28 Courses	Participant Guide MNITCDA
2018	120 hours

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Acknowledgements

We would like to thank all the skilled early childhood and school-age professionals and supporters who have made this project and its subsequent revisions possible over the years.

The Minnesota Child Care Credential was originally developed through a grant from the Minnesota Department of Human Services to the Minnesota Center for Professional Development (MNCPD) at Metropolitan State University. The project was administered by MNCPD staff along with a team of specialists in early childhood adult education. Along the way, various sessions were revised to reflect the updates to best practice. During fiscal year '18, the credential underwent a major revision by the Center for Early Education and Development (CEED) at the University of Minnesota. After conducting an online survey and an advisory group meeting of training participants, trainers, cultural consultants and stakeholders who provided expert improvement feedback to guide the revision in 2017, a team of skilled writers and cultural consultants worked to update the curriculum organization and content. Cultural adaptations to the content in three languages were also developed as part of the revision process. The result is a series-based, cohort model consisting of 120 hours of formal early childhood education training that participants can use to meet the training requirement for the National Child Development Associate Credential.

Welcome to the Profession

Class 1
7 hours

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory, they will learn to:

- Name three behaviors demonstrated by professionals in any profession;
- Name two unique features of the early care and education profession; and
- Describe two benefits of earning a credential as an early care and education professional.

Minnesota KCF Content Area VI: Professionalism

CDA Content Area VI: Maintaining a commitment to professionalism-

Professions

How many professions can you think of in two minutes?

Professional Behavior

How do professionals behave? What do they do? How do they prepare for their professions? What do professionals look like? How do you know if someone belongs to a profession?

Defining Features of Professions

"Professions" are characterized by:

- A specialized body of knowledge and competencies shared by all the profession's members;
- Codes of conduct or rules of acceptable professional behavior,
- Organizations that support the field to which its professional members belong, and
- Being accountable for the responsibilities of their field (in our case, responsibility to provide quality early childhood education).

Early Care and Education as a Profession

Some of the unique aspects of early care and education as a profession are:

- Early care and education professionals work with children who are vulnerable and depend on adults for their health, well-being, and development.

- Early care and education is highly regulated.

- Early care and education makes a difference in children's lives now and later.

- The work of professionals in early care and education makes a difference in child outcomes.

- Being involved in the lives of children and their families requires special sensitivity and responsibility.

Competencies of Professionals

Credentials

Credential = written evidence of one's qualifications

A credential "conveys a certain status to the holders and provides some assurance to consumers that the holders are qualified to provide designated services."

Maxwell, K. L., Field, C. C. and Clifford, R. M. (2006). Defining and Measuring Professional Development in Early Childhood Research. In *Critical Issues in Early Childhood Professional Development.* Paul H. Brookes Publishing Co.

Minnesota Infant Toddler Child Development Associate: Class Sequence- 2018

Class	Title	Hours	# of sessions	ETL Module
1	Welcome to the Profession	7	3	1
2	It's All About Relationships	2.5	1	1
3	Establishing Supportive Relationships with Families	2	1	1
4	Clean, Safe, Sanitary Environments	4	2	1
5	Welcoming Families: Creating Cultural Connections	6	2	1
6	Welcoming Children with Special Needs and Their Families	6	2	1
7	Promoting Parent/Family-Child Relationships	3	1	1
8	Introduction to Child Development	8	3	1
9	Stages of Infancy	2	1	2
10	Brain Development	2.5	1	2
11	Introduction to Cognitive Development	7	3	2
12	Using the ECIPs	8	4	2
13	Temperament & Self-Regulation	2	1	2
14	Resilience	2	1	2
15	Professional Development Planning	4	2	3
16	Routines as Opportunities	2	1	3
17	Environments that Promote Exploration	3	1	3
18	Learning through Discovery	2.5	1	3
19	Play	7	3	3
20	Language and Communication	3	1	3
21	Language Development	6	2	3
22	Observation and Curriculum Planning	2.5	1	3
23	Planning to Meet Individual Needs	2	1	3
24	Safe Supervision	6	3	4
25	Curriculum	8	4	4
26	Program Practices that Support Relationships	2	1	4
27	Program Quality	4	2	4
28	Growing as a Professional	6	3	4

Benefits of Obtaining a Credential

-
-
-
-
-
-

Definition of the Child Development Associate (CDA)

A Child Development Associate (CDA) is an individual who has successfully completed the CDA assessment process and has been awarded the CDA Credential. CDAs are able to meet the specific needs of children and work with parents and other adults to nurture children's physical, social, emotional, and intellectual growth in a child development framework.

A CDA performs according to the CDA Competency Goals in center-based, home visitor, or family child care programs. To date, there are more than 200,000 CDAs in all 50 United States, the Commonwealth of Puerto Rico, and the U.S. territories of Guam and the Virgin Islands.

Earning the CDA Credential has many advantages, including motivating caregivers toward continuing education and providing a platform for professional and career opportunities. Many view the CDA Credential as an instrument for career advancement in the early childhood care and education profession. The council works to ensure that it is a credible and valid credential, recognized by the profession as a vital part of a coordinated system of professional development.

As a result of an increase in demand from many public and private employers for qualified trained staff, the number of child care providers applying for the CDA Credential has grown to nearly 15,000 annually. Furthermore, 49 states plus the District of Columbia incorporate the CDA Credential into their child care center licensing regulations.

Assignment

Complete the first assignment for your portfolio:

In this session we've talked all about professionalism and how, as professionals in early childhood education, we have specialized knowledge and skills. As early childhood professionals, we should be knowledgeable about our program's licensing requirements, including the name of the organization that issues licenses and the regulations related to our type of program. Therefore, for your portfolio, you will begin your resource collection of important information that pertains to your profession.

- **Competency Standard VI: To maintain a commitment to professionalism**

  CSVI RC: Resource Collection Items

  RCVI-1: Find the name and contact information of the agency in Minnesota that is responsible for the regulation of child care centers and homes. (Note: These regulations are available at the website of the National Resource Center for Health and Safety in Child Care: http://nrckids.org/STATES/states.htm).

  Make a copy of the sections that describe the qualification requirements for personnel (teachers, directors and assistants) and group size, adult-child ratio requirements.

  Field work! (Not for portfolio but important for your career path.)

- Go to NAEYC website and find and print a copy of NAEYC Code of Ethical Conduct (this will be used in the next class). Here's the website: https://www.naeyc.org/resources/position-statements/ethical-conduct

- If you have not done so already, go online and sign up on the Minnesota Quality Improvement and Registry Tool at www.mncpd.org/educators-providers/. If you feel you need help getting signed up, we can discuss it at the next class. At the least, you need to become familiar with the site.

Session B

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area VI: Professionalism

CDA Content Area VI: Maintaining a commitment to professionalism

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory, they will learn to:

- Describe three ideals and three principles as outlined in the NAEYC Code of Ethical Conduct
- Use the NAEYC Code of Ethical Conduct to guide ethical dilemmas
- Name four ways that boundaries can be a challenge for Early Childhood Professionals

NAEYC Code of Ethical Conduct: Notes

Professional Boundaries: Considerations

(Crossing Lines in Parent Relationships, Exchange, March/April 2006, Anne Stonehouse and Janet Gonzalez-Mena)

- Having favorites

- Equity issues (treating everyone equitably does not mean treating everyone the same)

- Beyond the boundaries

- Friendship and professional relationships

Shoe Box

Common Goals

Think of teams you have been, or currently are a part of. Then answer the following questions:

1. How were the team's goals determined and/or shared with team members?

2. What teamwork competencies are encouraged and reinforced in your program?

3. What strengths do you bring to the team?

4. What are your areas of opportunity when working with a team?

Characteristics of a Successful Team

Clear Mission:

Common Goal:

Clear Roles:

Accepted Leadership:

Effective Processes:

Solid Relationships:

Excellent Communication:

TEAM

Team Player Survey

Purpose:
This survey is designed to help you identify your style as a team player. The results will measure your current strengths.

Directions:
Read through the survey and answer each item based on how you feel you function now as a team member. Remember, this is a survey; there are no right or wrong answers. Be honest.

There are eighteen sentences, each with four possible endings. Please rank the endings in the order in which you feel each one applies to you. Place the number 4 next to the ending which is most applicable to you and continue down to a 1 next to the ending which is least applicable to you.

Do not make ties or use 4, 3, 2, or 1 more than once. It is possible that some of the sentences will have two or more endings that apply to you or will have none that applies to you, but you should assume these are your only choices and rank them accordingly. Each set of endings must be ranked 4, 3, 2, and 1.

The Team-Player Survey

From *Team Players and Teamwork, New Strategies for Developing Successful* Collaborations
by Glenn Parker, 2008

1. During team meetings, I usually:
    a. Provide the team with technical data or information. _____
    b. Keep the team focused on our mission or goals. _____
    c. Make sure everyone is involved in the discussion. _____
    d. Raise questions about our goals or methods. _____

2. In relating to the team leader, I:
    a. Suggest that our work be goal directed. _____
    b. Try to help him or her build a positive team climate. _____
    c. Am willing to disagree with him or her when necessary. _____
    d. Offer advice based upon my area of expertise. _____

3. Under stress, I sometimes:
    a. Overuse humor and other tension-reducing devices. _____
    b. Am too direct in communicating with other team members. _____
    c. Lose patience with the need to get everyone involved in discussions. _____
    d. Complain to outsiders about problems facing the team. _____

4. When conflicts arise on the team, I usually:
    a. Press for an honest discussion of the differences. _____
    b. Provide reasons why one side or the other is correct. _____
    c. See the differences as a basis for a possible change in team direction. _____
    d. Try to break the tension with a supportive or humorous remark. _____

5. Other team members usually see me as:
    a. Factual. _____
    b. Flexible. _____
    c. Encouraging. _____
    d. Candid. _____

6. At times, I am:
    a. Too results oriented. _____
    b. Too laid back. _____
    c. Self-righteous. _____
    d. Shortsighted. _____

7. When things go wrong on the team, I usually:
    a. Push for increased emphasis on listening, feedback, and participation. _____
    b. Press for a candid discussion of our problems. _____
    c. Work hard to provide more and better information. _____
    d. Suggest that we revisit our basic mission. _____

8. A risky team contribution for me is to:
    a. Question some aspect of the team's work. _____
    b. Push the team to set higher performance standards. _____
    c. Work outside my defined role or job area. _____
    d. Provide other team members with feedback on their behavior as team members. _____

9. Sometimes other team members see me as:
    a. A perfectionist. _____
    b. Unwilling to reassess the team's mission or goals. _____
    c. Not serious about getting the real job done. _____
    d. A nitpicker. _____

10. I believe team problem solving requires:
    a. Cooperation by all team members. _____
    b. High-level listening skills. _____
    c. A willingness to ask tough questions. _____
    d. Good solid data. _____

11. When a new team is forming, I usually:
    a. Try to meet and get to know other team members. _____
    b. Ask pointed questions about our goals and methods. _____
    c. Want to know what is expected of me. _____
    d. Seek clarity about our basic mission. _____

12. At times, I make other people feel:
    a. Dishonest because they are not able to be as confrontational as I am. _____
    b. Guilty because they don't live up to my standards. _____
    c. Small-minded because they don't think long-range. _____
    d. Heartless because they don't care about how people relate to each other. _____

13. I believe the role of the team leader is to:
    a. Ensure the efficient solution of business problems. _____
    b. Help the team establish long-range goals and short-term objectives. _____
    c. Create a participatory decision-making climate. _____
    d. Bring out diverse ideas and challenge assumptions. _____

14. I believe team decisions should be based on:
    a. The team's mission and goals. _____
    b. A consensus of team members. _____
    c. An open and candid assessment of the issues. _____
    d. The weight of the evidence. _____

15. Sometimes I:
    a. See team climate as an end in itself. _____
    b. Play devil's advocate far too long. _____
    c. Fail to see the importance of effective team process. _____
    d. Overemphasize strategic issues and minimize short-term task accomplishments. _____

16. People have often described me as:
    a. Independent. _____
    b. Dependable. _____
    c. Imaginative. _____
    d. Participative. _____

17. Most of the time, I am:
    a. Responsible and hardworking. _____
    b. Committed and flexible. _____
    c. Enthusiastic and humorous. _____
    d. Honest and authentic. _____

18. In relating to other team members, at times I get annoyed because they don't:
    a. Revisit team goals to check progress. _____
    b. See the importance of working well together. _____
    c. Object to team actions with which they disagree. _____
    d. Complete their team assignments on time. _____

Team Player Results

Directions:

1. Transfer your answers from the survey to this page.
2. Be careful when recording the numbers as the order of the letters changes for each question.
    a. For example: below, in question #1 the order is a,b,c,d, but in question #2 the order is d,a,b,c.
3. The totals for each of the four styles must equal 180.

Question	Contributor	Collaborator	Communicator	Challenger
1.	a.	b.	c.	d.
2.	d.	a.	b.	c.
3.	c.	d.	a.	b.
4.	b.	c.	d.	a.
5.	a.	b.	c.	d.
6.	d.	a.	b.	c.
7.	c.	d.	a.	b.
8.	b.	c.	d.	a.
9.	a.	b.	c.	d.
10.	d.	a.	b.	c.
11.	c.	d.	a.	b.
12.	b.	c.	d.	a.
13.	a.	b.	c.	d.
14.	d.	a.	b.	c.
15.	c.	d.	a.	b.
16.	b.	c.	d.	a.
17.	a.	b.	c.	d.
18.	d.	a.	b.	c.
Totals				

Each column should add up to 180.

The highest number designates your primary team player style. If your highest numbers are the same or within three points of each other, consider them both as your primary style. The lowest total indicates your least active team player style.

Your primary team player style defines a set of behaviors that you use most often as a member of a team. It does not mean that it is the only style you use. All of us have the capacity to use any one of the four styles. We simply use one style – our primary style – most often.

- from *Team Players and Teamwork, New Strategies for Developing Successful Collaboration* by Glenn M. Parker; 2008.

Session B - Assignments

Throughout the week, reflect on a team you are part of and answer the following questions:

- What skills are you using as part of the team?

- What roles do members of the team play? Are some challengers, are some collaborators, are some contributors, or are some communicators?

Session C

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area VI: Professionalism

CDA Content Area V: Managing an Effective Program

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory, by the end of the session they will be able to:

- Identify how they contribute to productive team work
- Describe three different approaches to conflict resolution.
- Practice active listening skills.

Session Overview

Time	Section	Overview
10 minutes	Introduction and Objective Review	• Assignment review • Presentation
25 minutes	Team Member Roles	• Presentation • Activity
30 minutes	How do Teams Develop?	• Large group discussion
25 minutes	Conflict Resolution	• Large group activity • Large group discussion
20 minutes	Communication and Listening	• Presentation • Small group activity
5 minutes	Closing	• Large group activity • Evaluation • Portfolio Assignment
2 hours total		

Group Development Model

Stage 1 – *Forming*

Group depends on the leader for direction. Members have little understanding of role and responsibility of each member. Focus on getting the job done with little higher-level thinking.

Stage 2 – *Storming*

There may be competition within the group as members try to establish themselves. Sub-groups may splinter. Leader begins to focus group on how to best accomplish tasks.

Stage 3 – *Norming*

Roles and responsibilities are established. Team members may be developing more personal relationships. Delegation of tasks may occur. Communication among members is evident. There is a willingness to examine performance.

Stage 4 – *Performing*

Team is performing at levels**.** Shared vision allows further delegation. Conflict is resolved within group through open communication. Leader no longer needs to provide detailed directions for tasks.

Stage 5 – *Adjourning*

The group has accomplished the task(s). Some members are hesitant to move away from the group, especially if formation of a new group is necessary. Discussion and closure activities may be helpful.

Adapted from stages of group development theory by Bruce Tuckman, 1965, 1977.

Conflict Resolution

Denial

Smoothing Over

Power

Compromise

Problem Solving

Conflict on the Job

All team situations in the workplace occasionally encounter conflict. Think back over the past few weeks or months. List at least three conflict situations that occurred in your workplace.

1)

2)

3)

Review the conflict resolution methods discussed earlier. What method was used in the three conflict situations listed above? What was the result?

1)

2)

3)

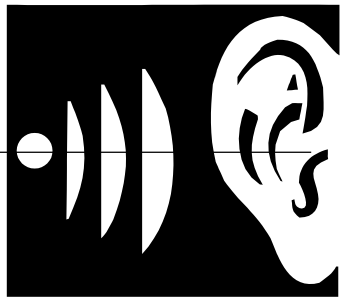
If the result was less than satisfactory, or inadequate, what conflict resolution method might have worked better? Why?

1)

2)

3)

Listening



Be present

Focus your attention

Rephrase

Clarify as needed

Assignment

A reminder: If you have not already printed the licensing information assigned at the end of Session A, please do so and place this in your portfolio.

- **Competency Standard VI: To maintain a commitment to professionalism**

  CSVI RC: Resource Collection Items

  RCVI-1: Find the name and contact information of the agency in Minnesota that is responsible for the regulation of child care centers and homes. (Note: These regulations are available at the website of the National Resource Center for Health and Safety in Child Care: http://nrckids.org/STATES/states.htm).

  Make a copy of the sections that describe the qualification requirements for personnel (teachers, directors and assistants) and group size, adult-child ratio requirements.

It’s All About Relationships

Class 2
2.5 hours

Knowledge and Competency Framework (KCF) Content Area, CDA Content Areas, Parent Aware Training Indicators

The Primary Knowledge and Competency Content Areas, the CDA Content Areas, and (as appropriate) Parent Aware Training Indicators are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

KCF Content Area l: Child Development and Learning

CDA Content Area III: Supporting children’s social and emotional development

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Identify the overall goals, objectives and process of the MNITCDA
- Objective 2: Describe adult-child interactions that foster attachment by using the watch/ask/adapt responsive process

What are 1 or 2 things I know about babies?

Where did I learn those things?

Quotes about Infant Toddler Relationships

"Initially, views of one's self and others develop in relationships." (K. Johnson)

"From birth, children develop a sense of who they are. Relationships with family members, other adults and children, friends and members of their community play a key role in building their identities." (National Council for Curriculum and Assessment, Ireland)

"Early relationships are vital to brain development because they help wire the brain to trust others, to love, and to feel safe and secure." (CSEFEL)

"The motivation to learn language is social. Therefore, it is rooted and nurtured in relationships." (Kubicek)

"Infants learn best through imitation and exploration in the context of secure, limited stress relationships." (Lally)

"Quality of care ultimately boils down to the quality of the relationship between the child care provider or teacher and the child." (Shonkoff & Phillips, 2000)

"All early learning and development occurs within the context of relationships." (various)

With whom do infants and toddlers have relationships?

From ongoing interactions with others, babies learn:

- *How relationships work (What can I expect?)*
- *Whether the world is a safe place to learn & explore*
- *Whether I am worthy of care*
- *Whether I have the ability to get my needs met*

***Secure* attachments help babies:**

- *Learn basic trust*
- *Explore the environment with confidence and security*
- *Self-regulate and manage emotions*
- *Develop an internal working model of relationships*

- *With identity formation, sense of self-esteem*

How do we let babies know they can count on us to keep them safe, and that we will be nearby if they need us?

Video Clip
Notes

What does the baby do to show she sees her mom as a "secure base"?
What does mom do or say to let her baby know that she is there for her baby as a secure base?

The Responsive Process

Step One: Watch

Begin by just watching, not rushing, to do things for the baby.

Watch for both verbal and nonverbal cues.

Step Two: Ask

Ask yourself: What messages is the child sending? What are the emotional, social, intellectual, and physical parts to the message? Does the child want something from me at this moment? If so, ask the child (through actions as well as words): What is it that you want?

Step Three: Adapt

Adapt your actions according to what you believe to be the child's desires.

Watch how the child responds to your actions.

Modify your actions according to the child's response, and watch, ask, and adapt again.

Excerpted from: WestEd. (2014). The Program for Infant/Toddler Care Trainer's Manual, Module I: Social-Emotional Growth and Socialization, 2nd edition (p. 27).
Sacramento, CA: California Department of Education. This document may be reproduced for educational purposes.

Practice Assignment:

Choose 3 times this week to practice using the watch-ask-adapt process with a child in your program. Jot down:

- What cues the child gave you (what you notice when you "watch") and what you think they are trying to tell you
- What you did to "ask" the child if this was what they were trying to tell you
- How did you respond and ways you might have "adapted" (changed what you did based on cues from the child)

Bring those notes to our next session. We will begin by discussing your assignments.

GLOSSARY

***Infant/Infancy*:** the period of life from birth (prenatal) through age 3 (36 months); we will also refer to them as "babies" or "infants and toddlers".

Relationship: Involves emotional connections, endures over time, has special meaning between two people, is built on trust and creates memories and expectations for the people involved.

Attachment: "a specific personal relationship developing between an infant and the caregiver through regular physical and emotional care, considered essential for survival as well as for later physical and mental development."(Gervai, 2009 from Bowlby, 1969). When a secure attachment is formed over time between child and caregiver, the child uses that person as a secure base from which to explore and as a source of safety and comfort when needed

Secure base: Secure base refers to the use of a caregiver as a base from which to explore the environment and to which to return for emotional support.

Watch-ask-adapt/responsive process: the responsive process is about taking cues from each child to know when to expand on the child's initiative, when to guide, when to teach and when to intervene. *The three steps to the responsive process are describe on the next page of this guide.*

Cues: The signals that infants and toddlers exhibit to let their caregiver know what they need and want (facial expressions, gestures) as well as sounds they make (includes words with older children).

Joint attention: when both the adult and the child are focusing on the same thing at the same time, communicating to each other nonverbally, a shared interest in another object by looking at the object and each other (to make the connection of shared interest), pointing, etc.

Red flag: behaviors that cause you concern in an area(s) of a child's development. They should warn you to stop, look, and think, and then observe and document.

Caregiver/teacher/provider: we will refer to those of you who are taking care of someone else's child outside of that child's home as "caregivers". At times we may use "teacher," "care teacher" or "provider" as well: when we do we are likely referring to the role both in centers and in family child care settings unless otherwise noted. Sometimes we use the term "primary caregiver" to refer to the person who has the main daily responsibility for caring for an infant. We might refer to the primary caregiver or caregivers in a family OR we may refer to a primary caregiver or caregivers in a child caregiving setting.

Resources:

- Center for Disease Control's website on developmental milestones and warning signs at http://www.cdc.gov/ncbddd/actearly/milestones/
- Video clips on "Learning opportunities for children up to age 4" from Switzerland in English, Spanish (and 11 other languages including Tigringa) at http://www.kinder-4.ch/en/filme_alter
- To watch a 38 minute video presentation on Infant Mental Health which includes Dr. Alan Sroufe describing attachment research, go to https://umconnect.umn.edu/p37236982/ This video is part of a series of free training modules developed by CEED and the Center for Advanced Studies in Child Welfare
- To read a CEED newsletter focused on attachment: http://www.cehd.umn.edu/ceed/publications/earlyreport/earlyreportwinter1991.html
- The book used was Pouch by David Ezra Stein, 2009 (Penguin Young Readers Group).

NOTES

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_____

_____

_____

_____

Establishing Supportive Relationships with Families

Class 3
2 hours

Knowledge and Competency Framework (KCF) Content Area, CDA Content Areas, Parent Aware Training Indicators The Primary Knowledge and Competency Content Areas, the CDA Content Areas, and (as appropriate) Parent Aware Training Indicators are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area lll: Relationships with Families

CDA Content Area: Standard IV: To establish positive and productive relationships with families

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Recognize one's own emotional responses to babies (and their families) are based in protective urges and one's own cultural frame
- Objective 2: Explore strategies for promoting cultural continuity with families
- Objective 3: Generate strategies to build trust with families, attending to context (including a child of parent with a special need)

GLOSSARY

Culture: "Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It comprises beliefs about reality, how people should interact with each other, what they 'know' about the world, and how they should respond to the social and material environments in which they find themselves." (PITC).

Cultural continuity: Working with families to ~~be~~ learn about their values, beliefs and goals in order to support consistent care practices between home and child care. Because children develop a sense of who they are in the context of culture, cultural continuity supports facilitate a sense of harmony and familiarity between home and care settings.

Cultural humility: An active self-reflection and critical consciousness of one's own assumptions, beliefs, values, and worldview; and knowing the limitations of one's own perspective.

Protective urges: the natural drive to protect young children. Protective urges are so strong that they can lead to strong feelings and reactions in adults. For example, the natural (biological) response we feel when we hear a crying infant.

Identity: One's developing sense of self. Young infants start with a sense of themselves as connected to those who care for them. Over the first 6 months of life, they begin to develop a sense of who they are as separate from their parent/primary caregiver. Infants' and toddlers' sense of self is strongly affected by relationships with parents and primary caregivers.

Parallel Process (Do unto others as you would have others do unto others. Jeree Pawl): This refers to the parallel process of our building a relationship with the parent that contributes to the parent's ability to build a positive relationship with his or her child. Whatever you do for the parent, you are also doing for the child. Be aware of the parent's vulnerability. Parenting/caregiving is a deeply personal experience.

How do you welcome a new baby in your family?

What you do to welcome a new *baby* into your program?

How do you welcome their family?

Culturally and Contextually Responsive Care and Identity Formation

- Culture is a fundamental building block in the development of a child's identity
- Through cultural learning, children gain a feeling of belonging, a sense of personal history, and security in knowing who they are and where they come from
- The childcare experience should be in harmony with the culture of the home Therefore, caregivers should pay great attention to incorporating home practices into care.

- Other contextual factors to attend to in understanding influences on family, home and identity:
  - Disability
  - Community (including rural, urban, suburban)
  - Income
  - Housing

- Research suggests that infants and toddlers learn many lessons from their caregivers. Some of the lessons that may become incorporated into a child's *sense of self* (identity) are:
  - What to fear
  - Which of one's behaviors are seen as appropriate
  - How one's messages are received & acted upon
  - How successful one is at getting one's needs met by others
  - What emotions and intensity level of emotions one can safely display
  - How interesting one is
  - How competent one is

Adapted from Janet Gonzalez-Mena & Intisar Shareef, 2003. *PITC Essential Policies: Culturally Responsive Care.*

Resources

- Babies DVD (Focus Features, Directed by Thomas Balmes) or link to preview:

  https://www.youtube.com/watch?v=vB36k0hGxDM

Handout:

CULTURE AS A PROCESS

Described below are six important concepts about "the deep structure of culture." Awareness of them helps us understand culture as a process.

1. Culture is a set of rules for behavior. You cannot "see" culture because you cannot see the rules; you can only see the behaviors the rules produce. Yet, culture rules do not cause behavior, they influence people to behave similarly, in ways which help them to understand each other. It is by understanding your culture's rules that you know how to greet a person younger than you, older then you, a friend, a stranger. Cultural rules help you to know how to hold a baby. Culture rules shape food preferences, and celebrations – determine whether you celebrate the sun or the moon, whether you wear a dress or pants, or nothing at all. These rules give meaning to all the events and experiences of life. The essence of culture is not the behaviors themselves, but the rules that produce the behaviors.

2. Culture is characteristic of groups. The rules of a culture are shared by the group, not invented by the individual, the rules of the *group*, which are passed on from one generation to the next from the core of culture. It is a mistake to confuse individual differences with group cultural differences. Every person develops a unique personality as a result of their personal history, and at the same time develops within a cultural context with some behavioral characteristics, which are shared with other members of the group.

3. Culture is learned. No one is born acculturated; rather, we are born with a biological capacity to learn. *What* each person learns depends upon the cultural rules of the people who raise them. Some rules are taught with words "hold your fork in your right hand, and your knife in your left." Other rules are demonstrated by actions -- when to smile, how close to stand when talking to someone. Because culture is learned, it is a mistake to assume a person's culture by the way s/he looks. Someone can be racially black and culturally Irish. A person can also become bi-cultural or tri-cultural by learning the rules of cultures other than his or her own primary group.

4. Individual members of a culture are embedded to different degrees within their culture. Because culture is learned, it can be *well* learned by some people in the group and less *well* learned by others. As children are acculturated, they usually learn the core rules of their culture, yet they may not always learn every cultural rule equally well. Some families are more tradition oriented, others less. Further, even when families and individuals learn the cultural rules, they may not always behave according to the rules they have learned -- some people are conformists, others are non-conformists. As a consequence of both phenomena, we say that the behavior of members of a culture will vary depending upon how deeply *embedded* his or her experiences are within the core of the culture. As we work with individual families, thinking about behavioral variations in this way helps us understand why, for instance, all Japanese people don't always "act Japanese."

5. Cultures borrow and share rules. Every cultural group has its own set of core behavioral rules and is, therefore, unique; yet some of the rules of Culture A may be the same as the rules of Culture B. This happens because cultural rules evolve and change over time, and sometimes when two groups have extensive contact with one another, they influence each other in some areas. Thus two groups of people may speak the same language, yet have different rules about roles for women. Understanding this helps us avoid becoming confused when a person from another culture is so much like you in some ways, yet so different in others.

6. Members of a cultural group may be proficient at cultural behavior but unable to describe the rules. Acculturation is a natural process, and as we become acculturated, we are not conscious that our ideas and behaviors are being shaped by a unique set of rules. Just as a 4-yeard old who is proficient with language couldn't, if asked, diagram a sentence or explain the rules of grammar, so also do people become thoroughly proficient with cultural behavior without consciously knowing that they are behaving according to rules. Understanding acculturation in this way explains why you can't walk up to a person and ask them to teach you their culture. Nor could you probably explain your own.

Adapted from: Amini Virmani, E. & Mangione, P.L. (Ed.). (2013). I*nfant/Toddler Caregiving: A Guide to Culturally Sensitive Care (2nd ed.)*(pp. 6-8). Sacramento, CA: California Department of Education. This document may be reproduced for educational purposes.

Your practice assignment is:

1. Choose one baby or toddler and their family as your focus. Pay attention to what you do to greet the baby and family EACH DAY and what you do when the child and parent (or other family member who picks up/drops off) greet each other at the end of the day.

2. After a few days, notice your routines and write down two new things you would like to do to welcome them when they arrive.

3. Write down two new things you would like to do to help the parent (or other key adult) and child greet each other at the end of the day.

4. Set a time to talk with the person who regularly drops off and/or picks up the baby. Tell them you have been trying a couple of new ways to help families and children be more comfortable when they drop off and pick up their child.

5. Describe what you tried and ask if they have any thoughts or anything else that would make the transitions easier.

NOTES

Clean, Safe, Sanitary Environments

Class 4
Sessions A & B
4 hours

Session A

Time: **Location:**

KCF Content Area: VII Health, Safety and Nutrition

CDA Content Area: Safe, Healthy, Learning Environment

Learning Objectives

- Identify five components necessary to maintain a clean and sanitary environment
- Describe effective hand-washing techniques and when they should be utilized
- Explain appropriate diapering and toilet-training procedures
- Recognize potential blood-borne pathogen exposure incidents and identify procedures for effective precaution and containment

Session Outline

Section	Overview
Introduction **Objective review**	• Presentation
Basic Sanitation	• Large group discussion
	• Small group discussion • Small group activity
Hand-washing	• Large group discussion • Demonstration and practice
Diapering and toilet-training	• Large group discussion • Small group discussion
Universal Precautions **A. Define** **B. Preventing exposure**	• Large group discussion • Small group activity
Closing	• Presentation • Evaluation • CDA Portfolio Assignment

Steps for Sanitizing or Disinfecting

Bleach solutions: https://www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases/bleach-solutions.pdf?la=en&hash=EFF7F9A811430603659E8131686E8E9ACE9B7430

Steps:

1) Spray surface with soapy water to CLEAN.
2) Spray surface with plain water to RINSE.
3) Spray surface with appropriate bleach solution (sanitizer or disinfectant) depending on the area it's being used in.
4) Let sit for 2 minutes- this is the required dwell time for bleach in order to meet all its kill claims.

Test the sanitizer strength of bleach daily. It should test between 50-100 ppm.

If using a product other than bleach, reference this chart to ensure all criteria are met:

https://www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases/choosing-a-bleach-alternative.pdf?la=en&hash=34205AA3E065F1E344BE895C2596DC2890105D97

CLEANING/SANITIZING/DISINFECTING GUIDELINES FOR SPECIFIC ITEMS/AREAS

Item/Area	How often	Clean	Disinfect	Sanitize
CHILD AREAS				
Shared objects (toys, mouthed objects, food utensils)	At least daily and when soiled	√		√
Cots and mats	Before use by another child	√		
Cribs and crib rails	Weekly if used by same child; before use by new child; or when soiled	√		√
Dress-up clothes	Launder weekly	√		
Machine washable cloth toys	Launder weekly	√		
Pacifiers	Clean before use; sanitize if suspected or observed that pacifier was shared	√		√
Tabletops and highchair trays	Before and after food activity and when soiled	√		√
Thermometers	Use disposable; if not, between each child	√		√
Toothbrushes and toothbrush holder	Let toothbrushes air dry and store with bristle end up and not touching any other surfaces; sanitize toothbrush holders as needed	√		√
Water play tables	After each use and in between use if used by different classrooms	√	√	
TOILET/DIAPERING AREAS				
Diaper changing/toileting area Potty chairs (discouraged because of high risk of contamination) Pull out toilet seat	After each child's use	√	√	
Diaper and waste pails	Daily and when visibly soiled	√	√	
Toilet seats, handles, door knobs	Daily and when visibly soiled	√	√	
Toilet bowls	Daily	√	√	
Handwashing sinks, faucets, counters, door knobs, soap dispensers	Daily and when soiled	√	√	
Floors in toilet/diapering areas	Daily and when soiled	√	√	
GENERAL				
Mops and cleaning rags	After each use	√	√	
Carpet	Vacuum daily; clean monthly in infant/toddler rooms, every 3 months in other areas. Spot clean/disinfect following a body fluid spill.	Use carpet shampoo cleaners and commercial spot removers. Clean when children are gone, vacuum after carpet is dry.		
Surfaces and objects contaminated with blood, urine, vomit, or stool	Immediately after each soiling	√	√	If mouthed items √
Floors	Vacuum or sweep and mop daily and when soiled	√	√	
KITCHEN FOOD PREPARATION AREAS				
Food preparation surfaces	Before and after food preparation, between preparation of raw and cooked foods	√		√
Bottles, dishes, utensils	Between each use; can use dishwasher	√		√
Food preparation appliances	Daily	√		√

Adapted from *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2014: Appendix K. Prepared by Hennepin County Human Services and Public Health Department (HSPHD)

July 2017

Cleaning throughout the Day

Keeping your early childhood environment orderly and clean is one of the many ways to promote learning throughout the day. A few simple actions beyond daily cleaning, disinfecting and sanitizing routines will help you provide the highest quality early childhood setting.

These actions include:

- Straighten as you go. Caregivers should model, help, and encourage children to clean up an area or activity (to the best of their developmental ability) before moving on to the next activity. For children, this may include putting toys away, clearing off and wiping down surfaces, setting tables, etc. Remember to never allow children access to cleaning solutions beyond soap and water.
- Arrange toys and materials in locations accessible to the children. This not only creates a child-choice setting but allows them to put materials away where they belong.
- Clean and sanitize tables, chairs, high chairs, and other surfaces used for multiple purposes as they are used.
- Prevent possible slips, trips, or falls by immediately wiping up (and disinfecting if necessary) any liquids, food, or materials on the floor.

- Put away food and dishes after snacks and lunch.
- Empty garbage cans when they are full. Reline with a new garbage bag.
- Sweep floors (particularly under tables and chairs) after meals or messy activities.
- Replace or re-fill all consumable materials (i.e. paper, crayons, paint, etc.) as they empty out.
- Take advantage of nap time (if applicable) to accomplish cleaning tasks such as:

  - A quick mop of non-carpeted areas. Mop using warm water and floor-cleaning solution. Go over the area with a dry mop to absorb moisture and allow the floor to dry more quickly. Make sure the floor is dry before children or caregivers are permitted on them to avoid potential slips.
  - Clean dishes from lunch.
  - If there is not a designated nap time when these can be accomplished, find another time during the day when children are not present or direct supervision is not compromised.

Reminder: Keep all cleaning supplies in an inaccessible and preferably locked location.

When Should Hands be Washed?

Caregivers:

Children:

Hand-washing

Effective hand-washing is one of the best ways to prevent illness and the spread of germs.

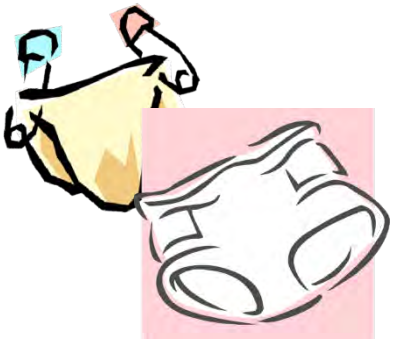
To thoroughly and effectively wash hands, follow these steps:

1. Turn on the water and adjust to a warm temperature.
2. Wet both hands under the running water.
3. Apply liquid soap to hands.
4. Briskly rub the hands together until a soapy lather appears and continue for at least 20 seconds.
5. Thoroughly wash all areas of both hands including between fingers, around nail beds, under fingernails and jewelry, palms, backs of hands, and wrists.
6. Rinse hands thoroughly under running water until they are free of all soap and dirt.
7. Dry hands with a clean, disposable paper towel.
8. Turn water off with a paper towel.
9. Throw the paper towel into a lined trash container.

Diaper Changing Procedures

Diaper changing is a simple procedure that quickly becomes routine. Follow the safe, sanitary process listed below to decrease the spread of illness and promote wellness among children and caregivers.

1. Gather supplies (i.e. fresh diapers, wipes, diaper ointment, vinyl/nitrile gloves, etc.) and place them on the diaper changing table or within hands reach.
2. Ensure the diaper changing table has been disinfected since last used. (If not, disinfect.) Place a disposable paper barrier the length of the child on the diapering surface.
3. Wash hands thoroughly and put on disposable non-latex/nitrile gloves.
4. Pick up the child or walk him/her to the diaper changing table. Gently lay the child down on the diapering surface. (If you have steps leading up to the diapering area, supervise and assist the child.)
5. Remove soiled or wet diaper. If clothes are soiled, remove them.
6. Clean child's bottom with moist disposable wipes. Wipe from front to back, using 1 wipe per swipe.
7. Put the soiled wipes inside the diaper and fold.
8. Holding the soiled diaper in your gloved hand, peel off gloves around, enclosing the soiled diaper inside the glove. Or, place the soiled diaper in a plastic bag and then throw diaper and soiled gloves away in a lined, covered, hands-free diaper pail.
9. Put a fresh diaper on the child and re-dress in clean clothes if necessary.
10. Assisting (or supervising) the child, wash the child's hands. Immediately after returning the child to wherever the child is supposed to be without touching anything, the staff member should return to the diapering table to begin to clean up.
11. Remove the disposable paper covering from the diapering surface and dispose of it in the diaper pail.
12. Immediately wash, rinse, and disinfect the diapering area. Allow diapering surface to air dry.
13. Thoroughly wash your hands using effective hand-washing procedures.



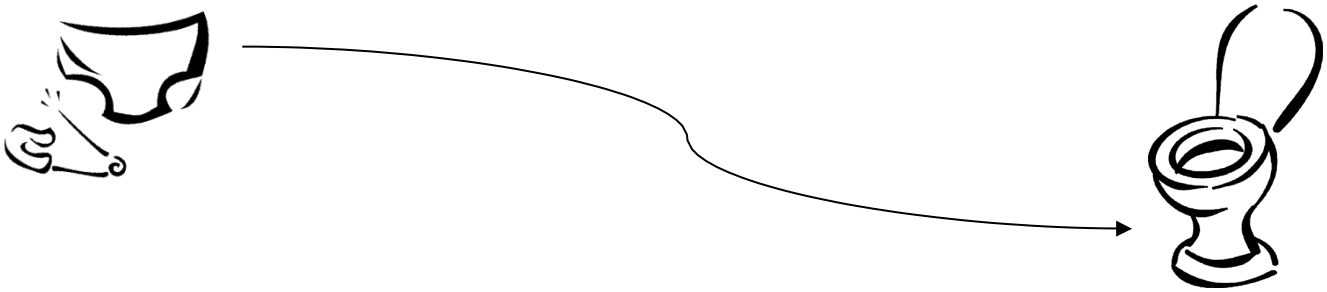
Note: If using cloth diapers, a separate diaper pail is required. Typically, soiled or wet cloth diaper covers go in the cloth diaper pail, while soiled gloves, disposable coverings, and wipes go in the disposable diaper pail. Check with your diaper service for specific information.

Time to Begin…

Scenario: The parents of a two-and-a-half-year-old child in your care approach you one day about toilet-training. They've noticed that a couple other children about the same age are using the bathroom. They would like you to start toilet-training their son tomorrow.

What are the next steps with this family?

What questions might you ask this family?



Methods of Compliance:

1) Disposal bags
2) Paper towels
3) Resuscitation mouth pieces
4) Gloves—vinyl or nitrile
5) Handwashing
6) Eye protection (now required by DHS)
7) Sharps container (now required by DHS)
8) Disinfectant

Exposure or Not?

At some point, caregivers in an early childhood program will find themselves in a situation that may be an "exposure incident" for blood-borne pathogens.
Examine the scenarios below. Are they "exposure incidents" or not?

1. You pick up a toddler and realize they have had a potty accident. It has soaked through the toddlers' pants and on to your hand. Is this an exposure incident?

2. While reading a story with you, a child picks at a scab until it begins to bleed. He reaches over and grabs your hand, coming in to contact with your fresh, open paper cut. His hand has blood on it where he touched you. Is this an exposure incident?

3. An infant you are rocking to sleep suddenly vomits on and down the front of your shirt. You notice a pink tinge to the vomit and wonder if it could be blood. Is this an exposure incident?

4. While outside, a child falls and injuries herself on a couple small sticks on the ground. The sticks have broken her skin and she is bleeding. You put on gloves and begin to assist her. While cleaning off the blood, you cut your glove and hand on a small sliver caught in the wound. Is this an exposure incident?

