

Welcome to Ohio's **Infant & Toddler Field Guide**





Infant Birth to 8 Months



Get the Complete Field Guide Online -**Including These ADDITIONAL Sections:**

Introduction (Sets the stage for understanding and using the Field Guide)

- What is the Field Guide
 Glossary
- Using the Field Guide
- Details of Vignette Layout
- Acknowledgments
- Resources Library
- References
- Vignette Table of Contents
- "More About" Listing
- Out of the Mouths of Babes
- Create Your Own Vignette



Mobile Infant Vignettes (6 to 18 Months)

Toddler Vignettes (16 to 36 Months)

Visit www.occrra.org to download any and all sections of the Infant & Toddler Field Guide.



What's Inside

These vignettes capture a moment in time in child care programs based on real-life challenges. The vignettes enable you to "see" and "hear" children and care teachers during play, learning, and caregiving routines and the interactions involved. After reading a vignette, the reader walks through a series of questions and possible teaching strategy solutions. These strategies are then woven into a final "Putting It All Together" vignette depicting a more developmentally appropriate child-teacher encounter.

- Vignette Table of Contents
- Details of Vignette Layout
- Infant Vignettes (Birth to 8 Months)

Create Your Own Vignette

Do you have a real-life situation that you would like to address? The "Create Your Own Vignette" Template provides you with the opportunity by taking you through the "Watch," "Ask Yourself/Give It a Try" and "Putting It All Together" process. You can create questions, strategies and possible resolutions by using the blank vignette template found in the Field Guide Introduction Section.

The South Carolina Department Of Social Services ABC Child Care Program











Vignette Table of Contents

In each vignette you can "see" and "hear" infants and their care teachers in action. Choose a vignette topic and turn to the page in the Infant section that you want to explore.

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CryingThroughout the Day	I-11
CryingFor No Obvious Reason	I-15
CryingEveryone at the Same Time	I-19
Into EverythingAs They Roam Around the Room	I-23
So AggressiveWith Others	I-27
Mouthing	I-31

Vignette Title	Page
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BitingTalking with Families	I-39
I Know I ShouldKeep Toys, Activity Areas Open All Day	I-43
I Know I ShouldGo Outside More Often	I-47
I Know I ShouldImplement Primary Caregiving	I-51
I Know I ShouldIndividualize Routines	1–55

Note: The vignette titles capture what care teachers commonly "say" or "ask" about specific topics. It is important to note that the titles may not be stating what teachers should do. You will need to read the vignette, questions and essential practices to understand how the title plays out in the vignette and what appropriate professional practices are implemented.

Want to Explore the Mobile Infant and Toddler Vignettes?

Download these age sections at www.occrra.org.

Age Group: Mobile Infant: 6 to 18 Months

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Vignette Title	Page
Climbing	M-59
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BitingHow to Stop It	M-67
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Why Won't TheyParticipate in Group Time?	M-75
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I Know I ShouldImplement Primary Caregiving	M-103
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(Continued on next page)

Age Group: Toddler: 16 to 36 Months

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Vignette Title	Page
CryingUpon Arrival	T-7
CryingThroughout the Day	T-11
CryingFor No Obvious Reason	T-15
CryingEveryone at the Same Time	T-19
Into EverythingThey Aren't Supposed to Be	T-23
Into EverythingAs They Roam Around the Room	T-27
Into EverythingTearing Things Off of the Wall	T-31
So AggressiveWith Others	T-35
So AggressiveWith Things	T-39
Mouthing	T- 43
Dumping	T- 47
Tantrumming	T-51
Running	T-55
Climbing	T-59
Throwing	T-63

Vignette Title	Page
BitingHow to Stop It	T-67
BitingTalking with Families	T-71
Why Won't TheyParticipate in Group Time?	T-75
Why Won't TheyStay on Their Cots at Nap Time?	T-79
Why Won't TheyFollow Directions?	T-83
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Getting Ready for PreschoolToo Much to Do	T-91
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I Know I ShouldIndividualize Routines	T-119
I Know I ShouldServe Meals Family Style	T-123

Some Vignette Topics Are Not Available for Certain Age Groups

While a majority of topics are presented in each of the three age groups, there are a few topics that are not. Some topics are not suitable for the age group represented, due either to the developmental stages of children or the appropriateness of the experience. For example, there are no vignettes on "Getting Them Ready for Preschool" for the infant and mobile infant age groups since directed school readiness activities are inappropriate for this age group.

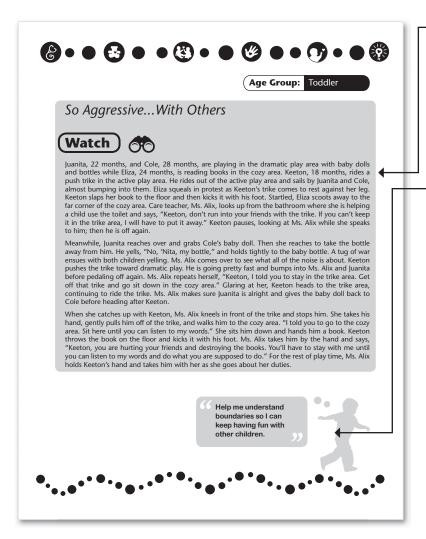
Use of Screen Time (TV/DVD/Video/Computer)

Hands-on opportunities in appropriate environments require children to use their sense of smell, touch, sight, hearing, and sometimes taste. These opportunities also involve the use of motor, cognitive, and emotional skills and often language and social skills, which are not utilized in passive screen time activities.

For this reason and following the national recommendations and the guidelines set by the American Academy of Pediatrics, the use of TVs/DVDs/videos/computers is not appropriate for children under the age of 24 months in any circumstance. It is best practice, and the Field Guide's recommendation, not to use any screen time experiences with children under the age of 36 months.

Each vignette is laid out similarly. Understanding each section will help you get the most out of the Field Guide.

What You'll Find on Page 1 of Each Vignette



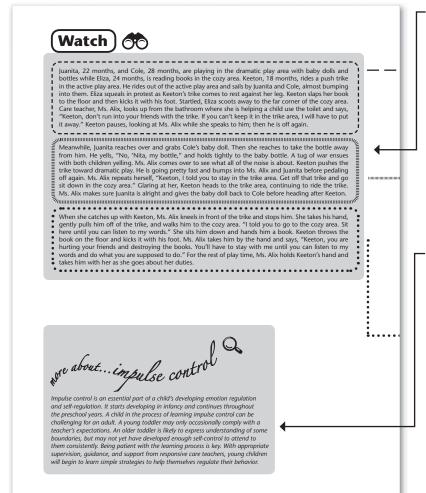
Watch

"Watch," the initial vignette, sets up an example of a real-life situation that a care teacher may experience. The care teacher's professional practices illustrated in the "Watch" vignette are not "wrong" but rather are practices that could be strengthened.

Child's Quote

The child's quote on the "Watch" page is "Out of the Mouth of Babes." The child is telling the reader what her needs are based on the ideas portrayed in the vignette. The development team titled this piece "One Thing Right Now"; the one thing we would like the reader to consider right now.

What You'll Find on Page 2 of Each Vignette



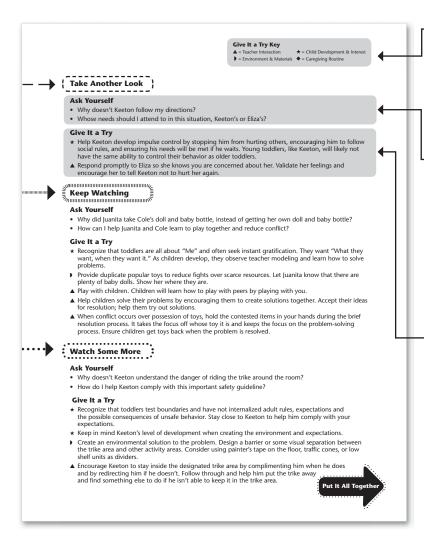
Watch

The "Watch" vignette is presented again so readers can drill down, "observe" and focus on what the child is experiencing. Revisiting the "scene" helps readers more clearly identify and clarify what is happening in the vignette. This can lead to a deeper understanding of the connection between interactions, environment, development and behaviors. The "Watch" vignette directly links to the next section found on page 3 of each vignette, "Ask Yourself/Give It a Try."

More About...

The "More About" paragraph expands on the vignette's content or a closely related topic. The "More About" provides additional insights and points to ponder. See pages Intro 16-17 for a complete listing of "More About" topics.

What You'll Find on Page 3 of Each Vignette



"Take Another Look" "Keep Watching" "Watch Some More" Each of these sections refers to specific paragraphs in the Watch Some More of the section of the s

Give It a Try Key:

The bullet point icons identify the "Give It a Try" professional practices that refer to teacher interaction (\triangle), environment & materials (\triangleright), child development & interest (\star) and caregiving routine (\diamond).

Ask Yourself

The "Ask Yourself" questions, written in the reader's voice, align to specific paragraphs in the "Watch" vignette. This enables you to consider questions that directly relate to child behaviors and professional practices. This approach of reviewing a scenario and asking questions is part of the reflective process.

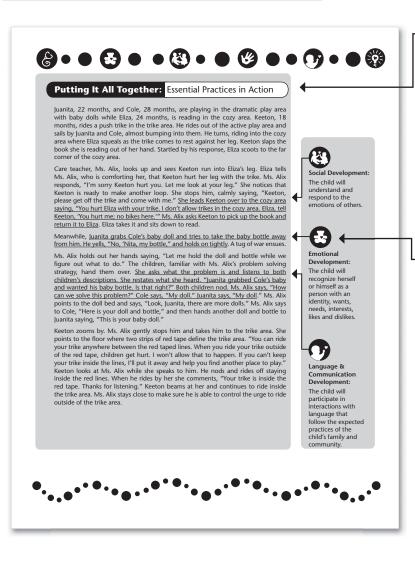
Give It a Try

"Give It a Try" presents possibilities to strengthen your professional practices, increase your knowledge and to reflect on your ideas and beliefs. Be open to trying new ideas and seeing what works and what doesn't. The suggested professional practices are options and do not represent a complete list. They do, however, illustrate essential professional practices that support the provision of relationship-based care that is responsive, respectful and reciprocal.

The "Ask Yourself/Give It a Try" strategy is based on The Program for Infant/Toddler Care's Watch, Ask, and Adapt; a process that utilizes the skills of observation, reflection and application to support care teaching.

Details of Vignette Layout

What You'll Find on Page 4 of Each Vignette



Putting It All Together

The "Putting It All Together" vignette is an expansion of the original "Watch" vignette and shows how the scenario might be different when the practices recommended in the "Ask Yourself" and "Give It a Try" are carried out. Of course, there is not one solution and there are many factors to take into consideration. What we do know is that knowledgeable, responsive, respectful and reciprocal care leads to meaningful, early experiences that last a lifetime.

Infant & Toddler Guidelines Connections

Ohio's Infant & Toddler Guidelines provide definitions and examples of infant and toddler development in six developmental domains from birth to 36 months. Each of the six developmental domains is represented with an icon that relates to the type of development described in the domain.

The Guidelines' icons, in the"Putting It All Together" section, connect a child's behavior/interaction with some of the six developmental domains and the Guidelines' indicator it represents. Though only one to three of the Guidelines' icons are aligned with a behavior in the "Putting It All Together" vignette, more developmental behaviors and connections can be identified throughout.

The Guidelines' Icons in the Vignette Highlight:

- How children's experiences directly relate to their development.
- How experiences can be intentional and unintentional and still affect development.
- How teachers should take advantage of opportunities and everyday encounters to support children's development; it isn't something extra teachers must do.
- How different developmental domains do not operate separately, but instead are inextricably woven together and are part of every care teaching decision you make.



Physical Health



Emotional Development



Social Development



Motor Development



Language & Communication Development



Cognitive Development



Age Group: Infant

Crying...Upon Arrival



Family child care teacher, Ms. Gabriella, is playing music and humming along as she goes about her morning routine with her babies. Two have already arrived. Linda, 4 months, is playing on the floor with a mobile and Henry, 8 months, is calming down for a nap in the cozy area.

