Early Childhood Standards of Quality

for Infant and Toddler Programs

Michigan State Board of Education

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Michigan Department of Education

Give Michigan's Kids a Great Start

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The strands, most goals and some text:
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Acknowledgments

After the Michigan State Board of Education approved *Early Childhood Standards of Quality for Prekindergarten* (ECSQ-PK) in March 2005, early childhood leaders and practitioners in Michigan turned their thoughts immediately to a similar document to address both early learning outcomes and quality program standards for settings serving infants and toddlers. It was clear that the new document would be more difficult to develop since it would be "from scratch," where the ECSQ-PK document was a revision and compilation of previous work. Starting from the ECSQ-PK framework, an Ad Hoc Committee and a Steering Committee were convened, and work began in the spring of 2005.

Quality in program standards, although calling for much discussion, was not terribly difficult to define. The groups decided early that program standards would need to address family and group family child care settings as well as center-based, classroom programs, since so many infants and toddlers are cared for in family settings. The committee considered child care licensing rules as the basis for a system of quality programming, and built upon, but did not necessarily repeat, those rules in these quality standards. The decision was also made not to include relative and aide, or nanny care, whether it occurred in the child's own home or the caregiver's home, unless the home was regulated by child care licensing rules. The ECSQ-PK document provided guidance in many areas and the final document includes topics similar to the topics for preschool children, although the relationship with families permeates the other standards in the infant-toddler document and is not set aside separately as it is for the preschool document.

Defining reasonable outcomes for infants' and toddlers' development and learning proved a much more difficult task. The Ad Hoc Committee met and discussed a framework based on five developmental areas set out by the National Educational Goals Panel in the early 1990s: Physical Well-Being and Motor Development, Social and Emotional Development, Approaches Toward Learning, Language Development, and Cognition and General Knowledge. The framework of these five developmental domains was used in the ECSQ-PK document, with additions to make clear the alignment to Grade Level Content Expectations in kindergarten and the primary grades. Similar documents for infants and toddlers from other states were consulted, and a working draft was developed. The Steering Committee met to review this initial draft, and members were very uncomfortable. The framework resembled a checklist or developmental wheel; the information included was readily available at any bookstore with a section on parenting or child development. The committee considered what contribution this document could make, what influence on the field. Would it negatively reduce the entire importance of infant and toddler programs to making sure they were meeting the developmental milestones in a timely manner? Worse, might it be used to assess children who would be within the wide range of "normal" development to reach certain milestones

earlier? Would that help meet the agreed-upon goal of making sure children in the earliest years are "safe, healthy, and eager to succeed in school and in life"? The Steering Committee asked: What contribution could the State Board of Education definitions of reasonable early development and learning outcomes make to the early childhood field? How could the State Board of Education promote the highest practices in settings for infants and toddlers that would help reach the state-wide goal? Clearly, the Steering Committee was searching for an alternate framework that would include goals for children's development and learning, but in a broader, environmental context. The committee expressly wanted the responsibility for children's development to fall on the adults in children's lives, their families and caregivers, and not on the small shoulders of babies and toddlers.

One member of the Steering Committee was familiar with the work that had been done in New Zealand on early childhood curriculum theory and practice, *Te Whāriki*[1]. In te reo Māori, the language of the indigenous people of New Zealand, Te Whāriki literally means a woven mat. In this context, Te Whāriki refers to the interwoven principles and strands that together form the whāriki or framework of the curriculum. In New Zealand, there are many ways in which each early childhood program can weave the particular pattern that makes its program different and distinctive, creating an integrated foundation - a whāriki - for each child's development and learning.

The Steering Committee was very attracted to the work in New Zealand, but very clear that the principles on which the work was based could not apply directly and wholly in Michigan. New Zealand's work focuses very much on the cultural context; Michigan is very different culturally from New Zealand. Michigan's document is a derivation of the New Zealand early childhood curriculum framework and not a direct carry-over. In New Zealand, the socio-cultural basis of the document leads to a move away from a focus on developmental expectations to a more expansive view of learning outcomes for young children. It is this larger view of learning outcomes that the Michigan committee shares with New Zealand, but because of the differing cultural context, it must be emphasized that the work is not the same, and the document that follows reflects Michigan's children, their families, and those who also care for and educate them. We are very thankful to our colleagues in New Zealand for allowing us to use their framework to spur new thinking and support for the youngest children in Michigan.

Because the Steering Committee and Ad Hoc Committee were familiar with concepts about alignment, and cognizant of the need to be able to align learning for children over time, many of the ideas in this document for infant and toddler programs are stated in ways that are similar to the statements in ECSQ-PK. However, children's development is not a straight line; one discrete skill or milestone does not lead directly to another in a single chain of developments. For the very youngest, it is difficult to differentiate between developmental domains

such as approaches to learning, social and emotional development, language and cognition. For example, a baby first calling her father — and no one else — "dada," is demonstrating her emotional connection to a familiar adult, her newly-found communicative ability to repeat a sound and attach meaning to it, a cognitive understanding of object constancy, initiative, and so on. If any one of these is missing, the child probably won't develop this particular skill. One action falls in many domains — and that skill will later lead to a number of other skills in a variety of domains. The Steering Committee tried to find an image to describe the connection among the various developmental and learning outcomes. Alignment suggests that the connections are linear. Inspired by *Te Whāriki*, the committee began to talk about weaving and braiding, where strands of development twist together and later unravel in new ways. Perhaps the image is of a tree, where the roots are the strands in this document, and the skills we see later are the branches and leaves. It may not be possible to trace all the connections directly, but the early developments all contribute to the later accomplishments.