Resources

American Academy of Pediatrics: www.aap.org – multiple resources related to health and safety for health care providers, child care providers, and families

Infectious Diseases in Childcare and School Settings
http://www.health.state.mn.us/handhygiene/schools/daycaremanual.html

Up-to-date resources for common infectious illnesses and prevention within childcare settings:

Bleach solutions: https://www.hennepin.us/-/media/hennepinus/residents/health- medical/infectious-diseases/bleach-solutions.pdf?la=en&hash=EFF7F9A811430603659E8131686E8E9ACE9B7430

Non-bleach solutions: https://www.hennepin.us/-/media/hennepinus/residents/health- medical/infectious-diseases/choosing-a-bleach-alternative.pdf?la=en&hash=34205AA3E065F1E344BE895C2596DC2890105D97

"Car Seats Made Simple" – www.carseatsmadesimple.org – offers information on how to choose a car seat, where car seat clinics are being held, recall information, and more

Centers for Disease Control (CDC) – www.cdc.gov – multiple resources related to health, injuries, and communicable diseases; information on vaccinations and schedules: https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html.

Fire Department – provide safety information and safety programs for children

Library – community resource for books, videos, DVDs, videos, etc.

Child Care Aware https://www.childcareawaremn.org/ supporting the professional growth of **child care** providers and connecting families to quality **child care** statewide

Minnesota Dept. of Health – www.health.state.mn.us – provides information related to health promotion and safety issues for all ages

Minnesota Poison Control Center – www.mnpoision.org – emergency resource for poisonings as well as information to prevent poisonings

Minnesota Safe Kids Coalition - https://www.minnesotasafetycouncil.org/safekids/index.cfm **-** group of organizations who promote the safety of children

Minnesota Safety Council – www.minnesotasafetycouncil.org – resources on injury prevention, work related safety issues, winter safety, and more

Minnesota State Fire Marshal's Office – www.fire.state.mn.us – information related to Minnesota State safety codes; a safety curriculum for children pre-K through grade 8

MN Statute Rule 9502 & Rule 9503 –-https://www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases/childcare-schools- law.pdf?la=en
Minnesota state guidelines governing family child care (in-home) and community/center child care

National Highway Traffic Safety Administration (NHTSA) – www.nhtsa.gov – provides information on child safety seats, recalls, bike safety, pedestrian safety, etc.

National Safety Council – www.nsc.org **–** resources related to injury prevention

Public Health Agency – provide various resources related to all aspects of community health, including health & safety, immunizations, communicable diseases, etc.

U.S. Consumer Product Safety Commission – www.cpsc.gov – resources on the safety of products and recalls

Session A – Portfolio Assignments

Complete this assignment for your portfolio

1. **CDA Competency Standard I: To establish and maintain a safe, healthy learning environment.**

   CSI: Reflective Competency Statement I

   CSI: Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.

Session B

Time: **Location:**

Knowledge and Competency Framework (KCF), CDA Content Area

The KCF and CDA Content Areas are listed here to help you understand why these topics are part of the MN CDA and where you can go for further information. These may not be the only areas addressed, but they are the primary influences behind the session content.

KCF Content Area: VII Health, Safety and Nutrition

CDA Content Area: Safe, Healthy, Learning Environment

Learning Objectives

- Recognize elements of a safe environment crucial to preventing and reducing injuries
- Define five possible workplace hazards found in an early childhood environment
- Identify five proactive caregiver solutions to potential workplace hazards

Session Outline

Section	Overview
Introduction and objective review	● Debrief ● Presentation
Hazards in the Environment	● Large group discussion ● Small group discussion
Workplace Safety	● Large group discussion ● Large group activity ● Small group discussion
Closing	● Small group activity ● Presentation ● Individual work

Indoor Safety Checklist

Review the following on a frequent basis to avoid unnecessary hazardous situations in the indoor environment.

General considerations:

- Hot water temperature is set to 120° F or less. The water in the faucets is regularly checked before exposing children.
- Hot foods or liquids are out of reach of children and always under direct adult supervision. Hot liquids such as coffee cannot even be in the classroom if they are out of reach of children in center-based programs.
- Poisonous items, such as cosmetics, medicine, cleaning supplies, and other items labeled “keep out of reach of children” are kept in an inaccessible, preferably locked, cabinet. Staff purses and bags are kept out of reach of children.
- Plastic bags are stored so they are inaccessible to children as they pose a suffocation risk.
- Food allergy must be posted with child’s name, allergy, reaction and caregiver action where the food is prepared AND served.
- Accessible electrical outlets are protected with safety covers that children cannot remove (i.e. screw mounted outlet covers), or are the GFCI (ground-fault-circuit-interrupter) type.
- Electrical cords and window cords are secure and inaccessible to children (kept out of their reach).
- Equipment with lids or doors large enough for children to crawl in (i.e. toy box, dramatic play furniture) cannot be latched from the inside. Hinges are checked regularly to ensure proper working order.
- Shelving, equipment, furniture, toys, tables, chairs, etc. are checked for sharp edges, missing parts, loose pieces, and wear-n-tear that might cause injuries.
- Floor is cleared regularly of tripping hazards.
- Safety gates are used at the top of stairs.
- Rugs and mats should have a non-skid backing and be free of frayed or curled edges. They should be secured and not pose a tripping hazard.
- Windows have screens. When open, windows latch in to place and are not propped. For programs serving children under age 5, the opening is no more than 3.5 inches to prevent children getting through and/or getting their head stuck.
- Emergency exits are free of obstruction.

- Cabinets and drawers have child safety latches.
- Finger-pinch devices are installed wherever doors are accessible to children. This is not a requirement but is best practice. If door guards are not present, staff have to supervise children to not open doors.
- Children are never left unattended or unsupervised around standing water this includes toilets, sensory tables or tubs, pools, bathtubs, etc.
- Caregiver items are inaccessible and preferably stored in a locked cabinet. This includes, but is not limited to:
    - Personal items – purse, medications, cosmetics, sprays, perfumes, etc.
    - Program items – scissors, starch, stapler, push pins, etc.

Additional Infant/Toddler/Two Considerations for Indoor Safety

- Crib is free of plastics, pillows, stuffed animals, bumper pads, or other soft plush items that may be a suffocation hazard. Nothing is in the crib except for a properly fitting mattress and a tight-fitting sheet that cannot be easily dislodged when pulled at the corner. Infant can have a sleep sack and a pacifier. Nothing else must be in the crib except the baby and pacifier. (Pacifier cannot have any attachments- clips, strings, giraffes, et
- Cribs are checked with the DHS crib inspection form monthly. Cribs have to meet federal regulations so all cribs must have slats that meet regulations. The crib check form will require the staff to check for the mattress coming to the edge, etc.

  Crib Check Form for FCC:
  http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178540.pdf

  Crib Check Form for Centers:
  http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178568.pdf
- Toys, equipment, climbers, shelves, etc. have rounded (or protected) edges. Climbers must be placed over a shock-absorbing surface.
- Buy toys and materials larger than two inches in diameter. If unsure, test with a choke tube or empty toilet paper tube. If the toy/material fits inside the tube it is a choking hazard and should not be accessible to infants, toddlers, or two-year-olds without immediate adult supervision.
- There are no Styrofoam objects, plastic bags, or latex (rubber) balloons accessible to children.
- Floor is frequently checked and cleared of choking hazards, spilled food or liquids, sharp objects, etc.
- Large furniture and equipment is secure, allowing children to pull themselves up without toppling, shaking, or collapsing.

- Art materials that cannot be safely consumed (even though that is not their intent) are only used under direct adult supervision.

Outdoor Safety Checklist

Review the following on a frequent basis to avoid unnecessary hazardous situations in the outdoor environment.

- Outdoor play area is contained by a fence or other barrier that prevents children from leaving the designated area.
- Outdoor play area is free of anthills, beehives, wasp nests, and other potentially harmful insects.
- Outdoor play area is free from poisonous plants, litter, and trash.
- Caregiver outdoor equipment, tools, or substances labeled "keep out of reach of children" (i.e. lawn mower, shovel, weed killer) are inaccessible and locked away.
- Outdoor play equipment is free from sharp edges, cracking, rotting, rust, missing parts, loose pieces, peeling paint, and broken sections.
- Outdoor play equipment matches the developmental abilities of the children using it.
- Outdoor play area is free of tripping hazards.
- Adequate fall zones are under climbing structures (6 foot fall zone).
- Outdoor play equipment is not too high (i.e. 1 foot per year of age above fall surface), is secure and stable. Outdoor climbing equipment needs to be on a shock-absorbing surface. Rubber tiles need to be at least 6" deep and all others at least 9" deep. Staff should regularly check for depth of surfacing and replace as needed.
- Climbing structures and other equipment pose no risk of entanglement or head entrapment with openings between 3 ½ inches and 9 inches across.
- Sandboxes are raked daily and checked for objects or animal droppings.
- Permanent water features (i.e. pool) are fenced and are only accessible with direct adult supervision.
- A well-stocked first aid kit is permanently available in the outdoor play space.
- Outdoor temperature is between 15 degrees F and 90 degrees F, including wind chill. Children are dressed appropriately for the weather. Access the "Child Care Weather Watch" for monitoring outdoor conditions: http://www.c-uphd.org/documents/wellness/weatherwatch.pdf

Lifting, Bending, and Sitting Safely

Lifting Safely

Bending Safely

Sitting Safely

Safety Bingo

		Free space		

Preventing Stress

List tricks, tips, and strategies for preventing (or combating) occupational stress.

Top Ten Prevention Techniques

Equipment and safety device related techniques:

1.

2.

3.

4.

5.

Caregiver actions and techniques:

1.

2.

3.

4.

5.

Learning Log

Take a few minutes to reflect on what you have learned in all three sessions of this class. Use the spaces below to capture your ideas and plans for action.

In this class I learned…

Based on what I learned,

some things I plan to do …

This class started me thinking about…

Resources for Session B

Checklists for Crib Checks:

FCC:
http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178540.pdf

Center:

http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178568.pdf

Child Care Weather Watch" for monitoring outdoor conditions: http://www.c-uphd.org/documents/wellness/weatherwatch.pdf

Welcoming Families: Creating Cultural Connections

Class 5
Session A and B
6 hours

Session A

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area III: Relationships with Families

CDA Content Area IV: Building Productive Relationships with Families

Learning Objectives:

- *Describe how cultural or racial bias can influence our interactions with children and families;*
- *Define family-centered care; and*
- *Complete a self-assessment on cultural and linguistic competencies and identify ways to use the information to improve program quality.*

Session A

The purpose of this class is to help you find ways and resources to welcome all families, reflect on our own practices and biases, and find new ways to communicate with and support all families in your program.

Welcoming People into My Home

When you were growing up, how did your family welcome guests into your home? What did you do or say to make the guests feel welcome? How did you expect your visitors to act or respond?

Glossary

Bias. Opinions that are influenced by personal experiences from which people have formed prejudices. We ALL have biases in one way or another.

Cultural awareness. Being cognizant, observant, and conscious of similarities and differences among and between cultural groups (National Center for Cultural Competence).

Cultural competence (for an individual). Our ability to work effectively with people from all backgrounds; in this case, our ability to make families feel we are working with them in a partnership regarding the care and education of their children. Cultural competence applies to individuals and organizations.

Cultural continuity. Working with families to learn about their values, beliefs, and goals in order to support consistent care practices between home and child care. Because children develop a sense of who they are in the context of culture, cultural continuity supports a sense of harmony and familiarity between home and care settings.

Cultural humility. Being aware that you cannot be an expert on how another person experiences their own culture. Avoiding assumptions and working to understand the other person's perspective on how their culture influences and shapes them.

Culture – Two Definitions:

"Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It comprises beliefs about reality, how people should interact with each other, what they 'know' about the world, and how they should respond to the social and material environments in which they find themselves." (PITC Guide to Culturally Sensitive Care, 2nd ed., p.xi).

"Culture is more than a collection of artifacts and holidays. In its broadest sense, it is a set of values, attitudes, beliefs, and rules for behavior by which we organize and give meaning to the world." (Carol Brunson Day, 1988)

Discrimination. Behavior that treats people unequally or inequitably because of their group affiliation or membership. This can be behavior of an individual, a group, an organization or a policy or practice. Discrimination often comes out of a person's prejudice and stereotypes.

Empathy. Understanding so intimate that the feelings, thoughts, and motives of one are easily comprehended by another. Children watch the people around them all the time and they are much more empathetic than we may think. It is a caregiver's job to help children learn how to put their

empathy into words and actions.

Family. A group of people who love and support one another. Numerous family structures exist. Family-centered care works to promote the health and wellbeing of all children and their families through respectful partnerships

Identity. One's developing sense of self. Young infants start with a sense of themselves as connected to those who care for them. Over the first 6 months of life, they begin to develop a sense of who they are as separate from their parent/primary caregiver. Young children's sense of self is strongly affected by relationships with parents and primary caregivers.

Implicit bias. Subtle, often subconscious, stereotypes that guide our expectations and interactions with people.

Perspective taking. The ability to feel or imagine what another person feels or might feel; putting yourself in someone else's "shoes" to see life experiences from their viewpoint.

Prejudice. An opinion, prejudgment, or attitude about a group or individual members. Teaching Tolerance notes that while a prejudice can be positive, it often refers to a negative attitude and may be accompanied by fear and hate.

Racism. "An attitude, action, or practice of an individual or institution, backed by societal power, that undermines human and legal rights because of specific physical characteristics such as skin color" (Derman Sparks & Olson Edwards, 2010).

Stereotype. An exaggerated belief, image, or distorted truth about a person or group; a generalization that allows for little or no individual differences or social variation. Stereotypes are based on images in mass media, or reputations passed on by parents, peers and other members of society. Stereotypes can be positive or negative.

1. *When you were growing up, what is one thing you were taught by your family about how to behave in school?*

2. *What is one thing you were taught about how to behave in school that you still believe is important?*

3. *What is one thing you were taught about how to behave in school that you feel differently about now (or no longer believe)?*

What's one thing you do in your program that you would like parents to know?

Why do you do this?

TWO WAY COMMUNICATION WITH FAMILIES

What are some of the ways that families communicate with you?

How do you find out about family preferences for communication (such as who, how, and when)?

What are some ways that you find out more about families as they enter your program?

How and when do you communicate with families?

What do you communicate about?

CULTURAL CONTINUITY

4

What are some ways you find out how families do things at home, so that you can try to provide cultural continuity?

What do you do to get to know families over time?

Video Notes: California Early Childhood Educator Competencies: Culture, Diversity and Equity

ACKNOWLEDGE: Reflect and Listen:

- Communicate awareness of the issue
- Convey sincere interest and responsiveness
- Involve the family in seeking a joint solution

When we acknowledge, we recognize that there is a shared need, concern or difference (differing views). Part of coming to a new agreed upon solution is looking into ourselves and asking:
What is it that I am trying to do or say (what is my intent)? What is my bottom line (things I cannot give up)?

ASK: Learn about the Parent's Point of View

- Gather data, clarify
- Pay attention to verbal and nonverbal responses
- Restate what you think the parent/other person is saying

Asking needs to be genuine: we really want to learn more about what the other person thinks. Trying to take their perspective is one way to try and understand it. This is an exchange of ideas.

ADAPT: Work with the Parent/Family Toward a Solution:

- Listen for areas of common agreement
- Negotiate around important issues
- Seek win-win solutions

What is in the best interest of the child? What is our common ground? The goal is to come to an answer together, one that feels productive for both.

CELEBRATING HOLIDAYS

Avoid

- Trivializing (by only "visiting" a culture)
- Misinformation (do your research)
- Creating "in" and "out" groups

Gather input from families

Develop a policy

Resources on Celebrating Holidays

- Article on ideas on alternative approaches to holidays: https://www.naeyc.org/resources/topics/anti-bias-education/holidays
- "Celebrate! 2nd Edition: An Anti-Bias Guide to Including Holidays in Early Childhood Programs" by Bisson.
- "Anti-Bias Education for Young Children and Ourselves" by Derman Sparks & Olsen Edwards (2010) has a chapter on the topic

What is one idea from today that you want to try or one thing you want to do differently?

CDA Portfolio Assignment: Begin this assignment for your portfolio

CDA Competency Standard IV: To establish positive and productive relationships with families

CSIV: Reflective Competency Statement IV

CSIV: Begin your Reflective Statement about this Competency Standard with a paragraph describing how you teaching practices meet this Standard. Then prepare at least one paragraph on each of the following:

CSIVa: How do you ensure that families are kept aware of what's happening in their child's daily/weekly life in your program?

CSIVb: How do you ensure that you are aware of what's happening in each child's home life? How does that awareness direct your teaching practices?

Session B Welcoming Families: Creating Cultural Connections

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area III: Relationships with Families

CDA Content Area IV: Building Productive Relationships with Families

Learning Objectives:

- *Describe how cultural or racial bias can influence our interactions with children and families;*
- *Examine strategies to address bias;*
- *Identify supportive strategies to build family partnerships.*

Session Overview

Time	Section	Overview
5 minutes	Introduction	• Welcome and Introductions • Review class objectives and concepts from the previous session
50 minutes	Implicit Bias, Race and Culture	• Presentation and video– The Impact of Bias in Preschool • Presentation and Reflections-Strategies for Addressing Implicit Bias • Large group Discussion- Perspective Taking • Presentation and Large Group Discussion- Interacting with Others
30 minutes	Addressing Bias with Children	• Presentation – Children and Bias
20 minutes	Recognizing and Responding to Family Risk Factors	• Presentation – Factors influencing family involvement • The Importance of Fathers
30 minutes	Parents as Partners	• Activity – Strengthening Families™ Approach • Presentation/Discussion – Inviting parents in
35 minutes	Conferences and Connections	• Presentation – Parent-teacher conferences • Activity – Making connections
10 minutes	Closing	• Discuss – Review and work on Portfolio assignment • Discussion – Reflection
3 hours total		

Video Notes: “Who Is Being Expelled from Preschools, and Why?”

Counting Implicit Bias in Ourselves

1. *Self-awareness of our own implicit biases is an important first step.*

2. *Perspective taking (seeing through another’s lens, walking in another’s shoes) builds empathy and can reduce implicit bias.*

3. *Exposure to counter-stereotypical and positive images can reduce bias.*

4. *Opportunities to engage in constructive dialogue with diverse partners can help reduce implicit bias.*

How do I view behavior?

How do I view children’s behavior and the meaning of that behavior?
Who “gets in trouble” in my program/classroom?
Who do I expect to miss behave? Why? How do I talk or think about that child or children? Are there any patterns that show I may be reacting more strongly or more often to some children than others? Why might that be happening? What feelings does that bring up in me?

Project Implicit is a non-profit effort launched by researchers from different universities who are studying the topic. If you go to their website, you can take a test that will tell you about “your implicit associations about race, gender, sexual orientation, and other topics” (Social Attitudes) or a test about attitudes toward different mental health related issues (addiction, anxiety, etc., termed “Mental Health”). No identifying

information is collected and you get a report for yourself.
The link for ***Project Implicit:*** *https://implicit.harvard.edu/implicit/*

Addressing Bias with Children

- Listen and respond
- Normalize discussing differences and similarities among people
- Check your environment for messages
- Address expressed bias

Video Notes: ““School suspensions are an adult behavior”

Strengthening Families™ Approach

5 Protective Factors in Families:	7 Strategies for Child Care Programs:
1. Parental resilience 2. Social connections 3. Concrete support in times of need 4. Knowledge parents and child development 5. Social and emotional competence of children	1. Value and nurture parents 2. Facilitate friendships and mutual support 3. Strengthen parenting 4. Facilitate children’s social and emotional development 5. Link families to services and opportunities 6. Respond to family crisis 7. Observe and respond to early warning signs of child abuse or neglect

Recognizing and Responding to Family Risk Factors

There are additional risk factors to be aware of, including:

- Ongoing environmental stress, such as living in poverty or underemployment, in difficult relationships, and/or in dangerous neighborhoods
- Social isolation and lack of outside support for the family
- A family’s lack of knowledge regarding appropriate child development or child rearing practices
- Alcohol or substance abuse in the family
- Family mental health issues, such as depression or anxiety
- Children’s persistently aggressive or challenging behaviors; difficult temperaments

- A family member who seldom recognize or reward their child's positive behaviors, but does have strong responses to their child's negative behaviors
- The challenge of caring for a child (or other family member) with physical, cognitive, or emotional disabilities or chronic serious illness

Barriers to Family Involvement in Child Care Programs

- Cultural values and practices are not reflected or valued
- Language Barriers
- Perceived imbalance of power
- Personal history with school or child care programs
- Assumptions
- Time/Logistics
- Lack of meaningful opportunities
- Others…

Sharing Goals for Children: Families and Early Educators

- What are their hopes and dreams?
- Checking in
- Set regular check ins
- Share observations and wondering about meaning
- Share thinking about next steps

- Celebrate small steps!

The Protective Factors Framework

Five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also "promotive" factors that build family strengths and a family environment that promotes optimal child and youth development.

Parental Resilience
No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships, including relationships with your own child, and knowing how to seek help when necessary.

Social Connections
Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back," an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

Concrete Support in Times of Need
Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis, such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

Knowledge of Parenting and Child Development
Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the Internet. Studies show information is most

effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

Social and Emotional Competence of Children
A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults and peers. Challenging behaviors or delayed development creates extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

Culturally responsive practices with families:

- Learning about the child and family's culture and preferences
- Creating welcoming environments for families from diverse racial and cultural groups
- Attending to communication and finding what works for the families we serve
- Negotiating conflicts respectfully
- Being aware of the impact of implicit bias, and working to counter it in ourselves,

  our programs and our interactions
- Attending to the give and take of partnerships with parents and families
- Collaborating with families in setting goals for learning and development

Resources

Center on the Social and Emotional Foundations for Early Learning (CSEFEL) http://csefel.vanderbilt.edu/

Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings http://gucchd.georgetown.edu/products/NCCC_EIECChecklist.pdf

Minnesota Helps Website https://www.minnesotahelp.info/public/

Resource Guide for Mandated Reporters, put out by the Minnesota Department of Human Services: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG. For more information, including access to training, they can go to: https://mn.gov/dhs/general-public/licensing/maltreatment-investigations.jsp

The National Center for Cultural Competence's "Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings." (Note: This assessment is available online at https://nccc.georgetown.edu/documents/ChecklistEIEC.pdf in Spanish: https://nccc.georgetown.edu/documents/LLL_Checklist_EIEC.pdf)

Racial Equity Resource Directory of Minnesota Compass at: https://www.mncompass.org/disparities/resource-directory

Racial Equity Minnesota Network at http://racialequitymn.org/

Strengthening Families Online Self-Assessments and information. This is available at:

https://www.cssp.org/reform/strengtheningfamilies/2014/CENTER-BASED-EARLY-CARE-AND-EDUCATION-PROGRAM-SELF-ASSESSMENT.pdf for centers

www.cssp.org/publications/neighborhood-investment/strengthening-families/top-five/family-child-care-providers-self-assessment.pdf for family child care programs

https://www.cssp.org/young-children-their-families/strengtheningfamilies/about

Article with some ideas for engaging family events:

https://www.naeyc.org/resources/pubs/tyc/oct2017/march-stuffed-animals-activities-fun-family

Complete this assignment for your portfolio

CDA Competency Standard IV: To establish positive and productive relationships with families

CSIV: Reflective Competency Statement IV

CSIV: Begin your Reflective Statement about this Competency Standard with a paragraph describing how you teaching practices meet this Standard. Then prepare at least one paragraph on each of the following:

CSIVa: How do you ensure that families are kept aware of what's happening in their child's daily/weekly life in your program?

CSIVb: How do you ensure that you are aware of what's happening in each child's home life? How does that awareness direct your teaching practices?

Welcoming Children with Special Needs and their Families

Class 6
Session A, B
6 hours

Session A

Primary Core Competencies and Parent Aware Area
The primary Core Competencies and CDA Content Area are listed here to help you understand why these topics are part of the MN Child Care Credential and where you can go for further information. These may not be the only areas addressed, but they are the primary influences behind the session content.

Minnesota's KCF: Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area: To advance physical and intellectual competence

Learning Objectives

- Describe strategies for increasing social/ emotional competence for children with challenging behaviors
- Identify red flags in development
- Explain the importance of observation in early care environments

Understanding Behavior and its Impact on Development

"Environments that are engaging, predictable, and characterized by on-going positive adult-child interactions are necessary for promoting children's social and emotional development and preventing challenging behaviors."

"Children are less likely to engage in problem behavior when they know what to do, how to do it, and what is expected."
~ Hemmeter, M.L., Ostrosky, M., & Fox, L. (2006). Social and emotional foundations for early learning : A conceptual model for intervention. School Psychology Review, 35 (4), 583-601.

- *Children may display certain behaviors as a means of communication and to assist them in understanding the world around them. Behaviors can communicate a need, such as*

- *To protect from an overwhelming situation*
- *To intensify sensory input to a level they can feel*
- *To reduce sensory input so they can function,*
- *To meet the individual's needs or wants*
- *To organize or make sense of their environment*

Motivation/ Cause	**Description of Behavior**	**Strategies to Change Behavior**
Sensory (always consider whether the child is physically able to perform task)	Child is using behavior to get or avoid sensory input	Deep pressure input, squish games, tickle games, sensory play, swinging, jumping, lotion, soft music, dim lights
Escape	Child is avoiding an "undesired" or difficult task	Visual cues (break boards, schedules), list expectations, timer, alternate with motivating activity
Attention	Child is using behavior to get attention of peer or adult	Social stories, role plays, provide visual cues, cartoon drawings
Communication (Always consider a child's ability to process information	Child is replacing behavior for words to make request and/ or tell another person something. Misunderstanding of expectations	Provide visual prompts and choices, social stories, cartoon drawings, verbal prompts

Participant Activity – *Discuss: What might be the triggers for this behavior? What might be the motivator for the child to display the behavior? What might they be trying to communicate? What are some strategies you can try to intervene? What are your expectations of this child based on their age?*

Description	
Motivation/ Cause	
Expectations	
Strategies	

Proactive Strategies to Guide Behavior

Environmental Considerations	**Communication**
• Visual schedules and Supports • Provides structure and consistency • Organized Environment • Should be at child's level! • Lighting • Provide break space	• Allow time for processing • Use consistent language • Tell child what to do rather what not to do
Sensory • Minimize stimulation • Provide fidget toys/ sensory modifications • Sensory activities (sensory table, play dough, etc.) • Climbing structures	**Schedules and Routines** • Posted schedules • Transitions: Routines that alert children to when activities will begin, stop or change.

** You will note that many strategies can cross multiple categories

Red Flags in Development

Red flags are behaviors that should warn you to stop, look, and think and then observe and document. To complete this process,

- *Know the normal patterns of growth and development.*
- *Observe a child in a variety of situations.*
- *Look for patterns or clusters of a behavior.*
- *Compare the child's behavior to a "norm" of six months younger and six months older.*
- *Note how much the child has grown in the past 3-6 months—has he/she progressed?*
- *Keep in mind the factors that may be influencing the development.*

Notes on Possible Red Flags

(for more on Red Flags go to http://helpmegrowmn.org/HMG/GetHelpChild/WhenRefer/RedFlags/index.html)

Infants up to 12 months

Infants 12-24 months

Toddlers 24-36 months

3 Year old preschoolers

4 year old preschoolers

Documentation of Observation Strategies

When concerns arise, we want to look at possible reasons for the concerns. The following are some questions to ask yourself when concerns arise:

- *Is the expectation we are having developmentally appropriate?*
- *Is the concern/behavior consistently occurring?*
- *Are there cultural components to be aware of that impact development?*
- *Is the area of concern getting in the way of*
    - *Learning*
    - *Communication*
    - *Social Interactions*

We also want to look at the whole child and the whole family situation and factors that may impact the child's development, these may include:

- *Cultural differences*
- *Poverty*
- *Abuse/ neglect in the family*
- *Nutrition*
- *Sleep issues*
- *Allergies*
- *English Language Learners (multiple languages)*
- *Birth risk factors (e.g. prematurity)*

For more information on typical milestones for young children, as well as a link to refer a child for screening and possible additional services when concerns arise, go to: http://helpmegrowmn.org/HMG/index.htm

For more ideas about how to address developmental concerns with parents, here is a link to a free self-guided module on how to talk to parents about their child's development from the Center for Disease Control: https://www.cdc.gov/ncbddd/watchmetraining/module4.html

Session A: Homework and Portfolio Assignment

Note: Exercise 2 is best done in class at the end of Session A. If you didn't get it finished, please complete before the next session as it will be discussed at the beginning of Session B.

2. Exercise 2: Complete the "What is the Behavior" grid at the end of this packet for either a child who is in your care now or a child you know. Be prepared to share this information at the next session. Use the Help Me Grow site as a reference for what is to be expected at the child's age: http://helpmegrowmn.org/HMG

Also, please print out and bring to the next class the article *Including Children with Special Needs: Are You and Your Program Ready?* by Amy Watson and Rebecca McCathren: http://www.buildinitiative.org/WhatsNew/ViewArticle/tabid/96/ArticleId/90/Including-Children-with-Special-Needs-Are-You-and-Your-Early-Childhood-Program-Ready.aspx

Session B

Primary Core Competencies and Parent Aware Area

The primary Core Competencies and CDA Content Area are listed here to help you understand why these topics are part of the MN Child Care Credential and where you can go for further information. These may not be the only areas addressed, but they are the primary influences behind the session content.

Minnesota's KCF: Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area: To Advance physical and intellectual competence

Learning Objectives

- *Understand when and where to refer for screening and/or assessment*
- *To be aware of the resources and services for children with special needs including eligibility criteria and how to support families in accessing these services*
- *To have a general understanding of the most common special needs and special health needs and the impact on development*

Most Common Disabilities and Special Health Care Needs

Attention Deficit Hyperactivity Disorder (ADHD)

Strategies

Resources

Autism Spectrum Disorder:

Autism affects the persons overall development in 3 primary areas:

- *the way a person communicates; understands and uses language,*
- *how the person interacts socially with others,*
- *how the person understands and responds to his environment and the world around him.*

Resources

Visual Supports: http://www.do2learn.com/

Special Health Needs

Asthma	Food Allergies

Disability: _____

Defining	Strategies	Resources

Disability: _____

Defining	Strategies	Resources

Referral for Screening and Assessment – Notes

"Early childhood inclusion embodies the values, polices, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation and supports."

Early Childhood Inclusion: A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC), 2009

Benefits to Inclusion

A benefit to inclusion that is important to me is:

Resource for early childhood programs in Minnesota:
The Center for Inclusive Child Care: https://www.inclusivechildcare.org/

- CICC provides free relationship-based professional development (RBPD) including support, training, modeling and resources to child care programs throughout Minnesota, including supporting the unique needs of infants and toddlers in your care.
- CICC provides online information and resources including Tip Sheets on :
  - IDEA part C Primary Referral Source: Child Care https://www.inclusivechildcare.org/sites/default/files/courses/swf/IDEA%20Part%20C.pdf
  - Sharing Concerns with Families: https://www.inclusivechildcare.org/resource-library/self-study/sharing-concerns-families

Session B: Portfolio Assignment

Competency Standard IV: To establish positive and productive relationships with families

CSIV RC: Resource Collection Items

1. RCIV: Collect a Family Resources Guide that you might choose to share with families you serve. The Guide should include all of the helpful information you think they might need. At a minimum, you must include the following required items:

2. RCIV-1: The name and contact information (phone number, website, etc.) of a local agency that provides family counseling.

3. RCIV-2: The name and contact information (phone number, website, etc.) of a translation service for families whose home language is other than English as well as a service that provides American Sign Language translation.

4. RCIV-3: The name, contact information and brief descriptions of at least two agencies in the community that provide resources and services for children with disabilities (in most communities, the local school district provides these services).

Places to start:

Help Me Grow website: http://helpmegrowmn.org/HMG

MNhelp.info website (a great variety of resources for families): https://mnhelp.info/

Glossary

Developmental delay: a child not reaching one or more developmental milestones by an expected time period. http://helpmegrowmn.org/HMG/HelpfulRes/Glossary/index.html

Sensory Integration: The process of how an individual receives information and processes it based on his/her senses (touch, taste, smell, sound, sight). This may include how one perceives his/her body,and the world around him/her. According to the theory of sensory integration, the many parts of the nervous system work together so that one can interact with the environment effectively and experience appropriate satisfaction. Having poor sensory integration may interfere with activities necessary for daily functioning (e.g. brushing teeth, playing on play equipment, hugging). (from www.pathways.org/glossary)

Resources

Center for Inclusive Child Care provides information on inclusion and inclusion coaching for early childhood educators in Minnesota: www.inclusivechildcare.org

Developmentally Appropriate Practice in Early Childhood Programs (3rd Edition) by Carol Copple and Sue Bredekamp (editors), 2009, NAEYC

DEC/NAEYC. (2009*) Early childhood Inclusion: A summary*. Chapel Hill: The University of North Carolina, FPG Child Development Institute.

Center for Disease Control (CDC): Learn the Signs-Act Early http://www.cdc.gov/ncbddd/actearly/index.html This site has some materials for families available in Spanish, Korean and Vietnamese.

Center for Parent Information and Resources. (2017). Brief handout descriptions on various special needs and disabilities. Retrieved from: http://www.parentcenterhub.org/specific-disabilities/

First Signs http://www.firstsigns.org/

Help Me Grow website at http://helpmegrowmn.org/HMG

Minnesota Association of Children's Mental Health (MACMH) Brief handout descriptions on various mental health disorders www.macmh.org

The Technical Assistance Center on Social Emotional Intervention for Young Children: www.challengingbehavior.org

Health and Emergency plans http://www.mnchildcare.org/health/spec_needs.php

What is the Behavior Grid

What is the behavior?	Why might child be doing this?	What can I do to prevent this behavior?	What new skills can we teach?

Taken from The Technical Assistance Center on Social Emotional Intervention for Young Children

www.challengingbehavior.org

Tips for Talking with Parents about Developmental Concerns

TIPS	EXAMPLES
Always:	
Talk about development regularly Talk with parents regularly about their child's development – not only at times of concern –– and provide them with resources so they can track milestones at home.	I am so happy to be Taylor's new teacher! I care a lot about making sure all my children are on track in terms of how they play, learn, speak, act, and move for their age, so I will be looking for and tracking Taylor's developmental milestones and sharing his progress with you regularly. It would be great if you would look for milestones at home, too, and let me know what you're seeing as well. I have some free milestone checklists that can help.
Share resources Encourage families to use milestone checklists or the Milestone Moments booklet to monitor their child's development at home. Find these free resources here: www.cdc.gov/Milestones	A great way to monitor Taylor's developmental milestones is with these checklists. They can help you understand typical milestones he should be reaching for his age and those to look for as he gets older. You can place them on the refrigerator for quick and easy reference throughout the day.
Use good listening skills ▫ Listen closely, make eye contact, nod when appropriate, and be silent when the parent is speaking ▫ Repeat the parent's main points when you respond so he or she will know you heard and understood ▫ Consider how the parent feels about what he or she is saying ▫ Watch and listen closely for clues to those feelings and acknowledge them when you respond ▫ Probe for more information when necessary	It sounds like you are pretty worried and I hear you saying that you do not hear Taylor speak clearly at home. Is that correct? Let's talk about what you have noticed at home. Can you describe specific situations? Is there anything else about Taylor's development you'd like to talk about?
When you have concerns to share:	
Highlight the child's strengths ▫ Let the parent know what the child does well and the milestones he or she is meeting ▫ Keep the conversation positive	We love having Taylor in class. He follows the classroom rules and really loves to sing, dance, and act during our circle time.
Make sure you are well prepared ▫ Invest time in building meaningful relationships with the parents and discuss developmental progress regularly ▫ Complete a milestone checklist for the child's age to help the parent know that you are basing your comments on facts and not just feelings	Since our last meeting, I have noticed a few things about Taylor that I would like to discuss with you. I've been completing a milestone checklist for him, like I do for all the children, and I see he is meeting his cognitive milestones very well. However, he is not meeting a few of his language/communication milestones. For one, I have noticed that Taylor doesn't speak clearly enough for most people to understand. As you can see on the checklist, a five-year-old typically speaks clearly.
Encourage the parent to share any concerns with the child's doctor ▫ Remember it's not your role to make or even suggest a diagnosis ▫ Remind parents of the importance of acting early on concerns	There might not be anything to be concerned about, but I do think it's important to talk to Taylor's doctor about this in the next few weeks to be sure. Take this checklist with you when you go, share it, and ask the doctor for a developmental screening. This will help the doctor and you to know whether Taylor might need a little extra help. Getting help early can make a big difference! Let me know if you need anything from me for that doctor's appointment.
Follow-up with the family in a few weeks	Thank you for taking time to meet with me again. I know the last time we talked about Taylor's development, we were concerned about his language skills. Have you been able to talk with Taylor's doctor about this?

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.

Tips for Talking with Parents about Developmental Concerns

How to respond

If parents disagree with you about their child's behavior or abilities

Try: Sometimes children behave differently at home than they do at school. I'm only able to share with you what I've seen in the classroom. How does Taylor act when he's around other children in the neighborhood?

If a parent gets angry or upset

Try: I understand that you are upset. Like you, I want what's best for Taylor. That's why it's so important for me to share with you what I am seeing. If he does need some extra help, I want him to have the opportunity to get it as soon as possible. Do you want to discuss your questions and concerns now, or would you rather think about this a little more and meet again (in a couple of days, next week, etc.)?

(If the parent hasn't already been given a milestone checklist, give one and suggest that he or she fill it out and bring it back.)

If a parent reports that the doctor said to wait and see

Try: While it's true that every child develops at his or her own pace, there are certain milestones we typically see from most children by Taylor's age. If you are concerned, you can reach out to early intervention directly to see if Taylor qualifies for help through free or low-cost services. You don't need a doctor's referral. Acting early may make a real difference for Taylor, so it's better to find out for sure. If his development is delayed enough to qualify for help, you can get those services started right away and then follow-up with the doctor.

Be Mindful of Cultural Differences

Not all cultures place the same emphasis on particular developmental milestones. When communicating with families, be aware of your own cultural biases in making decisions about how to communicate with families.

Additional Resources

- For a FREE 1-hour online training about developmental monitoring and communicating with parents, including videos of sample conversations (Module 4) visit www.cdc.gov/WatchMeTraining
- For tips on why and how to use *Learn the Signs. Act Early.* materials in your classroom and to access free materials visit www.cdc.gov/ActEarly
- Share the *How to Help Your Child* and *How to Talk with the Doctor* tip sheets with parents: www.cdc.gov/Concerned

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.

Promoting Parent/Family-Child Relationships

Class 7
3 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas The Primary Knowledge and Competency Content Areas, the CDA Content Areas, and (as appropriate) Parent Aware Training Indicators are listed here to help participants understand what competencies, content areas, and/or indicators are addressed in the training.

KCF Content Area lll: Relationships with Families

CDA Content Area (Infant Toddler Edition):
Standard IV: To establish positive and productive relationships with families

Learning Objectives
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and actively participating, they will learn to:

- Objective 1: Describe the process of establishing an identity as a parent
- Objective 2: Develop strategies for promoting parent-child relationships
- Objective 3: Practice perspective-taking

Glossary

Perspective Pyramid: Trying to see from everyone's point of view to better understand, respond to, and support the parent/child relationship. In this case it would be: what does this mean to the baby? What does this mean to the parent? What does this mean to the caregiver (yourself)?

Acknowledge-Ask-Adapt: A responsive process for negotiating differences between adults (teacher with parent, staff with staff, etc.)

•Acknowledge: Recognize the difference between your thoughts and the thoughts of another person (differences may come from cultural or contextual differences). With an adult, this is usually done verbally.

•Ask: Respectfully ask the adult for more information in order to more fully understand and clarify the issue

•Adapt: Seek out a common ground when possible. Come to a resolution that addresses the real issue (PITC & L. Derman-Sparks)

Articles and Resources

Articles

Zero to Three. "*Who Will This Child Be?*" **https://www.zerotothree.org/resources/1909-who-will-this-child-be#chapter-1326**

NAEYC. "5 Things Teachers Should Know about Parents." https://www.naeyc.org/resources/blog/5-things-teachers-should-know-about-parents

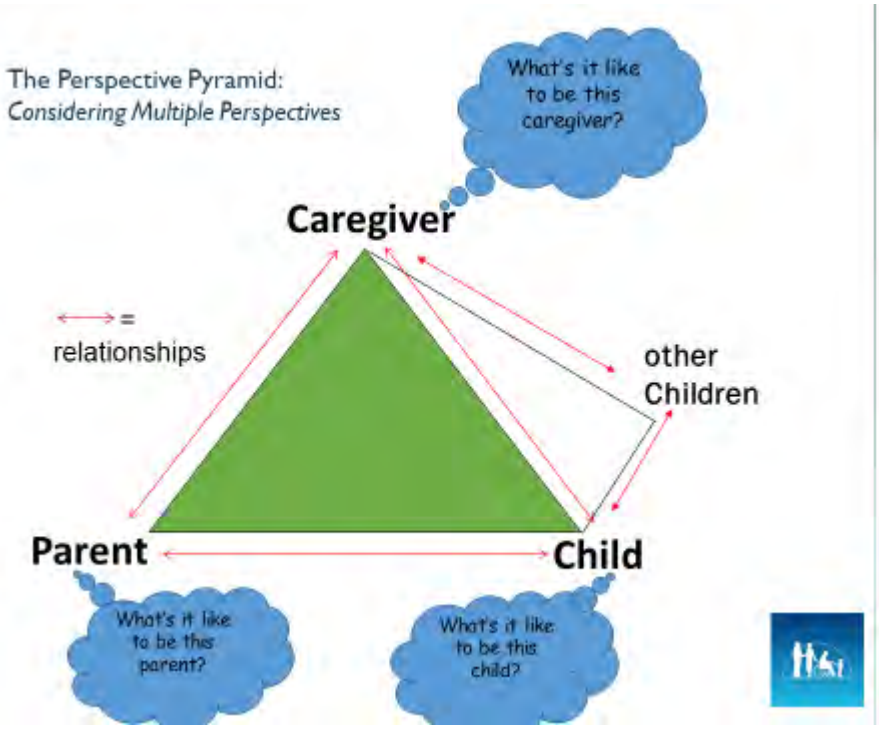
Videos

Zero to Three. "How do You Learn to Be a Parent?" https://www.zerotothree.org/resources/1428-how-do-you-learn-to-be-a-parent

Podcast

Zero to Three. "Little Kids, Big Questions." https://s3.amazonaws.com/zttpodcastseries/podcast/Jerlean%20Daniel%20FINALvs.mp3?s_src=podcast&s_subsrc=care

Handout:


The Perspective Pyramid:
Considering Multiple Perspectives
What's it like to be this caregiver?
Caregiver
= relationships
other Children
Parent
Child
What's it like to be the parent?
What's it like to be this child?

Let's practice:

What's it like to be this child?

What's it like to be the other children?

What's it like to be this parent?

What's it like to be this caregiver?