When Marco, 3½ months, and his mother arrive, he is crying. His mom, Mrs. Ruiz, is frazzled because he cried during the drive and didn't calm down when she got him out of the car.

Ms. Gabriella notices that both Mrs. Ruiz and Marco are upset and goes over to try to help. She says, "Hi," to Mrs. Ruiz and then gets close to Marco's face and says, "Hi," in a cheery voice. Marco turns his head away and cries even louder. Still trying to help, she gets Marco out of his infant carrier. Marco arches his back and kicks his feet as she removes him. She takes him over to his crib and lays him down. He screams even louder.

"Why won't he stop crying?" Mrs. Ruiz asks. Ms. Gabriella shrugs, not knowing what she can say that might help. Mrs. Ruiz says, "Please call me if he doesn't quit," and hurries out the door leaving Marco still crying and Ms. Gabriella wondering what Mrs. Ruiz expects her to do.

I need everyone who cares for me to slow down and be patient with me as I start my day.



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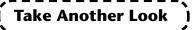
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nore about...arrival routine Q

A child's arrival routine is usually brief, though it is a very important routine of the day. This is when a child transitions from one caregiver to another and from one setting to another. Arrivals can also set the mood for the day for the child, parent and you. To start the day off on the right track for everyone, learn about the stages of separation. For instance, for younger infants separating from a parent usually goes more smoothly than for older infants. Learn each child's individual differences. For example, how she prefers to be approached, held and her sensitivities to the environment. Acknowledge the natural, and sometimes very strong, protective urges parents have, especially if their child is very young, when they transition their child into your care. Your flexibility, patience, understanding and professionalism will go a long way in building trusting relationships with the families you serve.

.....<u>..</u>

- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- What should I do when Marco and his mom first arrive?
- Should I try to help Marco first or communicate with his mother to understand what is going on?

Give It a Try

- ▲ Observe Marco and his mother when they arrive to get an idea of how the morning is going before approaching him.
- First, try to help Marco calm down by lowering the stimulation in the room. Turn the music off and turn down the lights.
- ▲ Lower your voice level when you talk to him and his mother. Empathize with Mrs. Ruiz's experiences during the transition. Comment on Marco's crying and how hard the transition might be for both of them.
- ▲ Plan and be prepared for the children's arrival.

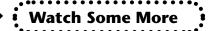


Ask Yourself

 Why does Marco turn away when I greet him? Why does he arch his back and resist getting out of his infant carrier?

Give It a Try

- ★ Recognize that children's body movements communicate what they are feeling. By turning away and arching his back, he is telling you he doesn't want to engage in interaction yet.
- ▲ Read his cues and be responsive to what his movements are telling you. Let Mrs. Ruiz remove Marco from the infant carrier or let Marco remain in the carrier while you converse with his mom, allowing him to warm up to the changes.



Ask Yourself

- What can I do to help Marco and his mother?
- What changes can be made so drop-off transitions are easier?

- ▲ Avoid over-stimulating Marco while he is in distress. Approach slowly, avoid sudden movements, talk softly, gently and describe to him what is occurring. Slow things down so as not to add to his distress and to give him time to prepare for the transition.
- ▲ Recognize Mrs. Ruiz's important role in helping Marco. Help her find a quiet place in the room. Encourage her to take a moment to be with Marco after he calms.
- ▲ Validate and share Mrs. Ruiz's concern about why Marco won't stop crying. Offer to help her figure it out.
- ◆ Ask Mrs. Ruiz about morning routines and listen to her input about transition difficulty. Rather than telling Mrs. Ruiz what to do, let her talk about the transition experience and try to understand what made the transition so hard. Then explore with her possible ways to make it better.
- ◆ Encourage Mrs. Ruiz to use the same routine every day to make it predictable.





Family child care teacher, Ms. Gabriella, is playing music and humming along as she goes about the morning routine with her babies. She knows the sequence and typical timing of her children's arrival and tries to be ready as children arrive to help them make the transition to the program. Two children have already arrived. Linda, 4 months, is playing on the floor with a mobile and Henry, 8 months, is calming down for a nap in the cozy area. To make the mornings go as smoothly as possible, she has made sure to give Linda a bottle and to get Henry settled into a place so he can relax and get ready to take a morning nap before her next child arrives.

When Marco, 3½ months, and his mother enter the room, he is crying. His mom, Mrs. Ruiz, is frazzled because he cried during the drive and didn't calm down when she got him out of the car. Although crying in the car is a typical experience, not calming down when he gets out of the car isn't.

Ms. Gabriella observes right away that both Mrs. Ruiz and Marco are upset and is responsive to the situation. She knows that Marco is highly sensitive to high levels of stimulation in the classroom. She turns off the music and lowers the lighting level by dimming some of the lights. Then she goes over to the arriving family and says, "Hi," to Mrs. Ruiz and watches Marco for a minute before saying in almost a whisper, "Hi Marco, you are not very happy right now. That was a long time to be in your carrier. Let's get you out so you can move your body." She looks at Mrs. Ruiz and says, "Long morning?" empathetically. Mrs. Ruiz sighs and says, "Yes." Knowing Marco needs time with his mom and to prepare for the transition, Ms. Gabriella tells Mrs. Ruiz that she will put away Marco's things. She suggests that Mrs. Ruiz take Marco out of the carrier and go over to a quiet corner in the room where a comfy platform rocker sits. Mrs. Ruiz and Marco make themselves comfortable in the rocker. After a few minutes of rocking, soothing and cuddling, Marco calms down and Mrs. Ruiz gets to spend a few moments with her now calm son before she hands Marco to his care teacher.

To learn how to possibly help Marco with the transition process, Ms. Gabriella asks, "Why do you think the mornings are hard for Marco?" As she listens, she realizes that Mrs. Ruiz is having trouble getting everything organized and to the car. She had put Marco in his car seat and then had to make several trips back in the house to get all of his things. During this back and forth, Marco started crying and never stopped. As she talked, Mrs. Ruiz realized that when Marco saw her come and go, he got anxious and that was the domino that started the morning cascade. She wonders whether packing Marco's things the evening before and then, in the morning, not putting him in his car seat until the last few items are loaded would help. Ms. Gabriella encourages her to try this idea, and suggests that she also plan to spend a few minutes with Marco in the rocker tomorrow to see if what worked today will help Marco transition tomorrow. After this conversation, Mrs. Ruiz goes off to work feeling like tomorrow will be a better day.



Emotional Development:

The child will express feelings through facial expressions, gestures and sounds.



Emotional Development:

The child will form relationships with consistent caregivers.



Emotional Development:

The child will recognize his or her own feelings.



Age Group:

Infant

Crying...Throughout the Day





Liana, 6 months, arrives with her uncle at the home of Ms. Heidi, her family child care teacher. Liana is fussing and fretting when she arrives. Ms. Heidi takes Liana from her uncle saying, "Good morning sweetie, why are you fussing this morning?" Uncle John tells Ms. Heidi about Liana's evening and reports that she slept well, finished a bottle just before they left home and that he isn't sure what could be bothering her. Ms. Heidi assures him as he leaves that Liana will be alright.

"Well Liana, sounds like you are ready to play since you just ate," says Ms. Heidi. She lays her on a blanket on the floor under a musical activity gym. Ms. Heidi plays with her for a minute or two, pushing several buttons on the musical gym. Liana kicks her feet and bats at the hanging rattles as Ms. Heidi looks on.

After a few minutes, Ms. Heidi goes to the kitchen to get Zachary a bottle. Liana starts fussing. Ms. Heidi returns, looks down at Liana and nicely says, "Your Uncle John said you can't be tired or hungry. Play with the musical gym." As Ms. Heidi talks, Liana calms down and gazes at her. As soon as Ms. Heidi moves out of her sight, she starts fussing.

Ms. Heidi returns to Liana. She plays a few "This Little Piggy" games with her toes. Liana is happy and content, squealing with laughter when the last little piggy goes "wee, wee, wee all the way home." When Ms. Heidi gets up to walk away, almost immediately Liana begins to fuss. Ms. Heidi is getting frustrated that her attempts to help Liana don't seem to be working for very long. She is only getting a moment or two to care for, and interact with, the other children before Liana gets upset. By the end of the day, Ms. Heidi feels like she has done nothing but respond to Liana all day long. She wonders if Liana is getting spoiled by her attentiveness.

Even when you are caring for others, I still need to know that you are caring for me.



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nore about... crying Q

Comforting a crying child, regardless of the reason for his distress, teaches a child that you are trustworthy and will meet his needs. A child whose needs are met promptly and compassionately is likely to develop other positive coping strategies instead of relying on crying behaviors. Keep in mind, crying doesn't necessarily mean "Hold me." Rather than picking up a crying child right away, try to discover what he needs. Position yourself so he can see you. Gently say comforting words. This response communicates "I know you need me, and I am here for you." Attending to a child in distress isn't spoiling him, it is teaching him he is valued and loved.

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- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- What is going on with Liana? She is rested and just ate, but she is still fussy.
- Why isn't Liana content playing with the musical gym? She usually enjoys it.

Give It a Try

- ◆ Check Liana for signs of illness or injury, for example, a rise in temperature, a rash, or sluggish behavior. Check to see if her clothing/diaper is too tight or pinching.
- Observe Liana's interaction with toys and materials. If she appears uninterested, try a different toy. Children's interests change as they learn new skills and like adults, children can become bored. Rotating toys encourages curiosity, helps develop new skills, and adds interest to a child's day.



Ask Yourself

- Why does Liana seem to need my attention to be happy and content?
- Will all of this attention spoil Liana?
- How can I take care of the other children if Liana needs so much attention?
- What can I do to help Liana learn to self-comfort and play on her own?

- ★ Realize you may be Liana's favorite "toy" at the moment. Children need conversation and engaging play time with adults to feel safe and to support their development.
- ▲ Respond to infants' cues. It will not spoil them; you are meeting their needs. Through consistent and responsive caregiving, children become secure and will become more comfortable not being in close proximity to you.
- ▲ Engage with Liana verbally when you are unable to engage with her physically, so you can be a secure base for her. Describe what you are doing and when you will be able to be with her again. Sing a favorite song, repeat a rhyme, and gaze at her so she knows you are still nearby and available to her.
- ▲ When Liana is playing on her own, stay nearby. Avoid the tendency to leave her just because she appears to be content. This teaches her that you are dependable and will be there to meet her needs even when you aren't close by.
- ▲ Watch for cues that indicate you need to reengage with her and do so before she begins to fuss. Help her learn that you know what she needs and will meet her needs.
- ▲ Play with and respond to children in pairs and small groups as well as individually. Position Liana near other children so you can take turns connecting with her visually, verbally, or physically. Give her the opportunity to see other children and watch what they are doing.
- ▶ Provide a variety of toys and materials within Liana's reach that she can explore on her own.





Liana, 6 months, arrives with her uncle at her family child care program. Liana is fussing and fretting when she arrives. Ms. Heidi takes Liana from her uncle saying, "Good morning sweetie, why are you fussing this morning?" Uncle John tells Ms. Heidi about Liana's evening and reports that she slept well, finished a bottle just before they left home and that he isn't sure what could be bothering her. Ms. Heidi assures him as he leaves that Liana will be alright.

Ms. Heidi conducts her daily morning health check and also checks to see if Liana's clothing may be too tight or irritating her since she is out of sorts this morning. Ms. Heidi also checks to see if Liana's diaper needs changed. All is fine.

"Well Liana, sounds like you are ready to play since you just ate," says Ms. Heidi. She lays her on a blanket on the floor under a musical activity gym. Ms. Heidi plays with her for a minute or two, pushing several buttons on the musical gym. <u>Happily, Liana kicks her feet and bats at the hanging rattles as Ms. Heidi looks on</u>.

Knowing Liana needs her near, Ms. Heidi repositions Liana and the musical gym so Liana can see the kitchen and tells Liana, "I have to get Zachary his bottle. I'll be right back and you can keep playing with the musical gym. Let's sing a song while I get the bottle." Liana can hear Ms. Heidi singing and intently watches the doorway for Ms. Heidi to reemerge. Liana has a frown but isn't fussing.

Liana begins to fuss when Ms. Heidi feeds Zachary his bottle. Ms. Heidi and Zachary move closer to Liana and Ms. Heidi talks to both Zachary and Liana. This pleases them both.