Listed on the next pages are the members of the Ad Hoc Committee and the Steering Committee. Their task continued long beyond the initial timeline, with many more meetings and discussions and revisions than originally planned. Their dedication to the very youngest children in Michigan has led to this remarkable document. Their goal was powerful: *A Great Start for every child in Michigan: safe, healthy and eager to succeed in school and in life.*[2] This document can be the basis for that great start.

[1] New Zealand Ministry of Education. (1996). *Te Whāriki: He Whāriki Mātauranga* mō ngā Mokopuna o Aotearoa: Early Childhood Curriculum. Wellington, New Zealand: Learning Media. Available at: www.minedu.govt.nz/goto/tewhariki.

[2] Office of the Governor. (2003). Project Great Start. Available at: http://www.michigan.gov/greatstart.

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Early Childhood Standards of Quality for Infant and Toddler Programs

INTRODUCTION

What happens to children in their first three years of life shapes every year thereafter. It is the period of the most rapid growth and development and the period in which having the most responsive caregiving from family members and other caregivers is critical to the development of well-being, trusting relationships, and a growing knowledge about their world. When infants and toddlers are cared for in settings outside their homes, responsive and nurturing caregiving requires deliberate and intensive attention to their physical and emotional needs as well as their inborn desire to make sense of the world about them.

In this document, five strands frame reasonable outcomes for the development and learning of infants and toddlers, as well as high-quality program standards which detail how responsive caregiving can support infants' and toddlers' healthy growth and development. It is an extension of earlier efforts by the Michigan State Board of Education and its partners to define quality programs for three- and four-year-old children and the learning that might be expected of children in that age range. It is part of a chain of documents intended to provide guidance to all those involved in supporting the development and learning of young children across the early childhood years.

Michigan: An Early Leader in Defining Standards for Quality Programs and Development and Learning Expectations for Preschool Children

The first link in this chain of documents was created in November of 1986 when the State Board of Education approved the document, *Standards of Quality and Curriculum Guidelines for Preschool Programs for Four Year Olds.* The purpose of that document was to provide the framework for the design and implementation of a high-quality preschool program targeted to four-year olds at risk of school failure.

Recognizing the value and need for quality early childhood education programs for children four through eight years old, the Michigan State Board of Education appointed another committee to develop *Early Childhood Standards of Quality for Prekindergarten through Second Grade,* and adopted those standards in December of 1992. Although used broadly and because of the wide age/grade range covered, many of the standards were most applicable to public school districts. At about the same time, the education of children with disabilities was addressed through the development of procedural safeguards and other rules for Early Childhood Special Education [formerly Pre-Primary Impaired (PPI)] classrooms.

In August 2002, the Michigan State Board of Education adopted the report of its Task Force on Ensuring Early Childhood Literacy. The report directed the Department of Education to develop a single document, including both expectations for young children's development and learning and quality standards for the operation of programs that would enable them to reach those expectations.

Model Standards for Out-of-School Time Programs in Michigan was adopted by the Michigan State Board of Education in February of 2003. These standards offer guidance to providers of before- and after-school programs and summer programs for school-aged children.

Federal requirements for early childhood opportunities for states also supported the need for a revision of the current documents. It had also become apparent that a document that focused specifically on children ages three and four and the programs that serve them would help to address issues of varying and sometimes conflicting program standards. These conflicts had made inclusion of targeted groups of children in some programs difficult. In response to these many requests and systemic needs, the Department of Education convened an interagency group in 2004 to lead the development of a revised document to apply to settings serving three- and four-year-old children, *Early Childhood Standards of Quality for Prekindergarten.* The State Board of Education accepted that document in March 2005.

Immediately following the acceptance of the prekindergarten document, the State Board of Education convened another interagency group to lead the

development of an entirely new document to apply to programs and settings for children from birth to age three. The product of that work is this document, *Early Childhood Standards of Quality for Infant and Toddler Programs.* This document includes both a framework for discussing children's development and learning and the quality standards for environments that will enable infants and toddlers to progress in their development and learning.

Building a System of Education and Care for All Young Children

In January 2003 and paralleling the work on the new Prekindergarten and Infant and Toddler documents, Michigan embarked on a policy journey to develop a comprehensive early childhood system, with the vision of *A Great Start for every child in Michigan: safe, healthy, and eager to succeed in school and in life.* The Great Start effort begins with the philosophic underpinning that every child in Michigan is entitled to early childhood experiences and settings that will prepare him/her for success. As this systems work unfolded, it became clear that expectations for young children's learning *and* the program standards, which define a high-quality program above and beyond child care licensing rules, were a critical foundation for the newly envisioned system.

In 2006, the Governor signed into law new vigorous academic requirements for high school graduation. Policymakers from the State Board of Education and the Legislature agreed that Michigan's future is dependent on a highly educated workforce, and that the early development and learning for all Michigan's children would hold the key to their success in school and beyond. Children who enter school with inadequate preparation have a difficult time catching up; children who are behind at kindergarten entry are unlikely to be prepared for the rigorous high school curriculum.