Other perspectives (other family members, etc.)

Handout

Acknowledge/Ask Adapt (sources www.pitc.org and Louise Derman Sparks)

ACKNOWLEDGE: Reflect and Listen

- Communicate awareness of the issue
- Convey sincere interest and responsiveness
- Involve family in seeking a joint solution

ASK: Learn about the Parent's Point of View

- Gather data, clarify
- Pay attention to verbal and nonverbal responses
- Restate what you think the parent/other person is saying

ADAPT: Work with the Family Toward a Solution

- Listen for areas of common agreement
- Negotiate around important issues
- Seek win-win solutions

ACKNOWLEDGE, ASK AND ADAPT: A PROCESS IN COMMUNICATING

Step 1: Acknowledge

How do you recognize the need for communication with the other person? How does your attitude convey sincere interest and response? What can you say to the other person to communicate an awareness that there is a problem you need to jointly solve?

- Take time to think about how you feel about this issue and get clarity on the reasons behind your feelings.
- Listen carefully to the other person's concern. If you bring up the concern, do it respectfully with an attitude of wanting to understand the issue. Seek the other's point of view without being critical, arguing, disagreeing or trying to solve the problem.

Step 2: Ask

How can you get information that will help you understand more precisely the other person's point of view.

- The next step is data gathering, trying to get to the real sources for conflict or misunderstanding for the other person or for you. There is more than one way to ask. It may be appropriate to ask directly and then follow with more questions to clarify. Or there may be other ways you can find out through observations or other means rather than asking direct questions, which sometimes cause a defensive reaction or are culturally inappropriate.
- Pay attention to verbal and nonverbal responses. Restate what you think is being said; take time to be sure you are meaning the same thing in the language you are using.

Step 3: Adapt

How do you work with the other person to define the issues and boundaries of the problem? Do you seek "common ground" as the basis for negotiation? Do you open up a negotiation with the other person about what to do?

- Once the issues have been defined, seek out the common ground by stating your areas of greatest importance to each other. Listen carefully for areas of common agreement.
- Negotiate around the areas of important agreements and boundaries. Come to a resolution that addresses the real/major issues. Sometimes we have to agree to disagree.

Adapted from: Amini Virmani, E. & Mangione, P.L. (Ed.). (2013). *Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care (2nd ed.)*(pp. 72-75). Sacramento, CA: California Department of Education.

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Homework: This week's assignment is to ask one parent in your program about their child's personality in terms of:

- Activity levels
- Approach to unknown people or situations
- General mood
- "Soothability" (how easily do they settle after being upset?)

Choose one day between your conversation with the parent and our next class to focus on this child. Notice how the parents' description shows up in that child's experiences throughout the day. Compare the parent's description with your own observations of this child. How are your view of the child and the parent's view similar? How are they different? Describe any new ideas or understanding this gives you about the child, the parent, or your own perspective.

NOTES

Introduction to Child Development

Class 8
Sessions A, B, C
8 hours

Session A

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area I: Child Development and Learning

CDA Content Area VIII: Understanding principles of child development and learning

Learning Objectives:
This session was developed to address the following learning objectives. You can reasonably expect that, by the end of this session, actively engaged participants will be able to:

- *Name three types of knowledge or core considerations that influence developmentally appropriate practice.*
- *Describe the domains of development and the types of skills within each domain*
- *Match developmental milestones to the age at which they typically occur (for example – first words during infancy, toilet learning during the toddler stage, cooperative play during preschool, and peer relationships during school age)*

Theories and Theorists

There are many foundational and emerging theories in early childhood education. Below is a list of some of the most important theorists that guide our work in early childhood education. As you watch the video, take notes. Listen for words or ideas that particularly stand out for you or have influenced your own beliefs about children's development and learning.

Sigmund Freud- Psychosexual Theory

Maria Montessori – Montessori Method

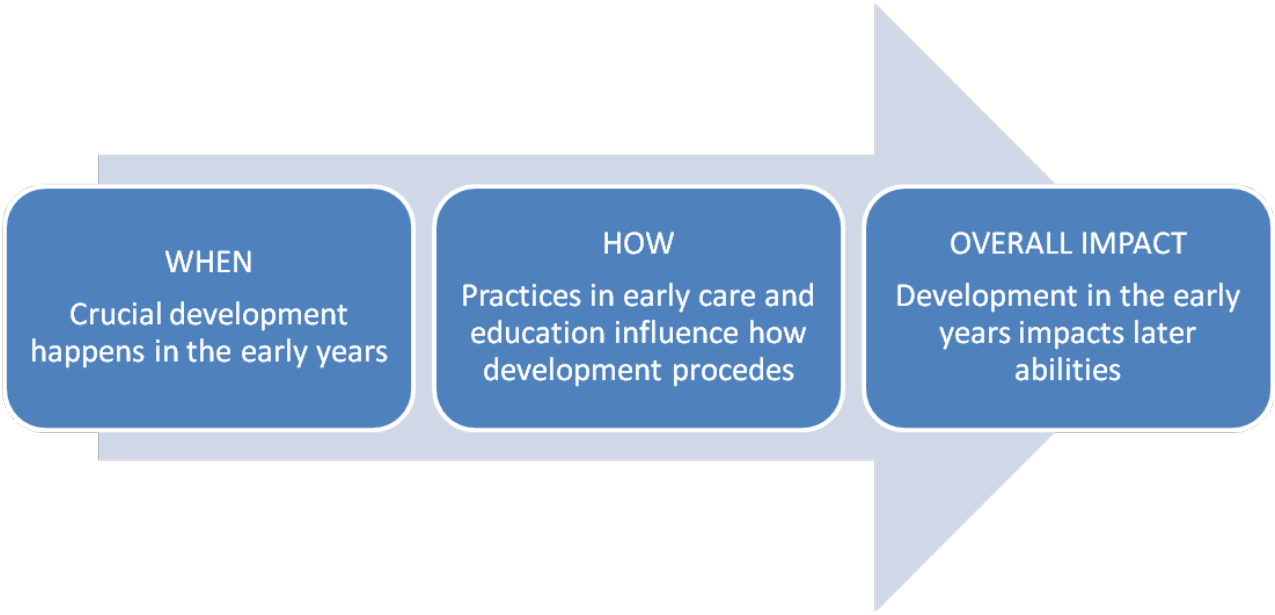
Arnold Gesell – Maturation Theory

Rudolph Dreikurs – Model of Social Discipline

Erik Erikson- Psychosocial Theory/Eight Stages of Development

Abraham Maslow – Hierarchy of Needs

Practice in the Early Years Makes a Difference



Developmentally Appropriate Practice Overview

For more NAEYC Resources on developmentally appropriate practice, visit: https://www.naeyc.org/resources/topics/dap

Developmentally appropriate practice is about:

- Teaching that adapts to the age, experience, interests, and abilities of individual children.
- Meeting children where they are, taking into account their physical, emotional, social, and cognitive development and characteristics.
- Having goals for children that are both challenging and achievable – a stretch but not an impossible leap.
- Recognizing that what is challenging yet achievable will vary, depending upon the individual child's development, experiences, knowledge, skills, and the context in which the learning take place.

By Carol Copple and Sue Bredekamp, 2006

Core Considerations for Developmentally Appropriate Practice

When considering what activities or actions fit within developmentally appropriate activities, caregiver must consider:

What is age appropriate?

What is individually appropriate?

What is appropriate to the social and cultural context?

About a Child Activity

Write about a child you know well.

How old is the child?

What kind of things can this child do well?

What things does he or she struggle with?

What does this child like to do?

What does this child not like to do?

What words would you use to describe this child?

What is this child like – friendly, shy, energetic, calm, excitable, outgoing, risk taking, cautious, etc.?

What is the child's family situation?

What language or languages does this child speak?

What cultural practices does this child participate in?

What foods does this child like? Not like?

12 Principles of Child Development

1. All areas of development and learning are important.

2. Learning and development follow sequences.

3. Development and learning proceed at varying rates.

4. Development and learning result from an interaction of maturation and experience.

5. Early experiences have profound effects, both cumulative and delayed, on development and learning.

6. Development proceeds toward greater complexity, self-regulation, and symbolic or representational capacities.

7. Children develop best when they have secure relationships.

8. Development and learning occur in and are influenced by multiple social and cultural contexts..

9. Children learn in a variety of ways.

10. Play is an important vehicle for developing self-regulation and promoting language, cognition, and social competence.

11. Development and learning advance when children are challenged.

12. Children's experiences shape their motivation and approaches to learning.

Domains of Development

Social and Emotional

Language and Literacy

Cognitive (including math, science and social systems – learning to understand themselves and others as part of a community)

Physical and Movement

The Arts

Approaches to Learning

Session A-Field Work (Not for CDA portfolio; it is for the next class)

Observe two children of the same age for 15 minutes. Write down everything that the children do during those 15 minutes (to the best of your ability- it can be hard to keep up!). This method of observation is called a "Narrative Recording" and is a useful way to capture a rich description of children's behaviors.

After your observation, take a few minutes to connect some of the behaviors that the children exhibit that are the same as the behaviors found in the Important Milestones reviewed during the session. What can these children do? What can they not yet do?

Note the differences in development between the 2 children. How are they alike developmentally? How are they different? What other similarities and differences do you notice between these two children? Do they like the same things? Do they behave in the same ways when they are tired or hungry?

Bring the observation notes with you to session B. You will discuss with classmates at the beginning of class and you will use your observation notes for a class activity.

Session B

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
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Minnesota KCF Content Area I: Child Development and Learning

CDA Content Area VIII: Understanding principles of child development and learning

Learning Objectives:
This session was developed to address the following learning objectives. You can reasonably expect that, by the end of this session, actively engaged participants will be able to:

- *Describe at least three influences on development that result in individual variation between children.*
- *Identify three central components of executive function skills.*
- *Explain the impact of culture on development.*

Trainers should always be mindful of these objectives and be sure their delivery and feedback during the course supports the participants' mastery.

Types of Individual Differences

Children of the same age may be different in many ways. Some of the individual differences include:

Executive Function Skills

Inhibitory Control

Working Memory

Flexible Thinking

Recognizing Executive Function Skills

Look back over your notes from your narrative observation. Where did you see children using their EF skills? Make a list of the behavior and the EF skill it demonstrates. Remember that many of these skills are overlapping! A child putting a puzzle together, for example, is using her inhibitory control skills to control her behavior, her cognitive flexibility to try the puzzle pieces in different combinations, and her working memory to remember what the picture is supposed to look like when the puzzle is put together. With a partner, list as many connections to EF as you can in the time allotted.

Examples of Executive Function Skills across Age Ranges

Age Ranges	Inhibitory Control	Working Memory	Flexible Thinking
What EF skills might look like across the developmental spectrum	Self-control, the ability to choose a response rather than simply react	Holding information in your mind and working with it	The ability to think about something in more than one way; used to solve problems in appropriate contexts
Infants (0-24 months)	• can move around a barrier to get a desired object • can maintain focus for brief amount of time • signals a need for an adult (Ex: cries when her diaper needs to be changed) • beginning response inhibition (won't touch something when told to "stop")	• responds to familiar caregiver (Ex: smiles when parent enters the room) • mimics familiar actions (Ex: covers eyes for peek-a-boo) shows surprise when an object is not where expected • reacts when adults change their routine or pattern	• shifts attention based on anticipation or discomfort (Ex: looks away from unfamiliar caregiver, etc.) • adjusts to changes in location

Early Childhood (2 - 5 years)	• can follow multiple step instructions • takes turn • waits in a line • pays attention to a caregiver who is talking • pays attention to a peer who is talking (Ex: participates in back and forth conversation) • responds appropriately to directions (Ex: Stops running when told not to run)	• can remember two step instructions • can recall information from familiar stories (Ex: acting out parts of the story "Little Red Riding Hood") • remembers what comes next in a pattern • shares past experiences in context (Ex: During a discussion about zoo animals, shares that he saw a bear at the zoo) • can play games like Memory or simple	• knows there are different rules in different settings (Ex: I can run on the playground but not inside) • begins to use strategies to resolve conflict (Ex: "We can take turns or ask a teacher for help.") • thinks of words that rhyme • solves simple problems • puts puzzles together • builds representational structures out of different materials (Ex: builds a spaceship out of blocks) • can sort objects

		games with rules like Connect Four or Chutes and Ladders	according to different characteristics (Ex: put the red toys together, now put all of the animal toys together)
Young Children (6 - 12 years)	• can successfully follow different sets of rules • can reflect on mistakes • can ignore irrelevant information to focus on what is important (Ex: "tuning out" noises while reading) • games that require inhibition like tag, double dutch, etc.	• follows rules independently (Ex: puts materials away without reminders) • can remember and work with 5 pieces of information (Ex: Can participate in complex games like basketball, etc.) • can play more complex games like chess or Minecraft	• solves increasingly complex problems • changes behaviors to fit in in different situations (Ex: uses different language with friends than with authority figures) • continued accuracy when switching focus • increased ease in adapting to changing rules

Influences of Culture

Culture is…

PITC Guide to Culturally Sensitive Care, 2nd Ed.:

"Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It comprises beliefs about reality, how people should interact with each other, what they 'know' about the world, and how they should respond to the social and material environments in which they find themselves." (p.xi).

"Culture is more than a collection of artifacts and holidays. In its broadest sense, it is a set of values, attitudes, beliefs, and rules for behavior by which we organize and give meaning to the world." (Carol Brunson Day, 1988)

The Iceberg Concept of Culture

Like an iceberg, the majority of culture is below the surface.

Surface Culture
Above sea level
Emotional load: relatively low

food ▪ dress ▪ music ▪
visual arts ▪ drama ▪ crafts
dance ▪ literature ▪ language
celebrations ▪ games

Deep Culture

Unspoken Rules
Partially below sea level
Emotional load: very high

Unconscious Rules
Completely below sea level
Emotional load: intense

courtesy ▪ contextual conversational patterns ▪ concept of time
personal space ▪ rules of conduct ▪ facial expressions
nonverbal communication ▪ body language ▪ touching ▪ eye contact
patterns of handling emotions ▪ notions of modesty ▪ concept of beauty
courtship practices ▪ relationships to animals ▪ notions of leadership
tempo of work ▪ concepts of food ▪ ideals of childrearing
theory of disease ▪ social interaction rate ▪ nature of friendships
tone of voice ▪ attitudes toward elders ▪ concept of cleanliness
notions of adolescence ▪ patterns of group decision-making
definition of insanity ▪ preference for competition or cooperation
tolerance of physical pain ▪ concept of "self" ▪ concept of past and future
definition of obscenity ▪ attitudes toward dependents ▪ problem-solving
roles in relation to age, sex, class, occupation, kinship, and so forth

Indiana Department of Education ▪ Office of English Language Learning & Migrant Education ▪ www.doe.in.gov/englishlanguagelearning

Important Ideas Related to Culture

- Culture is about roles, rules, and practices that shape behavior
- Culture is characteristic of groups
- Culture is learned
- Individual members of a culture may experience the culture differently
- Culture is dynamic, it changes with time and other circumstances
- Cultural groups borrow and share practices from other cultural groups

Caring for and Educating Children with Special Needs: *Using Child First Language*
Using child first language means saying, "a child who has Down's syndrome" rather than, "a Down's syndrome child." It is a more respectful way to talk about children. Let's practice rephrasing the terms on this list.

Deaf child

Autistic child

Hyperactive child

Article: 22 Respectful Ways to Respond When Someone Uses the R-Word*:*
https://themighty.com/2016/02/how-to-respond-when-someone-says-retard-or-retarded/

The Caregiver's Role Think of ways that the caregiver's actions need to be modified when working with children with special needs.	Caregiver's actions when children with special needs are present:

Portfolio Assignment – Session B

Complete this assignment for your portfolio

Competency Standard I: To establish and maintain a safe, healthy learning environment

1. *CSI RC: Resource Collection Items*

RC I-3: Collect a sample of your weekly plan that includes goals for children's learning and development, brief descriptions of planned learning experiences, and also accommodations for children with special needs (whether for children you currently serve or may serve in the future). Indicate the age group(s) for which the plan was intended.

2. Write at least one paragraph:

CSIc: Reflect on the weekly plan you included in your Resource Collection. How does this plan reflect your philosophy of what young children need on a weekly basis? If the plan was not designed by you, what do you see as its strengths and/or what would you change? For Center-Based Infant/Toddler: Additionally, describe how you would adapt this weekly plan for use with each of the three age groups (young infants, mobile infants and toddlers).

Session C

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
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Minnesota KCF Content Area I: Child Development and Learning

CDA Content Area VIII: Understanding principles of child development and learning

Learning Objectives

- *Describe caregiver behaviors associated with respect and a positive climate for children*
- *Explain the link between caregiver behaviors and child development*

NAEYC Video Notes: Looking at the Basics of Developmentally Appropriate Practice

Positive Climate and Learning and Development

Positive Climate = an environment that reflects a positive emotional connection between caregivers and children. In a positive climate environment there is warmth and enjoyment in the communications between caregivers and children. Caregivers demonstrate respect for children with words and actions. They also offer help so children know they can count on adults when they do not have sufficient experience or skills.

Negative Climate = an environment that reflects negative communications and interactions between caregivers and children. In an environment with negative climate, caregivers use negative or harsh communications such as yelling, threats, or sarcasm. An environment that reflects a negative climate may also be characterized by caregivers who are disconnected or ignore the needs of the children.

Caregiver Sensitivity

Sensitivity = Caregiver's awareness of children's needs and their responsiveness to those needs. Sensitive caregivers demonstrate behaviors such as:

- Providing comfort and assistance
- Anticipating problems
- Noticing when children are struggling or are frustrated
- Responding to children's emotions
- Noticing individual children
- Noticing children who are not engaged in activities
- Listening to children's concerns and questions
- Responding when children seek help
- Demonstrating concern for all children
- Providing only as much help as needed for children to try new things

Picture This

Sensitive caregiving encourages children's development. Choose four items from the list above and write examples of what the caregiver would say or do to encourage a child's development.

1.

2.

3.

4.

Reflection and Goal Setting

Write down two things you have learned and one idea or strategy you want to apply to your work right away.

Two things I learned:

One idea or strategy I will apply:

Assignment – Session C

Homework Assignment:

Think about how a positive climate and caregiver sensitivity can promote children's EF skills. How do you use your skills as a sensitive caregiver to do this? What are some additional ways you can create or use a positive climate and sensitivity to promote children's EF skills? (May apply to Competency statement IIIa)

Stages of Infancy

Class 9
2 hours

Knowledge and Competency Framework (KCF) Content Area, CDA Content Areas, Parent Aware Training Indicators

The Primary Knowledge and Competency Content Areas, the CDA Content Areas, and (as appropriate) Parent Aware Training Indicators are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

KCF Content Area l: Child Development and Learning

CDA Content Area VIII: Principles of Child Development and Learning (Infant Toddler Edition):

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Classify three developmental stages and related developmental tasks
- Objective 2: Distinguish developmental dilemmas at each stage
- Objective 3: Formulate strategies to support developmental tasks

Class 9 Overview:

Time	Section Overview – Key Concepts	Overview of teaching technique for section
15 minutes	Practice to reflection: Positive climate, caregiver sensitivity and EF	• Pair and share • Facilitated group discussion
25 minutes	Stages of Infancy	• Small group puzzle activity matching tasks to stages • Large group debrief • Overview of stages
35 minutes	Dealing with dilemmas at each stage	• Small group dilemma sort • Small group strategize: one dilemma per group • Report back • Summary and additions
10 minutes	When parents have concerns about ages and stages	Mini-lecture
25 minutes	Strategies to support developmental tasks	• Small groups: work on one of the three tasks (security, exploration, identity) at each stage • Report back
10 minutes	Planning to Practice:	• Review assignment, clarify as needed

Two things I learned about how positive climate and caregiver sensitivity can promote EF:

GLOSSARY

Stages of infancy (young, mobile, older):

- *young infants* refers to children from birth through 8 months of age
- *mobile infants* refers to children 8-18 months of age
- *toddlers* refers to children 18-36 months of age

Security: feeling safe and having needs met, feeling safe enough to interact or explore.

Exploration: infants discover and examine their world, the people and objects in it by using their whole body and all of their senses.

Identity: a developing sense of self. Young infants do not have a sense of themselves as separate individuals: after the first sixth months they begin to develop a sense of who they are as separate from their parent/primary caregiver.

Dilemmas: a dilemma is a problem which involves having to make a difficult choice between two options.

Red flag: behaviors that cause you concern in an area(s) of a child's development. They should warn you to stop, look, and think, and then observe and document.

Developmental Dilemma Scenario

1. Thinking about the child: What might the child be feeling? What task might this child be working on? Are they developing a new skill or understanding of the world? What might be challenging for them?

2. Thinking about the caregiver: If you were this child's caregiver, what would this be like for you? What might be your worries, questions or frustrations?

Knowing what you do about this child, temperaments, the setting, what would you do to help this child work on their task while addressing the related challenges?

3. Thinking about that parent/family member: Do you have anything in common with what the parent might be thinking or feeling? How you might describe what the child is doing in positive terms? What is it they are learning or have learned to do that might be leading to this "dilemma"? What is exciting about this?

One developmental dilemma I want to keep in mind:

Homework Assignment: Your homework for next session is to choose an infant or toddler to observe between now and next session. Notice and write down things you see the child doing as he or she works on security, exploration and identity (note 2-3 things they do in each area).

Resources:

Links for developmental milestones and red flags:

- Center for Disease Control's website on developmental milestones and warning signs at http://www.cdc.gov/ncbddd/actearly/milestones/
- And a link to Help Me Grow information about infant/toddler early intervention services: http://www.parentsknow.state.mn.us/parentsknow/Newborn/HelpMeGrow_SpecialNeeds/ind ex.html
- Resources for providers and parents regarding concerns about development, the referral process and resources at http://www.inclusivechildcare.org

Early Childhood Indicators of Progress: Minnesota's Early Learning Standards Minnesota's early learning standards, Early Childhood Indicators of Progress, are currently under revision. Look to the MDE website for more information on when the revisions will be available. Here is the link: *http://education.state.mn.us/MDE/EdExc/EarlyChildRes/index.html:*

Brain Development

Class 10
2.5 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas, and/or indicators are addressed in the training.

KCF Content Area IIb: Promoting Cognitive Development

CDA Content Area II: Steps to advance physical and intellectual competence (Infant Toddler Edition)

Learning Objectives
While no training alone can ensure learning objectives, objectives can be designed to meet certain goals for each learner. If learners are engaged and actively participating, they will learn to:

- Objective 1: Recognize brain development as a function of nature interacting with nurture
- Objective 2: Generate strategies to support development of executive functioning and self-regulation
- Objective 3: Distinguish caregiving opportunities for serve and return (back and forth exchanges or interactions)

GLOSSARY

Executive function and self-regulation: The growing ability for children to control their feelings and their bodies. This includes controlling what your body does, managing strong feelings, and being able to focus or pay attention to something. Adults help infants and toddlers begin to develop self-regulation.

Inhibitory Control: Refers to self-control; stopping yourself from doing something reflexively and instead making choices or being intentional about your actions. In a classroom, for example, a student uses her inhibitory control when she stops herself from grabbing a toy that she wants away from another child or when she has to wait in line to have a turn on the slide.

Working Memory: Working memory is the ability to hold information in your mind and put that information to use. Children use their working memory when they remember classroom rules like you can run outside but not inside the classroom.

Flexible Thinking: Also referred to as "cognitive flexibility," is the ability to think about something in more than one way. It helps us shift attention to respond to different demands or apply different rules in different situations.

Serve and Return: Back and forth (or give and take) interactions that help infants and toddlers to develop their brain and to learn. For example: a child reaches out by making sounds, gestures, or facial expressions and an adult responds appropriately to the child. This may be repeated many times and, for newborns and young infants, occurs most often during routines.

Toxic Stress: Can occur when a child experiences strong, frequent, and/or prolonged hardship without enough adult support. (Such stress can include physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship.) Toxic stress can cause damage to the brain.

Video Notes: The Science of Early Childhood Development

The Development of Self-regulation (Sroufe)

Early social-emotional competencies that contribute to self-regulation and practices to support them
(adapted from Gray, et al. 2012 and Whitebread & Basilio, 2012) Michele Fallon, LICSW, IMH-E®IV

Consistent Regulation
Up to late adolescence/adult—refining

Monitored self-regulation
Preschool and early school-aged

Guided self-regulation--Toddlerhood
I can do it for a while, but I need LOTS of scaffolding

Co-regulation– 12 to 18 mos
Attachment– *Knowing you are there helps me regulate.*

Caregiver-cued regulation--3 to 6 months
If I trust you to meet my needs, I can begin to regulate myself (a little).

Caregiver regulation
Birth to @ 3 months-Complete reliance on parents & caregivers

Component	Definition	In infancy, looks like....	In toddlerhood, looks like...	In preschool, looks like...	What we do to help them self-regulate
Executive functioning	Ability to manage attention and behavior	Looking and then reaching for a hidden object; pointing to show you something far away; starts to be familiar with and expect routines	Wants predictable routines and doesn't like them to change Begins to try different ways of solving a problem Sorting blocks or other toys into big and little	Exhibiting restraint when asked to wait; sitting through a whole children's book	• **Set up routines** so children know what to expect. • **Look at books** with children. • **Lots of time/chances to explore and play** to learn about objects (blocks, etc.), impact of actions, etc. • **Praise self-regulation** skills, such as when a child is listening well.
Emotional competence	Ability to express, regulate, and interpret emotions in yourself and others	Looking to a caregiver when distressed; showing distress at another's distress;	Asking for help when frustrated; expresses need to do things for themselves; growing ability to comply with requests Begin to describe own and others' feelings; patting or giving a toy to someone who is distressed. Emerging use of "self-talk" for self-regulation	Able to "use words" when frustrated; can label emotions of characters in children's books	• **Model** by noticing and labeling your own and children's feelings, including "calm" and "frustration". • **Praise** when children are being patient or using their words (verbal children). • **Encourage** children's self-soothing when they are upset. • **Respond** to children when they show they need or want something. • **Encourage and model "self-talk"** describing what you do/how you feel/what you are thinking while you do it.

Social skills	Ability to get along with others, including parents, teachers, and peers	Imitating adults; preferring caregiver over other adults; showing interest in others by looking, smiling, and babbling	Showing interest in other children his own age; Able to play alongside others without aggression; beginning to share; Begin to be aware of social rules; begin dramatic play	Able to take turns and play with other children; solving interpersonal problems with flexibility; increasing use of language to regulate own behavior and influence others	• **Model** interpersonal skills, such as sharing and interpersonal problem-solving. • **Match** your response with the needs, temperament, interests of the child. • **Praise** children's appropriate social behavior, such as sharing or waiting for a turn. • **Play with children** and monitor their play with others to ensure success, scaffolding when necessary. • **Encourage dramatic play**

Building Better Babies **with Sensitive, Responsive Caregiving**

An infant's cry is the *perfect* communication signal—we are biologically pre-wired to respond because the infant is completely dependent on the caregiver for survival. The very young infant brain has no ability to regulate arousal and emotion and depends on the caregiver to provide this regulation. The brain develops based on experience so how caregivers respond to the infant's cries actually affects how effectively the brain wires itself, enabling the baby to learn how to comfort and regulate himself.

Research tells us that the more a baby's cries are responded to, the less the baby cries.

The infant needs her caregivers to respond to her signals:

- **Contingently and sensitively**—by first figuring out what the baby is trying to tell us and then responding in the way that works best for this individual baby.
- **Consistently and predictably**—*most* of the time (no caregiver can be perfect!).

This teaches the baby that:

- Adults can be trusted and relationships are enjoyable.
- She is a capable person who can get her needs met and have an effect on the world around her.
- The world is a safe place for him to explore and learn.

Some reasons babies cry:

- To signal a need for food, comfort *(Yes, I can be lonely!),* attention, touch, stimulation (*Yes, I can be bored!),* or a need to have stimulation reduced (*I'm overwhelmed!)*
- In response to over-arousal, fear , or physical discomfort
- Inconsolable crying in the first 12 weeks often is about organizing an immature nervous system— occurs in 85 percent of babies
- To reflect disorganization/regression/frustration right before a major developmental milestone (e.g. before I can sit and entertain myself with toys or right before I learn to crawl or walk)

What is responsive care?

- **Appreciating that every baby is unique** based on many things including:
  - Genetics (inherited characteristics)
  - Temperament (e.g. feisty, cautious, flexible)
  - Influences of environmental circumstances
  - And everyone has good days and bad days—check with parents for possible reasons a baby may be fussier (sleep, family stresses, etc.)
- **Watching** for *both* verbal and nonverbal cues and not just rushing in to do things for the baby (maybe she is trying to figure it out herself)

- **Asking** yourself and the baby what he/she wants; and then
- **Adapting** your actions according to what the child appears to want; and then
- **Watching** how he/she responds to your actions; and then
- **Modifying** your actions according to the child's response.

Ways to soothe a fussy baby:

- Hold the baby or be close by so he can hear/see you. Change the baby's position—some babies like the stimulation of facing out so they can see more. Some babies, especially very young babies, like to be "swaddled."
- Consider using a baby carrier, like a Snuggli, a Baby Bjorn, or a sling, that keeps the baby close, but frees up your hands to meet the needs of other children.
- Move! Babies are soothed by movement—dance, bounce, swing, walk, rock, change baby's position.
- Provide soothing sounds—talking, singing or rhythmic, monotonous, low-pitched humming sounds, e.g. "sleep machines" or soft music.
- Entertain—mirrors, ceiling fans, mobiles, silly faces, imitating baby.
- Try to stay calm and soothing and take a break when you need it, e.g. take turns with another caregiver because babies can sense our tension or frustration.
- Try not to take the baby's crying personally—sometimes you just have to hang in there with a baby who is having a hard time being soothed. The baby's experience is that she has a "partner" in trying to feel better, even if it takes a while.

Michele Fallon, LICSW, IMH-E®
Infant and Early Childhood Mental Health Consultant

Brazelton, T. Berry, (1992) *Touchpoints, The essential reference: your child' emotional and behavioral development,* Addison-Wesley Publishing.
Shonkoff & Phillips, (2000), *Neurons to Neighborhoods,* National Academy Press.
Lally, R. and West Laboratory for Educational Research and Development, *Program for Infant and Toddler Caregivers.*

Teaching a baby to "cry better" through responsive care in her childcare setting Promotes trust and regulation which makes the baby's cues easier to read

⇩

Which helps her learn and also helps parents feel more effective and therefore likely to be more responsive themselves

⇩

Which helps the parents and baby enjoy being together

⇩

Which promotes healthy attachment

⇩

Which makes a more competent baby who feels that the world is a safe place in which to explore and learn.

In class:
Write a few sentences on what infants and/or toddlers do as they explore their identity and how you (their caregiver) support them to feel good about who they are (their identity). (Applies to CDA Competency Statement IIIa)

For today's session, Brain Development, write a note to yourself one idea about brain development. It can be for your own reminder, or something you'd like to share with parents or others.

Homework: This week, practice 'serve and return' activities: notice something the child initiates that you respond to (e.g. a smile, imitation of sounds, a game like peek-a-boo) and something that you initiate that the child responds to. Do this at least once a day. Write down the activity and who initiated it (you or the baby). Be sure to try these serve and return activities during daily routines such as diapering and feeding as well as during play.

Cognitive Development

Class 11
Sessions A, B, & C
7 hours

Session A

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF Content Area I: Child Development and Learning

CDA Content Area VIII: Understanding principles of child development and learning

Learning Objectives:

- Define basic cognitive development skills and expectations.
- Identify variations in cognitive development.

Piaget's Four Stages of Cognitive Development https://www.youtube.com/watch?v=TRF27F2bn-A

Stage	Approximate Age	Characteristics
Sensorimotor	Birth to 2 years	
Preoperational	2 to 6 years	
Concrete operational	7 to 11 years	
Formal operational	Adolescence and adulthood	

Vygotsky: Learning, Culture and Environment

Video on scaffolding: https://www.youtube.com/watch?v=5hWDbSx_kdo

Zone of Proximal Development:	**Scaffolding:**	**Private Speech:**

Brain Development and Plasticity Notes:

Nurturing Cognitive Development

Visual Stimulus (Stuff We See!)

During early childhood, children's vision abilities increase. With each day and new experience, their ability to see objects, the environment, and movement are expanding. Changes or differences in the environment and the materials available to them can catch their visual attention and interest. Knowing this, caregivers need to regularly change the materials, displays, and other things children see to help them develop visual abilities. Do: Display children's artwork, family pictures, or content posters at child eye level. Don't: only choose commercial decorations, put something on a wall just because it is there (some blank space is ok!), or have so many things to look at that children get distracted (we call this "visual clutter"). Following these guidelines will allow children to more easily pay attention to and recognize the important features and information in the environment.

Auditory Stimulus (Stuff We Hear!)

Research has shown that music stimulates different areas of the brain and promotes cognitive development. For a young child's developing brain, music and sound patterns expand their world, encourage them to tell the difference between different types of sounds, and help them learn to enjoy music. Introducing opportunities to interact with instruments helps children expand their mental concept of an object while allowing them control over what the music sounds like. In addition to instruments, you can give children a chance to improve their auditory (hearing) through vocal or instrumental recordings. You might consider having a permanent music center in your early childhood program, or having a music box filled with various instruments always accessible.

Emotional Climate

Cognitive development can be improved or decreased by the emotional climate created by a caregiver. Children being cared for in nurturing, responsive settings where trust, security, and a sense of respect are established will express their ideas, explore freely, take risks, and develop as they, as individuals, should. Sadly, children in negative climates won't do these things. They may fail to take risks and explore. The emotional impact of the caregiver-created climate affects how children develop and thrive.

Independent Learning

An effective early childhood program promotes independent learning through its environmental design and available experiences. Even infants and toddlers try to do things on their own, in their own way. It is absolutely necessary that the equipment, materials, and activities in the early childhood environment invite children to interact with them independently, without always needing caregiver assistance. Additionally, the environment should be accessible, with materials and spaces that children can manage on their own, while offering opportunities for new or expanded learning.

Serve and Return

Infants and toddlers
Preschool
School aged

Changing Closed-Ended Questions/Comments to Open-Ended

Closed-ended question (example: Do you like red or yellow?)	**Changed to open-ended** (example: Why do you prefer red to yellow?)
Did you build that tower?	
Are you painting a flower?	
Are you writing your name?	
Are you pretending to be a firefighter?	
Do you want to build with blocks?	
Did you like the book?	
Are you done?	

Some open ended starters: "Tell me about…" "What do you think about…" "What did you notice about…"

Reasons for Offering Choices

Children need choices because:

- Choices create situations where children are encouraged (maybe even required) to think, not just react.
- Choices provide opportunities for children to make mistakes and learn from the consequences.
- Choices help eliminate power struggles.
- Choices provide children with opportunities to experience adults who trust and value their thinking ability.

Session B

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas, the MN Core Competencies Content Area, and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF: Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area II: Supporting physical and intellectual development

Learning Objectives:

- Name three opportunities is an early childhood program to promote creativity and self-expression.
- Discuss the value of, and difference between, process art and product art.

Planning art experiences

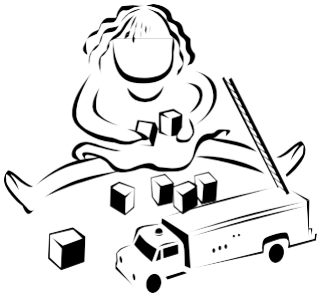
Do I want to focus on process (creativity, imagination, problem solving, experimenting, fine motor)?	**Do I want to focus on product (following directions, fine motor, creating a model)?**
☐ There is no sample or correct way to proceed ☐ There is choice in materials, tools and techniques ☐ The end result is unique to each child	☐ There is a sample to follow (finished product in mind) ☐ There is a right way to proceed (adult may need to demonstrate) ☐ There are limited (or no) choices in materials

Some resources on process and product art:

- How Process Focused Art Experiences Support Preschoolers (there is also an article on the topic that you can share with families): https://www.naeyc.org/resources/pubs/tyc/feb2014/process-art-experiences
- Family child care blogger discussing the nuances https://www.theempowerededucatoronline.com/2015/12/process-v-product-in-early-learning-can-we-find-a-balance.html/
- Teach Preschool Blog: Making the transition from product to process focused art: http://prekandksharing.blogspot.com/2012/02/making-transition-from-product-to.html

Dramatic Play Theme Brainstorm:

Three Types of Block Play



Constructive Play

Constructive is focused on building something. Manipulating objects (i.e. blocks) to create something different is the epitome of constructive play. This type of play is encouraged by providing an adequate amount of space and enriched materials.

Dramatic play

Dramatic play is often motivated by a child's desire to recreate a favorite story, memory or make sense of a situation. By adding props, such as animals, barns, cars, police stations, etc. children engage their imagination.

Exploratory play

This identifies the child's interest in the building process- rather than the desire to recreate something. Utilizing building materials, children experiment with spatial concepts, balance, weight, etc. In exploratory play, the goal is to determine how materials work together, rather than create a specific end result.

Tips for Promoting Cognitive Development and Creativity

Comment on specific things about the product

- Describe colors, shapes, parts of costumes, or dance moves in an objective way whenever possible. For example, *"You have five blue circles on your page."* or "*You are wearing pink shoes with the chef hat."*

Ask questions to prompt thinking during the creation and/or play process

- Use open-ended questions to encourage cognitive development and enrich the learning opportunities. For example, "*What happened when you painted over the crayon drawings*?" or "*What dance move works best with this song?"*

Encourage effort

- Offer encouragement for children's effort and work. For example, *"You worked hard on that painting; shall we put it on the board?"*

Assist children to engage in activity

- Encourage reluctant children to begin an activity, helping them if necessary. For example, *"Would you like to try the markers on the large paper?"*

Encourage children to work until finished

- Assist children in thinking through options, overcoming challenges, and completing activities. For example, "*What are you thinking about adding next?"*

Encourage self-confidence

- Support children as they take risks, try new things, and make mistakes. For example, *"Let's add those moves to our class dance. We can change them if we don't like them."*

CDA Portfolio Assignment

Competency Standard II: To advance physical and intellectual competence

Resource Collection

RCII: **In your own words, describe a creative arts learning activity.** Indicate the age group and list the intended goals, materials and process/teaching strategies. For each activity, specify how it is developmentally appropriate for that age group.

- Family Child Care-infants, toddlers, preschool
- Preschool-3s, 4s, 5s
- Infant/Toddler-young infants, mobile infants, toddlers

Bring your creative arts activity to the next class! Also, please bring you copy of the ECIPs.

Session C

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area II: Supporting physical and intellectual development

Learning Objectives:

1. Identify multiple, daily opportunities to support cognitive development.
2. Describe impact of intentional interactions on cognitive development.
3. Plan activities that stimulate cognitive development.

One Activity, Two Approaches

Adult directed activity	Child directed activity

Webbing

Approaches To Learning

Any activity can be turned into an activity that also helps develop approaches to learning. According to Egertson, in an article titled *In Praise of Butterflies: Linking Self-Esteem to Learning* (Young Children, Nov 2006) there are a few questions you can ask yourself to make sure you are not missing an opportunity to help children cognitive development.

How will this activity:

1. Encourage children to be open to new tasks and challenges?
2. Strengthen children's initiative and persistence?
3. Encourage children to reflect on and interpret what they are doing?

Does this activity:

4. Support children's creativity and stimulate their imagination?
5. Expand children's cognitive approaches to tasks?

Being able to answer yes to some or all of these means the activity, whether child- or teacher-directed or somewhere in between, will increase children's cognitive development.

What Can You Do?

☐ Work together toward shared solutions

☐ Use language to communicate thoughts and ideas

☐ Practice problem-solving

☐ Take initiative to try an idea

☐ Demonstrate the ability to delay gratification (i.e. compromise, wait a turn)

☐ Recognize simple shapes

☐ Identify how shapes can fit together

☐ Demonstrate knowledge of the properties of items

☐ Use 'play' objects to represent real-life an object

Express thoughts and emotions using ☐

language Express multiple emotions ☐

Awareness of number concepts ☐

Experiment with various materials and ☐

textures Demonstrate control of small- ☐

muscle
movements

Express ideas creatively ☐

Understand and use position language ☐
such as; under, over, above, to the side

Follow two or three step directions ☐

Video notes: **“Scaffolding Children’s Thinking”**

For families: “Toddlers and Reading: Describe but Don’t Drill”: https://www.naeyc.org/our-work/families/toddlers-and-reading-describe-don%27t-drill

CDA Portfolio Assignment

Competency Standard II: To advance physical and intellectual competence

Competency Statement II: To advance physical and intellectual competence

CS IIc Pick a third learning experience you chose for your resource collection (RCII). How does this experience reflect your philosophy of how to support young children’s *creative* development?

Using the *Early Childhood Indicators of Progress: Minnesota's Early Learning Standards*

Class 12
Sessions A-D
8 hours

KCF Content Area:

I. Child Development and Learning

CDA Content Area:

II. To advance physical and intellectual competence

Learning objectives:

Session 1

- List three purposes (or uses) for the *Early Childhood Indicators of Progress: Minnesota's Early Learning Standards*
- Describe the organization and structure of the ECIPs including use of the vocabulary: domains, components, subcomponents, and indicators

Session 2

- Describe two ways the ECIPs help professionals understand child growth and development
- Demonstrate methods for using the ECIPs to inform the planning of curriculum and instruction Session 3
- Demonstrate the ability to link ECIPs indicators to child observation
- Use the ECIPs to plan and conduct observations as part of authentic assessment Session 4
- Identify resources for using the ECIPs within the program including involving and engaging families in children's learning
- Develop one professional development goal based on understanding of the ECIPs
- Develop one program improvement goal related to the ECIPs

Assignments for Session B

1. Bring 1 – 2 of your recent lesson plans OR List all the activities you do with the children each day until our next session, BRING to the next session
2. Begin reviewing the ECIPs document. Jot down questions you have about vocabulary, indicators, and so on. BRING the questions to the next session.

Assignments for Session C

1. Observe one child in your program a few times. Write down what you observe about that child's behavior. Be as detailed and specific in your notes as you can. BRING your written observation notes to the next session.
2. Continue reviewing the ECIPs document; BRING any questions that surface.

