

exploration a journey of searching and learning
identity developing into your own person
security feeling safe in your surroundings



South Carolina's Infant & Toddler Guidelines

Early Experiences Last a Lifetime

The six developmental domains at the heart of school and life success.



Physical Health

Physical health is optimal when safe health practices and nutrition are combined with nurturing and responsive caregiving. Protecting children from illness and injury, and providing them with individually appropriate nutrition and a sanitary environment that reduces the risk of infectious disease, is important for all caregivers.



Motor Development

Motor development is the increasing ability to use one's body to interact with the environment.



Emotional Development

Emotional development is the child's emerging ability to become secure, express feelings, develop self-awareness and self-regulate.



Language & Communication Development

Language and communication development is the increasing ability to communicate successfully with others to build relationships, share meaning and express needs in multiple ways.



Social Development

Social development is the child's emerging development of an understanding of self and others, and the ability to relate to other people and the environment.



Cognitive Development

Cognitive development is the building of thinking skills.

Early Experiences Last a Lifetime

Purpose Statement: Why are these guidelines important?

Because early experiences last a lifetime and infancy is the morning of life...

These guidelines are meant to be the critical first step in ensuring that all of South Carolina's children, birth to three, have responsive, reciprocal and respectful care. It is our hope that, as a result of that care, children will be ready for school and for a productive adulthood. There are 1,892 days from the time babies are born until they enter school. This 1,892 day journey is remarkable, complex and far reaching. Approximately 62,000 babies are born every year in South Carolina. Who they spend time with and how they are cared for affects who they will become. These Infant and Toddler Guidelines are meant for three diverse yet critically important groups of people in the lives of infants and toddlers: parents and families, providers and policy makers.

Parents and Families

You are your child's first and best teacher. These guidelines are meant to help you understand infant and toddler development. The guidelines include posters for each age range (birth-8 months, 6-18 months and 16-36 months) and provide snapshots of potential milestones for each developmental domain (physical health, emotional, social, motor, language & communication and cognitive development). If you want to learn more about where your child is developmentally in terms of a particular domain, you can tab to that section of the document. Each domain has guidelines with indicators and examples of behaviors that you might see your child demonstrate across the three stages of infancy.

Providers

In South Carolina, the majority of infants and toddlers are cared for outside of their homes. Requirements for caring for children in South Carolina are minimal. These two facts make it imperative that those caring for our most valuable and vulnerable resource have the knowledge they need to do this work well. When used effectively, the guidelines can assist programs and care teachers in focusing on early development and learning in order to support and strengthen the developmental outcomes of the children they serve.

Policy makers

If South Carolina is genuinely committed to preparing its youngest citizens for the challenges they will face in the future, it must adopt policies that support young children's optimal growth and development. This commitment is important because we know that high quality infant and toddler programming increases children's chances for school success and increases the likelihood that today's youngest citizens become tomorrow's productive adults.

What a responsibility! We have the opportunity to shape experiences that last a lifetime. Babies are ready for us, are we ready for them?



South Carolina's Path to Adopting These Infant & Toddler Guidelines

South Carolina embarked on the process of developing Infant & Toddler Guidelines (ITG) in September, 2008. At that time the Infant/Toddler Guidelines Committee, led by Kerrie Welsh, Director of the South Carolina Program for Infant/Toddler Care Network (SC PITC), was first convened. In that first meeting the group identified a number of characteristics that would be essential for the guidelines South Carolina would eventually adopt.

As it turned out, that meeting coincided with events that drastically changed the economic landscape of South Carolina and the country. The Infant/Toddler Leadership Team soon realized that, rather than "reinventing the wheel" they would be better stewards of South Carolina's limited resources if they could identify and build on the sound work that had been done by another state. A sub-committee of the Infant/Toddler Guidelines Committee evaluated a number of states' Infant/Toddler Guidelines using a rubric that was designed to assess how well each met the criteria identified by the committee as essential. These criteria are listed on the following page. The sub-committee identified Ohio's Infant/Toddler Guidelines as the document with the characteristics the Guidelines Committee had identified as essential. Characteristic of Ohio's Guidelines that made them particularly appealing were the fact that they are based on the WestEd Center for Child & Family Studies' Program for Infant/Toddler Care (PITC), were developed in partnership with PITC, and support South Carolina's long-time investment in PITC.

The Infant/Toddler Guidelines Leadership Team initiated conversations with leaders of Ohio's Infant/Toddler initiative. We were thrilled when they generously granted us permission to use and adapt their fine work. This collaborative approach allows us to devote more of our resources to supporting caregivers in understanding and utilizing the guidelines through training and technical assistance. Caregivers who have a clear understanding of the Infant/Toddler Guidelines, and are supported in integrating them into their everyday practice, will be better prepared to provide responsive care that is developmentally appropriate and is most likely to support young children's optimal development.

It is from this foundation that we present to you South Carolina's Infant & Toddler Guidelines, which have been adapted from Ohio's Infant/Toddler Guidelines.

Acknowledgements

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Criteria for South Carolina's Infant/Toddler Guidelines Selection

These criteria were used to select Infant/Toddler Guidelines that reflect the values South Carolina recognizes as critical to providing high quality care to infants and toddlers.

- ◆ Age groups are divided so that they are broad enough to allow for normal variation in development and still narrow enough to have meaning.
- ◆ Learning expectations for each domain reflect an accurate progression of development.
- ◆ Learning expectations include observable indicators.
- ◆ Learning expectations, indicators, and examples are written to describe a variety of goals and ways of achieving them that are inclusive of South Carolina's diverse cultural, ethnic, and linguistic populations.
- ◆ Guidelines are inclusive of all children, demonstrating that infants and toddlers with disabilities and special needs are expected to learn and to be served in the typical child care settings.
- ◆ Guidelines emphasize the importance of very young children's relationships with adults as the foundation for their learning.
- ◆ Guidelines describe the importance of individualization of care for infants and toddlers by, for example, stressing the importance of their home language and primary caregiving.
- ◆ Guidelines are evidence-based, relying on current and quality research.
- ◆ Guidelines are formatted and designed so that caregivers can easily use the guidelines in their classroom.



South Carolina's Infant & Toddler Guidelines Committee

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security feeling safe in your surroundings

Birth to Eight Months

During the early days and months of my life, I am primarily focused on security. In essence, I am learning about what I can expect from life.

When I feel discomfort, I cry. Someone comes to help me. She helps me — when I'm hungry — when I'm tired — when I'm out of sorts. When she helps, I feel everything is going to be all right, and I can relax. I like to look at her face. I like to listen to her voice. I feel her warmth. I feel the care she gives me — time after time. I feel content. I coo. As I get older, I smile when I see her face and hear her voice. I try to make the sounds she makes. I try to move my arms the way she does. I learn so much from her. Her responses make me feel so good. I've learned to expect her to come when I call.



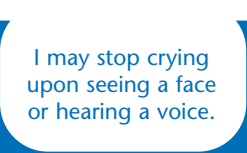

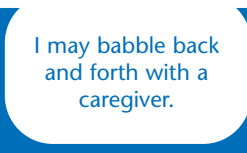

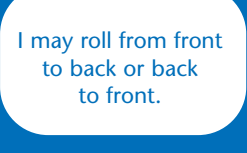


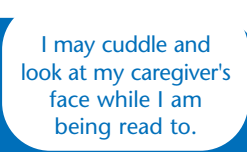
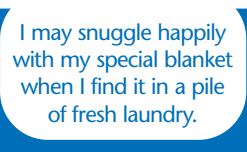


I often don't have to cry. She knows what I need by watching me and by listening to me. She puts me in places where I can move around. That's exciting! I keep learning how to move my body — my head, my arms, my legs, my whole body. I can count on her to help me when I need help and to play with me when I'm ready to play. I feel great knowing she is with me when I need her.

All of this is very important! I have to feel emotionally secure in order to have the confidence to learn new things. My level of confidence will influence how I approach the opportunities coming my way. I know it seems like a long way off, but my ability to take chances and adapt to change will allow me to be successful in both school and in life.



Birth to Eight Months

South Carolina's Infant & Toddler Guidelines

Physical Health 	Health Practices I need to receive check-ups at birth and at one, two, four and six months of age.	Oral Health I will display drooling, irritability and sore gums caused by tooth eruption.	Positive Nutritional Status I will double my birthweight by the time I reach four to six months of age.		
Emotional Development 	Attachment I may stop crying upon seeing a face or hearing a voice.	Expression of Emotion I may smile at my caregiver when (s)he rocks me and sings to me.	Self-Awareness I may not experience distress when my mommy leaves the room.	Emotional Self-Regulation I may calm myself when I'm upset by sucking on my fingers or hand.	
Social Development 	Attachment I may babble back and forth with a caregiver.	Expression of Social Behavior I may match the facial expressions of an adult.	Awareness of Social Behavior I may smile and light up when my big brother comes to talk to me.		
Motor Development 	Large Muscle I may roll from front to back or back to front.	Small Muscle I may grasp my mother's finger when she places it in my tiny palm.	Oral-Motor I may use my tongue to move food inside my mouth.		
Language & Communication Development 	Comprehending Language I may watch my grandmother's face as she speaks to me.	Expressing Language I may use gestures or expressions to indicate my wants, needs or feelings.	Social Communication I may gaze at my caregiver during a feeding.	Early Literacy I may cuddle and look at my caregiver's face while I am being read to.	
Cognitive Development 	Discoveries of Infancy I may snuggle happily with my special blanket when I find it in a pile of fresh laundry.	Attention & Persistence I may show more interest in a new toy than an old one.			

exploration *a journey of searching and learning*

Six to 18 Months

During this middle period of my development, I am now primarily focused on exploration. Get ready, because I am ready to move out. In essence, I am learning how things in the world work, including myself.

When I know where my caregiver is, I feel safe. I feel I can move away from her to explore things. Not too far — I stay close enough so I can get back to her quickly. That's what I do if something scary happens, or if I feel sad or if I feel like cuddling. That feels good. But after a while, I want to explore some more. I roll my body. I also creep and crawl. Eventually I figure out how to sit up, pull to standing, take a step — and walk! I like to fiddle with things, over and over again. It's fun to see how things work. I keep making sounds my caregiver makes. I discover that each sound has a different meaning. When I say, "Dada," he smiles.

When I say, "Mama," she smiles. I love when someone looks at me that way. When I point at something, my caregiver says what it is. I point and point and point. That's one of the ways I learn. I do this with books too. I look at things with my caregiver. I like to listen to her. I like when she listens to me. Most of all, I like to be in a place where I can move to my heart's delight, where I can play with anything I can reach and where I can easily see my caregiver's smiling eyes.

All of this is very important! My drive to explore the world and figure things out helps me build knowledge and get ready for the world of ideas. I know it seems like a long way off, but my being intellectually curious and motivated to learn will help me be successful in both school and in life.



Six to 18 Months

South Carolina's Infant & Toddler Guidelines

Physical Health



Health Practices

I need to receive check-ups at nine, 12, 15, and 18 months of age.

I will display eruption of the lower and upper central and lateral incisors, canines and first molars.

Oral Health



I will triple my birthweight by the time I reach 12 to 18 months of age.

Positive Nutritional Status

Emotional Development

I may cry out or follow my mom when she leaves the room.

Attachment

Expression of Emotion

I may show affection for my caregiver by hugging her.

I may begin to identify parts of the body.

Self-Awareness



I may try to control my expression of distress by biting my lip or hugging myself.

Emotional Self-Regulation

Social Development

I may display anxiety when an unfamiliar adult gets too close to me.

Attachment



I may roll a ball with a peer.

Expression of Social Behavior



I may show anxiety when my dad leaves.

Awareness of Social Behavior

Motor Development

I may get into and out of a sitting position independently.

Large Muscle

Small Muscle

I may put a block back in the plastic bin.



I may drink from a sippy cup.

Oral-Motor



Language & Communication Development

I may reach for my bottle when I am asked, "Do you want your bottle?"

Comprehending Language



I may shake my head back and forth and say, "no" when I don't want to do something.

Expressing Language

Social Communication

I may play "peek-a-boo" with my aunt.

I may follow my mom's gaze to look at a picture in a book.

Early Literacy

Cognitive Development

I may get myself stuck in a tight space when exploring.

Discoveries of Infancy



I may fill a bucket with sand or stack blocks again and again.

Attention & Persistence



identity developing into your own person

Sixteen to 36 Months

During this final stage of infancy, it is all about ME. I have a sense of who I am and how I am connected to others. In essence, I am learning to make choices, and it can be difficult sometimes for me and for you.

I feel powerful. I can run. I can do so many things. I know what's mine and make sure other people do, too. I like to be in charge and do things by myself. If someone tells me what to do, I often say, "No." But sometimes I don't feel so big. I can get out of sorts and be quite loud. I may need help. I may need comfort. I may need to know what I'm allowed to do — and what I'm not allowed to do. Then I feel big again and am excited about everything I can do. I know where I belong, who I am and who my family is. I use more and more words to express myself. As I get older, I ask a lot of questions. I look at books and listen to stories. I talk with my caregiver about books. Singing and rhyming games are a lot of fun. I think about ideas all the time.

When I try to solve a problem, sometimes an idea just pops in my head. I pretend to be different people — and animals, too. I pretend with other children. We play with dress-up clothes, kitchen utensils, puppets — just about anything. Playing with other children is great! I often think about one or two or three special people. It may be my mom, my dad, my grandma or grandpa, or my caregiver in child care. When I think about someone I feel close to, I feel good. Even if they are not with me, I know that person will take care of me. I feel that person loves me. That's the best feeling of all!