The system of early childhood education and care standards is thus critical for the success of Michigan's children. The system of standards will eventually include standards for infants and toddlers, preschoolers, and primary grade children and contain both frameworks for early development and learning and program quality standards for classroom-based programs and family and group home child care programs. Standards for parenting education programs and for early childhood professional development are needed as well.

This set of high-quality standards will set the stage for the development of a comprehensive and coordinated system of services. At the same time, individual programs and funding agencies will further define specific methods to put into practice the standards included in *Early Childhood Standards of Quality for Infant and Toddler Programs* and *Early Childhood Standards of Quality for Prekindergarten* through accompanying operating procedures and implementation manuals. Minimum legal standards (Licensing) for the operation of classroom early childhood education and care settings and family and group child care homes will continue to be the basis for this system.

Michigan is also planning for a quality rating and improvement system which proposes a staircase of increasing quality and supports for programs to reach the high quality described in the program standards in *Early Childhood Standards of Quality for Infant and Toddler Programs.* The standards and the accompanying indicators in the *Early Childhood Standards of Quality* are meant to define settings of the highest quality. The body of research on early childhood practice makes it abundantly clear that settings of high quality are necessary to achieve positive outcomes for children.

Using Early Childhood Standards of Quality for Infant and Toddler Programs

The two major sections of this document, "Early Development and Learning Strands for Infants and Toddlers" and "Quality Program Standards for Infant and Toddler Programs," can be used both independently and together, but make the most sense when they are consulted as a package. The early development and learning strands are first in this document so that the focus is where it needs to be, on the children, with anticipated outcomes identified. The statements of the knowledge, skills, and attitudes delineated in the goals in each of the early learning strands that infants and toddlers will begin to develop are followed by examples of experiences and caregiver strategies that will help very young children develop and learn in that area. The program standards define characteristics of early childhood settings that are associated with these results for the youngest children. When programs display the high-quality standards and caregivers provide the kinds of experiences and utilize the strategies in the document, the children are more likely to begin to reach the goals we set for their development and learning.

The Ad Hoc Advisory Committee has begun the work of alignment of *Early Childhood Standards of Quality for Infant and Toddler Programs* with other standards documents. Additional work in the future will provide guidance for both horizontal (within the age group) and vertical (across the early childhood age groups) alignment in standards, curriculum practices, and assessment.

The Glossary at the end of the document is not exhaustive, but does provide guidance in understanding the particular terms used in the document. Please be sure to consult the Glossary to clarify terms that may be used in highly specific ways to indicate inclusion of children with special needs and circumstances in their lives.

The bibliography (References and Resources) at the very end of the document is not exhaustive, but is meant to provide guidance for those who desire additional information about particular topics. The Advisory Committee included sources for the work as well as more general and seminal work on early childhood standards and program quality.

When *Early Childhood Standards of Quality for Infant and Toddler Programs* is implemented and utilized as a complete document, the State Board of Education believes that Michigan will improve its early childhood programs and settings enabling them to reach even higher quality, that our children will reach the goals we have set for them, and that we will achieve our vision of a Great Start for them all.

Alignment with Related Documents

Michigan's Early Childhood Standards of Quality for Infant and Toddler Programs (ECSQ-I/T) is intended to help early childhood programs provide high-quality settings and to respond to the diversity of children and families. The ECSQ-I/T builds on the minimum regulations detailed in the Licensing Rules for Child Care Centers and Licensing Rules for Family and Group Child Care Homes and incorporates the essential elements of the program and child outcome standards required for various other early childhood programs. In addition, they are aligned with the Early Childhood Standards of Quality for Prekindergarten (ECSQ-PK).

Alignment with Related Program Standards

Licensing Rules for Child Care Centers – Since the ECSQ-I/T makes the presumption that infant/toddler programs in centers are already in compliance with the Licensing Rules for Child Care Centers, these minimum regulations have not been duplicated in the ECSQ-I/T. Users should also reference the Definitions in the licensing rules to supplement the Glossary in this document.

Licensing Rules for Family and Group Child Care Homes – Since the ECSQ-I/T makes the presumption that infant/toddler programs in homes are already in compliance with the Licensing Rules for Family and Group Child Care Homes, these minimum regulations have not been duplicated in the ECSQ-I/T. Users should also reference the Definitions in the licensing rules to supplement the Glossary in this document.

Early Childhood Standards of Quality for Prekindergarten: Quality Program Standards for Preschool and Prekindergarten Programs (ECSQ-PK) – This is the document described in the introduction that was developed to replace the program standards portion of Early Childhood Standards of Quality for Prekindergarten through Second Grade (1992). Programs receiving funding through the Michigan Department of Education are required to operate their programs in compliance with ECSQ-PK. Its use is voluntary in other programs.

Head Start Performance Standards [HSPS-1304.0] – Head Start is a comprehensive child and family development program. The Performance Standards detail requirements for all aspects of program operation, many of which extend beyond the range of services covered by the ECSQ-I/T. Many portions of the HSPS are substantially the same as the standards in ECSQ-I/T.