Assignment for Session D

1. Continue reviewing the ECIPs document; BRING any questions that surface.

Accessing the ECIPs:

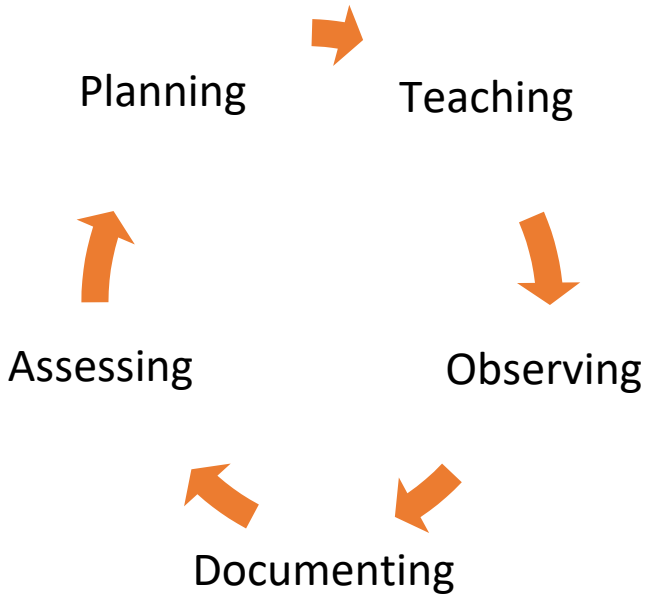
MN Department of Education web page featuring the ECIPS by domain and related resources: http://education.state.mn.us/MDE/dse/early/ind/

ECIPs booklet (pdf): https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7596A-ENG

ECIPs Domains and Components at a Glance

Domains	Approaches to Learning	The Arts	Language, Literacy, and Communi-cations	Cognitive			Physical and Move-ment	Social and Emotional
				Mathematics	Scientific Thinking	Social Systems		
Components	• Initiative and curiosity • Attentiveness, Engagement and Persistence • Creativity • Processing and Utilizing Information	• Exploring the arts • Using the arts to express ideas and emotions • Self-expression in the arts	• Listening and understanding (receptive) • Communicating and speaking (expressive) • Emergent reading • Writing	• Number knowledge • Measurement • Patterns • Geometry and spatial thinking • Data analysis	• Discover • Act • Integrate	• Community, people, and relationships • Change over time • Environment • Economics • Technology	• Gross Motor • Fine Motor	• Self and emotional awareness • Self-management • Social understanding and relationships

The Intentional Teaching Process:



My professional development goal:

My program quality improvement goal:

Temperament & Self-Regulation

Class 13

2 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

KCF Content Area I: Child Development and Learning

CDA Content Area III: Supporting children's social and emotional development

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Describe key temperamental traits
- Objective 2: Practice recognizing how temperament traits may appear in infants and toddlers
- Objective 3: Strategize caregiving responses to different temperaments

Class 13 Overview

Time (for each section)	Section Overview – Key Concepts	Overview of teaching technique for section
10 minutes	Practice to reflection: assignment insights	• Pair and share • Facilitated group discussion
35 minutes	Establishing relationships with infants: understanding temperaments	• Group game • Large group word emergence brainstorm • Mini lecture on temperament • Individual reflection: temperament continuum
45 minutes	Responding to temperaments	• Introduce "goodness of fit" concept • Small groups: goodness of fit activity • Report back
20 minutes	Reactivity and Self-regulation	• Mini lecture • Pairs activity: responding to different reactivity levels
10 minutes	Planning to practice	• Review session concepts • Review CDA Portfolio Assignment

GLOSSARY

Temperament: the way a particular child approaches and reacts to the world (their "personality"). It influences the child's behavior and how they interact with others.

Goodness of fit: describes when the environment (including interactions) and demands and expectations of the caregiver fit well with a child's temperament. Sometimes that means making changes in what we do or how we do it or in the physical environment so that it IS a "good" fit.

Reactivity: the way infants respond to new experiences and new people.

For example, do they have strong reactions that may lead to cautious responses? or low reactions, which may lead to ease with new people and situations? This is related to how easily something sets off a response in a child, how intense the response is, and how long it takes the child to calm down after the response starts.

Self-regulation: the growing ability for children to control their feelings and their bodies. Adults help infants and toddlers begin to develop self-regulation.

Executive function: These are skills that include managing strong feelings, being able to focus or pay attention to something, staying focused and self-monitoring.

Effortful control: the growing ability to focus on something and shift attention from one thing to another. It also means to be able to stop yourself from doing something or start doing something on purpose. Young children learn to do this through interactions with others (especially adults they are close to).

For example, infants are working on controlling their hand movements and making them do what they want them to do (pick up and hold a bottle for example). Toddlers are working on learning to stop themselves from behaviors that might hurt others (biting or pushing for example) when they feel frustrated.

Continuum of Nine Temperament Traits

(adapted from Thomas & Chess, and CSEFEL)

Activity Level:

Very Active ◄----------► **Not Active**

Wiggle and squirm, difficulty sitting still

Sit back quietly, prefer quiet/seated activities

Distractibility:

Very Distractible ◄----------► **Not Distractible**

Difficulty concentrating
Difficulty paying attention when engaged in an activity
Easily distracted by sounds or sights during activities

High degree of concentration
Pays attention when engaged in an activity
Not easily distracted by sounds or sights during activities

Intensity:

Very Intense ◄----------► **Not Intense**

Intense positive and negative emotions
Strong reactions

Muted emotional reactions

Regularity:

Very Regular ◄----------► **Not Regular**

Predictable appetite, sleep patterns, elimination

Unpredictable appetite, sleep patterns, elimination

Sensory Threshold:

High Threshold ◄----------► **Low Threshold**

Not sensitive to physical stimuli including sounds, tastes, touch, temperature changes
Falls asleep anywhere, tries new foods, wears new clothing easily

Sensitive to physical stimuli including sounds, tastes, touch, temperature changes
Picky eater, difficulty sleeping in strange crib/bed

Approach/Withdrawal:

Tendency to Approach ◄----------► **Tendency to Withdraw**

Eagerly approaches new situations or people

Hesitant and resistant when faced with new situations, people, or things.

Adaptability:

Very Adaptable ◄————————► **Difficulty Adapting**

Transitions easily to new activities and situations

Has difficulty transitioning to new activities or situations

Persistence:

Persistent ◄----------► **Easily Frustrated**

Continues with a task or activity in the face of obstacles
Doesn't become frustrated easily

Moves on to a new task or activity when faced with obstacles, gets frustrated easily

◄ ►

Mood:

Positive Mood _____ **Serious Mood**

Reacts to the world in a positive way, generally cheerful Reacts to situations negatively, mood is generally serious

Handout:

Helping infants and toddlers self-regulate

Observe closely. Babies send cues that tell you when they are hungry, tired, or ready to play.

Respond. Be alert to individual differences in the need for regularity, novelty, and interaction.

Provide structure and predictability. Babies need consistent caregivers and approaches to routines such as feeding, sleeping, and diapering or toileting.

Arrange developmentally appropriate environments. Low shelves, clear labels, and age-appropriate materials can provide some challenge and can be adapted to a child's quickly changing abilities.

Define age-appropriate limits. Help a child feel safe and help him know what is expected.

Show empathy and caring. When caregivers recognize children's needs and treat them as important, children feel good about themselves and are better able to handle strong emotions.

Conclusion

"Self-regulation in early development is influenced by a child's relationships with the important adults in her life. Providing the experiences, support, and encouragement that help very young children learn to self-regulate is a critical element in quality care." (Shonkoff & Phillips 2000).

From Self-Regulation, A Cornerstone of Early Childhood Development. Linda Groves Gillespie and Nancy L. Seibel, Young Children, 2006. NAEYC.

BINGO:

Find someone who…(When you do, write their name in the square and draw an X in the box)

Loves sitting down to a long, complicated puzzle	Has trouble sitting still during a lecture	Prefers to eat dinner and go to bed at the same time every day
Loves to cook and try new foods	Always finishes things on time (often early)	Can't stand to wear tight or itchy clothing
Tends to be a pessimist	Uncomfortable meeting new people at big gatherings	Easily distracted by a new project

Write down one benefit of asking a parent for their perspectives on their child.

Write one idea down from the list of "responding to Temperaments" that you want to remember to do or try with a child in your care.

Homework:

Use the temperament scale to rate a child that you haven't used for an assignment yet. Look at your own temperament chart. Think about: Are there areas that may challenge the "goodness of fit?" Write down 2 strategies or things you want to try that you think will improve the "goodness of fit" (do this in class?) Between now and the next class, try your ideas. We will talk about what you experienced when we come back for our next session.

CDA Portfolio Assignment:

Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard. (Note: You may also choose to write one paragraph for each Functional Area, if this makes it easier to express your thoughts more clearly). Then, write at least one paragraph.

CSIIIa: Describe some of the ways you support the development of children's positive self-concepts and growing social/emotional skills.

Resilience

Class 14

2 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area l: Child Development and Learning

CDA Content Area III: Positive ways to support children's social and emotional development

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Identify protective factors which promote resilience
- Objective 2: Describe strategies to support resilience in very young children
- Objective 3: Discuss the importance of taking care of our own health and mental health

Class 14 Overview

Time (for each section)	Section Overview – Key Concepts	Overview of teaching technique for section
5 minutes	"Practice to Reflection" reflections on temperament observation assignment	• Pair and share • Large group share • Individual reflection
25 minutes	What is resilience?	• Mini lecture on resilience • Small group activity/discussion
35 minutes	Protective factors/risk factors Definition of risk factors/protective Factors Protective factors for young children	• Mini lecture on risk factors and protective factors • Large group brainstorm of risk factors • Small group strategies to promote resilience for infants and toddlers
35 minutes	What Promotes Resilience for families? Strategies that foster resilience in families	• Large group discussion • Small group discussion: identifying and supporting family strengths • Large group read aloud: handout, Three Sources of Resilience for Children
10 min	Personal resilience: taking care of our own health and mental health	• Self-reflection and goal setting
10 minutes	Planning to Practice	• Review assignment, clarify as needed

GLOSSARY

Resilience: functioning well despite hardship or trauma.

Risk factors: conditions or variables that increase the chances of negative or undesirable outcomes.

Protective factors: conditions or variables that buffer the impact of risk factors and promote healthy development and well-being.

Strengthening Families™ protective factors: This approach identified five protective factors that are key elements in strong families. They are: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

Stress: *Biological and emotional responses to challenging, threatening, or traumatic experiences.*

Stressor: An experience that is perceived to be challenging, threatening, or traumatic.

Toxic stress: *Biological and emotional responses that result from strong, frequent, prolonged adversity, such as child abuse and neglect, family violence. The impact of toxic stress can be lessened when a baby or young child has at least one stable, secure relationship.*

Resources for Session 14:

- **A source of information on resilience at Harvard's Center on the Developing Child: https://developingchild.harvard.edu/science/key-concepts/resilience/**
- **NAEYC Code of Ethics (which have also been adopted by NAFCC) at: http://www.naeyc.org/files/naeyc/file/positions/PSETH05.pdf**
- **The Center for the Study of Social Policy Strengthening Families™ site: https://www.cssp.org/young-children-their-families/strengtheningfamilies/about**
- **Link to American Psychological Association article "The Road to Resilience" http://www.apa.org/helpcenter/road-resilience.aspx**
- Link to the National Alliance on Mental Illness (NAMI) of Minnesota which is a non-profit organization dedicated to improving the lives of children and adults with mental illnesses and their families. NAMI Minnesota offers education, support and advocacy: http://www.namihelps.org/

Three sources of resilience for children

To overcome adversities, children draw from three sources of resilience features that can be labeled: I HAVE, I AM, I CAN. What they draw from each of the three sources may be described as follows:

I HAVE

- People around me I trust and who love me, no matter what
- People who set limits for me so I know when to stop before there is danger or trouble
- People who show me how to do things right by the way they do things
- People who want me to learn to do things on my own
- People who help me when I am sick, in danger or need to learn

I AM

- A person people can like and love
- Glad to do nice things for others and show my concern
- Respectful of myself and others
- Willing to be responsible for what I do
- Sure things will be all right

I CAN

- Talk to others about things that frighten me or bother me
- Find ways to solve problems that I face
- Control myself when I feel like doing something not right or dangerous
- Figure out when it is a good time to talk to someone or to take action
- Find someone to help me when I need it

Note: A child who is faced with challenges or adversity does not need all of these features to learn to demonstrate resilience, but one is not enough.

Source: A Guide to Promoting Resilience in Children: Strengthening the Human Spirit, *Edith H. Grotberg, Ph.D.* The International Resilience Project

Homework: This week, your practice assignment is to select one of the three circles we worked on today—child, family or caregiver—and continue to build on the ideas you had written down. Choose 2 ideas of actions that you can take to build resilience in either a child, family or yourself. Write them down, as well as how you intend to do them and build them in as part of your regular skills to promote resilience. Take notes each time you do them, including how you felt when you were doing them. Be prepared to discuss your experience at Class 16 (Routines and Opportunities).

Professional Development Planning

Class 15
Sessions A, B
4 hours

Session A

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

MN KCF Content Area VI: Professionalism

CDA Content Area VI: To maintain a commitment to professionalism.

Learning Objectives

This session was developed to address the following learning objectives. You can reasonably expect that, by the end of this session, actively engaged participants will be able to:

- *List three reasons why professional development is important for early care and education professionals*
- *Describe three resources available to early care and education professionals to assist them in meeting their professional development needs*
- *Use the Individual Training Needs Assessment to identify at least one area of opportunity for professional development*

Session Outline

Introduction	• Welcome and Introductions • Presentation – Objectives
Professional Development basics	• Presentation –What is Professional Development? • Discussion – Benefits of Professional Development
Intentional Professional Development	• Activity – Pack Your bags! • Presentation – Being Intentional • Presentation – Resources for Planning Professional Development
Needs Assessment	• Activity – Destination Directions • Presentation – The Professional Development Cycle • Discussion – Data for Assessing Professional Needs • Presentation – The ITNA and Self Reflection
The Professional Development Plan	• Presentation – The Planning Process • Activity – Creating Goal Statements • Activity – PD Activities Jigsaw
Closing	• Discussion –Summary • Discussion – Assignments

Session A

Professional Development Basics

Professional development is "structured teaching and learning experiences that are **formalized** and **designed** to support the acquisition of professional knowledge, skills, and dispositions as well as the application of this knowledge in practice"

National Professional Development Center on Inclusion, 2007 in *Practical Approaches to Early Childhood Professional Development: Evidence, Strategies, and Resources*

by Pamela J. Winton, Jeanette A. McCollum, and Camille Catlett, 2008 , Washington DC: Zero to Three.

Key Concepts

- Professional development is:
  - Planned;
  - More than maturation;
  - Includes training but is not limited to training; and
  - Relates to the skills and knowledge of the profession
- All types of professionals participate in professional development
- All early childhood professionals can benefit from professional development

  "All early childhood professionals – no matter how qualified – need to continue to incorporate into their professional repertoire new knowledge and skills related to working with young children"

A Conceptual Framework for Early Childhood Professional Development: A Position Statement of the National Association from the Education of Young Children, 1993, Washington DC: NAEYC

- Professional development can take many forms
- Professional development focuses on both current and future needs
- Professional development improves the quality of care children experience

Benefits of Professional Development

Intentional Professional Development

Intentional professional development features:

1. Conduct needs assessment to determine professional development needs
2. Establish goals for your professional development activities
3. Determine what professional development activities will help you to reach your goals.
4. Develop a written plan that documents your goals and the activities to reach the goals

Resources for Planning Professional Development

DEVELOP: Minnesota Quality Improvement & Registry Tool www.developtoolmn.org Achieve: MN Center for Professional Development www.mncpd.org	• Provider Registry • Listing of training opportunities • Career guidance • ITNA
Child Care Aware of Minnesota www.childcareawaremn.org	• Provides a wide range of training opportunities • Professional development consultation • Scholarship and grants programs
Professional Organizations Examples: National Association for the Education of Young children www.naeyc.org Minnesota Association for the Education of Young Children & Minnesota School Age Care Association www.mnaeyc-mnsaca.org National Association for Family Child Care: www.nafcc.org Minnesota Association of Child Care Professionals www.maccp.org	• Membership publications and resources • Membership training events and conferences • Networking
Family Child Care Inc. www.fccimn.com Minnesota Child Care Provider Information Network www.mccpin.org	

Other	

Sources of Data for Assessing Professional Development Needs

TRAINING REQUIREMENTS

For example:

- CDA requirements
- First aid & CPR
- Abusive Head Trauma
- Sudden Unexpected Infant Death Syndrome
- Child restraint systems
- Behavior management

PROGRAM NEEDS: CHANGES, IMPROVEMENTS, ADDITIONS

For example:

- Adoption of new curriculum or assessment tools
- Beginning process to become accredited or participate in QRIS

survey information

INDIVIDUAL TRAINING NEEDS

For example:

- Areas in which you feel challenged
- Areas in which you would like to increase confidence
- Areas of interest to you
- Skills or knowledge needed to advance within your organization and the profession

Training requirements ⇨

Program changes ⇨

Individual needs ⇨

Translate needs to goal statements ⇨

Identify activities to achieve goals

List resources needed

Commit to a timeline ⇨

Implement the planned activities ⇩

Evaluate success of the plan; create new goals

Notes:

Link to the **Minnesota Career Lattice**:
file:///C:/Users/menn0027/Dropbox/MNCCC%20Revision/Revised%20content/CLass%209%20Child%20guidance/MN-Career-Lattice.pdf

Professional Development Activities

Professional Development Activity	Advantages / Opportunities	Disadvantages / Challenges
Training Sessions		
Mentoring or Coaching		
Self Study		

Session A – CDA Portfolio Assignment

1. **Complete this assignment for your CDA portfolio. Competency Standard VI: Professionalism.**

   CSVI RC: Resource Collection Items

   RCVI-2: Collect a list of two or three early childhood associations (national, regional, state or local), including website addresses, describing the professional resources and membership opportunities they each offer.

FIELD WORK:

2. Complete the ITNA. Take notes on content areas or topics where you feel you have room for growth and bring those notes to the next session. The Individual Training Needs Assessment (ITNA) can be accessed through Develop at https://www.developtoolmn.org/app/default.aspx#myModule=btnITNA. Note: you have to a Develop account and sign into your individual Develop account to see it online. The ITNA tab is located in the Professional Profile section. (You should have signed up for a Develop account during the first MNITCDA class.)
3. Bring your CDA portfolio folder with the items you have completed since class 1 of the Minnesota ITCDA program to the next session.

Session B

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

MN KCF Content Area VI: Professionalism

CDA Content Area VI: To maintain a commitment to professionalism.

Learning Objectives

This session was developed to address the following learning objectives. You can reasonably expect that, by the end of this session, actively engaged participants will be able to:

- *Name two ways to document professional development accomplishments*
- *Create a professional development plan*
- *Describe the use of a portfolio in documenting professional development*

Session Outline

Section	Overview
Introduction	• Welcome and Introductions • Presentation – Objectives
Connecting Needs Assessment to Professional Development Planning	• Presentation – Review of the Professional Development Process • Activity – Planning Practice • Using the ITNA Results
Documenting Professional Development	• Discussion – Documentation basics • Presentation – Value of Portfolios • Activity – CDA Portfolio Preparation • Presentation – The CDA Portfolio
Closing	• Discussion - Summary • Discussion – Assignments

Practice Professional Development Grid (for scenarios activity)

Goals	Knowledge and Competency Content Areas	Activities	Resources

CDA INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Name: _____

Date of Plan Creation:_____Develop ID#: _____

The knowledge, skills, and practices of early childhood educators are important factors in determining how much a young child learns and how prepared they are for entry into kindergarten. Early childhood educators are lifelong learners who continually enrich their knowledge and increase their skills in order to implement best practices and increase the quality of their program.

Directions:

- **A strong professional development plan starts with a self-assessment. This is an opportunity to think about the areas of your job in which you already have knowledge and skills, and the areas about which you would like to learn more.** The Individual Training Needs Assessment (ITNA) is a self-assessment tool based on Minnesota's Knowledge and Competency Framework for Early Childhood Professionals. You can use the ITNA to assess your own skills and set professional development goals.
    - To take the ITNA, please login to your Develop account (www.developtoolmn.org) and click on the ITNA tab to begin.
- **Use the information** from your self-assessment to determine which areas of your job are the most important to you right now. Set goals for learning and strengthening your skills in those areas.
- **Establish a timeframe for pursuing your goals.** This gives you the opportunity to think about the resources needed to achieve them. It also allows you a framework to create regular check-in points along the way with a supervisor or mentor, as well as an opportunity to reflect on your own progress.

Competency and Content Areas:

Depending on where you are in your professional journey, you may choose to align your goals with Minnesota's Knowledge and Competency Framework or the CDA Competency Areas.

- **The Knowledge and Competency Framework** is a guide for practitioners to improve and demonstrate their work with children and families.
- **The Child Development Associate (CDA) Competency Areas:** CDA Candidates must have 120 clock hours of formal child care education and in-service training. CDA training is broken into eight content areas. Candidates must have at least 10 hours in each area. The content areas are:
    1. Planning a safe and healthy learning environment
    2. Advancing children's physical and intellectual development
    3. Supporting children's social and emotional development
    4. Building productive relationships with families
    5. Managing an effective program operation
    6. Maintaining a commitment to professionalism
    7. Observing and recording children's behavior
    8. Principles of child development and learning

SMART Goals

- As you develop your action plan, use the **SMART** model by ensuring all of your goals and action steps are **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and within a specific **T**imeframe.

- Concrete goals will enable you to determine when you have achieved your objectives. Lay out small, reasonable steps. Expecting too much too soon will discourage progress. Divide development activities into small steps that lead to your end goal.

NAEYC Key elements of Standard 6: Professional Preparation

- 6a: Identifying and involving oneself with the early childhood field
- 6b: Knowing about and upholding ethical standards and other professional guidelines
- 6c: Engaging in continuous, collaborative learning to inform practice
- 6d: Integrating knowledgeable, reflective, and critical perspectives on early education
- 6e: Engaging in informed advocacy for children and the profession

Educational Goal: _____ *Example Goal: Increase my Career Lattice Step from a 5 to a 6.*	
Knowledge & Competency Framework Area(s): *Example goal matches KCF Area VI.* ☐ **I. Child Development and Learning** ☐ **II. Developmentally Appropriate Learning Experiences** **Specify which subcategory of KCF II:** _____ ☐ **III. Relationships with Families** ☐ **IV. Assessment, Evaluation and Individualization** ☐ **V. Historical and Contemporary Development of Early Childhood Education** ☐ **VI. Professionalism** ☐ **VII. Health, Safety and Nutrition** ☐ **VIII. Application through Clinical Experiences**	**CDA Content Area(s):** *Example goal matches CDA Area VI.* \ ☐ **I. Planning a Safe and Healthy Learning Environment** ☐ **II. Advancing Children's Physical and Intellectual Development** ☐ **III. Supporting Children's Social and Emotional Development** ☐ **IV. Building Productive Relationships with Families** ☐ **V. Managing an Effective Program Operation** ☐ **VI. Maintaining a Commitment to Professionalism** ☐ **VII. Observing and Recording Children's Behavior** ☐ **VIII. Principles of Child Development and Learning**

Activities to Reach Goal *How will you accomplish this goal?*	**Success!** *How will you know that you have met this goal?*	**Dates** *List the start and end period for the goal ex. Jan 1 – Dec 31, 2017*
Example: Enroll in the MN Child Development Associate	*Example: Once I have received my MNCDA, I can apply for the CDA and then renew my Develop membership.*	*Example: MNCDA courses October 1, 2017 – November 30, 2018. Expected CDA credential March 2019.*

Professional

Goal:_____

Example Goal: Become a lead teacher in a Child Care Center

Activities to Reach Goal *How will you accomplish this goal?*	**Success!** *How will you know that you have met this goal?*	**Dates** *List the start and end period for the goal* *ex. Jan 1 – Dec 31, 2017*
Example: Enroll in the MN Child Development Associate	*Example: Once I have received my MNCDA, I can apply for the CDA and then renew my Develop membership.*	*Example: MNCDA courses October 1, 2017 – November 30, 2018. Expected CDA credential March 2019.*

Professional Goal: _		
_____ *Example Goal: Increase my Career Lattice Step from a 5 to a 6.*		
Activities to Reach Goal *How will you accomplish this goal?*	**Success!** *How will you know that you have met this goal?*	**Dates** *List the start and end period for the goal* *ex. Jan 1 – Dec 31, 2017*
Example: Enroll in the MN Child Development Associate	*Example: Once I have received my MNCDA, I can apply for the CDA and then renew my Develop membership.*	*Example: MNCDA courses October 1, 2017 – November 30, 2018. Expected CDA credential March 2019.*

Professional

Goal:_____

Example Goal: Increase my Career Lattice Step from a 5 to a 6.

Activities to Reach Goal *How will you accomplish this goal?*	**Success!** *How will you know that you have met this goal?*	**Dates** *List the start and end period for the goal* *ex. Jan 1 – Dec 31, 2017*

KCF Content Area	Activities	Resources/Supports Needed	Timeline/Start Date	Status/Date Completed

Professional Development Plan Review (Optional)

Reviewer Name:_____ Review Date: _____

Job Title:_____ Program Name: _____

Review (check one):

- ☐ Initial
- ☐ Quarterly
- ☐ Semi-Annual
- ☐ Annual
- ☐ Other(specify): _____

Reviewers Comments:

Functions of your CDA Portfolio

A portfolio is…

- A collection of evidence of abilities;
- A display of some of your best work;
- A way of showing what you have learned;
- Organized into sections that relate to different aspects of your work;
- Unique to each individual;
- Focused on showing quality, not quantity; and
- Ever changing as you continue to grow and develop as a professional.

Organizing the CDA Portfolio

CDA Competency Areas and Functional Areas	
I. Safe, healthy learning environment II. Physical and intellectual competence III. Social and emotional development and positive guidance IV. Positive and productive relationships with families V. Well-run, purposeful program responsive to participant needs	1. Safe 2. Healthy 3. Learning environment 4. Physical 5. Cognitive 6. Communication

VI. Commitment to professionalism	7. Creative 8. Self 9. Social 10. Guidance 11. Families 12. Program management 13. Professionalism

Using Your CDA Portfolio

In addition to obtaining your CDA, your portfolio may be a helpful tool in the following situations:

- Interviewing for a new job or a promotion
- Demonstrating for prospective families your professionalism and skills and abilities as a caregiver
- Documenting how you use grant funds or changes you have made based on participation in a grant or scholarship program
- Assessing your own abilities to plan for professional development
- Demonstrating your professional growth for your supervisor, a mentor or others
- To demonstrate the quality of your work as part of an accreditation process

The CDA Portfolio

The CDA Portfolio is…

"a collection of materials that you will use as an early childhood professional in future work with young children and families. It is compiled for two purposes:

1. It provides a picture of what information Candidates find valuable in their work as a basis for assessing competence as a CDA; and

2. It provides Candidates an important experience in locating resources, using them in their work, and evaluating their effectiveness in early childhood programs."

Essentials for Child Development Associates Working with Young Children (2nd ed.), 2004, Washington DC; Council for Professional Recognition

Contents

Section 1: Autobiography

Write a statement about yourself of about 300 words. In the first part tell who you are, and in the second part, tell what things about your life influenced your decision to work with young children. If you wish, include a formal resume of your education and work experiences.

Section 2 Statements of Competence

In your own words, describe what you do with children and families that demonstrates your ability to meet the specific needs and support the learning and development of children in each of the six Competency Goal areas. The statement for each area should be 200 – 500 words in length and should state your goals for children and give clear and specific examples of what you do to achieve those goals. Begin each of the statements using one of the specific phrases that follow:

1. To establish and maintain a safe, healthy learning environment…

2. To advance physical and intellectual competence…

3. To support social and emotional development and to provide positive guidance…

4. To establish positive and productive relationships with families…

5. To ensure a well-run, purposeful program responsive to participant needs…

6. To maintain a commitment to professionalism…

Section 3: Resource Collection (If possible, use The Child Development Associate National Credentialing Program and CDA Competency Standards books: Infant-Toddler Edition, Preschool Edition or Family Child Care Edition, at https://store.cdacouncil.org/cdaapplicationpackets.aspx)

This section of the file contains 17 specific items organized by Competency Area. Each item should be numbered so that it can easily be located. Some of the items will vary slightly depending upon which type of CDA you are applying for – Infant/Toddler, Preschool, or Family Child Care.

The chart on the following pages describes the 17 items for this section.

Infant/Toddler	Preschool	Family Care
Competency Goal I		
RC I-1: Your valid and current certificates of completion or cards from a) any first aid course and b) an infant/child (pediatric) CPR course offered by a nationally-recognized training organization (such as American Red Cross or the American Heart Association). Online training is not acceptable.	RC I-1: Your valid and current certificates of completion or cards from a) any first aid course and b) an infant/child (pediatric) CPR course offered by a nationally-recognized training organization (such as American Red Cross or the American Heart Association). Online training is not acceptable.	RC I-1: Your valid and current certificates of completion or cards from a) any first aid course and b) an infant/child (pediatric) CPR course offered by a nationally-recognized training organization (such as American Red Cross or the American Heart Association). Online training is not acceptable.
RC 1-2: A copy of one weekly menu.	RC I-2: Provide one feeding schedule/menu used for each age group (young infants, mobile infants, toddlers)	RC I-2: Provide one feeding schedule/menu used for each age group (infants, toddlers, preschoolers)
RC I-3: A sample of your weekly plan that includes goals for children's learning and development, brief descriptions of planned learning experiences, and also accommodations for children with special needs (whether for children you currently serve of may serve in the future). Indicate the age group(s) for which the plan is intended.	RC I-3: A sample of your weekly plan that includes goals for children's learning and development, brief descriptions of planned learning experiences, and also accommodations for children with special needs (whether for children you currently serve of may serve in the future). Indicate the age group(s) for which the plan is intended.	RC I-3: A sample of your weekly plan that includes goals for children's learning and development, brief descriptions of planned learning experiences, and also accommodations for children with special needs (whether for children you currently serve of may serve in the future). Indicate the age group(s) for which the plan is intended.
Competency Goal II		

Infant/Toddler	Preschool	Family Care
RC II-1: Describe a Science/Sensory learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.	RC II-1: Describe a Science/Sensory learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.	RC II-1: Describe a Science/Sensory learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.
RC II-2: Describe a Language/Literacy learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-2: Describe a Language/Literacy learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-2: Describe a Language/Literacy learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group
RC II-3: Describe a Creative Arts learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-3: Describe a Creative Arts learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-3: Describe a Creative Arts learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group
RC II-4: Describe an indoor fine motor learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-4: Describe an indoor fine motor learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-4: Describe an indoor fine motor learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group
RC II-5: Describe an outdoor gross motor learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.	RC II-5: Describe an outdoor gross motor learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.	RC II-5: Describe an outdoor gross motor learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.
RC II-6: Describe a Self Concept learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally	RC II-6: Describe a Self Concept learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally	RC II-6: Describe a Self Concept learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally

Infant/Toddler	Preschool	Family Care
appropriate for that age group.	appropriate for that age group.	appropriate for that age group.
RC II-7: Describe an Emotional Skills/Regulation learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-7: Describe an Emotional Skills/Regulation learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-7: Describe an Emotional Skills/Regulation learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group
RC II-8: Describe a Social Skills learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.	RC II-8: Describe a Social Skills learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.	RC II-8: Describe a Social Skills learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group.
RC II-9: Describe a Mathematics learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-9: Describe a Mathematics learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group	RC II-9: Describe a Mathematics learning activity. List the goals, materials, and processes/teaching strategies. Specify the intended age group and how it is developmentally appropriate for that age group
Competency Goal III		
RC III: A bibliography that includes the titles, authors, publishers, copyright dates, and short summary of ten developmentally appropriate children's books that you have used with young children. Each book should support a different topic related to children's lives and challenges.	RC III: A bibliography that includes the titles, authors, publishers, copyright dates, and short summary of ten developmentally appropriate children's books that you have used with young children. Each book should support a different topic related to children's lives and challenges.	RC III: A bibliography that includes the titles, authors, publishers, copyright dates, and short summary of ten developmentally appropriate children's books that you have used with young children. Each book should support a different topic related to children's lives and challenges.
RC IV-1: The name and contact information (phone number, website address, etc.) of a local agency that provides family counseling.	RC IV-1: The name and contact information (phone number, website address, etc.) of a local agency that provides family counseling.	RC IV-1: The name and contact information (phone number, website address, etc.) of a local agency that provides family counseling.
Competency Goal IV		
RC IV-2: The name and contact	RC IV-2: The name and contact	RC IV-2: The name and contact

Infant/Toddler	Preschool	Family Care
information (phone number, website address) of a translation service for families whose home language is other than English, and a service that provides American Sign Language translation.	information (phone number, website address) of a translation service for families whose home language is other than English, and a service that provides American Sign Language translation.	information (phone number, website address) of a translation service for families whose home language is other than English, and a service that provides American Sign Language translation.
RC IV-3: The name, contact information and brief descriptions of at least two agencies in the community that provide resources and services for children with disabilities.	RC IV-3: The name, contact information and brief descriptions of at least two agencies in the community that provide resources and services for children with disabilities.	RC IV-3: The name, contact information and brief descriptions of at least two agencies in the community that provide resources and services for children with disabilities.
RC IV-4: A list of three or more websites and brief descriptions of each, that provide current information to help families understand how children develop and learn. Download one current article from each website.	RC IV-4: A list of three or more websites and brief descriptions of each, that provide current information to help families understand how children develop and learn. Download one current article from each website.	RC IV-4: A list of three or more websites and brief descriptions of each, that provide current information to help families understand how children develop and learn. Download one current article from each website.
Competency Goal V		
RC V: Provide 3 samples of record keeping forms you have used. Include an accident report form, an emergency form, and a completed observation tool you have used to observe a child's development or learning progress.	RC V: Provide 3 samples of record keeping forms you have used. Include an accident report form, an emergency form, and a completed observation tool you have used to observe a child's development or learning progress.	RC V: Provide 3 samples of record keeping forms you have used. Include an accident report form, an emergency form, and a completed observation tool you have used to observe a child's development or learning progress.
Competency Goal VI		
RC VI-1: The name and contact information for your state's agency that is responsible for the regulation of child care centers and family child care homes. Make a copy of the qualification requirements for personnel and group size, adult-child ratio requirements.	RC VI-1: The name and contact information for your state's agency that is responsible for the regulation of child care centers and family child care homes. Make a copy of the qualification requirements for personnel and group size, adult-child ratio requirements.	RC VI-1: The name and contact information for your state's agency that is responsible for the regulation of child care centers and family child care homes. Make a copy of the qualification requirements for personnel and group size, adult-child ratio requirements.
RC VI-2: List 2 or 3 early childhood associations (national, regional, state, or local), including website addresses. Describe the professional resources and membership opportunities they each offer.	RC VI-2: List 2 or 3 early childhood associations (national, regional, state, or local), including website addresses. Describe the professional resources and membership opportunities they each offer.	RC VI-2: List 2 or 3 early childhood associations (national, regional, state, or local), including website addresses. Describe the professional resources and membership opportunities they each offer.

RC VI-3: Summaries of the legal requirements in your state regarding	RC VI-3: Summaries of the legal requirements in your state regarding	RC VI-3: Summaries of the legal requirements in your state regarding

Infant/Toddler	Preschool	Family Care
child abuse and neglect. Include contact information and Mandatory Reporting Guidelines.	child abuse and neglect. Include contact information and Mandatory Reporting Guidelines.	child abuse and neglect. Include contact information and Mandatory Reporting Guidelines.
Reflective Statements of Competence		
CS I: Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this standard (to establish and maintain a safe, healthy learning environment).	CS I: Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this standard (to establish and maintain a safe, healthy learning environment).	CS I: Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this standard (to establish and maintain a safe, healthy learning environment).
CS I a: Reflect on the sample menu in RC I-2: If you designed the menu, how does it reflect your commitment to children's nutritional needs? If you did not design it, what are its strengths and/or what would you change?	CS I a: Reflect on the sample menu in RC I-2: If you designed the menu, how does it reflect your commitment to children's nutritional needs? If you did not design it, what are its strengths and/or what would you change?	CS I a: Reflect on the sample menu in RC I-2: If you designed the menu, how does it reflect your commitment to children's nutritional needs? If you did not design it, what are its strengths and/or what would you change?
CS I b: Reflect on the room environment in which your CDA Verification Visit Observation will occur: How does the room design reflect the way you believe young children learn best? If the room was not designed by you, what do you see as its strengths and/or what would you change? Additionally, reflect on and describe the similarities and differences between room environments designed for infants as compared to toddlers.	CS I b: Reflect on the room environment in which your CDA Verification Visit Observation will occur: How does the room design reflect the way you believe young children learn best? If the room was not designed by you, what do you see as its strengths and/or what would you change? Additionally, reflect on and describe the similarities and differences between room environments designed for infants as compared to toddlers.	CS I b: Reflect on the room environment in which your CDA Verification Visit Observation will occur: How does the room design reflect the way you believe young children learn best? If the room was not designed by you, what do you see as its strengths and/or what would you change? Additionally, reflect on and describe the similarities and differences between room environments designed for infants as compared to toddlers.

CS I c: Reflect on the weekly plan you included in RC I-3. How does this plan reflect your philosophy of what	CS I c: Reflect on the weekly plan you included in RC I-3. How does this plan reflect your philosophy of what	CS I c: Reflect on the weekly plan you included in RC I-3. How does this plan reflect your philosophy of what

Infant/Toddler	Preschool	Family Care
young children need on a weekly basis? If the plan was not designed by you, what do you see as its strengths and/or what would you change? Additionally, describe how you would adapt this weekly plan for use with each of the three age groups (young infants, mobile infants, and toddlers).	young children need on a weekly basis? If the plan was not designed by you, what do you see as its strengths and/or what would you change? Additionally, describe how you would adapt this weekly plan for use with each of the three age groups (young infants, mobile infants, and toddlers).	young children need on a weekly basis? If the plan was not designed by you, what do you see as its strengths and/or what would you change? Additionally, describe how you would adapt this weekly plan for use with each of the three age groups (young infants, mobile infants, and toddlers).
CS II (To advance physical and intellectual competence): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.	CS II (To advance physical and intellectual competence): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.	CS II (To advance physical and intellectual competence): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.
CS II a: Pick one of the nine learning experience you chose for RC II, How does this experience reflect your philosophy of how to support young children's physical development?	CS II a: Pick one of the nine learning experience you chose for RC II, How does this experience reflect your philosophy of how to support young children's physical development?	CS II a: Pick one of the nine learning experience you chose for RC II, How does this experience reflect your philosophy of how to support young children's physical development?
CS II b: Pick another of the nine learning experiences you chose for RC II, How does this experience reflect your philosophy of how to support young children's cognitive development?	CS II b: Pick another of the nine learning experiences you chose for RC II, How does this experience reflect your philosophy of how to support young children's cognitive development?	CS II b: Pick another of the nine learning experiences you chose for RC II, How does this experience reflect your philosophy of how to support young children's cognitive development?
CS II c: Pick another of the nine learning experiences you chose for RC II, How does this experience reflect your philosophy of how to support young children's creative development?	CS II c: Pick another of the nine learning experiences you chose for RC II, How does this experience reflect your philosophy of how to support young children's creative development?	CS II c: Pick another of the nine learning experiences you chose for RC II, How does this experience reflect your philosophy of how to support young children's creative development?

Infant/Toddler	Preschool	Family Care
CS II d: In an additional paragraph, describe ways to promote the communication/language development among all children, including dual language learners.	CS II d: In an additional paragraph, describe ways to promote the communication/language development among all children, including dual language learners.	CS II d: In an additional paragraph, describe ways to promote the communication/language development among all children, including dual language learners.
CS III (To support social and emotional development and to provide positive guidance): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard	CS III (To support social and emotional development and to provide positive guidance): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard	CS III (To support social and emotional development and to provide positive guidance): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard
CS III a: Describe some of the ways you support the development of children's positive self-concepts and growing social/emotional skills.	CS III a: Describe some of the ways you support the development of children's positive self-concepts and growing social/emotional skills.	CS III a: Describe some of the ways you support the development of children's positive self-concepts and growing social/emotional skills.
CS III b: Reflect on your philosophy of guiding young children's positive behaviors. How is your professional philosophy similar or different from how you were guided as a child? How do you constructively deal with young children's challenging behaviors?	CS III b: Reflect on your philosophy of guiding young children's positive behaviors. How is your professional philosophy similar or different from how you were guided as a child? How do you constructively deal with young children's challenging behaviors?	CS III b: Reflect on your philosophy of guiding young children's positive behaviors. How is your professional philosophy similar or different from how you were guided as a child? How do you constructively deal with young children's challenging behaviors?
CS IV (To establish positive and productive relationships with families): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.	CS IV (To establish positive and productive relationships with families): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.	CS IV (To establish positive and productive relationships with families): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.

Infant/Toddler	Preschool	Family Care
CS IV a: How do you ensure that families are kept aware of what's happening in their child's daily/weekly life in your program?	CS IV a: How do you ensure that families are kept aware of what's happening in their child's daily/weekly life in your program?	CS IV a: How do you ensure that families are kept aware of what's happening in their child's daily/weekly life in your program?
CS IV b: How do you ensure that you are aware of what's happening in each child's home life? How does that awareness direct your teaching practices?	CS IV b: How do you ensure that you are aware of what's happening in each child's home life? How does that awareness direct your teaching practices?	CS IV b: How do you ensure that you are aware of what's happening in each child's home life? How does that awareness direct your teaching practices?
CS IV c: Reflect on the feedback you received in the Family Questionnaires you collected (please see pp. 12-13). Explain how the responses surprised you, confirmed your own reflections about yourself and/or gave you a new goal for professional growth.	CS IV c: Reflect on the feedback you received in the Family Questionnaires you collected (please see pp. 12-13). Explain how the responses surprised you, confirmed your own reflections about yourself and/or gave you a new goal for professional growth.	CS IV c: Reflect on the feedback you received in the Family Questionnaires you collected (please see pp. 12-13). Explain how the responses surprised you, confirmed your own reflections about yourself and/or gave you a new goal for professional growth.
CS V (To ensure a well-run, purposeful program that is responsive to participant needs): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.	CS V (To ensure a well-run, purposeful program that is responsive to participant needs): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.	CS V (To ensure a well-run, purposeful program that is responsive to participant needs): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard.
CS V a: Then write at least one paragraph that describes how you used the observation tool/form you included in RC V. Why are observation and documentation important parts of program management? How do you ensure	CS V a: Then write at least one paragraph that describes how you used the observation tool/form you included in RC V. Why are observation and documentation important parts of program management? How do you ensure	CS V a: Then write at least one paragraph that describes how you used the observation tool/form you included in RC V. Why are observation and documentation important parts of program management? How do you ensure

Infant/Toddler	Preschool	Family Care
that you are accurately/objectively observing and tracking each child's developmental and learning progress?	that you are accurately/objectively observing and tracking each child's developmental and learning progress?	that you are accurately/objectively observing and tracking each child's developmental and learning progress?
CS VI (To maintain a commitment to professionalism): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your professional practices meet this Standard.	CS VI (To maintain a commitment to professionalism): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your professional practices meet this Standard.	CS VI (To maintain a commitment to professionalism): Begin your Reflective Statement about this Competency Standard with a paragraph describing how your professional practices meet this Standard.
CS VI a: Reflect on why you chose to become an early childhood professional	CS VI a: Reflect on why you chose to become an early childhood professional	CS VI a: Reflect on why you chose to become an early childhood professional
CS VI b: Reflect on what you believe are the more important indicators of professionalism that you possess.	CS VI b: Reflect on what you believe are the more important indicators of professionalism that you possess.	CS VI b: Reflect on what you believe are the more important indicators of professionalism that you possess.

Organize your CDA portfolio with the work you have completed so far in the Credential program. If you are behind in your work, make a plan to catch up.

Field Work

If you have not already done so, complete your application for Develop Registry at https://www.developtoolmn.org/ (Click on "Register" in the upper right hand corner) with additional information available at https://www.mncpd.org/educators-providers/

Routines as Opportunities

Class 16
2 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area: II: Developmentally Appropriate Learning Experiences

CDA Content Area III: Supporting children's social and emotional development

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Describe the learning and development opportunities in routines
- Objective 2: Identify ways to use routines as opportunities for continuity with home

Class 16 Overview:

Section Overview – Key Concepts	Overview of teaching technique for section
Practice to reflection	• Pair and share then report back: what were some of the challenges you experienced with serve and return?
Identifying routines and learning potential	• Large Group brainstorm list of routines • Small group list: what might infants learn from each routine? • Large group share • Mini lecture: Routines as opportunities
Feeding exercise and responsive feeding practices	• Pair & feed • Pair & reflect • Large group discussion • Strategizing how to carry out responsive feeding practices
Routines and relationships: dependence, interdependence and independence	• Individual reflection: two infants eating • Mini lecture: dependence, interdependence, independence • Large group reflections
Continuity with home routines	• Large group brainstorm: how to gather information • Adapting or compromising when there are differences
Planning to Practice	• Review assignment, clarify as need

Reflection: Write 3-4 sentences about how "serve and return" helps children learn to communicate. *(Applies to CDA Competency Statement IId.)*

GLOSSARY

Routine/s: repeated daily activities. In this case we focus on caregiving routines of feeding/eating, diapering/toileting, napping; and arrivals and departures.

Cultural continuity: Working with families to learn about their values, beliefs and goals, in order to support consistent care practices between home and child care. Because children develop a sense of who they are in the context of culture, cultural continuity supports facilitate a sense of harmony and familiarity between home and care settings.

Executive function and self-regulation: the growing ability for children to control their feelings and their bodies. This includes controlling what your body does, managing strong feelings, and being able to focus or pay attention to something. Adults help infants and toddlers begin to develop self-regulation.

Protective urges: the natural drive to protect young children. Protective urges are so strong that they can lead to strong feelings and reactions in adults. For example: the response we feel when we hear a crying infant.

Responsive Feeding Practices (adapted from Branscomb & Goble, 2008)

Young Infants:

- **Feed on demand (not on a predetermined schedule)**
- Find out about home feeding practices from families and strive to use in your program
- Learn how to read and respond to the infants cues about being hungry or full
    - Do not use food just to quiet an irritable baby
    - Let the baby know you hear them and are going to be there soon
    - Be reliable
- Meals should be peaceful and not rushed
    - Create a quiet place where you have time for interaction and closeness
    - With bottle feeding: cradle and talk or sing to baby, paying attention to them
- Program policies and practices should support mothers who want to breast feed

Mobile Infants:

- Respect and support growing skills with increased give and take of responsibility (for example taking turns holding the bottle)
- As children begin to eat solid foods, expect messiness as they explore foods and develop fine motor skills
- Enjoy the meal with children, showing them the joy of eating together as a social experience
- Encourage eating but never force eating
- Begin to involve older infants in serving, simple food prep and clean up.

Toddlers:

- Offer food to satisfy hunger (do not use as reward, punishment or bribe)
- Since food refusals are common, don't turn them into power struggles by paying them too much attention
- Establish developmentally appropriate expectations for meal time behavior
- Recognize growing skills by giving toddlers choices (among healthy foods) and responsibility (preparation and clean up) at meals
- Make meal times enjoyable social experiences

Resources:

To learn more about nutrition and meals with infants and toddlers, free online modules are available at Healthy Start
http://www.adph.org/healthystart/index.asp?id=6504

For more training on child nutrition and supporting children in child care who are breast feeding, go to Develop at: www.developtoolmn.org

One thing I want to remember during routines is…

_____

_____

_____

_____

_____

_____

_____

Homework:

Talk with at least 2 families from your program about a routine at home that also occurs in your program (for example meals, diaper/toileting, napping) to find out how they do it at home. Then think about you do it in your program and adapt your routine based on what you hear from the families.

Further reading:

the Program for infant toddler care

Contrasting Perspectives on Caregiving Practices

by Janet Gonzalez-Mena

You know the old saying, "There are two kinds of people in the world?" This piece isn't about two kinds of people. It is about two different perspectives on what children need most. Into the first perspective fits most of the professional orientation of early childhood educators and early childhood special educators. That perspective is an individualistic one. It goes something like this: babies are born into the world completely dependent and unaware that they are separate human beings. The early lessons must be to get them to accept the fact that they are separate individuals and can become more and more independent as they grow. The ultimate goal is when an individual can stand on his or her own two feet and be his or her own person. That doesn't mean that the individual is alone in the world. Of course, relationships are important too. But relationships are expected to happen naturally as the child becomes socialized. It's the independence and individuality aspects of development that must be stressed because they don't seem natural to those with an individualistic perspective.

Into the other perspective fits 70% of the world population (Triandis). That perspective is a collectivistic or communitarian one. It goes something like this: babies are born into the world with strong tendencies to be independent individuals and they must be coaxed into understanding that they aren't alone, but in fact, are part of a group of other people. The early lessons must be to get them to accept the fact that they are permanently tied to those around them and that group needs take priority over individual ones. With the proper care, the older they grow, the more attached they become. The goal is life-long ties. Of course, individual attributes, talents and skills are important, but because they serve the group; they aren't for the glory of the person. Individuality and independence are seen to come naturally; that's why group membership must be stressed.

Parents raise their children according to which perspective is strongest and it influences their child rearing practices down to specific ideas like how much to *hold babies*: when and where to *put them down to sleep*; when and how *to toilet train*; how long to *spoon feed*. Some families' orientation is based on a clear perspective and has strong set of priorities to go with it. Others are less clear about their priorities. All families combine elements of individualism and collectivism, but the emphases are different.

The point is not to analyze people in order to classify them, but rather to talk to them so you can understand the meaning behind what you may consider questionable behavior, like toilet training before a year old or spoon feeding three year olds.

No matter how uncomfortable one feels about the perspective that isn't theirs, one way isn't right and the other wrong. Both work for rearing healthy children. They may have different outcomes as far as the strength of the commitment to family and balance of group needs to individual needs; but which ever perspective you take, it's hard to ignore the wisdom of this quote:

"Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work." – Vince Lombardi

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Environments that Promote Exploration

Class 17
3 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas, and/or indicators are addressed in the training.

Minnesota KCF Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area II: Advancing physical and intellectual development

Learning Objectives

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and actively participating, they will learn to:

- Objective 1: Explore strategies for promoting motor development, movement, and exploration
- Objective 2: Identify elements of quality environments for infants and toddlers

Reflection Assignment: Routines-- *Write 3-4 sentences about how discussing routines with families helps you improve a program/program routine with children.* **(Applies to CDA Competency Statement IVb.)**

Class 17 Overview

Time (for each section)	Section Overview—Key Concepts	Overview of Teaching Technique for Section
10 minutes	Practice to reflection: observations on primary care, continuity of care, and small groups	• Large group discussion
60 minutes	Motor development	• Large group discussion and word game: Reasons and ways infants move • Mini-lecture on development of movement and perception development • Red flags and referral process
75 minutes	Environments that promote movement and exploration	• Environment quotes discussion and reflection • Dimensions of environments handout • Pair-and-Share: Movement documentation panel analysis • Small groups: Creating a movement/exploration center
20 minutes	Other strategies to promote movement	• Small groups: Language links • Relationships discussion • Tummy time video: optional
15 minutes	Planning to practice	• Review session concepts • Review assignment

GLOSSARY

Learning Environment: All the things in the classroom or family child care home that children need to grow and learn, as well as how the space is set up. This includes actions of the adults in the space as well as toys, materials, equipment, furniture, safety, cleanliness, and comfort (lighting, temperature, colors, sounds, etc.).

Perceptual Skills: Using your senses to learn about and understand the world around you. Perceptual skills require the coordination of cognitive, sensory, and motor abilities to interact with a person's environment

Physical and Motor Development: How children use their bodies to make large movements with their legs and arms (gross-motor) and to make small movements with their fingers and hands (fine-motor).

Proprioception: Our body's ability to sense where it is in space, including the sense of movement of our muscles and joints.

Self and Parallel Talk: In self talk, the adult describes what they are doing as they do it. In parallel talk, the adult describes what the child is doing as they do it. This builds relationship, children's vocabulary in context (especially action words), and language skills.

Vestibular System: A sensory system located in the inner ear that affects our balance and equilibrium system and our sense of spatial orientation (where our bodies are relative to other objects in the environment) by providing information related to movement and head position.

Why do infants and toddlers move?

Body position & stability	Moving from one place to another	Manipulating objects

How does an environment promote a sense of well-being for infants or toddlers?

What in the environment might invite them to use their senses?

What might challenge their motor skills?

Seven dimensions of an Infant and Toddler Environment

(Sources: Weiser, 1991 and Prescott, 2008)

Infants and toddlers are sensitive to all of the qualitative aspects of a center: "its movements, sounds, volumes, textures, visual and kinesthetic vibrations, forms, colors, and rhythms". (Weiser, 1991)

Open/Closed: can be used to rate materials, storage spaces, programs, physical environment, attitudes of caregivers

- open to exploration and experimentation
- open to the wonder of emerging skills
- open and warm in relationships
- open materials are those with a variety of uses and responses
- open storage means an orderly visible arrangement of toys and materials
- open physical environment is when the space is uncluttered, has a sense of organization, and has a clear traffic flow
- program open to the world outside its walls

Simple/Complex: the extent to which there is potential for active manipulation and alteration by children

- simple object has one obvious use or purpose and reacts in one predictable way
- complex unit has subparts or combines two essentially different play materials that allow the children to manipulate or improvise
- increasing complexity is directly correlated to length of attention span, and that is a worthwhile goal

High/Low Mobility: used to describe the activities, equipment and space that require large muscle movements, the small muscle movements, and basically any movement

- high/low mobility includes the ability of the child to move through space

Large Group/Individual: An appropriately planned physical environment will suggest the social structure of the group. For infants and toddlers, we do not plan total group activities (with the exception of eating and sleeping). Rather, we should allow as much room as possible for individual exploration and

experimentation. We should provide interest centers as a way of organizing space.

Soft/Hard: The degree of softness can be used as a predictor of the quality of a childcare program.

the younger the child, the more important softness is as a characteristic of the environment, both physical and human.

Intrusion/Seclusion: This dimension has to do with boundaries between people and things in the physical setting. It is closely related to the large group/individual dimension.

- room size and shape have some influence
- privacy (or seclusion) is more easily provided in irregularly shaped large rooms
- toddlers need a "melt down" space

Risk/Safety: There needs to be a happy medium in this dimension. We must plan a safe environment, but we don't want to remove all challenges in doing so.

- young children love to experiment with their bodies in space
- young children must try out different ways of doing things, which is essential in learning the best way
- adult-imposed rules are not fool-proof, and are quickly forgotten as soon as the adult's attention turns elsewhere

Movement documentation panels

- What are children exploring?
- What in the environment (equipment or materials, space arrangement, ambience such as light, sound, etc.) invites their exploration?
- What might challenge their motor skills? What motor skills might they use?
- What might they be learning?

- Can you think of another material, piece of equipment, or space arrangement that might provide a similar experience for these children? (Might be something you use or have in your program)
- **Ideas for Infant Toddler Learning Centers**

Infant Reaching/Grasping/Kicking Center

Hauling/Transporting/Push-Pull Center

The name of your center: _____

- **What** is included in the center using what you have at hand or can get easily?

- **What** will children explore there? What might challenge their motor skills?

- **When/where** you might you use the center?

Infant Peek-a-Boo/ Object Permanence Center

Dramatic Play CenterNesting/Container Center

Infant Play Pit/Center

Climbing Center

Mirror Area

Infant Block Center

Toddler Block Center

Vehicle Center

Language and Book Center

Sensory Center (Smell center, please touch center, please look center)

Art/Expressive Materials

Center Costume Center

Manipulative Center

Action Center

Sound Center

Animal

Center

Surprise Center

Active Start—
Physical Activity Guidelines for Children Birth to Five Years

National Association for Sport and Physical Education (NASPE)

The guidelines presented below support NASPE's position that all children birth to age five should engage in daily physical activity that promotes health-related fitness and movement skills.

Infants (birth to 12 months)

1. Infants should interact with parents and/or caregivers in daily physical activities that are dedicated to promoting the exploration of their environment.
2. Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.
3. Infants' physical activity should promote the development of movement skills.
4. Infants should have an environment that meets or exceeds recommended safety standards for performing large muscle activities.
5. Individuals responsible for the well-being of infants should be aware of the importance of physical activity and facilitate the child's movement skills.

Toddlers (12 to 36 months)

1. Toddlers should accumulate at least 30 minutes daily of structured physical activity.
2. Toddlers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.
3. Toddlers should develop movement skills that are building blocks for more complex movement tasks.
4. Toddlers should have indoor and outdoor areas that meet or exceed recommended safety standards for performing large muscle activities.
5. Individuals responsible for the well-being of toddlers should be aware of the importance of physical activity and facilitate the child's movement skills.

Preschoolers (3 to 5 years)

1. Preschoolers should accumulate at least 60 minutes daily of structured physical activity.
2. Preschoolers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.
3. Preschoolers should develop competence in movement skills that are building blocks for more complex movement tasks.
4. Preschoolers should have indoor and outdoor areas that meet or exceed recommended safety standards for performing large muscle activities.
5. Individuals responsible for the well-being of preschoolers should be aware of the importance of physical activity and facilitate the child's movement skills.

Excerpted with permission, from the National Association for Sport and Physical Education (NASPE), an association of the American Alliance for Health, Physical Education, Recreation and Dance, *Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years* (Reston, VA: NASPE, 2002), 5–11. Visit **www.aahperd.org/NASPE**.

Resources:

An overview of perceptual and motor development is available at: http://www.cde.ca.gov/sp/cd/re/itf09percmotdev.asp

Standards for physical activity: https://www.shapeamerica.org/standards/guidelines/activestart.aspx

More information on Tummy Time from Healthychildren.org (American Academy of Pediatrics) in English: https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Back-to-Sleep-Tummy-to-Play.aspx

In Spanish: https://www.healthychildren.org/spanish/ages-stages/baby/sleep/paginas/back-to-sleep-tummy-to-play.aspx

More information on the Part C referral process available at: https://www.inclusivechildcare.org/resource-library/self-study/idea-part-c-primary-referral-source-child-care-0

Homework: Look at the handout with the Ideas for Infant Toddler Learning Centers. Choose a center you don't already have in your program, create that center and try it out with the infants and/or toddlers in your program. (You can partner with another person and both try the same center.) Your center must encourage movement appropriate for the age group of children using the center.

To bring for next time: a brief description of the center you created and some of the things infants and toddlers did when they used the center.(If you like you can bring photos-any photos of children need parental permission.)

Learning through Discovery

Class 18
2.5 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas, and/or indicators are addressed in the training.

Minnesota KCF Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area II: Advancing physical and intellectual competence

Learning Objectives

While no training alone can ensure learning objectives, objectives can be designed to meet certain goals for each learner. If learners are engaged and actively participating, they will learn to:

- Objective 1: Describe learning concepts and strategies infants and toddlers build through exploration
- Objective 2: Identify ways caregivers support infant discoveries

Class 18 Overview

Time (for each section)	Section Overview—Key Concepts	Overview of Teaching Technique for Section
10 minutes	Practice to reflection: Infant-toddler learning centers	• Large group discussion
45 minutes	Introduce Learning Concepts and Learning Strategies	• Curiosity brainstorm • Small groups: Observe adults play with the play sets, take turns • Individual reflection and large group discussion: Review the list of Learning Concepts and link to play observations • Large group discussion: Review list of Learning Strategies and link to play observations
25 minutes	Materials Promoting Investigation	• Small group discussion to large group share • Individual work: Design a play set • Pair-and-Share
25 minutes	Application in Learning Contexts	• Video analysis and discussion
15 minutes	Adult roles in promoting discoveries	• Discussion • Mini-lecture on roles
20 minutes	Adaptations: a deeper look	• Video clip • Pairs analysis
10 minutes	Planning to practice: Observe a child at play with toys/games, note discoveries, share with parent	• Review session concepts • Review assignment

GLOSSARY terms will be covered in the pages that follow

Watch the play. What do you see each person do or say?

Does this tell you anything about what they are learning or trying to figure out?
Describe:

LEARNING CONCEPTS

Add your own notes and examples

Number: The developing ability to understand number and amount ("more" "all gone").

Spatial Relationships: The developing understanding of how things fill, fit in, and move in space.

Causality (cause and effect): Developing understanding that one event brings about another.

Categorization/classification: Developing ability to group, sort, categorize, or connect objects and people according to similarities and differences.

Representation/Symbolic Play: Developing ability to use objects, actions, or ideas to represent other objects, actions, or ideas in play.

LEARNING STRATEGIES

Add your own notes and examples

Imitation: Developing ability to copy, repeat, and practice the actions of others (either immediately or later).

Attention Maintenance: Developing ability to attend to people and things while interacting with others and exploring the environment and play materials.

Use of tools: Infants use of their own bodies, other people (usually adults), and objects to explore and understand the world.

(Sources: Maguire-Fong, PITC.org; California Department of Education, 2012)

Video clip notes: Clothes Pins, Soup Ladle

Learning Concepts I noticed—what did it look like in the video?	**Learning Strategies I noticed—what did it look like in the video?**

Materials to Promote Exploration: Ideas I want to Remember:

Video clip notes: Magnets

Learning Concepts and Strategies I noticed	**How did mom support exploration?**
What could I add or change?	

Homework: Observe one child at play at least 3 times this week. Have your list of "Discoveries" and make a note when the child uses one of these as a tool or seems to be interested in something related to one of the discoveries. Share one of you observations with the child's parent (along with your excitement about the child's active learning).

Resources for Session 18

For more video clips on "Learning opportunities for children up to age 4" from Switzerland in English, Spanish (and 11 other languages including Tigringa): http://www.kinder-4.ch/en/filme_alter

Background reading from the California Infant/Toddler Curriculum Framework: http://www.cde.ca.gov/sp/cd/re/documents/itcurriculumframework.pdf starting on page 101 and "Best Practices for Planning Curriculum for Young Children": https://www.cde.ca.gov/sp/cd/re/documents/intnatureoflearning2016.pdf

CDA Portfolio Assignment:

Write 2-4 sentences about one discovery you saw children making and a toy or piece of equipment that helped them explore that discovery. (May apply to CDA Portfolio in either Resource Collection/RCII, either in terms of science/sensory or mathematics or Competency Statement IIb.)

Homework: Observe one child at play at least three times this week. If you like, you may put out the play set you planned in this session to prompt the child's explorations. Have your list of Learning Concepts handy and make a note when the child seems to be interested in something related to one of the Learning Concepts. Share one of your observations with the child's parent (along with your excitement about the child's active learning).

MNITCDA

Play

Class 19
Session A, B, C
7 hours

Session A

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area I: Child Development and Learning

CDA Content Area 8: Principles of Child Growth and Development

Learning Objectives

- *Explain the important role of play in children's development*
- *Match play activities to domains of development*
- *List environmental factors for planning learning areas and experiences that support development*

Class 19 Overview

Time	Section	Overview
25 minutes	Introduction to Play	• Introduction to sessions • Activity – Individual drawing childhood memories of play
35 minutes	Importance of Play	• Presentation – Principles of play • Activity – Play activities and domains of development
5 minutes	Planning for Play: Space, Materials, Time	Presentation – Introducing the framework
30 minutes	Space: Environments that Support Play	• Activity – Responses to environments • Presentation – Principles for using space to promote development • Activity – Looking at space arrangements
45 minutes	Materials: Learning Areas	• Presentation – What are learning areas? • Activity – Learning areas jigsaw
10 minutes	Closing	• Discussion – Summary • Discussion – Assignments
2.5 hours total		

Principles of Play

Play is important in young children's development because:

- **Play emphasizes learning as an active process**
- **Play is motivating for children**
- **Play allows time for practice and repetition**
- **Play allows children to try new things with minimal risk**
- **Play allows for individual differences**
- **Play emphasizes all domains of development**

Play and Domains of Development

Name of toy or play item _____

How do children use it?

What might children be learning when they play with it?

What domains of development does it address?

Planning for Play:

Space

Materials

Time

Responses to the Environment

Environment: the place in which learning happens. The environment includes indoor and outdoor spaces.

An Environment You Like	An Environment You Don't Like

What do you like about this place? Why does it appeal to you? How does it feel?	What do you not like about this place? What about it does not appeal to you? How does it feel?

Principles for Using Space to Promote Development

Learning is supported in the early childhood environment by considering these principles:

- The environment is safe for children's exploration
- The environment is clean and organized
- The environment is logically divided into learning areas or activity areas
- Areas are grouped within the space based on noise level and messiness
- Areas are arranged so that it is easy to see the children while they play
- There are enough areas for children to spread out and play comfortably
- There is a wide variety of activities for children to try and explore
- The environment has hard and soft areas and places for children to work in groups and to be alone

Learning Areas

Most programs for young children have the following learning areas at minimum:

Art This area includes art materials and may include easels.	**Blocks** This area includes blocks and props for use with blocks such as cars and signs. It may be called Construction or Building.	**Dramatic Play or Home Living** This area may also be call a Dress Up area or a House Corner area.
Library or Book Area This area may also include a writing area for older children.	**Sensory Play Area** This area usually includes some kind of sand and water table or tubs. This area may be called a Discovery Area or a Touch and Feel Area.	**Table Toys or Manipulative** This area may be combined with blocks in some programs, especially for infants and toddlers.

Your ideas for other learning areas:

Learning Areas Overview

LEARNING AREA	LEARNING AND DEVELOPMENT
BLOCKS	Children will do:
Materials: **ART**	Children will learn: Children will do:
Materials: **DRAMATIC PLAY**	Children will learn: Children will do:
Materials: **LIBRARY**	Children will learn: Children will do:
Materials: **SCIENCE OR SENSORY AREA**	Children will learn: Children will do:
Materials: **TABLE TOYS**	Children will learn: Children will do:
Materials:	Children will learn:

Session A: Assignment

1. **Over the next week during play time, observe the play spaces in your program.** What do children learn/practice while playing there? How does the room design help them to learn? How do the materials help children learn? Is there anything you would you change in the environment (think of space and materials) to better support children's learning while they play in this area?

   (We will discuss your observations in class. You can also use your observations to begin writing up the CDA Portfolio assignment below:)

You will use this information to complete this assignment for your portfolio. Use your professional experience and the knowledge you are gaining in the credential to guide your thinking.

CDA Competency Standard I: To establish and maintain a safe, healthy learning environment.

Write at least one paragraph in response to the following prompts:

CSIb: Reflect on the room environment in which your Observation will occur: How does the room design reflect the way you believe young children learn best? If the room was not designed by you, what do you see as its strengths and/or what would you change? For Center-Based Infant/Toddler: Additionally, reflect on and describe the similarities and difference between room environments designed for infants as compared to toddlers.

For center-based providers working with infants and toddlers: Additionally, describe the similarities and differences between environments designed for infants as compared to toddlers.

For center-based providers working with preschoolers: Additionally, describe the similarities and differences between environments designed for preschoolers as compared to toddlers.

For family child care-based providers: Additionally, describe how you organize one learning area that is used by all the children in your care (for instance, what materials do you include in the dramatic play area to support infants, toddlers, preschoolers, and/or school age children.)

2. **Bring a copy of your daily schedule to the next session.**

Session B

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area 1: Planning a Safe and Healthy Learning Environment

Learning Objectives

- Describe elements of an effective daily schedule;
- Identify types of play: play with objects and social play;
- Define scaffolding and caregiver behaviors that scaffold learning in play.

Time	Section	Overview
20 minutes	Introduction	• Planning for Play: Space, Materia Time- Review of framework • Discussion of homework observations
35 minutes	Time: The Daily Schedule	• Presentation – Elements of the d schedule • Presentation – Developing and analyzing a daily schedule • Presentation – Creating a schedu • Activity – Daily schedule review
35 minutes	Play Definitions	• Presentation: Play with Objects • Presentation: Social Play • Activity: Materials and Kinds of P
40 minutes	The Caregiver's Role in Play	• Presentation – Caregivers and pl • Presentation – Caregiver interact strategies • Video – Examples of strategies
10 minutes	Value of Play Brainstorm	• Discuss the value of play and hov you would share it with others
10 minutes	Closing	• Discussion – Summary • Discussion – Assignments
2.5 hours total		

The Daily Schedule

Daily Schedules are important because:

- Predictable, secure routines help children feel safe to learn and to exhibit the behavior we expect.
- Families need to know what to expect from the program.
- Caregivers need to know what to plan for and what to expect throughout the day.

Factors to Consider in Developing or Analyzing the Daily Schedule

- Use your knowledge of child development
- Consider the attention span of the children
- Allow enough time for children to develop interest in activities
- Plan time for care routines – eating, napping, arrival and departure, etc.
- Think about balance: child-directed and adult-directed activities and sizes of groups
- Minimize transitions between activities
- Remain flexible

Creating a Daily Schedule

Tips for developing your daily schedule:

- Start with non-negotiable items
- Establish times for key events – group times, meals, naps, outdoor play
- Plan the sequence of events – what things should come before other things?
- Plan the blocks of time
- Organize estimated times for the rest of the day's events
- Try it out, adjust as needed

My Current Daily Schedule

What is working well	Opportunities for Improvement

Play Definitions

Social Play

Type of Play	Definition
Play with Adults	Babies and young children play games with adults such as Peek-a-Boo and So Big.
Solitary Play	Child plays alone.
Parallel Play	Child plays alongside of other child/children, but doesn't interact.
Associative Play	Child plays alongside of other child/children and borrows ideas by observing what they are doing. They do not plan play themes together.
Cooperative Play	Child plays in a group. Children plan play ideas together and cooperate to make it happen.

Play With Objects

Type of Play	Definition
Sensorimotor play	Child explores properties of toy through mouthing, holding, shaking, turning, and pounding.
Constructive play	Child constructs buildings, towers, structures, and gears through blocks, manipulatives, play dough.
Dramatic play	Child uses objects to pretend, such as talking on a phone. As children get older they begin to substitute objects for more real-looking objects, such as using a block for a phone. They also learn to play roles as they play out play scenarios.

Stages of Peer Play * adapted from "Social and Emotional Development" by Carol Garhardt Mooney

Typical Age when Behavior First Appears	Type of Play	What It May Look Like
6-12 m	Parallel play – two children playing in the same area or same way but not with each other.	Infants share a space and both are playing with rattles and shakers. They do not look at or notice each other.
12-18 m	Parallel aware play – two children playing in the same area or in the same way but not with each other. However, they may acknowledge each other or make eye contact.	Infants share a space and both are playing with rattles and shakers. They occasionally glance at one another and may even offer each other a toy.
18-24 m	Simple social play – children engage in limited play together.	Two children are playing with clay at the art table. They share cookie cutters and may make simple comments.
18-24 m	Complimentary and reciprocal play – give and take is present and play is sustained.	Two children play on the climbing equipment together. They keep track of each other, watch each other down the slide, and laugh together. When one changes an activity the other sometimes immediately follows and other times does not.
2-3 yrs	Cooperative social pretend play – ability to role-play and work together but no planning or joint decisions about direction of play.	Children play dress-up together. They choose clothing and hats to put. They tell each other what choices they are making as they go. "I am the mother. I came home from work and I am tired." "I am the daddy. I will make dinner for everyone!"
3-4 yrs	Complex social pretend play – play can be planned and flexible with negotiation and problem-solving skills used.	Two children work in the block area together. They want to build a ramp for cars to 'jump' off. They agree on different tasks and plan how they will build their ramp. When their first attempt doesn't work they discuss new strategies.

Play is made richer when adults support children and facilitate some activities. For example, adults pretend to "drink the coffee" made by the children and comment on it.

Caregiver Interaction Strategies

Scaffolding: Support from a caregiver that enables a child to try a new skill that he or she has not yet mastered. Caregivers provide only as much support as needed and only provide the support for as long as needed. This temporary assistance allows children to stretch their abilities to challenging yet achievable skills.

ACKNOWLEDGE	To give attention that tells the child that you noticed what he or she did. *"You wrote your name on the picture!"*
ENCOURAGE	To offer comments or nonverbal actions that promotes the child's persistence and effort. *"This is a hard puzzle but you are coming up with lots of good ideas."*
GIVE SPECIFIC FEEDBACK	To offer specific, rather than general, comments on the child's performance. *"That's a "d," Lily– it looks like a "b" but it is turned the other direction, see what I mean?" (show the two and point to the differences)*
MODEL	To display for the child or children a skill or desirable way of behaving. *"You both want the shovel; let's search together for another shovel to use."*
DEMONSTRATE	To show the correct way to perform a procedure that needs to be done in a certain way. Showing children how to wash one's hands thoroughly.
CREATE OR ADD CHALLENGE	To generate a problem or add difficulty to a task or step so that it is a bit beyond what children have already mastered. If children can easily throw a bean bag through a target two feet away, moving the target three or four feet away to increase the challenge.
GIVE A CUE, HINT, OR OTHER ASSISTANCE	To help children work on the edge of their current ability. Providing pictures and word on labels for toys; then, as children become familiar with the words, removing the pictures.
PROVIDE INFORMATION	To directly give children facts, verbal labels, or other information. *"This is a cylinder."*
GIVE DIRECTIONS	To provide specific instructions for children's actions or behavior. *"Move the mouse to the icon first, then click the button."*

Source: *Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Children 3 to 6* by Carol Copple and Sue Bredekamp, 2006, NAEYC

Caregiver Interaction Strategies

Note the examples of each strategy you observe in the video segments.

ACKNOWLEDGE	
ENCOURAGE	
GIVE SPECIFIC FEEDBACK	
MODEL	
DEMONSTRATE	
CREATE OR ADD CHALLENGE	
GIVE A CUE, HINT, OR OTHER ASSISTANCE	
PROVIDE INFORMATION	
GIVE DIRECTIONS	

Scenario #1

A three-year-old child is working to build a block tower. The blocks are sitting on a bumpy carpet and keep falling over after two or three blocks are stacked. You can see that she is starting to get frustrated with the activity.

Scenario #2

A four-year-old is trying to enter into a group already playing in the dramatic play center. She is having trouble getting the group to let her “have a part” in the story they are acting out about having dinner at a restaurant.

Scenario #3

A school age child is writing in a journal about a field trip taken earlier in the day. She asks you to help her spell several words that you think she probably could figure out on her own.

Session B: Assignments

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1. ***Observe children's play in one specific learning area.*** *How do the children play? Do they play alone or with another child? Choose two caregiver interaction strategies and use them to support their play. How did your chosen interactions help children learn while playing? Bring your notes for our next session.*

2. **Continue work on the CDA Portfolio assignmen**t, writing up a description about how play spaces in your environment contribute to children's learning:

CDA Competency Standard I: To establish and maintain a safe, healthy learning environment.

Write at least one paragraph in response to the following prompts:

CSIb: Reflect on the room environment in which your Observation will occur: How does the room design reflect the way you believe young children learn best? If the room was not designed by you, what do you see as its strengths and/or what would you change? For Center-Based Infant/Toddler: Additionally, reflect on and describe the similarities and difference between room environments designed for infants as compared to toddlers.

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For family child care-based providers: Additionally, describe how you organize one learning area that is used by all the children in your care (for instance, what materials do you include in the dramatic play area to support infants, toddlers, preschoolers, and/or school age children.)

3. If the articles for Sessions C on inclusion and play are included in the Participant Guide, bring a copy of each article that is being used during Session C.

Print out and bring a copy of each of the articles below to the next class, Session C;

- *Play Modifications for Children with Disabilities* by Susan Sandell, one for each participant: http://rbaeyc.org/resources/Inclusion_Article.pdf
- *Including Children with Special Needs: Are You and Your Program Ready?* by Amy Watson and Rebecca McCathren, one copy for each participant https://www.naeyc.org/files/yc/file/200903/BTJWatson.pdf

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Session C

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
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Minnesota KCF Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area 8: Principles of Child Growth and Development

Learning Objectives:
This session was developed to address the following learning objectives. You can reasonably expect that, by the end of this session, actively engaged participants will be able to:

- Define socio-dramatic play and how adults support it in early childhood settings
- Describe how special needs may affect play
- Create plans for play modifications to support inclusion.

Time	Section	Overview
5 minutes	Introduction	• Review objectives
35 minutes	Socio-Dramatic Play	• Presentation- socio-dramatic play • Presentation - adult roles during play • Homework reflection • Activity- Prop boxes
20 minutes	How Special Needs Influence Play	• Presentation and activity: Types of special needs and how they influence play • Presentation: Access, participation, and supports
30 minutes	Play Modifications	• Activity: Case studies of play modifications for children who have special needs
15 minutes	Self-Reflection	• Individual Learning Log
15 minutes	Closing	• Discussion: Summary • Assignment
2 hours total		

During **Socio-dramatic Play,** children…

- **play roles**
- **pretend with objects**
- **use gestures and language**
- **may change their story**
- **use verbal communication to build the story**
- **play for an extended period of time**

Adult roles: ***What you can do during children's socio-dramatic play***

Observer: I can…..

Stage Manager: I can…..

Play Partner: I can….

Prop Box Themes

Prop Box Materials

Play Theme	***Kinds of Materials***	***Where? Inside or outdoors (or both)***

ACCESS

Children's ability to be part of the program, to be a member.

PARTICIPATION

Children's ability to, for the most part, do the same things the other children in the program are doing.

SUPPORTS

Modifications and adaptations required to provide access and to enhance participation.

Inclusion Self-Assessment and Goal Setting

Things I am doing well and can build on:	Things I would like to strengthen or begin doing soon:

Session C: CDA Portfolio Assignments

Use information from this class to complete this assignment for your portfolio. Describe how your room environment, including materials in that environment helps children learn through play.

CDA Competency Standard I: To establish and maintain a safe, healthy learning environment.

Write at least one paragraph in response to the following prompts:

CSIb: Reflect on the room environment in which your Observation will occur: How does the room design reflect the way you believe young children learn best? If the room was not designed by you, what do you see as its strengths and/or what would you change? For Center-Based Infant/Toddler: Additionally, reflect on and describe the similarities and difference between room environments designed for infants as compared to toddlers.

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For family child care-based providers: Additionally, describe how you organize one learning area that is used by all the children in your care (for instance, what materials do you include in the dramatic play area to support infants, toddlers, preschoolers, and/or school age children.)

CDA Competency Standard II: To advance physical and intellectual competence.

CS IIa: Pick one of the nine learning experiences you chose for your Resource Collection (RC II). How does this experience reflect your philosophy of how to support young children's physical development?

Language and Communication

Class 20
3 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

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KCF Content Area llb: Promoting Cognitive Development

CDA Content Area II (Infant Toddler Edition): Steps to advance physical and intellectual competence

Learning Objectives

While no training alone can ensure learning objectives, objectives can be designed to meet certain goals for each learner. If learners are engaged and actively participating, they will learn to:

- Objective 1: Describe stages of early language development
- Objective 2: Explore strategies to provide infants and toddlers with rich experiences with language
- Objective 3: Practice building language into routines

GLOSSARY

Dual Language Learners: Children who are learning two (or more) languages at the same time, or who are learning a second (or third) language while they continue to develop their first language.

Self-talk*: (To develop language)* The adult describes their actions (what they are doing and how they are doing it) as they do them (narrate their own actions). This helps children learn new words, especially action words and ideas.

Parallel Talk: The adult describes what the child is doing as they do it. This builds children's vocabulary, especially action words, and language skills.

Expansion of Language: To expand on (add on to) things children say. Use the same words the child has used **and** add a few more as you repeat back to the child. For example, if a child says "puppy soft," you might expand by saying back to him or her, "Yes, the puppy feels very soft." This shows that you understand and share their interest, while you also give them more language and extend the idea.

Joint Attention: When both the adult and the child are focusing on the same thing at the same time. They may communicate nonverbally a shared interest in another object by looking at the object and each other (to make the connection of shared interest), pointing, etc.

Reflection Observation Assignment: Children's Exploration

Write 2-4 sentences describing the learning concepts you observed while the child was playing. What did you share with the parent, and how did you continue to support the child's learning?

EARLY MESSAGES STRATEGIES TO ENHANCE LANGUAGE DEVELOPMENT IN INFANTS AND TODDLERS

- Be responsive when children initiate communication
- Engage in nonverbal communication
- Use child-directed language
- Use self-talk and parallel talk
- Help children expand language
- Support bilingual development
- Attend to individual development and needs
- Engage infants with books and stories
- Be playful with language
- Create a communication-friendly environment

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Speech and Language Development: Red Flags

A child's failure to reach speech and language milestones as expected may be a "red flag," or warning, which may indicate a speech and language development problem. If your child does not reach developmental milestones on schedule, it does not necessarily mean there is a problem. But he or she should be evaluated by a health professional.

Language delays include problems understanding what is heard or read (receptive language delays) or problems putting words together to form meaning (expressive language delays). Some children have both speech and language delays.

Red flags for a speech or language delay include:

- No babbling by 9 months
- No first words by 15 months
- No consistent words by 18 months
- No word combinations by 24 months
- Slowed or stagnant speech development
- Problems understanding your child's speech at 24 months of age; strangers having problems understanding your child's speech by 36 months of age
- Not showing an interest in communicating
- Repeating words not connected to the function: echolalia

Also, talk to your health professional anytime you or another caregiver has concerns about your child's speech and language development or other problem that affects your child's speech or understanding of language, such as:

- Excessive drooling
- Problems sucking, chewing, or swallowing
- Problems with control and coordination of lips, tongue, and jaw
- Stuttering (also called "disfluency") that causes a child embarrassment, frustration, or difficulty with peers
- Poor memory skills by the time your child reaches kindergarten age (5 to 6 years). He or she may have difficulty learning colors, numbers, shapes, or the alphabet.
- No eye contact with communication; not responding to their name.

Other red flags include:

- Failure to respond normally, such as not responding when spoken to. This may include signs that the child does not hear well, such as not reacting to loud noises.
- A sudden loss of speech and language skills. Loss of abilities at any age should be addressed immediately.
- Not speaking clearly or well by age 3.

Source: WEBMD

Resources for Session 20

Video clip of Dr. Patricia Kuhl on language development research:
http://www.youtube.com/watch?v=XuaFatcGVbA
For a more technical presentation from Dr. Patricia Kuhl, go to her TED Talk presentation at http://www.youtube.com/watch?v=G2XBIkHW954

Common myths about Dual Language Learning: https://www.fcd-us.org/prek-3rd-challenging-common-myths-about-dual-language-learners-an-update-to-the-seminal-2008-report/
Guiding Principles for Supporting Dual-Language Learners: https://www.desiredresults.us/dll/guiding.html.

A page on the advantages of bilingualism from PBS at:
http://www.pbs.org/parents/theparentshow/blog/surprising-advantages-of- bilingual-education/

Homework:

This week, your assignment is about practicing the three strategies of "Self- talk" "Parallel talk" and "expansion". Practice at least once a day during a routine OR during active play. You must practice during a routine at least once and active play at least once.

Write down anything you notice about how the child responded. Also write down what you liked about doing this and what was hard about doing this.

If you prefer, you may audiotape your interactions, and play them back to note what the child did, what you liked and challenges.

NOTES:

Language Development

MNITCDA

Class 21

Session A, B

6 hours

Session A

Date / Time: **Location:**

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies and content areas are addressed in the training.

KCF Content Areas: I. Child Development and Learning and II: Developmentally Appropriate Learning Experiences

CDA Content Areas: II. Advancing Physical and Intellectual Development and VIII. Understanding Principles of Child Development and Learning

Learning Objectives

- Describe language behaviors linked with developmental stages (infant, toddler, preschool, school age);
- Demonstrate behaviors to promote communication and language development, such as introducing new language, narrating, back and forth exchanges, and extending language.

Class 21 Overview

Time	Section	Overview
15 minutes	Introduction	• Discussion: Defining intentional teaching • Large Group Brainstorm: Language in daily life • Review session objectives
50 minutes	Ages and Stages of Language Development	• Presentation: Importance of language development • Activity: Ages and stages of language development posters and presentations • Brainstorm and Discussion: Influences on language development
10 minutes	Break	
60 minutes	The Caregiver's Role in Language Development	• Presentation: The Three Ts • Small group work: Definition analysis • Presentation and Discussion: Language development strategies and the 3Ts
20 minutes	Practice Using Rich Words and Parallel Talk	• Small group activity: Photos of children • Mini-lecture: Emphasis at each stage
15 minutes	The Caregiver's Role- Inclusion Considerations	• Presentation and Discussion
10 minutes	Closing	• Discussion: Research and session summary • Discussion: Assignments
3 hours total		

Importance of Language Development

Language development is critically important during early childhood because:

- Language development begins at birth. Language development is promoted through relationships.
- Language development impacts other domains of learning and development.
- Speaking and listening comes before reading and writing.
- Experiences make an important impact on language development.
- Language development relates to school success.