Once bottle feeding is over, Ms. Heidi offers Liana and Zachary each a rattle and spends a few minutes with them before changing Zachary's diaper. She holds a rattle in front of Liana so she can see it, and then places the rattle on the floor nearby. Liana looks at Ms. Heidi, then at the rattle, and reaches over to grab it. When Liana is engaged with the rattle, Ms. Heidi watches her play on her own. When Liana looks at her, Ms. Heidi smiles and talks to her about the rattle.

Ms. Heidi tells Liana, "I have to change Zachary's diaper now. Let's move you to the cozy area with your blanket, doll and rattle so you can watch me change Zachary's diaper. I'll be back as soon as I can." Once Liana is comfortable, Ms. Heidi starts the diaper change with Zachary. Almost immediately, Liana begins to fuss and fret. Ms. Heidi talks to her saying, "I hear you, Liana, I'm right here. I will be right over when I finish changing Zachary's diaper." Ms. Heidi softly sings, "Shake, shake, shake your rattle," to a made up tune. Liana stops fussing and listens to Ms. Heidi's voice while she fingers her blanket. When Zachary has a clean diaper and both have washed their hands, Ms. Heidi comes back over to Liana and lays Zachary nearby. She offers him a rattle and then turns to Liana and says, "I'm back just like I said I would be. I think Zachary likes rattles, too." Then she sings the rattle song again, alternately focusing on Liana and Zachary as she sings.



Motor Development:

The child will coordinate the movements of his or her body in order to move and to interact with the environment.



Emotional Development:

The child will recognize his or her own feelings.



Emotional Development:

The child will manage his or her internal state and feelings, as well as stimulation from the outside world.



Age Group:

Infant

Crying...For No Obvious Reason



Liam, 6 months, is a feisty baby. He has irregular eating and sleeping schedules, highly intense reactions, and a high sensitivity to stimulation in the environment. His primary care teacher, Mr. Jason, has learned to respond to his temperament and has a calming effect on him when he is in the classroom. Many times Liam is content and able to participate in activities. When Mr. Jason leaves for a break or at the end of his work day, Liam has a very hard time.

Different teachers are assigned to relieve Mr. Jason for his breaks and when he leaves for the day. The staff doesn't like to cover for Mr. Jason because of how difficult Liam can be when Mr. Jason is out of the classroom. The director lets staff rotate the responsibility so none of them has to deal with Liam every day.

Today, Ms. Chloe is covering Mr. Jason's break. When she comes into the classroom, Mr. Jason is in the rocking chair with Liam who is agitated and crying. She approaches Mr. Jason and Liam and asks loudly over Liam's crying, "How long has he been crying?" Mr. Jason says Liam is tired and needs a nap. He begins the process of transferring Liam to Ms. Chloe. Liam's crying intensifies as he is moved. Mr. Jason rubs Liam's head and tells Liam that he is leaving for his break. He promises that he will be back.

Ms. Chloe holds Liam in the rocker and begins rocking rapidly, putting a little bounce in the rock with her foot. She covers Liam's eyes with his blanket to screen out the light from the classroom and begins to hum a lullaby. Liam's crying intensifies, but Ms. Chloe persists. After a while, Ms. Chloe gets up from the rocker and starts walking around the classroom, bouncing Liam as she walks. He continues to cry. When nothing seems to be working, she puts Liam in his crib and leaves him to put himself to sleep as she takes care of the other children. When Mr. Jason returns, Liam is still in his crib crying and has not had a nap.

Care for me in ways that are especially soothing for me.



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nore about... temperament

Children are born with specific temperaments that affect how they respond and react to situations, people and the environment. Like children, we are also influenced by our temperament, but by drawing upon our life experiences and combining that with our ability to regulate our behavior, we are better able to deal with changes in our schedules and the environment. By understanding whether a child's temperament is flexible, cautious or feisty, and by implementing care teaching strategies that support different temperament types, you can be responsive to children's needs and help transitions go more smoothly for everyone.

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- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- Why does Liam have a hard time when I go on break?
- How can I help the break person respond to Liam's temperament so he does not have such a difficult time with a different teacher?

Give It a Try

- Understand that Liam has attached to you as his primary caregiver and you have learned how to respond to best meet his needs. Give Liam time to adjust to a new care teacher by overlapping shifts and slowly transferring his care to another teacher.
- ◆ Assign one or two consistent care teacher(s) to cover for the primary care teacher during breaks and at the end of the day.
- ★ Share information about Liam's temperament with the person who is covering for you. Also share what you know about how to modify interactions and responses to match Liam's temperament.



Ask Yourself

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• How can I help Ms. Chloe manage while I am on my break?

Give It a Try

- ◆ Ask Ms. Chloe to take a look at Liam's daily report when she comes into the classroom to find out what has happened during the day and what Liam might need next.
- ▲ Make a plan for Ms. Chloe to spend some time observing you with Liam, to observe the techniques that are successful and that might work when you are out of the room.



Ask Yourself

- What should Ms. Chloe do to help Liam get to sleep?
- After Ms. Chloe puts him in the crib, what else can she do to help Liam calm down?
- How long should I let Liam cry?

- ▶ Reduce the stimulation to help Liam make the transition to napping. Turn down the lights and limit the stimulation from the rocking and bouncing. Try soothing, gentle moves and/or quiet singing; watch for Liam's responses to the variations in caregiving to see what is working.
- ▲ Keep helping a child in distress. If other children need your attention, check in with Liam frequently after you put him into the crib so he won't feel like he has been abandoned. Show him you are still available by staying in view, making eye contact, and by periodically talking to him calmly and softly.
- ◆ After a few minutes in the crib, try again to help Liam. Try different strategies to help Liam calm down or repeat ones that you have seen Mr. Jason use that have worked in the past.





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The first thing Ms. Chloe does when she enters the room is check Liam's daily note sheet to see how his day is progressing. She notices that he has not had a nap all morning and wonders if this might be the cause of the crying. The teachers have learned that Liam does better if the transition isn't rushed. So, Ms. Chloe greets other children before approaching Liam. Kneeling by Mr. Jason, Ms. Chloe starts talking quietly for a few minutes, checking to see if he has any information she needs to have before his break. Liam hears her voice and notices that she has arrived in the classroom. Mr. Jason confirms that Liam needs a nap and passes him gently to Ms. Chloe. Both teachers anticipate that the transition will be upsetting to Liam, and it is. Mr. Jason tells Liam that he is leaving for his break but he will be back. Liam's crying intensifies as he is transferred.

Ms. Chloe holds Liam in the same way that Mr. Jason was holding him and sits down in the rocker. She rocks very slowly, avoiding rapid movements. She holds Liam's blanket near his face, without covering it, to screen out some the light from the classroom and hums his favorite lullaby very softly. Liam's crying persists. Ms. Chloe relaxes and holds his body so he can move his legs and arms as needed and continues the rocking and humming. After a few minutes, Liam begins to calm down and looks at Ms. Chloe. She smiles at him and says, "Hi, Liam, Mr. Jason is at lunch, and I am here to hold you until you go to sleep." He looks intently at Ms. Chloe and relaxes just a little more, his crying now just a whimper. After a few minutes of calm rocking and soft singing, Ms. Chloe is able to help Liam settle into his favorite go-to-sleep position and he falls sound asleep.

When she places him in his crib, Liam squirms and settles into the crib. Ms. Chloe waits for a moment, patting him gently. He opens his eyes and Ms. Chloe smiles at him. While she is staying close to Liam, she looks at the other children and smiles at them one by one. After a few minutes, Liam is still fidgeting and fussing. Ms. Chloe continues to pat Liam gently, gazing at him when he opens his eye to check if she is still with him. When Ms. Chloe is sure that Liam is asleep, she moves away to interact with the other children.



Emotional Development:

The child will recognize herself or himself as a person with an identity, wants, needs, interests, likes and dislikes.



Emotional Development:

The child will form relationships with consistent caregivers.



Emotional Development:

The child will manage his or her internal states and feelings, as well as stimulation from the outside word.



Age Group:

Infant

Crying...Everyone at the Same Time



Children arrived earlier than usual today in Ms. Sue and Ms. Shanequia's infant classroom. The teachers have had a busy time figuring out what each child needs. Louisa, 3 months, and her mother have just arrived. As Ms. Sue helps Louisa say good-bye to her mom, Louisa begins to cry. Ms. Sue goes through a list of possibilities in her head. First, she checks Louisa's diaper to see if it needs changing. It doesn't so she puts a bottle in the warmer for her. Louisa continues to cry, getting louder and louder. Soon several other children start crying.

Ms. Shanequia is sitting on the floor in the cozy area with Alana, 7 months, in her arms, Madeline, 5 months, in her lap, and Rosario, 9 months, on a blanket nearby. All three babies start to cry when they hear Louisa's cries. Rosario is trying her best to scoot over to her teacher so Ms. Shanequia moves closer to her and lets Rosario rest her head on her leg. Rosario stops crying for a moment and looks over at Madeline whose crying has intensified.

Daniel, 6 months, who has been playing contentedly, starts to fret. Ms. Sue says to him, "You are dry and fed. You don't need anything right now." Daniel looks up at Ms. Sue and his fretting escalates to crying. Ms. Sue kneels down near him and pats his back for a minute. His crying continues. She says, "I have to feed Louisa. You are not hungry. I'll be back after Louisa is finished drinking her bottle."

Ms. Sue sits down in a platform rocker and offers Louisa the bottle. Louisa has been upset for a while and continues to cry even with the bottle in her mouth. Ms. Sue decides to lay her down in her crib to see if she is sleepy. She lays her on her back and offers her a pacifier. Louisa refuses it. Then Ms. Sue rubs Louisa's cheek with her blanket to see if that will help her calm down. This seems to help a little so Ms. Sue continues. Louisa begins to calm down. In just a minute more, she is sound asleep.

Once Louisa is asleep, it only takes the other children a few moments to stop crying. Madeline and Rosario take a little longer and Alana continues to cry. After a couple more minutes, she calms down as well. The teachers exchange a quick look, communicating with each other how glad they are that all the crying has finally stopped!

I will react when I hear my friends cry. It is part of my social development.



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An infant use.

An infant uses different kinds of cries to tell you what he needs to make him feel better. An infant's cry signals the need for security from a care teacher he has an attachment to. It is how he expresses his feelings of sadness and distress, and his need for physical care. Infants also respond to the emotions of others, which is the earliest form of empathy. In early infancy this response is automatic; toward the end of this infancy stage, infants demonstrate an awareness of other's feelings. Acknowledging infants' awareness of others' emotions, for example, by saying, "Diego is sad, his dad left," helps infants connect behavior (crying) to emotion (sad) to reason (dad leaving). It helps infants learn about their own emotional reactions as well as understand what others are feeling.

Tarabana

- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- How do I stay calm when so many children need me?
- How do I begin to help the children in distress?

Give It a Try

- ◆ Take a few deep breaths to help you stay calm and focused.
- ◆ Ask for extra staff assistance so no child is in distress for longer than a couple of minutes.
- ★ Consider that the infants are "telling" you something; "listen" to what they need to ease their distress.
- Decrease stimulation in the environment by lowering your voice, dimming lights, and turning off background music.
- ▲ Talk to children who are upset and crying in a low, calm voice. Describe what you are doing and how you are trying to help. This will also help your stress.
- ▲ Provide physical comfort to the child in the most distress. Do not ignore any child.



Ask Yourself

- Why does Daniel become upset just as I am feeding Louisa?
- How do I help him calm down?
- What can I do to stop the cycle of crying?

Give It a Try

- ★ Understand that infants sense when other children are upset and respond in a similar manner.
- ▲ Use proximity when you can't pick up crying children. Get close and remind children that you are nearby and available emotionally even though you can't physically hold them.
- ▲ Validate how Daniel is feeling, use a soothing voice.
- Move Daniel to another area of the room that may allow him to focus on materials to play with. Keep him and all infants in view.
- ◆ Prepare for arrivals and other hectic times of the day.
- ★ Learn what triggers each child's crying and what comforts him.
- ▲ Help children find ways to comfort and regulate themselves. For example, offer a pacifier; give a child a favorite blanket or other transitional object (stuffed animal, Dad's t-shirt, etc.); try putting the child in a favorite position; or hold the child in your arms so she can scan the environment to watch what is happening.