All of this is very important! I have to know myself before I can learn how to get along with others and to appropriately express myself when I'm frustrated. I know it seems like a long way off, but my ability to communicate and interact positively with peers and adults who will one day be colleagues and supervisors, along with my ability to negotiate conflict, will help me be successful in both school and life.



Sixteen to 36 Months

South Carolina's Infant & Toddler Guidelines

Physical Health 	Health Practices I need to receive check-ups at 24 and 36 months of age.	Oral Health I will display eruption of the lower and upper lateral incisors, canines and first and second molars.	Positive Nutritional Status I will gain approximately 4.5 to 6.5 pounds per year. 	
Emotional Development	Attachment I may gesture for one more hug as my daddy is leaving for work.	Expression of Emotion I may hide my face in my hands when feeling embarrassed. 	Self-Awareness I may point to myself in a family photograph.	Emotional Self-Regulation I may reenact emotional events in my play in order to gain mastery.
Social Development	Attachment I may say, "I go to school, Mama goes to work," after my mom drops me off in the morning.	Expression of Social Behavior I may practice being a grown-up in my pretend play by dressing up or using a play stove. 	Awareness of Social Behavior I may talk on the phone and walk around like I've seen my mommy do at home. 	
Motor Development	Large Muscle I may walk up and down stairs, alternating my feet, one on each step.	Small Muscle I may make snips in a piece of paper with child-sized scissors. 	Oral-Motor I may drink from an open cup, usually without spilling. 	
Language & Communication Development	Comprehending Language I may point to my shoes or socks when my caregiver asks, "Where are your shoes?"	Expressing Language I may begin to say, "bottle" instead of "baba" when wanting a drink.	Social Communication I may say "please" when I'm asking for something.	Early Literacy I may draw a circle and a straight line after watching someone else do it. 
Cognitive Development	Discoveries of Infancy I may use eating utensils. 	Attention & Persistence I may engage in solitary play for a short time. 		



Physical Health

Babies need good health and nutrition right from the start. This is essential in laying the foundation for a baby's optimal growth and development. Infants and toddlers depend on their caregivers to make healthful choices for them. They also need adults to help them learn how to make good choices for themselves.

Physical health affects functioning in all the other domains. This point becomes clear when a child's health or well-being is compromised. For example, a child who is chronically ill may not be able to learn through active exploration and movement. Or a child who is poorly nourished may not attend to learning. Frequent ear infections may hinder a child's ability to communicate and learn language. A child exposed to violence may not know how to form positive social relationships. Each of these negative conditions can have lifelong consequences.

Each day, adults caring for babies can positively influence a child's health and well-being. All infants and toddlers need regular health and physical exams, preventive care, screening, immunizations and sick care. They all should have a primary health and dental care provider, regardless of their families' economic status. A primary provider facilitates timely and appropriate preventive and sick care.

Frequent well-child visits allow health professionals to monitor the child's physical health, behavioral functioning and overall development. These visits create opportunities for giving age-appropriate guidance to parents. In addition, health professionals should screen young children for common concerns, including lead poisoning, hearing and vision problems, behavior concerns, communication disorders and general development (language, cognitive, social, emotional and motor domains). Screening is important because the sooner a child's need for early intervention can be identified, the more effective that intervention is likely to be. Well-child care benefits all children, including those with disabilities or other special needs.

Physical health is optimal when safe health practices and nutrition are combined with nurturing and responsive caregiving. Protecting children from illness and injury, and providing them with individually appropriate nutrition and a sanitary environment that reduces the risk of infectious disease, is important for all caregivers.



Physical Health



Guideline: Health Practices

The child will display signs of optimal health consistent with appropriate primary health care and caregiver health practices.

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

- **Handwashing:**
The child will be exposed to and assisted with frequent and proper handwashing.

Birth - 8 months

I need to receive regular check-ups that include appropriate screenings, immunizations and guidance about my development.

...check-ups at birth and at one, two, four and six months of age.
 ...an evaluation within 48 - 72 hours following discharge from the hospital, if I am a breast-fed baby, to check my weight gain, to evaluate breastfeeding and to provide caregiver encouragement and instruction.

I will receive handwashing at appropriate times. (If I am unable to stand or too heavy to hold safely, my hands can be washed with a damp paper towel moistened with a drop of liquid soap, and then wiped clean with a clean, wet, paper towel.)

...after diapering.
 ...before and after eating or having a bottle.

6 - 18 months

I need to receive regular check-ups that include appropriate screenings, immunizations and guidance about my development.

...check-ups at nine, 12, 15 and 18 months of age.

With assistance from a caregiver, I will wash my hands once I am able to stand safely at the sink.

...upon arrival at my child care setting.
 ...before and after eating.
 ...after diapering.
 ...before water play.
 ...after playing on the playground.
 ...after handling pets.
 ...whenever my hands are visibly dirty.

16 - 36 months

I need to receive regular check-ups that include appropriate screenings, immunizations and guidance about my development.

...check-ups at 24 and 36 months of age.

With assistance from a caregiver, I will wash my hands once I am able to stand safely at the sink.

...upon arrival at my child care setting.
 ...before and after eating.
 ...after diapering.
 ...before water play.
 ...after playing on the playground.
 ...after handling pets.
 ...whenever my hands are visibly dirty.



Physical Health

Guideline: Health Practices

The child will display signs of optimal health consistent with appropriate primary health care and caregiver health practices.

- **Diapering and toileting: The child will be appropriately diapered or assisted with toileting to prevent the spread of illness.**

Birth - 8 months

I will be appropriately diapered.

- ...changed when I give signs of needing to be changed, or checked at least every two hours when awake, for signs of wetness or feces, and immediately after waking.
- ...changed near a water source for quick handwashing to prevent the spread of infection.
- ...remain secure on a raised changing surface with my caregiver's hand placed on me at all times.

6 - 18 months

I will be appropriately diapered.

- ...changed when I give signs of needing to be changed, or checked at least every two hours when awake, for signs of wetness or feces, and immediately after waking.
- ...changed near a water source for quick handwashing to prevent the spread of infection.
- ...remain secure on a raised changing surface with my caregiver's hand placed on me at all times.

16 - 36 months

I will be appropriately diapered and, toward the end of this period, I may show signs that I am ready to learn to use the toilet.

- ...changed when I give signs of needing to be changed, or checked at least every two hours when awake, for signs of wetness or feces, and immediately after waking.
- ...changed near a water source for quick handwashing to prevent the spread of infection.
- ...remain secure on a raised changing surface with my caregiver's hand placed on me at all times.
- ...show through gestures, expressions, body language or words that I am about to urinate or have a bowel movement.
- ...help with undressing myself.
- ...ask to use the toilet or potty chair.



Guideline: Oral Health

The child will display growth and behaviors associated with good oral health.

	Birth - 8 months	6 - 18 months	16 - 36 months
<ul style="list-style-type: none">Tooth eruption: The child will display appropriate tooth eruption.	<p>I will display appropriate tooth eruption.</p> <p>...drooling, irritability and sore gums caused by tooth eruption. ...eruption of the lower and upper incisors.</p>	<p>I will display appropriate tooth eruption.</p> <p>...drooling, irritability and sore gums caused by tooth eruption. ...eruption of the lower and upper central and lateral incisors, canines and first molars.</p>	<p>I will display appropriate tooth eruption.</p> <p>...drooling, irritability and sore gums caused by tooth eruption. ...eruption of the lower and upper lateral incisors, canines and first and second molars.</p>
<ul style="list-style-type: none">Oral health: The child will display good oral health.	<p>I will display good oral health.</p> <p>...pink, firm gums. ...smooth, white teeth.</p>	<p>I will display good oral health.</p> <p>...pink, firm gums. ...smooth, white teeth.</p>	<p>I will display good oral health.</p> <p>...pink, firm gums. ...smooth, white teeth.</p>
<ul style="list-style-type: none">Dental care: The child needs to receive appropriate dental check-ups from a dentist and appropriate dental treatment.	<p>I need to have my first oral examination from a dentist within six months of the first tooth eruption and by 12 months of age.</p>	<p>I need to have my first oral examination from a dentist within six months of the first tooth eruption and by 12 months of age.</p>	<p>I need to have my second oral examination, as recommended by my dentist, based on my individual needs or risk of disease.</p>



Guideline: Positive Nutritional Status

The child will display growth and behaviors associated with a positive nutritional status.

- **Physical growth:
The child will display appropriate increases in length, weight and head circumference.**

Birth - 8 months

I will display appropriate increases in length, weight and head circumference.

- ...lose about six percent of my body weight immediately after birth because of fluid loss and some breakdown of tissue, but then regain my birthweight within 10 to 14 days following birth.
- ...double my birthweight by four to six months of age.
- ...increase in length at the rate of approximately one inch per month during the first six months of life.
- ...grow without major deviations in growth chart percentages.

6 - 18 months

I will display appropriate increases in length, weight and head circumference.

- ...triple my birthweight by 12 to 18 months of age.
- ...increase in length at the rate of approximately one-half inch per month between six and 12 months of age.
- ...grow without major deviations in growth chart percentages.

16 - 36 months

I will display appropriate increases in length, weight and head circumference.

- ...quadruple my birthweight by 24 to 36 months of age.
- ...gain approximately 4.5 to 6.5 pounds per year.
- ...increase in height at the rate of approximately 2.5 to 3.5 inches per year.
- ...grow without major deviations in growth chart percentages.



Emotional Development

Babies experience emotions right from the start. From their first cry of hunger to their first giggle of delight, their emotional experience grows. Young children learn many ways to express emotions such as happiness, sadness and anger. As they interact with their caregivers, they come to understand and appreciate the uniqueness of their emotional experience. Eventually they gain some control over their sometimes strong emotions. Positive early experiences help a child become emotionally secure.

The child's evolving sense of security and well-being has a profound effect on all areas of the child's development, including cognitive and language development. For example, an emotionally secure infant will more readily explore and learn than an insecurely attached infant. In a secure relationship, the child engages in rich back-and-forth interaction. The "dance" between the caregiver and child fosters increasingly advanced communication and language development.

New research shows how emotions are key in organizing the experience and behavior of young children. Emotions drive early learning. For instance, the pleasure an infant experiences when making a discovery or mastering a motor skill inspires the child to continue to learn and to develop skills. Emotional experiences affect the child's personal health, well-being and school readiness.

The infant's emotions are nurtured in relationships with parents, grandparents and child care providers. Studies of attachment show that children who are in emotionally secure relationships early in life are more likely to be self-confident and socially competent. Sensitive caregivers who read the child's cues and meet emotional, physical and dependency needs help the child become securely attached to them. Caregivers who gently stimulate a baby's senses and share emotional states provide the baby's brain the experiences it needs to grow. Because sensitive, responsive care leads to attachment security, its impact is profound. Secure attachment relationships have a positive effect on every aspect of early development, from emotional self-regulation to healthy brain development.

Emotional development is the child's emerging ability to become secure, express feelings, develop self-awareness and self-regulate.



Emotional Development

Guideline: Attachment

The child will develop an attachment relationship with a caregiver(s) who consistently meets the child's needs.

*Special Note: Because attachment has developmental relevance to both the emotional and social domains, it is shown identically in both places.

- **Attachment:**
The child will form relationships with consistent caregivers.

Birth - 8 months

In the beginning of this period, I respond automatically to both caregivers and unfamiliar adults. By the end of this period, I signal to caregivers in order to stay close, and I may have formed an attachment relationship with one (or a few) of these caregivers.

For example, I may...

- ...turn toward the sight, smell or sound of my mama over that of an unfamiliar adult.
- ...stop crying upon seeing a face or hearing a voice.
- ...grasp my caregiver's sweater when she holds me.
- ...lift my arms to be picked up by my papa.
- ...be more likely to smile when approached by a caregiver than by an unfamiliar adult.
- ...babble back and forth with a caregiver.
- ...seek comfort from the person I'm attached to when I am crying.
- ...cry out or follow after my mom when she leaves the room.

6 - 18 months

In the beginning of this period, I signal to caregivers to stay close. Later, I develop an attachment relationship with one or a few of these caregivers, whom I use as a secure base from which to move out and explore my environment, checking back from time to time. By the end of this period, I spend more time playing farther away from my attachment figure(s), and am more likely to use gestures, glances or words to stay connected, though I still need to be physically close when I'm distressed.

For example, I may...

- ...cry out or follow my mom when she leaves the room.
- ...seek comfort from my favorite blanket or toy, especially when the person I'm attached to is absent.
- ...turn excitedly and raise my arms toward the person I'm attached to at pick-up time.
- ...display anxiety when an unfamiliar adult gets too close to me.
- ...reconnect with the person I'm attached to by making eye contact with him or her from time to time.
- ...play confidently when my attachment figure is in the room, but crawl or run to her when I'm frightened.

16 - 36 months

In the beginning of this period, I spend more time playing farther away from the person I'm attached to than I did in the earlier age period, and I use gestures, glances or words to stay connected. By the end of this period, I am beginning to understand that the person I'm attached to may have a point of view (including thoughts, plans and feelings) that is different from my own.

For example, I may...