Alignment with Related Early Learning Expectations and Strands of Development and Learning

Defining early learning goals for very young children is a relatively recent development in the early childhood education and care field, particularly for infants and toddlers. Care must be taken to connect standards at different levels of development in a manner that respects the capacities of children at various ages and avoids setting out expectations that are unreasonable for a particular age or that suggest to program leaders that recognized best practices can be set aside in the name of higher achievement. It is recommended that users of this document familiarize themselves with the learning expectations for older children so that they can guard against inappropriate uses with younger children. The "Early Development and Learning Strands for Infants and Toddlers" detailed in this document align with the following documents which define expectations for children in the three- and four-year-old age range:

Early Childhood Standards of Quality for Prekindergarten: Early Learning Expectations for Three- and Four-Year-Old Children – This is the document described in the introduction that was developed to replace the child outcome portion of Early Childhood Standards of Quality for Prekindergarten through Second Grade (1992). Programs receiving funding through the Michigan Department of Education are required to plan their curricula using the learning outcomes described in this document. Its use is voluntary in other programs.

Head Start Child Outcome Framework [HSCOF] – This framework is used by Head Start programs serving three- and four-year-old children to shape curriculum and to guide the creation of child assessments.

Alignment with Related Documents

Vision and Principles of Universal Education, 2005 – This Michigan State Board of Education document outlines the belief that each person deserves and needs a concerned, accepting educational community that values diversity and provides a comprehensive system of individual supports from birth to adulthood.

Early Development and Learning Strands for Infants and Toddlers

INTRODUCTION

"The best job in the world" is how many infant and toddler caregivers describe their work. They know that what they do on a daily basis makes a difference now and will do so throughout the lives of the infants and toddlers in their care. How caregivers soothe, feed, diaper, and bathe infants and encourage toddlers to try new things may seem mundane, but the responsive, thoughtful, and intentional way caregivers interact with infants and toddlers while carrying out these seemingly simple routines forms the basis of their emotional health and relationship development and shapes their approaches to learning. Infants and toddlers whose families and other caregivers focus on building trust and healthy relationships set the stage for a lifetime of learning.

The early development and learning goals in this document are organized around five strands (Well-Being, Belonging, Exploration, Communication, and Contribution*). This organizational scheme was selected deliberately so that program planners, leaders, and caregivers will have a positive framework in which to view potential developmental and learning outcomes for children who receive care in high-quality settings.

The knowledge, skills and attitudes infants and toddlers begin to develop, as described in this document, are not intended as a checklist of developmental milestones; those are readily available in textbooks on child development and in materials designed to alert parents and caregivers to potential concerns with a child's developmental trajectory. Instead, the developing knowledge, skills, and attitudes are intended to define what young children from birth to three might reasonably be learning and doing, and what adults should be helping them to learn and do, in high-quality programs and settings. The emphasis is placed on significant physical, social-emotional, and cognitive paths appropriate for infants and toddlers. As important as it is that infants and toddlers develop in these domains and accomplish the milestones, it is also important to pay attention to the "mood" of the accomplishment and its meaning in the child's life. The early learning strands and the goals within them are as much about developing "will" as developing "skill." Children who reach the developmental milestones and learn and develop in atmospheres and settings where their well-being is emphasized, where it is clear that they belong, where they are celebrated when they explore and communicate, and where they understand that they will be able to make a contribution, will become successful as students in school and in life.

These early learning strands are stated in ways that are intended to protect infants and toddlers from either an underestimation of their potential or from the pressure of expectations more appropriate for older preschoolers. High-quality infant and toddler settings, in centers, homes, and throughout the community, provide children experiences and opportunities that allow them to begin to develop and learn in these areas.

This section of *Early Childhood Standards of Quality for Infant and Toddler Programs* is meant to apply to **all** children in the birth to three age range in Michigan irrespective of gender, ability, age, ethnicity, or background. It recognizes that young children's growth, development, and learning are highly idiosyncratic and never more so than during these first years of life. Young children learn at different rates across the various strands of their development and not all children master skills and content within an area in the same order, although there are patterns to their development. All areas of child development are important to the success of early learners; the development and learning within and across the Strands are interrelated. The Strands are an organizational framework intended to provide caregivers and families with a way to think about and discuss each child's unique developmental and learning pathway.

The sections that follow are organized with a brief introduction to each Strand, followed by related goals. The lists of knowledge, skills and attitudes that follow the goals are not meant to be exhaustive; infants and toddlers will demonstrate their progress in many ways. Each goal is then followed by Examples of Experiences and Strategies. The Questions for Reflection are intended to help program leaders and caregivers focus their efforts to strengthen their programs by suggesting questions that focus on practices related to

development and learning in that particular area. In every case, it must be emphasized that infants and toddlers do not complete their development or learning, but rather are set on a course for achieving skills, acquiring knowledge, and developing positive attitudes. They are beginners in their development and learning, and adults in their lives support them as they move forward on paths toward future accomplishments.

The most important effect of using the Strands to guide practice will be that caregivers become more responsive and intentional in their everyday work with infants and toddlers. There can be no better outcome.

*The developers of this document offer special thanks to colleagues in the Ministry of Education of New Zealand who graciously agreed to permit Michigan to use their early childhood curriculum document, Te Whāriki, as the basis for this section of Early Childhood Standards of Quality for Infant and Toddler Programs. Please see the Acknowledgements for more information.

STRAND A

Well-being

The health and well-being of each infant and toddler is protected and nurtured.

Goals: Infants and toddlers experience environments where:

1. their physical health is promoted;
2. their social and emotional well-being is nurtured; and
3. they are kept safe from harm.

All children have a right to quality, preventive, and ongoing health care; to protection from harm and anxiety; and to early education and care settings that provide harmony, consistency, affection, reasonable boundaries, warmth, and sensitivity. Infants and toddlers routinely experience transitions from their homes and the security of their families to other early education and care settings. They need as much consistency and continuity of experience as possible in order to develop trust and the confidence to explore and to establish a secure foundation of remembered and anticipated people, places, things, and experiences. Child care licensing standards are designed to prevent negative health and safety outcomes for young children. This strand is designed to describe the development and learning of infants and toddlers when their health and well-being are positively impacted by a nurturing and protective environment.

Goal 1: Infants and toddlers experience environments where their physical health is promoted.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. Increasing awareness, understanding, and appreciation of their bodies and how they function

b. Increased coordination (e.g., eye-hand movements)

c. Emerging self-help and self-care skills for eating, drinking, toileting, resting, sleeping, washing, and dressing

d. Positive attitudes towards eating, sleeping, and toileting

Examples of Experiences and Strategies:

- Caregivers observe and respond promptly to signals of distress, hunger, and tiredness.
- Caregivers are guided by each infant's individual rhythms, leading toward some regularity in feeding and sleeping.
- Caregivers use the American Academy of Pediatrics (AAP)/USDA standards to plan and provide appropriate food and sleep environments for infants and toddlers.
- Familiar, relaxed, and individualized routines for feeding, toileting, diaper changing, and dental care are established with parents and carried out by familiar caregivers.
- Caregivers provide opportunities for physical development to occur through movement and exercise.
- Caregivers respond with attention and respect to infants' and toddlers' attempts to communicate their feelings of well-being or discomfort.
- Daily routines are flexible, individualized, calm, and positive.
- There is a supportive approach to toilet learning, using unhurried and familiar routines that do not cause shame or embarrassment.
- Plenty of time is given for children to practice their developing self-help and self-care skills when eating, drinking, toileting, resting, washing, tooth brushing, and dressing based on each child's developmental level.
- Toddlers are offered a widening range of familiar and unfamiliar foods that are culturally sensitive and diverse.
- Comfortable safe spaces and opportunities for rest and sleep are provided with some flexibility about routines.

Questions for Reflection

1. Does the daily routine include outdoor time for both infants and toddlers? How does outdoor time strengthen infants' and toddlers' curiosity?
2. In what ways are self-help skills in washing and eating encouraged? How effective are these approaches?
3. What procedures are employed to ensure that meals and snacks are healthy?

4. In what ways are individual nutrition needs or preferences addressed, and how are children given opportunities to help themselves?
5. In what ways do parents and caregivers collaborate over children's well-being (e.g., toilet learning), and does this collaboration have effective outcomes for children?
6. How does staff find age appropriate ways to talk about health, nutrition, and dental care with children?
7. In what ways are dental health practices supported?
8. Are there adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health procedures using instructions from parents and health care providers?

Goal 2: Infants and toddlers experience environments where their social and emotional well-being is nurtured.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. Emerging skill in self-regulation
b. An increasing capacity to pay attention, focus, concentrate, and be involved
c. A growing capacity to tolerate and enjoy a moderate degree of change, surprises, uncertainty, and potentially puzzling events
d. A sense of personal worth and the worth of others, and knowledge that personal worth does not depend on today's behavior or ability
e. An increasing ability to identify their own emotional responses and those of others
f. Confidence and ability to express emotional needs without fear
g. Trust that their social-emotional needs will be responded to
h. A trusting relationship with nurturing and responsive caregivers
i. The ability to respond and engage in reciprocal interactions
j. Emerging capacities for caring and cooperation

Examples of Experiences and Strategies:

- Infants are handled in a gentle, confident, and respectful way.
- Infants experience continuity of care.
- Unhurried time and opportunity are provided for the infant and familiar caregivers to build a trusting and caring relationship together.
- There is help and encouragement for infants to feel increasingly competent.
- Infants have opportunities to see and react to their reflections in mirrors.
- There are one-to-one interactions that are intimate and sociable.
- The environment is predictable, dependable, and has reasonable adaptations to the physical setting or program to accommodate children with special needs.
- There are opportunities for toddlers to be independent and make choices knowing that comfort, emotional security, and familiar caregivers are available.
- Toddlers who are trying to do things for themselves or for other children are encouraged and supported.
- Caregivers accept and support expression and resolution of a wide range of feelings and emotions from toddlers.
- Toddlers are helped to resolve conflicts and move on to new challenges.
- The environment is stimulating and caregivers acknowledge that the "comfort threshold" is different for each toddler.
- Caregivers help toddlers understand and accept necessary limits without anxiety or fear.
- Caregivers recognize that at times toddlers need to be the center of attention.

Questions for Reflection

1. In what ways are infants and toddlers encouraged to develop a sense of trust, caring, and cooperation?
2. What do caregivers do to foster reciprocal relationships between staff and children, with other children, staff and families, and with other programs?
3. How are staffing schedules organized to ensure that each infant and toddler has primary caregivers and other familiar people to relate to during the day? What happens to support the child when one of the primary caregivers is absent?
4. How is individuality recognized and promoted?
5. What do the caregivers do to make children feel important?
6. How are children made to feel comfortable in expressing their thoughts and feelings?
7. How do caregivers recognize when children are anxious or withdrawn? Can they respond appropriately?

Goal 3: Infants and toddlers experience environments where they are kept safe from harm.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. Increasing awareness of what can harm them

b. Increasing confidence that they can participate and take risks without fear of harm

c. Comfort in expressing their fears openly and trust that their fears will be taken seriously

d. Ability to respond to caregiver instructions related to safety

Examples of Experiences and Strategies:

- Infants are closely supervised at all times.
- Quick attention is given to any changes in an infant's temperature, health, and/or usual behavior.
- Vigilant caregiver supervision protects infants from potential hazards in the environment (e.g., from insects, litter on the ground, over-exposure to sun).
- Infants are protected from rough handling or accidents with older children.
- Caregivers have support from other staff who can step in to comfort chronically crying infants.
- The environment is challenging but safe for all infants and toddlers.
- Playthings and surfaces are kept clean and maintained throughout the day, and attention is paid to avoiding cross-infection.
- Caregivers are alert to possible hazards and vigilant over what is accessible, can be swallowed, or can be climbed on, and toddlers are encouraged to recognize genuine hazards.
- Toddlers are encouraged to communicate their needs and wants without the use of such behaviors as biting or hitting.
- Toddlers are promptly supported, but not overprotected, when an accident occurs.
- Caregivers raise toddlers' awareness about what is safe and what is harmful and the probable consequences of certain actions.
- Toddlers have opportunities to develop self-care skills and to protect themselves from harm within secure and safe limits and at their own level.

Questions for Reflection

1. What are the procedures for ensuring that the environment is safe, clean, and well maintained, taking into account the specific developmental challenges of children with special needs?
2. What kinds of emergency drills are there; how often are they reviewed; and how suitable are they especially for those children who are non-ambulatory?
3. How are children helped to understand and avoid hazards, and how effective are these approaches?
4. In what ways does the program provide positive discussion of rules and safety?
5. In what ways does the program minimize the possibility of child abuse occurring in the center or home, and what procedures are in place to deal with issues of neglect or abuse?
6. Are caregivers and parents knowledgeable of practices, policies, and procedures to ensure a safe and healthy environment?

STRAND B

Belonging

Infants and toddlers feel a sense of belonging.

Goals: Infants and toddlers experience environments where:

1. they know that they belong and have a place;
2. they are comfortable with the routines, schedules, and activities;
3. they increasingly understand the nature and boundaries of acceptable behavior; and
4. positive connections among families, the program, and the children are affirmed.

A high-quality infant and toddler early education and care setting should be like a caring home: a secure and safe place where each child is entitled to and receives respect and the best care. In the widest sense, the feeling of belonging contributes to inner well-being, security, and identity and is rooted in a secure and long-lasting relationship with a primary caregiver. Infants and toddlers need to know that they are accepted for who they are. They should know that what they do can make a difference and that they can explore and try out new activities while feeling safe and supported. The education and care setting as experienced by the children has meaning and purpose, just as activities and events at home do.

The families of all children should feel that they are welcomed members of the early education and care setting, and that they can participate in the program. They can genuinely participate in decision making related to their children and, as appropriate, to the operation of the program.

Goal 1: Infants and toddlers experience environments where they know they belong and have a place.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. An increasing ability to play an active part in the day to day activities of the program

b. Skills in caring for the environment (e.g., cleaning up, wiping the table, flushing the toilet, helping others)

c. Confidence in and an ability to express their ideas

d. A feeling of being valued as an important individual who belongs within the group setting

e. A comfort level in taking on different roles in their environment (e.g., helping others, turning off the water, holding the door)

f. An attachment to their primary caregivers and primary care group

Examples of Experiences and Strategies:

- Each infant and toddler has a primary caregiver whose temperament fits well with the temperament of the infant.
- A primary caregiver has major responsibility for each infant's care, so that infants can anticipate who will welcome and care for them.
- Caregivers respond promptly when infants communicate their needs in order to foster infants' feelings of competence.
- Each infant has a familiar sleeping space and eating area.
- Infants' favorite comfort items are available to them.
- The program is sufficiently flexible to routinely meet infants' needs and preferences for a particular person or way of doing something.
- Caregivers affirm toddlers' growing recognition of things that belong to themselves or others, such as shoes, clothing, comfort items, and/or toys.
- The program provides opportunities for conversations with toddlers that affirm their identity and self-knowledge.
- The program enables toddlers to take part in small group activities (e.g., at the water table or the art table).
- Caregivers recognize and respect toddlers' passionate attachment to particular people and things.
- Caregivers affirm toddlers' efforts to move physically away from primary caregivers while reassuring the children of their presence.
- Caregivers listen to toddlers' ideas, preferences and dislikes.
- Caregivers allow toddlers to select from among activities and experiences offered in the program.

- Toddlers are able to express spontaneous affection to one or more of the people with whom they spend a lot of time.
- Toddlers help to arrange and put things away.
- Each infant and toddler has a place for personal possessions and creations.
- Infants and toddlers are encouraged to take opportunities for cleaning up and caring for the indoor and outdoor environment and the people in it.

Questions for Reflection

1. How does the program ensure that all infants and toddlers are receiving supportive, responsive care, attention, and affection from primary caregivers, and that they will always find familiar caregivers who know and understand them? How well are these goals achieved?
2. How does the program match the temperaments and personality styles of caregivers and infants and toddlers to one another?
3. How do the program (e.g., its policies and procedures) and staff support and foster infants' and toddlers' attachment to particular people and objects of comfort?
4. How is knowledge about infants and toddlers collected and shared among caregivers and families and does this provide sufficient information for those who need it?
5. What are the procedures for individual welcomes and farewells for all children and for helping new infants and toddlers settle in?
6. What arrangements are made for personal space and personal belongings? Are these suitable for the infants and toddlers, the caregivers, and the setting?
7. What aspects of the environment help infants and toddlers and families feel that this is a place where they belong?

Goal 2: Infants and toddlers experience environments where they are comfortable with routines, schedules, and activities.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. An understanding of the routines, family customs, and regular events of the program
b. An understanding that these routines, customs, and regular events can be different in other settings
c. An understanding that they and others can be a part of the group
d. Capacities to predict routines and regular events that make up the day or the session

e. A growing ability to cope with change
f. Enjoyment of and interest in a moderate degree of change
g. Increasing mastery of self-help skills to assist with daily personal routines
h. An increasing sense of independence and competence during daily routines and activities

Examples of Experiences and Strategies:

- The pace and time of routines is guided, as much as possible, by each infant's needs.
- A regular but flexible schedule is established that allows for participation throughout the day (e.g., going for a walk, going outside).
- The program includes familiar rhymes, songs, and chants.
- There are predictable routines with reassuring emphasis on the familiar, with new elements introduced gradually and thoughtfully into the program.
- Caregivers are comfortable with reading the same story again and again.
- Toddlers' favorite games and happenings are identified and included in the program.
- Toddlers are able to maintain their own routines and ways of doing things (e.g., wearing a favorite hat, sleeping with a favorite blanket).
- Rules are kept to a minimum through the establishment of comfortable, well-understood routines.
- The program allows unhurried time for the repetition and practice of toddlers' developing skills and interests.
- Caregivers accept toddlers' unique ways of doing things as being part of their developing sense of self.
- Caregivers take time to listen and talk with children about upcoming events (e.g., visitors, fire drills) that are out of the ordinary, so that they can anticipate and be comfortable with them.

Questions for Reflection

1. How is staffing arranged to ensure that individual children's needs are met by primary caregivers during routines? How can this be improved?
2. How are routines consistent yet flexible enough to meet the needs of individual children?
3. In what ways are routines used as positive and interactive learning experiences? Are there other ways this can be done?
4. In what situations can children be offered choices? When is this not feasible or appropriate?

5. If staff members experience stress, how are they supported, and how are the effects on infants and toddlers minimized?
6. How do caregivers find out and use favorite stories, songs, and rhymes to promote infants' and toddlers' security within the environment?
7. What kinds of regular events and customs of significance to the families are incorporated into the routines? How?

Goal 3: Infants and toddlers experience environments where they increasingly understand the nature and boundaries of acceptable behavior.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. An increasing capacity to successfully communicate their feelings, needs, and wants
b. A recognition that the setting has reasonable boundaries and expectations for behavior
c. The beginning of an understanding of the reasons for boundaries and expectations
d. Expectations that the setting is predictable, fair, and consistently caring
e. An increasing awareness of the impact and consequences of their actions
f. An increasing ability to self-regulate their behavior
g. The ability to express disagreement with peers and caregivers in developmentally appropriate ways

Examples of Experiences and Strategies:

- Infants' behaviors are accepted without judgment and the program has sufficient flexibility to accommodate natural variations in moods and behavior.
- Caregivers gently encourage infants to accept that the caregivers will also attend to and care for other children.
- Unhurried primary caregivers and other familiar caregivers are always nearby.
- Infant needs are responded to promptly to minimize causes of distress or disengagement.
- Caregivers help toddlers begin to express and regulate their feelings as appropriate to each toddler's development.
- Caregivers offer only genuine choices to toddlers and respect their decisions.

- Possible causes of frustration and conflict for toddlers are minimized (e.g., avoidance or elimination of large group activities, waiting periods, abrupt transitions, a crowded environment).
- Toddlers are given support in dealing with conflict and frustrations.
- Toddlers' intensity of feelings is understood, accepted, and guided, and the resulting behaviors are seen as a normal and important part of their development.
- Desired and reasonable expectations and limits are set and applied in a consistent and equitable manner.

Questions for Reflection

1. In what ways are the children shielded from the effects of stress on staff? Are there other, more effective ways of approaching an issue?
2. What kinds of support systems are available for parents to enable them to promote positive behaviors and guide their infants and toddlers effectively? How well do these support systems work?
3. How are parents involved in the child guidance policies of the program? Are the strategies used agreeable and apparent to all parents?
4. How does the program help caregivers and parents understand when child behaviors are developmentally appropriate and when they are exhibiting risky behavior?

5. Do caregivers look at how the environment and caregiver practices influence behaviors that raise concern (e.g., biting, hitting, prolonged crying)? Are there elements that can be changed to foster positive behavior for infants and toddlers?
6. When necessary, does the program have a way of making referrals to outside resources for prevention and intervention? How does the program support staff and parents to allow for successful continuity of care rather than putting an infant or toddler at risk of expulsion from the program?
7. How does the program support all infants and toddlers, including the child whose behavior is viewed as challenging to the caregiver? How are caregivers working to teach and support infants and toddlers in developing the skills they need to be successful?
8. How is parental knowledge about problems that may be occurring respected and incorporated into exploration of how to resolve the problem? When sharing difficult issues, is staff sensitive and objective?
9. How are disagreements about infant and toddler guidance issues resolved, and how empowering and equitable are the processes for infants and toddlers and parents?
10. Does the program examine rules with respect to their necessity and flexibility and whether they are negotiable? How well do the rules achieve their intended function? Are all rules developmentally appropriate for infants and toddlers?
11. Do caregivers call for assistance and relief if the behavior of an individual infant or toddler or group of infants or toddlers causes stress? What processes are in place to support caregivers when this happens?

Goal 4: Infants and toddlers experience environments where positive connections among their families, the program, and the children are affirmed.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. An understanding of the links between the early childhood education and care setting and their homes through people, images, objects, languages, sounds, smells, and tastes
b. Interest and pleasure in discovering new environments where the people, images, objects, languages, sounds, smells, and tastes are sometimes different from those at home
c. The ability to interact with an increasing number of significant people in their lives, beyond their families and primary caregivers

Examples of Experiences and Strategies:

- Breastfeeding is supported by providing mothers with opportunities to breastfeed while their children are in care.
- Language, songs, key words, and routines that infants are familiar with at home are used in the program setting.
- Caregivers talk to and with infants and toddlers about family members.
- Opportunities are arranged for families to meet each other and the infants and toddlers in the program setting (e.g., breakfast, a shared lunch, a picnic).
- The program includes short walks to see other people and other places.
- Programs display pictures of infants' and toddlers' families.
- Conversations with caregivers about home, family members, and happenings are a natural part of the program.
- Special playthings and comfort items from home are respected, accepted, and made accessible to infants and toddlers.
- Toddlers have regular small outings around the neighborhood.
- Toddlers are encouraged to show parents things they have done, made, or found and talk about them.
- The program provides toddlers with widening experiences of the world through a range of playthings, books, pictures, and happenings.

Questions for Reflection

1. How is daily information about infants and toddlers shared among caregivers and between parents and caregivers? How well does this meet the needs of all (e.g., children, families, caregivers)?
2. In what ways do the environment and program activities reflect the values, homes, and cultures of the families? What impact does this have on staff and infants and toddlers?
3. What kinds of opportunities do the infants and toddlers have to explore the neighborhood and their culture?
4. In what ways are staff and parents able and encouraged to be resources for each other?
5. What procedures are used to communicate with parents about persistent problems (e.g., biting, not wanting to eat)? How effectively do these procedures contribute to resolving the problem in ways that are beneficial for the infant or toddler and comfortable for the family?

STRAND C

Exploration

Infants and toddlers learn through active exploration of the environment.

Goals: Infants and toddlers experience environments where:

1. the importance of spontaneous play is recognized and play is valued as meaningful learning;
2. they gain confidence in and greater control of their bodies;
3. they learn strategies for active exploration, thinking, and reasoning;
4. they develop a growing sense of social relationships, the natural environment, and the physical world; and
5. their interests and initiative provide direction for learning opportunities and for the practice and mastery of developing skills.

Infants and toddlers learn through active exploration that is guided and supported by caregivers and other children. Young children encounter every aspect of their environment and routine daily interaction as a context for learning. Observant caregivers engage infants and toddlers in experiences that offer challenges presenting opportunities for development and learning. The wider world of family and community is an integral part of any early childhood education and care program.

Children learn through play – by doing, through questions, by interacting with others, by manipulating familiar and novel materials, by practice and repetition, by setting up theories or ideas about how things work and trying them out, and by the purposeful and respectful use of resources. They also learn by making links with their previous experiences. This strand incorporates some of the strategies that enable infants and toddlers to explore, learn from, and make sense of the world.

Goal 1: Infants and toddlers experience environments where the importance of spontaneous play is recognized and play is valued as meaningful learning.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. Strategies for exploring and satisfying their curiosity
b. Symbolic, pretend, and dramatic play
c. Creativity and spontaneity in their play
d. The ability to make decisions and choose their own materials
e. An emerging sense that not knowing and being uncertain are part of learning
f. An emerging sense of intentionality in their play and relationships

Examples of Experiences and Strategies:

- Interesting and challenging playthings are easily within reach of infants and available to toddlers so that they can try out new things and explore the further possibilities of familiar objects.
- Infants have freedom to move and to practice and extend skills.
- Everything in the immediate environment is regarded as a learning resource.
- Caregivers are aware of the potential for all interactions and experiences to result in learning.
- Meaningful and, where possible, authentic contexts are provided for toddlers' play and work (e.g., brooms are used to sweep, water is used for cleaning walls).

Questions for Reflection

1. What roles do caregivers have when children are playing and how do these roles promote children's curiosity, creativity, and exploration?
2. How do caregivers react when children make 'mistakes'? How does this support learning?
3. In what ways are meaningful opportunities provided for infants and toddlers to use real things in a variety of ways (e.g., rattles, cloth blocks, mirrors, saucepans, garden tools, telephones, cameras)?
4. How do caregivers respond to and support infants' and toddlers' exploration in dramatic and pretend play?
5. How is the environment arranged to support and encourage infants and toddlers in making simple choices?

Goal 2: Infants and toddlers experience environments where they gain confidence in and greater control of their bodies.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. Increasing control over their bodies, including increasing abilities in the use of large and small muscles, balance and coordination of eye-hand movements, and increasing agility, coordination, and balance

b. Strategies for actively exploring and making sense of the world by using their bodies, including active exploration with all the senses, and the use of tools, materials, and equipment to extend skills

c. Confidence with moving in space, moving to rhythm, and playing near and with others

d. