for early intervention services. A valid and reliable screening of a child's health and development includes speech, hearing, and vision, as well as cognitive, motor, language, and social-emotional skills. A screening does not provide a diagnosis. Rather, it indicates whether a child is on track developmentally and whether a comprehensive assessment by a specialist is needed.

“If a child younger than 3 years of age has an “at-risk” screening result, connect the family to a local early intervention service program. Early intervention service programs under Part C of the Individuals with Disabilities Education Act (IDEA) are available in California through the Department of Developmental Services’ Early Start program, which offers child assessments free of charge to determine if a child has a developmental delay or is at risk of experiencing a developmental delay or disability.

To find the local program that will determine eligibility for Early Start services, contact Early Start services at 800-515-BABY or email at earlystart@dds.ca.gov; to learn more about Early Start, visit <https://www.dds.ca.gov/services/early-start/>

Eligibility for early intervention services is individually determined for each eligible infant or toddler by a regional center or local education agency (LEA). LEAs are primarily responsible for services for infants with vision, hearing, and severe orthopedic impairments, including any combination of these solely low-incidence disabilities; therefore, referrals for solely low-incidence disabilities should be made to county offices of education/LEAs. Regional centers are responsible for services for all other children eligible for Early Start (Center for Prevention & Early Intervention at WestEd 2015, 13).”

The Developmental and Behavioral Screening Guide for Early Care and Education Providers is available online for download at no charge at www.wested.org/resources/cpei-california-early-care-and-education-screening-guide.

The Guide includes an overview and discussion of the provider's role in screening and monitoring within the context of early learning and care settings, including the differences between screening and monitoring, when and why to screen, and how to engage and support families in the process. Also included is a comprehensive list of best practices and resources for developmental and behavioral screening, referral, and follow-up available online (adapted from Center for Prevention & Early Intervention at WestEd 2015).

Reasons for Concern

“The child . . .

- By age three months, does not coo or smile.
- By age six months, does not babble to get attention.
- By age one, does not respond differently to words such as ‘night night’ or ‘ball.’
- By age one, does not say words to name people or objects, such as ‘mama’ or ‘bottle,’ or shake head ‘no.’
- By age two, does not point to or name objects or people to express wants or needs.
- By age two, does not use two-word phrases, such as ‘want juice’ or ‘mama go.’
- By age three, does not try to say familiar rhymes or songs.
- By age three, cannot follow simple directions.”

Source: CDE 2004. (See appendix I for the entire text.)

DEVELOPMENTAL SCREENING

Programs

- Evaluate and select screening instruments that are reliable, valid, universally designed, and developmentally, culturally, and linguistically appropriate for the children served.
- Develop guidelines related to screening and collaborate with qualified service providers to administer and interpret screenings.
- Identify what screening is appropriate for children already identified as having disabilities or having an IFSP. For example, a child with a diagnosis of speech and language delays with mild hearing loss may benefit from screening in other developmental areas, such as vision, social–emotional, and physical development, but would not need “screening” in speech and language or hearing.
- Provide information to staff and family members regarding the use, benefits, and limitations of screening instruments; also offer follow-up recommendations for assessment or intervention as appropriate.
- Ensure that qualified bilingual assessors participate in the screening of DLLs.
- Develop program policies regarding referrals and supervise implementation.
- Support staff and family members in the referral process.
- Assist families, as needed, with any follow-up of a screening that may be required.

Teachers

- Review the results of screening and initiate discussions with staff, colleagues, and family members regarding the universal or targeted screening.

- Contribute information (including input from staff, colleagues, and family members) to the screening process.
- Identify the need for referral for further evaluation based on observations, information from staff, colleagues, and family members (for DLLs including adults who are familiar with the child’s home culture and language), and screening assessment tools.
- Assist family members in identifying or gaining access to further evaluation or other services as needed, with consideration for their diverse linguistic and cultural experiences.

7.4

Programs provide sufficient time, training, information, and guidance to support ongoing assessment of all children and appropriate interpretation and use of assessment results.



SUPPORT CHILD ASSESSMENT

Programs

- Provide professional development opportunities to staff on the appropriate use of screening results, observational

- data, and documentation for assessment.
- Provide professional development opportunities regarding appropriate assessment instruments and procedures and how to interpret the results to conduct valid assessments of the development and progress of all children, with particular attention to young DLLs and children with disabilities or other delays.
 - Ensure that staff members have the guidance needed to appropriately analyze and interpret both formative and summative assessment data.
 - Develop or modify program policies on the interpretation, application, and dissemination of observation and assessment information.
 - Provide adequate time and space for family members and staff members to reflect individually and consult in teams regarding observation and assessment information. The time and space needs to be separated physically and emotionally from caring for the children.
 - Provide a format for reflection for those who need it, such as by dedicating a portion of staff meetings to open discussion.
 - Adopt an interdisciplinary team approach (that is, teachers and specialized service providers related to the child's learning needs) to address the complexity of facilitating the language development of young DLLs with disabilities or other delays, and to provide coordinated and comprehensive intervention.

USE OF CHILD ASSESSMENTS

Teachers

- Understand that assessment includes

ongoing child observations as well as the use of specific assessment instruments for different purposes.

- Use assessment instruments appropriately with individual children or groups of children.
- Engage in discussions with staff and family members about the meaning of observation, screening, documentation, and assessment data to support children's learning and development.
- Consider how personal thoughts and feelings, including values and beliefs, may affect what is observed and recorded.
- Understand the role of child assessment to guide curriculum development and focus areas for supporting individual learners.
- Seek assistance from the program if assessment policies are unclear or further training is needed.

7.5

Child assessment considers multiple sources of information and covers all early learning domains.

To fully understand a child's development, educators need information from many sources: teacher observations, parent reports, samples of work/performance of children in the older part of the birth-to-age-three range, or direct assessment (Snow and Van Hemel 2008). Gathering information from multiple sources helps to provide a balanced view, to reduce the chances of underestimating children's abilities, and to provide the teacher with a basis for building upon a child's strengths. While gathering information from multiple sources is applicable to all children, it is especially important when assessing children with disabilities or other delays.

SOURCES OF INFORMATION

Programs

- Ensure that assessment procedures regularly involve family members as highly relevant sources of information regarding their children.
- Use an approach called triangulation, in which several sources of information are gathered to answer the same questions about the child's development.

Teachers

- Use a variety of assessment methods/tools regularly and consistently to understand and document what children do, both individually and in groups.
- Consistently collect evidence/documentation for each child that covers a range of skills and learning (such as those listed in the *California Infant/Toddler Learning and Development Foundations* [CDE 2009] and in the *DRDP (2015) A Developmental Continuum from Early Infant to Kindergarten Entry: Infant/Toddler View* [CDE 2015] in all developmental domains).
- Maintain an effective recordkeeping system to track documentation that is collected.
- Collect information about each child's early language learning experiences from family members so that the unique linguistic, social, and cultural characteristics of young DLLs are considered when conducting assessments and interpreting the results.
- For children receiving services from other sources (such as therapy through insurance, or special education through an IFSP), work with family members to gather input from specialized service professionals. With the families' permission, the specialized service professional may send reports to or talk directly with the teacher.

- Assess young DLLs in both the home language and English to understand each child's overall language development and determine whether further language evaluation is needed. (See State Advisory Council on Early Learning and Care 2013, Paper 5 [Assessment]).

7.6

Family members are aware of the program's approach to assessment (including screening, observation, and documentation) and contribute to activities that support the assessment process.

Family members need to be fully informed and aware of the different kinds of assessments being done in the infant/toddler care setting. Information about the child's behavior at home and in other places outside the infant/toddler program should be sought from family members because this knowledge can be helpful in the assessment process. Enlisting the assistance of families in the assessment process is important for all children, especially when program staff members do not speak the home languages of the children.

COLLABORATING WITH FAMILIES IN THE ASSESSMENT PROCESS

Programs

- Communicate with family members about a program's approach to assessment and the specific assessment activities.
- Enlist the support of interpreters and translators who speak the family's language when needed.
- Collaborate with family members to clarify differences in the interpretation of observation or assessment information.

- Provide concrete examples of the behavior or activity that is being assessed to support understanding and clarity.
- Request family members' input, data, and interpretation, when needed.
- Collaborate with colleagues and family members, as appropriate, to analyze observation and assessment data for program planning, community outreach, and professional development.
- Gather information about each child's early language learning experiences from family members so that the unique linguistic, social, and cultural characteristics of young DLLs are considered when conducting assessments and interpreting the results.

Teachers

- Communicate with family members in their home language about the interpretation of observation or assessment data, as appropriate.
- Maintain confidentiality and ensure privacy when sharing assessment information with family members and specialized service providers.
- Collaborate with family members and service providers to adapt learning experiences or the environment based on observation or assessment.
- Identify the need for additional assessment, evaluation, or follow-up, and assist family members in identifying or gaining access to services, sensitively considering the diverse linguistic and cultural experiences of families.

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Guideline 8

Planning the Learning Environment and Curriculum

The environment has an impact on every facet of the early childhood program. Research conducted with the Early Childhood Environment Rating Scale (ECERS) (Sylva et al. 2010) and the Classroom Assessment Scoring System (CLASS) (Howes et al. 2008; Mashburn et al. 2008) indicates that both the physi-

cal environment and the social–emotional climate, and social interactions influence a program’s overall quality. High-quality physical environments and social interactions enhance young children’s well-being and development.

All environments communicate messages. In an early learning and care program, these messages may convey program staff members’ beliefs and values about young children, ways in which children learn, the role of families, and the importance of community. The environ-

“The physical environment affects children’s learning and development in many ways. Well-designed environments support exploration, give young children a sense of control, and enable children to engage in focused, self-directed play. . . .

The physical environment also affects relationships. Well-designed environments evoke a sense of security, which is a prerequisite in the formation of a healthy identity, and in appropriately designed classrooms, the children are given an opportunity to play both independently and in small groups, and the teachers are supported in their role as observers and facilitators of children’s learning and development.

The physical environment affects a program’s ability to promote best practices. It can become a tool for both staff and program development. An appropriately designed environment helps teachers to experience more appropriate interactions with children. Both indoor and outdoor spaces support the development of a small community, within which a small group of families, teachers, and infants build relationships of care and trust.”

Source: Torelli 2002, 44–51.

ment makes a strong impression on young children and their families when they enter the program. It should convey to all children that they belong and they will be safe and cared for. A well-designed and organized environment can help support appropriate developmental goals for children. This includes support for developing social–emotional knowledge and skills described in the *California Infant/Toddler Learning and Development Foundations* (CDE 2009a), such as the development of relationships with adults



and peers, emotion regulation, impulse control, identity of self in relation to others, recognition of ability, empathy, and social understanding.

Designing a high-quality environment

Preparing the environment (for both children and adults) in high-quality programs involves responding to a fundamental question: How does it feel to live, play, and work here every day? Relationships, above all, characterize an infant/toddler care setting. Every aspect of the environment is part of the critical support system that helps infant care teachers develop close, caring relationships with small groups of infants and toddlers in their care. A well-designed environment sets the tone for intimacy that will strengthen the quality of relationships and interactions.

A child care environment is one of the child's most valuable teachers. The space a child inhabits and moves in introduces the child to the colors, shapes, smells, and sounds of the world. It introduces the places where people feel welcome, meet, rest, and eat. When these places are familiar ones, similar to the child's home, the environment can help an infant feel safe and connected to the place. When the child care environment is dramatically different from the home, the child may struggle to adapt. Therefore, it is important for teachers and program leaders to consciously consider the cultural context of their environments and the cultural messages their program sends. Staff and families can work collaboratively to create familiar settings and experiences for the children.

Infants and toddlers learn about and experience life through sensory and motor explorations. They touch, taste, smell, observe, and move in the world around them to make meaning and build concepts. The floors, ceiling, lighting, walls, and furniture all contribute to the learning of infants and toddlers. Making choices and interact-

ing freely with their surroundings, young children can follow their interests and try out their developing abilities. Even when a child has a disability or other delay, concepts are built through sensory and motor experiences, and support may be provided to encourage the child's exploration.

The environment also affects teachers and families. Adults need a place that is comfortable for them, too, and supports the relationships and work unfolding there. Nine key concepts need to be considered in the design of a child care environment. The infant/toddler environment should: ensure safety; promote health; provide comfort for children and adults; be convenient for children and adults; be child-sized; maximize flexibility; encourage movement; allow for choice; and ensure accessibility (CDE 2009b). Taken together, these concepts help programs focus on the entire environment and its overall impact on both adults and children.

Personal preferences and experiences—what is pleasing, energizing, soothing, and comforting—may vary among individuals. Similarly, many different factors influence an individual's response to the environment:

- 1. Physical space.** Many considerations influence decisions about the use of physical space. For example: What can young infants see, touch, smell, feel, and hear from where they are positioned? Remember, things look different from the floor and young infants cannot easily move from where they are placed. Do pathways provide clear directions to toddlers, encouraging safe and unencumbered movement from one area to another? Are activity and material choices clear, interesting, and appropriately challenging? Are there places for two or three children to play apart from the larger activity? Are there places for a child to step back and observe?

- 2. Lighting and color.** Lighting and color can add warmth to a room or cool it down. Is there a variety of lighting that supports focused learning in different parts of the environment? Is there plenty of natural light? Do the colors create a peaceful feeling and allow children to focus on teachers and learning materials?



- 3. Display areas.** Children's art can be displayed in ways that communicate, "This is a child's place" and "You belong and what you create is valued." Displays of children's art should be at their eye level and aesthetically pleasing, yet not make the environment overstimulating or visually cluttered.
- 4. Texture.** Children are responsive to environments that offer various textures. Floor coverings, play materials, furniture, animals, and foods all contribute to children's awareness of different textures.
- 5. Auditory surroundings.** How do children experience the sound levels in a room? Are quiet activities planned in proximity to one another,

or is the reading area next to the manipulatives area? Some children may be highly sensitive to noise, and the amount of background noise, including music, may make it difficult for them to concentrate or to listen attentively. Children need opportunities to experiment with sound, to express themselves with exuberance, and to experience the power of sound to soothe, relax, or make a transition to other activities.

The learning environment requires thoughtful planning by teachers. A well-designed learning environment appropriately provides organization for children's learning experiences and supports children's learning during routines throughout the day. The teacher's intentional design of the learning environment increases opportunities for children to have engaging and meaningful interactions with adults and peers. In essence, the environment can support children's progress with the learning and development described in *California Infant/Toddler Learning and Development Foundations* (CDE 2009a). Along with interactions, learning experiences, and routines, the learning environment is a central part of infant/toddler care teachers' planning and implementation of curriculum.

The environment as curriculum: areas to support learning and development

Consider the following areas when setting up the infant/toddler environment: entrance and family communication area; focus areas for learning and development (keep solitary and peer play in mind); multilevel equipment; rest and sleeping; diapering and toileting; washing up, feeding, and food preparation; storage and shelves; and outdoor space. Remember to include places for keeping observation and documentation tools handy, and a place for teachers to store personal items (CDE 2009b).

Driven to explore novel objects, people, and events, young children relate to well-planned play and learning environments just as scientists relate to their laboratories or artists relate to their studios. When teachers thoughtfully organize the space into small, well-stocked interest areas, young children use such spaces like mini-laboratories or studios. In each interest area, children find familiar materials and novel materials, the latter added as a way to pique new interest or to add challenge and complexity to the learning within children's play. As children play, they form theories about what they can make the items do. They experiment, invent, and devise theories to make sense of their experiences, all embedded in their play. Play-based interest areas, both indoors and outdoors, each with a distinct focus, are designed to offer a variety of materials with which children can apply emerging skills and develop concepts while they play.

As teachers plan curriculum, they consider ways to provoke more complex and coherent ideas by adding materials to an area. When adapting the curriculum to support all learners, teachers modify the play space or the materials available in the play space to make sure that each child in the program has access. Such ongoing

additions and changes to the play spaces are essential to curriculum planning. By thoughtfully planning and arranging the interest areas with specific learning goals in mind and allocating long blocks of uninterrupted time for self-initiated play, teachers provide children with important opportunities to develop many fundamental concepts and skills. Remember that infants and toddlers are explorers, and they will use all areas as they see fit. They naturally want to move materials from one space to another. Examples of interest areas in an infant/toddler environment include the following (CDE 2009b):

- Fine motor activity areas
- Sensory perception areas (include objects, books, things that grow or move, textured surfaces, tastes/smells, etc.)
- Gross motor areas
- Creative expression areas (include fantasy play and art materials)

8.1

The environment is safe and comfortable for all children, teachers, and family members.

One of the highest priorities for families in selecting a program is that the environment meets high standards for health and safety. As a baseline, California has licensing requirements to ensure the safety of children in early childhood programs. Many programs go beyond minimum state requirements to ensure children's safety and the preventing accidents and injuries. Safety guidelines are readily available and



should be used and regularly reviewed and, as needed, updated, because circumstances may change within a program and recommendations from leading organizations continually evolve (American Academy of Pediatrics 2011).

Planning, implementing, and monitoring programs to ensure the well-being of children includes establishing routines and procedures that take into account the age, temperament, and developmental status of the children. Evaluating the environment also considers children's individual needs. For example, program staff may address the following concerns: *Do some children have special health or developmental issues? Are modifications required in setting up a room or establishing routines?* In some cases, staff may need training on the specialized procedures for the health care needs of a child or on making special physical accommodations.

Considerations of health and safety are embedded in every aspect of an infant/toddler program. Programs must attend to routine care practices (for example, washing hands, using gloves, washing toys), the provision of safe and age-appropriate play materials, and the creation of program policies and procedures to address various health concerns (for example, coping with sick children, infectious diseases, lice). Of particular note is the monitoring of safety in the outdoor environment. Because young children are active explorers and enjoy the challenges of practicing new motor skills and competencies, all equipment should be carefully inspected and in good repair. In some areas, the air quality may influence outdoor time for children with asthma or compromised health. Staff should engage in periodic review of the environment, and the program's policies, procedures, and routines to identify safety issues and prevent injuries and accidents. Even well-designed environments that meet the highest standards still require an

attentive, thoughtful approach to health and safety. Teachers always need to supervise young children and provide ongoing guidance in the safe use of play materials and equipment.

SAFE ENVIRONMENT

Programs

- Establish policies and practices addressing environmental health and safety indoors and outdoors. Inform staff and families and support implementation.
- Facilitate development of a program-wide plan to ensure that children will be adequately supervised at all times.
- Ensure that areas and furnishings in the environment support full participation of all children and adults in the program, including persons with disabilities or other delays.
- Provide appropriately sized furniture and equipment that offer safety and comfort to children and adults.
- Select surface materials that are easy to clean and maintain and that support the intended use of each area.
- Use dividers to create safe, protected play areas for infants who are not crawling or walking, both indoors and outdoors.
- Provide a staff lounge for relaxation, mealtimes, breaks, and storage of personal belongings.
- Provide a separate staff restroom, in centers, with adult-sized toilets and sinks.

Teachers

- Collaborate with other staff and colleagues to provide adequate supervision that supports safe, fun, and challenging play that excludes unauthorized visitors.

- Maintain a safe environment to support children’s learning and to prevent accidents.
- Arrange walkways so that foot traffic of adults and children goes around, rather than through, children’s play areas.
- Keep play areas inviting, organized, and safe, while also noticing when an area needs to be picked up (being careful not to interrupt children’s play or take apart something on which they are still working).
- Maintain high standards for cleanliness (for example, by emphasizing frequent hand-washing and cleaning and sanitizing of play materials, equipment, and surfaces).
- Design areas for care routines so that equipment and necessary supplies are conveniently located.

8.2

The environment promotes a supportive social–emotional climate and sense of belonging and community for everyone.

Young children develop special relationships with teachers and rely on these relationships for security and support in the learning environment. Teachers recognize the importance of these close relationships to a young child’s self-confidence and feelings about learning. Teachers actively nurture those relationships when they affirm the child’s initiative, convey enthusiasm for his accomplishments, are responsive to her needs for assistance or comfort, and seek to develop a friendly, cooperative relationship with the child’s primary family members (CDE 2010).

Another aspect of a well-designed environment is a homelike atmosphere. Young children spend many hours in

the program setting; therefore, it should become a home away from home—a place of community and togetherness. Family child care homes already provide this atmosphere and do not have to look like miniature child care centers. Centers have to work to create this feeling.

Providing comfortable furnishings (for example, adult-sized and child-sized chairs) where adults and children can relax together and creating an atmosphere that conveys both emotional and physical safety are essential for this type of setting. A comfortable and safe environment that everyone can enjoy contributes greatly to the quality of the program.

SUPPORTIVE CLIMATE

Programs

- Provide professional development, including reflective supervision, mentoring, and coaching to staff and colleagues on the relationship between the social–emotional climate and the overall learning environment.
- Provide professional development opportunities to staff and colleagues, and resources to families to learn about the relationship-based practice.
- Ensure that a private area is made available for sharing sensitive information with family members.
- Ensure that the care environment contains both safe havens where young children, including DLLs, can take a break and do not have to speak to anyone, as well as spaces where children can interact in small groups and one-on-one.

Teachers

- Implement strategies that establish warm, nurturing relationships and foster a sense of belonging for all children, with particular attention to DLLs, children with disabilities or other

delays, and children receiving services from child protective services.

- Arrange the space so that family members feel welcome and comfortable when they spend time at the program.



opportunities to interact with adults and peers in meaningful ways.

- Encourage positive peer interactions among children and positive interactions among families enrolled in the program to ensure the program environment is welcoming. Positive interactions are particularly important for DLLs and children with disabilities or other delays and their families. The interactions will establish a culture of inclusion where families can connect and share experiences, resources, and so on.

8.3

The indoor and outdoor environments are organized and prepared to support children's learning interests and focused exploration.

For infants and toddlers, every aspect of the world of people and things is interesting and engaging. When they are in a well-organized environment with clear choices, they easily find things that fascinate them and concentrate on learning. However, when an environment is disorganized or too stimulating, infants and toddlers may have difficulty focusing on any particular aspect of the environment. Programs and teachers must arrange the environment so that infants and toddlers can focus on the things that interest them. In addition, arranging the space so that infants are protected from the movement of older children lets everyone explore with confidence. Similarly, arranging play areas so that they are well defined and protected from traffic patterns lets toddlers play without interruption. It is also important to consider ways to provide opportunities for appropriate risk-taking behavior as young children will seek out challenges as they grow and learn.

- Arrange furnishings and equipment so that adults can comfortably observe, supervise, and interact with infants.
- Provide several quiet, cozy areas that allow infants and adults to be together.
- Use light and color to create an effect that is pleasing, calming, and inviting.
- Use fabric and other sound-absorbing materials to reduce unwanted noise.
- Work with colleagues to plan a positive social–emotional climate in the learning environment based on the individual strengths and interests of the children in the group.
- Provide responsive and sensitive care to support children's early learning experiences.
- Respond to children's interests by reflecting, expanding on, or demonstrating enthusiasm for their ideas.
- Ensure that each child has developmentally and individually appropriate

INVITING LEARNING SPACES

Programs

- Ensure that resources, such as the *California Infant/Toddler Learning and Development Foundations* (CDE 2009a) and *California Infant/Toddler Curriculum Framework* (CDE 2012), are available to staff in planning for children.
- Provide professional development for staff on the environmental elements of developmentally appropriate, culturally responsive program design and philosophy.
- Ensure that staff members have access to a wide variety of materials and equipment that are safe, engaging, open-ended, aesthetically pleasing, developmentally appropriate, and reflective of diverse experiences, including appropriate risk.
- Plan indoor and outdoor environments that are developmentally appropriate, aesthetically pleasing, and reflective of both the children’s cultural and linguistic experiences and the program’s philosophy.
- Collaborate with staff to gather information from children and families to guide the selection of safe, developmentally appropriate, engaging, open-ended, and aesthetically pleasing materials and equipment that reflect diverse experiences, and encourage play, exploration, and learning in all domains.

Teachers

- Create organized and inviting environments that support learning and exploration by
 - providing open space that can be rearranged to suit the current abilities, interests, and needs of the children to move freely;

- providing play spaces that facilitate exploration and free movement for infants and toddlers, both indoors and outdoors;
 - providing predictable play areas, where children can reliably find familiar materials;
 - providing easy access to toys and materials by making them visible and available in wide, sturdy, and attractive containers on the floor, low shelves, or elevated surfaces;
 - creating clearly designated areas for personal care routines by using furnishings that invite and support infants’ involvement;
 - providing ready access to the outdoors, with the possibility for children to move freely from indoors to outdoors; and
 - adapting the environment as necessary to meet the interests and requirements of children in the group.
- Support children’s focused exploration by
 - allowing children ample time to play within play areas without interrupting the play;
 - creating small, easily supervised play areas where infants can play alone or in groups of two to three without undue distraction from the sights and sounds of others;
 - creating sheltered, quiet areas for exploration of toys and materials (such as books, puzzles, connecting and construction toys) that require listening and concentration;
 - arranging the play space to encourage exploration while minimizing the need for the teacher to say “no” and aiming for a “yes” environment; and
 - playing recorded music only when children show interest in listening to and playing with the music, not as a



background sound.

- Use *California Infant/Toddler Learning and Development Foundations* (CDE 2009a) and *California Infant/Toddler Curriculum Framework* (2012) to inform the curriculum-planning process for children.
- Plan opportunities for all children to engage with materials and equipment, including objects from nature, making adaptations as necessary to meet the interests and needs of children in the group; include materials representative of children's home languages and cultures.

8.4

The environment and materials reflect the cultural and linguistic diversity of the children and families served.

Authentic, meaningful connections to the young children's experiences in their homes and communities enhance learning and a sense of belonging, especially for culturally diverse children and DLLs. Programs need to create a climate of respect for each child's culture and language. Programs and teachers regularly communicate with family members to get to know

the cultural strengths each child brings to the program. An essential part of being culturally and linguistically responsive is to value and support each child's home language. Also important are interactions with children and their families in which programs and teachers learn about the cultural history, beliefs, values, ways of communicating, and practices of children and families, so connections can be made between the children's family and community life and the infant/toddler program. Sometimes making connections between families' cultures and languages requires addressing differences in perspectives. Programs and teachers have the responsibility to recognize tension with sensitivity, honor families' perspectives, and work with families to resolve or manage differences.

All aspects of the program should reflect or represent the families' culture, customs, and language, including the teachers, other staff, and volunteers. Families' artifacts and pictures of the family members' special talents (for example, musical or artistic) should be displayed prominently throughout the setting. Environmental print that reflects the languages of the children, as well as English, should also be incorporated into learning activities and routines. High-quality developmentally appropriate books in both English and the children's home languages should be readily accessible (adapted from CDE 2010).

REFLECTION OF THE COMMUNITY

Programs

- Communicate in the philosophy statement or handbook the importance of connecting a child's cultural or linguistic experience at home with the early learning and care setting.
- Develop outreach efforts to achieve representative staffing (for example,

culture, language, race and ethnicity, gender) at all staffing levels within the program.

- Encourage volunteers from the children’s cultural and linguistic communities to participate in program activities.
- Invite extended family members to participate in program events.
- Provide program information and announcements in the home languages of the families.
- Provide an interpreter or someone representative of the family’s culture and language, when necessary to help in communicating with the family.
- Initiate discussions with families about cultural preferences and practices and how these preferences may be incorporated into the learning environment and curriculum.

Teachers

- Value the role of culture and home language in child-rearing and discuss its influence with families and other staff members.
- Support a family’s cultural style and respond positively to a child’s expressions of cultural identity (for example, a child may hug or kiss his father rather than wave “bye-bye”).
- Ensure that play materials, room decorations, and celebrations reflect the various backgrounds of the children in the program as well as other racial and ethnic groups in the community.
- Choose materials that reflect the cultures and languages of children and families enrolled by:
 - displaying photographs of the children and families, to reflect families’ homes and everyday lives;
 - incorporating music, songs, poetry, and literature that authentically

reflect the cultures and languages of the children enrolled; and

- using culturally and linguistically authentic materials as part of intentional teaching.
- Speak a child’s home language frequently. Or, if not proficient, learn simple, essential phrases of a child’s home language and use them in daily communication with the child.
- Discuss regularly with family members their children’s needs and preferences and use this information to create continuity between the home and the program.
- Acknowledge any tension that may arise over differing cultural practices and work with families to resolve or manage it.

8.5

The environment is organized and prepared to support full participation by children and adults with disabilities or other delays.

Learning materials should be accessible to all children in the setting, including those with physical or sensory disabilities. When young children are supported to move in any way they can, they learn about themselves and the environment through movement and sensory exploration. Like all children, those who need support to move learn from movement and exploration (CDE 2011).

As discussed in Guideline 5, using a UDL approach will ensure maximum access. The environment should support the learning of all children and be adapted to allow for **multiple means of representation, multiple means of engagement, and multiple means of expression**. *Multiple means of representation* refers to providing information in a variety of ways to meet the learning needs of all children. For

example, it is important to speak clearly and in close proximity to children with auditory disabilities in an area with little or no background noise while also presenting information visually (such as with objects and pictures). *Multiple means of expression* refers to allowing children alternative ways to communicate or demonstrate what they know or what they are feeling, such as through gestures, sign language, or pictures. *Multiple means of engagement* refers to providing choices in the environment that facilitate learning by building on children's interests, experiences, knowledge, and skills; for example, providing a chair for a child who is interested in the sensory table and uses a therapeutic walker (adapted from CDE 2010; 2011).

Program leaders should turn to family members and specialized service providers for guidance on appropriate ways to make adaptations in the environment to support full participation of all children. The environment, materials, and teaching methods can be modified to facilitate participation and skill development for all children. All children in the program benefit when provided with opportunities to play alongside peers with diverse abilities; they learn the important values of inclusion, empathy, respect, and acceptance (CDE 2011).

Family members may have disabili-

ties or other delays as well. Be prepared to make adjustments, and accommodate adults as needed. The same UDL principles can apply. For example, a parent may have difficulty reading materials sent home or completing paperwork. Including photos and offering to assist family members to complete paperwork will provide multiple means of representation. Providing an adult chair for a grandmother who uses a cane or listening carefully to an aunt with speech difficulties provides multiple means of engagement and expression.

INCLUSION

Programs

- Provide appropriate supports, accommodations, and adaptations so that every child may participate fully in the program.
- Celebrate and enjoy each child as a unique individual.
- Acknowledge and support a child's emerging abilities.
- In collaboration with specialized service providers, offer professional development opportunities to staff on meeting the needs of diverse learners through multiple approaches to learning.



- Communicate with families about the program’s approach to understanding and meeting the needs of diverse learners.
- Provide information to staff members about working closely with specialized service providers who may be involved with a child or family.
- Share information regarding local resources that offer support groups or information for family members of children with disabilities or other delays.
- Share the program’s philosophy, policies, and practices with early intervention specialists to ensure that services provided within the program, including the specialists’ interactions with children, approaches to guidance, and communication with adults are aligned with the practices and expectations of the program.
- Represent the diversity of abilities in the program whether or not children with identified delays are enrolled (for example, include children and adults with disabilities or other delays in photos, books, and other materials as it exposes children to a wide range of abilities and sets a welcoming climate for all people).
- Find meaningful ways for children with disabilities or other delays to be leaders or helpers or take on other roles shared by group members.
- Facilitate child-to-child interaction within the group and help children develop relationships with each other.
- Facilitate visits by specialized service providers who support individual children with disabilities or other delays so that the support is provided within the program and the knowledge and activities are shared with the primary infant care teacher.

Teachers

- Plan developmentally appropriate environments, interactions, and experiences for the learning environment.
- Ensure that areas and furnishings in the environment support full participation of all children and adults in the program, including persons with disabilities or other delays.
- Arrange for alternative opportunities to move for children who have physical challenges.
- Communicate with family members and specialized service providers involved with the family about the proper use of adaptive equipment or alternative opportunities for movement for a child with a disability or other delay.
- Avoid the use of restrictive equipment that limits children’s free movement and isolates them from other children.
- Adapt to children’s approaches to learning and interacting with people.
- Celebrate and enjoy each child as a unique individual.
- Work with families, other teachers, and specialized service providers to create a plan for inclusion.

8.6

The materials in the environment are developmentally appropriate and encourage play, exploration, and learning in all domains.

In supporting children’s multiple approaches to learning, programs and teachers may use a variety of strategies (for example, interactions, scaffolding, explicit instruction, modeling, demonstration, changes in the environment and materials, and adaptations, which are especially important for children with disabilities or

other delays). By adapting the physical environment, materials, and the curriculum in developmentally and individually appropriate ways, teachers gain a better sense of individual children's diverse strengths, abilities, interests, and experiences, and how best to support their play, exploration, and learning.



WHOLE-CHILD LEARNING

Programs

- Support teachers in providing a variety of learning experiences related to children's interests and abilities.
- Understand that daily interactions and experiences influence all areas of development.
- Create an environment that is safe for free movement and exploration.
- Provide developmentally appropriate play equipment that offers opportunities for invigorating and challenging large-muscle movement both indoors and outdoors.
- Provide a variety of objects and materials for children to explore with their small muscles.
- Provide professional development for staff and families that focus on play and its implications for child growth and development.
- Initiate discussions with staff and reinforce with families that indoor and outdoor play throughout the early childhood period is important for child learning and development while being

Teaching Toddlers

"When I was a teacher, I learned that teaching toddlers is an art. You have to be ready to change modes so quickly to catch up with them. They are so smart and quick. I have learned that when a toddler is working on something challenging, sometimes it helps if I make comments and describe what is happening;

other times it helps if I get really quiet and almost become invisible—as neutral as possible—so that the child and her discovery really can take center stage. How do I know which to do at a particular moment? Watching, waiting, guessing . . . sometimes I am right, and other times I am wrong. Usually, if the child

looks up at me expectantly, I stay active; but if the child seems to be ignoring me, I shrink myself down but stay available. We adults are so big, it is really easy for us to take center stage any time we want to. I like to try and be backstage, or on the sidelines, and see what the child is really doing."

Source: Greenwald, D. 2003. Example given by faculty member at Program for Infant/Toddler Care Trainers Institute, California: WestEd.



sensitive to individual family circumstances and cultural preferences.

- Create program policies and practices that promote responsiveness to the learning strengths, interests, and needs of individual children.
- Facilitate implementation of developmentally, individually, culturally, and linguistically appropriate early childhood practices.

Teachers

- Communicate regularly with families about children’s learning (for example, using newsletters, notes sent home, documentation posted on walls, videotapes, audio tapes, photographs with explanations attached, and so on).
- Approach caregiving routines as opportunities for infants and toddlers to learn in all domains of development.
- Design and maintain the indoor and outdoor environments to support children’s participation during play, including:
 - providing a variety of developmentally appropriate materials for infants and toddlers that are easily accessible and available throughout the day;
 - providing ample play materials, giving the children interesting choices

without overwhelming them;

- providing enough equipment and materials, both indoors and outdoors, so that several children can engage simultaneously in the same activity;
- offering toys and play materials found in the children’s homes or communities;
- adapting environments as children’s interests and abilities change; and
- maintaining a strong connection to what is familiar to the child when providing new materials or opportunities for learning.
- Schedule ample time for child-initiated and adult-facilitated play.
- Allow all children time to observe and explore freely at their own pace objects, ideas, or actions that interest them. Give children time to solve problems they encounter.
- Be physically and emotionally available, following the child’s lead. This includes:
 - Allowing infants and toddlers to choose activities and play materials in the play environment;
 - Participating in spontaneous group activities as they occur;
 - Encouraging further exploration,

experimentation, and creativity by watching, waiting, and commenting on what children are doing;

- Observing a child solve a problem or make a discovery, remaining available, but allowing the child to decide what happens next. Avoiding interrupting a child who is concentrating—observing and waiting for an appropriate moment; and
- Understanding the importance of practice and repetition in learning.
- Plan opportunities for families to observe and engage their children in play.
- Consider individual family circumstances and cultural values when making recommendations about play.

8.7

Programs support teachers in selecting, using, and integrating appropriate technology into everyday experiences to enhance curriculum.

Technology is an ever-present, powerful tool in people's daily lives. Many infants and toddlers come to early learning and care programs with experience seeing others use technology, and may have limited experience with it. Technology in the infant/toddler environment can support learning in different ways. Programs' use of technology should be consistent with the overarching principles of curriculum set forth in the *California Infant/Toddler Curriculum Framework* (CDE 2012). Technology can be an important tool for introducing or designing adaptations that address the individual needs, interests, and abilities of children, especially children with disabilities or other delays. Additionally, it can be used by teachers for documenting infants' and toddlers' learning and development.

TECHNOLOGY

Programs

- Use technology to make accommodations for children with disabilities or other delays.
- Provide teachers with training and professional development to gain the knowledge and competence to use technology to document children's learning and development.
- Ensure all equipment is maintained to keep it in good working order.

Teachers

- Use technology to document learning and to intentionally support curriculum goals.
- Collaborate with early intervention specialists to become familiar with any assistive technology device used by an individual child due to a disability or other delay.
- Use technology with older toddlers for jointly engaging in interaction around photos and other documentation of their learning.

8.8

Programs support both home language maintenance and English language development in the learning environment.

From the start, young children seek to communicate with others. Infants learn about the power of communication from adults' responses to their first attempts to communicate with gestures, facial expressions, and sounds. Infants need adults to communicate nonverbally and verbally with them. These early experiences with communication lay the foundation for learning language and are important first steps in preliteracy development.

For infants whose language at home is

different from the language their teachers speak, supporting the development of both languages is critically important. Having competence in the home language assists children in identity development and in communication with family members. In addition, children who gain mastery in two languages during the early childhood years have a strong basis for learning to read in elementary school. Their rich understanding of language through learning their home language and English contributes to their continued literacy development as they grow older. See chapter 5 for additional information on this topic.

LANGUAGE SUPPORT

Programs

- Facilitate the clear, consistent articulation of an evidence-based program approach for young DLLs at the site; collaborate with families, staff, and other community members as appropriate to build support for the program approach.
- Support second-language acquisition by adult learners.
- Develop and implement hiring policies and job descriptions for staff that comply with regulations or other requirements and that consider the diverse linguistic experiences of children and families.
- Implement procedures that enhance and monitor support for the home language in the infant/toddler environment (for example, materials, books, displays) and learning activities and opportunities.
- Encourage family members, colleagues, and community members to use children’s home languages and provide training or support as needed.
- Support the English proficiency of all staff members who provide English language support for DLLs.

- Conduct ongoing evaluation of program support for children’s home language and use data to make program improvements.

Teachers

- Collaborate with families, staff, and others who support children’s learning and development.
- Systematically and intentionally implement strategies that promote home language and language development in general, including:
 - responding to children’s verbal and nonverbal communication;
 - talking to infants and toddlers in a pleasant, soothing voice, using simple language and giving children ample time to respond;
 - repeating words, sounds, and hand gestures that children use to communicate and waiting for a response;
 - paying close attention to the gestures of babies with a family member who is deaf, as these babies may “babble” with their hands, mimicking sign language;
 - responding to children when they practice and play with language;
 - conversing regularly with families about children’s verbal and nonver-

Reciprocal Interaction

“The back-and-forth emotional interaction in making sounds leads to more vocalizations, the meaningful use of sounds, and, eventually, the meaningful use of language. An example of this back-and-forth (or reciprocal) interaction is when a child vocalizes for her rattle or to get a smile and receives a purposeful response, such as getting her rattle or a smile from her teacher. When interactions like this occur again and again, the child learns that these utterances are useful tools. As a result, she will be more and more likely to explore her developing language.”

Source: Greenspan, S. Guidelines Expert Panel Member for first edition of the *Infant/Toddler Learning & Development Program Guidelines*.

bal communication (for example, “Sanjay said ‘tata’ over and over this morning during breakfast. What do you think he meant?”);

- commenting on a child’s focus of interest or activity;
 - describing objects, events, interactions, behaviors, and feelings as children experience them during daily routines and other activities;
 - listening and adding to topics toddlers initiate, encouraging give-and-take communication; and
 - asking simple, open-ended questions related to children’s interests and waiting for a response.
- Incorporate practices that honor the role of the home language as a vital foundation for each child’s learning and development.
 - Incorporate practices that support the role of the home language as a vital foundation for language development. Developmental practices that are generalizable to all language groups, but target a particular language group include:
 - storytelling or reading simple books in the home language;
 - singing songs, finger plays, or rhyming in the home language; and
 - movement activities accompanied by narration in the home language.
 - Support each child’s home language in order to foster positive social–emotional development and the child’s learning and development in all other areas. Some strategies include:
 - pronouncing the child’s name correctly;
 - learning key vocabulary words in the child’s home language and incorporating those words in both formal and informal interactions; and

- commenting on the importance of using the home language and how advantageous it is to be able to speak in different languages.

- Recruit native speakers of the home languages of children in the class to participate in program activities (for example, read and tell stories, help with child dictation, connect young DLLs to background information that is familiar to them, or help with translations).

8.9

The environment reflects the program’s philosophy and beliefs about how children develop and learn.

The overarching principles and strategies articulated in the *California Infant/Toddler Curriculum Framework* (CDE 2012) offer a general approach to adapting or designing the learning environment and curriculum for young children. In particular, the program’s curriculum should define an approach to supporting **integrated learning** and be developmentally, individually, culturally, and linguistically appropriate. Widely used approaches to infant/toddler curriculum fit within this framework. In addition, some programs may decide to create their own curriculum in a manner aligned with the curriculum framework. Whether adapted or designed by the program, the curriculum should reflect the program’s philosophy and beliefs about how children learn and develop in all domains, including approaches to guidance and discipline.

The program’s policies and practices should be consistent with the educational philosophy reflected in its curriculum. The program should provide learning opportunities to staff and families about the beliefs underlying its approach to curriculum. Written information about the

program's philosophy should be available to everyone, and conversations about the curriculum should occur regularly. Young children will likely gain the most from an infant/toddler program when all of the adults responsible for them have a shared understanding of how to support and enhance early learning and development.

PROGRAM PHILOSOPHY AND CURRICULUM

Programs

- Develop program policies and a pedagogical philosophy that support children's learning and development in all domains.
- Provide professional development to staff and families about the goals, features, strengths, and limitations of all curricula used in the program.
- Ensure that curricular approaches address the unique needs of the children served, including DLLs and children with disabilities or other delays.
- Provide professional development for staff and families to understand that learning and development are integrated across domains.
- Collaborate with staff in selecting or developing appropriate curricula and consider ways curricula might be adapted to meet the developmental and individual needs of children in the program.
- Ensure that resources, such as the *California Infant/Toddler Learning and Development Foundations* (CDE 2009a) and *California Infant/Toddler Curriculum Framework* (CDE 2012) publications and DVDs, are available



to support the planning efforts of all staff and colleagues.

- Make information on the California Early Learning and Development System available to families through resources such as *All About Young Children*, see appendix A (<https://allaboutyoungchildren.org/english/>).
- Engage staff and families in discussing curricular goals for children along a broad developmental continuum and for specific developmental stages.

CURRICULUM

Teachers

- Use knowledge of development to inform planning for individual children in the indoor and outdoor learning environments, including support for relationships and the development of emotion regulation.
- Plan experiences that support infant/toddler learning and development in all domains and content areas.
- Use the *California Infant/Toddler Learning and Development Foundations* (CDE 2009a) and *California Infant/Toddler Curriculum Framework* (CDE 2012) publications to inform the curriculum-planning process for infants and toddlers.
- Demonstrate understanding that learning and development can be described with regard to the developmental domains and content areas of social–emotional development, language and literacy, cognitive development, and physical development, and that children learn in an integrated way across domains.
 - Demonstrate cultural sensitivity in both formal and informal interactions when implementing curriculum.
 - Share learning materials with fami-

lies and how their children learn as they engage with those materials and experiences. Include families in curriculum planning and implementation.

8.10

Teachers observe, document, and reflect on children’s learning and development on a daily basis as part of the curriculum-planning process.

Planning infant/toddler curriculum begins with teachers discovering, through careful listening and observation, each child’s interests, abilities, and needs on a daily basis. Observation is an essential teaching skill. When teachers mindfully observe, they discover how individual children make meaning in everyday moments of play, exploration, and interactions. Observation for the purpose of assessing individual children’s learning means mindfully watching and listening, with thought and reflection. As teachers observe children’s play and interactions each day, children reveal evidence of their emerging skills and ideas. Such evidence, recorded as a written observation, photo, or video clip, is used in a child’s portfolio to demonstrate developmental progress. As teachers observe, they also discover ways to extend learning experiences to support children in building more complex and coherent ideas.

Documentation means gathering and holding evidence of children’s play and interests for future use. Documentation supports teachers in planning the next steps in the curriculum. Teachers reflect on how they might expand children’s thinking, exploration, language, and interactions. Teachers might discuss among themselves what a photo or an anecdote of children’s play reveals. They also engage the children’s families in thinking about the documentation. Just as important, teachers

share their documentation with toddlers and create opportunities for the children to participate in the process of documentation to engage children in thinking about ideas and problems they are exploring or have previously explored. Such reflection on documentation by teachers, families, and children serves as a springboard for developing ways to explore more deeply a topic that has engaged the interest of the children. Further exploration might include materials to add to interest areas, related books to read with children, or activities to do in small groups. With clear ideas or objectives in mind, teachers plan curriculum that includes strategies to enhance the learning of all children in small groups, as well as strategies to support the learning of individual children (adapted from CDE 2012, 36–38).

CURRICULUM PLANNING

Programs

- Develop program policies to facilitate observations of children that are conducted over time and across settings, and that include input from multiple observers.
- Assess regularly with colleagues how systems of observation and documen-

tation are working to enhance a learning community.

- Coordinate documentation and data gathering, storage, and management to ensure accuracy, thoroughness, confidentiality, and timeliness.
- Collaborate with staff and families to develop documentation policies that support children’s learning and development, and link directly to curriculum planning.
- Provide tools and strategies to support objective, clear, and timely documentation.

Teachers

- Know that ongoing observation of children, individually and in small groups, is an important part of the curriculum-planning process.
- Plan the daily schedule to facilitate observation of children by appropriate staff.

Observing and Listening

“By observing and listening to children with care and attention, we can discover a way of truly seeing and getting to know them. By doing so we also become able to respect them for who they are and what they would like to communicate to us. We know that to an attentive eye and ear, infants communicate a great deal about themselves long before they can speak. Already at this stage, observing and listening is a reciprocal experience, because in observing how the children learn, we learn.”

Source: Gandini and Goldhaber 2011, 126.



- Explain to families principles of curriculum planning that are based on observation, documentation, interpretation, reflection, planning, and implementation, and clarify the goals and features of the curriculum used in the learning environment.
- Enlist the support of interpreters or translators if needed.
- Plan opportunities for children to participate in documentation of their experiences, as developmentally appropriate.
- Collaborate with fellow teachers, engaging in dialogue about observation and documentation of individual children to gain a deeper understanding of each child's learning and development.
- Engage children in activities and experiences designed to be responsive to their interests and needs as understood through collaborative reflection on documentation of their play, exploration, and learning.
- Collaborate with family members and specialized service providers in documenting the learning and development of children with disabilities or other delays and in planning learning experiences for them.
- Implement systematic, ongoing procedures to document the learning and development of young DLLs in all domains, in the home language, whenever possible, and English in programs in which English is the primary language of care.
- The three principles of UDL (multiple means of representation, expression, and engagement) serve as the foundation for intervention planning for all children. For children with disabilities or other delays that need additional support, various accommodations can be made. Teachers, in collaboration with family members and specialized service providers, can
 - provide social supports (for example, peer-mediated intervention strategies, or cooperative learning);
 - use visual, auditory, and kinesthetic methods (for example, use pictures and models when explaining);
 - use a range of acknowledgements (for example, smiles, hugs, verbal acknowledgment, provision of desired toy/object, or continuing play);
 - adapt toys/materials to allow children to use a variety of movements in different positions;
 - alter the physical, social, or temporal environment;
 - alter the schedule of activities and routines;
 - adjust the amount and type of support provided; and
 - divide an activity into smaller steps (DEC 2007).
- Share observations with families about their children in an objective, timely, private, and confidential manner in the language that is most comfortable for them. Enlist the assistance of an interpreter or translator as needed.
- Maintain current documentation of children's development, including information gathered from staff, families, and children.
- Contribute to the curriculum-planning process by helping to gather artifacts for use in documentation, including samples of children's work and other materials involving children, as developmentally appropriate.

8.11

Teachers plan and implement learning experiences based on multiple forms of assessment and collaborative planning.

Screening, observation, and documentation are all assessment processes for gathering, interpreting, applying, and sharing information that build upon children's previous experiences. They are important tools for understanding children individually and in groups, and for the purpose of planning learning environments, curriculum, and other learning experiences. For example, to support effective assessment practice, the CDE has developed the DRDP, which is aligned with the *California Infant/Toddler Learning and Development Foundations* (CDE 2009a).

A key concern for programs is ensuring that teachers and other staff responsible for supporting children's learning possess the necessary knowledge and skills to conduct responsible, ethical, and effective assessments for supporting children's learning and development. An important related concern is the appropriate identification of children who may have disabilities or other delays. Staff members need to understand the purposes, uses, benefits, and limitations of various assessment approaches. In addition, it is important to collaborate with families when assessing children's learning and development.

The program's assessment approaches should be consistent with developmentally appropriate practice, be culturally and linguistically sensitive and universally designed, and provide individually meaningful information. Programs should clearly articulate how assessment methods used inform decision-making, planning, and program evaluation. Assessment policies and practices should ensure confidentiality and protect the privacy of children and families. Well-understood policies and practices should also be in place for

collaborating with specialized service providers, such as early interventionists, who are qualified to administer and interpret assessments that inform an IFSP for children with disabilities or other delays as well as for collaborating with families and qualified service providers in the IFSP process (adapted from the California Department of Education and First 5 California 2011, 51, 54).

DIFFERENTIATED PLANNING

Programs

- Develop program policies that encourage staff and families to engage in an intentional planning process—one that is based on knowledge of child development and information about the children served.
- Individualize assessment procedures and link results to curriculum planning, making adjustments as necessary for each young DLL.
- Ensure that assessment procedures are appropriately inclusive of children with disabilities or other delays, including children with IFSPs.

Teachers

- Engage families in discussions about the role of observation, documentation,



interpretation, and reflection in planning.

- Synthesize information gathered through the observation process, including input from families, in planning for individual children and for the group, with consideration for diverse cultural and linguistic experiences.
- Solicit ideas from families to meet children’s learning and developmental goals to inform the planning of activities, experiences, and interactions, and to inform the selection of materials for both indoor and outdoor spaces.
- Respond to children’s interests, expand on their ideas, and, as developmentally appropriate, engage them in planning learning experiences.

8.12

Programs and teachers engage in curriculum planning that includes an integrated approach to all domains of learning and development.

As learning engages young children in holistic ways, the *California Infant/Toddler Curriculum Framework* (CDE 2012) and *Best Practices for Planning Curriculum for Young Children: The In-*

tegrated Nature of Learning (CDE 2016) emphasizes taking an integrated approach to supporting early learning and development. Young children continually use all their senses and competencies to relate new experiences to prior experiences and to understand things and create meaning. Their learning is integrated while having a specific focus. For example, during book reading, children use their knowledge and thinking abilities, emotional responses, understanding of language, physical skills, and the full range of experiences at home and in the community to make new connections and expand their understanding about themselves and the world.

Infants and toddlers are constantly moving, thinking, communicating, and feeling. In other words they are learning all the time in many different and integrated ways. The way adults express emotions, the tone of voice adults use, the pace of the personal care routines, the materials provided for discovery, even the quality of light in the environment all contribute to the children’s construction of knowledge. Because their learning is integrated across domains and is occurring every moment, infants learn during play as well as during caregiving routines. In essence, teachers’ actions and emotions communicate to chil-



Discoveries of Infancy

“Learning Schemes

Learning schemes are the building blocks for all other discovery during infancy. By using schemes such as banging, reaching, and mouthing, children gain valuable information about things. Scheme development helps children discover how objects are best used and how to use objects in new and interesting ways.

Cause and Effect

As infants develop, they begin to understand that events and outcomes are caused. They learn that:

- They can cause things to happen either with their own bodies or through their own actions.
- Other people and objects can cause things to happen.
- Specific parts of objects, for example, wheels, light switches, knobs, and buttons on cameras, can cause specific effects.

Use of Tools

Tools are anything children can use to accomplish what they want. Among the tools

infants use are a cry, a hand, a caregiver, and an object. Infants learn to extend their power through the use of tools. They learn that a tool is a means to an end.

Object Permanence

For young infants, ‘out of sight’ often means ‘out of mind.’ Infants are not born knowing about the permanence of objects. They make this important discovery gradually through repeated experiences with the same objects, such as a bottle, and the same persons, such as their mother or father. Infants learn that things exist even when one cannot see them.

Understanding Space

Much of early learning has to do with issues of distance, movement, and perspective. Infants learn about spatial relationships through bumping into things, squeezing into tight spaces, and seeing things from different angles. In a sense, infants and toddlers at play are young scientists, busily investigating the physical universe. For example, they

find out about:

- Relative size as they try to fit an object into a container
- Gravity as they watch play cars speedily roll down a slide
- Balance as they try to stack things of different shapes and sizes

Imitation

One of the most powerful learning devices infants and toddlers use is imitation. It fosters the development of communication and a broad range of other skills.

Even very young infants learn from trying to match other people’s actions ...

As infants develop, their imitations become increasingly complex and purposeful ... At every stage of infancy, children repeat and practice what they see. By doing the same thing over and over again they make it their own.”

Source: *Discoveries of Infancy: Cognitive Development and Learning*, PITC Child Care DVD, see appendix C.

dren even when children are not directly involved in an interaction.

Understanding that children learn and develop in an integrated way leads to such questions as “What captures this child’s interest?” or “What is she discovering as she explores these materials?” Young children repeatedly demonstrate to teachers their amazing capacity to learn. An essential role of the teacher is to support and guide

children’s interests in a manner that engages their natural enthusiasm and energy for exploration, repetition, and discovery. Infant care teachers need to be aware of the diverse ways that all children, including those with disabilities or other delays, explore, experiment, and learn. For example, some children may observe or listen a good while before acting; others may immediately reach out to touch and handle

Perceptual and motor, social–emotional, language, and cognitive learning all happen together

Asha grasps the rounded edge of the coffee table with both hands and pulls herself to standing. She smiles at Erica, who is sitting on the couch giving a bottle to Orlando. Asha points to Orlando and nods. Erica says, “Orlando is having his milk. You just had your milk a little while ago.” Asha nods again. “Mmm,” she says with effort. Erica responds by saying, “Yes, Asha, milk, milk in a bottle.” Asha carefully lowers herself to the floor saying, “Baah . . . baah.” She crawls around the table and pulls herself up holding on to Erica’s knee. Asha points so closely to Orlando that she accidentally pokes his cheek. He starts to cry, but then he decides to go back to sucking on his bottle. He watches Asha closely. Erica strokes both Orlando’s cheek and Asha’s cheek and says, “Oops! Asha poked Orlando’s cheek. Asha, were you pointing to the bottle?” Asha looks at Erica with wide eyes and says, “Baah baah.”

a new object. Or some children may want to share each discovery with an adult, and others may choose to explore and make discoveries on their own. Teachers who appreciate these differences become able to support learning as it occurs in the context of each child’s daily experiences.

Because learning is integrated for infants and toddlers, whatever an infant care teacher does with the children is related to all the developmental domains. Likewise, teachers observe each child’s progress in all the developmental domains at the same time. For example, when trying out a new motor skill, a child may also be learning language, developing problem-solving skills, and learning rules for social behavior.

INTEGRATED LEARNING

Programs

- Provide time for staff and colleagues to reflect individually and in teams to support an integrated curriculum-planning process that includes observation, documentation, and reflection.

- Monitor program practices for consistency with principles of integrated curriculum planning that is developmentally, linguistically, and culturally appropriate.
- Provide training and professional development for teachers about the integrated nature of learning in early childhood and how to communicate with families about it.

Teachers

- Communicate with families about an integrated approach to facilitating learning.
- Plan regular opportunities for staff and colleagues to meet and discuss information about children in the group and how to use it in curriculum planning.
- Contribute to staff discussions about the significance of observation and documentation for understanding children individually and in groups and for informing curriculum planning.
- Implement curriculum according to collaboratively developed plans.
- Arrange or use indoor and outdoor materials and space in accordance with the curriculum-planning process.

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Guideline 9

Supporting Professionalism and Continuous Learning

Supporting professional development and continuous learning is essential to ensure that teachers are well prepared to support the learning and development of the children in their programs. As defined by the NAEYC, “Professional Development is a continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work. These opportunities lead to improvements in the knowledge, skills, practices, and dispositions of early childhood professionals” (NAEYC n.d.). Professional development includes both formal (for example, community college course work) and informal (for example, workshops or mentorship) learning experiences that take place prior to becoming a teacher (preservice training), as well as in learning experiences throughout a teaching career (in-service training). Research suggests that both preservice and in-service training significantly predict program quality (Ackerman 2005).

Across the country, states have put in place professional development systems (PDS) in efforts to prepare the early childhood workforce. The PDS state licensing or regulations may determine who is qualified to teach, yet those requirements tend to vary by state. For instance, in one state early childhood educators may need to have a bachelor’s degree in an early childhood related field, while in another state, they may need 12 units in early childhood education. More recently, however, states have begun to focus on developing quality rating and improvement systems, early childhood educator competencies, and career ladders as a more comprehensive way to ensure that early



childhood educators are well prepared to be effective in the early childhood setting (Howes et al. 2008).

In California, the *California Early Childhood Educator Competencies* (California Department of Education and First 5 California 2011) provide coherent structure and content to:

- foster the professional development of California’s early childhood workforce;
- inform the course of study that early childhood educators follow in institutions of higher education;
- provide guidance about early childhood educator credentials and certifications; and
- establish standards for the knowledge, skills, and dispositions needed by early childhood educators to support young children’s learning and development across program types.

The competencies aim at preparing the early childhood workforce to support young children’s overall development by providing learning experiences that are “developmentally, culturally, and linguistically appropriate” (California Department of Education and First 5 California 2011, 2). The *Early Childhood Educator Compe-*

tencies are grounded in a comprehensive system that includes the early learning and development foundations for infants, toddlers, and preschoolers, and the curriculum frameworks.

Each competency area includes key concepts derived from theory and research. Two competency areas are especially relevant to young DLLs: “Culture, Diversity and Equity” and “Dual Language Development.” The “Culture, Diversity, and Equity” competency area underscores the concept that there is no knowledge base, skill set, teaching practice, or curriculum for early learning and development that is applicable to all children. Instead, learning environments are enriched when children’s individual characteristics, values, cultures, and temperaments—as well as diversity among children, families, and peers—are respected and valued in concrete ways (CDE 2010). To strengthen responsiveness to culture, diversity, equity, and language, teachers should participate in ongoing professional development that includes reflection on their own cultural and linguistic backgrounds as well as the cultures and languages of the children and families served. Effective early childhood educators, including preservice and in-service teachers, demonstrate competencies in areas such as supporting the development of children’s home language. The “Dual-Language Development” competency area addresses the knowledge and skills that early childhood educators need in order to support the optimal learning and development of young DLLs as well as the relatively small number of young children who experience learning more than two languages (CDE 2010).

In a literature review prepared for the U. S. Department of Education, Office of Planning, Evaluation and Policy Development and the Policy and Program Studies Service, Zaslow and her colleagues (2010a) outline key features of effective

professional development practices in the field of early learning and care. The authors suggest that professional development strategies for early childhood educators may be more effective when the following conditions are in place:

- There are specific and articulated objectives for professional development.
- Practice is an explicit focus of the professional development, and attention is given to linking the focus on early educator knowledge and practice.
- There is collective participation of teachers from the same rooms or programs in professional development.
- The intensity and duration of the professional development is matched to the content being conveyed.
- Educators are prepared to conduct child assessments and interpret their results as a tool for ongoing monitoring of the effects of professional development.
- Professional development is appropriate for the organizational context and is aligned with standards for practice (Zaslow et al. 2010b).

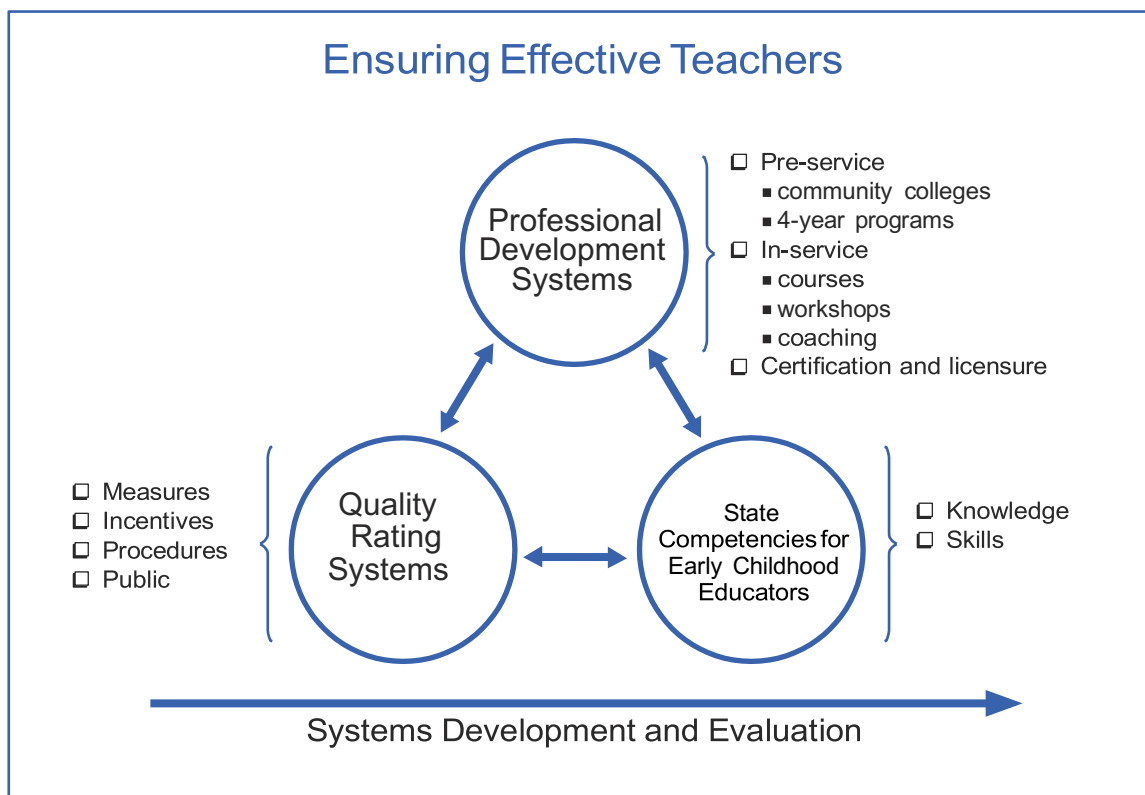
In addition to the strategies named above, appropriate, continuous learning experiences for early childhood professionals, including mentorship, consultation, and coaching, are likely to positively contribute to children’s high-quality learning experiences in the areas of language and literacy, English language development, social–emotional development, and cognitive development (Wayne et al. 2008; Virmani et al. 2012).

As seen in figure 6.2 (from a 2008 publication by Howes and others), there are three interrelated main factors and their components that contribute to ensuring effective teaching. The first main factor is “Professional Development Systems,” which includes Pre-service (community

colleges and 4-year programs); In-service (courses, workshops, and coaching); and Certification and Licensure. The second main factor is “Quality Rating Systems,” which includes Measures, Incentives, Procedures, and the Public. The third and final main factor is “State Competencies for Early Childhood Educators,” which includes Knowledge and Skills.

sionals, need continual professional renewal. The staff development plan should allow for a continuing cycle of knowledge acquisition, review of research, reflection, practice, and assessment of results. The plan should provide a coherent series of staff development experiences that build from one to the next, offering opportunities for teachers to practice and reflect on

Figure 6.2. Ensuring Effective Teachers



Source: Howes et al. 2008

9.1

Programs develop and implement a comprehensive, ongoing plan for staff development.

A comprehensive staff development plan should be actively supported and implemented by the program’s administrators and should also have the support of the staff and family members. The plan should be based on the understanding that early childhood educators, like all other profes-

what they learn, including on-site follow-up and peer support.

The staff development plan should be linked to the program’s approach to maintaining, building, and strengthening program quality. For instance, if the administrator assessing the needs of the program learns that interactions between staff and children need improvement, the professional development plan would need to consider establishing a systematic way to provide training, coaching, and mentor-

ing to staff to yield improvements in this area. Identifying the professional skills and knowledge of staff is key to knowing where to best invest time and resources to achieve overall program improvements. As the staff improves in targeted areas, the program can shift efforts around training, coaching, and mentoring to other priority areas. Often there will be multiple areas of potential focus for a program, and the administrator will need to set priorities, taking into account the needs of the program, available resources, and the community context.

In addition to incorporating the preceding principles, the plan for professional development and training should

- be based on the identified needs of the staff both as a group and individually;
- reinforce staff capabilities in identified areas to support individual and collective effectiveness;
- allow time for regular review and reflection to be built into the weekly schedule;
- include staff relations and conflict management;
- include coaching and mentoring;
- include training on the inclusion of children with disabilities or other delays, on engaging families in the program, and on community resources available to children and their families;
- include training on cultural and linguistic responsiveness;
- incorporate continual evaluation and revision;
- include a thorough orientation for new staff and volunteers; and
- include multiple strategies that promote teachers' development of self-awareness and reflection about their teaching, such as video and audio records, and provide discussion groups,

action research, peer observation, and visits to other programs or sites.

PROFESSIONAL DEVELOPMENT PLANS

Programs

- Collaborate with staff to develop individualized professional development plans that fill gaps in knowledge and include mentoring and coaching.
- Facilitate teacher participation in the Teacher Credentialing Professional Growth Plan for teachers working on their Child Development Permit (see appendix J).
- Support the long-term professional development of staff by collaborating, sharing responsibilities, and following a professional code of ethics established by one of the field's respected organizations (for example, NAEYC).
- Provide professional development regularly to all staff members on how to implement best practices for young DLLs, focusing on program approaches that are effective for DLLs and addressing key considerations, including home language development, English language development, development across all curriculum domains, cultural responsiveness, family engagement, and collecting and interpreting valid assessment information.
- Provide learning opportunities in formal and informal contexts.
- Inform and consult with family members about continuing professional development opportunities for teachers and program leaders.
- Encourage staff to attend off-site trainings or courses that cover the following domains: infant/toddler learning and development; children with disabilities or other delays; influences of

family, cultural and linguistic responsiveness; and curriculum.

- Present and help implement strategies, concepts, and recommendations based on current research on early childhood development and program improvement.

Teachers

- Plan professional development opportunities with the program administrator.
- Participate in needs assessment activities.
- Participate in opportunities to develop pedagogical knowledge and skills.
- Take advantage of opportunities to meet with mentors, either within the program or through connections with other teachers.

their professional knowledge and skills. Providing adequate paid time to attend in-service trainings, classes, and conferences is an important part of ensuring staff members' participation in professional development and education.

Finding and making time for staff development activities can be a major challenge in the busy day of early childhood program staff. Some programs occasionally schedule a shortened day to release staff for professional development activities or hire a part-time substitute to release certain staff members for individual coaching or mentoring. Adequate time for planning, meeting, talking to one another, taking courses in early childhood education, and sharing ideas in both formal and informal ways must be provided for the staff to grow professionally and for the program to improve. Ideally, some

staff development will include early childhood professionals from other settings, such as elementary schools, or neighboring public or private programs to provide diverse perspectives on a topic. Staff development activities should not be something teachers must only do on their own time or without pay.



9.2

Programs allocate resources to support individual staff members' participation in professional development and education.

Recognizing that staff time for professional development is limited, program administrators should offer a wide variety of opportunities for staff members to enhance

In addition to making time for staff to engage in professional development activities, providing access to resources, such as particular books, periodicals, DVDs, CDs, and other **electronic media**, such as the internet and email, is likely to help facilitate teacher engagement in continuous learning.

PROFESSIONAL DEVELOPMENT SUPPORT

Programs

- Provide adequate paid time and incentives for staff members to attend in-service training, classes, and conferences.
- Provide easy access to CDE materials referenced in this document, professional journals, and other publications related to early learning and care.
- Support professional development opportunities that may be available through membership in professional organizations, such as local affiliates of the NAEYC, the National Association of Family Child Care, and through Local Child Care Planning Councils, the California Child Care Resource and Referral Network, and local First 5 agencies.

9.3

Programs employ staff members who meet the requirements for education, experience, knowledge, and skills for their positions and encourage advancement along a planned career pathway.

There is growing recognition in California of the need to systematically improve the quality of early learning and care. The CDE has invested in the creation of an early learning and development system. The Governor received a Race to the Top-Early Learning Challenge Grant to build a platform for a local quality improvement rating and improvement system that is now collaboratively supported by First Five California and the CDE as Quality Counts California; higher education is aligning undergraduate curriculum in early learning and care; and several child care and development organizations and net-

works receive quality improvement funding to conduct statewide training. These professional development efforts draw from the same research base and share an overall vision of quality. A key component of the early learning and development system, *The California Early Childhood Educator Competencies* (California Department of Education and First Five California 2011), was developed to create a well-designed, coordinated framework for guiding the preparation and professional development of early childhood educators.

All early learning and care teachers in California must also be prepared to meet the needs of children from culturally and linguistically diverse backgrounds. The proportion of young children in California who are DLLs has increased rapidly during the past few decades to the extent that almost all infant/toddler programs serve children who speak a language other than English in the home. Teachers and staff members who are fluent in languages other than English and familiar with families' cultural practices are better able to provide the linguistic and behavioral support many DLLs need. To be effective with young DLLs, early learning and care teachers will also need to understand first- and second-language acquisition, the impact of bilingualism on a child's overall development, the consequences of home language loss, teaching practices that promote English language development while also supporting home language development, effective family-engagement strategies, and appropriate assessment approaches. Recent research indicates that young DLLs need specific language supports and instructional adaptations to thrive in early learning and care programs; all teachers have both the capacity and the potential to learn these skills and become effective teachers of young DLLs (see chapter 5).

CAREER PATHWAY

Programs

- Provide a clear career ladder for teachers and administrators within the program, including opportunities for teachers to grow professionally while remaining in the teacher role.
- Inform staff of professional development activities and opportunities.
- Encourage staff to establish professional development and career goals.
- Recruit bilingual and bicultural staff members who are familiar with the cultures of children served and speak their home languages.
- Encourage bilingual and bicultural staff members to consider becoming early childhood special education teachers, speech-language pathologists, and other specialized service providers.
- Promote credit-bearing educational opportunities as a primary way for staff members to become eligible to accept greater levels of responsibility in early learning and care settings or to find employment in other related positions over the course of their careers.

9.4

Programs ensure that professional development activities promote awareness and understanding of children’s cultural and linguistic backgrounds and provide strategies for culturally and linguistically responsive practices.

Cultural responsiveness is the ability to know and understand diverse cultures and cultural points of view. It is based on a deliberate effort to know, respect, and understand cultures that are different from one’s own. A well-designed professional

development program offers opportunities for program staff to develop cultural responsiveness. For example, teachers may be encouraged through professional development activities to recognize that their own values and cultural predispositions are based on childhood experiences and current cultural influences in addition to professional training and experiences. By becoming aware of their cultural “lens,” teachers can gain insight into their practices and their responses to the children and families.

In chapter 5, there is a compelling research rationale for supporting home language development while promoting English language development with specific language interaction strategies. For many teachers, those strategies are new since most early childhood teachers have not received training or preparation to meet the needs of DLLs. Programs need to carefully design professional development approaches that systematically prepare all staff members to understand and meet the needs of infant/toddler DLLs who are at different stages of language development.



CULTURAL AND LINGUISTIC RESPONSIVENESS

Programs

- Promote professional development activities that promote cultural responsiveness, including encouraging teachers to reflect on how their cultural perspectives and experiences affect how they relate to diverse children and families.
- Provide professional development for all staff on how to implement best practices for young DLLs, regardless of their native language.
- Provide professional development regularly to all staff members on effective programming for DLLs, addressing key considerations including home language development, English language development, development across all domains, cultural responsiveness, importance of family engagement for this group of children, and collecting and interpreting valid assessment information.
- Promote and encourage the use of bilingual and bicultural early childhood early interventionists, including speech-language pathologists and other specialized service providers.

Teachers

- Explore with each other during meetings and discussions the ways in which their approaches to teaching are affected by their own experiences and cultural backgrounds.
- Engage in teacher mentoring and support in efforts to develop a better understanding of the values of the children's communities and cultures and to address conflicts in values between the program and families when they occur.
- Share with colleagues best practices they have used with DLLs.

9.5

Programs promote professionalism and ethical behavior.

The program should continually support the staff members' sense of professionalism and appropriate, ethical behavior. The work of the early learning and care profession is becoming increasingly recognized by policymakers throughout the country. The impact of high-quality early learning and care is well established. To advance the profession and to be effective in extending the benefits of high-quality infant/toddler services to young children and families, it is important for all early childhood educators to conduct themselves in a professional manner. Moreover, programs need to uphold professional and ethical standards and support teachers and staff to carry out their work according to those standards.

PROFESSIONALISM

Programs

- Set clear expectations for professionalism and ethical behavior, such as those presented in the NAEYC Code of Ethical Conduct.
- Facilitate and model program practices that balance a productive workplace with a safe, supportive environment.
- Establish and model appropriate behavioral and attitudinal standards for staff.
- Encourage personal and professional growth in staff.
- Engage in professional responsibility and remain dedicated to the success of children, families, and the agency or program.
- Establish professional relationships with families and children, and support staff in maintaining professional relationships with families and children.

A Professional Code of Ethics

Ethical responsibilities to children. Childhood is a unique and valuable stage in the human life cycle. Our paramount responsibility is to provide care and education in settings that are safe, healthy, nurturing, and responsive for each child. We are committed to supporting children's learning and development; respecting individual differences; and helping children learn to live, play, and work cooperatively. We are also committed to promoting children's self-awareness, competence, self-worth, resiliency, and physical well-being.

Ethical responsibilities to families. Families* are of primary importance in children's development. Because the family and the early childhood practitioner have a common interest in the child's well-being, we acknowledge a primary responsibility to bring about communication, cooperation, and collaboration between the home and early childhood program in ways that enhance the child's development.

Ethical responsibilities to colleagues. In a caring, cooperative workplace, human dignity is respected, professional satisfaction is promoted, and positive relationships are developed and sustained. Based upon our core values, our primary responsibility to colleagues is to establish and maintain settings and relationships that support productive work and meet professional needs. The same ideals that apply to children also apply as we interact with adults in the workplace. (Note: Section III includes responsibilities to co-workers and to employers. See the "Code of Ethical Conduct: Supplement for Early Childhood Program Administrators" for responsibilities to personnel (employees in the original 2005 Code revision), online at https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/Ethics%20Position%20Statement2011_09202013update.pdf.

Ethical responsibilities to community and society. Early childhood programs operate within the context of their immediate community made up of families and other institutions concerned with children's welfare. Our responsibilities to the community are to provide programs that meet the diverse needs of families, to cooperate with agencies and professions that share the responsibility for children, to assist families in gaining access to those agencies and allied professionals, and to assist in the development of community programs that are needed but not currently available.

As individuals, we acknowledge our responsibility to provide the best possible programs of early learning and care for children and to conduct ourselves with honesty and integrity. Because of our specialized expertise in early childhood development and education and because the larger society shares responsibility for the welfare and protection of young children, we acknowledge a collective obligation to advocate for the best interests of children within early childhood programs and in the larger community and to serve as a voice for young children everywhere.

The ideals and principles in this section are presented to distinguish between those that pertain to the work of the individual early childhood educator and those that more typically are engaged in collectively on behalf of the best interests of children – with the understanding that individual early childhood educators have a shared responsibility for addressing the ideals and principles that are identified as 'collective.'

*The term family may include those adults, besides parents, with the responsibility of being involved in educating, nurturing, and advocating for the child.

Source: NAEYC 2011

Teachers

- Follow expectations for professionalism and ethical behavior, such as those presented in the NAEYC Code of Ethical Conduct.
- Seek support from healthy role models who successfully maintain a work–life balance.
- Model health and well-being for children and families.
- Arrive at work on time each day, prepared to engage with children, families, and staff in a professional manner.
- Maintain professional boundaries related to establishing close relationships with children and families outside the work environment.

9.6

Programs support ongoing reflective practice, adult learning, coaching, and mentoring.

Providing ongoing experiences for adult learners that include reflective practice, coaching, and mentorship is essential for high-quality care and teaching. This type of support applies to teachers' efforts to provide high-quality learning experiences across all developmental domains. Much of the professional development literature makes clear that ongoing coaching and mentoring is an important component of enhancing the skills of early childhood teachers. **Reflective supervision** is particularly important in helping teachers nurture children's social–emotional development. Relationships between teachers and young children and the children's capacity to use those relationships as a base for learning are enhanced when teachers have opportunities to explore their responses to children and families. In addition, reflective supervision has been demonstrated to decrease teacher burnout

and contribute to greater understanding of children's behavior.

Reflective supervision acknowledges that teachers are human beings, with emotions, personal histories, and beliefs that contribute to (and sometimes interfere with) effective teaching. Through regular, ongoing conversations, teachers and their supervisors explore together the many complex feelings, thoughts, and issues that arise in their work with children and families. In these conversations supervisors facilitate a process that offers needed support and helps teachers answer their own questions as they decide how to apply new insights and information to their everyday work with children and families.

ONGOING ADULT LEARNING AND REFLECTIVE PRACTICE

Programs

- Provide regular opportunities for teachers to meet individually with their supervisor to reflect on and plan children's learning experiences.
- Set aside time during staff meetings for teachers to reflect on their practice.
- Help individual staff members reflect on their emotional responses to children, interactions, attitudes, and behaviors, and become mindful of their own biases.
- Provide consistent opportunities for each teacher to meet with mentors, either through the program or by connecting them with teachers outside the program.
- Provide opportunities to staff members to engage in ongoing coaching and mentorship to address their needs according to their professional development plan.
- Provide professional development in the language most easily understood by the teachers.

Teachers

- Recognize the importance of reflection to ongoing professional development and high-quality program services.
- Engage in professional development provided by program administrators. Practice self-assessment and shared reflective dialogue.
- Participate in reflective dialogue with the aim of better understanding how to meet the unique needs of the children in their program.

9.7

Programs offer professional development activities on how to support children with disabilities or other delays.

Providing ongoing professional development activities on how to support children with disabilities or other delays is essential to teachers feeling prepared to meet the needs of all young children in their care. “The biggest barrier to including a child with a disability or other delay seems to be fear—fear not of children with delays but for the children. [Teachers] are afraid of physically hurting a child, of not meeting perceived needs, and of having to tell a parent ‘I do not know how to care for your child.’ With knowledge, however, this fear fades and competence blooms” (CDE 2009). When teachers focus on the child, rather than the disability or other delay, they can capitalize on their knowledge of child learning and development. The majority of children with disabilities or other delays will progress through the various domains in a similar fashion to children who are typically developing. They may need more time, focused teaching, or more opportunities for guided practice in the skills. Teachers find that the adaptations and modifications they make for a child with delays are simply extensions of indi-



vidualizations they have been doing with other children. The key to the adaptation is what is important for good teaching: observation, reflection, and understanding of development. Teachers who have included children with disabilities or other delays and who are focused on providing access, support, and participation report increased skills as teachers for all children.

As stated in Guideline 5, children receiving early intervention services have a variety of developmental differences. Implementing the UDL approach for multiple methods of representation, engagement, and expression will support the progress of children with developmental delays. Also, given the information shared in chapter 5, it is clear that some children may be misidentified as having delayed language due to differences in the way that typically developing DLLs acquire language. The increased emphasis on understanding the language-acquisition process of DLLs and implementing intentional teaching strategies to promote their language learning will be beneficial for their first and second language acquisition. A better understanding of the process of second-language development for young DLLs will promote more responsive and targeted services for all children.

PROFESSIONAL DEVELOPMENT IN INCLUSIVE PRACTICE

Programs

- Provide professional development opportunities to staff members and families on inclusive practice and related policies, including teaming and collaboration with early interventionists.
- Facilitate discussion among staff and families about applying the principles of people-first language in the program.
- Collaborate with specialized service providers to offer professional development opportunities to staff members and family members on how to maximize belonging among the children, including children with disabilities or other delays.
- Become familiar with the Joint Position Statement on Inclusion by the Division for Early Childhood and the National Association for the Education of Young Children recommendations for inclusive practice (DEC and NAEYC 2009), and the U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs (U.S. Department of Health and Human Services and U.S. Department of Education 2015).

Teachers

- Follow guidance from families and specialized service providers to support the learning and development of each child, according to developmental theory and program philosophy and practices.



- Follow guidance to support each child's active participation in learning opportunities through the use of easily adaptable materials, strategies, and techniques.
- Explore the role of values, beliefs, and perceptions when viewing and responding to children's behavior, developmental skills, and learning approaches.

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Guideline 10

Administering Programs and Supervising Staff

Two critical components of high-quality early learning and care are effective administrative practices and continuous program improvement; both allow early childhood professionals to better serve young children and their families and to meet short- and long-term program goals. Research shows that effective administrative practices are crucial for ensuring high-quality outcomes for children and families (Talan and Bloom 2004) and indicates that high-quality interactions and learning environments cannot be sustained in the long term without these administrative systems and practices in place.

Effective administrators of early childhood programs display key dispositions toward their work that include valuing high quality and high expectations; valuing inclusion and diversity in early learning and care settings; considering multiple perspectives in the contexts of planning and decision-making; and emphasizing continuous program improvement based on both assessment and collaboration. They exhibit skills and knowledge in the areas of program planning, development, and operations; human resources; and organizational systems, policies, and procedures.



A program's administrator provides leadership in establishing the practices and systems that enable the program to fulfill its mission and serve the community well. The program's other early childhood professionals also play key leadership roles. In a collaborative organization, they work as a team with the administrator to plan for and assess program operations; contribute to policy- and procedure-related decisions and ongoing monitoring and documentation to meet standards; and maintain the systems that ensure smooth day-to-day program functioning.

Many practices of effective program administrators to support staff are discussed in the recommended program guidelines that follow. To avoid repetition, each recommended practice generally appears only within one guideline. Administrators can find a full list of practices in the Administration and Supervision section of the *California Early Childhood Educator Competencies* (California Department of Education and First 5 California 2011). The following practices are addressed:

- Fostering positive, effective communication between and among staff and colleagues
- Addressing conflict resolution between and among staff and colleagues
- Supporting positive relationships among staff members to foster a team environment and to contribute to continuous program improvement
- Ensuring that staff compensation is a program priority and that salary scales are commensurate with qualifications and education

- Supporting reflective practice and reflective supervision
- Supporting ongoing adult learning, coaching, and mentoring

10.1

Programs have a compensation schedule that acknowledges and validates the required training and experience of each staff member by providing a living wage, as well as wage increases based on additional education and professional activities.

The California Department of Education, Early Learning and Care Division (CDE/ELCD), reaffirms its endorsement of the principle of providing pay and benefits for the early childhood workforce that are at parity with that of their counterparts in the K–12 school system. Most teaching staff members in California ECE programs still earn very low wages and minimal benefits, including many teachers with substantial college training who barely earn a living wage. Better compensation attracts better-qualified staff and leads to less staff turnover. This leads to higher program quality and better outcomes for children and families (Whitebook and Ryan 2011).



COMPENSATION

Programs

- Prioritize compensation that is comparable with the K–12 system for all staff members as a primary concern of the program’s administrators, families, board of directors, and sponsoring organization.
- Implement an equitable compensation schedule, with regular increments, as a key program tool for staff development and retention.
- Base salary increases upon advancement along a planned career pathway aligned with articulated education and credentialing, mentor-recommended professional development activities, demonstrated mastery of skills as documented in annual performance evaluations, and the assumption of increased responsibilities.
- Establish equitable health and retirement plans and benefits.
- Ensure that salary schedules are commensurate with qualifications and education.
- Follow the recommended guidelines for an equitable salary schedule (Burton and Whitebook 1998, 10):
 - The basic structure of the salary guidelines establishes a floor for entry-level staff and benchmarks for highly trained staff in teaching and administrative roles.
 - An Aide’s salary, which marks the floor of the guidelines, is indexed to the self-sufficiency wage required for single adults in their county.
 - The benchmark for a Master Teacher with a bachelor’s degree plus a supervised practicum is a salary equivalent to that of a beginning public school teacher in the local school district.

- The Program Director’s salary is indexed to that of a more-experienced public school teacher in the local school district.

Teachers

- Know the program’s policies that relate to salaries, benefits, and advancement, and seek clarification from appropriate staff as needed.
- Seek and pursue educational and professional development pathways that will lead to advancement along the program’s career pathway and on the salary schedule.

10.2

Programs create working conditions that support job satisfaction.



The workplace climate is an important contributor to teachers’ job satisfaction, and staff members’ positive or negative ratings of an organization’s overall climate are usually widely shared (Bloom 2010). In addition to fair and adequate compensation, good administrative practices can also support teachers’ sense of job satisfaction and can reduce staff turnover, contributing to the staffing stability that helps

an early childhood program succeed in improving quality.

PROGRAM PLANNING AND PERSONNEL POLICIES

Programs

- Invite staff, families, and others to participate in program planning.
- Involve staff in setting annual goals for program improvement, provide resources and support for meeting objectives, and assess progress toward achieving program goals.
- Be aware of issues related to collective bargaining and labor contracts.

Teachers

- Participate in program planning, including decisions about curriculum and, as appropriate, contribute ideas from the teaching team.
- Know the expectations of the job description and become familiar with other personnel policies, including policies on salaries, benefits, and volunteer or internship agreements.
- Seek mentorship with more-experienced early childhood educators and offer assistance to less-experienced colleagues.

PERFORMANCE EVALUATIONS AND PROFESSIONAL DEVELOPMENT

Programs

- Conduct private, formal performance reviews at least annually.
- Ensure that staff members understand the role of formal performance evaluations in continuous professional improvement.
- Ensure that a climate of continuous improvement is provided so that individuals can seek educational and professional certification.

FACILITIES

Programs

- Set and evaluate facility design policies and practices that reflect the program's philosophy of providing a high-quality environment that meets the ever-changing requirements of families and staff members.
- Facilitate staff members' access to the equipment and materials needed to furnish a high-quality early learning and care environment and to the funds or procedures to replace and replenish them as needed.

Teachers

- Participate in adapting and maintaining the facility and environment as needed to support adult needs, interests, and comfort as well as children's interests, learning, and development.

PERFORMANCE EVALUATION

Teachers

- Provide timely and objective feedback to staff and colleagues.
- Conduct or contribute to formal performance reviews, including review of supervisor performance, at least annually, based on clearly defined job descriptions, expectations, and direct observations, incorporating input from others as appropriate.
- Maintain confidentiality and protect privacy in the supervision and evaluation of staff and colleagues.

PROFESSIONAL DEVELOPMENT

Teachers

- Seek opportunities to attain educational and professional improvement and learn how to establish a professional development plan.

- Develop core competencies as detailed in the *California Early Childhood Educator Competencies* (California Department of Education and First 5 California 2011).

10.3

Programs foster respectful, collaborative relationships among staff.



An administrative leader sets the tone for respectful, collaborative work within a program. The leader sets policies supportive of positive staff relationships; models constructive, respectful interaction styles; and affirms, through words and actions, the diverse strengths of each person to the program.

PERSONNEL POLICIES

Programs

- Support positive relationships among staff members to foster a team environment.
- Ensure transparency of personnel policies and practices, as appropriate.
- Communicate proactively with staff about personnel changes.

Teachers

- Familiarize themselves with personnel policies and practices.

COMMUNICATION BETWEEN AND AMONG STAFF

Programs

- Interpret and apply communication policies, as appropriate, to ensure effectiveness for diverse staff members or in complex situations.
- Adapt communication strategies to meet the diverse language and literacy abilities of staff members.
- Designate time in staff meeting agendas for staff to share information.
- Model appropriate methods of communication with consideration for the communication preferences of staff and families.
- Maintain confidentiality and professionalism in communication with staff.

Teachers

- Determine the communication styles and preferences of staff and colleagues, and use this information when communicating.
- Maintain transparency and accountability in interactions.
- Provide timely and accurate communication.
- Establish relationships with other staff that encourage mutual exchange of information and ideas.
- Model appropriate methods of communication with consideration for the communication preferences of colleagues.
- Maintain confidentiality and professionalism in communications with staff.
- Adapt communication strategies to

meet the diverse language and literacy abilities of staff and colleagues.

CONFLICT RESOLUTION AMONG STAFF MEMBERS

Programs

- Engage staff members in the development of protocols or resolution of specific conflict situations, as appropriate.
- Provide staff members with professional development and support on conflict resolution that incorporates cultural considerations.
- Invite an outside consultant or facilitator to coach staff on relationship-based problem solving, reflective communication, and conflict-resolution skills.

Teachers

- Facilitate the use of conflict-resolution strategies among staff and colleagues.
- Initiate discussions to inform a clear understanding of cultural and individual considerations in conflict resolution.
- Anticipate areas of potential conflict between and among staff and colleagues and proactively address identified area(s) of concern with staff in advance to avoid potential conflicts.
- Use a professional code of ethics established by a respected national ECE organization (such as the NAEYC).
- Refer complex conflict situations to the supervisor or other staff/colleagues, as appropriate.

10.4

Programs collaborate with staff in making decisions.

Participatory decision-making is one of the hallmarks of a truly collaborative program. This democratic leadership

model recognizes that job satisfaction increases when teachers have a voice in making decisions that affect their lives (Bloom 2011). Having regular opportunities to make positive, recognized contributions to improving their program's effective functioning reinforces early childhood educators' perceptions of themselves as valued professionals.



changes in policy that affect the program.

Teachers

- Gather information about children from families, staff, and colleagues to contribute to the planning process.
- Participate in program planning (including curriculum), recruitment and enrollment of children, and procedures for meeting individual child and family needs, as appropriate.
- Participate in hiring processes as appropriate.

PROGRAM POLICIES AND PROCEDURES

Programs

- Collaborate with families and staff members to adapt policies and procedures to meet individual child and family requirements, as appropriate.

FISCAL PROCEDURES

Programs

- Collaborate with staff members, families, and other stakeholders to develop short- and long-term financial goals for the program.

FACILITIES

Teachers

- Identify resources available to resolve facility problems and issues, such as utility companies and repair services, and act efficiently to resolve problems.
- Adapt the facility and environment as needed to support adult needs, interests, and comfort as well as children's interests, learning, and development.

PROGRAM PHILOSOPHY

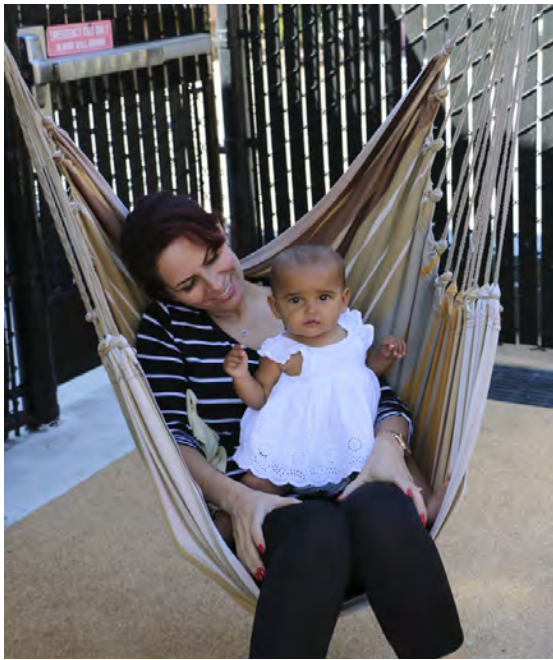
Programs

- Collaborate with staff members, families, and others in the program community to review the program's statement of philosophy and its implications for practice.

PROGRAM-PLANNING PROCESS, POLICIES, AND PROCEDURES

Programs

- Involve staff members in program planning and evaluation—including setting annual goals for program improvement, planning and evaluating the program's curriculum, recruiting staff, and enrolling children.
- Consult with staff, families and others in the program community about



10.5

Programs establish and implement policies regarding reflective practice and reflective supervision.

An administrator who structures the early childhood program as a learning community for its adults as well as its children views staff supervision through the lens of a mentor and coach. The goal is to encourage reflective practice—approaching the educational setting with the intention to observe mindfully, respond thoughtfully, and take time to share reflections, thereby deepening one’s own understanding and improving one’s own practice (Heffron and Murch 2010). Reflective supervision is a way of guiding teachers to draw lessons from their own experiences that is likely to enhance interactions with children in their care (Howes, James, and Ritchie 2003).

REFLECTIVE PRACTICE

Programs

- Provide professional development opportunities and establish program policies on reflective practice and reflective supervision.

- Invite an outside coach or facilitator to guide staff on how to increase authentic communication and refine reflective communication skills.
- Develop an environment in which adults can be engaged in continuous learning and development.
- Use teachable moments with adults through coaching practices.
- Seek professional development opportunities for staff members to make early childhood educators’ work meaningful, challenging, and engaging.
- Cultivate the development of mentorship skills through leadership that is characterized by openness, honesty, care, and encouragement, and demonstrates strong, reflective communication skills.

Teachers

- Demonstrate and apply an understanding of the principles of reflective practice.
- Use the learning environment to incorporate principles of adult learning and of children’s learning and development.
- Seek mentorship opportunities with experienced early childhood educators and, in turn, become a mentor to less-experienced educators.
- Understand that adult learning opportunities outside the program enhance the work with children.

10.6

Programs develop staff policies and systems to maintain stability and consistency in program quality.

Stable, consistent staffing over time is crucial to an early childhood program’s ability to achieve and maintain high quality. Continuous program improvement depends on building a stable, committed, and pro-

professional learning community of educators who will actively engage with a board of directors (or community advisory board or committee), administrators, and school community members to work toward achieving the program's long-term goals. A framework of supportive staff policies and systems can help achieve this stability.

PROGRAM-PLANNING PROCESS AND PERSONNEL POLICIES

Programs

- Involve others in setting annual goals for program improvement, provide resources and support for meeting objectives, and assess progress toward achieving program goals.
- Develop and implement hiring policies and job descriptions (for staff members) that comply with regulations or other requirements, consider the diverse linguistic and cultural experiences of children and families, and include individuals with disabilities or other delays.
- Develop a process for informing new staff and colleagues, including substitute teachers, volunteers, and interns, about program policies, procedures, and supports.

Teachers

- Participate in program planning by contributing ideas from the teaching team.
- Inform new staff and colleagues, including volunteers and interns, about policies, procedures, and supports.
- Communicate proactively with families, staff, and colleagues about personnel changes.
- Participate in hiring processes, as appropriate.
- Know the expectations of their job descriptions and are familiar with other personnel policies, including those that involve salaries, benefits, and volunteer or internship agreements.

CONTINUOUS PROGRAM IMPROVEMENT

Programs

- Plan and implement a program evaluation and improvement plan to promote positive outcomes for children and families.
- Collaborate with a board of directors or community advisory board or committee to develop a strategic plan or framework for continuous program improvement.
- Maintain a high-quality program based on agency standards.
- Integrate standards into program planning.
- Promote high-quality standards and practices among staff members and others who contribute to the ongoing operation of the program.

Teachers

- Engage with staff, colleagues, and families in reflective practice and self-study, and implement action plans for strengthening relationships with families and community partners.



- Participate in program improvement activities.
- Assist in maintaining a high-quality program based on agency standards.

PERFORMANCE EVALUATION

Teachers

- Assess and document the performance of staff and colleagues based on clearly defined job descriptions, expectations, and direct observation, incorporating input from families or other staff and colleagues, as appropriate.
- Contribute to performance reviews of themselves and the supervisor.

PROFESSIONAL DEVELOPMENT

Teachers

- Encourage colleagues to set professional and educational goals related to individual certification.
- Seek opportunities to attain educational and professional improvement and to establish a professional development plan.

10.7

Programs engage in sound business practices.

One component of a high-quality program is the presence of sound business practices. Although less visible than direct work with children, sound business practices enable a program to operate smoothly and efficiently while avoiding disruptions due to uncertainties about regulation compliance, budget accuracy, and the capacity to pursue short- and long-term financial goals. The ability to improve facilities and equipment, increase staff compensation, and enhance services for children and families depends on competent long-term and day-to-day management of procedures and resources.

RECORDKEEPING

Programs

- Analyze data in records and apply information to program-wide planning, decision-making, evaluation, and monitoring to ensure compliance with requirements.
- Provide professional development activities on record requirements and establish program policies or procedures to facilitate recordkeeping.

Teachers

- Implement timely recordkeeping that meets the requirements of regulatory, funding, or accrediting agencies.
- Explain recordkeeping requirements to staff, colleagues, and families, as appropriate.
- Gather information from staff, colleagues, and families to guide recordkeeping processes, as appropriate.

PROGRAM POLICIES AND PROCEDURES

Programs

- Develop, document, and assess program policies and procedures for effectiveness, appropriateness, and compliance with regulations and requirements.

Teachers

- Explain program policies and procedures to adults as needed.
- Keep inventory of all supplies, materials, and equipment, as needed.
- Follow program policies and procedures.

REGULATORY AGENCIES

Programs

- Serve as liaison between the program and regional and national regulatory agencies.

- Ensure compliance with laws and regulations through monitoring, and provide regular and timely reports.

Teachers

- Become familiar and comply with requirements of applicable regulatory agencies (for example, licensing bodies, health departments, or fire marshal).

FISCAL PROCEDURES

Programs

- Collaborate with staff members, families, and other stakeholders to develop short- and long-term financial goals for the program.
- Identify multiple funding sources.
- Meet reporting requirements.

Teachers

- Manage the budget for materials, supplies, and related documentation to meet reporting requirements.
- Know the program's funding sources and requirements (for example, tuition, state and federal funding, or private foundations).
- Use and care for resources in an appropriate manner.

LOSS AND LIABILITY

Programs

- Assess the program's insurance requirements and maintain adequate coverage for loss and liability.
- Develop program policies and ensure professional development opportunities on strategies to prevent loss and reduce liability.

Teachers

- Maintain current and accurate documentation related to risk management.

- Refer loss and liability-related questions or report alleged violations to appropriate staff.

FACILITIES

Programs

- Understand how the facility operates and is managed, contribute design ideas, and become familiar with all aspects of the use of the facility, including accessibility and accommodation issues specified by the ADA.

Teachers

- Identify resources available to resolve facility problems and issues, such as utility companies or repair services.
- Maintain awareness of facility requirements and report maintenance issues to the supervisor.

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Appendices

APPENDIX A

Resources for Early Learning and Care Programs



All About Young Children provides family-focused, multimedia products aimed at families and describes the California infant/toddler and preschool foundations. Products available in eight languages.

<https://allaboutyoungchildren.org>



Beginning Together is a project designed to move inclusive experiences for young children with disabilities or other delays and their families from theory to practice.

<https://www.CAinclusion.org/bt>



CDE/ECE Faculty Initiative Project aligns and integrates essential content and competencies of key CDE/ELCD materials and initiatives with core ECE curriculum of the California Community College and the California State University systems.



Promoting Social Emotional Competence in California's Young Children

California Collaborative on the Social and Emotional Foundations for Early Learning (CA CSEFEL) is a project that connects early childhood programs with trainers and coaches versed in the CA CSEFEL Teaching Pyramid Framework. The CA CSEFEL Teaching Pyramid Framework is an approach based on evidence from research. CA CSEFEL practices are intended to emphasize universal practices that promote healthy social–emotional development; practices that help prevent behaviors that are challenging in group settings; and interventions to address individual behaviors in infants and young children. CA CSEFEL trainers and coaches maximize collaboration to enhance linkages and methods for local agencies to deliver services and connect families to appropriate interventions, including children’s mental health, Early Start, special education, and medical services.

<https://cainclusion.org/camap/map-project-resources/ca-teaching-pyramid/>



California Early Care and Education Workforce Registry is a state, regional, and local collaboration designed to track and promote the education, training, and experience of the early learning and care workforce for the purpose of improving professionalism and workforce quality to positively impact children. <https://www.caregistry.org/>



California Early Childhood Mentor Program provides resources and support to aspiring and experienced teachers and administrators in programs serving children birth to age five and before- and after-school programs. <https://www.cecmp.org/>



California Early Childhood Online (CECO) provides online overview modules covering CDE publications and resources and other key state-approved content. Offerings include free one-hour overviews of the foundations, frameworks, Desired Results, ERS, Healthy and Active Preschoolers, CA CSEFEL, Strengthening Families, and the 3Rs of Early Childhood Education. Registered participants receive certificates upon successful completion of each module. <https://www.caearychildhoodonline.org/>



California Inclusion and Behavior Consultation (CIBC) Network is a professional development resource that includes on-site consultation, reflective practice conversations, and resources regarding challenging behavior and special needs. <https://www.cibc-ca.org/>



California Map to Inclusion and Belonging: Making Access Possible (MAP) develops materials and serves as a clearinghouse of resources and information for individuals, organizations, and child care providers in the state about inclusive practices, including current information on successful state and local initiatives. <https://www.CAinclusion.org/camap/>



Child Development Training Consortium (CDTC) provides financial & technical assistance to students and professionals in the early learning and care field. It also hosts CDE's Mapping Tool that enables training systems to map their course content to the California Early Childhood Educator Competencies; and the Curriculum Alignment Project that establishes an alignment of required core coursework for ECE degrees. Additionally, the website houses information about California's Professional Growth Matrix and a list of Professional Growth Advisors. <https://www.childdevelopment.org>



CompSAT–Competencies Self-Assessment Tool is an online, professional development website filled with interactive and self-reflective activities and videos highlighting research-based guidance on the California Early Childhood Educator Competencies. <http://ececompsat.org/>



Desired Results for Children and Families provides training and technical assistance in the implementation of the Desired Results system, including assessing children with the Desired Results Developmental Profile[®]. <https://www.desiredresults.us>



Family Child Care at Its Best Program provides high-quality education on child development to thousands of licensed and license-exempt family child care providers throughout California. <https://www.placercoe.org/Pages/PCOE/Early-Childhood-Education/Early-Childhood-Education/Family-Child-Care-at-Its-Best.aspx>



Program for Infant Toddler Care (PITC) is CDE's training system for professionals who work with infants and toddlers (birth to age three). PITC seeks to ensure that America's infants get a safe, healthy, and emotionally secure and enriching start in life. <https://www.pitc.org/>

For more information on ELCD resources, visit <https://www.cde.ca.gov/sp/cd/re/cddprofdevtrain.asp>.

Organizations

The following organizations provide resources that cover a wide range of topics in early childhood education.

AARP Grandparent Information

601 E Street, NW
Washington, DC 20049
Telephone: 888-687-2277
Toll-free (Spanish): 877-342-2277
Email: member@aarp.org
Website: <https://www.aarp.org/home-family/friends-family/>

The AARP provides the following online resources: (1) tip sheets on a variety of topics (for example, grandparents raising grandchildren, starting support groups, traveling with your grandchildren, and many more); (2) print publications in English and Spanish; (3) information on and referral to local support groups for grandparent caregivers through the national database and referral to legal services, including access to the AARP Legal Services Network benefits for AARP members; (4) referral to other organizations that have pertinent information for grandparents; (5) technical assistance and networking with local, state, and national organizations; (6) research about key legislation and public policy issues; (7) co-sponsorship of local, state, and national grandparent events to share information and raise awareness about various grandparent issues; and (8) advocacy in collaboration with AARP's state affairs and legal advocacy groups.

ASPIRA

1444 I Street, NW, Suite 800
Washington DC 20005
Telephone: 800-233-1200
Fax: 202-835-3613
Email: info@aspiradc.org
Website: <https://aspira.org>

ASPIRA aims to be an “investment in Latino youth” and offers a variety of programs and services for children. ASPIRA also offers programs for parents that focus on education and leadership development.

Adolescent Family Life Program (AFLP)

Maternal, Child and Adolescent Health (MCAH) Division
California Department of Health Services
P.O. Box 997420, MS 8300
Sacramento, CA 95899-7420
Toll-free: 866-241-0395
Fax: 916-650-0305
Email: mchinet@cdph.ca.gov
Website: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Default.aspx>

The AFLP, operated through the California Department of Public Health, works to ensure that adolescents, their families, and their social support systems will be served by effective, comprehensive networks of local programs and agencies. The AFLP provides many services to adolescent parents and their families, including facilitating access to health care resources, prenatal care, development of educational and vocational goals, and pregnancy prevention.

American Indians in Children's Literature (AICL)

Email: dreese.nambe@gmail.com

Website: <https://americanindiansinchildrensliterature.blogspot.com/2011/04/top-board-books-for-youngest-readers.html>

Established in 2006, the AICL provides critical perspectives and analysis of indigenous peoples in children's and young adult books, the school curriculum, popular culture, and society. This site lists infant/toddler appropriate board book suggestions and descriptions that are tribally specific. A good source for providers looking to include materials that are culturally relevant to the children and families in their programs.

Beginning Together

Telephone: 760-304-5200

Fax: 760-304-5252

Email: beginningtogether@wested.org

Website: <https://www.cainclusion.org/bt/>

The purpose of Beginning Together is to ensure that children with special needs are incorporated and appropriate inclusive practices are promoted in the training and technical assistance provided by the existing cadre of trainers and coaches in California. Beginning Together was created for the California Institute on Human Services, Sonoma State University, in collaboration with the California Department of Education, Early Learning and Care Division, and WestEd, Center for Child and Family Studies, as an inclusion support to the PITC and has since expanded to include trainers who support providers caring for children ages birth to five. This is accomplished through a "training of trainers" institute, regional outreach activities, revision/development of written materials, support to institute graduates, and support of inclusive practices in PITC activities.

California Black Infant Health (BIH) Program

1615 Capitol Avenue

Building 173, 5th Floor

Sacramento, CA 95814

Telephone: 916-650-0300

Fax: 916-650-0305

Email: BlackInfantHealth@cdph.ca.gov

Website: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/BIH/Pages/default.aspx>

The California BIH Program aims to improve health among African American mothers and babies and to reduce the Black: White disparities by empowering pregnant and mothering African American women to make healthy choices for themselves, their families, and their communities.

California Center for Infant-Family and Early Childhood Mental Health

1000 G Street, Suite 500

Sacramento, CA 95814

Telephone: 916-492-4009

Website: <http://cacenter-ecmh.org/wp/>

The California Center for Infant-Family and Early Childhood Mental Health assists policymakers, funders, and organizations to design and implement high-quality practices that promote the healthy social-emotional development of children under age five. Their website contains many resources including "What is Infant Mental Health and Why is it Important" at http://cacenter-ecmh.org/wp/wp-content/uploads/2012/01/ABC_InfantMentalHlth_English.pdf.

California Child Care Resource and Referral Network

1182 Market Street, Suite 300

San Francisco, CA 94102

Telephone: 415-882-0234

Website: <https://www.rnetwork.org/>

The California Child Care Resource and Referral Network was founded in 1980 as an association of resource and referral

(R&R) agencies throughout the state. These R&Rs help parents find child care and provide a well-developed system that supports parents, providers, and local communities in finding, planning for, and providing affordable, high-quality child care.

R&Rs have grown into comprehensive agencies equipped to provide information, training, and support for parents, caregivers, other community-based agencies, employers, and government policymakers.

California Childcare Health Program

UCSF School of Nursing
Department of Family Health Care
Nursing
2 Koret Way, Box 0606
San Francisco, CA 94143-0606
Telephone: 415-476-4695
Email: abbey.alkon@ucsf.edu
Website: <https://cchp.ucsf.edu/>

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety, and child care communities and the families they serve. Their website contains a wealth of material on health and safety in early learning and care settings for professionals and families from sanitizing and disinfection worksheets, and health and safety checklists, to preventing injuries and the spread of infectious diseases.

California Department of Education (CDE)

CDE Press Sales Office
1430 N Street, Suite 3207
Sacramento, CA 95814
Telephone: 800-995-4099
Fax: 916-323-0823
Website: <https://www.cde.ca.gov/re/pn/rc/>

The CDE Press website contains information about publications, such as model curriculum standards, child development materials, quality review, school-age care,

disabilities and other delays, and infant/toddler caregiver and parent resources.

California Early Start

California Department of Developmental Services
1600 9th Street
Sacramento, CA 95814
Telephone: 800-515-2229
TTY: 916-654-2054
Email: earlystart@dds.ca.gov
Website: <https://www.dds.ca.gov/services/early-start/>

Families whose infants or toddlers have a developmental delay or disability or an established risk condition with a high probability of resulting in a delay may be eligible to receive an ‘Early Start’ in California. Teams of service coordinators, healthcare providers, early intervention-ists, therapists, and parent resource specialists evaluate and assess infants or toddlers and provide appropriate early in-tervention and family support services for young children from birth to three years of age. Publications are available as well as a Central Directory for Early Intervention Resources.

Cal-Learn Program

Website: <http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/calworks/callearn-program/> (Link is to LA County site)

As a strategy for reducing teen pregnancy rates and long-term welfare dependency, the Cal-Learn Program is designed to assist teen parents receiving assistance through the California Work Opportunity and Responsibility to Kids (CalWORKs) program. The Cal-Learn program, operated by the California Department of Social Services, helps pregnant and parenting teens to graduate from high school or its equivalent. This ambitious effort consists of three coordinated services designed to help teens become self-sufficient adults and responsi-

ble parents: (1) intensive case management assists teen parents to obtain education, health, and social services; (2) payments for necessary child care, transportation, and educational expenses enable pregnant and parenting teens to attend school; and (3) bonuses and sanctions encourage school attendance and good grades.

Center for Family Policy and Practice

23 N. Pinckney Street, Suite 304

Madison, WI 53703

Telephone: 608-257-3148

Email: info@cffpp.org

Website: <https://www.cffpp.org>

The Center for Family Policy and Practice is a nonprofit advocacy organization founded in 1995 to incorporate the needs of low-income men of color into conversations about poverty solutions. Their work addresses systemic and structural barriers to economic security, with a particular focus on child support and social welfare policies. They advocate for policies that benefit members of low-income families and communities.

Center for the Child Care Workforce

555 New Jersey Avenue, NW

Washington, DC 20001

Telephone: 202-662-8005

Fax: 202-662-8006

Email: ccw@aft.org

Website: <https://www.aft.org/earlychildhood/about-aft-early-childhood-educators/center-childcare-workforce-ccw>

The Center for the Child Care Workforce (CCW), a partner with the American Federation of Teachers (AFT), sponsors Worthy Wage Day and coordinated the Worthy Wage movement. This organization's mission is to improve the quality of early learning and care for all children by promoting policy that ensures the early learning and care workforce is well educated, receives better compensation, and has a voice in the workplace. The

website includes many informative, free publications that teachers, directors, and policymakers can order.

Center for the Study of Child Care Employment (CSCCE)

Institute for Research on Labor and Employment's (IRLE)

University of California, Berkeley

2521 Channing Way, #5555

Berkeley, CA 94720-5555

Telephone: 510-643-8293

Email: cscceinfo@berkeley.edu

Website: <http://cscce.berkeley.edu/>

The CSCCE provides research and expert analysis on topics that include compensation and economic insecurity among early educators, early childhood teacher preparation and access to educational opportunities, work environments, and early childhood workforce data sources and systems. CSCCE also works directly with policymakers and a range of national, state, and local organizations to assess policy proposals and provide technical assistance on implementing sound early learning and care workforce policy.

Center on the Developing Child at Harvard University

50 Church Street, 4th Floor

Cambridge, MA 02138

Telephone: 617-496-0578

Email: developingchild@harvard.edu

Website: <https://developingchild.harvard.edu>

The mission of the Center on the Developing Child is to drive science-based innovation that achieves breakthrough outcomes for children facing adversity. The Center has an in-depth Resource Library.

Child Care Aware of America

1515 N. Courthouse Road, 3rd Floor

Arlington, VA 22201

Telephone: 703-341-4100

Fax: 703-341-4101

Email: info@childcareaware.org
Website: <https://usa.childcareaware.org>

Child Care Aware® provides information, referrals, tools, and resources to families seeking child care nationwide, with a special emphasis on serving vulnerable and special populations, including refugees and asylees, military families, and low-income families.

Child Care Law Center (CCLC)

445 Church Street
San Francisco, CA 94114
Telephone: 415-558-8005
Email: info@childcarelaw.org
Website: <http://www.childcarelaw.org>

The CCLC is a national, nonprofit legal services organization founded in 1978. The CCLC's primary objective is to use legal tools to foster the development of high-quality, affordable child care for every child, every parent, and every community. The CCLC works to expand child care options, particularly for low-income families, and to ensure that children are safe and nurtured in care outside the home. It is the only organization in the country that focuses exclusively on the complex legal issues surrounding the establishment and provision of child care.

Childhelp National Child Abuse Hotline

4350 E. Camelback Road, Bldg. F250
Phoenix, AZ 85018
Telephone: 480-922-8212
Toll-free: 800-422-4453
Website: <https://childhelp.org>

A 24-hour, toll-free, and confidential hotline offers information about the treatment and prevention of child abuse. ChildHelp USA provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents.

Children Now

Headquarters
1404 Franklin Street, Suite 700
Oakland, CA 94612
Telephone: 510-763-2444
Fax: 510-763-1974
Email: info@childrennow.org
Website: <https://www.childrennow.org>

Children Now is a national organization that promotes community action and policy changes to improve children's quality of life, with special emphasis on poor and at-risk children. Each year Children Now publishes a "report card" on family economics, health, education, and safety. A branch of this organization is located in the following city:

Sacramento Office
1303 J Street, Suite 370
Sacramento, CA 95814
Telephone: 916-379-5256
Fax: 916-443-1204
Email: info@childrennow.org

ChildTrauma Academy (CTA)

5161 San Felipe, Suite 320
Houston, Texas 77056
Telephone: 866-943-9779
Fax: 713-513-5465
Email: cta@childtrauma.org
Website: <http://childtrauma.org>

The CTA is a not-for-profit organization based in Houston, Texas working to improve the lives of high-risk children through direct service, research, and education. The CTA offers online and face-to-face training. Also available are educational videos, training materials, and transition tools for children.

Coalition for Asian American Children and Families (CACF)

50 Broad Street, 18th Floor
New York, NY 10004
Telephone: 212-809-4675
Email: cacf@cacf.org
Website: <http://www.cacf.org>

This organization provides important statistics, resources, and a bulletin board for professionals and concerned individuals. The aim of the CACF website is to provide information about various Asian American communities, challenge the myth of the “model minority,” offer culturally sensitive training, and advocate change for impoverished Asian American children.

Disability Rights of California

1831 K Street
Sacramento, CA 95811
Telephone: 916-504-5800
Fax: 916-504-5802
Website: <https://www.disabilityrightsca.org>

This organization advocates for Californians with disabilities, educates the public, conducts investigations, and litigates to advance and protect their rights.

Division for Early Childhood (DEC) of the Council for Exceptional Children

2900 Crystal Drive, Suite 100
Arlington, VA 22202-3557
Telephone: 888-232-7733
Fax: 855-678-1989
Email: service@cec.sped.org
Website: <https://www.dec-sped.org>

The DEC promotes policies and advances evidence-based practices that support families and enhance the optimal development of young children ages zero to eight who have or are at risk for developmental delays and disabilities. DEC is an international membership organization for those who work with or on behalf of young children ages zero to eight with disabilities or other delays and their families.

Early Head Start (EHS)

Telephone: 866-763-6481
Email: HeadStart@eclkc.info
Website: <https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs>

EHS programs serve infants and toddlers under age three, and pregnant

women. EHS programs provide intensive comprehensive child development and family support services to low-income infants and toddlers and their families, and to pregnant women and their families.

Early Educator Central

Email: ADean@zerotothree.org
Website: <https://earlyeducatorcentral.acf.hhs.gov>

Early Educator Central is a project jointly administered by the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Offices of Child Care and Head Start. Early Educator Central provides courses and teaching supports that aid infant-toddler educators, early childhood program administrators, and course planners and developers in the higher education and professional development system along with system supports for professional development and higher education planners.

Early Start Neighborhood

Website: <https://earlystartneighborhood.ning.com/>

This environment provides a virtual community for California Early Start professionals and partners seeking training, technical assistance and resources on early intervention Part C requirements, implementation, and evidence-based practices.

Educational Equity Center at FHI 360

71 Fifth Avenue, 6th Floor
New York, NY 10003
Telephone: 212-243-1110
Fax: 212-627-0407
Email: lcolon@fhi360.org
Website: <https://www.fhi360.org/expertise/educational-equity>

Serving both teachers and parents, this organization promotes bias-free learning through innovative programs and materials that are intended to decrease discrimination based on gender, race/ethnicity, disability,

and level of family income. One resource of note is *Including All of Us: An Early Childhood Curriculum About Disability*.

Educational Resources Information Center (ERIC)

Telephone: 800-538-3742
Email: ERICRequests@ed.gov
Website: <https://eric.ed.gov/>

ERIC provides resources for educators in early childhood and elementary education. It maintains an archive of research articles and papers on theory, practice, and policy for early childhood and elementary education and provides, at no cost, digests of useful articles for parents and teachers.

Families and Work Institute (FWI)

245 5th Avenue, #1002
New York, NY 10016
Telephone: 212-465-2044
Fax: 212-465-8637
Email: FWINews@familiesandwork.org
Website: <https://www.familiesandwork.org/>

The FWI is a nonprofit center for research that provides data for informed decision-making on the changing workforce, family, and community. As a preeminent think-tank, FWI is known for being ahead of the curve, identifying emerging issues, and then conducting rigorous research that often challenges common wisdom and provides insight and knowledge. Their work focuses on three major areas: the workforce/workplace, youth, and early childhood.

Federation of Families for Children's Mental Health (FFCMH)

12320 Parklawn Drive
Rockville, MD 20852
Telephone: 240-403-1901
Email: ffcmh@ffcmh.org
Website: <https://www.ffcmh.org>

The FFCMH is a national parent-run nonprofit organization focused on the needs of children and youths with emo-

tional, behavioral, or mental disorders and their families.

First 5 California

California Children and Families
Commission
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833
Telephone: 916-263-1050
Fax: 916-263-1360
Email: info@ccfc.ca.gov
Website: <http://www.ccfc.ca.gov/>

First 5 California is dedicated to improving the lives of California's young children and their families through a comprehensive system of education, health services, childcare, and other crucial programs. Since its creation, First 5 California has brought these critical services to millions of parents, caregivers, and children ages zero to five. First 5 California distributes funds to local communities through the state's 58 counties, all of which have created their own local First 5 county commissions.

Healthy Families America (HFA)

228 S. Wabash, 10th Floor
Chicago, IL 60604
Telephone: 312-663-3520
Website: <https://www.healthyfamiliesamerica.org>

The HFA strives to provide all expectant and new parents with the opportunity to receive the education and support they need at the time their baby is born. The organization offers information for a healthy start and provides services to overburdened families.

Healthy Teen Network, Inc.

1501 Saint Paul Street, Suite 114
Baltimore, MD 21202
Telephone: 410-685-0410
Email: Info@HealthyTeenNetwork.org
Website: <https://www.healthyteennetwork.org>

Healthy Teen Network is a national organization focused on adolescent health and well-being with an emphasis on teen pregnancy prevention, teen pregnancy, and teen parenting. Healthy Teen Network uses a collaborative, organic approach based on science and grassroots member input to provide capacity-building assistance for youth-serving professionals and organizations to improve the health and well-being of young people. The website includes resources (including an electronic clearinghouse), relevant publications, and information on their yearly conference.

Inclusion Collaborative of Santa Clara County

E-mail: inclusion@sccoe.org

Website: <http://www.inclusioncollaborative.org/>

The Inclusion Collaborative (IC) leads the effort to provide all children in Santa Clara County with quality learning environments. Its focus is the successful inclusion of children with special needs in child care, preschool programs, early learning environments, and the community through education, advocacy, and awareness. The IC also hosts an annual statewide inclusion conference.

Infant Mental Health Services

California Department of Developmental Services

1600 9th Street

Sacramento, CA 95814

Telephone: 800-515-2229

TTY: 916-654-2054

Email: mhsa@dhcs.ca.gov

The Department of Developmental Services receives Mental Health Services Act funds for regional centers to develop and oversee innovative projects. These projects focus on treatment for children and families with mental health diagnoses.

This website also hosts their Research Synthesis for Infant Mental Health and Early Care and Education Providers.

Institute of Education Sciences (IES) 550

12th Street, SW

Washington, DC 20024

Telephone: 202-245-6940

Email: contact.IES@ed.gov

Website: <https://ies.ed.gov/>

The IES is the statistics, research, and evaluation arm of the U.S. Department of Education. They are independent and non-partisan. Their mission is to provide scientific evidence on which to ground education practice and policy and to share this information in formats that are useful and accessible to educators, parents, policymakers, researchers, and the public. IES conducts six broad types of work that addresses school readiness and education from infancy through adulthood, and includes special populations, such as English Learners and students with disabilities.

- **What Works Clearinghouse (WWC)**

Website: <https://ies.ed.gov/ncee/wwc/>

The WWC identifies studies that provide credible and reliable evidence of the effectiveness of a given practice, program, or policy, and disseminates summary information and reports on its website.

- **National Education Research and Development Centers (R&D Centers)**

Website: <https://ies.ed.gov/ncer/randdCenters.asp>

The R&D Centers develop, test, and disseminate new approaches to improve teaching and learning, and student achievement. Each center

conducts education research in its topic area. In addition, each center works cooperatively with the National Center for Education Research, conducts supplemental research within its broad topic area, and provides national leadership in defining research and development directions within its topic area.

- **Regional Educational Laboratory Program**

Website: <https://ies.ed.gov/ncee/edlabs/>

The 10 Regional Educational Laboratories (RELs) serve the educational needs of designated regions, using applied research, development, dissemination, and training and technical assistance to bring the latest and best research and proven practices into school improvement efforts.

Medline Plus

Website: <https://medlineplus.gov/>

The U.S. National Library of Medicine and the National Institutes of Health offer a comprehensive website featuring a list of articles on various health topics, such as infant and toddler health, infant and newborn care, and infant and toddler development.

Mental Health America (MHA)

500 Montgomery Street, Suite 820
Alexandria, VA 22314
Telephone: 703-684-7722
Toll-free: 800-969-6642
Fax: 703-684-5968
Website: <https://mhanational.org>

The MHA—founded in 1909—is the nation’s leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. Their work is driven by the commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and

intervention for those at risk, integrated care, services, and supports for those who need it, with recovery as the goal.

Mental Health America of California

2110 K Street
Sacramento, CA 95816-4921
Telephone: 916-557-1167
Fax: 916-836-3225
Email: info@mhac.org
Website: <http://www.mhac.org>

The mission of Mental Health America of California is to provide advocacy, education, information, and other assistance necessary to ensure that all people who require mental health services are able to receive them and are not denied any other benefits, services, rights, or opportunities due to their need for mental health services. This site has links and contact information for immediate help.

National Association for the Education of Young Children (NAEYC)

1313 L Street, NW, Suite 500
Washington, DC 20005-4101
Telephone: 202-232-8777
Toll-free: 800-4242460
Email: naeyc@naeyc.org
Website: <https://www.naeyc.org>

The NAEYC is a professional organization that promotes excellence in early childhood education. It publishes materials and resources covering all topics included in the *Infant/Toddler Program Guidelines*.

National Association for Family Child Care (NAFCC)

1743 West Alexander Street, Suite 201
Salt Lake City, UT 84119
Telephone: 801-866-2322
Email: nafcc@nafcc.org
Website: <https://www.nafcc.org>

The NAFCC is a nonprofit organization dedicated to promoting quality child care by strengthening the profession of family child care. The goals of the association are

to (1) strengthen state and local associations as the primary support system for individual family child care providers; (2) promote a professional accreditation program that recognizes and encourages quality care for children; (3) represent family child care providers by acting as an advocate for their needs and collaborating with other organizations; (4) promote the diversity of the family child care profession through training, state, and local associations, public education, and board membership; and (5) deliver effective programs through strong organizational management.

National Association for Multicultural Education

2100 M Street, Suite 170–245
Washington, DC 20037
Telephone: 202-679-6263
Fax: 202-628-6264
Email: name@nameorg.org
Website: <http://www.nameorg.org>

This organization aims to achieve social, political, economic, and educational equity. The site offers information on publications, conferences, events, and a listserv or email discussion group.

National Black Child Development Institute (NBCDI)

8455 Colesville Road, Suite 910
Silver Spring, MD 20910
Telephone: 202-833-2220
Toll-free: 800-556-2234
Email: mtoreinfo@nbcdi.org
Website: <https://www.nbcdi.org>

The NBCDI works to improve and protect the quality of life of African American children. The institute provides and supports programs, workshops, and resources for children, their families, and communities in the areas of early health and education, child welfare, and parenting. In California, local chapters are working at the community level in Los Angeles, Pasadena/Altadena, and Sacramento.

National Center for Quality Teaching and Learning (NCQTL)

Telephone: 844-261-3752
Email: ecdctl@ecetta.info
Website: <https://eclkc.ohs.acf.hhs.gov/ncecdtl>

The NCQTL supports Head Start with effective resources and training to improve practices and help young children succeed in school and life. NCQTL collaborates with Head Start trainers and teachers to develop and distribute curriculum, instruction, and assessment tools that are effective in a variety of real-world settings. They also provide coaching, feedback, and professional development opportunities to give teachers the support they need.

National Institute of Child Health and Human Development (NICHD) Study of Early Child Care (SECC)

P.O. Box 3006
Rockville, MD 20847
Telephone: 800-370-2943
Fax: 866-760-5947
TTY: 888-320-6942
Email: NICHDInformationResourceCenter@mail.nih.gov
Website: <https://www.nichd.nih.gov/research/supported/Pages/seccyd.aspx>

The NICHD SECC is the most comprehensive child care study conducted to date to determine how variations in child care are related to children's development. Results of this study can be found on their website.

Office of Child Care (OCC)

U.S. Department of Health and Human Services
Administration for Children and Families
Mary E. Switzer Building
330 C Street, SW, 4th Floor Washington, DC 20201
Telephone: 202-690-6782
Fax: 202-690-5600
Website: <https://www.acf.hhs.gov/occ>

The OCC supports low-income working families by providing access to affordable, high-quality early care and afterschool programs. OCC administers the Child Care and Development Fund (CCDF) and works with state, territory, and tribal governments to provide support for children and their families juggling work schedules and struggling to find child care programs that will fit their needs and will prepare children to succeed in school.

Office of Special Education Programs (OSEP)

Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-7100
Telephone: 202-245-7459
Website: <https://www.ed.gov/about/offices/list/osers/osep/index.html>

The OSEP is dedicated to improving results for infants, toddlers, children, and youths with disabilities (birth through age twenty-one) by providing leadership and financial support to assist states and local districts. The Individuals with Disabilities Education Act authorizes formula grants to states and discretionary grants to institutions of higher education and other non-profit organizations to support research, demonstrations, technical assistance and dissemination, technology and personnel development, and parent-training and information centers.

Program for Infant/Toddler Care (PITC)

180 Harbor Drive, Suite 112
Sausalito, CA 94965-1410
Telephone: 415-289-2300
Fax: 415-289-2301
Website: <https://www.pitc.org>

This organization is a primary provider of infant/toddler caregiver training, videos, and online library resources developed

collaboratively by the California Department of Education and West-Ed for caregivers serving infants and toddlers.

Resources for Infant Educators (RIE)

6720 Melrose Avenue
Los Angeles, CA 90038
Telephone: 323-663-5330
Fax: 323-663-5586
Email: educarer@rie.org
Website: <https://www.rie.org>

The RIE is a nonprofit organization that developed a unique methodology in working with infants called “Educaring,” which is based on respect. The website offers information on professional certification training, parent–infant classes, excerpts from the writings of its founding director Magda Gerber, and online ordering of audio- and videotapes, books, and other resources for parents and professionals.

Teaching Tolerance

Southern Poverty Law Center
400 Washington Avenue
Montgomery, AL 36104
Telephone: 334-956-8200
Toll-free: 888-414-7752
Website: <https://www.tolerance.org/>

This comprehensive site for teachers, parents, and children promotes respect for differences and appreciation for diversity. Founded by the Southern Poverty Law Center, Teaching Tolerance serves as a clearinghouse of information about anti-bias programs, activities, and initiatives being implemented in schools across the country.

World Association for Infant Mental Health (WAIMH)

University of Tampere
Medical School, Arvo Yipon katu 34
33014 University of Tampere
Finland
Telephone: +358-50-4627379
Email: office@waimh.org
Website: <https://www.waimh.org>

The WAIMH is an international and interdisciplinary organization concerned with the optimal development of infants and caregiver infant relationships. It promotes education, research, and study of the effects of mental development during infancy on later normal and psychopathological development; research and study of the mental health of the parents, families, and other caregivers of infants; and the development of scientifically based programs of care, intervention, and prevention of mental impairment in infancy. The WAIMH also sponsors regional and world congresses devoted to scientific, educational, and clinical work with infants and their caregivers. It provides quarterly newsletters, computer-based information technology, and the development of affiliate associations around the world. The *Infant Mental Health Journal* is its official publication.

ZERO TO THREE

1255 23rd Street, NW, Suite 350
Washington, DC 20037
Telephone: 202-638-1144
Website: <https://www.zerotothree.org>
Bookstore website: <https://www.zerotothree.org/resources/series/the-bookstore>
Telephone: 800-899-4301

ZERO TO THREE is a national, nonprofit organization dedicated solely to advancing the healthy development of babies and young children. ZERO TO THREE disseminates key developmental information, trains providers, promotes model approaches and standards of practice, and works to increase public awareness about the significance of the first three years of life.

ZERO TO THREE, Infant and Early Childhood Mental Health

National Center for Infants, Toddlers, and Families
1255 23rd Street, NW, Suite 350
Washington, DC 20037
Telephone: 202-638-1144
Toll-free: 800-899-4301
Website: <https://www.zerotothree.org/early-development/infant-and-early-childhood-mental-health>

This site offers resources and information regarding infant mental health and social-emotional health.

Standards and Assessment Tools

Standards can help guide programs in their aim to ensure high-quality early childhood education programming. Additionally, specific assessment tools, used periodically, can provide assessments of current program quality as well as support a program's aim to engage in continuous program improvement.

The resources listed below are geared to support program administrators in their efforts to maintain program quality.

Standards

California Commission on Teacher Credentialing

Since its inception in 1970, the California Commission on Teacher Credentialing has supported and encouraged the professional development of all educators. An educator's growth is valued as a mark of professional stature and as a source and a stimulant of student growth and achievement. The Commission believes that "learning students" are most likely to be found in the presence of "learning teachers" and other educators.

The manual titled *The Child Development Permit Professional Growth Manual* (2015) is available from the Commission on Teacher Credentialing. This document provides information for holders of the Child Development Permit on how to renew a permit. It also provides information for professional growth advisers, defined as an individual who advises permit holders regarding their professional growth and development. It includes information on

all levels of the permit, renewal requirements, selection of a professional growth adviser, and the stages in the professional growth cycle.

More information is available from the California Commission on Teacher Credentialing website at <https://www.ctc.ca.gov>.

National Association for the Education of Young Children Accreditation System

The National Association for the Education of Young Children (NAEYC), the nation's largest organization of early childhood educators, has established an accreditation program through its NAEYC Academy for Early Childhood Program Accreditation. Since 1985, the NAEYC's national accreditation system has set professional standards for early childhood education programs, allowing families to find high-quality programs for their children.

The NAEYC Accreditation of Programs for Young Children seeks to enhance children's well-being and early learning by improving the quality of early childhood programs serving children birth through kindergarten. The NAEYC Academy for Early Childhood Program Accreditation sets and monitors standards for high-quality programs for young children and accredits programs that meet these standards—the mark of quality in early childhood education.

This program is a national voluntary accreditation system for all types of preschools, kindergartens, child care centers,

and school-age child care programs.

More information on the NAEYC's accreditation program is available from the NAEYC website at <https://www.naeyc.org>.

Assessment Tools

Ages and Stages Questionnaires®

The Ages and Stages Questionnaires (ASQ-3™) and the Ages and Stages Questionnaires–Social Emotional, Second Edition (ASQ:SE-2™) are a series of questionnaires designed to screen the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, personal–social skills, social–emotional development, and overall development across time. The age-appropriate scale is completed by the parent or caregiver. The items on the scale represent behaviors that the child should be able to perform at that age.

More information is available from the Ages and Stages Questionnaires website at <https://agesandstages.com>.

The Classroom Assessment Scoring System™ (CLASS™)

The CLASS™ is an observational tool that provides a common lens, metric, and language to identify and describe the classroom interactions that promote children's learning and development. Data from CLASS observations are used to support teachers' professional development needs as well as provide system-wide data on the interactions children experience. Versions of CLASS currently exist for infant to high school classrooms. The project is focused on developing the infant version of CLASS, with the intention of systematically identifying the types of teacher–child interactions that promote young children's development.

More information is available from the CLASS website at <https://curry.virginia.edu/research/centers/castl/class>.

Desired Results for Children and Families

The Desired Results for Children and Families website provides an overview of the background, purpose, and components of the Desired Results System. The system includes the Desired Results Developmental Profile (DRDP 2015), which is an observational assessment of children's progress in learning and development; the Environment Rating Scale (ERS), which assesses program quality through a broad definition of environment, and the Desired Results Parent Survey.

More information is available from the Desired Results website at <https://www.desiredresults.us/>.

Developmental and Behavioral Screening Guide for Early Care and Education Providers

The Guide includes an overview and discussion of the provider's role in screening and monitoring within the context of early learning and care settings, including the differences between screening and monitoring, when and why to screen, and how to engage and support families in the process. Also included is a comprehensive list of best practices and resources for developmental and behavioral screening, referral and follow-up available online.

The Developmental and Behavioral Screening Guide for Early Care and Education Providers is available online for download at no charge at <https://www.wested.org/resources/cpei-california-early-care-and-education-screening-guide>.

Environment Rating Scale (ERS)®

The ERS® was developed at the Frank Porter Graham Child Development Center at the University of North Carolina, Chapel Hill. It is a widely used program quality assessment instrument designed for infant–toddler programs (ITERS-R and ITERS-3), preschool programs (ECERS-

R), and family child care programs (FCCERS-R). The scales are designed to assess quality in an early childhood or school-age care group. They include a focus on interactions in a classroom between staff and children, staff, parents, and other adults, among the children themselves, and the interactions children have with the many materials and activities in the environment.

Infant/Toddler Environment Rating Scale®, Revised (ITERS-R)

The ITERS-R is a comprehensive revision of the original Infant/Toddler Environment Rating Scale (ITERS, 1990). This scale is designed to assess programs for children from birth to age 30 months. The 39 items are organized into seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, and Parents and Staff. Items have been added to make the scale more inclusive and culturally sensitive, to address professional needs of staff, and to reflect the latest health and safety information.

Infant/Toddler Environment Rating Scale®, Third Edition (ITERS-3)

The previous versions of the ITERS applied to classrooms in which the majority of children were younger than 30 months (2.5 years). The ITERS-3 expands the age range and is valid and appropriate for classrooms in which the majority of children are younger than 36 months, thus covering the entire birth-to-age-three period. It is organized into six subscales: Space and Furnishings, Personal Care Routines, Language and Books, Activities, Interaction, and Program Structure.

Family Child Care Environment Rating Scale—Revised Edition (FCCERS—R)

The FCCERS—R assesses a broad definition of environment including organization of space, interaction, activities, schedule, and provisions for parents and

provider. The 38 items are organized into seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, and Parents and Provider. Since family child care homes frequently enroll a wide age range of children, this scale is designed to assess programs serving children from birth through school-age (up to age 12), including the provider's own children if present. Therefore, the FCCERS—R contains items to assess provision in the environment for a wide age range, to ensure protection of children's health and safety, appropriate stimulation through language and activities, and warm, supportive interaction.

More information is available from the Environment Rating Scale Institute website at <https://www.ersi.info>.

Head Start Program Preparedness Checklist (Version 5)

Head Start Program Preparedness Checklist (Version 5) helps Head Start and Early Head Start programs to promote school readiness for DLLs by examining the systems and services for children and families who speak languages other than English. This revised comprehensive document features indicators drawn from the Head Start Program Performance Standards, the research, and recommended practices.

PITC Program Assessment Rating Scale® (PARS)

The PITC PARS is a tool used to measure essential components of infant/toddler group care—from caregiving interactions to the physical environment to program policies and administrative structures. The tool enables observers to assess the extent to which family child care and center-based programs promote responsive, relationship-based care for infants and toddlers (ages zero to three).

Assessors use the PITC PARS to measure programs' support of young children's social-emotional, cognitive, language, and physical development. The instrument allows assessors to conduct a multimethod assessment—including direct observation, interview, and review of program materials—to measure the program's caregiving interactions, care environment, program policies, and administrative structures.

More information about the PITC PARS instrument can be found on the PITC website at <http://www.pitcpars.org/>.

The Program Administration Scale (PAS)

The PAS is a valid and reliable instrument designed to measure the leadership and management practices of early childhood programs. The PAS provides valuable information to directors about the quality of their administrative practices and can be used for program improvement efforts.

More information is available from the McCormick Center website at <https://mccormickcenter.nl.edu/program-evaluation/program-administration-scale-pas/>.

Teaching Pyramid Infant–Toddler Observation Scale (TPITOS™)

The TPITOS measures if infant–toddler teachers are using the Teaching Pyramid practices with fidelity. Modeled after the Teaching Pyramid Observation Tool (TPOT™) for Preschool Classrooms, TPITOS is for early childhood center-based programs caring for infants and toddlers. Focusing on teacher practices and classroom environment variables, TPITOS measures how well your program's staff

is fostering responsive, nurturing relationships with children and promoting strong social-emotional development in their earliest years.

More information is available on the Brookes Publishing website at <https://brookespublishing.com/product/tpitos/>.

Teaching Pyramid Observation Tool (TPOT™)

The TPOT is an observation tool that measures how well teachers are implementing the three-tiered Pyramid Model of classroom practices specifically related to promoting young children's social-emotional competence and addressing challenging behavior in the preschool classroom.

More information is available on the Brookes Publishing website at <https://brookespublishing.com/product/tpot/>.

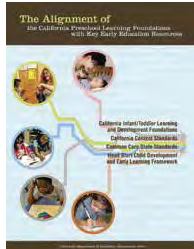
Questions to Consider in Universal Design Learning (UDL) Observations of Early Childhood Environments - Building Inclusive Child Care (BICC)

Individuals conducting early childhood environment observations can use these questions and checklist to discover how to increase UDL policies and practices and to identify those that already exist.

More information is available from the North Hampton Community College website at <https://www.northampton.edu/early-childhood-education/partnerships/building-inclusive-child-care.htm>

APPENDIX B

Books and Media on Early Education by the California Department of Education



The Alignment of the California Preschool Learning Foundations with Key Early Education Resources

Delineates how California’s preschool foundations are aligned with the *California Infant-Toddler Learning & Development Foundations*, *California Content Standards*, the *Common Core State Standards*, and *Head Start Child Development & Early Learning Framework*. It is only available in an online digital format.

planning. Designed to complement the other resources of the California Department of Education’s Early Learning and Development System, this publication examines how play, learning, and curriculum work together in early education. <https://www.cde.ca.gov/sp/cd/re/documents/intnatureoflearning2016.pdf>



Best Practices for Planning Curriculum for Young Children: Family Partnerships and Culture

This document provides guidance to early childhood education program administrators and teachers on practices that support the development of partnerships with families and inclusion of children’s cultural experiences as essential parts of planning curriculum. Families can be invaluable partners in early childhood programs’ efforts to enhance early learning and prepare children for school. <https://www.cde.ca.gov/sp/cd/re/documents/familypartnerships.pdf>



Best Practices for Planning Curriculum for Young Children: The Integrated Nature of Learning

This publication provides early childhood education program administrators and teachers with guidance on practices that support an integrated approach to curriculum



California Early Childhood Educator Competencies

This important professional resource describes the knowledge, skills, and dispositions that early childhood educators need in order to provide high-quality care and education to young children and their families. The California Early Childhood Educator Competencies is divided into the following overlapping areas: (1) Child Development and Learning; (2) Culture, Diversity, and Equity; (3) Relationships, Interactions, and Guidance; (4) Family and Community Engagement; (5) Dual-Language Development; (6) Observation, Screening, Assessment, and Documentation; (7) Special Needs and Inclusion; (8) Learning Environments and Curriculum; (9) Health, Safety, and Nutrition; (10) Leadership in Early Childhood Education; (11) Professionalism; and (12) Administration and Supervision. The California ECE Competencies are research-based and are aligned with the California Preschool Learning Foundations and the California Infant/Toddler Learning & Development Foundations to guide professional development and related quality improvement activities. Available as a free download and as a binder-ready publication. <https://www.cde.ca.gov/sp/cd/re/documents/ececompetencies2011.pdf>



California Preschool Program Guidelines

Designed for administrators, directors, supervisors, college faculty, and policy-makers, this comprehensive publication includes effective approaches for creating high-quality preschool programs. Special chapters include “Support for Young Dual Language Learners” and “Using Technology and Interactive Media with Preschool-Age Children.” A companion DVD set is available. <https://www.cde.ca.gov/sp/cd/re/documents/preschoolproggdlns2015.pdf>



California's Best Practices for Young Dual Language Learners: Research Overview Papers

This series of research overviews spans the disciplines of neuroscience, cognitive science, and developmental psychology as well as assessment, educational research, family engagement, and special needs. They provide insight into how young dual language learners learn two languages and how they learn and develop in other domains. This online publication gives guidance to early childhood educators on how to support the learning and development of young dual language learners in preschool programs. <https://www.cde.ca.gov/sp/cd/ce/documents/dllresearchpapers.pdf>



Curriculum Frameworks

Aligned with the foundations, the curriculum frameworks guide early childhood educators working in programs serving children birth to five years of age. The frameworks provide guidance on the implementation of high-quality curriculum and instruction practices that optimize children's potential to acquire the knowledge and skills necessary to ensure that children are ready for kindergarten entry. <https://www.cde.ca.gov/sp/cd/re/itframework.asp>

DRDP (2015)

A Developmental Continuum from Early Infancy to Kindergarten Entry
Calibration Version



For use with preschool-age children

Desired Results Developmental Profile® (DRDP [2015])

The DRDP is an observation-based assessment instrument used to assess children's developmental progress. The DRDP was developed for the following four age groups:

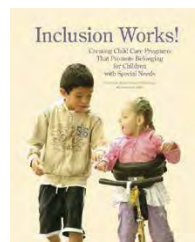
- Infant Toddler – Birth to 36 months
- Preschool – Three years to kindergarten entry
- School Age – Kindergarten through age twelve
- School Readiness – Transitional Kindergarten and Traditional Kindergarten

Versions in English and Spanish are available for download on the Desired Results website at <https://www.cde.ca.gov/sp/cd/ci/drdpforms.asp>



Guidelines for Early Learning in Child Care Home Settings

Recognizing the importance of home-based child care settings in today's society, this publication provides guidance to help home-based child care providers offer high-quality early learning and care experiences to children. The book covers topics such as the roles and relationships involved in home-based child care; how to create safe, inclusive environments that foster early learning and development; ideas for implementing appropriate curriculum; professional development for home-based providers; and things to consider when infants and toddlers receive care in mixed-age group settings. <https://www.cde.ca.gov/sp/cd/re/documents/elguidelineshome.pdf>



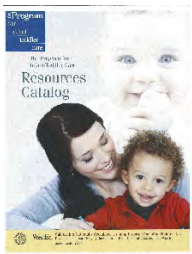
Inclusion Works! Creating Child Care Programs That Promote Belonging for Children with Special Needs

This handbook for early learning and care programs provides guidance and resources on ways to include young children who have disabilities or other delays. Strategies on how to adapt the environment, create family-friendly approaches to inclusion, and engage and use inclusion resources are discussed. <https://www.cde.ca.gov/sp/cd/re/documents/inclusionworks.pdf>



Learning Foundations

At the center of the California Early Learning & Development System are two sets of learning foundations: *Infant/Toddler Learning and Development Foundations* and *California Preschool Learning Foundations* (Volumes 1, 2, & 3). The entire set of foundations describe competencies—knowledge and skills—that all young children typically learn with appropriate support. DVD sets covering all domains of the foundations are available. <https://www.cde.ca.gov/sp/cd/re/itfoundations.asp>



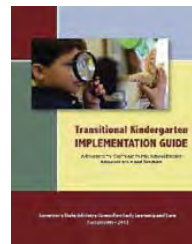
The Program for Infant/Toddler Care (PITC) Publications

The PITC has developed high-quality training materials based on sound theoretical principles and research. Developed for trainers, program administrators, and teachers of infants and toddlers, these materials spell out a responsive, relationship-based approach to early care in which teachers learn to understand children's cues, interests, and skills and use them as the basis for an integrated curriculum that includes cognitive, language, perceptual-motor, and social-emotional development. The importance of forming a close, caring relationship with each child and family is emphasized throughout all PITC materials. https://www.pitc.org/pub/pitc_docs/products4.html



Preschool English Learners (PEL) Guide

The *Preschool English Learners Guide: Principles and Practices to Promote Language, Literacy, and Learning* was developed by experts with strong academic and research backgrounds. This publication presents the specific knowledge and tools needed to promote language, literacy, and learning for young English learners. It is available in English and Spanish. <https://www.cde.ca.gov/sp/cd/re/documents/psenglearners2.pdf>



Transitional Kindergarten Implementation Guide

This publication focuses on the essential components of a comprehensive transitional kindergarten (TK) program. The first chapter discusses considerations for the structure and design of TK programs. Chapters 2–8 provide in-depth discussions of effective instructional and curricular approaches. Family and community partnerships and systems of support are crucial for TK. Links to videos are embedded in this online guide. <https://www.cde.ca.gov/ci/gs/em/documents/tkguide.pdf>



Watching My Child Grow

This DVD provides an introduction to the Desired Results system, and is available in English, Spanish, and Mandarin. <https://www.desiredresults.us/families>



A World Full of Language: Supporting Preschool English Learners DVD

This DVD and booklet provide information on how young children acquire English as a second language. Research-based strategies are featured to guide teachers on how to support English learners. The DVD is closed-captioned and formatted so that viewers can see it in its entirety or in sections. Companion DVD for *Preschool English Learners: Principles and Practices to Promote Language, Literacy, and Learning*. This DVD is available in English and Spanish on one disc. <https://www.cde.ca.gov/sp/cd/re/documents/pelorderformengl.pdf>

Link for CDE Educational Resources catalog: <https://www.cde.ca.gov/re/pn/rc/>

Link for CDE/ELCD Publications: <https://www.cde.ca.gov/sp/cd/re/cddpublications.asp>

To order CDE/ELCD publications and DVDs, go online at <https://www.cde.ca.gov/re/pn/rc/>, call toll-free at 800-995-4099, email sales@cde.ca.gov, or mail a request to CDE Press, Sales Unit, 1430 N Street, Suite 3207, Sacramento, CA 95814.

APPENDIX C

California Department of Education Infant/Toddler Professional Development Resources

Since 1986, the Program for Infant/Toddler Care (PITC) has been a multifaceted collaborative effort of the California Department of Education, Early Learning and Care Division, and the WestEd Center for Child & Family Studies to support the development of professionals who care for infants and toddlers in group settings. The PITC's broadcast quality DVDs, caregiving guides, trainer's manuals, training activities, and other resources reflect the best of what is known from research and practice. Under the day-to-day direction of J. Ronald Lally and Peter L. Mangione, Co-Directors of the WestEd Center for Child & Family Studies, the PITC resources and training have continued to evolve. Fostering close caring relationships with infants, toddlers, and their families has been the fundamental goal of the PITC philosophy of care.

The PITC connects relationships with learning

The PITC materials are designed to support infant/toddler program directors and infant care teachers in their efforts to become sensitive to infants' cues, connect with infants' families and cultures, and develop responsive relationships. The goal of the PITC is to help teachers recognize the crucial importance of providing tender, loving care and assisting in the infants' intellectual development through attentive observation and reading of each child's cues. The training materials provide the foundation of an approach in which infant care teachers observe the infants in their

care, reflect on and record information about the children's interests and skills, and search for ways to set the stage for children's next learning encounters. Above all, teachers partner with the families to share the ongoing study of children's development and create personally meaningful learning opportunities for infants and toddlers.

When implementing the PITC's curriculum-planning process, infant care teachers:

1. Partner with families to support their infants' learning.
2. Explore ways to get in tune with each infant in their care—learning from the infant what he or she needs, thinks, and feels, and doing a similar exploration with the infant's family.
3. Develop ways in which to deepen their relationships with infants, meeting each infant's needs and relating to her or his unique thoughts and feelings.
4. Make adaptations in care that are based on the infant's responses and take into account her or his family's concerns.
5. Arrange the environment, materials, and social context for learning in response to the infant's messages and the family's culture.
6. Embrace the role of observer and continual learner.

The PITC DVDs, guides, and manuals are designed to help program leaders and

caregivers become sensitive to infants' cues, connect with their family and culture, and develop responsive, relationship-based care.

The PITC curriculum provides the framework for a series of comprehensive, broadcast quality DVDs exploring all facets of caring for infants and toddlers through their critical formative stages of development.

There are four easy-to-follow modules—Module I: Social–Emotional Growth and Socialization; Module II: Group Care; Module III: Learning and Development; and Module IV: Culture, Family, and Providers. Each module contains DVDs with accompanying booklets, caregiving guides, and trainer's manuals providing strategies and structures that are based on sound developmental research and theory. Most of the PITC resources are available in English and Spanish.

Module I: Social–Emotional Growth and Socialization

The DVDs and booklets for this module include:

- *First Moves: Welcoming a Child to a New Caregiving Setting*
- *Flexible, Fearful, or Feisty: The Different Temperaments of Infants and Toddlers*
- *Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers*

The printed materials for this module include:

- *Infant/Toddler Caregiving: A Guide to Social–Emotional Growth and Socialization* (Second Edition)
- *Module I Trainer's Manual* (Second Edition)

Module II: Group Care

The DVDs and booklets for this module include:

- *It's Not Just Routine: Feeding, Diapering, and Napping Infants and Toddlers* (Second Edition)
- *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care*
- *Space to Grow: Creating a Child Care Environment for Infants and Toddlers* (Second Edition)
- *Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups*

The printed materials for this module include:

- *Infant/Toddler Caregiving: A Guide to Routines* (Second Edition)
- *Infant/Toddler Caregiving: A Guide to Setting Up Environments* (Second Edition)
- *Module II Trainer's Manual* (Second Edition)

Module III: Learning and Development

The DVDs and booklets for this module include:

- *The Ages of Infancy: Caring for Young, Mobile, and Older Infants*
- *Discoveries of Infancy: Cognitive Development and Learning*
- *Early Messages: Facilitating Language Development and Communication*

The printed materials for this module include:

- *Infant/Toddler Caregiving: A Guide to Cognitive Development and Learning* (Second Edition)
- *Infant/Toddler Caregiving: A Guide to Language Development and Communication* (Second Edition)
- *Module III Trainer's Manual*

Module IV: Culture, Family, and Providers

The DVDs and booklets for this module include:

- *Essential Connections: Ten Keys to Culturally Sensitive Child Care*
- *Protective Urges: Working with the Feelings of Parents and Caregivers*

The printed materials for this module include:

- *Infant/Toddler Caregiving: A Guide to Creating Partnerships with Families*
- *Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care*
- *Module IV Trainer's Manual*
- *Supplemental Material – Video Clips for Group Discussion:*
 - Talking Points for Essential Connections
 - Talking Points for Protective Urges

For ordering information, please see the CDE Press website at <https://www.cde.ca.gov/re/pn/rc/> or contact CDE Press at:

California Department of Education CDE Press, Sales Unit
1430 N Street, Suite 3207
Sacramento, CA 95814
Sales Unit Business Hours:
8:00 a.m. to 4:30 p.m., Monday through Friday
(Pacific Standard Time)
Telephone: 800-995-4099
Email: sales@cde.ca.gov

Training Opportunities

This section provides information on the training offered by several programs and made available through the California Department of Education. These training opportunities are connected through the common PITC philosophy and curriculum. Programs can receive on-site training from certified trainers, or individuals can attend institutes to become a certified trainer.

PITC Partners for Quality

As part of the California Department of Education, Early Learning and Care Division's (CDE/ELCD's) ongoing commitment to improve infant/toddler care, PITC conducts subsidized online and on-site training, and coaching for infant/toddler center staff and groups of family child care providers.

PITC Trainer Institutes

The CDE/ELCD, in partnership with the WestEd Center for Child & Family Studies, conducts comprehensive PITC Trainer Institutes for educators, program directors, and other professionals who are responsible for training infant care teachers. These intensive institutes help trainers to deepen their understanding of the PITC philosophy and curriculum-planning process and to acquire skills in the integrated presentation of the concepts contained in the DVDs and guides. The institutes also support the efforts of participants to develop and implement infant/toddler program policies on (1) primary care; (2) small groups; (3) continuity of care; (4) individualized care; (5) culturally responsive care; and (6) inclusion of children with disabilities or other delays. Trainer Institutes are conducted every year in California, alternating between Northern and Southern California.

PITC Trainer Institutes are also avail-

able outside California and can be sponsored nationally and internationally by arrangement.

PITC Certification Process

Participants in the PITC Trainer Institutes may receive a certification of completion for each module. Upon completion of the certification requirements for each module, a participant becomes a recognized PITC Trainer for that module. PITC trainers certified in all four modules are eligible to attend specialized training activities conducted by the PITC. Institute participants are expected to complete all PITC certification requirements to become fully certified.

PITC Training Activities

For information on participation in the California PITC Institutes, the certification process, Partners for Quality training and coaching, or arrangements for specialized PITC Institutes or training, visit https://www.pitc.org/pub/pitc_docs/home.csp or contact:

WestEd Center for Child & Family Studies
180 Harbor Drive, Suite 112
Sausalito, California 94965
Telephone 415-289-2300; Fax 415-289-2301

Beginning Together: Caring for Infants and Toddlers with Disabilities and Special Needs in Inclusive Settings

Beginning Together was created in 1999 by the California Institute on Human Services, Sonoma State University, in collaboration with the California Department of Education, Early Learning and Care Division, and WestEd, Center for Child & Family Studies (CCFS), as inclusion support to the PITC. In 2007, the project moved from Sonoma State University to WestEd, CCFS.

The purpose of Beginning Together is to promote appropriate inclusive practices in infant/toddler group care settings,

preschool centers, and other early learning and care settings. Beginning Together also ensures that information about children with disabilities or other delays is incorporated in CDE/ELCD materials. Beginning Together partners with the PITC and the PITC Partners for Quality throughout California to support inclusive practice.

Activities include a Training-of-Trainers Institute; regional technical assistance activities; support to institute graduates; sharing of information with early interventionists in the community (those providing specialized services to children with disabilities or other delays) on CDE/ELCD early childhood activities, materials, and productions; and support of inclusive practices in other state-wide activities.

Further information on Beginning Together is available at www.CAinclusion.org/bt or by emailing beginningtogether@wested.org. The telephone number is 760-304-5200.

Family Child Care at Its Best

The Family Child Care at Its Best program delivers high-quality professional development to licensed providers. Offered statewide, these professional development and learning opportunities help caregivers improve their knowledge, skills, and quality of care. The program aims to:

- Enhance the quality and safety of licensed family child care homes.
- Increase retention of existing family child care homes.
- Provide state and local agencies with data about training and technical assistance to meet the needs of licensed family child care homes.
- Make connections between family child care providers, R&R agencies, county welfare departments, and child care associations.

Instructors have extensive experience working with children and families that are ethnically and culturally diverse. They are able to fluidly facilitate strategies to support adult transfer of knowledge. Workshops are facilitated in English, Spanish, Russian, Cantonese, Mandarin, Arabic, and Farsi, with translated curricula to support adult learning.

The program is supported by the California Department of Education, Early Learning and Care Division, which enables workshops to be offered at no charge to participants. For more information about Family Child Care at Its Best and its course offerings, go to <http://www.familychildcareatitsbest.org> or email FCCB@placercoe.k12.ca.us.

APPENDIX D

Desired Results for Children and Families

Desired Results (DR) is a system by which educators can document the progress made by children and families in achieving desired results.

Background of Desired Results for Children and Families

The DR system of the California Department of Education, Early Learning and Care Division (CDE/ELCD) is designed to improve the quality of programs and services provided to all children, birth through age 12, who are enrolled in early learning and care programs and before- and after-school programs, and their families. Desired Results are defined as conditions of well-being for children and families. Each Desired Result defines an overall outcome. The DR system was developed based on six Desired Results—four for children and two for their families.

Desired Results for Children and Families

DR1: Children are personally and socially competent

DR2: Children are effective learners

DR3: Children show physical and motor competence

DR4: Children are safe and healthy

DR5: Families support their child's learning and development

DR6: Families achieve their goals

The DR system implemented by the CDE is a comprehensive approach that facilitates the achievement of the DR identified for children and families. Cali-

fornia is one of the very few states in the nation that has developed its own system designed specifically for measuring child progress toward desired outcomes. The system is aligned to both the state's learning and development foundations for early learning and care programs and the content standards for kindergarten.

Components of the Desired Results System

The DR system consists of the following components:

1. Desired Results Developmental Profile (DRDP [2015]): A Developmental Continuum from Early Infancy to Early Kindergarten
2. Desired Results Parent Survey
3. Environment Rating Scales (ERS)
4. Program Self-Evaluation

1. Desired Results Developmental Profile: A Developmental Continuum from Early Infancy to Early Kindergarten

The DRDP assessment instruments are designed for teachers to observe, document, and reflect on the learning, development, and progress of children, birth through age 12,¹ who are enrolled in early

¹ In addition to the DRDP (2015), the DRDP-K (2015), and the DRDP-SA (2015) are available to assess kindergarten and school-age children. More information on all of the DRDP instruments and the DR system may be found at <https://www.desiredresults.us/>.

learning and care programs and before- and after-school programs. The assessment results are intended to be used by the teacher to plan curriculum for individual children and groups of children and to guide continuous program improvement.

The DRDP (2015) is a developmental continuum from birth to early kindergarten and is based on the previous DRDP instruments. It includes refinements made over the past several years and new elements that are essential to quality early childhood education. The DRDP (2015) is made up of eight domains (approaches to learning—self regulation, social—emotional development, language and literacy development, English language development, cognition: math, cognition: science, physical development—health, history and social science, and visual and performing arts). The focus of each domain is on the acquisition of knowledge, skills, or behaviors that reflect each domain’s developmental constructs. It aligns with the CDE’s Early Learning and Development Foundations.

2. Desired Results Parent Survey

The Parent Survey is designed to assist programs in gathering information from families about (1) the family members’ satisfaction with their child’s program and how it supports the child’s learning and development; and (2) family members’ perceptions of their progress toward reaching the two Desired Results identified for families. Families in the program are asked to complete the Parent Survey once a year and return it to their classroom. Families complete this survey anonymously to ensure that their opinions and concerns are kept confidential.

3. Environment Rating Scales

The ERS are used to measure the quality of the program environment (for example, child–teacher interactions, children’s interactions and activities, use

of language, health and safety practices, space, and materials). The ERS are required instruments for yearly program self-evaluation and used for the reviews conducted by CDE/ELCD program staff.

4. Program Self-Evaluation

The Program Self-Evaluation addresses: family and community involvement; governance and administration; funding; standards, assessment, and accountability; staffing and professional growth; opportunity and equal educational access; and approaches to teaching and learning. Program quality is assessed annually through the required self-evaluation and the reviews conducted by CDE/ELCD program staff.

How the DR System Works

The components of the DR system work together to inform and facilitate activities aimed at promoting high-quality programs for children in California. The DRDP (2015) assessment results provide the teacher with information about the level of development of each child and guides curriculum planning to support individual children’s learning. The Parent Survey provides families’ feedback on whether the programs meet their needs and the needs of their children. The ERS provide a system for assessing the learning environment and making improvements to the learning environment across a comprehensive set of items. The program self-evaluation reveals areas for program improvement that can be addressed by program staff and administrators.

The CDE/ELCD monitors the local agency’s use of the DR components to ensure continuous improvement of state-funded early learning and care programs. Support and technical assistance from the CDE increase program quality and the ability to identify broad trends for state-wide policy considerations.

At the program level, practitioners use the DR system to determine the extent to which children and families are demonstrating progress toward achieving the Desired Results. In addition, DRDP (2015) assessment results for individual children and classrooms are used by the teachers, family members, and program administrators to improve the experience of each child in their care and the quality of the program. This system enables programs to implement quality improvement activities for the benefit of participants.

The following publications address components of the system:

- *Best Practices for Planning Curriculum for Young Children: Family Partnerships and Culture*
- *Best Practices for Planning Curriculum for Young Children: Integrated Nature of Learning*
- *California Infant/Toddler Learning and Development Foundations*
- *California Preschool Curriculum Framework (three volumes)*
- *California Preschool Learning Foundations*
- *California Preschool Program Guidelines*
- *Guidelines for Early Learning in Childcare Home Settings*
- *Infant-Toddler Curriculum Framework*
- *Infant/Toddler Learning and Development Program Guidelines*
- *Preschool English Learners: Principles and Practices to Promote Language, Literacy, and Learning.*

APPENDIX E

State and Federal Laws Regarding People with Disabilities

State and federal laws provide protection for people with disabilities or other delays.

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act is federal legislation mandating special education for all eligible children. The Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) is the most recent reauthorization of the statute. The law has four parts: Part A covers the general purpose of the law and definitions; Part B addresses the requirements for the education of all children with disabilities from age three through age twenty-one; Part C covers the specific requirements for services to infants and toddlers (children from birth to thirty-six months) with disabilities and their families; and Part D authorizes national activities to improve special education services (research, personnel development, technical assistance, and state improvement grants).

The IDEA makes it possible for states and localities to receive federal funds to assist in the education of infants, toddlers, preschoolers, children, and youth with disabilities or other delays.

California's Early Start Program

Part C of the IDEA is the federal law that addresses services for infants and toddlers, and the California Early Intervention Services Act is the state law that

implements the IDEA. California's Early Start program is the state's early intervention program for infants and toddlers from birth through age thirty-six months and is guided by both federal and state law. The Department of Developmental Services is the lead agency for Early Start and collaborates with the Department of Education, Department of Social Services, and several other state agencies to provide services to infants and toddlers who have a developmental disability or who are at risk of developmental disabilities. Children and families eligible for the Early Start Program qualify for early intervention services. Regional centers share primary responsibility with local educational agencies (LEAs), such as school districts and county offices of education, for coordinating and providing early intervention services at the local level. Services may include specialized instruction, speech and language services, physical or occupational therapy, and transportation.

Infants and toddlers may be identified and referred to regional centers or LEAs through primary referral sources in their communities, including hospitals, health care providers, child care providers, LEAs, social service programs, or the child's family. Each infant or toddler referred to Early Start receives an evaluation to determine eligibility and an assessment to determine service needs if eligible. The individualized family service plan (IFSP) is the legal document that describes the services the child is receiving. IFSPs are reviewed at least every six months and

early learning and care providers are welcome to participate in these meetings with the permission of parents. The participation of early care and education (ECE) providers in these meetings could be especially important if the child is receiving any early intervention services on-site in the ECE setting.

Federal and state laws emphasize that early intervention services should be provided in “natural environments” whenever possible. Natural environments are those places where the child and family would be, such as the home or a child care program, if the child did not have a disability. Therefore, a parent may approach service providers about providing intervention services on-site in the child care program. Welcoming a therapist or an early interventionist into ECE settings is a positive way to promote inclusion and enriches the program as a whole.

Early Start also provides funding for 55 family resource centers to provide parent-to-parent support to families of infants and toddlers with disabilities or other delays. These Family Resource Centers/Networks (FRCNs) are staffed primarily by parents and provide support in a nonclinical, family-centered environment. FRCNs provide referral information and outreach to underserved populations, support child-find activities and family/professional collaborative activities, and assist families with transition.

California’s Unruh Civil Rights Act

Every state has the option of enacting provisions that provide more protection than the federal Americans with Disabilities Act (ADA). California has the Unruh Civil Rights Act, California Civil Code Section 51, which is much more expansive than the ADA and offers even broader protection for children with disabilities

or other delays. Unlike the ADA, it provides protection from discrimination by all business establishments in California, including housing and public accommodations. California’s law may even apply to religious entities, although there have not been published legal opinions where that has been tested.

Americans with Disabilities Act

The ADA is federal legislation that was passed in 1990. The ADA guarantees civil rights protections to people with disabilities in areas such as employment, transportation, and public accommodations, including child care. Both child care centers and family child care homes must comply with the ADA, whether they are privately or publicly funded. The only exemptions allowed are for religious organizations operating child care programs. The ADA provides protection to a child or adult who meets one of the following criteria:

- Has a physical or mental impairment that substantially limits one of the “major life activities”;
- Has a record of such an impairment;
- Is regarded as having an impairment; or
- Is associated with an individual with a disability.

The ADA mandates that “reasonable accommodations” be made for children with disabilities in child care. In most cases, the accommodations needed are quite simple and inexpensive to implement. For instance, a child with diabetes may need a snack at a different time or more frequently than other children; or a child who has difficulty making the transition to different activities may need a little extra time and support to do so. The ADA also makes it clear that the child care program may not charge families of children with disabilities higher fees than other families pay.

The ADA also mandates that architectural barriers to entering or using facilities be removed when this is “readily achievable.” This phrase means that those necessary changes that do not place “an undue burden” on a provider need to be made (“an undue burden” is defined as a “significant difficulty or expense”). Examples of readily achievable designs may involve rearranging furniture for a child with visual impairments, installing a handrail in the bathroom for a child who uses a walker, changing door hinges, or other similarly minor accommodations. By making these relatively simple accommodations, a child care provider complies with the ADA.

However, accommodation, in some instances, may involve more significant changes. Fortunately, tax credits and other resources can help offset the cost of more extensive alterations to the child care setting.

The ADA also acknowledges that a child may not be admitted to the child care program if the child would pose a direct threat to others, if the modification would fundamentally alter the program itself, or if the accommodation needed would be an undue hardship to the program. These exceptions are considered on an individual basis, and the law expects child care providers to work hard to include children with disabilities as often as possible.

For information about laws, consult the resources named below.

Americans with Disabilities Act

Disability Rights Section of Americans with Disabilities Act mailing address:
U.S. Department of Justice
Civil Rights Division
Disability Rights Section-NYA
950 Pennsylvania Avenue, NW
Washington, DC 20530
ADA Information Line: 800-514-0301

Website: <https://www.ada.gov/>
Child care page: <https://www.ada.gov/childqanda.htm>

Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act is a 13-page publication that explains how the requirements of the ADA apply to child care centers. It also describes some of the Department of Justice’s ongoing enforcement efforts in the child care area, as well as a resource list on sources of information on the ADA. This document is available at the website listed above. ADA regulations, technical assistance materials, and publications are available in standard print as well as in alternate formats for people with disabilities. Call the ADA Information Line 24 hours a day to order through the automated system.

Child Care Law Center

445 Church Street
San Francisco, CA 94114
Telephone: 415-558-8005
Fax: 415-394-7140
Email: info@childcarelaw.org
Website: <http://www.childcarelaw.org>

The Child Care Law Center (CCLC) is a national, nonprofit legal services organization founded in 1978. The CCLC’s primary objective is to use legal tools to foster the development of high-quality, affordable child care for every child, every parent, and every community. The CCLC works to expand child care options, particularly for low-income families, and to ensure that children are safe and nurtured in care outside the home. It is the only organization in the country that focuses exclusively on the complex legal issues surrounding the establishment and provision of child care.

Disability Rights Education & Defense Fund

3075 Adeline Street, Suite 210

Berkeley, CA 94703

Telephone: 510-644-2555

Fax/TTY: 510-841-8645

Email: info@dredf.org

Website: <https://www.dredf.org/>

The Disability Rights Education and Defense Fund, founded in 1979, is a leading national civil rights law and policy center directed by individuals with disabilities and parents who have children with disabilities.

APPENDIX F

Resources on Early Childhood

Inclusive Practice

The following resources were compiled and reviewed in January 2019, and the information was accurate as of that time.

California MAP to Inclusion & Belonging: Making Access Possible

751 Rancheros Drive, Suite 2
San Marcos, CA 92069
Telephone: 760-304-5200
Fax: 760-304-5252
Email: map@wested.org

Website: <https://www.cainclusion.org/camap/>

This comprehensive website for the California MAP to Inclusion and Belonging Project operates under the Center for Child and Family Studies at WestEd and is funded by the California Department of Education's Early Learning and Care Division. A portion is funded by the federal Child Care Development Fund Quality Improvement Allocation. This wide-ranging website is devoted to inclusion and disabilities.

California State Agencies

California Department of Developmental Services

1600 9th Street
Sacramento, CA 95814
P.O. Box 944202
Sacramento, CA 94244
Telephone: 916-654-1690
Website: <https://www.dds.ca.gov>

The California Department of Developmental Services (DDS) is the state agency that provides services and supports to children and adults with developmental disabilities. These disabilities include mental retardation, cerebral palsy, epilepsy, autism, and other conditions. The DDS is California's lead agency for services for children birth to three years of age, as defined under Part C of the Individuals with Disabilities Education Act. There are several web links for agencies and services related to Early Start:

- California Early Start: <https://www.dds.ca.gov/services/early-start/>
- Family Resource Center/Network: <https://www.dds.ca.gov/services/early-start/family-resource-center/>
- Regional Centers: <https://www.dds.ca.gov/rc/listings/>

California Department of Education, Early Learning and Care Division

1430 N Street, Suite 3410
Sacramento, CA 95814
Telephone: 916-322-6233
Fax: 916-323-6853
Website: <https://www.cde.ca.gov/re/di/or/cdd.asp>

The Early Learning and Care Division's mission is to provide leadership and support to all individuals and organizations concerned with children and families by promoting high-quality child development programs. The division works to educate the general public about developmentally appropriate practices for infants, toddlers,

preschoolers, and school-age children in a variety of safe and healthy child care and child development environments. It measures its success by the preponderance of children ready to learn when entering school and the number of school-age children who successfully continue their education. The goal is to have the combined efforts result in children and families being balanced, lifelong learners.

**California Department of Education,
Special Education Division**

1430 N Street, Suite 2401
Sacramento, CA 95814
Telephone: 916-445-4613
Fax: 916-327-3706
Website: <https://www.cde.ca.gov/re/di/or/sed.asp>

The home page for the California Department of Education, Special Education Division, links to current information about special education services and programs provided by the department.

**California Department of Health Care
Services, Children's Medical Services
Branch, California Children's Services
MS 8100**

P.O. Box 997413
Sacramento, CA 95899
Telephone: 916-327-1400
Fax: 916-327-1106
Website: <https://www.dhcs.ca.gov/services/Pages/CMS.aspx>
California Children's Services website:
<https://www.dhcs.ca.gov/services/ccs/Pages/ProgramOverview.aspx>

The Children's Medical Services Branch (CMS) provides a comprehensive system of health care for children through preventive screening, diagnoses, treatment, rehabilitation, and follow-up services. CMS is a full-scope management system for California Children's Services Program.

**California Department of Social
Services**

744 P Street
Sacramento, CA 95814
Telephone: 800-952-5253
Email: piar@dss.ca.gov
Website: <https://www.cdss.ca.gov>
Community Care Licensing Division
website: <https://www.cdss.ca.gov/infocources/community-care-licensing>

The mission of the California Department of Social Services is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.

First 5 California

California Children and Families
Commission
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833
Telephone: 916-263-1050
Fax: 916-263-1360
Email: info@ccfc.ca.gov
Website: <https://www.ccfc.ca.gov>

First 5 California, also known as the California Children and Families (CCF) Act of 1998, or Proposition 10, is dedicated to improving the lives of California's young children and their families through a comprehensive system of education, health services, childcare, and other crucial programs. Many of its activities include children with disabilities or other delays, and its website has links to local county CCF commissions and much more.

California Training and Technical Assistance Organizations

The organizations in this section provide technical assistance and training that may be useful to child care providers, preschool staff, afterschool staff, specialized service providers, or families who are developing or supporting an inclusive setting for children. State organizations are listed here. Information about local training and technical assistance may be available through a local child care resource and referral agency or a local Early Start family resource center (see below).

Beginning Together: Caring for Young Children with Disabilities in Inclusive Settings

Telephone: 760-304-5200

Fax: 760-304-5252

Email: beginningtogether@wested.org

Website: <https://cainclusion.org/bt/>

The purpose of Beginning Together is to ensure that children with disabilities or other delays are incorporated and appropriate inclusive practices are promoted in the training and technical assistance provided by the existing cadre of trainers in California. Beginning Together was created for the California Institute on Human Services, Sonoma State University, in collaboration with the California Department of Education, Early Learning and Care Division, and WestEd, Center for Child and Family Studies as an inclusion support to the PITC, and has since expanded to include trainers who support providers serving preschoolers. This is accomplished through a ‘training of trainers’ institute, regional outreach activities, revision/development of written materials, support to institute graduates, and support of inclusive practices in other PITC activities.

California Parent Organizations

Website: <https://www.cde.ca.gov/sp/se/qa/caprntorg.asp>

This website lists California agencies providing resources for families of children with disabilities, including Parent Training and Information Centers, California Community Parent Resource Centers, and Family Empowerment Centers.

California Services for Technical Assistance and Training

5789 State Farm Drive

Rohnert Park, CA 94928

Fax: 707-586-2735

Email: info@calstat.org

California Services for Technical Assistance and Training (CalSTAT) is a state-funded project by the California Department of Education, Special Education Division. The project supports and develops partnerships with schools and families by providing training, technical assistance, and resources to both special education and general education.

Center for Prevention & Early Intervention

1000 G Street, Suite 500

Sacramento, CA 95814

Telephone: 800-869-4337

Fax: 916-492-4002

Email: cpei@wested.org

Website: <https://www.wested.org/program/center-for-prevention-early-intervention/>

The Center for Prevention & Early Intervention (CPEI) provides training and technical assistance in policy development, translation of research to practice, systems evaluation, and implementation of evidence-based practices in support of children and youth (birth through age twenty-two) with, or at risk for, disabilities and their families.

Desired Results Access Project

Telephone: 800-673-9220

Email: info@draccess.org

Website: <https://www.draccess.org>

Desired Results Access Project assists the California Department of Education's Special Education Division in implementing the Desired Results Developmental Profile (DRDP) assessment system to measure the progress of California's infants and toddlers with Individualized Family Service Plans (IFSPs) who are reported in the CASEMIS system and preschool-age children (three to five years old not enrolled in transitional kindergarten or kindergarten) who have IEPs. The Desired Results access Project website offers information and resources to assist special educators, administrators, and families with participation in the Desired Results assessment system.

Family Resource Centers Network of California

1331 Garden Highway

Sacramento, CA 95833

Telephone: 916-993-7781

Fax: 916-285-1801

Email: info@frcnca.org

Website: <http://www.frcnca.org>

The Family Resource Centers Network of California (FRCNCA) is a coalition of California's 47 Early Start Family Resource Centers. Staffed by families of children with disabilities or other delays, the resource centers offer parent-to-parent support and help parents, families, and children locate and use needed services. They offer resources in many languages, which may include newsletters, resource libraries, websites, and support services, such as parent-to-parent groups, sibling support groups, warmlines, and information and referral for parents and professionals.

Kids Included Together

2820 Roosevelt Road, Suite 202

San Diego, CA 92106

Telephone: 858-225-5680

Fax: 619-758-0949

Website: <https://www.kit.org/>

Kids Included Together (KIT) was established to support the overall mission of Kids Included Together through training, technical assistance, and resources of the highest quality for staff in out-of-school-time programs at all levels of experience and interest. KIT utilizes a combination of the latest technology coupled with live presentations by dynamic and experienced trainers and practitioners to support providers in welcoming children with disabilities or other delays.

Least Restrictive Environment Resources Project

Telephone: 916-492-4013

Email: dmeinde@wested.org

Website: <https://cainclusion.org/camap/least-restrictive-environment-lre-resources-project/>

The Least Restrictive Environment Resources Project, operated by WestEd for the California Department of Education, develops resources for use by school districts and sites to improve services for all students. To achieve this goal, the project is establishing a network of leadership sites and consultants that focus on teacher training, mentoring, facilitating, technical assistance, and specialized materials.

Seeds of Partnership

10474 Mather Boulevard

P.O. Box 269003

Sacramento, CA 95826

Telephone: 916-228-2388

Fax: 916-228-2311

Email: rryan@scoe.net

Website: <https://www.seedsofpartnership.org/>

Seeds of Partnership assists special

educators, administrators, staff, and families involved in programs for children with disabilities or other delays. We aim to create or provide avenues and tools to increase improvement of partnerships, provide professional development resources, and tools that will assist Local Education Agencies seeking to improve their family engagement program practices and educational outcomes. This project is funded by the California Department of Education, Special Education Division, and is under the auspices of the Sacramento County Office of Education.

Professional Organizations

American Speech-Language-Hearing Association

2200 Research Boulevard
Rockville, MD 20850
Telephone: 800-498-2071
Website: <https://www.asha.org>

The American Speech-Language-Hearing Association (ASHA) is the professional, scientific, and credentialing association for more than 103,000 audiologists, speech-language pathologists, and speech, language, and hearing scientists. ASHA's mission is to ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively.

Division for Early Childhood of the Council for Exceptional Children

2900 Crystal Drive, Suite 100
Arlington, VA 22202-3557
Telephone: 888-232-7733
Fax: 855-678-1989
Email: service@cec.sped.org
Website: <https://www.dec-sped.org>

The Division for Early Childhood (DEC) promotes policies and advances evidence-based practices that support families and enhance the optimal development of young children birth to age eight

who have or are at risk for developmental delays and disabilities. DEC is an international membership organization for those who work with or on behalf of young children birth to age eight with disabilities and other delays and their families.

DEC Recommended Practices

Website: <https://www.dec-sped.org/dec-recommended-practices>

DEC Recommended Practices (2014) are a DEC initiative that bridges the gap between research and practice, offering guidance to parents and professionals who work with young children, birth through age five, who have or are at risk for developmental delays or disabilities. The updated set of practices consists of eight domains: leadership, assessment, environment, family, instruction, interaction, teaming and collaboration, and transition.

Infant Development Association of California

P.O. Box 188320
Sacramento, CA 95818
Telephone: 916-453-8801
Email: mail@idaofcal.org
Website: <https://www.idaofcal.org>

The Infant Development Association of California (IDA) is a non-profit grassroots organization of professionals from different disciplines, agencies, and service systems, as well as parents, who are committed to improving our early intervention service system. IDA advocates improved, effective prevention and early intervention services while providing information, education, and training to parents, professionals, decision makers, and others.

National Association for the Education of Young Children

1313 L Street, NW, Suite 500
Washington, DC 20005
Telephone: 202-232-8777 or 800-424-2460
Email: naeyc@naeyc.org
Website: <https://www.naeyc.org>

The National Association for the Education of Young Children (NAEYC) is the nation's largest organization of early childhood professionals and others dedicated to improving the quality of early childhood education programs for children birth through age eight. NAEYC's primary goals are to improve professional practice and working conditions in early childhood education and to build public understanding and support for high-quality early childhood programs.

ZERO TO THREE

1255 23rd Street, NW, Suite 350
Washington, DC 20037
Telephone: 202-638-1144
Website: <https://www.zerotothree.org>
Bookstore website: <https://www.zerotothree.org/resources/series/the-bookstore>
Telephone: 800-899-4301

ZERO TO THREE is a national, nonprofit organization dedicated solely to advancing the healthy development of babies and young children. ZERO TO THREE disseminates key developmental information, trains providers, promotes model approaches and standards of practice, and works to increase public awareness about the significance of the first three years of life.

National Disability and Inclusion Resources

Center for Inclusive Child Care

Concordia University
1282 Concordia Avenue
St. Paul, MN 55104
Telephone: 651-603-6265
Website: <https://www.inclusivechildcare.org>

The mission of the Center for Inclusive Child Care (CICC) is to create, promote, and support pathways to successful inclusive care for all children. The program is a comprehensive resource network for inclusive early childhood practitioners, school-age programs, and providers. The CICC provides leadership, administrative support, training, and consultation to early learning and care providers, school-age care providers, parents, and professionals in the field.

Disability Is Natural

Braveheart Press
P.O. Box 39076
San Antonio, TX 78218
Telephone: 210-320-0678
Website: <https://www.disabilityisnatural.com/>

The mission of Disability is Natural is to encourage new ways of thinking about developmental disabilities, in the belief that our attitudes drive our actions, and changes in our attitudes and actions can help create a society where all children and adults with developmental disabilities have opportunities to live the lives of their dreams and be included in all areas of life. This website created by Kathie Snow includes her widely used article on 'people-first language' and other resources to support inclusion. She challenges outdated ways of thinking and helps parents, people with disabilities, and professionals acquire new perceptions and attitudes—the first rung on the ladder of change.

Early Childhood Technical Assistance Center

CB 8040
Chapel Hill, NC 27599-8040
Telephone: 919-962-2001
Fax: 919-966-7463
Email: ectacenter@unc.edu
Website: <http://ectacenter.org/>

The Early Childhood Technical Assistance Center is funded by the Office of Special Education Programs to improve state early intervention and early childhood special education service systems, increase the implementation of effective practices, and enhance the outcomes of these programs for young children and their families.

Fathers Network

Telephone: 425-653-4286
Website: <https://fathersnetwork.org/>

The Fathers Network is a nonprofit organization that serves as an advocate for men and believes they are crucial to the lives of their families and children. The network provides supports and resources to fathers and families of children with developmental disabilities and chronic illness, as well as to the professionals who serve them.

Individuals with Disabilities Education Act**IDEA Partnership**

Website: <http://www.ideapartnership.org>

This website is part of a federal project to support the implementation of the Individuals with Disabilities Education Act (IDEA). The IDEA Partnership reflects the collaborative work of more than 50 national organizations, technical assistance providers, and organizations and agencies at the state and local level. The website answers questions about the IDEA and makes available the full text of the law and its regulations.

National Professional Development Center on Inclusion**Frank Porter Graham Child Development Institute**

The University of North Carolina at Chapel Hill
CB 8180
Chapel Hill, NC 27599
Telephone: 919-966-2622
Website: <https://npdci.fpg.unc.edu/>

The National Professional Development Center on Inclusion (NPDCI) works with states to ensure that early childhood teachers are prepared to educate and care for young children with disabilities in natural settings with their typically developing peers.

APPENDIX G

I Belong!

Checklist for Promoting Inclusive Practice for Infants and Toddlers with Disabilities or Other Delays

Use this checklist to assess your program’s inclusive practices for infants and toddlers. These indicators will help you think about and plan for ways to promote authentic belonging in your setting. Think about your teaching team as you consider each step.

Access	Yes or No?	Next Steps
We believe that all children can learn, and we have high expectations for every child to maximize his/her potential.		
We demonstrate respect for all children through words and actions (use people-first language, individualized care routines, etc.).		
We design the environment to encourage children’s exploration and autonomy, including the use of supportive positioning and/or adaptive equipment, as needed.		
We incorporate Universal Design for Learning (UDL) principles and practices into daily routines and experiences.		

Participation	Yes or No?	Next Steps
We create an atmosphere of belonging for all children and families.		
We promote social awareness and positive social relationships between children.		
We design and modify learning experiences to encourage children's participation to the best of their ability.		
We provide additional time and opportunities for children to practice skills.		

Supports	Yes or No?	Next Steps?
We work in partnership with families and specialized service providers to incorporate early intervention services/therapies into a child's daily routines and experiences.		
We acknowledge and build upon children's strengths and interests.		
We strengthen our knowledge and skills through professional development experiences.		

References

- Division for Early Childhood. 2014. *DEC Recommended Practices*. <https://www.dec-sped.org/dec-recommended-practices>.
- Division for Early Childhood/National Association for the Education of Young Children. 2009. *Early Childhood Inclusion: A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Chapel Hill: The University of North Carolina, FPG Child Development Institute.
- Universal Design for Learning (UDL) Checklist for Early Childhood Environments (BICC UDL Checklist PDF). 2013. Northampton Community College and Pennsylvania Developmental Disabilities Council. <https://northampton.edu/early-childhood-education/partnerships/building-inclusive-child-care/special-education-related-resources.htm>.
- Willis, C. 2009. *Teaching Infants, Toddlers, and Twos with Special Needs*. Beltsville, MD: Gryphon House.

7 Adaptations Used with the DRDP (2015)

	Augmentative or alternative communication system Methods of communication other than speech that allow a child who is unable to use spoken language to communicate.
	Alternative Mode for Written Language Methods of reading or writing used by a child who cannot see well enough to read or write or cannot hold and manipulate a writing utensil well enough to produce written symbols.
	Visual Support Adjustments to the environment that provide additional information to a child who has limited or reduced visual input.
	Assistive Equipment or Device Tools that make it possible or easier for a child to perform a task.
	Functional Positioning Strategic positioning and postural support that allow a child to have increased control of his body.
	Sensory Support Increasing or decreasing sensory input to facilitate a child's attention and interaction in the environment.
	Alternative Response Mode Recognition that a child might demonstrate mastery of a skill in a unique way.

- ➔ Adaptations are changes in the environment or differences in observed behavior that allow children with IFSPs and IEPs to be accurately assessed in their typical environments.
- ➔ Adaptations are used throughout the day, not only during assessment, to enable children to interact with their environment and ensure that assessors obtain the most valid measure of a child's skills.
- ➔ The adaptations for the DRDP (2015) have been developed so that the assessment will more accurately measure a child's abilities rather than the impact of a child's disability.



Napa County Office of Education, Research and Professional Development Center
Funded by California Department of Education, Special Education Division —
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For more information:
draccess.org/adaptations



APPENDIX I

Reasons for Concern That Your Child or a Child in Your Care May Need Special Help¹

This information may help to relieve or confirm any concerns you may have about a child's development.

Children develop at different rates and in different ways. Differences in development may be related to personality, temperament, or experiences. Some children may also have health needs that affect their development.

The first five years are very important in a child's life. The sooner a concern is identified, the sooner a child and family can receive specialized services to support growth and development. Parents, family members, and caregivers may have concerns about a child's development and seek help when needed. It is always a good idea for families to discuss any questions they may have with the child's doctor. Caregivers should discuss concerns with families to see how best to support them.

Risk Factors

The following factors may place children at greater risk for health and developmental concerns:

- Prematurity or low birth weight
- Vision or hearing difficulties
- Prenatal exposure or other types of exposure to drugs, alcohol, or tobacco
- Poor nutrition or difficulties eating (lacks nutritious foods, vitamins, proteins, or iron in diet)
- Exposure to lead-based paint (lick-

ing, eating, or sucking on lead-based painted doors, floors, furniture, toys, etc.)

- Environmental factors, such as abuse or neglect

Behaviors and Relationships

Some of the following behaviors may be cause for concern in any child regardless of age:

- Avoids being held, and does not like being touched
- Resists being calmed, and cannot be comforted
- Avoids or rarely makes eye contact with others
- By age four months, does not coo or smile when interacting with others
- By age one, does not play games, such as peek-a-boo or pat-a-cake or wave bye-bye
- By age two, does not imitate parent or caregiver doing everyday things, such as washing dishes, cooking, or brushing teeth
- By age three, does not play with others
- Acts aggressively on a regular basis, hurts self or others

Hearing

- Has frequent earaches
- Has had many ear, nose, or throat infections

¹ *Note:* The text has been reformatted from the brochure.

- Does not look where sounds or voices are coming from or react to loud noises
- Talks in a very loud or very low voice, or voice has an unusual sound
- Does not always respond when called from across a room even when it is for something that the child is usually interested in or likes
- Turns body so that the same ear is always turned toward a sound

Seeing

- Has reddened, watery eyes or crusty eyelids
- Rubs eyes frequently
- Closes one eye or tilts head when looking at an object
- Has difficulty following objects or looking at people when talked to
- Has difficulty focusing or making eye contact
- Usually holds books or objects very close to face or sits with face very close to television
- Has an eye or eyes that look crossed or turned, or eyes do not move together

Moving

- Has stiff arms or legs
- Pushes away or arches back when held close or cuddled
- By age four months, does not hold head up
- By age six months, does not roll over
- By age one, does not sit up or creep using hands and knees, or does not pick up small objects with finger and thumb
- By age two, does not walk alone, or has difficulty holding large crayons and scribbling
- By age three, shows poor coordination

and falls, stumbles a lot when running, or has difficulty turning pages in a book

- By age four, has difficulty standing on one foot for a short time
- By age five, does not skip or hop on one foot, or has difficulty drawing simple shapes

Communicating

- By age three months, does not coo or smile
- By age six months, does not babble to get attention
- By age one, does not respond differently to words, such as “night night” or “ball”
- By age one, does not say words to name people or objects, such as “mama” or “bottle,” or shake head “no”
- By age two, does not point to or name objects or people to express wants or needs
- By age two, does not use two-word phrases, such as “want juice” or “mama go”
- By age three, does not try to say familiar rhymes or songs
- By age three, cannot follow simple directions
- By age four, does not tell stories, whether real or make-believe, or ask questions
- By age four, does not talk so that adults outside the family can understand

Thinking

- By age one, has difficulty finding an object after seeing it hidden
- By age two, does not point to body parts when asked such questions as “Where’s your nose?”

- By age three, does not play make-believe games
- By age three, does not understand ideas, such as “more” or “one”
- By age four, does not answer simple questions, such as “What do you do when you are hungry?” or “What color is this?”
- By age five, does not understand the meaning of today, yesterday, or tomorrow

Concerns About a Child’s Development

If you have concerns about your child’s development, discuss them with your child’s doctor. The doctor may recommend calling the local regional center or special education program at either the school district or the county office of education. The family may also contact these agencies directly. If you have concerns about a child in your care, discuss your concerns with the family. This brochure may assist you in talking with the family about specific concerns.

Next Steps

Once contact is made with a regional center or school district, a representative of the agency will provide additional information about services and, if appropriate, make arrangements to have the child assessed. The child may qualify for special services. Parents must give written permission for the child to be assessed and receive special education or early intervention services, which are confidential and provided at no cost to the family. The family may also receive information about local Early Start Family Resource Centers and Family Empowerment Centers on Disability, which provide parent-to-parent support, resource materials, and other information.

Ages Birth to Three Years

Information on local resources regarding birth to age three may be obtained from the following agency:

California Department of Developmental Services

P.O. Box 944202
 Sacramento, CA 94244-2020 Telephone: 800-515-BABY (2229)
 Email: earlystart@dds.ca.gov
 Website: <https://www.dds.ca.gov/services/early-start/>

Ages Three to Five Years

Information on local resources regarding children age three to five may be obtained from the following organizations:

California Department of Education Special Education Division

1430 N Street, Suite 2401
 Sacramento, CA 95814
 Telephone: 916-445-4613
 Website: <https://www.cde.ca.gov/sp/se>

California Child Care Health Program

UCSF School of Nursing
 Department of Family Health Care
 Nursing
 2 Koret Way, Box 0606
 San Francisco, CA 94143-0606
 Telephone: 415-476-4695
 Email: abbey.alkon@ucsf.edu
 Website: <https://cchp.ucsf.edu/>

This brochure is available in English, Spanish, Vietnamese, Hmong, and Chinese. Ordering information is available at <https://cdep.klas.com>.

This brochure can be downloaded at

<https://www.cde.ca.gov/sp/se/fp/concerns.asp> or
<https://www.dds.ca.gov/services/early-start/>.

APPENDIX J

Child Development Permit Matrix with Alternative Qualification Options Indicated

Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five-Year Renewal
Assistant (Optional)	Option 1: 6 units of Early Childhood Education (ECE) or Child Development (CD)	None	Option 2: Accredited Home Economics and Related Occupations (HERO) program (including Regional Occupational Program (ROP))	Authorizes the holder to care for and assist in the development and instruction of children in a child care and development program under the supervision of an Associate Teacher, Teacher, Master Teacher, Site Supervisor, or Program Director.	105 hours of professional growth
Associate Teacher	Option 1: 12 units ECE/CD including core courses**	50 days of 3+ hours per day within 2 years	Option 2: Child Development Associate (CDA) Credential.	Authorizes the holder to provide service in the care, development, and instruction of children in a child care and development program, and supervise an Assistant and an aide.	Must complete 15 additional units toward a Teacher Permit. Must meet Teacher requirements within 10 years.
Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 General Education (GE) units*	175 days of 3+ hours per day within 4 years	Option 2: AA or higher in ECE/CD or related field with 3 units supervised field experience in ECE/CD setting	Authorizes the holder to provide service in the care, development and instruction of children in a child care and development program, and supervise an Associate Teacher, Assistant, and an aide.	105 hours of professional growth

Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five-Year Renewal
Master Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 GE units* plus 6 specialization units plus 2 adult supervision units	350 days of 3+ hours per day within 4 years	Option 2: BA or higher (does not have to be in ECE/CD) with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	Authorizes the holder to provide service in the care, development, and instruction of children in a child care and development program, and supervise a Teacher, Associate Teacher, Assistant, and an aide. The permit also authorizes the holder to serve as a coordinator of curriculum and staff development.	105 hours of professional growth
Site Supervisor	Option 1: AA (or 60 units) which includes: 24 ECE/CD units with core courses** plus 6 administration units plus 2 adult supervision units	350 days of 3+ hours per day within 4 years including at least 100 days of supervising adults	Option 2: BA or higher (does not have to be in ECE/CD) with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 3: Admin. credential *** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 4: Teaching credential**** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	Authorizes the holder to supervise a child care and development program operating at a single site; provide service in the care, development, and instruction of children in a child care and development program; and serve as a coordinator of curriculum and staff development.	105 hours of professional growth

Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five-Year Renewal
Program Director	<p>Option 1: BA or higher (does not have to be in ECE/CD) including:</p> <p>24 ECE/CD units with core courses** plus 6 administration units plus 2 adult supervision units</p>	One year of Site Supervisor experience	<p>Option 2: Admin. credential *** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or</p> <p>Option 3: Teaching credential**** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting, plus 6 units administration; or</p> <p>Option 4: Master's Degree in ECE/CD or Child/Human Development</p>	Authorizes the holder to supervise a child care and development program operating in a single site or multiple sites; provide service in the care, development, and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth

NOTE: All unit requirements listed above are semester units. All course work must be completed with a grade of C or better from a regionally accredited college. Spanish translation is available.

*One course in each of four general education categories, which are degree applicable: English/Language Arts; Math or Science; Social Sciences; Humanities and/or Fine Arts.

**Core courses include child/human growth and development; child/family/community or child and family relations; and programs/curriculum. You must have a minimum of three semester units or four quarter units in each of the core areas.

***Holders of the Administrative Services Credential may serve as a Site Supervisor or Program Director.

****A valid Multiple Subject or a Single Subject in Home Economics.

*****Professional growth hours must be completed under the guidance of a Professional Growth Advisor. Call 209-572-6080 for assistance in locating an advisor.

Glossary

administrator (see also program leader). An early childhood professional who may hold a wide variety of titles and positions in a wide variety of settings: operators of small or large family child care homes, with or without employees; directors of single-site programs; or site supervisors within multiple-site programs. Regardless of the size or characteristics of a particular setting, program leaders face similar issues and concerns.

Americans with Disabilities Act. The Americans with Disabilities Act is a piece of civil rights legislation that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life—to enjoy employment opportunities, to purchase goods and services, and to participate in state and local government programs and services.

assistive technology device. Any item, piece of equipment, or product system, whether acquired commercially off-the-shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability (Mistrett 2004).

authentic assessment. Authentic assessment refers to choosing assessment tools that rely on tasks that are close to the real-life experiences of the young children assessed and are used in everyday real-life contexts (McAfee, Leong, and Bedrova 2004).

brain plasticity. Plasticity, or neuroplasticity, describes how experiences reorganize neural pathways in the brain. Long-lasting functional changes in the brain occur when we learn new things or memorize new information. These changes in neural connections are what we call neuroplasticity.

children with disabilities or other delays. Children with a specific diagnosis and children who do not have a diagnosis but whose behavior, development or health affect their family's ability to maintain child care services. The disability or other delay may be as mild as a slight speech delay, or as complex as a mixed diagnosis of motor challenges, vision impairment, and cognitive delays. Generally, this includes those children who are between birth and age twenty-two who are protected by the ADA (CDE 2009).

cognitive flexibility. The ability to switch perspectives or the focus of attention and adjust to changed demands or priorities (Diamond et al. 2007).

cultural responsiveness. The ability to know and understand diverse cultures and cultural points of view. It stems from a deliberate effort to know, respect, and understand cultures that are different from one's own. A well-designed professional development program offers opportunities for program staff to develop cultural responsiveness. For example, teachers may be encouraged through professional development

activities to recognize that their own values and cultural predispositions are based on childhood experiences and current cultural influences in addition to professional training and experiences. By becoming aware of their cultural “lens,” teachers can gain insight into their practices and their responses to the children and families.

cultural transmission. Cultural learning, also called cultural transmission, is the way a group of people within a society or culture tend to learn and pass on information.

culturally responsive practices. Practices that reflect the ability to understand, communicate with, and effectively interact with people from different cultures. These practices include becoming aware of one’s own cultural perspective(s), engaging in dialogue with adult family members from different backgrounds to learn about each family’s cultural experiences and perspective(s), and adapting early learning and care to link or connect each child’s culturally based experiences at home with the experiences provided in the infant/toddler program.

differentiated planning. Differentiation means tailoring instruction to meet individual needs. Whether teachers differentiate content, process, products, or the learning environment, the use of ongoing assessment and flexible grouping makes this a successful approach to instruction.

dual language learners. Young children who are learning two or more languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language.

ecological perspective. The view or belief that interactions with others and the environment influence development.

electronic media. Media that rely on technology to broadcast or store information. Examples include television, radio, DVDs, computers, the internet, telephones, gaming consoles, and hand-held devices.

executive function skills. Core executive function skills are inhibition (e.g., self-control—resisting temptations and resisting acting impulsively) and interference control (e.g., selective attention and cognitive inhibition), working memory, and cognitive flexibility (including creatively thinking “outside the box,” seeing anything from different perspectives, and quickly and adapting to changed circumstances) (Diamond 2013).

epigenetics. Changes in organisms caused by modification of gene expression rather than alteration of the genetic code itself.

family-centered care. A strengths-based philosophy where families and teachers: recognize and respect one another’s knowledge and expertise, share information through two-way communication, share power and decision-making, acknowledge and respect diversity, and create networks of support (Keyser 2017).

family engagement. The concept of family engagement (versus parent involvement) recognizes all members of a child’s family (not just parents) and emphasizes the importance of the reciprocal relationship between families and schools. Family engagement occurs when there is an ongoing, reciprocal, and strengths-based partnership between families and their children’s early childhood education programs (Halgunseth et al. 2009). Principles of family engagement include: encouraging and validating family participation

in decision-making related to their children's education; consistent, two-way communication through multiple forms that are responsive to family's linguistic preference; collaboration and exchange of knowledge; collaboration between families and programs in creating learning activities in the home and community; creation of a home environment that values learning; collaboration between families and teachers in establishing home and school goals for children; and support and training for education professionals in creating a comprehensive system for promoting family engagement.

fictive kin. Fictive kinship is a term used by anthropologists and ethnographers to describe forms of kinship or social ties that are based on neither consanguineal (blood ties) nor affinal ("by marriage") ties, in contrast to true kinship ties (Henderson and Mapp 2002).

group identity. Group identity refers to a person's sense of belonging to a particular group.

home language. The primary language used by the child's family in the home environment. Some children may have more than one home language (for example, when one parent speaks Chinese and the other speaks English).

IDEA. The Individuals with Disabilities Education Act is a law ensuring services to children with disabilities (birth to age twenty-one) throughout the nation. It governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youths with disabilities.

inhibitory control. The ability to resist the temptation to go on "automatic" and to do what is needed to achieve goals (Gallinsky 2012).

integrated learning. Integrated learning identifies the process of young children building knowledge as they make sense of their everyday experiences. Learning in domains, such as mathematics, science, history/social studies, the arts, social-emotional development, and language, do not occur in isolation from each other. They are integrated into one's experience of making meaning out of actions, interactions, and the physical characteristics of things (CDE 2016, 14).

intentional teaching. Intentional teaching means teachers act with specific outcomes or goals in mind for all domains of children's development and learning. Intentional teachers use their knowledge, judgment, and expertise to organize learning experiences for children; when an unplanned situation arises, they can recognize a teaching opportunity and take advantage of it (Epstein 2015).

interactive media. Forms of electronic media with content designed to facilitate active and creative use by young children and to encourage social engagement with other children and adults (NAEYC and FRC 2012). Forms of interactive media include software programs, applications, broadcast media, the internet, e-books, and some children's television programming.

interdependence. The dependence of two or more people or things on each other.

internal working model. A mental representation of the interactions and organization of a person's attachment relationship. It enables a child to choose actions in order to reach goals in an attachment relationship. For example, the child knows what to do to regain the attention of a significant caregiver.

multiple means of engagement. Allowing children alternative ways to commu-

nicate or demonstrate what they know or what they are feeling, such as through gestures, sign language, or pictures.

multiple means of expression. Providing choices in the environment that facilitate learning by building on children's interests, experiences, knowledge, and skills—for example, providing a chair for a child who is interested in the sensory table, but uses a therapeutic walker.

multiple means of representation. Information presented in a variety of ways so the learning needs of all children are met. For example, it is important to speak clearly to children with auditory disabilities in an area with little or no background noise while also presenting information visually (such as with objects and pictures).

parallel process. Parallel process refers to the concept that “as we are nurtured, so we are enabled to nurture” (Heller and Gilkerson 2009, 11)

parent engagement. Parent engagement in schools is defined as parents and school staff working together to support and improve the learning, development, and health of children and adolescents.

participatory management. A democratic leadership model in which employees have a voice in making decisions that affect their lives.

pedagogical leadership. Support for teaching and learning, including articulating the program's philosophy to families and staff, defining the program's curriculum approach, supporting teachers in implementing curriculum, and establishing data-informed processes for continuous quality improvement.

pedagogical philosophy. A theory or approach to teaching.

people first language. Wording that puts the person before the disability, and

describes what a person has, not who a person is. People first language is the intentional use of positive and accurate descriptors to promote dignity, respect, freedom, and inclusion for all (Snow 2016).

prefrontal cortex. An area of the brain whose primary functions include executive function skills (including planning, working memory), cognitive skills, logic/reasoning, and self-control/inhibition of behavior.

program leader (see also administrator). An early childhood professional who may hold a wide variety of titles and positions in a wide variety of settings: operators of small or large family child care homes, with or without employees; directors of single-site programs; or site supervisors within multiple-site programs. Regardless of the size or characteristics of a particular setting, program leaders face similar issues and concerns.

reflective practice. Thoughtful consideration of thoughts, feelings, actions, and experiences when applying knowledge to practice. This is done to learn from experience and systematic exploration of other approaches or behaviors. Reflective practice may be most effective when supported by peer collaboration or professionals' coaching.

reflective supervision. Reflective supervision refers to several related ideas and approaches designed to help professionals consider, in the presence of another person, their thoughts, feelings, actions, and reactions as they work to support the healthy development of young children and their families.

relational family engagement. Relational family engagement is family engagement anchored in intentionally attending to the emotional quality of interactions,

with the understanding that parent–child relationships and teacher–child relationships are at the center of children’s positive long-term developmental and learning outcomes.

sensitive period. A time or period in the developing child’s life when they are more responsive to certain stimuli and may more easily master particular skills.

scaffolding. A process by which adults or capable peers provide a supportive structure to help children learn and play. Scaffolding is helpful when children are faced with a challenge that they can solve with a simple hint, question, or prompt.

school readiness. A multidimensional construct that refers to children’s readiness to learn. It includes children’s well-being and their physical (perceptual and motor), socio-emotional, cognitive, and language development as well as how they approach learning tasks.

specialized service providers. Professionals who work primarily with children and families who have special needs or who need services beyond what is typically provided by an early childhood educator. These providers are often early childhood special educators, but they might also include speech-language pathologists, occupational therapists, physical therapists, and specialists in low-incidence disabilities.

stakeholders. A group, organization, member, or system that affects or can be affected by an organization’s actions.

strengths-based approach. A strengths-based approach concentrates on the inherent strengths of individuals, families, groups, and organizations, drawing on personal strengths to aid recovery and empowerment.

summative assessments. Summative as-

sessments focus on outcomes, such as an assessment of children’s learning at the end of a school year. Summative assessments are contrasted with formative assessments, which document children’s ongoing learning.

teacher. An adult with education and care responsibilities in an early learning and care setting. Teachers include adults who interact directly with young children in preschool programs.

transformative family engagement.

A shared responsibility of families, schools and communities aimed at helping students learn and achieve. It is a continuous process from birth to third grade and beyond, and occurs across all the settings where children learn—creating environments that support parents and families as strong leaders and advocates for their children.

universal design for learning. An educational framework, based on research in the learning sciences, that guides the development of flexible learning environments and that can accommodate individual learning differences (Center for Applied Special Technology 2008). Also see: multiple means of engagement, expression, and representation.

working memory. The cognitive process that involves holding information in mind while mentally working with it or updating it (Gallinsky 2012).

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