- ...call, "Papa!" from across the room while I'm playing with blocks to make sure that my Papa is paying attention to me.
- ...feel comfortable playing on the other side of the yard from the person I'm attached to, but cry to be picked up when I fall down and hurt myself.
- ...say, "I go to school, mama goes to work," after my mom drops me off in the morning.
- ...gesture for one more hug as my daddy is leaving for work.
- ...say, "you do one and I do one," when asked to put books away before separating from my mom in the morning, in order to get her to stay a bit longer.
- ...bring my grandma's favorite book to her to see if she will read it to me one more time after grandma says, "We're all done reading. Now it's time for nap."



Emotional Development

Guideline: Expression of Emotion

The child will experience and express a variety of feelings.

- **Expression of emotion: The child will express feelings through facial expressions, gestures and sounds.**

Birth - 8 months

In the beginning of this period, I express contentment and distress. By the end of this period, I express a variety of primary emotions (contentment, distress, joy, sadness, interest, surprise, disgust, anger and fear).

For example, I may...

- ...smile at my caregiver when he rocks me and sings to me.
- ...show distress by crying, kicking my legs and stiffening my body.
- ...coo when I'm feeling comfortable.
- ...cry intensely.
- ...express joy (by waving my arms and kicking my legs) when my dad comes to pick me up.
- ...express sadness (by crying) when my caregiver puts me down in my crib.
- ...spit out things that taste "icky" and make a face of disgust.
- ...laugh aloud when playing "peek-a-boo" with my caregiver.
- ...get angry when I am frustrated.
- ...be surprised when something unexpected happens.
- ...exhibit wariness, cry or turn away when approached by an unfamiliar adult.
- ...be more likely to react with anger than just distress when someone accidentally hurts me.

6 - 18 months

In the beginning of this period, I express a variety of primary emotions (contentment, distress, joy, sadness, interest, surprise, disgust, anger and fear). Later in this period, my emotional expressions become clearer and more intentional. By the end of this period, I begin to express complex (self-conscious) emotions such as pride, embarrassment, shame and guilt.

For example, I may...

- ...be more likely to react with anger than just distress when someone accidentally hurts me.
- ...show affection for my caregiver by hugging her.
- ...express fear of unfamiliar people by moving near my caregiver.
- ...knock a shape sorting toy away when it gets to be too frustrating.
- ...show my anger by grabbing a toy that was taken from me out of the other child's hands.
- ...express fear when I hear a dog bark.
- ...express sadness when I lose a favorite toy and cannot find it.
- ...smile with affection as my sibling approaches.
- ...cling to my dad as he says, "good-bye," and express sadness as he leaves.
- ...express fear by crying when I see someone dressed up in a costume.

16 - 36 months

In the beginning of this period, I begin to express complex (self-conscious) emotions such as pride, embarrassment, shame and guilt. By the end of this period, I can use words to describe how I am feeling, although sometimes my feelings are so strong that I have trouble expressing them in words.

For example, I may...

- ...hide my face in my hands when feeling embarrassed.
- ...express guilt after taking a toy out of another child's cubby without permission.
- ...express frustration through tantrums.
- ...express pride by saying, "I did it!"
- ...use words to express how I am feeling, such as, "I'm sad."
- ...say, "I miss grandma," after I get off the phone with her.



Emotional Development

Guideline: Self-Awareness

The child will develop an understanding of and an appreciation for his/her uniqueness in the world.

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

Birth - 8 months

In the beginning of this period, I am not aware that you are a separate person from me. By the end of this period, I begin to understand that I am my own separate person.

For example, I may...

- ...not experience distress when my mommy leaves the room.
- ...experiment with moving my own body.
- ...watch my own hands with fascination.
- ...use my hands to explore different parts of my body.
- ...be able to tell the difference between when someone touches my face and when I touch my own face.
- ...smile at my mirror image, even though I don't recognize it as an image of myself.
- ...react to hearing my own name.
- ...cry when my caregiver leaves the room.

6 - 18 months

In the beginning of this period, I begin to understand that I am my own separate person. By the end of this period, I recognize myself in the mirror and in photos.

For example, I may...

- ...recognize that I am a separate person from my caregiver.
- ...recognize my own body.
- ...begin to identify parts of the body.
- ...understand that the reflection in the mirror is actually my own image.

16 - 36 months

In the beginning of this period, I recognize myself in the mirror and in photos. Later in this period, I use pronouns like "I," "me" and "mine" when referring to myself. By the end of this period, I can describe who I am by using categories such as girl or boy, big or little.

For example, I may...

- ...point to myself in a family photograph.
- ...point to different body parts when you name them, and name a few body parts by myself.
- ...say, "big girl," when referring to myself.
- ...begin to make comparisons between myself and others.
- ...claim everything I want as "mine."
- ...refer to myself by name, or with the pronouns "me" and "I."
- ...say, "No!" to express that I am an individual with my own thoughts and feelings.
- ...point to and name members of my family in a photograph.
- ...say, "I'm the big sister," when my caregiver meets my new baby brother.



Emotional Development

Guideline: Self-Awareness

The child will develop an understanding of and an appreciation for his/her uniqueness in the world.

• Awareness of emotions: The child will recognize his or her own feelings.

Birth - 8 months

In the beginning of this period, I respond reflexively or automatically with emotions of distress or contentment. By the end of this period, I express a variety of primary emotions (contentment, distress, joy, sadness, interest, surprise, disgust, anger and fear).

For example, I may...
...show satisfaction or dissatisfaction.
...cry to indicate that I'm distressed.
...show pleasure and joy when interacting with a caregiver.
...show displeasure or sadness when my caregiver suddenly stops playing with me because another child needs him.
...become anxious when my family child care provider leaves the room.
...smile joyfully in response to my caregiver's interesting facial expressions.

6 - 18 months

In the beginning of this period, I express a variety of primary emotions (contentment, distress, joy, sadness, interest, surprise, disgust, anger and fear). By the end of this period, my emotional expressions become clearer and more intentional.

For example, I may...
...be more likely to react with anger than just distress when someone accidentally hurts me.
...show affection for my caregiver by hugging her.
...express fear of unfamiliar people by moving near my caregiver.
...knock a shape sorting toy away when it gets to be too frustrating for me.
...show my anger by grabbing a toy that was taken from me out of the other child's hands.
...express sadness when I lose a favorite toy and cannot find it.
...smile with affection as my sibling approaches.
...cling to my dad as he says, "good-bye," and express sadness as he leaves.
...express fear by crying when I see someone dressed up in a costume.
...exhibit a play smile while playing chase.
...express jealousy when my caregiver holds another child by trying to squish onto her lap too.

16 - 36 months

In the beginning of this period, my emotional expressions become clearer and more intentional. Later, I express complex (self-conscious) emotions such as pride, embarrassment, shame and guilt. By the end of this period, I use words to describe my feelings and I show an understanding of why I have these feelings. Sometimes, however, my feelings are so strong I have trouble expressing them in words.

For example, I may...
...express jealousy when my caregiver holds another child by trying to squish onto the caregiver's lap too.
...show delight by clapping to myself after stacking some blocks into a tower.
...use one or a few words to tell my caregiver how I am feeling.
...act out different emotions during pretend play by pretending to cry when I'm a sad baby and pretending to coo when I'm a happy baby.
...say, "I'm sad," and then respond, "I miss Mommy," when my caregiver asks why I'm sad.
...say, "I'm mad," after another child takes my toy, and then say to the other child, "That's mine," as I take the toy out of his hands.



Emotional Development

Guideline: Self-Awareness

The child will develop an understanding of and an appreciation for his/her uniqueness in the world.

- **Sense of competence: The child will recognize his or her ability to do things.**

Birth - 8 months

In the beginning of this period, I respond automatically and explore my own abilities. By the end of this period, I understand that I can make things happen.

For example, I may...

- ...explore my own abilities through movements.
- ...shake a rattle over and over again to hear the sound.
- ...touch a toy to make the music come on again after the music has stopped.
- ...look at my caregiver when I cry so she can meet my need.
- ...try to roll over and over again, even though I may not roll completely over.

6 - 18 months

In the beginning of this period, I understand that I can make things happen. By the end of this period, I experiment with different ways of making things happen, and I take pride in what I can do.

For example, I may...

- ...understand that I can get my caregiver to play "peek-a-boo" with me if I look at her and then cover my face with my hands.
- ...smile at my mom and giggle in a playful way as I crawl by her, to entice her to chase me in a game of "I'm gonna get you."
- ...point at a toy that I want and smile with satisfaction after my caregiver gets it down for me.
- ...roll a toy car back and forth on the ground and then push it really hard and let go, to see what happens.
- ...clap to myself after I climb up the stairs on the inside climber.

16 - 36 months

In the beginning of this period, I experiment with different ways of making things happen and take pride in what I can do. By the end of this period, I have an understanding of what I can do and what I'm not able to do yet by myself. I can also describe myself in terms of what I can do.

For example, I may...

- ...say, "Did it!" or "I can't."
- ...insist, "Me do it!" when my caregiver tries to help me with something I already know how to do.
- ...say, "I climb high" when telling a caregiver about what I did outside during play time.
- ...say, "Look what I made you" and hold up a picture I painted for my mommy with a big smile on my face.
- ...describe myself to my caregiver by saying, "I'm a helping boy" because I know I am a good helper.



Emotional Development

Guideline: Emotional Self-Regulation

The child will develop strategies to control emotions and behavior.

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

Birth - 8 months

In the beginning of this period, I depend on my caregiver to comfort me. By the end of this period, I use simple strategies to comfort myself, and I am able to communicate my needs more clearly to my caregiver.

For example, I may...

- ...cry when I'm hungry, tired or wet.
- ...settle down and be soothed when my caregiver picks me up and cuddles me, feeds me or meets my other needs.
- ...kick my legs and wave my arms when in distress.
- ...turn away from interactions that I find to be too intense, then turn back to continue interacting when I'm ready.
- ...calm myself when I'm upset by sucking on my fingers or hand.
- ...turn my head away or yawn when I'm feeling overstimulated.
- ...focus on a nearby toy that I find interesting when something else is making me feel overwhelmed.
- ...have different kinds of cries to tell my caregiver what I need to make me feel better.
- ...move away from something that is bothering me and move toward a caregiver who comforts me.

6 - 18 months

In the beginning of this period, I use simple strategies to comfort myself, and I am able to communicate my needs more clearly to my caregiver. By the end of this period, I use more complex strategies for making myself feel better.

For example, I may...

- ...move away from something that is bothering me and move toward a caregiver who comforts me.
- ...shift attention away from a distressing event onto an object as a way of managing my emotions.
- ...try to control my distress by biting my lip or hugging myself.
- ...use gestures or simple words to express distress and seek specific kinds of assistance from caregivers in order to calm myself.
- ...use comfort objects, such as a special blanket or a stuffed animal, to help myself calm down.
- ...play with a toy as a way to distract myself from my own discomfort.

16 - 36 months

In the beginning of this period, I use more complex strategies for making myself feel better. By the end of this period, I anticipate the need for comfort and try to plan ahead.

For example, I may...

- ...continue to rely on adults for reassurance and help in controlling my feelings and behavior.
- ...reenact emotional events in my play in order to gain mastery.
- ...ask for food when I'm hungry, but get my blankie and lie down in the quiet corner when I'm sleepy.
- ...say, "Can you rub my back?" when I'm having trouble settling down for a nap.
- ...put my blanket on my cot before sitting down for lunch, because I know I'll want it during naptime.
- ...ask, "Who will hold me when I'm sad?" as I talk with my mom about going to a new classroom.



Emotional Development

Guideline: Emotional Self-Regulation

The child will develop strategies to control emotions and behavior.

- **Impulse control:
The child will manage
his or her behavior.**

Birth - 8 months

In the beginning of this period, I depend on my caregivers to meet my needs and comfort me. By the end of this period, I show very early signs of controlling some impulses when my caregiver guides and supports me.

For example, I may...

- ...cry when hungry, until my caregiver feeds me.
- ...sleep when I'm sleepy.
- ...explore how someone's hair feels by pulling it.
- ...crawl too close to a younger infant who is lying on the same blanket.
- ...reach for a snack out of the bowl before it's snacktime and then pull my hand back when you ask me to wait.
- ...refrain from exploring the way another baby's hair feels when you remind me to be gentle.

6 - 18 months

In the beginning of this period, I show very early signs of controlling some impulses when my caregiver guides and supports me. By the end of this period, I am aware of my caregiver's wishes and expectations, and sometimes choose to comply with them. I also have some simple strategies to help myself wait.

For example, I may...

- ...refrain from exploring the way another baby's hair feels when you remind me to be gentle and show me how.
- ...respond to limits that you set with your voice or gestures.
- ...recover quickly and be able to play soon after a tantrum.
- ...use self-talk to control my behavior; e.g., say "no, no" while considering taking a cupcake from the plate before it's time for the birthday party.

16 - 36 months

In the beginning of this period, I am aware of my caregiver's wishes and expectations, and sometimes choose to comply with them. I also have some simple strategies to help myself wait. By the end of this period, I have internalized some of my caregiver's rules so I don't always need as much support when trying to control my behavior.

For example, I may...

- ...use self-talk to control my behavior; e.g., say "no, no" while considering taking a cupcake from the plate before it's time for the birthday party.
- ...begin to use words and dramatic play to describe, understand and control my impulses and feelings.
- ...begin to turn tantrum behavior on and off with less adult assistance.
- ...throw a tantrum when I'm really frustrated.
- ...push or hit another child who takes my toy.
- ...begin to remember to follow simple rules as a means of controlling behavior.
- ...understand or carry out simple commands or rules.
- ...yell, "mine, mine!" when another child picks up a doll.
- ...begin to share.



Social Development

Babies are social right from the start. Attachment relationships are at the heart of social development. In secure relationships, the baby eventually learns to follow social rules and be respectful toward others. As infants grow, they also gain the necessary social skills (turn taking when communicating, negotiation, etc.) to get along with others. Infants begin to show concern and empathy toward others. They also start to see themselves as belonging to social groups, in particular their families.

The ability to relate with adults and other children and to learn from others influences the infant's development in all of the other domains. As the child's interaction skills grow, the child learns from others through imitation and communication. Language learning, problem solving, fantasy play and social games all depend on social development. Through social guidance and imitation, the child learns safety rules and basic health procedures, such as hand washing before meals. With proper support, the infant eventually develops the ability to participate in a social group. Successful social development during the first three years prepares the child for both preschool and school.

Just as healthy attachment relationships support emotional self-regulation, so do these relationships contribute to the development of the child's social understanding and skills. In an attachment relationship, the infant looks to the adult for guidance. Because attachment relationships are critically important for emotional as well as social development, the same attachment guideline appears in both of these domains.

In order to fully understand social development, the role of culture must be recognized and respected in definitions of "appropriate" social interactions, social skills and social abilities. Different cultural communities may have different definitions of social competence. For example, one culture may look upon a child's behavior as shy and inhibited, while another culture may regard the same behavior as respectful.

Support and guidance from caregivers are essential for infants' positive social development. Caregivers support social development in three major ways: providing an appropriate environment, creating opportunities for responsive social interactions and building stable relationships. The environment should make it easy for caregivers to be available to the children and responsive to their needs. Above all, the program should foster relationships between caregivers and infants, and between infants. Continuity of care, ample time for caregivers and children to be together, guidance from caregivers and consistent, predictable social experiences all contribute to stable, strong relationships and positive social development.

Social development is the child's emerging development of an understanding of self and others, and the ability to relate to other people and the environment.



Guideline: Attachment

The child will develop an attachment relationship with a caregiver(s) who consistently meets the child's needs.

*Special Note: Because attachment has developmental relevance to both the emotional and social domains, it is shown identically in both places.

• Attachment: The child will form relationships with consistent caregivers.

Birth - 8 months

In the beginning of this period, I respond automatically to both caregivers and unfamiliar adults. By the end of this period, I signal to caregivers in order to stay close. I may have formed an attachment relationship to one (or a few) of these caregivers.

For example, I may...

- ...turn toward the sight, smell or sound of my mom over that of an unfamiliar adult.
- ...stop crying upon seeing a face or hearing a voice.
- ...grasp my caregiver's sweater when she holds me.
- ...lift my arms to be picked up by my dad.
- ...be more likely to smile when approached by a caregiver than by an unfamiliar adult.
- ...babble back and forth with a caregiver.
- ...seek comfort from an attachment figure when I am crying.
- ...cry out or follow after my mom when she leaves the room.

6 - 18 months

In the beginning of this period, I signal to caregivers to stay close. Later, I develop an attachment relationship with one or a few of these caregivers, whom I use as a secure base from which to move out and explore my environment, checking back from time to time. By the end of this period, I spend more time playing farther away from my attachment figure(s), and am more likely to use gestures, glances or words to stay connected, though I still need to be physically close when I'm distressed.

For example, I may...

- ...cry out or follow my mom when she leaves the room.
- ...seek comfort from my favorite blanket or toy, especially when the person I'm attached to is absent.
- ...turn excitedly and raise my arms toward the person I'm attached to at pick-up time.
- ...display anxiety when an unfamiliar adult gets too close to me.
- ...look for cues from the person I'm attached to when I'm unsure if something is safe.
- ...play confidently when the person I'm attached to is in the room, but crawl or run to her when I'm frightened.

16 - 36 months

In the beginning of this period, I spend more time playing farther away from the person I'm attached to than I did in the earlier age period, and I use gestures, glances or words to stay connected. By the end of this period, I am beginning to understand that the person I'm attached to may have a point of view (including thoughts, plans and feelings) that is different from my own.

For example, I may...

- ...call "Papa!" from across the room while I'm playing with blocks to make sure that my Papa is paying attention to me.
- ...feel comfortable playing on the other side of the yard from the person I'm attached to, but cry to be picked up when I fall down and hurt myself.
- ...say, "I go to school, mama goes to work," after my mom drops me off in the morning.
- ...gesture for one more hug as my daddy is leaving for work.
- ...say, "You do one and I do one" when asked to put books away before separating from my mom in the morning, in order to get her to stay a bit longer.
- ...bring my grandma's favorite book to her to see if she will read it to me one more time after grandma says, "We're all done reading." "Now it's time for nap."



Social Development

Guideline: Expression of Social Behavior

The child will demonstrate the ability to get along with others.

- Interactions with adults:
The child will engage in
give-and-take exchanges
with an adult.**

Birth - 8 months

In the beginning of this period, I respond automatically to my caregiver's attempts to interact. By the end of this period, I give cues to initiate interaction with my caregiver.

For example, I may...

- ...match the facial expressions of an adult.
- ...give a social smile or engage in mutual gazing.
- ...coo or babble in response to my caregiver's vocalizations.
- ...follow my caregiver's gaze to look at a toy.

6 - 18 months

In the beginning of this period, I give cues to initiate interaction with my caregiver. By the end of this period, I engage in a series of actions with my caregiver.

For example, I may...

- ...follow my caregiver's gaze to look at a toy.
- ...become wary or anxious of unfamiliar adults.
- ...take my caregiver's hands and rock forward and backward, saying "Row, row," as a way of asking her to sing "Row, Row, Row Your Boat" to me.
- ...cooperate during a diaper change by lifting my bottom.
- ...pick up a toy phone and say "Hello?" while I walk around the room, as I've seen my daddy do.
- ...show a toy to my caregiver, and later give a toy to my caregiver when she asks.
- ...initiate an interaction with my caregiver by pointing to an unfamiliar object as if to ask, "What's that?"

16 - 36 months

In the beginning of this period, I engage in a series of actions with my caregiver. By the end of this period, I can work with a caregiver to solve problems or communicate about ideas or experiences.

For example, I may...

- ...initiate an interaction with my caregiver by pointing to an unfamiliar object as if to ask, "What's that?"
- ...bring my shoes from my bedroom when my grandma asks me to.
- ...practice being a grown-up in my pretend play by dressing up or using a play stove.
- ...participate in storytelling with my family child care provider.



Social Development

Guideline: Expression of Social Behavior

The child will demonstrate the ability to get along with others.

- **Interactions with peers:
The child will engage
with other children.**

Birth - 8 months

In the beginning of this period, I respond automatically and prefer the human face and sound. By the end of this period, I am interested in other children and explore their faces and bodies.

For example, I may...
...turn toward the sight, smell or sound of a familiar caregiver over that of an unfamiliar adult.
...initiate a social smile.
...look at a peer for a short time.
...touch or mouth the hair of another child.

6 - 18 months

In the beginning of this period, I am interested in other children and explore their faces and bodies. By the end of this period, I engage in play with peers for an extended time.

For example, I may...
...prefer familiar peers, and play in more complex play with them than with unfamiliar peers.
...play pat-a-cake with a caregiver or peer.
...sit beside a peer, filling my sand bucket, while she fills hers.
...roll a ball with a peer.
...pretend to cook dinner or bathe the baby using props such as pots, pans, baby dolls and wash cloths.

16 - 36 months

In the beginning of this period, I engage in play with peers for an extended time. By the end of this period, I show a greater likelihood to engage in mutual social play.

For example, I may...
...pretend to cook dinner or bathe the baby using props such as pots, pans, baby dolls and wash cloths.
...have one or two favorite peers within my class.
...pretend to order pizza, using a banana as a phone.
...stand at the play dough table, rolling balls of dough, while my peers play beside me.
...push, hit or bite when another child takes my toy.
...say, "Let's chase!" to a peer or engage in other complementary interactions, such as feeding a stuffed bear that another child is holding.
...tell you the names of my friends.



Social Development

Guideline: Expression of Social Behavior

The child will demonstrate the ability to get along with others.

- **Empathy:**
The child will understand and respond to the emotions of others.

Birth - 8 months

In the beginning of this period, I respond automatically to the emotions of others. By the end of this period, I demonstrate an awareness of others' feelings.

For example, I may...
...look at my mama's face.
...match the facial expressions of my papa.
...smile responsively.
...cry or grimace at the discomfort of others.

6 - 18 months

In the beginning of this period, I demonstrate an awareness of others' feelings. By the end of this period, I respond to a peer's distress by doing something for him that would make me feel better.

For example, I may...
...interpret facial cues as emotional expressions.
...exhibit "social referencing" by looking at my caregiver for cues when I'm in an uncertain situation.
...gently pat a crying peer on his back.
...comfort a crying peer by offering my own blanket or getting my own mother to help.
...say, "Hug?" in an attempt to help a crying peer.

16 - 36 months

In the beginning of this period, I respond to a peer's distress by doing something for him that would make me feel better. By the end of this period, I respond to a peer's distress in a way that shows that I understand what would make him feel better. I also understand that others have feelings independent from mine.

For example, I may...
...comfort a crying peer by offering my own blanket or getting my own mother to help.
...say, "Hug?" in an attempt to help a crying peer.
...bring a peer her favorite blanket in an attempt to comfort her.
...put a bowl on my head in an effort to make a crying peer smile.
...say, "Daddy happy." when I see my daddy laugh.
...say, "Curious George is scared" and point at his picture in a book.
...say, "Alexandra's crying because she misses her mommy."



Social Development

Guideline: Awareness of Social Behavior

The child will develop a sense of belonging to a larger community through social interactions and relationships.

- **Social identity:**
The child will have an awareness of his or her relationship to others in a group.

Birth - 8 months

In the beginning of this period, I am not aware that you are a separate person from me. By the end of this period, I begin to understand that I am a separate person who is connected to others in the world.

For example, I may...

- ...not experience distress when you leave the room.
- ...use my hands to explore different parts of my body and explore my mom's facial features.
- ...be able to tell the difference between familiar and unfamiliar people.
- ...smile and light up when my big brother comes to talk to me.
- ...show anxiety when my dad leaves.
- ...cry and expect a caregiver to meet my needs.

6 - 18 months

In the beginning of this period, I understand that I am a separate person who is connected to others in the world. By the end of this period, I demonstrate an understanding of the practices or characteristics of my group.

For example, I may...

- ...show anxiety when my dad leaves.
- ...express anxious behavior around unfamiliar adults.
- ...demonstrate a sense of "we" when playing games like "peek-a-boo" or "I'm gonna get you."
- ...talk on the phone and walk around like I've seen my mommy do at home.
- ...clap and say "yeah" after singing a song at home, because that's what we do at my family child care.

16 - 36 months

In the beginning of this period, I demonstrate an understanding of the practices or characteristics of my group. By the end of this period, I identify myself and others as belonging to one or more groups, according to characteristics I notice.

For example, I may...

- ...talk on the phone and walk around like I've seen my mommy do at home.
- ...clap and say "yeah" after singing a song at home, because that's what we do at my family child care.
- ...use pronouns like "you," "me" and "I."
- ...say, "Adrian is a boy, and I'm a boy."
- ...say, "I'm not a baby. I'm a big girl."
- ...name some family members or friends.



Motor Development

Babies use their bodies to interact with their physical and social environment, right from the start. Through movement, babies make discoveries about themselves and the environment and gain a sense of mastery. As infants develop emotional security, they become increasingly confident about using their emerging motor abilities to explore the environment, try out new skills and learn about the world of people and things. The control of small and large muscles allows toddlers to participate increasingly in their daily care such as feeding, dressing and toileting.

Motor development affects infants' development in all of the other domains. For example, control of their limbs and hands enables babies to communicate by gesturing and pointing. Fine motor development is necessary to participate in finger plays and eventually handle and look at a book, grasp a marker and scribble and make marks. These early developments lead to emergent literacy and writing, and contribute to children's eventual school readiness. In the area of cognitive development, fine and large muscle development allows very young children to explore the environment and manipulate materials. Of course, a child's ability to move plays a big role in his or her social interactions with other children.

Caregivers can nurture and support babies' motor development in many ways. Caregivers need to create a safe space for free exploration of movement with appropriate levels of challenge. Supervision of young children is always necessary. Caregivers should place young infants on their backs to sleep. Babies also need time on their stomachs while awake to develop their movement skills (www.cdc.gov/actearly). Baby equipment such as exercise saucers, play pens and swings restrict motor development and should be used sparingly. Infant walkers and jumpers can cause serious injuries and should not be used.

Because all children learn through moving, adaptation of the environment may be necessary to support the movement of a child, particularly those with a disability or other special need. All infants and toddlers benefit from adult encouragement. It helps them to take on new challenges and to strengthen their developing sense of security and self-confidence.

Motor development is the increasing ability to use one's body to interact with the environment.



Motor Development

Guideline: Large Muscle

The child will develop large-muscle strength and control to move within the environment.

- **Movement, balance, and coordination:**
The child will coordinate the movements of his or her body in order to move and to interact with the environment.

Birth - 8 months

In the beginning of this period, I move my body automatically. Later, I gain strength and more voluntary control of my head, arms and legs. By the end of this period, I use this strength and control to coordinate the movements of my body parts and to move my whole body.

For example, I may...

- ...try to hold my head steady when mommy holds me against her chest and shoulder.
- ...turn my head to both sides while lying on my back.
- ...roll from front to back or back to front.
- ...hold myself up, first on two hands and then on one, while on my tummy.
- ...scoot backward on my belly.
- ...crawl forward on my hands and knees.

6 - 18 months

In the beginning of this period, I coordinate the movements of my body parts to move my whole body. Later, I develop the strength, balance and coordination to change the position of my body from lying to sitting, and later to standing. By the end of this period, I can move my body from one place to another without support while upright on two feet.

For example, I may...

- ...get into and out of a sitting position independently.
- ...reach for toys that are lying on the floor around me while I am sitting.
- ...get up on my hands and knees.
- ...crawl on my hands and knees toward my mommy.
- ...creep up and down stairs on my belly, one step at a time.
- ...use the couch to pull myself up into a standing position.
- ...cruise around the coffee table while holding onto it.
- ...stand up by myself.
- ...take two or three steps.
- ...walk across the room, stopping and changing direction when something is in my way.
- ...stand and rock side to side or bounce up and down to "dance" to music.

16 - 36 months

In the beginning of this period, I can move my body from one place to another without support while upright on two feet. By the end of this period, I can coordinate my whole body to make complex movements.

For example, I may...

- ...hold onto a string to pull a wooden duck with wheels behind me while walking.
- ...back up and sit down in the chair that's just my size at my child care center.
- ...walk up and down steps while holding my caregiver's hand or holding onto the railing.
- ...bend over to pick up objects off the floor and then stand up straight again.
- ...carry a large stuffed bear as I walk to my cubby.
- ...run.
- ...kick a ball.
- ...jump.
- ...walk up and down stairs independently, stopping with both feet on each step.
- ...walk up and down stairs, alternating my feet, one on each step.
- ...use a riding toy with or without pedals.
- ...climb on outdoor play equipment.



Motor Development

Guideline: Small Muscle

The child will develop small-muscle strength and control for detailed exploration and manipulation of objects.

- **Touch, grasp, reach and manipulate:**
The child will coordinate the use of his or her hands, fingers and sight in order to manipulate objects in the environment.

Birth - 8 months

In the beginning of this period, I use my hands, arms and eyes automatically. Later, I can follow a moving object or person with my eyes, and I can bring my hands and objects to my mouth. By the end of this period, I look at my hands or an object while manipulating that object.

For example, I may...

- ...blink when the sun shines in my eyes.
- ...grasp my mother's finger when she places it in my tiny palm.
- ...follow a moving person with my eyes.
- ...move my arms when I see a toy.
- ...clasp my hands together.
- ...bring my hand to my mouth.
- ...reach for and grasp an object.
- ...use a full-hand grasp to pick up an object.
- ...transfer a toy from one hand to another.

6 - 18 months

In the beginning of this period, I look at my hands or an object while manipulating that object. By the end of this period, I use both of my hands together to accomplish a task.

For example, I may...

- ...transfer a toy from one hand to the other.
- ...hold an object in each hand.
- ...release my grasp on a toy so I can watch it fall to the floor.
- ...bang objects together.
- ...turn the pages of a board book.
- ...take a block out of the plastic bin.
- ...use my index finger and thumb to pick up a piece of cereal and bring it to my mouth.
- ...put a block back in the plastic bin.
- ...look up and point at the object I want that is out of reach.
- ...scribble with a fat crayon on a large piece of paper while holding onto the crayon with a full-hand grasp.
- ...hold a toy with one hand while looking at it and pushing at different parts with the index finger of my other hand.

16 - 36 months

In the beginning of this period, I use both of my hands together to accomplish a task. By the end of this period, I am able to coordinate the use of my arms, hands and fingers to accomplish more challenging fine motor tasks.

For example, I may...

- ...scribble with a fat crayon on a large piece of paper while holding the crayon with a full-hand grasp.
- ...hold a toy with one hand while looking at it and pushing different parts of it with the index finger of my other hand.
- ...put pegs into the holes of a foam peg board.
- ...use a spoon to scoop up food and bring it to my mouth, even though I may get some food on my face.
- ...wash my hands.
- ...string a large wooden bead onto a shoelace.
- ...make snips in a piece of paper with child-sized scissors.
- ...hold a piece of chalk using my fingers and thumb.
- ...unbutton a large button on my sweater.
- ...consistently favor the use of one of my hands over the other.
- ...build a tall tower with a number of blocks.
- ...complete a puzzle with three to four interlocking pieces.



Motor Development

Guideline: Oral-Motor

The child will develop skill in biting, chewing and swallowing during eating and drinking.

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

Birth - 8 months

In the beginning of this period, I automatically root and suck. Later, I use my mouth and tongue to explore objects. By the end of this period, I gain more control over my ability to suck, swallow and chew.

For example, I may...

- ...suck on my own fist.
- ...turn my head toward a finger or nipple that brushes my cheek.
- ...suck on the breast or bottle.
- ...push my tongue against a spoon that you put into my mouth.
- ...coordinate sucking, swallowing and breathing.
- ...stick out my tongue.
- ...explore the texture of objects with my lips and tongue.
- ...drool while playing and teething, but drool less while eating.
- ...use my tongue to move food inside my mouth.

6 - 18 months

In the beginning of this period, I gain more control over my ability to suck, swallow and chew. By the end of this period, I can take bites of food and drink from a cup, if these choices are offered to me.

For example, I may...

- ...chew pieces of finger food, like chunks of banana.
- ...drink from a sippy cup.
- ...bite a biscuit or gnaw on a chew toy.
- ...tolerate various textures of foods.
- ...take a bite from a piece of bread.
- ...drink from a cup without a lid, even though I may spill some on myself.

16 - 36 months

In the beginning of this period, I take bites of food and drink from a cup, if these choices are offered to me. By the end of this period, I eat a variety of table foods and can drink through a straw.

For example, I may...

- ...drink from a cup without a lid, even though I may spill some on myself.
- ...chew using rotary jaw movements.
- ...drink from an open cup, usually without spilling.
- ...drink through a straw.
- ...eat a variety of table foods.



Language & Communication Development

Babies tune into familiar sounds and voices and express needs within minutes after birth. All humans communicate to build relationships, share meaning with one another and express needs. The ways humans communicate include sound, speech, body movements, facial expressions, gestures, signs, pictures, print, and Braille. Language competence is one of the most amazing developmental accomplishments during the first three years of life. Infants rapidly learn to understand language, express themselves verbally and use language to get their needs met.

The development of language and communication skills during the infant and toddler years supports development in all of the other domains. It helps infants to learn about healthful routines, to regulate their actions and thinking, to understand their emotional experiences and to get along with others socially. It also lays the foundation for the acquisition of skills necessary to learn to read, write, and communicate effectively with others in school. Young children's ability to understand and express spoken language by the end of the toddler period prepares them to hear and understand the sounds of spoken language (phonological awareness), continue to understand and use new words (vocabulary acquisition), and communicate through listening, viewing and speaking.

Some infants and toddlers have conditions that affect their ability to learn to communicate. For example, children who are born with partial or full hearing loss may rely more on vision than on hearing to communicate. Children with developmental disorders such as autism or severe speech delays also may heavily rely on non-verbal communication.

Children with disorders progress through many of the same language development sequences as other children, though they may develop at different rates and with different modes of communication such as sign language or picture systems.

Many children in infant and toddler care programs live in families with a home language different from English. Infants and toddlers need to learn their home language, because it is an important part of their identity development, their self-concept, their relationships at home and their ability to develop concepts and thinking skills. When caring for an infant or toddler with a home language different from English, adults should support children in using and learning their home language, as the children begin to learn English.

Most children learn language without anyone directly teaching them, no matter which language is spoken at home. However, the amount and kind of language infants and toddlers experience has an enormous effect on the number of words they will learn and use, their success at learning to read and write in school, and their long-range school success. Babies and toddlers need rich experiences with language-related emergent reading and writing. For example, caregivers should read to infants and toddlers frequently, and recite to them songs, rhymes and fingerplays. In addition, learning opportunities such as manipulating play materials, playing with short stubby paintbrushes and using eating utensils provides infants and toddlers the experiences they need to become ready to play at writing during the preschool years.

Language and communication development is the increasing ability to communicate successfully with others to build relationships, share meaning and express needs in multiple ways.



Guideline: Comprehending Language

The child will use listening and observation skills to develop an awareness of his or her world. As he or she develops, he or she understands more sounds and words.

- **Understanding language: The child will comprehend the message of another's communication.**

Birth - 8 months

In the beginning of this period, I respond automatically to sounds in the environment. By the end of this period, I recognize the names of familiar people and favorite objects.

For example, I may...

- ...turn my head toward the direction of a loud sound and startle when very loud sounds occur.
- ...watch my grandmother's face as she speaks to me.
- ...turn my head in the direction of my father's voice.
- ...look at my mommy when I am asked, "Where's Mommy?"
- ...reach for my bottle when I am asked, "Do you want your bottle?"

6 - 18 months

In the beginning of this period, I recognize the names of familiar objects and people. By the end of this period, I show understanding of adult's simple requests and of statements referring to the present situation.

For example, I may...

- ...reach for my bottle when I am asked, "Do you want your bottle?"
- ...follow one-step requests when my caregiver uses gestures along with words (e.g., "no no," "roll the ball," "kiss the baby doll," "wave bye-bye").
- ...crawl toward the ball when my caregiver asks, "Where's the ball?" without using gestures.
- ...point to my shoes or socks when my caregiver asks, "Where are your shoes?"

16 - 36 months

In the beginning of this period, I show understanding of adults' simple requests and of statements referring to the present situation. By the end of this period, I understand my caregiver's more abstract and complex statements and requests that refer to positions in space, ideas, feelings and the future.

For example, I may...

- ...point to my shoes or socks when my caregiver asks, "Where are your shoes?"
- ...sit next to Marcus at the table when my caregiver asks me to sit next to him.
- ...get my own book out of my cubby and my caregiver's book off the shelf when my caregiver requests, "Please get your truck book and my truck book for naptime."
- ...pick up one block off the floor and give it to my caregiver when he asks me to "Please get a block," and then pick up the basket of blocks when I'm asked to "Please get the blocks."



Guideline: Expressing Language

The child will develop the ability to use sounds, words, gestures and eventually signs or words to communicate his or her wants, needs and feelings.

- **Expressing language: The child will convey a message or transfer information to another person.**

Birth - 8 months

In the beginning of this period, I make sounds spontaneously. By the end of this period, I show more intention as I experiment with sound and with different ways to express my wants, needs or feelings.

For example, I may...

- ...coo using single vowel sounds (e.g., "ah", "eh," "uh").
- ...demonstrate several different cries to express different needs.
- ...babble, using consonant sounds.
- ...use gestures or expressions to indicate my wants, needs or feelings.

6 - 18 months

In the beginning of this period, I show more intention as I experiment with sound and with different ways to express my wants, needs or feelings. By the end of this period, I begin to use single words and conventional gestures to communicate with others.

For example, I may...

- ...use gestures or expressions to indicate my wants, needs or feelings.
- ...use one-word sentences.
- ...say "mama" or "papa."
- ...say, "oh oh" when my milk spills.
- ...use long strings of babbles together.
- ...shake my head back and forth and say, "no" when I don't want to do something.
- ...point to an object to communicate that I want you to get it for me.
- ...begin to say "bottle" instead of "baba" when wanting a drink.

16 - 36 months

In the beginning of this period, I begin to use single words and conventional gestures to communicate with others. By the end of this period, I combine words to express more complex ideas and start to follow some simple grammatical rules, although not always correctly.

For example, I may...

- ...begin to say, "bottle" instead of "baba" when wanting a drink.
- ...combine words into simple sentences. "I go home."
- ...speak clearly enough for others to usually understand what I am trying to say.
- ...be able to name my extended family members when my caregiver points to them in a photograph.
- ...add "s" to words when referring to more than one, "lots of dogs at the park" and "lots of deers in the woods," even though that grammatical rule doesn't always work.
- ...use words like "mine," "yours" and "his" to indicate who owns each toy.



Guideline: Social Communication

The child will be an active participant in his or her social world by developing the ability to interact with others in ways expected by his or her family, or community.

- **Rules of language: The child will participate in interactions with language that follow the expected practices of the child's family and community.**

Birth - 8 months

In the beginning of this period, I automatically respond to my caregivers when they talk to me by turning toward them. During this period, I participate in back-and-forth interactions with my caregivers. By the end of this period, I attempt to respond to basic forms of social communication with the appropriate gesture.

For example, I may...

- ...gaze at my caregiver during a feeding.
- ...vocalize when my aunt calls my name.
- ...smile and vocalize to initiate contact with my grandpa.
- ...make a gurgling sound and pause for my caregiver to respond, then after my caregiver says something to me, coo and smile.
- ...raise my arms in the air when Daddy says, "so big!" and raises his arms.
- ...wave bye-bye in response to my papa's waving bye-bye to me.

6 - 18 months

In the beginning of this period, I attempt to respond to basic forms of social communication with the appropriate gesture. By the end of this period, I participate in and often initiate the basic socially expected communications of my family.

For example, I may...

- ...wave bye-bye in response to my papa's waving bye-bye to me.
- ...run to the window to blow kisses to my mommy when she drops me off at child care, even before my mommy has left the room.
- ...play "peek-a-boo" with my aunt.
- ...say, "please" when I'm asking for something.

16 - 36 months

In the beginning of this period, I participate in and often initiate the basic socially expected communications of my family. By the end of this period, I understand when words are used in a silly way.

For example, I may...

- ...say, "please" when I'm asking for something.
- ...take a turn in a conversation by answering a question when asked, and then asking a question in return.
- ...make a related comment in a group conversation during lunch time.
- ...laugh when my caregiver says, "put your boot on your ear."



Guideline: Early Literacy

The child will learn the foundations for listening, speaking, reading and writing.

- **Early reading:**
The child will demonstrate interest in book reading, story telling and singing and will eventually understand the meaning of basic symbols.

Birth - 8 months

In the beginning of this period, I respond automatically to my caregiver's talking, singing and reading. By the end of this period, I show increased interest in books, pictures, songs and rhymes.

For example, I may...

- ...turn toward my granny and watch her eyes and mouth while she's singing me a song.
- ...look at a page of a picture book that my caregiver holds up for me to see.
- ...cuddle and look at my caregiver's face while I am being read to.
- ...babble while looking at a book with my big brother.
- ...chew on the corner of a book.
- ...coo when I hear my caregiver singing.
- ...reach for the pages of a book when my caregiver is holding up a book and looking at it with me.
- ...follow my mom's gaze to look at a picture in a book.

6 - 18 months

In the beginning of this period, I show increased interest in books and pictures. By the end of this period, I actively participate in book reading, story telling and singing.

For example, I may...

- ...reach for the pages of a board book when my caregiver is holding up a book and looking at it with me.
- ...follow my mom's gaze to look at a picture in a book.
- ...look at the picture of the bus in a book when my caregiver points and says, "There's the school bus."
- ...enjoy looking at the pictures in a picture book.
- ...pat a photograph of my family pet.
- ...move my arms in a rolling motion to let my caregiver know I want to sing, "Wheels on the Bus."
- ...turn a board book right-side up and turn the pages.
- ...point to the animals in the pictures as my caregiver is reading "Old MacDonald" and asks me, "Where's the cow? Where's the dog?"
- ...point to a picture of a dog and make a barking noise or say "doggie."
- ...vocalize and point to identify familiar signs, labels or logos in the home and community (e.g., a stop sign).

16 - 36 months

In the beginning of this period, I actively participate in book reading, story telling and singing. By the end of this period, I show understanding of the meaning of stories and show appreciation for reading books, telling stories and singing by initiating these activities and by having "favorite" books, stories and songs.

For example, I may...

- ...vocalize and point to identify familiar signs, labels, or logos in the home and community (e.g., a stop sign).
- ...see a picture of a flower in a book and pretend to sniff it.
- ...participate in book reading by making sounds of the different trucks in the story that my grandpa is reading to me. ("Brrmmm" for bus, "Beep-Beep-Beep" for dump truck, and siren noise for fire truck.)
- ...try to do all the hand motions to "The Itsy Bitsy Spider."
- ...listen as my caregiver reads a short story.
- ...finish the repetitive sentence, "Brown Bear, Brown Bear, what do you see?" when reading that book.
- ...make up a story about a picture of an elephant and tell it to my teddy bear.



Guideline: Early Literacy

The child will learn the foundations for listening, speaking, reading and writing.

- **Early writing:**
The child will demonstrate interest in writing and will develop the fine motor abilities required to hold a writing tool and make marks on a surface.

Birth - 8 months

In the beginning of this period, I respond automatically to objects in my environment. By the end of this period, I show increased ability in the use of my hands and fingers, and may watch adults when they are writing.

For example, I may...

- ...wave both my arms when I see a toy that excites me.
- ...grasp a rattle, let go of it and then try to grasp it again.
- ...transfer and manipulate an object with my hands.
- ...watch an adult write.
- ...pick up a small toy with the tips of my thumb and fingers.

6 - 18 months

In the beginning of this period, I show increased ability in the use of my hands and fingers. By the end of this period, I use a full-hand grasp to hold a writing tool to make scribbles.

For example, I may...

- ...make random marks on the side walk with chalk.
- ...imitate a caregiver who is writing.
- ...use a crayon to make marks on a piece of paper.
- ...choose to use the markers or crayons during play time to make scribbled pictures.

16 - 36 months

In the beginning of this period, I use a full-hand grasp to hold a writing tool to make scribbles. By the end of this period, I use my thumb and fingers of one hand to hold my writing tool and start to use my drawings to represent objects and ideas.

For example, I may...

- ...choose to use the markers or crayons during play time to make scribbled pictures.
- ...pretend to take orders with a pencil and paper when I'm pretending to play restaurant.
- ...hold my crayon with my thumb and fingers of one hand.
- ...draw a circle and a straight line after watching someone else do it.
- ...make a scribbled picture and say, "It's a dinosaur" when showing it to my uncle.
- ...choose to use crayons, markers, paint brushes, chalk, etc. to draw and create.



Cognitive Development

Babies are motivated, curious and competent learners right from the start. They are natural scientists. Cognitive development is the building of concept knowledge and thinking skills. Children come into the world eager to learn. Through relationships, active exploration and experiences, infants and toddlers make discoveries about the world, figure out how things work, imitate others, try out new behaviors, share meaning, learn social rules and solve problems. Like scientists, young children uncover the mysteries of the world. Through play and self-initiated practice, they build concepts and develop their thinking skills.

Cognitive development grows hand in hand with the other developmental domains. Healthy and emotionally secure infants can focus on exploration and learning. Infants' growing ability to move their bodies allows them to explore environments and manipulate materials in increasingly complex ways. As infants and toddlers build concepts, language gives them a means to represent ideas and share meaning with others. Symbolic play not only enables children to experiment with concepts, it also gives them a means to explore social roles and feelings. The knowledge and thinking skills that children build during the first three years of life prepare them to continue to learn during the preschool years and become ready for school.

Relationships are at the center of early cognitive development. Young infants are fascinated with their caregivers' faces and voices. They learn through give and take interaction. As infants grow older, they use attachment relationships as a secure base for exploration. They also become interested in showing and giving things to adults. At the toddler age, children ask questions and share meaning with their caregivers.

To promote cognitive development, caregivers should take cues from infants and be responsive to the children's interests and needs. Research has documented that responsive care has a positive influence on children's long range cognitive development. In addition, caregivers need to set up an environment that is both appropriate and challenging for the age and stage of each child. For children with disabilities or other special needs, specific adaptations to their abilities are necessary. The environment should be well organized and predictable. Providing a rich selection of age appropriate, easily accessible materials allows all infants and toddlers to pursue their passion for learning and discovery.

Cognitive development is the building of thinking skills.



Guideline: Discoveries of Infancy

The child will develop an understanding of his or her world through exploration and discovery while developing strategies to solve problems.

• **Group and categorize:**
The child will learn to group people and objects based on their attributes.

Birth - 8 months

In the beginning of this period, I don't distinguish between familiar and unfamiliar people. By the end of this period, I can tell the difference between familiar and unfamiliar people, objects and places.

For example, I may...

- ...turn toward the sight, smell or sound of my mom.
- ...look back and forth between people or objects, as if comparing them.
- ...be able to tell the difference between friendly and unfriendly voices.
- ...explore objects by mouthing, banging, shaking or hitting them.
- ...snuggle happily with my special blanket when I find it in a pile of fresh laundry.
- ...demonstrate anxiety or fear toward unfamiliar faces or people.
- ...bat or kick at water, then act surprised by the splash.
- ...shake a rattle repeatedly to make the sound continue.

6 - 18 months

In the beginning of this period, I can tell the difference between familiar and unfamiliar people, objects and places. By the end of this period, I can group objects into two distinct groups.

For example, I may...

- ...demonstrate anxiety or fear toward unfamiliar faces or people.
- ...indicate that birds, dogs and horses are all animals, while cars are not.
- ...remember the steps that make up my nightly bath routine: clothes off, wash hair, wash body, dry off.
- ...put toy cars in one pile and airplanes in another.

16 - 36 months

In the beginning of this period, I can group objects into two distinct classes. By the end of this period, I can sort multiple objects by their properties and uses.

For example, I may...

- ...put toy cars in one pile and airplanes in another.
- ...point out all of the blue plates at the lunch table.
- ...label the big animals "mama" and the small animals "baby."
- ...put all of the red pegs in one bowl, the white pegs in another bowl and the green pegs in a third bowl.



Guideline: Discoveries of Infancy

The child will develop an understanding of his or her world through exploration and discovery while developing strategies to solve problems.

• **Cause and effect:**
The child will make things happen and understand the causes of some events.

Birth - 8 months

In the beginning of this period, I respond automatically to things that happen in my environment. By the end of this period, I use simple actions to make things happen.

- For example, I may...
- ...explore objects by mouthing, banging, shaking or hitting them.
 - ...look at my own hand.
 - ...grasp a toy in my hand.
 - ...bat or kick at water, then act surprised by the splash.
 - ...shake a rattle repeatedly to make the sound continue.

6 - 18 months

In the beginning of this period, I use simple actions to make things happen. By the end of this period, I purposefully try behaviors to make things happen.

- For example, I may...
- ...shake a rattle repeatedly to make the sound continue.
 - ...use a wooden spoon, pots and pans, in various combinations, to make sounds over and over again.
 - ...engage in trial-and-error learning.
 - ...drop objects from different heights and positions.
 - ...pull a string attached to a toy to bring the toy closer.
 - ...touch or bang the handle of a jack-in-the-box, then hand it back to my caregiver to make it pop.
 - ...touch different parts of a musical toy to make the music start again.

16 - 36 months

In the beginning of this period, I purposefully try behaviors to make things happen. By the end of this period, I think of ways to solve problems and don't have to act out possible solutions. I also understand that events have a cause.

- For example, I may...
- ...touch different parts of a musical toy to make the music start again.
 - ...choose only rings with holes when playing with a ring-stacking toy.
 - ...say, "Lucile fall down" when I see a peer crying.
 - ...communicate about what makes a pop-up toy go.



Guideline: Discoveries of Infancy

The child will develop an understanding of his or her world through exploration and discovery while developing strategies to solve problems.

• **Problem solving:**
The child will use the self, objects or others to attain a goal.

Birth - 8 months

In the beginning of this period, I respond automatically to my environment. By the end of this period, I actively use my body to find out about my world.

- For example, I may...
- ...cry to get my needs met.
 - ...explore objects by mouthing, banging, shaking or hitting them.
 - ...drop a toy and watch it fall.
 - ...touch or mouth the hair of another person.
 - ...transfer a rattle from one hand to the other.

6 - 18 months

In the beginning of this period, I actively use my body to find out about my world. By the end of this period, I use simple strategies to solve problems.

- For example, I may...
- ...touch or mouth the hair of another person.
 - ...move around to the side of the aquarium so I can see the fish better.
 - ...squeeze onto my mom's lap, even when my sibling is already there.
 - ...twist a shape until it fits into a hole in a container.
 - ...use a stick to reach a toy.
 - ...try several ways to reach a ball that is stuck under the couch.

16 - 36 months

In the beginning of this period, I use simple strategies to solve problems. By the end of this period, I can solve problems without having to try every possibility, while avoiding solutions that clearly won't work.

- For example, I may...
- ...try several ways to reach a ball that is stuck under the couch.
 - ...turn a puzzle piece to make it fit into its space.
 - ...choose a yogurt container instead of a strainer to carry water across the yard.
 - ...use a fork or spoon.
 - ...use a play cup from the housekeeping corner to roll out my clay.



Guideline: Discoveries of Infancy

The child will develop an understanding of his or her world through exploration and discovery while developing strategies to solve problems.

• **Memory:**
The child will remember people, objects and events.

Birth - 8 months

In the beginning of this period, I respond automatically to my environment. By the end of this period, I notice people and things and their features. My ability to remember depends greatly on repeated experience.

For example, I may...

- ...not look for a toy that has been hidden.
- ...kick my feet in anticipation of being fed when my mother positions me on her lap.
- ...remember how to kick to make my mobile move when it is hanging over my crib.
- ...look longer at a new picture than at one I have seen before.
- ...track an object that moves out of my line of sight.
- ...search for a partially hidden toy.

6 - 18 months

In the beginning of this period, I notice people and things and their features. My ability to remember depends greatly on repeated experience. Later, I understand that people and objects continue to exist even when I can't see them. By the end of this period, I hold in my mind an image of my attachment figure, which I can use to comfort myself. I also recall more information over a longer period of time.

For example, I may...

- ...show signs of wariness or distress toward unfamiliar people or places.
- ...search for a partially hidden toy.
- ...look over the edge of the table for a cloth I have dropped.
- ...search for my blanket after I see you hide it.
- ...watch you wipe down the table with a cloth one day, then try it myself the next day.
- ...say, "Mama," when my caregiver rocks me to sleep at naptime, as a way of reminding myself that Mama rocks me to sleep at home.

16 - 36 months

In the beginning of this period, I hold in my mind an image of my attachment figure, which I can use to comfort myself. I also recall more information over a longer period of time. By the end of this period, I can communicate about some of the events in my life.

For example, I may...

- ...say, "Mama," when my caregiver rocks me to sleep at naptime, as a way of reminding myself that Mama rocks me to sleep at home.
- ...say, "Meow," when Daddy points to a picture and asks, "What does a kitty cat say?"
- ...watch you take a cloth out of the drawer, wipe down the table, and put the cloth in the hamper, then try it myself a week later.
- ...imagine the whereabouts of an object or person that is out of my sight.
- ...communicate about my aunt's visit last summer.



Guideline: Discoveries of Infancy

The child will develop an understanding of his or her world through exploration and discovery while developing strategies to solve problems.

- **Space:**
The child will understand how things move and fit in space.

Birth - 8 months

In the beginning of this period, I respond automatically to my environment. By the end of this period, I begin to learn the properties of objects.

For example, I may...

- ...watch people and objects move through space.
- ...look for what is making a sound.
- ...bring an object to my mouth to explore it.
- ...reach for and grasp an object.
- ...drop a toy and watch it fall.
- ...move my body through space by rolling, rocking or crawling.

6 - 18 months

In the beginning of this period, I begin to learn the properties of objects. By the end of this period, I use trial and error to discover how things fit and move in space.

For example, I may...

- ...crawl to the edge of the bed, then stop.
- ...experiment with how objects fit in space: stack, sort, dump, push, pull, twist, turn.
- ...fit the round puzzle piece in the round space on the puzzle board.
- ...get myself stuck in a tight space when exploring.

16 - 36 months

In the beginning of this period, I use trial and error to discover how things fit and move in space. By the end of this period, I predict and imagine how things fit and move in space, without having to try all possible solutions.

For example, I may...

- ...get myself stuck in a tight space.
- ...build a tall tower with a number of blocks.
- ...fit a shape into the matching space in a shape sorter toy.
- ...complete a puzzle with three to four interlocking pieces.
- ...stack rings on a base in the correct order.
- ...build a simple town with toys such as cars and blocks.



Guideline: Discoveries of Infancy

The child will develop an understanding of his or her world through exploration and discovery while developing strategies to solve problems.

• **Imitation:**
The child will be able to mirror, repeat and practice the actions modeled by another.

Birth - 8 months

In the beginning of this period, I automatically imitate facial expressions. By the end of this period, I match the simple actions and expressions of others, even when a short time has passed.

For example, I may...

- ...stick out my tongue when you stick out yours.
- ...become quiet and stop moving my body to watch an adult as she interacts with me.
- ...play pat-a-cake.
- ...imitate an adult's facial expressions.
- ...imitate an adult's sounds when babbling.

6 - 18 months

In the beginning of this period, I match the simple actions and expressions of others. By the end of this period, I can imitate something I saw at an earlier time, even though it is no longer happening right in front of me.

For example, I may...

- ...imitate an adult's sounds when babbling.
- ...take a drink from my cup today, set it down, and say, "Aah" after I saw you do it yesterday.
- ...take a toy phone and put it in my play purse, copying what I saw my caregiver do last week.

16 - 36 months

In the beginning of this period, I can imitate something I saw at an earlier time, even though it is no longer happening right in front of me. By the end of this period, I can imitate a complex sequence of events that I observed quite a long time ago.

For example, I may...

- ...take a toy phone and put it in my play purse, copying what I saw my caregiver do last week.
- ...pretend to make a cake, wrap gifts and decorate the living room, like I saw my grandma do for my last birthday party.



Guideline: Attention and Persistence

The child will develop the ability to choose to participate and persist in a growing number of activities.

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

Birth - 8 months

In the beginning of this period, I automatically respond to things in the environment. By the end of this period, I respond to different things in the environment in different ways, and I am able to spend more time focusing on things I find interesting.

- For example, I may...
- ...cry until I'm fed or changed or made comfortable.
 - ...gaze at faces and objects.
 - ...become quiet when feeding begins, even before I am offered food.
 - ...show more interest in a new toy than an old one.
 - ...look back and forth between people or objects, as if comparing them.
 - ...turn away from interactions that I find to be too intense, then turn back to continue interacting when I'm ready.
 - ...discover that I can kick a mobile and make it move, or shake a rattle and make a sound.

6 - 18 months

In the beginning of this period, I respond to different things in the environment in different ways, and I'm able to spend more time focusing on things I find interesting. By the end of this period, I need order, ritual, routine and notice when changes occur.

- For example, I may...
- ...discover that I can kick a mobile and make it move, or shake a rattle and make a sound.
 - ...fill a bucket with sand or stack blocks again and again.
 - ...be easily distracted.
 - ...attend to a short picture book by looking at the pictures or listening to the words.
 - ...expect my favorite songs to be sung the same way each time, and protest if my caregiver changes the words.

16 - 36 months

In the beginning of this period, I need order, ritual, routine and notice when changes occur. By the end of this period, I can pay attention to more than one thing at a time. I monitor my progress in trying to achieve a goal and try to correct mistakes along the way.

- For example, I may...
- ...expect my favorite songs to be sung the same way each time and protest if my caregiver changes the words.
 - ...engage in solitary play for a short time.
 - ...have frequent tantrums out of frustration when goals are difficult to reach.
 - ...listen to a story that a caregiver is reading to a small group of children while playing with trucks in a nearby corner of the room.
 - ...continue to look for a hidden toy, without being distracted by the soft blanket that covers it.
 - ...realize during clean-up time that I have put a car in the block bin and return to put it in the proper place.
 - ...look for and find a favorite book, and ask a caregiver to read it.

References

General Resources

- Brazelton, T.B. (1992). *Touchpoints: Your child's emotional and behavioral development*. Reading, MA: Perseus Publishing.
- Frankenburg, W.K., Dodds, J., Archer, P., Bresnick, B., Maschka, P., Edelman, N., & Shapiro, H. (1990). *Denver II Developmental Screening Test*. Denver, CO: Denver Developmental Materials.
- Fogel, A. (2001). *Infancy: Infant, family, and society*. Belmont, CA: Wadsworth/Thomson Learning.
- Lally, J.R. & Fenichel, E. (1995). *Caring for infants and toddlers in groups: Developmentally appropriate practice*. Washington, D.C.: Zero to Three.
- Lamb, M.E., Bornstein, M.H., & Teti, D.M. (2002). *Development in infancy*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Shelov, S.P., & Hannemann, R.E. (Eds.). (2004). *Caring for your baby and young child: Birth to age 5 (4th ed.)*. New York: Bantam Books.
- Tuckman, B. & Chapman, A. (n.d.). *Tuckman forming storming norming performing model*. Retrieved February 17, 2006, from <http://www.businessballs.com/tuckmanformingstormingnormingperforming.htm>
- © Bruce Tuckman original forming-storming-norming-performing concept, Alan Chapman review and code 1995-2005)

Physical Health

- American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care (2002). *Caring for Our Children (2nd ed.)*. Elk Grove Village, IL: American Academy of Pediatrics.
- American Academy of Pediatrics (2000). *American Academy of Pediatrics: Recommendations for Preventive Pediatric Health Care*. Pediatrics, 105 (3), 645- 646. Retrieved February 17, 2006, from <http://pediatrics.aappublications.org/cgi/content/full/105/3/645>
- Casamassimo, P. (1996). *Bright Futures in Practice: Oral Health (1996)*. Retrieved February 17, 2006, from <http://www.brightfutures.org/oralhealth/about.html>
- Gerber (2004). *The Gerber Start Healthy/Stay Healthy Feeding Plan*. Retrieved February 17, 2006, from http://www.gerber.com/content/usa/bin/pdf/Feeding_Plan.pdf
- Story, M., Holt, K., Sofka, D. (Eds.) (2002). *Bright Futures in Practice: Nutrition 2nd ed.* Retrieved February 17, 2006, from <http://www.brightfutures.org/nutrition/index.html>

Emotional

- Ainsworth, M.D.S. (1967). *Infancy in Uganda*. Baltimore: Johns Hopkins University Press.
- Berk, L.E. (1994). *Child development*. Needham Heights, MA: Allyn and Bacon.
- Bowlby, J. (1969/1982). *Attachment and loss: Attachment (Vol. 1)*. New York: Basic Books.
- Bredenkamp, S. & Copple, C. (Eds.) (1997). *Developmentally appropriate practice in early childhood programs*. Washington, D.C.: National Association for the Education of Young Children.
- Bretherton, I., Fritz J., Zahn-Waxler, C. & Ridgeway D., 1986 *Learning to talk about emotions: A functionalist perspective*. Child Development, 55, 529 – 548.
- Bronson, M.B. (2000). *Self-regulation in early childhood: Nature and nurture*. New York: The Guilford Press.
- Cassidy, J. & Shaver, P.R. (Eds.) (1999). *Handbook of Attachment: Theory, research, and clinical applications*. New York: The Guilford Press.

- Cohn, J., & Tronick, E. (1983a). *Communicative rules and the sequential structure of infant behavior during normal and depressed interaction*. In E. Tronick (Ed.), *The development of human communication and the joint regulation of behavior*. Baltimore: University Park Press.
- Cohn, J.E., & Tronick, E.Z. (1983b). *Three-month-old infants' reaction to stimulated maternal depression*. Child Development, 54, 185-193.
- Greenspan, S. & Greenspan, N.T. (1985). *First Feelings*. New York: Penguin Books.
- Greenspan, S.I., DeGangi, G., & Wieder, S. (2001). *The functional emotional assessment scale*. San Antonio, TX: Harcourt.
- Kopp, C.B. (2003). *Baby Steps*. New York: Henry Holt and Company
- Lerner, C. & Dombro, A.L. (2000). *Learning & growing together: Understanding and supporting your child's development*. Washington, D.C.: Zero to Three.
- Lewis, M. & Haviland-Jones, J.M. (Eds.) (2000). *Handbook of emotions (2nd ed.)*. New York: The Guilford Press.
- Lieberman, A.F. (1993). *The emotional life of the toddler*. New York: The Free Press.
- Linder, T.W. (1993). *Transdisciplinary play-based assessment: A functional approach to working with young children (revised ed.)*. Baltimore: Brookes Publishing Company.
- Michigan Association for Infant Mental Health. (n.d.). *Baby stages: A parent's and caregiver's guide to the social and emotional development of infants and toddlers*. [Brochure]. Southgate, MI: MAIMH.
- National Research Council and Institute of Medicine (2000). *From neurons to neighborhoods: The science of early childhood development*. Committee on Integrating the Science of Early Childhood Development. J.P. Shonkoff & D.A. Phillips (Eds.). Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.
- Parks, S. (1994). *Inside HELP: Hawaii Early Learning Profile [Administration and reference manual]*. Palo Alto, CA: VORT Corporation.
- Pruett, K.D. (1999). *Me, myself and I: How children build their sense of self*. New York: Goddard Press.
- Reiner, R. (Producer). (1997). *The first years last forever*. [Videotape]. United States: The Reiner Foundation.
- Sparrow, S.S., Balla, D.A., & Cicchetti, D.V. (1984). *Vineland Adaptive Behavior Scale*. Circle Pines, MN: American Guidance Service.
- Squires, J., Bricker, D., & Twombly, E. (2002). *Ages and stages questionnaires: Social-emotional*. Baltimore: Brookes Publishing Company.
- Stern, D.N. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- Vaughn, B.E., Kopp, C.B., & Krakow, J.B. (1984). *The emergence and consolidation of self-control from eighteen to thirty months of age: Normative trends and individual differences*. Child Development, 55, 990-1004.

Social

- Berk, L.E. (1994). *Child development*. Needham Heights, MA: Allyn and Bacon.
- Bowlby, J. (1969/1982). *Attachment and loss: Vol 1. Attachment*. New York: Basic Books.
- Brownell, C.A., Etheridge, W., Hungerford, A. & Kelley, S. (1997, April). *Socialization of self regulation: Continuity and discontinuity over age and context*. Paper presented at the biennial meeting of the Society for Research in Child Development, Washington, D.C.
- Cassidy, J. & Shaver, P.R. (Eds.) (1999). *Handbook of Attachment: Theory, research, and clinical applications*. New York: The Guilford Press.
- Eisenberg, N. & Strayer, J. (Eds.) (1987). *Empathy and its development*. New York: Cambridge University Press.

References

- Glassman, M. & Whaley, K. (2000). Dynamic aims: The use of long-term projects in early childhood classrooms in light of Dewey's educational philosophy. *Early Childhood Research and Practice*, 2 (1). Retrieved January 9, 2006, from, <http://www.ecrp.uiuc.edu/v2n1/index.html>
- Glassman, M. & Whaley, K. (1999). The box, a naturalistic experiment with young children: The same object as mediating factor for different activities. *Early Childhood Development and Care*, 156, 63-71.
- Howes, C. (1987). Peer interaction of young children. With commentary by Kenneth H. Rubin and Hildy S. Ross and Doran C. French. *Monographs of the Society for Research in Child Development*, 53(1, Serial No. 217).
- Izard, C.E., Fantauzzo, C.A., Castle, J.M., Haynes, O.M., Rayias, M.F. & Putnam, P. H. (1995). The ontogeny and significance of infants' facial expressions in the first 9 months of life. *Developmental Psychology*, 31(6), 997-1013.
- Kantor, R. & Whaley, K. (1998). Existing frameworks and new ideas from our Reggio Emilia experience: Learning at a lab school with 2- to 4-year-old children. In C. Edwards, L. Gandini, & G. Forman (Eds). *The hundred languages of children: The Reggio Emilia approach, advanced reflections*. Greenwich, CT: Ablex Publishing
- Steglin, D. (2005, March). Making the case for play policy: Research-based reasons to support play-based environments. *Young Children*.
- Stern, D.N. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- Ungerer, J.A., Dolby, R., Waters, B., Barnett, B. Kelk, N. & Lewin, V (1990). The early development of empathy: Self-regulation and individual differences in the first year. *Motivation and Emotion*, 14, 93-106.
- Whaley, K. (2004). Programs for infants and toddlers. In J. Johnson & J. Roopnarine (Eds). *Approaches to early childhood education*, Vol.2, Prentice Hall.
- Whaley K. (in press). Early childhood spaces in museums. In C. Yao, (Ed.). *Handbook for Small Museums*. Lanham, MD: AltaMira Press.
- Whaley, K. & Rubenstein, T.S. (1994). How toddlers "do" friendship: A descriptive analysis of naturally occurring relationships in a group child care setting. *Journal of Social and Personal Relationships*, 11(3), 383-400.
- Whaley, K. (1990). The emergence of social play in infancy: A proposed developmental sequence of infant-adult social play. *Early Childhood Research Quarterly*, 5(3), 347-358.
- Wingert, P. & Brant, M. (2005, August 15). Reading your baby's mind. *Newsweek*, 146(7).
- Zahn-Waxler, C., Radke-Yarrow, K., Wagner, E. & Chapman, M. (1992). Development of concern for others. *Developmental Psychology*, 28, 126-136.
- ### Motor
- Alexander, R., Boehme, R., & Cupps, B. (1993). *Normal development of functional motor skills*. San Antonio, TX: Therapy Skill Builders.
- Allen, K.E. & Marotz, L.R. (2000). *By the ages: Behavior & development of children pre-birth through eight*. Albany, NY: Delmar.
- American Dietetic Association. (2003, May 3). Providing nutrition services for infants, children, and adults with developmental disabilities and special health care needs. Retrieved February 17, 2006, from the American Dietetic Association Web site: http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_3785_ENU_HTML.htm
- Bayley, N. (2006). *Bayley scales of infant and toddler development (3rd ed.)*. San Antonio, TX: Harcourt Assessment, Inc.

- Olsen, J. & Puttkammer, C. (2001). *My Motor Baby*. Potomac, MD: Handwriting Without Tears, Inc.
- Parks, D. (1997). *Inside HELP: Administration and reference manual*. Palo Alto, CA: VORT.

Language & Communication

- Albrecht, K., & Miller, L. G. (2001). *Innovations: Infant/toddler child development*. Beltsville, MD: Gryphon House.
- American Speech-Language-Hearing Association. (n.d.). *Language and Literacy Development*. Retrieved February 17, 2006, from http://www.asha.org/public/speech/development/lang_lit.htm
- Mangione, P.L., Lally, J.R., & Signer, S. (1998). *Early messages: Facilitating language development and communication [Video magazine]*. Sacramento, CA: CDE Press.
- National Association for the Education of Young Children. (n.d.). *Helping children learn about reading*. Retrieved February 17, 2006, from <http://www.naeyc.org/ece/1997/12.asp>
- Parks, S. (1994). *Inside HELP: Hawaii Early Learning Profile [Administration and reference manual]*. Palo Alto, CA: VORT Corporation.
- Rosetti, L. (1990). *The Rosetti infant-toddler language scale*. East Moline Illinois: LinguSystems.
- Squires, J., Potter, L., & Bricker, D. (1999). *Ages & stages questionnaires (2nd ed.)*. Baltimore: Brookes Publishing Co.

Cognitive

- Bronson, M.B. (2000). *Self-regulation in early childhood: Nature and nurture*. New York: The Guilford Press.
- Dombro, A.L., Colker, L.J., & Dodge, D.T. (1999). *The creative curriculum for infants & toddlers (revised ed.)*. Washington, D.C.: Teaching Strategies, Inc.
- Ginsburg, H.P. & Opper, S. (1988). *Piaget's theory of intellectual development*. New Jersey: Prentice Hall.
- Greenspan, S. I., Priant, B. M., Wetherby, A., & First Signs, Inc. (2004). *Hallmark developmental milestones*. Retrieved February 17, 2006, from <http://www.firstsigns.org/healthydev/milestones.htm>
- Kopp, C.B. (2003). *Baby Steps*. New York: Henry Holt and Company
- Lally, J.R., & Honig, A. (1970). *Piaget infancy scales*. Unpublished manuscript.
- Meisels, S.J., Marsden, D.B., Dombro, A.L., Weston, D.R., & Jewkes, A.M. (2005). *The ounce scale*. New York: Pearson Early Learning.
- Newborg, J., Stock, J.R., & Wnek, L. (1984). *Battelle developmental inventory*. Itasca, IL: Riverside Publishing.
- Siegel, D.J. (1999). *The developing mind*. New York: The Guilford Press.

Appendix A: Ohio's Guiding Principles

The following were absolutely essential to the writing team members —

The guideline must be evidence-based.

To ensure that each guideline was evidence-based, a thorough review of research was conducted. In addition, widely used assessment tools were reviewed to determine the alignment of relevant developmental milestones with each guideline.

The guideline must take into account differences in temperament, development and culture.

To ensure that each guideline was inclusive of individual differences in temperament, development and culture, each guideline was examined from these perspectives.

The guideline must be sensitive to both cultural and linguistic differences.

To ensure that each guideline was sensitive to both cultural and linguistic differences, each guideline was thoroughly reviewed to consider if the way a behavior might be expressed would be different depending on a child's cultural and/or linguistic background.

The guideline must be inclusive of children with special needs.

To ensure that each guideline was inclusive of children with special needs, universal design was utilized. Universal design means that each guideline was written to be as inclusive as possible.

The guideline must link to best practices that support children's optimal development.

To ensure that each guideline linked to best practices, each guideline was reviewed for its developmental appropriateness.

The guideline must be useful to parents, providers and policy makers.

To ensure that each guideline was useful to parents, providers and policy makers, information was presented in an easy-to-use format with examples from the child's point of view.

The guideline may be assessed or measured throughout the birth to three-year period.

To ensure that each guideline can be assessed or measured from birth to three years, each guideline was written to allow for observation and documentation.



Appendix B: Ohio's Path to Creating Infant & Toddler Guidelines

In 1965, Bruce Tuckman published his *Forming, Storming, Norming, Performing Team Development Model*. In the 1970's, he added a fifth stage, adjourning. In 2006, this model aptly describes the process of how Ohio's Infant & Toddler Guidelines were born.

Forming

Forming — Team members need guidance and direction, as roles and responsibilities are unclear.

Build Ohio, an organization aimed at supporting early care and education systems building, identified the need to create infant and toddler guidelines. A leadership team from Build Ohio, composed of representation from the Ohio Department of Education (ODE), the Ohio Department of Health (ODH), the Ohio Department of Job and Family Services (ODJFS) and the Ohio Child Care Resource and Referral Association (OCCRRA), collaboratively mapped out a planning process and timeline.

The leadership team's first decision was to enlist the expertise of WestEd's Center for Child and Family Studies. The Center is nationally and internationally known for its work in creating the Program for Infant/Toddler Care (PITC), the training approach that is being implemented in Ohio as part of First Steps: Ohio's Infant and Toddler Initiative, as well as in other states across the country.

The team's second decision was to create guidelines that would reflect the best thinking of every profession that works with infants, toddlers and their families in Ohio. With this purpose in mind, the leadership team identified the developmental domains that would be included in the guidelines and then widely distributed applications to find the best people to create the guidelines. "Best" with regard to this work was defined as having content expertise, experience and a demonstrated passion to work on behalf of infants and toddlers. The team members listed on the next page represent the organizational, educational and experiential diversity that the leadership team envisioned. Ohio is very fortunate to have been able to assemble a team such as this one.



Storming — Team members have increased clarity but uncertainties still persist; decisions don't come easily.

The launch of Ohio's Infant and Toddler Guidelines project in February 2005 began with a two-day meeting facilitated by Drs. Ron Lally and Peter Mangione, co-directors of WestEd's Center for Child and Family Studies. On the first day, key stakeholders from the fields of early childhood education, infant mental health, health and early intervention, as well as higher education faculty, child care resource and referral staff, parent educators, funders and policymakers participated in a series of discussions. These centered on —

- the three distinct ages of infancy: birth-8 months, 6-18 months and 16-36 months (the overlap reflects the impact of individual differences on the rate of development)
- the developmental drivers (security, exploration and identity) associated with the various ages of infancy
- the significance to infant and toddler development of the six developmental domains for which guidelines would be written: physical health, emotional development, social development, motor development, language & communication development and cognitive development
- the need to organize the work around six domains in order to write guidelines, while recognizing that research demonstrates that all of the domains of development are of equal importance and work synergistically

The second day with writing team members was spent discussing overarching goals of the leadership team including —

- linking the infant and toddler guidelines to Ohio's Early Learning Content Standards in order to have a seamless pathway from birth to school entry
- creating a design that attracts interest as well as content that is easily understood and relevant to three distinct audiences: parents, providers and policymakers
- defining guiding principles that would lay the foundation for guidelines
- implementing a writing team process that would be fluid, flexible and adaptable to incorporate the latest and best thinking from research and practice



Norming

Norming — Team members' roles/responsibilities become clear; big decisions are made by group agreement, and consensus forms.

The writing teams met once a month beginning in March 2005. Each meeting started with the leadership team providing updates and clarifications for all the teams in a large group. The group then broke into the respective teams for the remainder of the day. WestEd staff were present at the monthly meetings to provide content expertise as well as to lead writing team members through a reflective inquiry process. Between each of the monthly meetings, the leadership team met with WestEd about the unfolding process. The decision points along the way included —

- the leadership team's putting in place a plan to create companion documents that clarified the role of the caregiver, the importance of the environment and the accessibility to resources for parents and providers
- the emotional and social development writing teams' agreeing to present their two domains separately
- the defining of a guiding principle that identifies the important influences of infant temperament and cultural experiences on individual differences in development

Performing

Performing — Team members have a shared vision, make decisions based on agreed-upon criteria and work autonomously.

During the spring of 2005, domain drafts began to take shape. As the writing teams completed their preliminary work in the summer of 2005, WestEd thoroughly reviewed the content and provided each team with key questions to consider. By August 2005, each writing team incorporated WestEd's feedback into a first complete draft and submitted it to the leadership team. WestEd then focused on editing the guidelines to make them consistent across domains. WestEd worked with the leadership team to ensure that the multi-disciplinary perspectives of the writing team members and the content were preserved as the presentation of the different guidelines were standardized and organized into a coherent document. A revised draft of the guidelines was submitted to the writing teams in December 2005 for their review and feedback. In January 2006, the leadership team and WestEd considered every question, comment and suggestion from the writing team members. The following feedback was incorporated into the guidelines —

- **Definition of terms** — in this document, "the person I'm attached to" is identified as people to whom a child is emotionally attached. "Caregivers" may be parents, grandparents, other relatives, a family child care provider, a caregiver in a child care center or anyone else who consistently cares for the child.
- **Gender** — use of he/she is meant to be inclusive of both genders. In some instances, one gender was used to refer to children or adults of both genders for readability purposes only.



- **Jargon** — an attempt was made to use everyday language in the definitions of guidelines, descriptions of indicators and examples. A technical term or jargon was used when the meaning of a concept being presented would have been compromised if an everyday term were used. Special effort was made to present simple, straightforward examples from a baby's point of view.
- **Order of domains** — physical health was placed first in this document because it plays a prominent role in a child's overall functioning. Emotional development follows because emotion is the root of all action. Motor development works hand-in-hand with the child's emerging language and cognitive abilities. Unfortunately, one of the six domains had to be last but that placement in no way is meant to diminish its importance. The age posters were added to the overall presentation of the guidelines to illustrate the synergistic nature of the domains.
- **Teasing apart emotional and social development** — the writing teams decided to treat the emotional and social development domains separately to draw attention to the importance and uniqueness of each. The emotional development domain focuses on the child's understanding of self. In contrast, the social development domain refers to the child's understanding of the connection between self and others, and the ability to relate to other people and the environment. Because attachment relationships are at the center of the emotional as well the social development domains, attachment is a guideline under both of these domains. As a result, the definition of attachment, along with the indicator and examples under this guideline, is the same for both.

- **Children with special needs** — although the principle of universal design was utilized in creating the guidelines, it should be noted that children develop in different ways and at different rates. The content of the guidelines may not apply to every infant or toddler. If there is concern about a child's development, the best course of action is to talk to a professional.

Finally, the guidelines were put out to the field for feedback in early February 2006. In an effort to be responsive to this feedback, the leadership team and WestEd finalized the guidelines. The leadership team then supervised the copy editing and formatting of the document for release to the field in March 2006.

The hope of the leadership team is that the guidelines will be widely distributed and seen as a valuable support for parents, providers and policymakers. We especially want to thank the writing team members for working to make the world a better place for babies.



Appendix C: Ohio's Infant & Toddler Guidelines: The Writing Team

Physical Health

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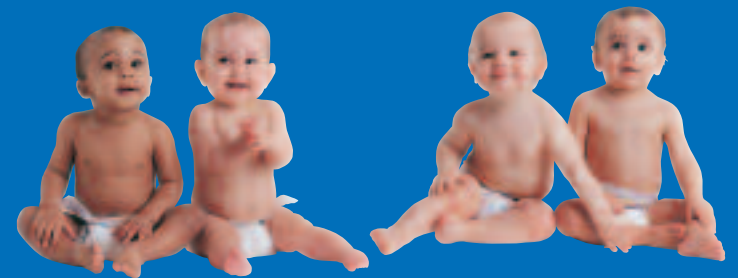
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