Watch Some More

Ask Yourself

- Why won't Louisa take the bottle or the pacifier?
- What can I do to prevent future experiences like the one I experienced today?

- ★ Be patient as Louisa's emotional state changes. Read her cues to help you understand what she may need to calm down. Younger infants may take a few minutes to recognize that things are different.
- ▲ When things calm down, review what happened and determine what you can do to prevent contagious crying events like this one.
- Consider how communicating and working with families may ease transitions.





Children arrived early today in Ms. Sue and Ms. Shanequia's infant classroom. The teachers have had a busy time meeting each child's needs. Louisa, 3 months, has just arrived. As Ms. Sue helps her say good-bye to her mom, Louisa begins to cry. Ms. Sue checks Louisa's daily report to see if her mom left information about her care. She learns that Louisa has been fussy all morning. Ms. Sue checks Louisa's diaper and puts a bottle in the warmer. Louisa's cries get louder and louder. Soon, several other children are crying. Ms. Sue whispers softly to Louisa to help her calm down and attempts to lower the stimulation in the room by turning off some of the overhead lights.

Ms. Shanequia is sitting on the floor with three crying babies. Alana, 7 months, is on her shoulder, Madeline, 5 months, in her lap, and Rosario, 9 months, is on a blanket nearby. Ms. Shanequia is talking quietly to Alana. Rosario scoots closer to rest her head on Ms. Shanequia's leg and settles down. Madeline stops crying for a moment and looks over at Rosario who starts crying again. Ms. Shanequia puts Madeline down on a blanket, seats Alana next to her, and picks up Rosario. She retrieves Rosario's pacifier and blanket from her cubby. Ms. Shanequia offers the pacifier and blanket to Rosario who accepts them and calms down.

Daniel, 6 months, has started fussing. Ms. Sue knows he is likely responding to Louisa's distress. She sits down on an ottoman near Daniel and says, "Daniel, you hear Louisa's cry. I think she is hungry, so I put a bottle in the warmer. I am right here. Let's see what might interest you." As she jiggles Louisa gently on her shoulder, Ms. Sue offers Daniel several toys. He quiets as he looks from one toy to another, resting his gaze on a mirror. Ms. Sue makes sure he sees his image in the mirror before getting Louisa's bottle. On the way, she gets Louisa's favorite blanket out of her cubby.

Ms. Sue sits down in the rocker to feed Louisa. She has been upset for a while and it takes a few tries for her to realize that the bottle is in her mouth. Ms. Sue waits patiently, holding the bottle still and stroking her cheek gently. Louisa is still crying and not able to suck on the bottle. Ms. Sue decides to lay her down in her crib to see if she is sleepy. She puts her on her back in her crib, offers her the pacifier, and gently rubs her cheek with her blanket. Louisa refuses the pacifier but seems to like the blanket, so Ms. Sue uses it to continue rubbing her cheek slowly. After a few minutes, Ms. Sue tries the pacifier again. Louisa latches onto it and falls sound asleep. Ms. Sue returns the blanket to Louisa's cubby and joins Daniel on the floor. As soon as Louisa is quiet, it only takes the other children a few minutes to calm down. The teachers exchange a quick look, communicating how glad they are that the crying has stopped!

At the end of the day, Ms. Shanequia and Ms. Sue talk about how difficult the morning was for them. They decide to check in with families to update arrival times and eating and sleeping schedules. They will remind parents to write information about their children's routines at home on the daily report. Finally, the teachers will rearrange the space to provide a quiet place for babies when they are over stimulated by other children's crying and will seek creative ways to decrease the stimulation in the room.



Social Development:

The child will understand and respond to the emotions of others.



Emotional Development:

The child will manage his or her internal states and feelings, as well as stimulation from the outside world.



Cognitive Development:

The child will be able to remain focused on a task or object and to persist in the face of obstacles.





Age Group:

Infant

Into Everything...As They Roam Around the Room



Eight-month-old Dante has just started to attend his child care program. He is a busy little guy who loves to be on the floor where he can scoot around on his stomach and find interesting things to explore. Ms. Delores has given Ellie, 11 months, a variety of nutritious finger foods. Ellie puts one bite of food into her mouth and drops another piece onto the floor.

It doesn't take long before Dante scoots over to the feeding area and picks up the interesting bites from the floor. He grabs a green pea and a cube of fresh peach and pops them into his mouth. Ms. Delores notices and says in a firm voice, "Dante, move away. You can't eat food from the floor!" Not wanting to leave Ellie when she is eating, Ms. Delores sits him up a couple of feet from the highchairs, handing him a plush toy.

Dante, not interested in the plush toy, spies a basket of snap-beads which he soon tips over. Shaking them and realizing they don't make noise, he scoots to the manipulatives shelf and bats at the toys on the bottom row, tipping them in the process. He also finds a soft baby doll with a hat on her head. He pulls the hat off, takes a good look, and then pops the hat into his mouth. Co-teacher Ms. Keisha, seeing Dante in action, removes the doll hat from his mouth and hands him a teething ring.

Unsatisfied, he scoots to Cherish, 5 months, who is lying under a floor gym kicking and batting at the toys hanging from it. He is fascinated by Cherish and the hanging toys and nudges against her to play. Ms. Keisha says to Dante, "There isn't room for you here, let Cherish play. Why don't you look at some books?" She moves him to the book space and hands him a book. He looks at the cover briefly, scans the room and is off again.

I learn on the go!



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nore about... moving learning

Infants are curious and compelled to move and explore. Through movement, babies make discoveries about themselves, the environment and gain a sense of mastery. By using large muscles (legs, arm, trunk of body), coordinating movements and balancing, a child moves through the environment and strengthens other developmental domains. For instance, his ability to move plays a big role in his social interactions with peers. She has access to materials to use her small muscles (fingers, hands) by picking an object up, turning it over, and moving its different pieces. He is building thinking skills, which is cognitive development. He learns how items fit into space, if there is a reaction to his action and how an item is like or unlike another item (grouping and categorizing). It is important to give all children the ability to move about their environment and interact with peers and materials. Some children will need your assistance.

- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- How do I keep the feeding space separate from the children's play areas?
- How can I be responsive to Dante's interest in food?
- What can I do to maintain a healthful and safe feeding environment?

Give It a Try

- Create intriguing spaces with a variety of interesting objects for Dante to explore so dropped food is not his focus.
- Position yourself so you can monitor children at play when you are feeding others. Talk to Dante during his play so he knows you are there for him.
- Consider if Dante is hungry. Infants' feeding schedules change as they grow. Observe Dante's behavior. Talk with his family about changes in routine he may be experiencing at home, and about the feeding care practices at the program.
- ♦ Never leave children who are eating unattended. Maintain visual contact and stay in close proximity. Being able to hear the child is not enough, because choking occurs without sounds.
- ▲ Interact with children while they eat. This may reduce the time Ellie spends playing with her food. Your responsive interactions strengthen your relationship with her.
- Remove food and quickly clean the floor as soon as feeding is over. Make intermittent clean up a part of your routine throughout the day. Thorough cleaning should be done at the beginning or end of the day.



Ask Yourself

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- How can I encourage Dante to play with materials, instead of roaming around the room?
- How can I create an interesting learning environment?
- Why is it recommended to avoid using infant swings and Exersaucers in infant care?

- ▲ Engage Dante. Make eye contact often, and talk with him about his activities.
- ▲ Involve support staff or co-teachers in play alongside Dante.
- Offer a variety of intriguing and developmentally appropriate toys for the varying abilities of children. Materials should not be too easy or too hard to use. They should be slightly challenging so children can practice emerging skills. Rotate toys to engage Dante's curiosity.
- ★ Understand that babies use their senses and emerging physical skills to learn about people and objects. They like to touch things and put them in their mouths.
- Distribute materials throughout the room to support Dante's desire to explore. Provide duplicate materials to reduce conflict.
- Resist the urge to restrain Dante from age appropriate exploration, which is significant to his development. Rearrange the room to accommodate his natural interest in the objects around him, allowing for supervision and safety.





Eight-month-old Dante has just started to attend his child care program. He is a busy little guy who loves to be on the floor where he can scoot around on his stomach and find interesting things to explore.

Ms. Delores has given Ellie, 11 months, a variety of nutritious finger foods. Seated in a child-sized chair at a table, Ellie eats enthusiastically, getting most of the food in her mouth, but a few pieces end up on the floor. "Ellie," Ms. Delores says with a smile. When Ellie tries to drop another piece of food, Ms. Delores raises her hand to block the drop.

It doesn't take long before Dante scoots over to the feeding area. Co-teacher Ms. Keisha is keeping an eye on Dante and asks Ms. Delores if she would like her to redirect Dante. Ms. Delores says, "Let's see if he is hungry first." Ms. Delores says to Dante, "I am feeding Ellie. If you want some food, I'll get you a feeding chair and you can join us." She offers to pick him up but he turns away from her. She knows this means he is not interested in eating.

"Ms. Keisha, Dante isn't hungry. Would you and he like to play?" Ms. Delores asks. Ms. Keisha and Dante giggle and "talk" about what to play with before joining other children playing with musical instruments where Dante begins to make music.

Observing that Dante is now starting to become mobile, Ms. Delores and Ms. Keisha have rotated materials into the environment that he can manipulate and experiment with. Dante soon scoots off, eyeing the new toys on the shelf including a textured sensory inchworm, a mirrored rollie bowl, small wood activity cubes, and a cloth bowl-n-fish set. Ms. Keisha calls to Dante, "Dante, you found the activity cubes. What can you do with them?" Dante is fascinated with the sounds and movements within the cubes as he explores them. Then he discovers how to shake one of the cubes. Shaking it again and again, he listens to the sound it makes and smiles with delight.



Motor Development:

The child will develop the skill to coordinate the use of his or her tongue and mouth in order to suck, swallow and eventually chew.



Language & Communication Development:

The child will convey a message or transfer information to another person.



Motor Development:

The child will coordinate the use of his or her hands, fingers and sight in order to manipulate objects in the environment.



Age Group:

Infant

So Aggressive...With Others



Jenna, 4 months, and Kaleb, 5 months, are lying on a thin, soft blanket on a patch of grass at their family child care program. Jenna is looking up through the tree branches and kicking her feet happily. Kaleb is on his stomach, lifting his head to scan the environment. Eight-month-old Idalia is sitting near Jenna's feet pulling on the grass blades in front of her. Care teacher, Ms. Vivien, sits on the blanket watching the activity of all three babies.

When Jenna makes some cooing sounds, Idalia turns toward her and rolls onto her stomach. The babies are quite close to each other now, almost face to face. Idalia reaches out with her hand and rakes it across Jenna's face. Jenna's reaction is immediate – she starts crying and blinking her eyes as Idalia's hand swipes her face. Ms. Vivien springs into action and gently holds Idalia's hands saying, "No hitting, Idalia." Then she sits Idalia back up.

Idalia turns her attention to Kaleb who has rolled over on his back and is looking intently at his hands with the leaves of the trees behind them. Kaleb "talks" while looking at his hands, babbling with the inflection and rhythm of the adult talk he hears around him. Idalia gets on all fours, lunging forward until she is eye level with Kaleb. She grabs his hand and holds on tight. Kaleb looks over at her and grunts, trying to pull his hand away. He can't so he starts to fuss. Ms. Vivien turns to see what is going on and immediately pulls Idalia away from Kaleb saying, "Leave him alone, Idalia, stop bothering him."

Slightly frustrated that Idalia is requiring so much attention and is bothering the other babies, Ms. Vivien puts Idalia into an infant seat next to her where Idalia can still see her peers; Ms. Vivien hands her a rattle. Idalia arches her back, drops the rattle and starts to cry. Ms. Vivien talks gently to her, but Idalia continues to fuss. Eventually, her resistance and crying stop and she sucks her thumb.

I'm exploring – not trying to hurt my friends. Separating me from them doesn't help. It makes me sad and fussy.



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When Jenna makes some cooing sounds, Idalia turns toward her and rolls onto her stomach. The babies are quite close to each other now, almost face to face. Idalia reaches out with her hand and rakes it across Jenna's face. Jenna's reaction is immediate – she starts crying and blinking her eyes as Idalia's hand swipes her face. Ms. Vivien springs into action and gently holds Idalia's hands saying, "No hitting, Idalia." Then she sits Idalia back up.

Idalia turns her attention to Kaleb with the leaves of the trees behind them. Kaleb tank inflection and rhythm of the adult talk he hears around him. Idalia gets of she is eye level with Kaleb. She grabs his hand and holds on tight. Kaleb looks over a trying to pull his hand away. He can't so he starts to fuss. Ms. Vivien turns to see what is going on and immediately pulls Idalia away from Kaleb saying, "Leave him alone, Idalia, stop bothering him."

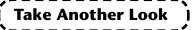
Interpret to her where Idalia can still see her peers; Ms. Vivien hands her a rattle.

In the cry. Ms. Vivien talks gently to her, but Idalia continues her thumb.

nore about... interactions

What is the first thing most people want to do when they see a baby? Touch her of course, with a stroke to her head or arm. Or give her foot a gentle squeeze. Children, including infants and toddlers, want to do the same thing – who can resist a baby? An infant sees an adorable baby next to him and then out goes the hand for a pat, which may turn into a hit or scratch. There are no aggressive intentions, just curiosity and undeveloped motor and cognitive (thinking) skills that will develop with time. Stay close and guide infants in discovering their remarkable peers.

- ▲ = Teacher Interaction
- ★ = Child Development & Interest
- = Environment & Materials ◆ = Caregiving Routine



Ask Yourself

- Why is Idalia aggressive with Jenna?
- How do I keep Idalia from hurting the other children?

Give It a Try

- ★ Recognize that infants are curious about everything around them, including their peers. What Idalia is doing isn't wrong; her intention is not to harm, but to explore and learn.
- ▲ Keep infants safe by putting a little distance between them, but keep them close enough for visual and vocal interaction. When they creep close to others, stay close to prevent unintentional hitting, or scratching; reposition if needed.
- ▲ Engage Idalia. Validate her interests by looking where she looks, listening and repeating her vocalizations, and using a gentle touch to keep her from hurting others.



Ask Yourself

- Whose needs do I attend to first, Kaleb, who is in distress, or Idalia who is upsetting him?
- How do I respond to Idalia's behavior now that she has new motor skills?
- How do I teach Idalia to touch softly?

Give It a Try

- ▲ Respond promptly to Kaleb. Comfort him with your voice and touch, recognize his feelings, and validate that Idalia is too close. Gently guide Idalia's hand away from Kaleb telling her Kaleb doesn't want to be touched.
- Celebrate Idalia's ability to move and interact with the world around her. Give her room to practice her new skills; lay objects of interest near Idalia, but out of her reach to spark her curiosity.
- ★ Set realistic expectations for an infant's small and large muscle skills, as well as her ability for appropriate social interactions.
- ▲ Place your hand over Idalia's to show her how to touch gently.

Watch Some More

Ask Yourself

- What message is Idalia getting when placed in an infant seat?
- Though I am proud of Idalia's new skills, they are frustrating for me to deal with. What can I do?

- Avoid restraining Idalia. She learns from the opportunities to explore and practice emerging skills.
- ▲ Be sensitive to Idalia's verbal and non-verbal cues crying and arching her back. Describe her actions and your response to her needs by telling her, "I can tell you don't want to be in the infant seat when you arch your back and cry. How about I get your blanket for you to scoot around on?"
- A Accept that Idalia's actions evoke strong feelings in you. Find ways to reflect on the emotional aspects of your work. Develop strategies to manage feelings of frustration such as taking deep breaths, talking with a respected colleague, and possibly learning more activities to use with Idalia.





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As Jenna starts cooing, Idalia turns toward her and rolls onto her stomach. Ms. Vivien comments, "You heard Jenna talking. You went from sitting to lying on your stomach." The babies are quite close to each other now, almost face to face. Ms. Vivien notices that the two are intently looking at each other, and realizes that Jenna seems a little unsure about having Idalia so close. Knowing that Idalia is curious and is developing new large muscle skills, Ms. Vivien moves closer to them. Idalia reaches out toward Jenna's face and Ms. Vivien gently stops Idalia's hand, leans in and says to her, "Idalia, you are very close to Jenna. Touch her gently." Taking Idalia's hand she gently strokes Jenna's arm. Jenna turns her head and smiles at Idalia when she sees Idalia's smiling face. Idalia reaches her hand toward Jenna's face. Ms. Vivien intercepts her hand and helps her touch Jenna's face softly. Jenna turns her face away. Ms. Vivien says, "See Idalia, Jenna thinks you are too close. Let's move her so no one accidently gets hurt." She scoots Jenna away from Idalia.

Idalia turns her attention to Kaleb who has rolled over on his back and is looking intently at his hands with the leaves of the trees behind them. Kaleb "talks" to his hands, babbling with the sounds and rhythm of the adult talk he hears around him. Idalia gets on all fours, lunging forward until she is eye level with Kaleb. She grabs his hand and holds on tight. Kaleb looks over at her and grunts, trying to pull his hand away. He can't so he starts to fuss. Ms. Vivien moves Kaleb saying, "It looks like you don't want Idalia to hold your hand so tight." Then she talks to Idalia, "Idalia, Kaleb doesn't want to hold your hand right now. I'm going to move you so you have room to practice scooting forward." She repositions Idalia so there is room for her to scoot without touching Kaleb.

Soon Idalia is too close to Kaleb again. Ms. Vivien is frustrated that Idalia got too close so quickly. She takes a deep breath as she figures out what to do next. She knows that Idalia is trying to interact with Kaleb. She thinks about getting an infant seat to restrict Idalia's movements but rejects that idea because not only is Idalia enjoying scooting and moving around, she is developing large muscle skills. Her freedom to explore teaches her about spatial relations and builds her self-awareness and confidence. Jenna and Kaleb enjoy her company, too. Ms. Vivien decides to offer Idalia another alternative. Laying out an extra blanket, near Jenna and Kaleb's blanket, Ms. Vivien tells Idalia, "I laid out a blanket and toys for you so everyone can have more space." She repositions herself so she can watch and interact with everyone as they play.



Emotional Development:

The child will manage his or her behavior.



Cognitive Development:

The child will understand how things move and fit into space.



Social Development:

The child will engage with other children.



Age Group:

Infant

Mouthing



Samira, 6 months, is awake, alert, and playing on the floor at the home of her family child care teacher Ms. Neema. A safety play mirror inset in a cloth frame and a 3-inch sensory ball are in front of Samira who is lying on her stomach with Ms. Neema sitting nearby.

Samira picks up the sensory ball and examines it intently. She tries to fit it into her mouth, but Ms. Neema gently holds her hand away from her mouth saying, "No chewing on the ball. It is for holding and looking at." Ms. Neema doesn't like for infants to mouth toys. She knows mouthed toys spread germs and she wants children to learn that food, not toys, go into their mouths. Samira, however, is persistent and puts the ball up against her mouth when Ms. Neema releases her hand.

Tiring of lying on her stomach, Samira rolls over on her back. Ms. Neema hands Samira the play mirror which she grips with both hands. Samira tips the mirror and pulls the cloth frame to her mouth. Ms. Neema stops her, turning the mirror toward Samira's face saying, "Take a look, Samira, you can see your face." Uninterested, Samira puts the frame of the mirror back in her mouth. When she loses her grip on the mirror, Ms. Neema lays it on top of the shelf to wash later, sighing at her inability to keep the toys out of Samira's mouth.

I am learning about the world around me when I mouth objects. Please be sure these items are safe for me.



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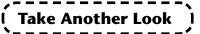
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pore about... mouthing Q

Young children learn by using all of their senses. This includes using mouthing to learn the differences in textures, density (hard/soft), how things fit in space, and how they taste. This enables them to make connections and categorize items in their environment as a foundation for further learning. However, infants and mobile infants are too young to know the difference between what should or shouldn't be mouthed so it is the care teacher's job to provide a variety of safe items for children to explore. As children grow with the support of knowledgeable and responsive care teachers, they will come to learn what should/should not be mouthed and the appropriate way to use materials.

- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- What do infants learn by putting things in their mouths?
- How can I keep a clean and sanitary environment?

Give It a Try

- ★ Recognize that infants learn by using all of their senses. This includes using mouthing, also known as oral exploration. Samira is learning about textures, density (hard/soft), how things fit in space, and how they taste.
- ★ Consider that Samira is coordinating her oral muscle movements (use of tongue, chewing) by mouthing objects and is strengthening small muscle skills (hands, fingers) by moving objects to/from her mouth.
- ★ Resist the urge to stop infants from mouthing; it is an important form of learning.
- Develop and use an easy system for removing toys from play and cleaning/sanitizing toys that have been mouthed. Put mouthed/unsanitary toys into a soiled toy container, which is easily accessible to adults. Set a schedule to properly clean and sanitize toys frequently.
- Immediately remove a mouthed toy from play once the infant has finished using it. Place it in the soiled toy container. Add a variety of toys to the environment that are clean and ready for play so children have play materials during the cleaning/sanitizing process.



Ask Yourself

• How can I support Samira's need to mouth objects?

- Provide an interesting array of safe and appropriate objects for infants to mouth and handle. Choose toys that are visually interesting and offer a variety of sensory experiences. Include toys that make sounds and a variety of textured objects.
- ▲ Avoid interrupting infants when they are engaged in exploration, unless there is a safety hazard. Let Samira spend time discovering all aspects of the mirror to satisfy her curiosity.
- ▲ Create a language-rich environment by describing Samira's actions. Name what she is playing with, describe textures she may be experiencing with her hands and mouth, and comment on her actions.
- ▲ Make exploration of objects an interactive experience for infants. When handing the mirror to Samira, show her how she can see herself and you in the mirror. Talk to her about who she sees.
- ▲ Offer Samira a choice of toys as she loses interest in the one she is handling.





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Samira picks up the sensory ball and examines it intently. She tries to fit it into her mouth. Ms. Neema says, "You have the red ball. How does it feel in your mouth, Samira? Does it feel bumpy?" Ms. Neema knows that infants use mouthing as one of the strategies for gathering information about the world around them so she lets Samira take her time exploring the ball.

Tiring of lying on her stomach, Samira rolls over on her back, dropping the ball. Ms. Neema hands her a play mirror and she grips it with both hands. Ms. Neema bends over and positions the mirror so Samira can see her face and Ms. Neema's face. She says, "Look, Samira, I can see your face! And you can see mine!" <u>Samira looks at Ms. Neema's face in the mirror, and then at her own. A big smile spreads across her face at this discovery. Samira then tips the mirror and pulls the cloth frame to her mouth. Ms. Neema says, "The mirror has a soft edge – it will feel smooth and soft."</u>

Ms. Neema understands that mouthed toys can spread germs so she puts the sensory ball in one of the soiled toy containers she has placed around the room out of the infants' reach. The soiled toys are washed and sanitized on a daily basis so they are ready for play. Ms. Neema is sure to have a variety of extra toys stored in the room that she rotates into play when soiled toys are removed. This ensures that infants have plenty of materials to choose from to support their learning.



Cognitive Development:

The child will understand how things move and fit in space.



Social Development:

The child will have an awareness of his or her relationship to others in a group.



Motor Development:

The child will develop the skill to coordinate the use of his or her tongue and mouth in order to suck, swallow and eventually chew.



Infant

Biting...How to Stop It



Infant care teacher Ms. Jamie is sitting in a rocker feeding a bottle to Avery, 6 months. Michelle, 5 months, is on the floor playing with rattles. Katherine, 7 months, scoots and rolls closer to where Michelle is on the floor. Katherine ends up very close to Michelle's socked foot. It doesn't take long for Katherine to lower her mouth to Michelle's foot. As Katherine mouths the foot, Michelle fusses and then begins to cry loudly.

When Ms. Jamie hears Michelle, she jumps up, lays Avery down, and hurries over to the two infants. She picks up Katherine and says, "No biting. That hurt Michelle." Ms. Jamie moves her away from Michelle. Startled by the teacher's intense reaction and the sudden movement, Katherine fusses.

Ms. Jamie picks up Michelle to comfort her. "It is alright. That couldn't have hurt too bad. Here, lie on the mat near Avery and me." Avery is now crying, wanting to be fed. Ms. Jamie returns to the rocker and continues to feed Avery.

At this age I mouth everything, including my friends, so keep your eyes on me.



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pore about... oral exploration

Oral exploration by infants is an important part of typical early learning. It is the teacher's responsibility to make sure babies don't get hurt by this developmental behavior. The teacher can support oral exploration by setting up the environment to prevent oral exploration of other children, by providing infants who are teething with clean, safe toys to mouth, by being attentive to their play, and, if needed, by calmly redirecting the children to appropriate choices.

- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- How can I reduce the chance of one infant mouthing another?
- What can I do to still meet the needs of other children when I'm caring for one child?

Give It a Try

- ★ Acknowledge that oral exploration is one of the ways infants learn about things around them. They treat another infant's foot and a rattle the same way when it comes to oral exploration.
- ★ Recognize that oral exploration by an infant is not a biting incident.
- ▲ Anticipate oral exploration. Be available to facilitate interactions between children who are close together on the floor.
- ▶ Provide a variety of interesting materials that infants can explore orally and can manipulate by themselves.
- Create more than one area where infants can spend time on the floor. While caring for other children, place infants close together so they can see and hear their peers, but are out of each other's reach. Keep every infant in your line of sight.
- ▲ Observe children carefully. Intervene promptly when they get too close to each other.
- Stay connected to the infant you are feeding and those playing near you by talking to the children, describing what they are doing and what you are doing.
- ▲ Join infants in play and facilitate interactions when you are free to do so.



Ask Yourself

.....

- How can infants feel secure and supported after an incident such as this one?
- What information about oral exploration should be shared with families?

- ★ Recognize that the incident was unintentional.
- ▲ React in a calm manner. Infants react to the emotions you display.
- ▲ Comfort children immediately who show distress.
- ▲ Affirm children's feelings and recognize why they are in distress.
- Ask a co-teacher for assistance if one is available.
- ★ Reassure families that an infant's oral exploration of objects and other people is typical development.
- ▲ Share information with families about oral exploration and children's interest in learning through their senses. Suggest safe, inexpensive ways for families to offer appropriate oral motor stimulation to their infants at home.





Infant care teacher Ms. Jamie is feeding Avery, 6 months, a bottle near the area where two other babies are playing on their backs on the floor. She put a little space between the children so they can't unintentionally hurt each other. She has given them a variety of infant toys that are easy for the infants to manipulate on their own.

As she attends to feeding Avery, Ms. Jamie periodically looks up at the other babies, commenting on what they are doing and making sure they are both occupied with a teether or a rattle. Ms. Jamie says, "Katherine, you are shaking the keys." Katherine turns her head, looks at Ms. Jamie and smiles. Ms. Jamie continues, "When I am finished feeding Avery her bottle, I'll join you." After several minutes, Katherine scoots and rolls closer to Michelle. A socked foot ends up very close to Katherine's mouth. Katherine lowers her head to it and mouths it, resulting in fussiness and loud cries from Michelle.

Ms. Jamie is already in motion by the time Katherine mouths Michelle's foot. She looks at Avery and says, "I need to help Katherine and Michelle." She places Avery on a blanket on the floor and says, "I'll be right back." Then, she gets close to Michelle and asks her if she can help. Ms. Jamie picks Michelle up and comforts her saying, "You didn't like Katherine mouthing your toe! It hurt." Ms. Jamie turns to Katherine, gets her attention by calling her name, and says in a calm voice, "Ouch, Katherine. Your mouth hurt Michelle."

When Michelle calms down, Ms. Jamie reaches over and takes several additional toys appropriate for mouthing from a basket on a nearby shelf. She offers them to Katherine and says, "These toys are for your mouth." She moves Katherine to a different floor play area a little further away from Michelle, but still close enough to engage with Ms. Jamie and feel connected to the group. Ms. Jamie returns to Avery. Seeing Ms. Jamie coming, Avery smiles, starts kicking her feet and waving her arms. Ms. Jamie says, "I'm sorry I had to put you down. I told you I'd come back and here I am. I'll help you finish your bottle now."

After Avery is finished with her bottle and asleep in her crib, Ms. Jamie joins Michelle and Katherine on the floor, talking and playing with them.

Later in the day, Ms. Jamie takes a moment to write a note to Michelle's family explaining what happened and how she handled the incident. Knowing it will cause some concern for the family, she adds what she will do to prevent it from happening again. She places some written information about mouthing and oral exploration, and their developmental importance, on each child's clipboard for families to take home to read when they have time.



Language & Communication Development:

The child will comprehend the message of another's communications.



Social Development:

The child will engage with other children.



Cognitive Development:

The child will remember people, objects and events.



Infant

Biting...Talking with Families



Milena, 8 months, is sitting in the play area next to Colin, 9 months, at their family child care program. Milena is playing with stacking rings and mouthing on them. She also has teethers within her reach. Colin is busy taking plastic animals out of a bin. Milena leans over to Colin and puts her mouth on his arm. Colin begins to cry. His care teacher, Ms. Suzanne, comes over and picks him up. She comforts him and moves him away from Milena. Ms. Suzanne is already worried about how she will talk with Colin's family about the bite.

At the end of the day, Mrs. Beck arrives to pick up Colin and she appears to be in a rush. Ms. Suzanne approaches her and says, "You'll find an incident report on your clipboard. Colin was bitten on the arm today. It happened so quickly, I didn't even see it." Mrs. Beck is upset that Colin was bitten and cuddles him saying, "Poor baby, you were bitten." Mrs. Beck says to Ms. Suzanne, "You should have been watching him better. I expect you to not let him get hurt." Ms. Suzanne apologizes, "I'm sorry, but I was caring for another infant." Mrs. Beck replies, "That is no excuse. I can't be here to protect him. That is your job." Mrs. Beck gathers Colin's things and hurries out the door.

My family will be upset to hear I was bitten because they love me.



Milena, 8 months, is sitting in the play area next to Colin, 9 months, at their family child care program. Milena is playing with stacking rings and mouthing on them. She also has teethers within her reach. Colin is busy taking plastic animals out of a bin. Milena leans over to Colin and puts her mouth on his arm. Colin begins to cry. His care teacher, Ms. Suzanne, comes over and picks him up. She comforts him and moves him away from Milena. Ms. Suzanne is already worried about how she will talk with Colin's family about the bite.

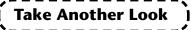
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Maintaining a trusting relationship with about biting

Maintaining a trusting relationship with families is crucial to providing respectful care for their children. The way you talk with a family member about biting incidents can have a big effect on teacher-family relationships. Families want to trust that you are caring for their children at all times and that you are diligent in keeping them safe. They want you to have the knowledge and skills to know why biting occurs and to actively use strategies to prevent it. Family members also need assurance that you are empathetic and know how their child, in particular, likes to be comforted when in distress. It is essential that you respect them as the most important people in the child's life, and acknowledge their concern. Taking responsibility for actions that occur is part of a care teacher's role.

\$....

- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- Why do infants at this age bite?
- How should I respond in this situation?

Give It a Try

- ★ Recognize that exploratory mouthing typically occurs from infancy through about 14 months of age.
- ★ Understand that infants explore their surroundings through mouthing things (and people) and are not biting. Infants want to find out what things and people taste and feel like. This is one way they learn.
- ★ Acknowledge that infants don't mean to harm others.
- ▲ Respond right away to children who are upset or injured. Offer to pick up the child who was bitten or sit close to give comfort. Affirm the child's feelings.
- ◆ Clean the bitten area, even if the skin is not broken, and follow recommended first-aid procedures.
- ▲ Offer favorite security items to help children regulate their behavior. These items are not a substitute for your attention and care.
- ▲ Provide appropriate alternatives for soothing swollen gums such as teething toys of different textures and chilled teething rings.



Ask Yourself

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 What strategies can I use with family members to communicate this important information and be responsive to their concerns?

- ▲ Call family members prior to pick-up time to prepare them that an incident has occurred. This allows time to explain what happened and to answer questions. It also gives the family time to process the information before picking up their child. Then they can focus on their child's needs when they arrive.
- ▲ Take responsibility for the incident and state this to the family. You are the care teacher and are responsible for keeping children safe.
- ▲ Validate the parent's feelings about the situation by recognizing how hard it is for families to accept that their child can be hurt by other children while in care away from home.
- ▲ Explain what you did to comfort and care for their child.
- ▲ Describe how you will work to prevent such incidents in the future.
- ▲ Schedule a time to meet with the family, if they desire, so they can talk about concerns and ask questions.
- ▲ Share resources with all parents, explaining reasons why infants explore orally and strategies to help infants learn through oral exploration. Include prevention strategies you use and how you handle these situations when they arise.





Milena, 8 months, is sitting in the play area next to Colin, 9 months, at their family child care program. Milena is playing with stacking rings and mouthing them. She also has teethers within her reach. Colin is busy taking plastic animals out of a bin. Ms. Suzanne, their care teacher, frequently looks at the playing pair while she is helping other infants use the pop-up boxes. Ms. Suzanne sees Milena bend over and put her mouth on Colin's arm and clench down. She immediately calls to Milena but it is too late. Colin cries out.

Ms. Suzanne comes right over and kneels down in front of Colin and says, "Colin, I'm so sorry that happened to you. May I help you?" Colin lifts his arms as a gesture to be picked up. Ms. Suzanne comforts Colin and tends to his arm. Once he is calm, she places him back with the toy animals. She then turns her attention to Milena. Ms. Suzanne washes Melina's face because of her excessive drooling and gives her a chilled teether. She calmly says, "Your mouth hurt Colin. Don't bite him."

Ms. Suzanne is planning how to talk to Colin's family about the incident. Not wanting to wait until Colin's mom arrives at the end of the day, she decides to call Mrs. Beck. Another teacher replaces Ms. Suzanne so she can prepare for and make the call.

Ms. Suzanne prepares for the call by writing a list of what she needs to tell Mrs. Beck. The list includes first stating that Colin was bitten and upset, but after being comforted and having the area cleaned, he returned to playing happily with his favorite toy animals. Secondly, she will explain in detail what happened, remembering to maintain confidentiality, and genuinely apologizing for not being able to protect Colin. She will then express that she will keep a closer eye on Colin and ask Mrs. Beck if she has any questions.

Ms. Suzanne is nervous about making the call, knowing that Mrs. Beck will most likely be upset. When she gets Mrs. Beck on the telephone, Ms. Suzanne asks if it is a good time to talk.

Mrs. Beck's first question is "Who did this?" Kindly, Ms. Suzanne replies that this is confidential information based on program policy. Mrs. Beck asked, "What were you doing when this happened?" Ms. Suzanne, uncomfortable with the question, knows that Mrs. Beck is concerned her son may not have been closely supervised. Ms. Suzanne answers, "I was interacting with other infants and watching Colin play a short distance away from me. The incident happened very fast, and I wasn't able to stop it in time."

Mrs. Beck, who Ms. Suzanne can tell is upset by her tone of voice, replies, "I think you should have been closer to him so you could have stopped it. I have to get back to work. I'll see you tonight." Ms. Suzanne replies, "I am sorry. There will be an incident report for you to read and sign when you pick Colin up. Thank you for your time."

Mrs. Beck is not as upset as she sounded on the phone when she picks up Colin. She thanks Ms. Suzanne for calling and signs the incident report. There is very little discussion about the incident since most of it was discussed on the phone.



Cognitive Development:

The child will learn to group people and objects based on their attributes.



Language & Communication Development:

The child will convey a message or transfer information to another person.



Language & Communication Development:

The child will convey a message or transfer information to another person.



Infant

I Know I Should...Keep Toys, Activity Areas Open All Day





Ms. Tisha and Ms. Brie are care teachers in a multiple age classroom. Currently their enrollment is low on toddlers, but they have many infants. Part of their duties include cleaning and sanitizing the equipment and materials daily. With the high number of infants enrolled and the fact that it seems like everything the infants touch goes directly into their mouths, keeping the materials clean has become quite a task. The teachers plan on taking turns cleaning the toys during their break time so they don't have so many toys to clean at night, which speeds up their closing duties.

In the morning, the teachers place half of all their manipulatives out for the infants to explore. As the infants mouth each item, the teachers remove it and put it into the soiled toy bin. This often upsets the infants. By eleven o'clock in the morning, there are hardly any manipulatives left. All are in the soiled toy bin. In the afternoon, the teachers will set out another container of materials. They repeat the process the next day.

Finn, 6 months, and Raelle, 4 months, have no materials left within their reach. They start to fuss. Ms. Tisha says to them, "Here are a couple of toys," as she hands them each a toy. The toy handed to Raelle is too heavy and hard for her to manage and she drops it. Finn mouths his for a few seconds and not finding it interesting, drops his too. Ms. Brie hears them fuss and replies, "I'm right here. Let's move you so you can see Ms. Tisa and me. In a little bit, we'll get out some new toys." The children lie watching what is happening around them, often with a dazed or bored look on their faces.

I need materials all day long that are ready for me to explore.



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pre about... apportunities of for learning

Ongoing access to materials, equipment, and experiences that interest children significantly contributes to their ability to engage in complex play. Children follow their drive to explore materials and discover what they can make happen. They also combine materials to make new discoveries and extend their learning. If materials are often not accessible to children for long periods of time, the children's opportunities for learning are greatly diminished.

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- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

• What type of system can I implement in this situation to clean toys and materials?

Give It a Try

- Keep in mind that germs spread guickly to other children through the use of toys and materials. Though you can't prevent children from coming into contact with germs, you can reduce illness for children and yourself with proper health procedures.
- ★ Acknowledge that infants need accessible, appropriate materials and interactions to enhance learning and development.
- Create a way to rotate toys and materials into play that works for you and provides the infants with appropriate play opportunities throughout the day.
- Work with co-teachers and administrators, if applicable, to discuss a cleaning schedule.
- Never clean toys or materials when children are near. Cleaning and sanitizing solutions can harm children when airborne or through direct contact.



Ask Yourself

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• Why is it important that the infants have access to a variety of materials throughout the day?

- ★ Understand that infants learn through exploration. This includes using their eyes, ears, mouth, hands, fingers and body in a variety of ways.
- ★ Offer infants objects they can manipulate to increase their eye-hand coordination, which is a pre-writing skill.
- ★ Provide materials of different sizes, textures, sounds, functions and shapes to help children learn to group and categorize things, which supports pre-math skills.
- ★ Give infants a variety of materials that will allow them to explore how their actions cause reactions. By shaking a set of toy keys, for example, an infant realizes he can cause a clattering sound.
- ★ Keep in mind that children need respectful, responsive interactions with adults, contact with peers, and access to a variety of materials to support their learning and development.





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Ms. Tisha and Ms. Brie decide to try a new system for rotating toys into play for the infants. They ask parents to donate used small baskets, plastic and metal bowls, and plastic shoebox size containers. Instead of putting out all of the manipulatives they have, half in the morning and half in the afternoon, the teachers have decided to put out several containers with fewer toys throughout the day.

Placing fewer items in several containers gives infants some choices without overwhelming them. Also, by having fewer toys accessible at one time, the infants can easily see what is available and may have an easier time reaching and grasping what they want. The teachers store the extra toys in a larger bin in their in room closet. When infants lose interest in a toy and soiled toys are placed in the soiled toy bin, the teachers grab some toys from the bin in the closet and rotate them into play.

Finn, 6 months, is laying on the floor chewing on teething links. <u>He swings his arm and the links move in the air. He watches them move. He shakes the links in excitement then they break from his grasp.</u> Ms. Brie, watching, approaches Finn. "Where did your links go? Here are your links," she says pleasantly. <u>Finn grasps the links, babbles and smiles.</u> Ms. Brie mimics his babbling sounds and smiles.

Ms. Brie and Ms. Tisha had an earlier discussion and decided to let the infants keep playing with toys they have mouthed for as long as they are interested in them instead of taking the toys from the children immediately. This way, the infant benefits from extended play and the teachers have to wash fewer toys.

Raelle, 4 months, has difficulty holding onto many manipulatives since many are heavier than she can hold and manipulate. To make exploration of the materials easier for Raelle, Ms. Tisha has sorted out lighter and thicker manipulatives that may be easier for Raelle to explore. Ms. Tisha sits beside Raelle and offers her a fabric covered rattle, which Raelle is able to grasp and hold.

The teachers have realized that they need their breaks to care for their needs and relax. They decided not to use that time to clean and sanitize materials as they did before. They still have lots of toys to wash, but there are fewer since they don't put out all of the toys every day. The teachers acknowledge that they may have to take more time during their closing duties to clean, but recognize this is an important task that must be done.



Cognitive Development:

The child will make things happen and understand the causes of some events.



Motor Development:

The child will coordinate the use of his or her hands, fingers and sight in order to manipulate objects in the environment.



Motor Development:

The child will coordinate the use of his or her hands, fingers and sight in order to manipulate objects in the environment.





Infant

I Know I Should...Go Outside More Often



Ms. Noreen and Mr. Miguel are care teachers in a multi-age classroom with children ranging from infants through 36 months. Twice a day the toddlers, and the younger children that can walk, go outside for play. The teachers see how much the children enjoy the freedom to move about. This also helps the children burn off some of their energy in ways that also support their muscle development, coordination and balance. The teachers also know the children are experiencing different things than they would inside, for instance when they see a bug crawling on the ground, a flock of birds flying overhead or catch a glimpse of a bus or fire engine driving down the street. Even so, the teachers feel that the infants won't get as much out of the outdoor experiences since they can't move about so they rarely take them outside. Also, the weather seems to be too hot, too cold or too windy for the infants, who seem more vulnerable to the outdoor elements.

This morning Mr. Miguel takes the toddlers outside. Ms. Noreen is going to stay inside with the infants since it is sunny and quite warm out. She is afraid the infants will get too hot. In order to stay in ratio, a couple of mobile infants will have to stay indoors too. The other mobile infants will go outside with Mr. Miguel. The teachers will be sure that the mobile infants that stay indoors in the morning will go outside this afternoon. Charlotte, 15 months, looks out the window watching the other children play while banging on the glass. Ms. Noreen calls to her, "Charlotte, come over here and get a puzzle." Charlotte doesn't move. Ms. Noreen takes a few minutes to clean up the room while Lilly, 5 months, and Oliver, 3 months, are lying under a floor gym. Lilly bats at the hanging objects and Oliver occasionally watches the objects, but he can't make them move.

Playing outside gives me important sensory experiences that are different from playing inside.



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nore about...outdoor play a

Frequent opportunities for outdoor play enable children to learn about themselves, what they can do, what they want to do, and what they feel, see, hear and smell. Outdoor time also provides them with the opportunity to experience cause and effect relationships in nature, for example, by seeing and hearing wind blowing the leaves off of a tree or the sun warming their face. Children's experiences with nature in the outside environment give teachers many opportunities to build language skills and begins to lay the foundation for science concepts by helping children to group and categorize elements around them. It is important to remember that taking children on buggy rides should not be used to replace outside playtime and restricting children's movements outdoors by placing them in seats or other infant equipment does not provide the learning opportunities and experiences they need for healthy development.

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- ▲ = Teacher Interaction
- ★ = Child Development & Interest
- = Environment & Materials ◆ = Caregiving Routine



Take Another Look

Ask Yourself

- How does weather play a role in deciding about going outside?
- What are the benefits of outdoor time for infants?

Give It a Try

- Consider it is best practice to take all children outside twice a day, unless there is active rain, snow or a public health advisory.
- ◆ Determine how long to stay outside by monitoring infants' needs and comfort.
- ◆ Dress children and yourself appropriately for the weather.
- ★ Recognize that outdoor play provides an exciting environment for infants to use their senses to explore and make discoveries. Sounds, sights, and smells the child experiences are guite different outdoors than indoors. Even the feeling of touch with the wind and sun on the infant's face provides interesting sensory experiences.
- ★ Be aware that exposure to outdoor environments supports children's physical health. Fresh air and sunlight are important to an infant's overall health, even when the child is ill. Of course, always follow the doctor's advice.





Ask Yourself

What strategies will help with providing outdoor time for infants?

- ▶ Offer typical indoor experiences outdoors. For example, infants can use rattles, sensory materials, other manipulatives and equipment designed for motor play such as floor gyms.
- ◆ Go outside twice a day. The amount of time spent outside doesn't have to be the same for morning and afternoon outdoor play.
- ◆ Have all items ready to take outside before dressing the children.
- Lay infants on blankets for comfort. Avoid thick blankets that could pose a suffocation hazard.
- Provide shade for all the children's comfort.
- Place infants where they can see their peers, but be sure they are a safe distance from motor equipment.
- ▲ Move infants during outside time. Let children lie down, sit in your lap and carry them around the environment to expose them to different sights and sounds. Avoid restricting children by using equipment that limits movement.
- ▲ Talk to infants about what they see, hear, smell and feel.





Ms. Noreen and Mr. Miguel are care teachers in a multi-age classroom with children ranging from infants through 36 months. Twice a day, the teachers take all the children outside for play. They prepared a container of infant toys earlier this morning for today's outdoor play. They place the container and blankets by the door before getting the children ready.

Once outside, the teachers place the blankets near the building which provides the only shade. The teachers can still supervise the outdoor play area from this location. Mr. Miguel holds Lilly, 5 months, as he walks around talking to the older children at play. He stops beside Charlotte, 15 months, who is squatting down on the sidewalk. "Charlotte what did you find?" asks Mr. Miguel. Charlotte points to a daddy-long legged spider crawling on the sidewalk. "You found a spider," says Mr. Miguel. He places Lilly on the ground, supporting her so she can feel the grass. Then he squats down to talk with Charlotte. After a minute or two, Charlotte moves on to the push-car. Talking to Lilly, Mr. Miguel says, "Are you patting the grass? It is tickly." Lilly glances at him when he talks then looks back down at the grass. Mr. Miguel pats it too, watching Lilly's reaction. Picking Lilly up, they walk toward the toy vehicles some of the children are riding. As they walk, he notices the sun shining on her. "Does that sun feel warm? It feels good." He grabs a blanket and puts it down in a safe spot, places Lilly on her stomach with a couple of toys in reach, and stands beside her while supervising both the toddlers at play and her.

Ms. Noreen is sitting on the blanket with Oliver and another mobile child who is interested in the toy container. Oliver is lying under the floor gym. He isn't able to make the hanging objects move yet, but he is intently watching them swing in the wind. The floor gym is keeping his attention longer outside than it usually does inside. Ms. Noreen says, "The wind is making the toys swing. Can you feel it blowing on you?" Smiling, Oliver kicks his feet.



Language & Communication Development:

The child will comprehend the message of another's communication.



Motor Development:

The child will coordinate the movements of his or her body in order to move and to interact with the environment.



Motor Development:

The child will coordinate the use of his or her hands, fingers and sight in order to manipulate objects in the environment.





Infant

I Know I Should...Implement Primary Caregiving



Infant care teachers Ms. Kenley and Ms. Guiliana provide care for eight children ages 3 months to 12 months. Ms. Kenley and Ms. Guiliana take turns diapering, holding, rocking to sleep, and feeding the infants, but the pace is demanding.

There are times that they forget to communicate with each other and assume the other teacher took care of an infant's need. Maci, 4 months, a typically calm and very easy baby to care for, cries for over a half hour. Ms. Kenley attempts to soothe her while struggling to understand what is wrong. She wonders if Ms. Guiliana fed her; she had not. Mr. Sanchez then arrives to take Pedro, 6 months, to the pediatrician for his well-baby check. In the business of the day the teachers forgot to get Pedro ready. He has a soiled diaper and his bottle isn't prepared. Although Mr. Sanchez is patient while Ms. Kenley quickly changes Pedro and Ms. Guiliana warms his bottle, they know Mr. Sanchez is frustrated with the delay.

Realizing that their system is not working, the teachers develop a master schedule of what each child needs and when. After noticing that several children had similar schedules, the teachers decided to divide their duties by tasks. Ms. Kenley chooses to handle diapering and playing with the children. Ms. Guiliana agrees to feed the infants and prepare them for nap time. Three days into their plan, Ms. Guiliana is becoming overwhelmed. Sometimes she has three babies who want to eat or go to sleep at the same time. Ms. Kenley also becomes discouraged about changing diapers all day. She finds it gives her little time to play with the infants. The teachers are struggling to not keep children waiting too long to have their needs met.

I like having a relationship with one primary care teacher who really knows my needs.



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nore about...primary care teachers Q

A primary care teacher is an early childhood professional with the education, training, and experience to support the learning, development, and nurturance of children birth to 36 months of age. The primary care teacher has the principal responsibility for providing and coordinating the care (including safety, health, development, learning and emotional well-being) of specific or assigned infants and toddlers and for building a partnership with the children's families. Primary caregiving is not exclusive caregiving and works best when infant care teachers support each other as a team.

- ▲ = Teacher Interaction
- ★ = Child Development & Interest
- = Environment & Materials ◆ = Caregiving Routine



Ask Yourself

- What is the best method to ensure each infant's routine and developmental needs are met?
- How can communication between teachers and between families and teachers be improved?

Give It a Try

- ◆ Create a primary caregiving system to best meet children's needs. Primary care teachers build secure relationships with specific children, provide routine care, support their development and learning, and create partnerships with each child's family.
- ◆ Acknowledge that primary caregiving is not exclusive to caring for "just your children." It works best when teachers support each other as a team.
- ◆ Use caregiving routines to get to know the infants as individuals. Routine care is a prime opportunity to support development and to build and strengthen your relationship with the children.
- Record on a child's daily record the time when each routine is completed and the details. This helps teachers plan, organize, and verify that care is completed.
- ◆ Communicate with co-teachers, verbally and by documentation, throughout the day. Take time to update co-teachers and break staff on changes in a child's typical schedule/routine.
- ▲ Ask questions when in doubt.
- ◆ Have families complete a daily recording form to document children's routines that happen before arrival at the program. Information should include changes in typical schedules/routines and notes for the teacher.
- ▲ Build a relationship with families based on respect and trust so information sharing is a natural part of your interactions.



Ask Yourself

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- What are the benefits of primary caregiving?
- How can we work as a primary caregiving team?

- Recognize that primary caregiving is caring for the whole child, not completing tasks. For example, a teacher focuses on the diapering needs of each child in her primary group and not on changing eight children's diapers.
- ◆ Learning each child's individual needs, temperament, likes/dislikes and development is simpler in primary caregiving. You learn the characteristics of a smaller group in depth and have fewer children to focus your care teaching on.
- Building and maintaining secure and respectful relationships supports each child's emotional needs and lays the foundation for future learning. Primary care teachers enjoy a special connection with their primary care group.
- ▲ Ask for assistance when in need. Offer help when you see it is needed.
- ▲ Ask the primary care teacher how to respond sensitively and appropriately to a child from her primary group that needs care. Listen to her input and use it to match your response to the child's needs.
- Prepare for busy times of the day by referring to the daily record to assess what care will soon be needed. For instance, prepare a bottle in anticipation of hunger. Provide for the child before she becomes upset and frustrated.





Infant care teachers Ms. Kenley and Ms. Guiliana provide care for eight children ages 3 months to 12 months. Understanding the importance of creating secure, respectful relationships with each child, the teachers practice primary caregiving. Ms. Kenley provides routine care and supports development through play and learning with the four infants assigned to her primary care group. Ms. Guiliana does the same for her primary care group of four infants.

To support their communication with the families, the teachers use a daily recording form. Families document when routine care was last completed before arriving at the program. Then the teachers complete the form while the child is at the program. This helps establish a two-way communication system with the family. Details of schedule changes or information to take note of are included on the record.

On arrival this morning Mr. Sanchez notes on the daily recording form that Pedro has a well-baby check with his pediatrician this afternoon. Mr. Sanchez will arrive at one o'clock to pick up Pedro and would like him to be ready to go. After Mr. Sanchez drops off Pedro, Ms. Kenley reviews Pedro's daily record. She sees the note and highlights it as a reminder. When co-teacher Ms. Guiliana arrives, Ms. Kenley tells her about Pedro's appointment so both are aware of the schedule change.

In reviewing the daily records, Ms. Guiliana notices that Maci, 4 months, didn't drink much of her morning bottle at home and realizes she may be hungry earlier than usual. Miley, 3 months, will most likely want her bottle right on time, which will be about when Maci will now want her bottle. Miley can become agitated quickly when she is hungry while Maci is more easy-going. Ms. Guiliana makes a note to prepare the bottles slightly ahead of schedule to be ready for the girls. As the primary care teacher of Maci and Miley, Ms. Guiliana knows the temperament and schedules of each girl and feels a deep connection to both of them. Because of her awareness and goodness of fit with the children, Ms. Guiliana prevents what could be a frustrating time for them and has a more calm and meaningful experience.

Ms. Kenley glances at the clock and realizes she needs to start getting Pedro ready for his father's arrival. She warms his bottle and changes his diaper. While she is caring for Pedro, Susan, 5 months, wakes from her nap and fusses. Noticing that Ms. Kenley is busy, Ms. Guiliana asks her what she might do to help. Ms. Kenley asks her to change Susan's diaper and then place her next to the mirror under the musical gym. Ms. Kenley tells Ms. Guiliana that Susan likes to be sung to during her diaper change. Mr. Sanchez arrives and Pedro is ready. When Mr. Sanchez and Pedro leave, Ms. Kenley thanks Ms. Guiliana for her help.



Physical Health:

The child will have access to care from a primary health provider, regardless of economic status and geographic location.



Emotional Development:

The child will manage his or her internal states and feelings as well as stimulation from the outside world.



Emotional Development:

The child will form relationships with consistent caregivers.



Infant

I Know I Should...Individualize Routines



At eight thirty in the morning Raoul, 6 months, and his father, Mr. Garcia arrive at Ms. Carla's family child care home. Ms. Carla greets them and takes Raoul from his father. She holds him and helps him say good-bye at the door. Ms. Carla then straps Raoul in a bouncy seat. Soon he begins to fuss. After a minute, he starts to cry and before long he is screaming and arching his back.

Ms. Carla picks him up and tries to comfort him. She puts him up on her shoulder and pats his back. Raoul continues to cry. She walks to the window and starts talking to him about the leaves on the tree. Nothing seems to work. Knowing he may be hungry she says, "It isn't time to eat yet. You have to wait until nine o'clock to eat. It is too early." Raoul continues to cry, obviously distraught.

A few minutes before nine Ms. Carla lays a crying Raoul on the floor so he can play with the musical floor gym while she prepares his bottle. As she picks him up she says, "Now, now. Here is your bottle right on time." Raoul quickly settles down and seems content.

Knowing my schedule helps, but using this information to adjust to meet my needs is what is important.



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pre about... feeding Q

Feeding not only satisfies physical hunger, it can nourish a child in many ways. A child's emotional experiences are enhanced through increased feelings of security and acceptance, increased attachment (the relationship formed between a child and a consistent care teacher), and an overall sense of well-being. Feeding is a time for infants to interact with adults and peers; and it's a time to develop socially. A feeding time rich with language helps infants learn to communicate and more actively participate in their world. This type of care is most effective when feeding is carried out by a responsive, respectful teacher who has a close relationship with the child, engages in reciprocal communication, and who considers the child's individual traits, temperament, family practices, and culture. Responsive teachers read the "signs" and cues that infants use to communicate their needs and then act in a way that meets each child's immediate needs.

- ▲ = Teacher Interaction
- ★ = Child Development & Interest



Ask Yourself

- What is the best way to meet an infant's routine needs?
- What can I do to make communication with the family work well?

Give It a Try

- ▲ Practice responsive, respectful, and reciprocal care teaching. Read the "signs" or cues that Raoul is communicating to express his needs and interests. Then act in a way that meets his immediate needs or matches his interest.
- ◆ Consider Raoul's individual needs, temperament, personal schedule, likes and dislikes, and decide how you can best provide care.
- ◆ Record on a child's daily record the time when each routine is completed and the details. This helps teachers plan, organize, and verify that care is completed.
- Track changes in routines by comparing daily records. You can also create a separate feeding log to note times Raoul is expressing hunger, feeding times and amount fed.
- Prepare for the busy times of the day by referring to the daily record and assessing what care will soon be needed. For instance, prepare a bottle in anticipation of hunger. Provide for the child before he becomes upset and frustrated.
- ◆ Adapt to Raoul's schedule. Feed Raoul when he shows signs of hunger. Avoid requiring him to wait until the scheduled feeding time.
- ▲ Build a relationship with the family based on respect and trust so information sharing is a natural part of your interactions.
- ▲ Partner with families on feeding issues.
- ◆ Have each family complete a daily recording form to document each child's routines that occur before arrival at the program. Information should include changes in typical schedule/routine and notes for the teacher.



Ask Yourself

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- What can I do at feeding time to support Raoul's relationship with me?
- What do I need to do to make sure feeding time is safe and healthy for infants?

- Use caregiving routines to get to know the infants as individuals. Routine care is a prime opportunity to support development and to build and strengthen your relationship.
- ◆ Use feeding time to interact individually with children. Talk to Raoul in a soothing, relaxed tone. Tell him what you are doing. This builds trust as well as language skills.
- ▲ Provide a relaxed and pleasant atmosphere for Raoul's meal. Give him plenty of time to finish drinking his bottle at his own pace.
- Practice healthy and safe habits for feeding. Follow procedures outlined in the most recent edition of Caring for Our Children – Health and Safety Standards to maintain a safe and healthy food preparation/ feeding/eating environment, safe and healthy bottle preparation, and to conduct appropriate feeding and correct handwashing procedures for both you and Raoul.





At eight thirty in the morning Raoul, 6 months, and his father, Mr. Garcia arrive at Ms. Carla's family child care home. Ms. Carla greets Raoul and his father. She asks Mr. Garcia if Raoul has eaten recently. Mr. Garcia tells Ms. Carla that Raoul ate earlier than he usually does and may be getting hungry. Ms. Carla makes a note on his daily sheet and then comments, "It seems like Raoul is starting to get hungry earlier than his usual nine o'clock feeding time. Is this true at home?" Mr. Garcia agrees and tells her that lately Raoul has wanted more to eat. Ms. Carla makes another note on an individual chart she has been keeping. While Mr. Garcia puts Raoul's personal things away, Ms. Carla decides to prepare his bottle anticipating that Raoul will be ready to eat in the next few minutes.

Ms. Carla helps Raoul say good-bye, then takes him to wash his hands. She wets his hands, dabs on a little liquid soap, and rubs them gently together saying in a sing-song voice, "We have to rub, rub, rub with soap. Rub the top, the bottom and all your fingers. Your hands are soapy and slippery. Now let's rinse them off." She rinses his hands under the running water and dries them with a paper towel. She settles Raoul on a blanket on the floor while she washes and dries her own hands.

As she gets his bottle she hears Raoul fuss a little. It sounds like his warm-up cry before he gets hungry. Ms. Carla says, "I hear you, Raoul. I think you are hungry and I am getting your bottle." Once she has everything she needs, they settle into a rocking chair located in the learning/play area of her home child care setting. Ms. Carla can supervise and interact with the three other children she cares for while feeding and talking to Raoul.

Raoul drinks as Ms. Carla gently rocks him and gazes into his eyes. She says, "You were hungry. Does that taste good?" About halfway through the bottle Ms. Carla says, "It is just about time for a break, Raoul. I need to see if there is a little burp in you." After a long pause she gently pulls on the bottle and says, "Now it is time for that burp." She softly pulls the nipple from Raoul's mouth and sits him up in her lap to burp. After a couple of rubs, she repeats the hand motions with a soft pat. Raoul finally lets out the burp and Ms. Carla says, "That was a big burp. I think there is room for the rest of your bottle." Raoul immediately settles back into Ms. Carla's arms, reaches toward the bottle, and continues to drink.

When Raoul finishes eating Ms. Carla burps him again and says, "Now, let's wash your hands and my hands and get you some rattles to shake."



Physical Health

The child will be exposed to and assisted with frequent and proper handwashing.



Emotional Development:

The child will form relationships with consistent caregivers.



Emotional Development:

The child will manage his or her internal states and feelings, as well as stimulation from the outside world.