For more Information on Language Development

Infants, toddlers and preschoolers:

- *Help Me Grow website http://helpmegrowmn.org/HMG/DevelopMilestone/CommLangMilestones/index.html*
- *National Institute of Health milestones information:* https://www.nidcd.nih.gov/health/speech-and-language#6
- *Reading Rockets milestones information:* http://www.readingrockets.org/article/speech-and-language-developmental-milestones

PBS information for six-eight year olds:

- http://www.pbs.org/parents/childdevelopmenttracker/six/language%20.html
- http://www.pbs.org/parents/childdevelopmenttracker/seven/language.html
- http://www.pbs.org/parents/childdevelopmenttracker/eight/language%20.html

Influences on Language Development

Use the space below to note important ideas that surface during the discussion of this topic.

Language Development – Ages & Stages

Use the space below to record information about the language abilities of children at each age.

INFANTS	TODDLERS

PRESCHOOLERS	SCHOOL AGERS

Remember the Three Ts: Tune In! Talk More! Take Turns!

Tune In

- **Listen, watch, and notice** to understand what a child is trying to communicate and **respond** in a timely way.
- Watch and notice what a child is focused on.
- Use moments of **joint attention** to notice and describe or name what a baby is focused on at that moment.
- When you communicate with children, pay attention to how they respond.
- Model listening.

Talk More

- Use "**parentese"** to talk with babies (includes using gestures as well as words.)
- Use **self-talk** and **parallel talk** with all children. Describe what you do as you do it and what children are doing as they do it.
- **Repeat and expand** on what children say.
- Build vocabulary by introducing **rich words** connected to real experiences.
- Play with language using songs, finger plays, rhymes, storytelling, and dramatic roles.
- Use books to build and practice using vocabulary.
- With older toddlers and preschoolers, talk about experiences in the past and what will happen in the future.

Take Turns

- **Respond** to children's words and actions.
- Encourage children to respond to your words and actions.
- Encourage **back and forth exchanges** (conversation) by talking about things that interest children.
- Ask **open-ended questions**.
- **Give children time** to listen and respond to you and to one another.
- Use play, small groups, and other informal times to encourage conversation.

Supporting Language Development in Children with Special Needs

Caregivers can support children with special needs in their language development using the following principles:

- Communicate with families; ask for suggestions or information about language impacts and specialist suggestions.

- Suggest community services.

- Provide a model of appropriate language.

- Make simple modifications.

- Be patient and expect children to be patient, too.

- Avoid the use of slang or invented words.

- Resist making assumptions.

What to Emphasize with Different Ages and Stages of Language Development

- *With **older infants** (from about 10-18 months):*
    - *Use lots of language related to what they are focused on and in response to what they do and say.*
    - *Use simple grammar in our sentences.*
    - *Label and describe objects, people and events.*
- *With **toddlers** (about 18 months to 3 years old):*
    - *Continue to use a lot of language.*
    - *Use more complex sentences.*
    - *Introduce more rich words.*
- *With **three-year-olds**:*
    - *Talk about the past and future.*
    - *Ask what they think or feel about something (and wait for a response).*
    - *Begin to ask them what they think might happen next, or why they think a story character did something, or how they might solve a problem.*
- *With **four- and five-year-olds**:*
    - *Encourage conversations with adults and peers.*
    - *Ask them to describe past and future events.*
    - *Encourage them to create or build on stories in play, group interactions, and conversation.*

Session A – Portfolio Assignment

BEGIN Portfolio Assignment (to be completed after Session B)

Competency Standard II: To advance physical and intellectual competence

RCII: In your own words, explain how you would teach the curricular area below. Indicate the age group and list the intended goals, materials, and process/teaching strategies. For each activity, specify how it is developmentally appropriate for that age group.

- Family Child Care-infants, toddlers, preschool
- Preschool-3s, 4s, 5s
- Infant/Toddler-young infants, mobile infants, toddlers

RCII-2: Language and Literacy

CSIId: In an additional paragraph, describe ways to promote the communication/language development among all children including dual language learners.

Field Work

Bring one song, one finger play, and one children's book to the next session and **be prepared to share the activities with the group.**

Session B

Date / Time: **Location:**

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies andcontent areas are addressed in the training.

KCF Content Areas: II: Developmentally Appropriate Learning Experiences

CDA Content Areas: II. Advancing Physical and Intellectual Development

Learning Objectives:

- Identify strategies to support oral language development with Dual Language Learners.
- Demonstrate ability to form open-ended questions; and
- Plan strategies to prompt conversation using listening, questions, and back and forth exchanges.

Class 20B Overview

Time	Section	Overview
10 minutes	Introduction and Homework Check	• Check for homework questions • Presentation of objectives and session summary
40 minutes	Promoting Language Development with Dual Language Learners	• Video: Watch for strategies • Small groups: Identify strategies • Summary of key points
30 minutes	Promoting Conversations	• Presentation and Discussion: Conversations • Activity: Identifying and developing open-ended questions • Presentation: Extending the topic and other opportunities for conversation
10 minutes	Break	
75 minutes	Promoting Language throughout the Day	• Discussion: Child-directed play • Activity: Using language to scaffold play • Activity: Language development opportunities throughout the day • Activity: Language development activities for group times
15 minutes	Closing	• Discussion: Summary • Discussion: Assignments
3 hours total		

Supporting Children Learning English

Suggestions for supporting acquisition of English:

- When possible, use first language (home language) to introduce English
- Create a consistent and predictable routine
- Use small groups when possible
- Pair them with a supportive child
- Use repetition
- Use self-talk and parallel talk
- Speak at a standard speed with pauses between phrases, using simple, clear, short sentences
- Use gestures, movements, and facial expressions to help convey meaning
- Simplify language somewhat to help create understanding
- Use real, interesting experiences and concrete objects linked to English language
- Choose books wisely
- Use play experiences
- Play with language through songs, stories, chants, rhymes, and finger play
- Think about ways to give children background knowledge to prepare for an experience. For example, read a book to them one-on-one before you read it to the big group; introduce some key words in English (with their home language word if you know it) that relate to concepts you will explore in large or small groups, or read about in a story

Suggestions for supporting continued development of home language:

- Encourage family members to continue to use the child's home language
- Be clear about what the language of instruction is within the program
- Have some materials in the child's home language present in the environment
- Locate and suggest community resources

You may see young dual language learners go through these stages:

1. Using their home language to communicate
2. Silently watching and listening
3. Attempting to use some key words or phrases in English
4. Using English productively

Six Ways to Extend the Topic

(adapted from Weitzman & Greenberg, 2002)

1. ***Inform:*** *Add information about the past or present; describe objects, food, or experiences; compare or contrast two things.*
2. ***Explain:*** *Give reasons for what is happening, justify opinions, or explain outcomes.*
3. ***Talk about feelings and opinions:*** *Express feelings or opinions and reasons you may feel that way.*
4. ***Take another perspective:*** *Project into others' experiences or lives to help children understand other points of view, or project into situations never experienced, such as space travel.*
5. ***Talk about the future:*** *Discuss predictions, speculations, anticipation, and problem-solving (what might happen if…) using prediction.*
6. ***Pretend:*** *Talk about imaginary things, play a pretend role, or create an imaginary story.*

Asking Questions: Is it Open or Closed? Creating Open-Ended Questions

Look at the questions/ statements below and determine whether each one is open-ended (if yes, mark it with an "O") or closed-ended (if it is closed, mark it with a "C"). If the question is closed, reframe it **so children would be required to answer with more than a one-word response.**

Examples:

__O__ Why do we need to put the caps on the markers? *Change to :* *n/a; this is an open-ended question*

__C__ Did you eat breakfast with Dad this morning? *Change to:* *What do you like about breakfast?*

____ What was the story about? *Change to:*_____

____ What is the shape of that block? *Change to:*_____

____ Tell me about what you're making with the play dough. *Change to:*_____

____ Why did you put your gloves inside your jacket? *Change to:*_____

____ Was Goldilocks scared by the bears? *Change to:*_____

____Do you like pizza? *Change to:*_____

Open ended questions:

- require more than a one-word response.
- encourage children to think and to use language.
- can produce more than one kind of response.

Play: Using Scaffolding Techniques to Develop Language Skills

ACKNOWLEDGE	A child just finished building a block tower.
ENCOURAGE	A child is working on a difficult four-piece puzzle.
GIVE SPECIFIC FEEDBACK	A child has just finished a drawing in the art area.
MODEL	Two children are disagreeing about the use of a tricycle.
DEMONSTRATE	A child is working on a matching game in the table toys area.
CREATE OR ADD CHALLENGE	A child is stringing beads at the table toy area.
GIVE A CUE, HINT, OR OTHER ASSISTANCE	A child is working on a project with small blocks.
PROVIDE INFORMATION	A child is exploring leaves on the science table.
GIVE DIRECTIONS	A child is looking at a new book in the library area.

Source: Copple & Bredekamp, (2006), Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Children 3 to 6, NAEYC

Language Development throughout the Day

Daily Events	Language Development Examples Include rich words, open-ended questions, and extensions of children's language.
Arrival/ Program Opening	● ● ●
Meals and Snacks	● ● ●
Care Routines – naps, diapering, toileting, hand washing, etc.	● ● ●
Play in Learning Areas	● ● ●
Outdoor Play	● ● ●
Departure/ Program Closing	● ● ●

Group Time Event	**Language Development Opportunities** What open-ended questions will you use? What vocabulary (rich words) will you introduce? How will you introduce or use new vocabulary? How will you generate conversations among children?
Finger Play	
Children's Book	
Song	

FINISH Portfolio Assignment started last session

Competency Standard II: To advance physical and intellectual competence

RCII: In your own words, explain how you would teach the curricular area below. Indicate the age group and list the intended goals, materials and process/teaching strategies. For each activity, specify how it is developmentally appropriate for that age group.

- Family Child Care-infants, toddlers, preschool
- Preschool-3s, 4s, 5s
- Infant/Toddler-young infants, mobile infants, toddlers

RCII-2: Language and Literacy

CSIId: In an additional paragraph, describe ways to promote the communication/language development among all children including dual language learners.

Glossary

Oral language. This term refers to all aspects of spoken language, including children's growing and diverse vocabularies of new and varied words.

Language. The means by which a person communicates ideas or feelings to another in such a way that the meaning is mutually understood.

Expressive language. Making and using the sounds (or signs) of a child's language or languages for communication.

Receptive language. Hearing (or taking in) and understanding language.

Cooing. Pleasant vowel-like sounds made by infants around two months of age. Example: "u-u-u."

Babbling. Repetition of consonant-vowel combinations in long strings, beginning around 6 months of age. Example: "ba, ba, ba."

Comprehension. The ability to understand words and word combinations.

Production. The ability to use words and word combinations.

Grammar/grammatical rules. The ways that words can be put together in order to make sentences in a given language.

Phoneme. The smallest speech unit. Example: Th word "bat" includes 3 phonemes—"b-a-t."

Vocabulary. The words used by and understood by a person.

Joint attention. "When a child shares an object or activity with a caretaker. A child might point to an interesting object, look back and forth between an object and a caretaker, or show interest by holding up or giving you an object" (Adamson, 2013).

Narrative. Modeling language by describing your actions and the children's actions. Sometimes this is called "play by play." There are two ways to narrate:

- **Parallel talk.** Describing children's actions as they do them. Examples: "I see you wiggling your tiny toes!" "Daniel is drawing a tiger."
- **Self-talk.** When you describe your own actions as you do them. Examples: "Now I am changing your diaper." "I'm pouring the paint into the cup."

Parentese. A type of speech adults across cultures use with babies. The adult "speaks in a higher pitch, at a slower rate, with clearer enunciation, and in simpler and shorter phrases, combined with gestures and facial expressions" (Snow, 1991). Parentese helps babies hear the different sounds in words. Example: "Soooo biiig!!"

Repetition and extension. Repeating what a child says and then adding a bit more language. For example, if a child says "red truck," you might say "that is an enormous red truck!" Repetition and extension encourages children to use the language they have AND gives them new language.

Rich words. New or unfamiliar words or vocabulary introduced to children to expand their vocabulary. Rich words are not used as often by children or with children, though adults know what they mean. Example: Instead of always using the word "big" to describe something large, you might say "enormous," "gigantic," or "huge". New words are best learned when the topic is of interest to children and/or they are introduced in meaningful contexts.

Open-ended questions. Questions that require more than a one-word response. Open-ended questions don't have a specific answer; the child can say whatever they like and be "right." Some examples of open-ended questions are as follows: "Where is your car going?" or "What do you think happens next?" Open-ended questions encourage children to think and give them the opportunity to express their own ideas.

Scaffolding. Support from a caregiver that enables a child to try a new skill he or she has not yet mastered. As the child learns the skill and masters it, the support is reduced until the child can do the new skill independently. Sometimes a caregiver will assist the child with cues or hints to help him or her accomplish a task on the edge of his or her current abilities.

Conversations. Back-and-forth exchanges of language about a topic. When having conversations with children, try to aim for five conversational turns for each speaker (Dickinson, 2011). This technique is known as "Strive for Five."

Dual Language Learners. Children who are learning both the language of their family as well as the language of the larger community.

National Institute for Literacy. Learning to talk and Listen: An Oral Language Resource for Early Childhood Caregivers. (2009.) Washington D.C. https://lincs.ed.gov/publications/pdf/LearningtoTalkandListen.pdf

Websites

LAUP's webpage "Take Time to Talk" has information for parents in:
English http://laup.net/wp-content/uploads/2016/07/taketimetalk_digital_english.pdf and
Spanish http://laup.net/wp-content/uploads/2016/07/taketimetalk_digital_spanish.pdf

Talk with Me Baby website: http://www.talkwithmebaby.org
Includes information and videos including "How to Speak Parentese" video:
http://www.talkwithmebaby.org/how_to_speak_parentese

Observation and Curriculum Planning

Class 22
2.5 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area IV: Assessment, Evaluation and Individualization
CDA Content Area VII: Observing and recording children's behavior

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Explore the curriculum planning cycle.
- Objective 2: Practice observation of infants and toddlers to use observation in curriculum planning.

Class 22 Overview:

Time (for each section)	Section Overview – Key Concepts	Overview of teaching technique for section
10 minutes	Practice to reflection: observations on discoveries	• Pair and share • Large group discussion • Mini lecture introduction
40 minutes	Observation and documentation practices	• Large group • Video Podcast • Large group discussion • Small group: analyze observation statements
25 minutes	Practice reflecting on observation	• Video clip observation • Pair and share discussion • Large group • Small groups: plan sharing observations with families

65 minutes	Practice planning based on observation and reflection	• Mini lecture: Introduce curriculum cycle • Large group presentation and discussion • Small group document analysis and share back to large group • Large group discussion • Individual reflection
10 minutes	Planning to practice	• Planning to practice
2.5 hours		

GLOSSARY

Curriculum: 'At its simplest, curriculum is defined as what to teach and how to teach it.' (Frede and Ackerman, 2007) For infants and toddlers: what infants and toddlers experience (what they go through and how they feel) and what they learn from those experiences. (Lally) Curriculum happens throughout the day. Key curriculum contexts for infants and toddlers are: play spaces, daily care routines, and interactions and conversations.

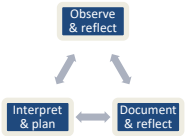
Observe/observation: Watching, listening to, and recording what children do and express (verbally or without words). Educators use the information to see what children know and can do so that we can support them to continue to grow and learn.

Documenting/documentation: writing down or somehow noting (photos, work samples, recordings etc.) what you see children doing or saying that you think is significant so you can think more deeply about it, reflect on it, and most importantly, to share it with others to get their interpretation of what was documented.

Reflect/reflection*:* To think about either what you have seen or heard a child (or children) doing or to think about your actions in order to improve practice.

Assessment: Gathering information to see what children know and can do so that we can support them to continue to grow and learn. The NAEYC Code of Ethical Conduct recommends that it is best if assessment information comes from more than one or multiple sources.

The Curriculum Planning Cycle:



OBSERVE (mindfully) WHAT IS SAID AND DONE

DOCUMENT & REFLECT

INTERPRET & PLAN

Video notes: Clearing your view

Observations

- Describe only what you see or hear
- Observe several times, in different settings
- Be specific in your description
- Use a variety of documentation tools
- Collect different kinds of information
- Get in the habit

Documentation

Tools for documenting observations:	Documentation may be used for:
	• **Assessment** • **Parent partnerships** • **Curriculum planning** • **……..**

Video Notes: RIE Babies learning to Play

What do you notice them do or say?	What do you think it means?

One thing I want to try or do differently in the curriculum planning cycle:

_____

_____

Diapering as Curriculum: Making Everyday Moments Intentional

For young children, "curriculum" occurs in the **everyday moments** of regular caregiving routines, IF we are ***intentional*** about what we do in those everyday moments. For example, diapering is often one of the only times in group care (other than feeding) where a child has the full, one-on-one attention of her caregiver. **What can a child learn during diapering?**

Social-emotional development

- Diapering is a great **one-on-one, close interaction** between teacher and child. Letting the child know what you are going to do before you do it and gentle, sensitive care during diapering teaches the child that the world is a safe, predictable place and that people can be trusted to meet her needs.
- Diapering can be an **opportunity for playful exchange** between teacher and child with eye contact and verbalizations (e.g. "Peek-a-boo" or singing). These close interactions let the baby know that he is interesting and important, thus promoting self-esteem.
- If the child is distressed, the teacher offers comfort and soothing, using words to describe what the child may be feeling. This teaches the child about **expressing and regulating emotions** (*Oh, you look sad to stop playing to have your diaper changed. It's hard, but I will help you.).* This also helps children learn **self-regulation.**
- **Responding to the infant's cues**—e.g. that she is feeling uncomfortable, playful, distressed--during diapering (and other times), teaches the child that she is a competent person who is able to get her needs met by communicating with these cues.
- **Letting the child know what we are going to do ahead of time** (no matter how young the baby) helps her believe that the world is a predictable place. Even if she doesn't understand the words, when you talk to her, she learns that something is about to happen and she gets her 'coping skills' ready--**this helps children learn self-regulation.**

Communication

- **Talking and singing** to the child during this intimate time teaches the rhythm of speech which helps children learn literacy. This also teaches vocabulary, including words for bodily functions and physical sensations *(wet, dry, cold, warm, calm)* which will help during toilet training and give the child a sense of self.

- The sensitive teacher pauses in her talking to allow the baby to respond by vocalizing which teaches the pleasure of **back-and-forth conversation**. Imitating the baby's sounds also promotes the 'back-and-forth' of conversation.

Sensory and motor development

- Without the confinement of clothes and diapers, **the infant can move** his legs, find his toes (and other available body parts) and enjoy the "freedom" of being without clothes.
- Putting lotion or diaper cream on the baby can be soothing and provides an opportunity for learning more words about feelings which **helps children learn self-regulation.**

In caring for young children, *how we <u>are</u> is as important as what we <u>do</u>* (Jeree Pawl)***.*** By being aware of and intentional about the importance of our daily interactions with young children, every moment becomes a teachable moment.

Michele Fallon, LICSW, IMH-E™(IV) Infant and Early Childhood Mental Health Consultant , 2014

Next Steps:

Ten Principles of Infant-Toddler Curriculum Development

1) Curriculum for infants and toddlers is unique—It is not babysitting (just 'love' them and keep them safe) and it is not mini- preschool (you have to stimulate their development at all times).

2) All learning for infants and toddlers occurs in the context of relationships—Infants are born wired to be in relationship to ensure their survival. They look to their caregivers (parents *and* teachers) to learn about themselves (*Am I interesting?, Am I worthy of care? Am I able to get my needs met? What kind of emotions is it okay to express?)* and to learn about the world (Is the world a safe place to explore and learn?). Therefore, it is essential to support the development of consistent, predictable, nurturing relationships with trusted adults in small, intimate groups which become the base for social, emotional and intellectual learning in a safe and interesting environment.

3) Children are born curious and motivated to learn—It is our job to read and respond to the cues infants give us about what motivates and interests them; teachers are *facilitators* of learning for infants and toddlers, rather than *directors* of learning. Infants and toddlers should be active partners in "selecting" curriculum contact. Teachers must be prepared to adapt their plans and actions in the moment to meet the needs and interests of each child.

4) Infants and toddlers learn holistically, meaning that they do not separate social, emotional, language, intellectual and physical (motor) learning—they learn from the total experience in the moment more than at any other age.

5) Learning for infants and toddlers occurs in everyday moments and routines, such as diapering (see handout on "Diapering as Curriculum"), being fed, being held, talked to and played with. Good teachers are intentional in their interactions with babies, mindful that every interaction is a learning opportunity.

6) Every infant and toddler is unique, with a unique temperament and learning style. It is because of these differences that each child needs to be cared for differently. The three stages of infancy—young infant, mobile infant, toddler—and the transitions between them need to be taken into account as well.

7) Environment has a strong influence on infant and toddler learning and so must create interest and encourage and support exploration. This includes the physical environment, group size, daily schedules and routines, and assurance of consistent, responsive, trusted caregivers.

8) Language development is critical during the infant-toddler period. Young children

need to have many opportunities each day for meaningful and reciprocal 'conversation' about what is going on around them. This means that even young babies' communications (looking, smiling, cooing) are acknowledged and encouraged.

9) Caring for young children stirs up strong feelings in both parents and caregivers and conflicts occur around these "protective urges" and strategies for dealing with these feelings and conflicts should be considered part of care. Teachers can have a powerful influence on the relationships between parents and their children by supporting parents and providing responsive care to children, which makes their cues easier to read and therefore more enjoyable for their parents. Connections with parents are essential!

10) Infant and toddler teachers have the most important job in the world! You are working with young children during the most rapid period of brain development and the experiences you give children contribute to the 'architecture' of their brains. You are helping to lay the foundation for all the learning that follows. But this is HARD work and typically stirs up our emotions! Take care of yourself and get the support you need to do your job well.

Adapted from: 1) J. Ron Lally. (2000). *Infants Have Their Own Curriculum: A Responsive Appraoch to Curriculum Planning for Infants and Toddlers.* Head Start Bulletin #67. HHS/ACF/ACYF/HSB.2000.
2) J. Ron Lally. (1998) *Brain Research, Infant Learning, and Child Care Curriculum.* Child Care Information Exchange. www.ChildCareExchange.com

Never, ever, underestimate the importance of how you are and what you do for children in the everyday moments you spend with them. You are planting seeds that have the potential to change the world in ways you may never see.

Michele Fallon, LICSW, IMH-E™
Infant and Early Childhood Mental Health Consultant

Homework: This week, your practice assignment is about beginning the curriculum planning cycle. You are going to work on the first two parts: observe/document and reflect/analyze. Here is your task:

1. Choose one child (an infant or toddler if possible) to observe. Decide if you want to observe in one area of development (for example language/communication, movement, relationships, etc.) or if you want to do a general observation.
2. Decide how you are going to document your observations (remember for photos or recordings you need parental permission first). Simple notes are fine, just remember to include specific details.
3. Observe the child once a day (if possible at different times of day and in different locations) at least 3 times.
4. Reflect on what you saw. Use the questions on the "Curriculum Cycle" handout to think about what you think it means and write at least one sentence per observation.

Video podcast: "Clearing Your View"
https://eclkc.ohs.acf.hhs.gov/video/clearing-your-view-staying-objective-observation This video comes from the Early Head Start National Resource Center of the Early Childhood Learning and Knowledge Center (a program of the Us Department of Health and human Serves, Administration for Children and families) and is used with permission.

Planning to Meet Individual Needs

Class 23
2 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota KCF Content Area IV: Assessment, Evaluation and Individualization
CDA Content Area VII: Observing and recording children's behavior

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Use documentation to inform child assessment
- Objective 2: Describe steps to referral for additional services
- Objective 3: Generate strategies to partner with parents to address special needs

Class Overview 23

Time (for each section)	Section Overview – Key Concepts	Overview of teaching technique for section
10 minutes	Practice to reflection: observations on curriculum and planning	• Pair and share then report back
45 minutes	Observing, documenting, and interpreting as a way to assess learning	• Mini lecture: definition and purposes of assessment • Pairs/trios: identifying learning in documentation panels • Large group discussion • Pairs/trios: link learning to ECIPs • Large group discussion

20 minutes	When Concerns Arise About Development	• Large group brainstorm and discussion: what if developmental concerns arise? • Presentation- Overview of the referral process
35 minutes	When concerns arise: Supporting the parent/family and child relationship	• Individual reflection: what's it like to be this mother? • Large group discussion • Small group strategizing on communicating with families using scenario • Report back
10 minutes	Planning to practice	• Assignment for the next session

Reflection on Curriculum Observation:

Write 2-4 sentences on how observation helps you to understand what children (infants & toddlers) are learning and to plan for new learning (May apply to Competency Statement I).

GLOSSARY

Observe/observation: Watching, listening to, and recording what children do and express (verbally or without words). Educators use the information to see what children know and can do so that we can support them to continue to grow and learn.

Documenting/documentation: writing down or somehow noting (photos, work samples, recordings etc.) what you see children doing or saying in order to keep a record of it.

Reflect/reflection: To think about either what you have seen or heard a child (or children) doing or to think about your actions in order to improve practice.

Assessment: Gathering information to see what children know and can do so that we can support them to continue to grow and learn. The NAEYC Code of Ethical Conduct recommends that it is best if assessment information comes from more than one or multiple sources.

Inclusion: Policies, procedures and beliefs that all children should be included in early childhood settings including those with developmental delays or disabilities; children who are gifted and talented; children whose families are culturally and linguistically diverse; and children from all socioeconomic groups.

***Individualization/Individualized Care (from PITC*): Following children's unique rhythms and styles promotes well-being and a healthy sense of self. It's important not to make a child feel bad about him or herself because of biological rhythms or needs that are different from those of other children. Responding promptly to children's individual needs supports their growing ability to self-regulate, i.e., to function independently in personal and social contexts. The program adapts to the child, rather than vice versa, and the child gets the message that he or she is important, that her/his needs will be met, and that his choices, preferences, and impulses are respected.**

Red flag: behaviors that cause you concern in an area(s) of a child's development. They should warn you to stop, look, and think, and then observe and document.

PRINT OUT CICC Tip Sheets on :

- IDEA part C Primary Referral Source: Child Care https://www.inclusivechildcare.org/sites/default/files/courses/swf/IDEA%20Part%20C.pdf
- Sharing Concerns with Families: https://www.inclusivechildcare.org/resource-library/self-study/sharing-concerns-families

Describe what the child is learning to do	Find a related ECIP

Taking perspectives: What's it like to be……

this mom

this baby

the caregiver

Planning your conversation with mom:

Where and when will you talk? **What might you say?** **How will you convey your support?**

Homework: This week, your practice assignment builds on what you did last week. Please continue the curriculum cycle with your child. Use your observations and reflections from last time, as well as other things you know about this child, and complete a plan for them using the **Handout: Providing Individualized Care**. Start by answering the first box: "what makes this child unique". Plan at least 2 strategies in each area-strategies may include materials, toys or rearrangement of the environment. For example, after observing the child you may have noticed they are particularly interested in getting from one place to another by holding onto the edges of furniture. So you decide to rearrange the room so they can get farther that way, but the arrangement also provides some challenges that might encourage them to try taking a step or two without holding on.

You can think about ways you might change a routine. You can think about the kind of language you want to use, or maybe you see this child is interested in "helping" so you begin to pass them the diaper at the beginning of the routine.

When you think about relationships, you might think about what you do to promote your relationship with the child, to promote their relationship with their parent or to promote their relationships with other children.

Try out at least one of the new strategies before we get together again. (If possible more than once).

Resources:

- Help Me Grow website http://helpmegrowmn.org/HMG/index.htm Developmental Milestones and Special Needs referral information for Minnesota
    - DEC and NAEYC position statement on inclusion and other inclusion resources: https://npdci.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion
    - IDEA Infant and Toddler Coordinators Association: http://www.ideainfanttoddler.org/
    - Center for Inclusive Child Care: https://www.inclusivechildcare.org/
        - CICC provides free relationship-based professional development (RBPD) including support, training, modeling and resources to child care programs throughout Minnesota, including supporting the unique needs of infants and toddlers in your care.
        - CICC provides online information and resources including Tip Sheets on :
            - IDEA part C Primary Referral Source: Child Care https://www.inclusivechildcare.org/sites/default/files/courses/swf/IDEA%20Part%20C.pdf
            - Sharing Concerns with Families: https://www.inclusivechildcare.org/resource-library/self-study/sharing-concerns-families
    - A 19 minute video on special education for young children in Minnesota on the TPT ECHO program: http://www.echominnesota.org/library/special-education-young-children (video available in English, Somali, Hmong, Spanish and other languages)

Providing Individualized Care

Child's Name_____

What makes this child unique? (What do you know about their temperament, their family and cultural preferences, their interests and needs, their age and abilities?)

Relationships: (With you, with family, with children in your program)	Routines: (Arrivals & departures, meals, naps. diapering/toileting)
Play environment:	
Materials:	Play centers/spaces (indoor and out)

Questions I have …. (What might you ask this child's family or other caregivers, what else do you want to observe or find out?)

Safe Supervision

Class 24
Sessions A, B & C
6 hours

Session A

Overview of Curriculum Session A

KCF Content Area: Health, Safety and Nutrition; Professionalism
CDA Content Area: Safe and Healthy Environment

Learning Objectives

- Identify MN Rule 2 and Rule 3 licensing standards and best practices of supervision
- Examine and address supervision challenges experienced in early child care center-based care programs
- Identify three interaction techniques to use while supervising
- Identify safe infant sleep practices; SUID

Session A Outline

Section	Overview of teaching technique
A. Welcome and Introductions 1. Welcome and Introductions 2. Review and Discuss Objectives	● Large Group Activity
B. Supervision Basics 1. What is Supervision 2. Supervision Challenges 3. Active Supervision	● Mini Lecture ● Large Group Activity ● Small Group Activity
C. Daily Supervision 1. Drop off and Pick up 2. Programming Time 3. Transitions	● Mini Lecture ● Large Group Activity ● Pair Share ● Small Group Activity
4. Bathroom Supervision 5. Mealtime Supervision	
D. Safe Resting, Napping and Infant Sleep 1. Supervision 2. SUID prevention	● Large Group Activity ● Mini Lecture
E. Closing 1. Providing Active Supervision 2. Assignments	● Individual Reflection ● Assignments

Handouts/Printouts

1. **Active Supervision Tool Kit (Head Start)**
   https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/active-supervision-toolkit.pdf

2. **"Look Before You Lock"**
   http://www.acf.hhs.gov/ecd/interagency-projects/look-before-you-lock

3. **How to Choose and Use a Child Care Health Consultant**
   http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/127-how-to-choose-and-use-a-child-care-health-consultant

Session A

ABBREVIATIONS / ACRONYMS / GLOSSARY

CFO3: *Caring for Our Children*, 3rd Edition

CSHN: Child/ren with special health needs

DHS: Department of Human Services

Infant: A child who is at least six weeks old but less than 16 months

MN: Minnesota

Preschooler: A child who is at least 33-month-old but who has not yet attended the first day of kindergarten

Rule 2: Legislation in MN Rules, governing licensed family-based child care environments

Rule 3: Legislation in MN Rules, Chapter 9503 governing child care centers

School-age: A child who is at least of sufficient age to have attended the first day of kindergarten or is eligible to enter kindergarten within the next four months but is younger than 13 years of age.

SIDS: Sudden Infant Death Syndrome

SUID: Sudden Unexpected Infant Death

Toddler: A child at least 16 months old but less than 33 months old

Developmental Basics

Birth to Age 3	Preschool
Social and Emotional Development ● Trust and Emotional Security ● Self-Awareness ● Self-Regulation ● Relationships with Other Children	**Social and Emotional Development** ● Emotional Development ● Self-Concept ● Social Competence and Relationships
Language Development and Communication ● Listening and Understanding ● Communicating and Speaking ● Emergent Literacy	**Language and Literacy Development** ● Listening ● Speaking ● Emergent Reading ● Emergent Writing
Cognitive Development ● Exploration and Discovery ● Memory ● Problem Solving ● Imitation and Symbolic Play	**Cognitive Development** ● Mathematical and Logical Thinking - Number concepts and operations - Patterns and relationships - Spatial relationships and geometry - Measurement - Mathematical reasoning ● Scientific Thinking and Problem-Solving

	- Observing - Questioning - Investigating ● Social Systems Understanding - Human relationships - Understanding the world
Physical and Motor Development ● Gross Motor Development ● Fine Motor Development ● Physical Health and Well-Being	**Physical and Motor Development** ● Gross Motor Development ● Fine Motor Development ● Physical Health and Well-Being
	Creativity and the Arts ● Creating ● Responding ● Evaluating
	Approaches to Learning ● Curiosity ● Risk-Taking ● Imagination and Invention ● Persistence ● Reflection and Interpretation

Session A - Reflection

Take a few minutes to reflect on what you have learned about “active supervision” in this session of this class. Use the spaces below to capture your ideas and plans for action. Be prepared to discuss at the beginning of Session B.

In this session I learned…

Based on what I learned, some things I plan to do …

This session started me thinking about…

Session A –Assignments

1. Complete Session A "Reflection" document and be prepared to share at beginning of Session 2

2. Reflecting "Active Supervision": Identify five playground-specific risks for injury and supervision challenges you would anticipate for toddlers playing on a playground.

3. Provide a supervisory activity which could minimize risk of injury and reflect effective active supervision.

Session A Resources

Active Supervision Tool Kit (Head Start): https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/active-supervision-toolkit.pdf

American SIDS Institute: http://sids.org

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition. Available online through the National Resource Center for Health and Safety in Child Care and Early Education website: http://cfoc.nrckids.org/index.cfm

How to Choose and Use a Child Care Health Consultant: http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/127-how-to-choose-and-use-a-child-care-health-consultant

Look Before You Lock http://www.acf.hhs.gov/ecd/interagency-projects/look-before-you-lock

Minnesota Statutes, section 245A.50: https://www.revisor.mn.gov/statutes/?id=245A.50

MN Rule 9502: Chapter 9502, Licensing of Day Care Facilities – 'Rule 2' (for trainer's reference only) https://www.revisor.mn.gov/rules/?id=9502

MN Rule 9503: Chapter 9503, Licensing of Child Care Centers – 'Rule 3' (for trainer's reference only) https://www.revisor.mn.gov/rules/9503

MN Reporting of Maltreatment of Minors: https://www.revisor.mn.gov/rules/?id=9502

National SIDS Resource Center: http://www.californiasids.com/Universal/MainPage.cfm?p=4494

National SUIDS/SIDS Resource Center: http://www.sidscenter.org/index.html

Physician Directive for Alternative Infant Sleep Position DHS-7216-ENG 6-18: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7216-ENG

Resource Guide for Mandated Reporters of Child Maltreatment Concerns: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG

Safe sleep standards and training requirements for child care DHS-7703-ENG 2-18: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7703-ENG

Swaddling Consent for an Infant DHS-7218-ENG 6-18: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7218-ENG

Session B: Objectives

Knowledge and Competency Framework (KCF) Content Area, CDA Content Areas

The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

KCF Content Area: Health, Safety and Nutrition; Professionalism
CDA Content Area: Safe and Healthy Environment

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will be able to:

- Define the difference between Universal and Standard Precautions.
- Differentiate between cleaning, sanitizing and disinfecting;
- Identify three components necessary to maintain a healthy and safe environment;
- Describe effective hand-washing techniques and when they should be utilized;
- Recognize potential blood-borne pathogen exposure incidents and identify procedures for minimizing incidents, preventing exposure, cross-infecting and proper disposal.
- Identify signs of abuse, neglect and abusive head trauma
- Recognize support needs for children with special health needs

Session B – Overview

Session 2

Time	Section	Overview
10 Minutes	Submission of Session A Assignments Review Session B Objectives	● Presentation
30 Minutes	Universal and Standard Practices ● Infectious Process ● Cleaning, Sanitizing and Disinfecting ● Immunizations ● Diapering & Toileting	● Large group discussion ● Small group discussion ● Small group activity
20 Minutes	Health and Wellness ● Daily Illness Monitor ● Illness Exclusion ● Reportable Illnesses	● Large group discussion ● Small group discussion
25 Minutes	Abuse and Neglect ● AHT ● Mandated reporting	● Large group discussion ● Small group discussion
25 minutes	Children with Special Health Needs ● Health Care Plans ● Emergency Care Plans	● Large group discussion ● Small group activity
10 minutes	Closing	● Presentation ● Evaluation

Session B - Hand Outs

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1. **OSHA Fact Sheet**
   https://www.osha.gov/OshDoc/data_General_Facts/ppe-factsheet.pdf

2. **Cleaning, Sanitizing, and Disinfecting Frequency Table**
   https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/accreditation/early-learning/Clean%2C%20Sanitize%2C%20Disinfect%20Table_Oct%202016_1.pdf

3. **Immunization Schedule and Milestone Tracker**
   http://www.cdc.gov/vaccines/parents/downloads/milestones-tracker.pdf

4. **Handwashing 101**
   https://www.in.gov/fssa/files/Hand_Washing_101_for_Licensed_Child_Care_Centers.pdf

5. **Diapering**

   https://www.cdc.gov/healthywater/pdf/hygiene/Diapering-procedures-childcare-508c.pdf

   https://www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases/diapering-procedure-2015.pdf?la=en&hash=9E8CD6A7A32332A618AABF86149D1D280EBF5BD3

6. **People First Language**
   http://www.arc-sd.com/document.doc?id=114

Session B

ABBREVIATIONS / ACRONYMS / GLOSSARY

CCC: Child Care Centers

CDC: Centers for Disease Control and Prevention

CFO3: *Caring for Our Children*, 3rd Edition

CSHN: Child/ren with special health needs

DHS: Department of Human Services

IDCCS: Infectious Diseases in Child Care Settings and Schools

Infant: A child who is at least six weeks old but less than 16 months

MDH: Minnesota Department of Health

MN: Minnesota

OSHA: Occupational Safety and Health Administration

Preschooler: A child who is at least 33-month-old but who has not yet attended the first day of kindergarten

Rule 2: Legislation in MN Rules, governing licensed family-based child care environments

Rule 3: Legislation in MN Rules, Chapter 9503 governing child care centers

School-age: A child who is at least of sufficient age to have attended the first day of kindergarten or is eligible to enter kindergarten within the next four months but is younger than 13 years of age.

SIDS: Sudden Infant Death Syndrome

SUID: Sudden Unexpected Infant Death

Toddler: A child at least 16 months old but less than 33 months old

Session B - Reflection

Take a few minutes to reflect on what you have learned about "active supervision" in this session of this class. Use the spaces below to capture your ideas and plans for action. Be prepared to discuss at the beginning of Session C.

In this session I learned…

Based on what I learned, some things I plan to do …

This session started me thinking about…

Session B - Assignments

1. Complete Session B “Reflection” document and be prepared to share at beginning of Session C.

2. Respond in writing to the following questions:

   a. How are mouthed toys managed to prevent cross-infecting between infants?

   b. How frequently do toys in a toddler room need to be cleaned, sanitized, or disinfected?

   c. How are food contact surfaces cleaned, sanitized, or disinfected?

3. List the steps to making a “child protection” report.

Session B Resources

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition: http://nrckids.org/files/CFOC3_updated_final.pdf

Changing Soiled Pull-ups: file:///C:/Users/asusman/Downloads/Changing_Soiled_Underwear1-25-2016.pdf

Communicable Disease Reporting: https://www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases/communicable-disease-reporting.pdf?la=en

Definition of Abuse and Neglect: https://mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/programs-services/abuse-neglect-defined.jsp

A Dozen Common Errors in Diapering: file:///C:/Users/ichelle/Downloads/5-8-12_Diapering A_dozen_Common_Errors_5-8-12_rev.pdf

Handwashing Posters: http://www.health.state.mn.us/handhygiene/materials.html

Handwashing Toolkit: http://www.health.state.mn.us/handhygiene/curricula/toolkit.html

Infectious Diseases in Child Care Settings and Schools: https://www.hennepin.us/childcaremanual

MN Reporting of Maltreatment of Minors: https://www.revisor.mn.gov/statutes/cite/626.556

MN Rule 9502: https://www.revisor.mn.gov/rules/9502/

MN Rule 9503: https://www.revisor.mn.gov/rules/9503/

Resource Guide for Mandated Reporters of Child Maltreatment Concerns: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG

Resource Guide for Mandating Reporting in Minnesota: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG

Session C: Objectives

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

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KCF Content Area: Health, Safety and Nutrition; Professionalism
CDA Content Area: Safe and Healthy Environment

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will be able to:

- Recognizes and protects children from exposure to hazards related to the environment (such as
  Pesticides, lawn applications, animals/pets, mold, mildew, garbage, diapering, pests, air quality, etc.)
- Recognizes and avoids health hazards related to food, such as choking, and allergies.
- Recognizes and protects infants and children through the risk reduction assessment and risk reduction plan.
- Describes and follows regulations and best practices for safe transport of children in vehicles.

Section C Overview

Session C: Overview of Section

Section	Overview
Submission of Session 2 Assignments Introduction Objective review	● Presentation ● Large group discussion
Food Safety, Nutrition and Food Sensitivities ● Food Sanitation ● Nutrition and Hydration ● Food Allergies and Intolerances ● Emergency Response Plan	● Large group discussion ● Small group activity
Building and Physical Premise Safety ● Identification of Risks ● Risk Reduction Plans	● Large group discussion ● Demonstration and practice
Hazardous Material Protection ● Identification, Handling, Storage and Disposal of bio-contaminants	● Large group discussion ● Small group discussion
Emergency Preparedness ● Response Plans ● Natural Disaster ● Threatening Incidents	● Large group discussion
Transporting Children Safely	● Large group discussion

	● Small group activity
Interactive Scenarios Closing	● Small group activity ● Evaluation

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Session C - Hand Outs

1. **Food Safety** http://www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases/food-safety.pdf?la=en

2. **Food Allergy and Anaphylaxis Emergency Care Plan** http://www.foodallergy.org/file/emergency-care-plan.pdf

3. **MN Risk Reduction Plan Template** http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_152915.pdf

Allergy Reaction Insert

Emergency Response Plan Document
https://www.foodallergy.org/sites/default/files/migrated-files/file/emergency-care-plan.pdf

and/or

Allergic Response Algorithm
http://www.doe.virginia.gov/support/health_medical/anaphylaxis_epinephrine/anaphylaxis_school_setting_guidelines.pdf

Session C

ABBREVIATIONS / ACRONYMS / GLOSSARY

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Session C - Developmental Basics

Birth to Age 3	Preschool
Social and Emotional Development ● Trust and Emotional Security ● Self-Awareness ● Self-Regulation ● Relationships with Other Children	**Social and Emotional Development** ● Emotional Development ● Self-Concept ● Social Competence and Relationship
Language Development and Communication ● Listening and Understanding ● Communicating and Speaking ● Emergent Literacy	**Language and Literacy Development** ● Listening ● Speaking ● Emergent Reading ● Emergent Writing
Cognitive Development ● Exploration and Discovery ● Memory ● Problem Solving ● Imitation and Symbolic Play	**Cognitive Development** ● Mathematical and Logical Thinking - Number concepts and operations - Patterns and relationships - Spatial relationships and geometry - Measurement - Mathematical reasoning ● Scientific Thinking and Problem-Solving - Observing - Questioning - Investigating ● Social Systems Understanding - Human relationships - Understanding the world
Physical and Motor Development ● Gross Motor Development ● Fine Motor Development ● Physical Health and Well-Being	**Physical and Motor Development** ● Gross Motor Development ● Fine Motor Development ● Physical Health and Well-Being
	Creativity and the Arts ● Creating ● Responding ● Evaluating
	Approaches to Learning ● Curiosity ● Risk-Taking ● Imagination and Invention ● Persistence ● Reflection and Interpretation

Session C

Interaction Scenarios

Reading through the scenarios, answer these questions:

A. What are the potential health and safety challenges in this scenario?
B. What could be done to eliminate (or minimize) the potential health and safety risks in this scenario?
C. What would best practices be in each scenario and how might those differ from licensing requirements?

1. Ms. Melissa, the early child care educator, is serving lunch to the preschoolers. There is one preschooler with a severe peanut allergy. A second preschooler has just finished washing his hands. On the way back to the table, he stops by his cubby and picks up a bag of Halloween candy, bringing it to the lunch table. He states his mom said he could share the candy with his friends after lunch.

2. Preparing for nap, the caregiver begins changing diapers. She has three toddlers in the bathroom with her. One needs diapering and the other two are toilet trained. She has directed one of the toilet trained toddler to the toilet. While the caregiver is diapering one toddler, the toddler who has been using the toilet walks up to her crying. The caregiver notes the toddler has had a loose stool and it is running down his legs. The second toddler waiting to use the bathroom runs out of the bathroom with all her clothes off.

3. Some preschoolers are playing a board game together. One of the preschoolers in the group gets up from the table, grabs the bottle of sanitizer on the counter, and sprays it in the air above the other children playing the game. The children who were sprayed shout to their teacher that they were sprayed.

4. You are the lead teacher in the young preschool room. The Center Director has just told you a new child will be starting next week in your classroom and that this child has a seizure disorder. However, the child is on medication and has not had a seizure for over a year.

Session C Resources

Allergic Response Algorithm (Page 13) : http://www.doe.virginia.gov/support/health_medical/anaphylaxis_epinephrine/anaphylaxis_school_setting_guidelines.pdf

The Basics of Food Safety to Prevent Foodborne Illness Nutrition and Wellness Tips for Young Children: http://www.fns.usda.gov/sites/default/files/foodsafety.pdf

Building and Physical Premises Safety: https://childcareta.acf.hhs.gov/sites/default/files/public/brief_5_building_safety_final.pdf

Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd Edition: http://cfoc.nrckids.org/index.cfm

Child Care Emergency Plan Form: Child Care Emergency Plan form online

Food Allergy: https://www.foodallergy.org/sites/default/files/migrated-files/file/emergency-care-plan.pdf

Head Start Emergency Preparedness Manual 2015: https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/head-start-emergency-prep-manual-2015.pdf

Infectious Diseases in Childcare Settings and Schools Manual: http://www.hennepin.us/childcaremanual

Keeping Kids Safe: Child Care Provider Emergency Planning Guide 2017: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7414-ENG

Minnesota State Child Care Emergency Plan 2016: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7415-ENG

MN Admission and Arrangements form - https://mn.gov/dhs/assets/AdmissionandArrangementsForm_tcm1053-316062.pdf (for family child care)

MN Rules 9502 (family child care) and 9503 (child care centers): https://www.revisor.mn.gov/rules/9502/ and https://www.revisor.mn.gov/rules/9503/

MN Rule 9503.0145 Food and Water: https://www.revisor.mn.gov/rules/?id=9503.0145

Risk Reduction Plan: http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_152915.pdf

Safe Handling of Breast Milk: https://www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases/breast-milk.pdf?la=en

News Briefs on Child Care Development Fund Health and Safety Requirements

- Handling, Storing and Disposing of Hazardous Materials and Biological Contaminants - https://childcareta.acf.hhs.gov/sites/default/files/public/brief_7_hazardousmaterials_final.pdf

- Administering Medications - https://childcareta.acf.hhs.gov/sites/default/files/public/brief_2_administering_medication_final.pdf
- Prevention and Control of Infectious Disease - https://childcareta.acf.hhs.gov/sites/default/files/public/brief_1_infectious_disease_final.pdf
- Prevention of and Response to Emergencies Due to Food and Allergic Reactions - https://childcareta.acf.hhs.gov/sites/default/files/public/brief_3_food_allergies_final.pdf
- Reducing the Risk of Sudden Infant Death Syndrome and Using Safe Sleep Practices - https://childcareta.acf.hhs.gov/sites/default/files/public/brief_4_sids_safesleep_final.pdf

CDA Portfolio Assignment:

Competency Standard V: To ensure a well-run, purposeful program that is responsive to participants needs.
CSV RC: Resource Collection Item (point to resources in the DHS documents listed in the Participant Guide.)

RCV: Collect three samples of record keeping forms you use/have used. Include an accident report form; an emergency form; and a completed tool/form that you have used to observe and document a child's developmental /learning progress. (Do not include a child's name).

Then write at least one paragraph about how you used the observation tool/form you included. Why are observation and documentation important parts of program management? How do you ensure that you are accurately/objectively observing and tracking each child's developmental and learning progress?

Curriculum

Class 25
Sessions A, B, C, D
8 hours

Session A

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies and content areas are addressed in the training.

Minnesota's KCF: Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area 5: Managing an Effective Program

Learning Objectives

- *Define curriculum and describe its relationship to early learning standards and child development.*
- *Identify various types and approaches to curriculum.*
- *Describe the domains of development and the types of skills that fit within each domain.*

Preparation for Session A:

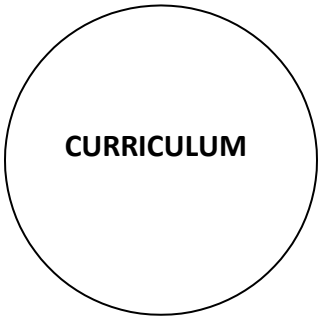
Print out and bring:

- *a copy of* ***Choosing a Preschool Curriculum*** by the National Center on Quality Teaching and Learning for the Office of Head Start, available online at https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/docs/preschool-curriculum.pdf
- A copy of ***10 Components of High Quality Child Care for Infants and Toddlers***, available online at https://www.childdevelopmentcouncil.org/resources/10-components-of-infant-and-toddler-care
- Bring your copy of the ECIPs or print them out at: http://education.state.mn.us/MDE/dse/early/ind/

Class overview

Time	Section	Overview
15 minutes	Introduction/Objectives	• Welcome and Introductions • Expectations and plan for course • Brainstorming and Discussion: Goals of early learning programs • Objectives
40 minutes	Defining "Curriculum"	• Myths of curriculum • Activity: Webbing "curriculum" • Presentation and Discussion: What is curriculum? • Small Group Discussion: Benefits of using a curriculum
30 minutes	Variations in Early Childhood Curriculum	• Discussion: Differing types and approaches to curriculum • Activity: Common characteristics of effective curriculum • Presentation: Approaches to curriculum
20 minutes	Review of the MN Early Childhood Indicators of Progress (ECIPs)	• Activity: Domains of development • Presentation and Discussion: ECIPs and domains of development—how you reflect them in your program
15 minutes	Closing	• Discussion: Session summary • Activity: Reflection • Discussion: Assignment
2 hours total		

Webbing "Curriculum"



Defining "Curriculum"

"Curriculum is more than a collection of enjoyable activities. Curriculum is a complex idea containing multiple components, such as goals, content, pedagogy, or instructional practices. Curriculum is influenced by many factors, including society's values, content standards, accountability systems, research findings, community expectations, culture and language, and individual children's characteristics."

—*NAEYC Position Statement on Early Childhood Curriculum, Assessment, and Program Evaluation (2003) p. 6.*

"The Head Start Program Performance Standards define curriculum as a written plan that is based on sound child development principles, is consistent with Program Performance Standards overall, and includes:

- Goals for children's development and learning;
- Experiences through which children will achieve the goals;
- Roles for staff and parents to help children to achieve these goals; and
- Materials needed to support the implementation of a curriculum."

Choosing a Preschool Curriculum by the National Center on Quality Teaching and Learning for the Office of Head Start, available online at https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/docs/preschool-curriculum.pdf

"A set of written materials caregivers/early educators use to develop engaging learning experiences for young children that include:

1) A research basis or philosophy that describes how children learn and how teachers teach
2) Goals and objectives of children's learning
3) Instructional approaches used to help children achieve the goals and objectives
4) Information about the setting and environment in which learning happens
5) Examples of learning experiences for young children"

The Parent Aware definition of curriculum is available online at http://parentaware.org/content/uploads/2018/02/PA-014-Curriculum-Nomination-Form-and-Guide-JANUARY-2018-FINAL.pdf

"The curriculum consists of the knowledge and skills to be acquired in the educational program as well as the plans for experiences through which children's learning will take place."

Developmentally Appropriate Practice in Early Childhood Programs, NAEYC (2009) p. 42.

"Curriculum – the knowledge and skills teachers are expected to teach and children are expected to learn, and the plans for experiences through which learning will take place."

The Intentional Teacher by Ann Epstein (2007) p. 5.

"Curriculum in early childhood is defined as an organized framework that includes three components:

- Content—This component is the subject matter of the curriculum, the goals and objectives of children's learning.
- Processes—This component is the pedagogy of learning, how teachers teach, and the ways in which children achieve goals and objectives of the curriculum.
- Context—This component is the setting, the environment in which learning takes place."

How Curriculum Frameworks Respond to Developmental Stages: Birth to Age 8 by Diane Trister Dodge and Toni S. Bickart, Clearinghouse on Early Education and Parenting, available online at http://files.eric.ed.gov/fulltext/ED470874.pdf

Benefits of Using a Curriculum

Approaches to Curriculum

Integrated Curriculum - An integrated curriculum encourages young children to transfer knowledge and skills from one subject to another while using all aspects of their development. Most early childhood curriculum is highly integrated as young children tend to learn in undifferentiated ways.

Project Approach - A project is an in-depth investigation of a topic worth learning about. Programs using a project approach encourage individual children, small groups, or whole groups to engage in projects by applying their skills, asking questions, making decisions and choices, and assuming responsibility. Projects may last a few days or for an extended period of time. Learning in all domains is addressed as the project unfolds.

Emergent Curriculum - Emergent curriculum develops out of the interests and experiences of the children. Teachers and children work together to decide what to do when and how to do it.

Inclusive Curriculum - An inclusive curriculum underscores the importance of individual differences, special needs, and cultural and linguistic diversity among young children. An inclusive curriculum is for all children, not just for children with identified special needs.

Anti-Bias Curriculum - An anti-bias curriculum actively challenges prejudice, stereotypes, and unfair treatment of an individual or group of individuals. Curriculum that is anti-bias values differences and similarities among children, is sensitive and respectful of children's differing backgrounds and cultures, and encourages children to explore their strengths as they develop to their fullest potential.

Theme-based Curriculum - Thematic curriculum focuses on one topic, or theme, at a time. A theme is usually a broad topic such as "seasons" or "the environment". Theme-based curriculum typically uses an integrated approach in which all domains are addressed in activities related to the theme's topic.

Montessori - Montessori programs are based on the ideas, materials, and methods developed by Dr. Maria Montessori, one of early childhood education's pioneers. Montessori programs are known for the use of child-sized and carefully arranged materials. Children in Montessori programs choose their own work and often work independently. Montessori materials are often designed to be self-correcting and to teach very specific skills. There is variation among Montessori programs and many early childhood programs use some aspects of the Montessori approach.

Reggio Emilia - Reggio Emilia is a small area in northern Italy which has become well known for its approach to programs for young children. Programs using an approach inspired by Reggio Emilia often use projects that emerge from the interests of the children as a catalyst for learning. Teachers in these programs are careful observers of children and support children in documenting what they know and discover in their work. Children use visual representation – drawing, sculpture, dramatic play, and writing as the language that shows their development.

Bundled Curriculum – Some programs use two or more curriculum packages, each designed for one content area. These programs "bundle together" multiple packages to foster development across all domains. For example, a program may combine an early math curriculum and an early literacy curriculum with activities selected by the program to address all domains of development.

Definitions informed by *Early Education Curriculum: A Child's Connection to the World* by Hilda L. Jackman (2012).

Domains of Development—MN Early Childhood Indicators of Progress

Social and Emotional Domain

With trusting relationships as a foundation, social-emotional skills include Self/Emotional Awareness, Self-Management, and Social Understanding and Relationships.

Language, Literacy, and Communications

Beginning in the first months of life, skills necessary for receiving and expressing ideas and information including verbal, nonverbal, gestural, emergent reading, and written language.

Social Systems—Cognitive Domain

The awareness of identity within the context of community. Components include: Community/People/Relationships, Change over Time, Environment, Economics, and Technology.

Physical and Movement Development

The development of gross motor and fine motor skills. Gross motor skills include those that involve the use and coordination of large muscles – neck, trunk, arms, and legs. Fine motor skills involve the use and coordination of small muscles such as mouth, hands, eyes, and feet.

Scientific Thinking Domain

The mental activity and processes such as thinking, inquiry, exploration, observation, and processes that lay the foundation for deeper ways of thinking. This domain includes Discover, Act, Integrate,

Mathematics Domain

Skills that develop from a very young age, including a sense of patterns, numbers, and space. Developed through interactions with others and the world around them, this domain includes: Number Knowledge, Measurement, Patterns, Geometry and Spatial Thinking, and Data Analysis.

The Arts Domain

The development of skills that enable children to explore a variety of ways to be creative and express themselves. This domain includes: Exploring the Arts, Using the Arts to Express Ideas and Emotions, and Self-Expression in the Arts.

Approaches to Learning Domain

Traits that children develop to become successful learners. This domain includes: Curiosity, Engagement, Persistence, Inventiveness, and Organizing Information.

Domains of Development and Components in the MN Early Childhood Indicators of Progress

Social and Emotional Development • Self and Emotional Awareness • Self-Management • Social Understanding and Relationships	**Language, Literacy, and Communications** • Listening and Understanding; Receptive Language • Communicating and Speaking; Expressive Language • Emergent Reading • Writing
Physical and Movement Development • Gross Motor • Fine Motor	**Scientific Thinking** • Discover • Act • Integrate
Social Systems—Cognitive • Community, People, and Relationships • Change over Time • Environment • Economics • Technology	**Approaches to Learning** • Curiosity • Engagement • Persistence • Inventiveness • Organizing Information

The Arts • Exploring the Arts • Using the Arts to Express Ideas and Emotions • Self-Expression in the Arts	Mathematics • Number Knowledge • Measurement • Patterns • Geometry and Spatial Thinking • Data Analysis
The Arts • Exploring the Arts • Using the Arts to Express Ideas and Emotions • Self-Expression in the Arts	**Mathematics** • Number Knowledge • Measurement • Patterns • Geometry and Spatial Thinking • Data Analysis

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Reflection: **What are some of the things you have learned about curriculum? How do you plan to use the new information you have learned in your work with children?**

Session A – Assignments

1. Curriculum Investigation

With the instructor decide on *one* of the following curriculum approaches (1 or 2) or commercially-produced curriculum packages to investigate. Download the article *Different Approaches to Teaching: Comparing Three Preschool Programs* by Amy Sussna Klein, available online at http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=367 as part of the assignment. Look over your assigned curriculum or approach and fill out the Investigation Worksheet. Bring your completed worksheets to the next class.

	Potential Sources of Information
1. Montessori approach	• Article: *Different Approaches to Teaching: Comparing Three Preschool Programs* by Amy Sussna Klein, available online at http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=367 • American Montessori Society webpage http://www.amshq.org/Montessori%20Education • YouTube video clip, *Nurturing the Love of Learning: Montessori Education forthe Preschool Years* http://www.youtube.com/watch?v=OM1Gu9KXVkk
2. Reggio Emilia approach	• Article: *Different Approaches to Teaching: Comparing Three Preschool Programs* by Amy Sussna Klein, available online at http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=367 • Website – About Reggio Kids http://www.reggiokids.com/the-reggio-approach • Website for the Reggio-Inspired Network of Minnesota http://www.mnreggio.org/ • YouTube video clip – Banbini Creativi, Reggio inspired Preschool – Kansas City http://www.youtube.com/watch?v=kQdAU7Dm9A0
3. Creative Curriculum – Preschool	• Article: *How Curriculum Frameworks Respond to Developmental Stages: Birth through Age 8* by Diane Trister Dodge and Toni S. Bickart, Clearinghouse on Early Education and Parenting, available online at https://archive.org/stream/ERIC_ED470874/ERIC_ED470874_djvu.txtor http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.616.6885&rep=rep1&type=pdf • Teaching Strategies Inc. (publisher of Creative Curriculum) website http://www.teachingstrategies.com/page/73756-creative-curriculum-system-preschool.cfm Check out the "product overview" section and, at the bottom of the page, the "interactive web page" • YouTube video clip – *A Look Inside the Creative Curriculum System for Preschool* http://www.youtube.com/watch?v=2CWBdzaqUj0

4. Creative Curriculum – Infant/Toddler	• Article: *How Curriculum Frameworks Respond to Developmental Stages: Birth through Age 8* by Diane Trister Dodge and Toni S. Bickart, Clearinghouse on Early Education and Parenting, available online at http://files.eric.ed.gov/fulltext/ED470874.pdf • Teaching Strategies Inc. (publisher of Creative Curriculum) website https://teachingstrategies.com/wp-content/uploads/2017/06/TeachingStrategies_CC-for-IT2_TouringGuide_2017.pdf
5. Creative Curriculum – Family Child Care	• Article: *How Curriculum Frameworks Respond to Developmental Stages: Birth through Age 8* by Diane Trister Dodge and Toni S. Bickart, Clearinghouse on Early Education and Parenting, available online at http://files.eric.ed.gov/fulltext/ED470874.pdf • Teaching Strategies Inc. (publisher of Creative Curriculum) website https://shop.teachingstrategies.com/page/71035-creative-curriculum-family-child-care.cfm#product_overview • Handout: Creative Curriculum for Family Child Care, Introduction
6. High Scope – Preschool	• Article: *Different Approaches to Teaching: Comparing Three Preschool Programs* by Amy Sussna Klein, available online at http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=367 • High Scope website: http://www.highscope.org/Content.asp?ContentId=63 Note that this website has links to video clips as well. • Online article "What is High Scope?" To be found under High Scope tab at http://www.perpetualpreschool.com/highscope/highscope_info.htm
7. High Scope – Infant/Toddler	• Article: *Different Approaches to Teaching: Comparing Three Preschool Programs* by Amy Sussna Klein, available online at http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=367 • High Scope website http://www.highscope.org/Content.asp?ContentId=62 Note that this website has links to video clips • Online article "What is High Scope? To be found under High Scope tab at http://www.perpetualpreschool.com/highscope/highscope_info.htm
8. Program for Infant and Toddler Care (PITC)	• Program for Infant and Toddler Care website www.pitc.org Check out the following areas of the website: PITC's mission and philosophy and PITC's Six Program Policies, found under the About PITC tab, and the information under the In Practice tab, especially the Demonstration Programs, which show photos from programs using PITC.

Investigation Worksheet

Name of Curriculum or Approach _____

Use the "What to look for" questions in the "*Choosing a Preschool Curriculum*" handout as a guide.

Characteristic of Effective Curriculum	Findings from this Curriculum
Comprehensive Domains of Learning Including – how would this curriculum help us to address the ECIPs? Does it cover all or just some domains?	
Specific Learning Goals	
Well-Designed Learning Activities	
Intentional Learning	
Culturally and Linguistically Responsive	
Individualizing Instruction	
Ongoing Assessment	
Family Involvement	
Appropriate for Program Staff, Children, and Families	

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF: Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area 5: Managing an Effective Program 3

Learning Objectives

- *Describe differences between various curriculum approaches and commercially produced curriculum packages*
- *List and describe five elements of curriculum: use of environment, use of time, use of interactions, use of activities, and teachers.*

Class Overview

Time	Section	Overview
15 minutes	Introduction	• Welcome and Introductions (review) • Objectives for this session
45 minutes	Curriculum Investigation	• Small Group Discussion: Curriculum investigations • Activity: Jigsaw—Curriculum investigations
45 minutes	Components of Curriculum	• Presentation and Discussion: Curriculum components • Activity: Walkabout—Curriculum components • Group Discussion: Similarities and differences
15 minutes	Closing	• Discussion: Session summary • Activity: Reflection • Discussion: Assignment
2 hours total		

Curriculum Investigations - Notes

Montessori	Reggio Emilia
High Scope—Preschool	High Scope—Infant/Toddler
Creative Curriculum—Preschool	Creative Curriculum—Infant/Toddler
Creative Curriculum—Family Child Care	PITC

Components of Curriculum

Component	Doing Now	Using ECIPs as a foundation, how will you adapt/adjust?
Time • There is a daily schedule that fits with the ages of children served. • The daily schedule includes blocks of time for child-directed play. The schedule has a balance of child-directed and teacher-directed activities • There is time for care routines such as meals, naps, etc. • The daily schedule reflects the understanding that children learn and develop during all activities, including routines.		
Space – the Environment • The use of the environment reflects learning across all domains. • The environment includes areas for children to play alone and in small groups. • The environment is arranged to support children's growing independence. • Children's art is respectfully displayed. • The environment reflects children's lives, their interests, their culture, and the diversity that exists within the community.		

Materials • There is a variety of materials available for children. • The materials are appropriate to the ages and abilities of the children in the program. • The materials reflect all domains. • The materials are multicultural and reflect diversity.		
Activities • The activities offered fit the ages and abilities of the children in the program. • The activities address all domains of development. • The activities can be adapted easily to meet individual children's needs. • There are activities planned for child-directed play, small groups, and whole groups. • The activities encourage children's active involvement in learning – movement and hands-on activity rather than passive activities.		

Teachers—Interactions, Guidance, etc. • Caregivers or teachers are actively involved in planning and implementing curriculum, interacting with children, and supporting learning. • The interactions between adults and children create a positive climate that is responsive to children's needs and matches the level of support needed at the ages of the children in the program. • The interactions between adults and children allow for variation based on culture, language, and children's varying needs. • The interactions between adults and children support children's growing independence. • The interactions support development of children's language and critical thinking skills using extended conversations, open-ended questions, and other instructional strategies.		

Notes:

Components of Curriculum (continued)

Component	Examples from Curriculum Approaches
Time • The curriculum suggests a daily schedule that fits with the ages of children served. • The daily schedule includes blocks of time for child-directed play. • The daily schedule allows for a balance of child-directed and teacher-directed activity. • There is time for care routines such as meals, naps, etc. • The daily schedule reflects the understanding that children learn and develop during all parts of the day. • The daily schedule includes activities for children at all times so that they are not waiting.	
Space—the Environment • The use of the environment reflects learning across all domains. • The curriculum calls for areas for children to play alone and in small groups. • The curriculum calls for the environment to be arranged in a way that supports children's growing independence (including opportunities for self-help, access to materials without asking, etc.). • The curriculum encourages the display of children's work. • The curriculum calls for the environment to reflect children's lives, their interests, their culture, and diversity that exists within the community.	
Materials • The curriculum describes the materials needed for implementation. • The materials needed for the curriculum are appropriate to the ages and abilities of the children in the program. • The curriculum calls for materials that reflect all domains. • The curriculum requires or allows for materials that are multicultural and reflect diversity. • The curriculum supports materials that are found in the natural world as well as purchased materials.	

Activities • The curriculum describes activities that fit the ages and abilities of the children in the program. • The curriculum's activities address all domains of development. • The curriculum's activities can be adapted easily to meet individual children's needs. • The curriculum includes activities for child-directed, small group, and whole group activities. • The curriculum's activities encourage children's active involvement in learning— movement and hands-on activity rather than passive activities.	

Teachers—Interactions, Guidance, etc.	
• The curriculum describes the role of the teacher in implementing curriculum, interacting with children, and supporting learning. • The curriculum describes interactions that are responsive to children's needs and matches the level of support needed at the ages of the children in the program. For example, the curriculum for infants describes responsive caregiving and the importance of relationships. • The interactions described in the curriculum allow for variation based on culture, language, and children's varying needs. • The interactions described in the curriculum support children's growing independence. • The interactions support development of children's language and critical thinking skills using extended conversations, open-ended questions, and other instructional strategies.	

Notes:

Reflection: What have you learned about curricular packages? How do you plan to take what you have learned about curriculum for infants and toddlers?

Session B: Assignment

1. Print out and bring to the next session handout: **Parent Aware—Curriculum and Assessment Indicators** from Parent Aware rating packet; several copies of the PA curriculum nomination form, pages 4–8. Find at http://parentaware.org/content/uploads/2018/02/PA-014-Curriculum-Nomination-Form-and-Guide-JANUARY-2018-FINAL.pdf
2. Look at your own curriculum (or planning process). Choose TWO activities from your plan that you did not examine in this session and TWO ECIP domains. On your own, review each of the activities, looking for ways you might support each of the two ECIP domains. Choose specific indicators and link them to the activity. Write down how each of the activities provides an opportunity to support the two indicators. Now take it one step further: What if you had a child in your group with motor challenges? Or verbal challenges? How would you adapt the activity?

When you finish, you will have notes similar to those in the following example (this is only an example—choose your own activity and domains/indicators):

Activity: small group patterns	**ECIP domain and indicator**: Mathematics: Identify one indicator that the activity will support. Scientific Thinking: Identify one indicator that the activity will support.
Activity: hospital in dramatic play	**ECIP domain and indicator:**

3. ** Remember to bring your lesson plan examples to the remaining sessions.
4. Print out and bring to the next session: Copies of ECIPs resource handout, "Practice Brief 7: Using the ECIPs in Lesson Plans." Find at: http://education.state.mn.us/MDE/dse/early/ind/ Scroll down to "Practice Briefs."

Session C

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF: Content Area II: Developmentally Appropriate Learning Experiences

CDA Content Area 5: Managing an Effective Program

Learning Objectives

- *Explore how to build a curriculum that meets MN criteria.*
- *Build curriculum-based lesson plans that intentionally reflect ECIPs.*
- *Use the ECIPs to identify opportunities for math and literacy/language/communication skill development.*

Class Overview

Time	Section	Overview
20 minutes	Introduction	• Presentation: Welcome and introduction to this session • Activity: review of assignments
20 minutes	Minnesota Parent Aware Criteria for Choosing, Bundling, or Designing Curriculum	• Presentation: Reviewing the Parent Aware definition of curriculum • Individual explore and reflection: Analyzing Criteria for Curriculum Development
45 minutes	Lesson Plans and ECIPs	• Presentation and Discussion: Implementing a curriculum • Small group: Planning and sharing lesson plans • Activity: Jigsaw article "Using the ECIPs in Lesson Plans" • Activity: Matching ECIPs to Lesson Plan Activities
30 minutes	Focus on content—Literacy/Math/Social-Emotional	• Presentation : Math and Literacy/language/communication intersect • Activity with video: Math in the curriculum integrates with other developmental domains.
15 minutes	Closing	• Discussion: Session summary • Activity: Reflection • Discussion: Assignments
2 hours total		

Using ECIPs in lesson planning:
Minnesota Department of Education. (2017). Early Childhood Indicators of Progress Practice Brief: Using the ECIPs in Lesson Planning. file:///C:/Users/menn0027/Downloads/Practice%20Brief%207%20-%20Using%20ECIPs%20in%20Lesson%20Plans.pdf

Reflection: Continue to think about what you are learning about curriculum and how you will use it in your work with infants and toddlers.

Session C: Assignment

Watch 2 or 3 children in dramatic play. Write down 3–4 notes about their play (identifying which child you are writing about using only initials). Use specific descriptions and quotes, but do not evaluate (simply report what happened). What props are they using? What are they saying? What words are they using? What plot are they playing out? What are they learning? Bring your notes to the next class where we will discuss your observations.

** Remember to bring your sample lesson plans to the final session.

Knowledge and Competency Framework (KCF) Content Area, MN Core Competency Content Area, and CDA Content Areas

The Primary Knowledge and Competency Content Areas, the MN Core Competencies Content Area, and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF: Content Area IV: Assessment, Evaluation, and Individualization

CDA Content Area 7: Observing and recording children's behavior

Learning Objectives

- *Demonstrate the ability to develop or adapt activities based on authentic assessment data*
- *Describe program enhancements that reflect children's identity, culture, and the diversity of the community*

Class Overview

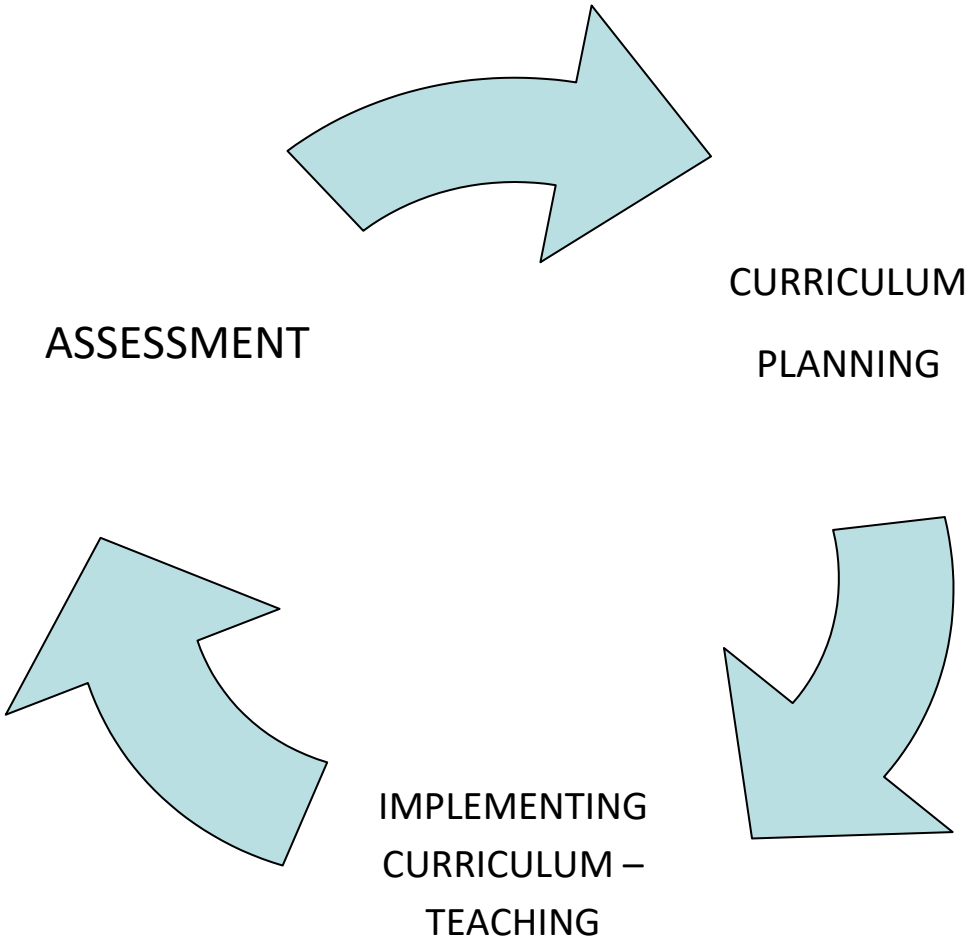
Time	Section	Overview
15 minutes	Introduction	• Presentation: Welcome and introductions • Activity: Build a visual sandwich
40 minutes	Using Authentic Assessment to Adapt Curriculum and Activities	• Activity: Observing and adapting for individual children • Presentation: The cycle of curriculum, assessment, and teaching • Activity: Now and next, part 1 • Activity: Now and next, part 2
50 minutes	Reflecting Identity, Culture, and Diversity in Curriculum	• Discussion: Reflecting culture and diversity • Activity: Enriching activities and environments to support identity, culture, and awareness of diversity • Activity: Case studies for cultural inclusion in early childhood curriculum
15 minutes	Closing	• Discussion: Session summary • Activity: Portfolio assignment
2 hours total		

Using assessment data to make plans for caring and teaching young children

Assessment Data	**What Caregivers Might Do to Adapt Curriculum to Individual Children** ***Come up with specific examples of what to say, what toys to use, when to use them, what songs to sing, which books to read***
A caregiver notes that Minh rarely answers questions during group book-reading time. The caregiver's notes indicate that in the past week, Minh has only responded to two questions during a group time—one about his pet and one about his family's new car.	• *Plan to ask more questions directed to Minh specifically during group time* • *Plan to engage Minh in conversations during non-group times to understand his language abilities* • *Plan to ask Minh's family about his language during family gatherings, with friends or siblings, or other groups Minh is in.*
A caregiver records the following exchange between two children in the dramatic play area: *Sue: "I go'd to the new pizza store last night."* *John: "Cool, I want to go too."* *Sue: "Do you have enough money?"* *John: "I have two cents!"*	
A caregiver records the number of visitors to each of the learning activities in her environment during one day each week for three weeks. She notices that the writing table gets very few visitors, only 2 per day on average.	

A caregiver notices during a counting activity that one child, Maria, always counts as many as 30 objects accurately. She also often helps other children count above 20 when playing board games.	

The Cycle of Curriculum, Assessment, and Teaching



Now and Next, Part 1 – Using observations to plan curriculum

Sam is nearly four years old. During free play Sam and a four-year-old friend are playing a game with picture cards and dice with dots. In the game 25 pairs of picture cards are placed face down (picture not showing) on the table. One child roles the die and can turn over the number of cards indicated by the total number of dots on the 2 die. If any of the cards are matching pairs the child find the pairs and "wins" those cards. Play continues with the two children alternating turns until all cards are matched.

On the first turn Sam rolls a one and a three on the die. Sam counts the dots and turns over four cards. Sam is able to quickly find one match among the cards. On his next turn Sam rolls a four and a four. Sam counts one dice and then hesitates, looking at the other dice. Sam turns over four cards, then counts the other dice and turns over four more cards.

Play continues this way until all of the matches are made. Sam and his friend alternate turns each time with no conflicts. Each time Sam roles the die and the total is more than 5 or 6, Sam uses the strategy of counting each dice separately. He does not count the two die and develop one number for the sum of the two die. (He does not "count on" which means counting up from a number. For example, if the first dice has "2" and the second dice has "3", he counts the first "two" and goes on from there to three four five, rather than starting over at 1.)

Based on what you know about Sam from this short observation, complete the following chart.

NOW *What are the skills Sam is showing now?*	**NEXT** *What could we do next to support Sam's development?*

Now and Next, Part 2: Using Observations

NOW *What are the skills now?*	NEXT *What could we do next to support development? How would we adapt lesson plans to show what comes "next"?*

Learning About Culture and Diversity for an Integrated Curriculum

Levels of Integration of Multicultural Content into Curriculum (Banks, 2003)

Contributions approach	"Artifacts": things like holidays, special foods, or heroes (sometimes called a "tourist approach")
Additive approach	Adding ethnic content into the curriculum without changing anything else in the curriculum
Transformative approach	Making changes to the curriculum so that students are able to view concepts, issues, events, and themes from the perspective of diverse ethnic and cultural groups
Social action approach	Requires that students apply what they learned in other levels to make decisions or take action to help solve social issues

Reflecting Identity, Culture, and Diversity in Curriculum

Portfolio Assignment

"**RC I-3**: A sample of your weekly plan that includes goals for children's learning and development, brief descriptions of planned learning experiences, and accommodations for children with special needs (whether for children you currently serve or may serve in the future). Indicate the age group(s) for which the plan is intended."

"Competency Statement I, CS I: reflect on the weekly plan you included in your resource collections (RC I-3). How does this plan reflect your philosophy of what young children need on a weekly basis? If the plan was not designed by you, what do you see as its strengths and/or what would you change?"

Write a paragraph on how you will use or adapt your curriculum to meet the needs of the children in your program. Include work you have done and ideas you have learned during the Curriculum class. (Think about each child's culture and identity, age, abilities, stages of learning, interests, etc.).

Program Practices that Support Relationships

Class 26
2 hours

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas, and/or indicators are addressed in the training.

KCF Content Area lla: Creating Positive Learning Experiences

CDA Content Area II: Steps to advance children's physical and intellectual development (Infant Toddler Edition)

Learning Objectives

While no training alone can ensure learning objectives, objectives can be designed to meet certain goals for each learner. If learners are engaged and actively participating, they will learn to:

- Objective 1: Identify impact of program policies on attachment relationship between caregiver/s and child
- Objective 2: Design strategies to address barriers to responsive care related to group size, primary care, continuity of care, and mixed age groupings

Class 26 Overview

Time (for each section)	**Section Overview—Key Concepts**	**Overview of Teaching Technique for Section**
15 minutes	Practice to reflection: continuity with home routines	• Large group discussion
5 minutes	Review: Attachment and group care	• Large group brainstorm • Brief overview
45 minutes	Defining primary care, small groups & continuity of care	• Small groups brainstorm: What does group care that promotes relationships look like? Each group is assigned one of the 3 topics/policies, to share with the rest of the group • Present to large group
20 minutes	Primary care, small groups, continuity of care: Implementation challenges	• Small group brainstorm: Challenges to implementing in group care
25 minutes	Strategizing to address challenges	• Small groups: Strategizing to address challenges raised • Present to large group
10 minutes	Planning to practice	• Review session concepts • Review assignment

Reflection: How did providing individualized care improve the quality of care you provided to this child?

GLOSSARY

Attachment: "A specific personal relationship developing between an infant and the caregiver through regular physical and emotional care, considered essential for survival as well as for later physical and mental development." (Gervai, 2009 from Bowlby, 1969) When a secure attachment is formed over time between child and caregiver, the child uses that person as a secure base from which to explore and as a source of safety and comfort when needed.

Continuity of Care: The policy of assigning a primary infant care teacher to an infant at the time of enrollment in a child care program (usually center based) and continuing this relationship until the child is three years old or leaves the program. In family child care, this is usually a given.

Mixed Age Group: Setting where infants, toddlers, and preschool children are grouped together, and with few exceptions, interact with one another for the majority of the day. Family child care is usually set up in this format. Mixed age groupings in centers are rare.

Primary Care/Caregiving: In a primary care system, each child is assigned to one special infant/toddler care teacher who is mainly responsible for that child's care. This occurs naturally in family child care settings.

Routine/s: Repeated daily activities. In this case we focus on *caregiving* routines of feeding/eating, diapering/toileting, napping, and arrivals and departures.

Small Groups: Group size small enough so that a caregiver or caregivers can give each child attention and care. The younger the age, the smaller the group. *PITC recommends primary care ratios of 1:3 or 1:4, in groups of 6–12 children, depending on the age.*

Here is a link to the Minnesota Department of Human Services website, where you will find information on licensing regulations for child care centers and family child care homes:
https://mn.gov/dhs/ (Search for: child care licensing)

PITC's Six Program Policies

Primary Care

In a primary care system, each child is assigned to one special infant/toddler care teacher who is principally responsible for that child's care. When children spend a longer day in care than their primary infant/toddler care teacher, a second infant/toddler care teacher is assigned to be the primary relationship. Each child should have a special infant/toddler care teacher assigned to him or her at all times during the child care day. Teaming is also important. Primary care works best when infant/toddler care teachers team up and support each other and provide a back-up base for security for each other's primary care children. Primary care does not mean exclusive care. It means, however, that all parties know who has primary responsibility for each child.

Small Groups

Every major research study on infant and toddler care has shown that small group size and good ratios are key components of quality care. PITC recommends primary care ratios of 1:3 or 1:4, in groups of 6–12 children, depending on the age. The guiding principle is this: the younger the child, the smaller the group. Small groups facilitate the provision of personalized care that infants and toddlers need, supporting peaceful exchanges, freedom and safety to move and explore, and the development of intimate relationships.

Continuity

Continuity of care is the third key to providing the deep connections that infants and toddlers need for quality child care. Programs that incorporate the concept of continuity of care keep primary infant/toddler care teachers and children together throughout the three years of the infancy period, or for the time during that period of the child's enrollment in care.

Individualized Care

Following children's unique rhythms and styles promotes well-being and a healthy sense of self. It's important not to make a child feel bad about him or herself because of biological rhythms or needs that are different from those of other children. Responding promptly to children's individual needs supports their growing ability to self-regulate, i.e., to function independently in personal and social contexts. The program adapts to the child, rather than vice versa, and the child gets the message that he or she is important, that her/his needs will be met, and that his choices, preferences, and impulses are respected.

Cultural Continuity

Children develop a sense of who they are and what is important within the context of culture. Traditionally, it has been the child's family and cultural community that have been responsible for the transmission of values, expectations, and ways of doing things, especially during the early years of life. As more children enter child care during the tender years of infancy, questions of their cultural identity and sense of belonging in their own families are raised. Consistency of care between home and child care, always important for the very young, becomes even more so when the infant or toddler is cared for in the context of cultural practices different from that of the child's family. Because of the important role of culture in development, infant/toddler care teachers who serve families from diverse backgrounds need to:

1. heighten their understanding of the importance of culture in the lives of infants,
2. develop cultural competencies,
3. acknowledge and respect cultural differences, and
4. learn to be open and responsive to, and willing to negotiate with families about child rearing practices. In this way, families and infant/toddler care teachers, working together, can facilitate the optimal development of each child.

Inclusion of Children with Special Needs

Issues already embraced by the PITC—a relationship-based approach to the provision of care that is individualized, and a responsiveness to the child's cues and desires to learn—is equally important for children with disabilities or other special needs. Infants who have responsive, enduring relationships develop emotional security, which gives them the foundation for becoming socially competent and resilient. Inclusion means making the benefits of high quality care available to all infants through appropriate accommodation support in order for the child to have full active program participation

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Class 26 Activity Handouts
Print out (or pull up on your device) the following handouts:

1. **Minnesota Licensed Child Care Ratio and Group Size (2016):**
   https://www.lcc.leg.mn/tfcc/meetings/160921/Ratio_and_Group_Size.pdf
2. **Link to Zero to Three article "How to Care for Infants and Toddlers in Groups":**
   https://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups

PITC Recommendations for Group Size, Ratios, and Amount of Space

Same-Age Groups			
Age	Total Group Size	Square Feet Per Group*	Ratios
Young Infants Birth – 8 months	6	350	1:3
Mobile Infants 6 – 18 months	9	500	1:3
Older Infants 16 – 36 months	12	600	1:4

Note: Another acceptable option is the Early Head Start program model with ratios of 1:4 in a group size of 8 for children from 0-36 months of age. This arrangement supports continuity of care as ratios and group size remain constant for the first three years of life. Groups may be of same-age or mixed-age children.

Mixed-Age Groups			
Age	Total Group Size	Square Feet Per Group**	Ratios
Birth – 36+ months*	8	600	1:4

* Primary groups should have no more than two infants under 2 years of age.
**The space guidelines represent recommended standards of square footage per group; the amounts shown do not include space used for entrance areas, hallways, diapering areas, or napping areas.

PITC Recommendations for Creating Small, Self-Contained Groups

1. Create separate groups of children in rooms with floor-to-ceiling walls.
2. Assign no more than 6-12 children to a room, depending upon the age of the children.
3. Maintain age-appropriate ratios of three or four children to a primary caregiver throughout the day.
4. Provide facilities for caregiving activities including feeding, toileting, and sleeping in each room.
5. Include a self-contained outdoor play space for each group with direct access from the room.

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the Program for infant toddler care

Ways to Provide Continuity of Care

Option One

A same-age group stays in the same environment

- Modify the environment to adapt to developmental changes of the children.
- Change furniture and equipment to fit the children's growing size and activity level.
- Store or use elsewhere furniture and equipment not currently in use (cribs, indoor climbers, small chairs and tables).
- Convert the infant nap room to a 2-year-old play space as children grow into the older infant stage.
- Install low sinks and toilets in every room for (eventual) toilet learning.
- Replace any children who leave the group with a child of the same age range.

Option Two

A same-age group moves to a different room as the children grow and their interests and abilities change.

- The oldest group of children leaves the program, making room for younger children to move up.
- When infants move to the next room, replace them with a new group of babies.
- Allow time and patience for children and adults to adjust to a new room.
- Allow infant/toddler care teachers and children to move favorite items with them to the new environment.
- Add new children (or another primary group) to the room as children grow older and ratios and group size recommendations change.
- If necessary, move one primary group of children and teacher, rather than the whole group.
- As a temporary measure, if necessary, move the primary care group with a secondary teacher who has developed a close relationship with them.

Option Three

A mixed-age group remains in the same environment

- Environments must be flexible enough to accommodate young, mobile, and older infants at one time.
- Infant/toddler care teachers are trained to work with a mixed-age group, along with learning about the different stages of development.
- Children within the group may be divided into same-age primary care groups or mixed-age primary care groups.
- Children who leave the group may be replaced by a child of any age within the age range of the group.
- A child of similar developmental level can fill an opening in a mixed-age group of active toddlers. It isn't required that the opening be filled by a young infant.

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STEPS PROGRAMS HAVE TAKEN TOWARD A POLICY OF CONTINUITY

- **Develop infant care teacher competencies with different age children**
- Promote increased professional pride through training
- Make supportive staff relationships a priority
- Train and support infant care teachers in their communications with parents
- Begin the changeover to continuity with one or two infant care teachers who are interested in “moving up” with children
- Expand the length of time children stay in a group, e.g., infants from the time of enrollment months to 2 years instead of moving them at one year
- Bring in new staff with the expectation of continuity
- Begin to purchase toys and equipment adaptable for mixed age groups or as children in a same age group

STEPS TOWARD…

Creating small groups in programs with too many children in one large room

1. If possible, divide a large room into separate rooms for 6-12 children each, using floor-to-ceiling walls.

2. If the room cannot be divided completely with floor-to-ceiling walls, create self-contained areas with partial walls at least 4 feet high.

3. Provide space and equipment in each separate room or self-contained area for play activities and all caregiving routines.

4. Continue to work toward the goal of self-contained rooms with floor-to-ceiling walls.

STEPS TOWARD…

Improving intimacy in large group environments that cannot currently be divided to create small groups

1. If the room cannot be divided either with floor-to-ceiling or partial walls, use furniture, such as a couch or toy shelves, risers, or portable dividers, to create mini-environments that offer opportunities for solitude, concentrated exploration, and intimate interactions between caregivers and children and among the children.

2. Encourage children to spread out in the space by providing a variety of engaging play options in different parts of the room.

3. Have caregivers disperse themselves into different areas of the room so that children will move to separate areas to be near their primary caregiver.

4. Make mealtimes intimate by using small tables with three or four children and one caregiver at each table.

5. Stagger feeding times to create smaller groups and a more peaceful tone.

6. Lower the noise level by using allergen-free sound absorbing materials, such as carpets, fabric wall hangings, and stuffed furniture.

7. Continue to work toward the goal of self-contained rooms with floor-to-ceiling walls.

STEPS TOWARD…
Creating small groups in outdoor play spaces

1. If possible, divide a large outdoor space to create self-contained outdoor play spaces for each group with direct access from their room.

2. If the outdoor space cannot be divided, provide protected play spaces for infants and toddlers, using tires or short wooden posts, grass, hills, outdoor carpeting, an empty wading pool, etc. to define and separate areas.

3. Offer engaging activities both indoors and outdoors so that children voluntarily disperse themselves between the two environments.

4. When outdoor space is very limited and each group does not have its own yard, use a modified free indoor/outdoor access plan, limiting the number of children in the play yard at any one time, although they may come from different groups.

5. Continue to work toward the goal of self-contained outdoor play spaces for each group with direct access from their room.

Example:

Working Toward Small Groups: A PITC certified trainer, Ni Hui, is manager of a new infant/toddler program for 24 children. The facility consists of one large room, about 2,400 square feet, which could comfortably accommodate three groups of eight children each, if it were divided into separate rooms. There is a very limited budget for modifications, and Ni Hui has decided to spend most of it on plumbing, installing sinks in all three areas and two small toilets in the older infant area. She is determined to find the funding to build full walls to divide the room into three separate spaces, but she knows she can't do everything at once. She begins by purchasing inexpensive accordion-type room dividers to create three separate areas. The dividers prevent visual over-stimulation, but they don't block noise, so she asks local businesses and civic clubs to donate sound absorbers, including carpeting, fabric for the walls, and soft furniture. She spends the remainder of her budget on furniture, toys, and equipment, investing in a few high quality products and supplementing these items with homemade toys and books as well as used toys that are still in good condition.

Homework:

For center based people: Look at your own program and practices related to continuity of care, primary care and small groups. For family child care: look at your own program and practices related to mixed age grouping, continuity of care and small groups. Write down one thing you do to support each of these policies. If your program does not follow one of the policies (continuity of care, primary care or small groups), write down one change they could make that would be a step closer to the policy.

Program Quality

Class 27
Session A, B
4 hours

Session A

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF Content Area IV: Assessment, Evaluation and Individualization

CDA Content Area V: Managing an Effective Program

Learning Objectives

- Describe the value of program evaluation;
- Practice assessing your own program;
- Identify program supports and tools used in Parent Aware.

Parent Aware Resources: http://parentaware.org

For more information on resources and incentives**:** http://parentaware.org/programs/benefits-for-rated-programs/

Parent Aware Standards and Indicators (October 2016): https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6346B-ENG)

Program Quality Standards

Parent Aware	National Association for the Education of Young Children	National Association for Family Child Care (NAFCC)	National Early Childhood Program Accreditation Commission
	Relationships	Relationships	Teacher: Child Interactions and Care
	Curriculum		Curriculum
	Teaching	Developmental Learning Activities	Developmental Program
	Health	Safety and Health	Health Protection and Promotion
	Assessment of Child Progress		Behavior Management
	Staff Competencies, Preparation, and Support	Professional and Business Practices	Director, Teacher, and Staff Qualifications and Development
	Community Relationships		Infant and Toddler Care
	Physical Environment	The Environment	Physical Environment, Equipment, Prohibited Supplies and Transportation
	Leadership and Management		Supervision
	Families		Outdoor Play Area

NAEYC Accreditation information: https://www.naeyc.org/accreditation
MnAEYC accreditation supports in MN: *https://mnsaca.site-ym.com/?page=accred_about*
NAFCC Accreditation information: https://www.nafcc.org/Accreditation
NECPA Accreditation information: http://necpa.net/

Practice Program Assessment Activity - "Snack Time and Germs" Video

What strengths did you observe?

What areas for improvement did you observe?

What changes would you make?

Session A –Portfolio Assignment and Field Work

For next session:

1. Complete the Parent Aware *Environment Self-Assessment Checklist* on your program. **Bring to our next session.** We will be working with this checklist for most of the session. Parent Aware Environment Self-Assessment Checklist and all ERSA tools: The three checklists are available here: http://parentaware.org/programs/full-rating-resources/

2. Bring a copy of the weekly menu you are using for your CDA Resource Collection (RC 1-2).

Session B

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF Content Area IV: Assessment, Evaluation and Individualization

CDA Content Area V: Managing an Effective Program

Learning Objectives

- Analyze Parent Aware ESA results,
- To develop effective action plans,
- To identify components of a SMART goal, and
- To set goals for some common PA approved self-assessments.

Class Overview

15 min	Introduction	• Pair share: Parent Aware ESA checklist • Large group discussion: Parent Aware ESA checklist
60 minutes	Goal Setting and Action Plan	• Presentation: I have results, now what? • Large Group Activity: Setting SMART Goals • Individual Work to Pair Share Activity: Action Plans
30 minutes	Assessing Interactions	• Video discussion: The Classroom Assessment Scoring System Tool • Small Group Activity: The CLASS Domains in action
15 minutes	Closing	• Presentation : The value of evaluation • Individual work: Portfolio Assignment
2 hours total		

SMART Action Plan

Specific What are you going to do? How will you do it?	Measureable How will you know it is done? How can you show it is done?	Achievable What resources do you need? Who will help?	Relevant How will this help (children, families, your program)?	Time bound: When will you begin? Is there a deadline?
Learning/literacy:				

Effective Teacher-Child Interactions video activity

Notes_____

_____

_____

_____

_____

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_____

PreK CLASS domains

Emotional Support	
Classroom Organization	
Instructional Support	

Complete this assignment for your portfolio

CDA Portfolio Competency Statement I, CS I a: *Reflect on the sample menu in the Resource Collection (RC 1-2): If you designed the menu, how does it reflect your commitment to children's nutritional needs? If you did not design it, what are its strengths and/or what would you change?*

Use information from the Go NAP SACC Nutritional Self-Assessment you used in this class to write some sentences on the strengths and areas for growth of one weekly menu that you plan to use for your CDA Resource Collection (RC 1-2).

Growing as a Professional

Class 28
Sessions A, B, C
6 hours

Session A

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF Content Area VI: Professionalism

CDA Content Area VI: Maintaining a commitment to professionalism

Learning Objectives

- Create a daily schedule for one age group (i.e. toddler, preschool)
- Develop a weekly lesson plan that includes activities and materials for children at various developmental levels
- Define elements necessary for an effective, supportive early childhood environment that encourages growth and learning

Bring to this class:

1. Your CDA portfolio.
2. Bring to class the Parent Aware Environment Self Assessment (ESA) tool that you have used and completed:

- ESA: Licensed Family Child Care
- ESA: Licensed Child Care Center-Infant and Toddler
- ESA: Licensed Child Care Center-Preschool

Individual Perceptions

What additional small things can you do to raise and maintain the level of quality in your program every day?

Using the recent brainstorm session and categories below, list 3 new things you can start to do every week to enhance the quality in your family childcare home or classroom:

	1	2	3
Health and Safety			
Family – Caregiver Partnerships			
Interaction with Children			
Environment			
Growth and Development			

Lesson Plan

	Monday	Tuesday	Wednesday	Thursday	Friday

Considerations:

- What is working with the current lesson plan?
- What are the challenges associated with the current lesson plan?
- What will happen every day, bi-weekly, or weekly?
- Quiet, neat, loud, and messy spaces
- Active vs. less active experiences
- Outdoor play
- Transition times
- Child-choice and teacher-directed activities/experiences
- Physical, social-emotional, language, and cognitive development
- What are the objectives for the activities?
- How am I communicating information with families?

Daily Schedule

Remember to Consider:

- Ages of children
- Developmental abilities and attention span
- Transitions and routines
    - Large-group, small- group, and individual activities
    - Rest time
        - Snacks and meals
        - Outdoor play
        - Child-choice opportunities
- What about the current daily schedule is working?
- What are the challenges of the current daily schedule?

Session A – Homework

Plan a 5-minute presentation about one of the 28 courses of the MNITCDA. Choose one of the 28 courses to talk about and share at least one idea from that session and why by answering one of the following questions:

1. Choose one of the courses that was meaningful for you. Describe what stood out the most and why it applies to your work with children and families (perhaps an "aha moment"). Link what you share to at least one concept form that session.
2. Choose one of the courses that was meaningful for you. Describe how it inspired you to think of an infant or toddler in your life (past or present) that you wish you could apply the info to and why. Link what you share to at least one concept form that session.

We encourage you to use concrete materials or a story as part of what you share. For example, you could bring a photo or video (with parental permission of course), a toy, a story of one child or one moment, etc.

Session B

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

KCF Content Area VI: Professionalism

CDA Content Area (Infant Toddler Edition):
Standard VI: To maintain a commitment to professionalism.

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Objective 1: Review key concepts covered throughout the sessions
- Objective 2: Share key ideas learned
- Objective 3: Plan next steps for individual professional growth

Session B Overview:

Time (for each section)	**Section Overview – Key Concepts**	**Overview of teaching technique for section**
30 minutes	Session summary presentations	• Small groups Each person gets 5-10 minutes to share
30 minutes	Infant Toddler Jeopardy (Match key concepts and their definitions)	• Teams: play small groups (using definitions of key concepts from all sessions)
25 minutes	Professional learning opportunities including: • CDA: next steps • Eager to Learn/MnCPD etc • IECMH certificate & courses • 2 year colleges • Resources: ECIPS, Core Comps • MN Child Care Credential	• Large group presentation on opportunities for further learning and information • Q & A • Small groups or pair and share: 5-10 minute discussion about which they are interested in and why
20 minutes	Reflection and setting a professional goal	• Individual reflection using handout
15 minutes	Closing circle: Inspirational quote	• Circle share: choose a quote to share one of the quotes from the first session and explain why it inspires you in your work with infants, toddlers and their families • Portfolio Assignment

Quotes from first session:

"Initially, views of one's self and others develop in relationships." (K. Johnson)

"From birth, children develop a sense of who they are. Relationships with family members, other adults and children, friends and members of their community play a key role in building their identities." (National Council for Curriculum and Assessment, Ireland)

"Early relationships are vital to brain development because they help wire the brain to trust others, to love, and to feel safe and secure." (CSEFEL)

"The motivation to learn language is social. Therefore it is rooted and nurtured in relationships." (Kubicek)

"Infants learn best through imitation and exploration in the context of secure, limited stress relationships." (Lally)

"Quality of care ultimately boils down to the quality of the relationship between the child care provider or teacher and the child. " (Shokoff & Phillips, 2000)

"All early learning and development occurs within the context of relationships." (various)

Portfolio Assignment

Complete this assignment for your portfolio

Competency Standard VI: To maintain a commitment to professionalism

CSVI: Competency Statement VI

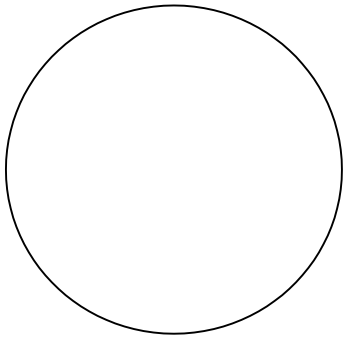
CSVI: Begin you Reflective Statement about this Competency Standard with a paragraph describing how your professional practices meet this Standard. Then:

CSVIa: Reflect on why you chose to become an early childhood professional.

CSVIb: Reflect on what you believe are the most important indicators of professionalism that you possess.

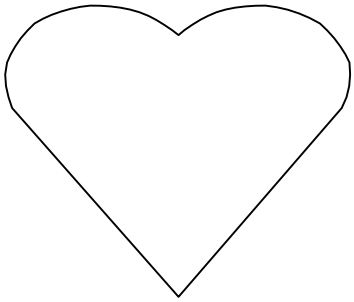
Bring portfolio to session C. Bring the following 2 handouts: "My MNITCDA Assignments" and "Everything You Wanted to Know About the CDA"

Class 28 Handout: Goals for Growing

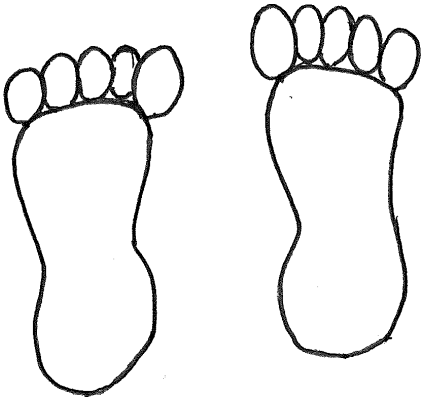


Head: I want to know more about….

Resources I can use (places,
people,
reading/writing/watching)….



Heart: I feel…..



Feet: I want to move forward by…..

Session C—Capstone Session

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas
The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

Minnesota's KCF Content Area VI: Professionalism

CDA Content Area VI: Maintaining a commitment to professionalism

Learning Objectives

- Demonstrates basic early childhood knowledge and practices
- Identify goals for CDA portfolio completion

Time	Section	Overview
10 minutes	Introduction Assignment review Objective review	• Assignment review • Presentation
45 minutes	Portfolio Sharing	• Large Group Discussion • Small Group Discussion
30 minutes	Setting CDA Goals	• Individual/small group w • Large Discussion
20 minutes	Reflecting on Growth	• Individual Work • Small Group Activity
15 minutes	Closing	• Presentation • Individual Work
2 hours total		

Reflective Questions

Articulation Questions

- How do you integrate families into the program?
- How are you or your program, involved in the community?
- How do you continue to grow yourself as a professional?
- What do you do to maintain strong program-home connections?
- If my child refuses to participate with the group, how will you handle that?
- Tell me how you promote language development in your program.
- Tell me how you promote physical development in your program.
- How do you promote social-emotional development and interactions in your program?
- What is your curriculum style?
- How are children assessed in your program and what is done with that information?
- Why do the children seem to play all day? When do they learn?

- When will you teach my child to read?
- How do I know if my child is ready for kindergarten?
- Tell me about your program.
- Some of the other children seem more advanced than my child, should I be worried?
- I keep hearing about developmentally appropriate practice, what does that exactly mean and how does it affect my child?
- My baby needs to be held all the time, you can accommodate that right?
- Why does my child's art always look like a mess of colors?
- Describe the development and skill acquisition that happens in each learning area.
- What is a learning domain?
- Why is early childhood education an important field or profession?
- What do you look for in a program and/or curriculum to ensure it is developmentally appropriate?

What was your biggest challenge in obtaining this credential and how did you overcome it?

What community resources have you connected with and how are you utilizing that connection?

In what topic or area have you experienced the most development and growth? How are you translating that growth into everyday practice?

What topic (or area) will you continue to pursue professional development in? Why?

What were your biggest successes while obtaining this credential?

Next steps for my CDA Portfolio:

To complete-

Where to find help-

Professional Philosophy Statement

No more than two pages in length.

Your philosophy statement is a personal reflection of your thoughts on the purposes of education, as well as your educational beliefs, ideals and values, based on self-reflection and soul-searching. It should detail your beliefs about how children develop and learn, and what and how they should be taught.

Changes to make:

Ideas/Comments/Knowledge/Skills to add:

Resources

STANDARDS FOR EARLY CHILDHOOD EDUCATORS WORKING WITH INFANTS AND TODDLERS:

For Professionals and Children:
http://education.state.mn.us/MDE/EdExc/EarlyChildRes/index.html:

- Minnesota's Knowledge and Competency Framework for Early Childhood Professionals: Working in Family Child Care - 12/1/14
  What family child care providers should know and be able to do.
- Minnesota's Knowledge and Competency Framework for Early Childhood Professionals: Working with Preschool-Aged Children in Center and School Programs - 12/1/14
  What teachers working with preschool-aged children should know and be able to do.
- Minnesota's Knowledge and Competency Framework for Early Childhood Professionals: Working with Infants and Toddlers - 12/1/14
  What infant and toddler teachers should know and be able to do.
- Early Childhood Indicators of Progress: Minnesota's Early Learning Standards and Minnesota Birth to Three Early Childhood Indicators of Progress, http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_144668.pdf are currently under revision.
- NAEYC Code of Ethics (which have also been adopted by NAFCC) at: http://www.naeyc.org/files/naeyc/file/positions/PSETH05.pdf

For Programs:
Licensing standards for child care programs in Minnesota:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_054359#P30_983

Parent Aware: http://parentawareratings.org/tools-providersearly-educators

"Essential Elements of Quality Infant Toddler Programs": A document that describes the essential elements for effective infant and toddler early care and education programs and to promote these key elements across the State of Minnesota and beyond.
http://www.cehd.umn.edu/CEED/projects/essentialelements/default.html

PROFESSIONAL ASSOCIATIONS FOR EARLY CHILDHOOD EDUCATORS:

National Association of Family Child Care (NAFCC) ***http://www.nafcc.org***

National Association for the Education of Young Children (NAEYC)
http://www.naeyc.org

PROFESSIONAL DEVELOPMENT RESOURCES:

National Child Development Associate Credential/CDA (Infant Toddler and/or Preschool):

- Council for Professional Recognition is the national resource at http://www.cdacouncil.org/the-cda-credential
- Local resources at Minnesota Child Care Aware at 888-291-9811 or http://www.childcareawaremn.org/credentials

Non-credit based professional development:
Go to www.MnCPD.org or http://www.developtoolmn.org/pd for:

- Information on the Minnesota Child Care Credential
- Other non credit options: Health & nutrition classes, supervision classes, PITC (Program for Infant toddler Caregiver) classes

For online non-credit based training (that includes an online version of the Minnesota Child Care Credential) go to Eager to Learn at
https://www.eagertolearn.org/Default.aspx

Center for Inclusive Child Care Podcasts at
http://www.inclusivechildcare.org/podcast.cfm

Credit based options:

For a list of two- and four-year degree programs in early childhood education/child development in Minnesota (click on the link for a school to find out more about specific courses including Infant Toddler classes)

- www.mnchildcare.org/*teach_schools*

Infant and Early Childhood Mental Health Certificate Program:

- A two year graduate level certificate program offered through the Center for Early Education and Development and the Institute for Child Development at the University of Minnesota
  http://www.cehd.umn.edu/ceed/certificateprograms/iecmh/default.html
- **Individual courses (for CEUs or credit) on infants and toddlers are also offered at CEED:**
  http://www.cehd.umn.edu/cEED/onlinecourses/default.html

ONLINE SOURCES OF INFORMATION AND LEARNING:

- Zero to Three: www.zerotothree.org
- Early Head Start National Resource Center: http://eclkc.ohs.acf.hhs.gov/hslc/tta- system/ehsnrc
- CSEFEL (Center on the Social and Emotional Foundations for Learning): http://csefel.vanderbilt.edu/
- CEED: http://www.cehd.umn.edu/ceed/ includes online and in person courses, fact sheets, media presentations from national and local experts
- CICC: www.inclusivechildcare.org includes information modules, short self-study courses, podcasts, articles and consultation services
- Fraser: http://www.fraser.org/ provides early childhood services for those of all abilities, as well as offering educational workshops for families and caregivers
- http://www.pacer.org/ Pacer provides training and advocacy services for families of children with special needs
- The Program for Infant Toddler Caregivers: www.pitc.org and For Our Babies www.forourbabies.org

A Tip Sheet on Advocacy:
http://extension.psu.edu/youth/betterkidcare/early-care/our-resources/tip-pages/tips/advocacy-2013-spreading-the-word

MNITCDA Portfolio Assignments and Homework/Practice Assignments

Tab	Required Portfolio Item	MN CDA Assignment	Non- CDA Course Assignments	Course/Session
A	Summary of My CDA Education	Print a copy of your CDA Learning Record from www.developtoolmn.org for this		After completion of final course (once attendance is entered on Develop)
B	Family Questionnaires This assignment needs to be done within 6 months of applying to Council. Instead of moving the assignment I edited the FG to indicate that participant should complete it within 6 months of applying for CDA.	Find the family Questionnaire in the CDA Competency Standards text, copy, and distribute to families in your center or family child care home. Then reflect on the feedback you receive. Note: Family Questionnaires must be distributed no more than 6 months prior to CDA Application date.		Welcoming Children with Special Needs and Their Families Session A
C	Reflective Dialogue Worksheet	Prior to your Verification Visit with a Professional Development Specialist, complete section 1 of the Reflective Dialogue worksheet (found in your CDA		After completion of final course (once

		Competency Standards text). The rest will be completed with your PDS during the visit.		attendance is entered on Develop)
D	Resource Collection Items I To establish and maintain a safe, healthy learning environment	RC I-1: Your valid and current certificates of completion of cards from any **first aid course** and b) an **infant/child (pediatric) CPR course** offered by a national recognized training organization (such as American Red Cross or the American Heart Association). Online training is not acceptable. RC I-2: Provide one feeding schedule or menu used for each age group (young infants, mobile infants, toddlers). In order to complete your related Reflective Competency Statement on this topic, the feeding schedules and/or menus would ideally be ones that you have participated in serving to an/or designing for children. If this is not possible, or if you work in a program that does not serve meals, you may substitute feeding schedules or menus found on the internet. (More important than the source of the menus will be *Reflective Competency Statement I*, in which you will discuss your opinions about the feeding schedules/menus – what you think are their strengths and/or what you might serve that you think is more appropriate and why). RC I-3: Collect a sample of your weekly plan that includes goals for children's learning and development, brief descriptions of planned learning experiences, and also accommodations for children with special needs (whether for children you currently serve or may serve in the future).		Safe Supervision Session B Child Development Session B Program Quality Session A Curriculum Session D

		Indicate the age group(s) for which the plan was intended.		
E	Competency Statement I **To establish and maintain a safe, healthy learning environment.**	Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard. (Note: Alternatively, you may also choose to write one paragraph for each Functional Area, if this makes it easier for you to express your thoughts more clearly) *CS 1a: Reflect on the sample menu in the Resource Collection (RC 1-2): If you designed the menu, how does it reflect your commitment to children's nutritional needs? If you did not design it, what are its strengths and/or what would you change?* **Use information from the Go NAP SACC Nutritional Self-Assessment you used in this class to write some sentences on the strengths and areas for growth of one weekly menu that you plan to use for your CDA Resource Collection (RC 1-2).** CSIb: Reflect on the room environment in which your Observation will occur: How does the room design reflect the way you believe young children learn best? If the room was not designed by you, what do you see as its strengths and/or what would you change? For Center-Based Infant/Toddler: Additionally, reflect on and describe the similarities and difference between	Write 3-5 sentences describing how your environment is "homelike" and reflects the cultures of the children in your program, as well as children of other cultures. You may also add a sentence or two about how your schedule provides balance (time for play, outdoor and indoor time, quiet and active time).	Safe, sanitary environments Session A Welcoming Environments Session 2 Program Quality Session A Play Session C Child Development Session B

		room environments designed for infants as compared to toddlers. CS Ic: Reflect on the weekly plan you included in your resource collections (RC I-3). How does this plan reflect your philosophy of what young children need on a weekly basis? If the plan was not designed by you, what do you see as its strengths and/or what would you change?" Write a paragraph on how you will use or adapt your curriculum to meet the needs of the children in your program. Include work you have done and ideas you have learned during the Curriculum class. (Think about each child's culture and identity, age, abilities, stages of learning, interests, etc.).	Over the next week during play time, observe the play spaces in your program. What do children learn/practice while playing there? How does the room design help them to learn? How do the materials help children learn? Is there anything you would you change in the environment (think of space and materials) to better support children's learning while they play in this area? bserve children's play in one specific learning area. How do the children play? Do they play alone or with another child? Choose two caregiver interaction strategies and use them to support their play. How did your chosen interactions help children learn while playing? Bring your notes for our next session. Write a paragraph on how you will use or adapt your curriculum to meet the needs of the children in your program. Include work you have done and ideas you have learned during the Curriculum class (think about culture and identity, different ages, abilities and stages of learning, interests, etc). Describe how your room environment, including materials in that environment helps children learn through play. This week, your practice assignment is about beginning the curriculum planning cycle. You are going to work on the first two parts: observe/document and reflect/analyze. Here is your task: 1. Choose one child (an infant or toddler if possible) to observe. Decide if you want to observe in one area of development (for example language/communication, movement, relationships, etc.) or if you want to do a general observation. 2. Decide how you are going to document your observations (remember for photos or recordings you need parental permission first). Simple notes are fine, just remember to include specific details. 3. Observe the child once a day (if possible at different times of day and in different locations) at least 3 times. 4. Reflect on what you saw. Use the questions on the "Curriculum Cycle" handout to think about what you think it means and write at least one sentence per observation.	Play Session C Curriculum Session D Play Session B Play Session A Play Session B Curriculum Observation and curriculum planning

			lecting "Active Supervision": Identify five (5) playground-specific risks for injury and supervision challenges you would anticipate for toddlers playing on a playground. Provide a supervisory activity which could minimize risk of injury and reflect effective active supervision.	Safe Supervision A
F	Resource Collection Items II To advance physical and intellectual competence	Nine learning experiences (activities), written in your own words, including one from each of the following curricular areas: RC II-1: Science/Sensory RC II-2: Language and Literacy RC II-3: Creative Arts RC II-4: Fine motor (please choose an indoor activity) RC II-5: Gross motor (please choose an outdoor activity) RC II-6: Self Concept RC II-7: Emotional Skills/Regulation RC II-8: Social Skills RC II-9: Mathematics For example, for RC II-1, Science/Sensory, you might write about an experience entitled "Smell Jars" and for RC II-6, Self Concept, you might write about an experience entitled "Self Portraits". For each activity, indicate the age group (young infants, mobile infants or toddlers) and list the intended goals, materials and process/teaching strategies. For each activity specify how it is developmentally appropriate for that age group.	Bring 1 or 2 recent lesson plans OR a list of activities conducted with the children since the last session. Review the *Early Childhood Indicators of Progress* (entire) and bring a list of questions about vocabulary, etc.	Language Development Session A/B Learning Through Discovery Safe Supervision A Cognitive Development Session B ECIPs Session A
G	Competency Statement II **To advance physical and**	CS IIa: Pick one of the nine learning experiences you chose for your Resource Collection (RC II). How does this experience reflect your philosophy		Play Session C

	intellectual competence	of how to support young children's physical development? CS IIb: Pick another of the nine learning experiences you chose for your Resource Collection (RC II). How does this experience reflect your philosophy of how to support young children's cognitive development? CS IIc Pick a third learning experience you chose for your resource collection (RCII). How does this experience reflect your philosophy of how to support young children's *creative* development? CSIId: In an additional paragraph, describe ways to promote the communication/language development among all children including dual language learners.	Observe one child in your program a few times. Write down what you observe about that child's behavior. Be as detailed and specific in your notes as you can. BRING your written observation notes to the next session. Continue reviewing the ECIPs document; BRING any questions that surface. Write 3-4 sentences about how "serve and return" helps children learn to communicate. Write 2-4 sentences describing the learning concepts you observed while the child was playing. What did you share with the parent, and how did you continue to support the child's learning? ok at your own curriculum (or planning process). Choose TWO activities from your plan that you did not examine in this session and TWO ECIP domains. On your own, review each of the activities, looking for ways you might support each of the two ECIP domains. Choose specific indicators and link them to the activity. Write down how each of the activities provides an opportunity to support the two indicators. Now take it one step further: What if you had a child in your group with motor challenges? Or verbal challenges? How would you adapt the activity? **Watch 2 or 3 children in dramatic play. Write down 3–4 notes about their play (identifying which child you are writing about using only**	Cognitive Development Session C Cognitive Development Session C Language Development Session A ECIPs Session B Routines as Opportunities Language and Comm. Curriculum Session B

			initials). Use specific descriptions and quotes, but do not evaluate (simply report what happened). What props are they using? What are they saying? What words are they using? **What plot are they playing out? What are they learning? Bring your notes to the next class where we will discuss your observations.**	Curriculum Session C
H	Resource Collection Items III **To support social and emotional development and to provide positive guidance.**	RCIII: Prepare a bibliography that includes the titles, authors, publishers, copyright dates, and short summaries of ten developmentally appropriate children's books that you have used with young children. Each book should support a different topic related to children's lives and challenges. Subjects you might consider addressing include: • Cultural or Linguistic Group Identity • Gender Identity • Children with Special Needs Separation/Divorce/Remarriage/Blended Families • Phases of the Cycle of Life from Human Reproduction to Death • other topics that reflect the children and families with whom you work.		Literacy Session A
I	Competency Statement III **To support social and emotional development and to provide positive guidance.**	Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this Standard. (Note: You may also choose to write one paragraph for each Functional Area, if this makes it easier to express your thoughts more clearly). Then, write at least one paragraph on each of the following (CS IIIa & CS IIIb).		Temperament & Self-Regulation

		CSIIIa: Describe some of the ways you support the development of children's positive self-concepts and growing social/emotional skills. **CSIIIb**: Reflect on your philosophy of guiding young children's positive behaviors. How is your professional philosophy similar or different from how you were guided as a child? How do you constructively deal with young children's challenging behaviors?	Think about how a positive climate and caregiver sensitivity can promote children's EF skills. How do you use your skills as a sensitive caregiver to do this? What are some additional ways you can create or use a positive climate and sensitivity to promote children's EF skills? Choose 3 times this week to practice using the watch-ask-adapt process with a child in your program. Jot down: • What cues the child gave you (what you notice when you "watch") and what you think they are trying to tell you • What you did to "ask" the child if this was what they were trying to tell you • How did you respond and ways you might have "adapted" (changed what you did based on cues from the child) Choose an infant or toddler to observe between now and next session. Notice & write down things you see the child doing as he/she works on security, exploration and identity (note 2-3 things they do in each area). Write a few sentences on what infants and/or toddlers do as they explore their identity and how you (their caregiver) support them to feel good about who they are (their identity). (Applies to CDA Competency Statement IIIa) Practice 'serve and return' activities: notice something the child initiates that you respond to (e.g. a smile, imitation of sounds, a game like peek-a-boo) and something that you initiate that the child responds to. Do this at least once a day. Write down the activity and who initiated it (you or the baby). Be sure to try these serve and return activities during daily routines such as diapering and feeding as well as during play. Use the temperament scale to rate a child that you haven't used for an assignment yet. Look at your own temperament chart. Think about:	Resilience All About Relationships Stages of Infancy Brain Development

			Are there areas that may challenge the "goodness of fit?" Write down 2 strategies or things you want to try that you think will improve the "goodness of fit" (do this in class?) Between now and the next class, try your ideas. This week, your practice assignment is to select one of the three circles we worked on today—child, family or caregiver—and continue to build on the ideas you had written down. Choose 2 ideas of actions that you can take to build resilience in either a child, family or yourself. Write them down, as well as how you intend to do them and build them in as part of your regular skills to promote resilience. Take notes each time you do them, including how you felt when you were doing them. Be prepared to discuss your experience at our next class.	Temperament and Self-Regulation Resilience
J	Resource Collection Items IV **To establish positive and productive relationships with families**	RCV: Collect a Family Resources Guide that you might choose to share with the families you serve. The guide should include all of the helpful information you think they might need. At a minimum, you must include the following required items: **RCIV-1**: The name and contact information (phone number, web site, etc.) of a local agency that provides family counseling. **RCIV-2**: The name and contact information (phone number, web site, etc.) of a translation service for families whose home language is other than English as well as a service that provides American Sign Language translation. **RCIV-3**: The name, contact information and brief descriptions of at least two agencies in the community that		All of IV is located in: Welcoming Children with Special Needs and Their Families Session B

		provide resources and serves for children with disabilities (in most communities, the local school district provides these services). **RCIV-4**: A list of three or more websites, and brief descriptions of each, that provide current information to help families understand how young children develop and learn. Include one current article for each website. Web sites must contain articles that help families understand the development and learning of 3- to 5-year-olds. At least one article must relate to child guidance.		
K	Competency Statement IV **To establish positive and productive relationships with families**	Begin your Reflective Statement about this Competency Standard with a paragraph describing how you teaching practices meet this Standard. Then prepare at least one paragraph on each of the following: **CSIVa**: How do you ensure that families are kept aware of what's happening in their child's daily/weekly life in your program? **CSIVb**: How do you ensure that you are aware of what's happening in each child's home life? How does that awareness direct your teaching practices? **CSIVc**: Reflect on the feedback you received in the Family Questionnaires you collected. Explain how the responses surprised you, confirmed your own reflections about yourself,		Welcoming Children with Special Needs and Their Families Session A Welcoming Families: Creating Cultural Connections Session B Children with Special Needs and Their Families Session A

		and/or gave you a new goal for professional growth.	Choose one baby or toddler and their family as your focus. Pay attention to what you do to greet the baby and family EACH DAY and what you do when the child and parent (or other family member who picks up/drops off) greet each other at the end of the day. After a few days, notice your routines and write down 2 new things you would like to do to welcome them when they arrive. Write down 2 new things you would like to do to help the parent (or other key adult) and child greet each other at the end of the day. Set a time to talk with the person who regularly drops off and/or picks up the baby. Tell them you have been trying a couple of new ways to help families and children be more comfortable when they drop off and pick up their child. Describe what you tried and ask if they have any thoughts or anything else that would make the transitions easier. Please also fill out "What is the Behavior Grid" in the Participant Guide (p. 92) on either a child who is in your care now or a child you know. Let's take a few minutes now to get that started—please bring this to our next class and be prepared to share (without sharing any personal information that would identify the child, such as his or her name). Ask one parent in your program about their child's personality in terms of: • Activity levels • Approach to unknown people or situations • General mood • "Soothability" (how easily do they settle after being upset?) Choose one day between your conversation with the parent and our next class to focus on this child. Notice how the parents' description shows up in that child's experiences throughout the day. Compare the parent's description with your own observations of this child. How are your view of the child and the parent's view similar? How are they different? Describe any new ideas or understanding this gives you about the child, the parent, or your own perspective.	Establishing Supportive Relationships with Families Welcoming Families: Children with Special Needs Session A Promoting Parent Family Child Relationships

			Write 3-4 sentences about how discussing routines with families helps you improve a program/program routine with children. (IVb)	Environments that Promote Exploration
L	Resource Collection Items V **To ensure a well-run, purposeful program that is responsive to participant needs.**	Three samples of record keeping forms you use/have used. Include an accident report form, an emergency form and a completed tool/form that you have used to observe for and document a child's developmental/learning progress (*Do not include the child's name).*	Your first assignment is to gather one or more of the lesson plans you currently use in your program. Your lesson plan can be very simple; bring any kind of planning form you currently use. If you are not currently using a lesson plan, write down some of the activities you do during the day with the children. You don't need a lot of details; just write down a sentence or two so you will remember the activity.	Safe Supervision Session C Curriculum Session A

			With the instructor decide on *one* of the following curriculum approaches (1 or 2) or commercially-produced curriculum packages to investigate. Download the article *Different Approaches to Teaching: Comparing Three Preschool Programs* by Amy Sussna Klein, available online at http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=367 as part of the assignment. Look over your assigned curriculum or approach and fill out the Investigation Worksheet. Bring your completed worksheets to the next class. What have you learned about curricular packages? How do you plan to take what you have learned about curriculum for infants and toddlers? Continue to think about what you are learning about curriculum and how you will use it in your work with infants and toddlers.	Curriculum Session A Curriculum Session B Curriculum Session C
M	Competency Statement VI **To establish positive and productive relationships with families**	**Begin your Reflective Statement about this Competency Standard with a paragraph describing how your teaching practices meet this standard.** Then write at least one paragraph about how you used the observation tool/form you included. Why are observation and documentation important parts of program management? How do you ensure that you are accurately/objectively observing and tracking each child's developmental and learning progress?		Safe Supervision Session C
N	Resource Collection Items VI **To maintain a commitment to professionalism**	**RCVI-1**: Find the name and contact information of the agency in Minnesota that is responsible for the regulation of child care centers and family child care homes. (Note: These regulations are available at the website of the National Resource Center for Health and Safety in Child Care: http://nrckids.org/STATES/states.htm). Make a copy of the sections that describe the qualification requirements	Download NAEYC Code of Ethical Conduct Position Statement Sign up for a DEVELOP account	Welcome to the Profession Session C

		for personnel (teachers, directors and assistants) and group size, adult-child ratio requirements. **RCVI-2**: Collect a list of two or three early childhood associations (national, regional, state or local), including website addresses, describing the professional resources and membership opportunities they each offer. **RCVI-3**: Summaries of the legal requirements in your state regarding child abuse and neglect (including contact information for the appropriate agency in your state) and Mandatory Reporting Guidelines		Professional Development Session A Safe Supervision
O	Competency Statement VI **To maintain a commitment to professionalism**	Begin your Reflective Statement about this Competency Standard with a paragraph describing how your professional practices meet this Standard. Then: **CSVIa**: Reflect on why you chose to become an early childhood professional. **CSVIb**: Reflect on what you believe are the most important indicators of professionalism that you possess.	Throughout the week, reflect on a team you are part of and answer the following questions: What skills are you using as part of the team? What roles do members of the team play? Are some challengers, are some collaborators, are some contributors, or are some communicators? Complete the ITNA and bring it to the next session. (For those how have completed the ITNA within the past six months or so, ask them to look	Growing as a Professional Session A Growing as a Professional Session B

			at it to refresh their memory for next session's discussion. They could also help others who have not completed the ITNA before.)	Professional Development Planning Session A
P	Professional Philosophy Statement	The Professional Philosophy Statement is the final reflective task in the creation of your professional portfolio. Here you will summarize your professional beliefs and values about early childhood education after you have completed the professional development experience of designing your portfolio by collecting resources and writing all six reflective statements of competence. The professional philosophy statement should be no more than two pages in length. Identify your personal values and beliefs around teaching and learning: How do you believe young children learn? Based on this, what do you believe your role is? Beyond teaching and learning, reflect and write about what you believe are the other important aspects of your role in the lives of children and families.		Growing as a Professional Session C and in PG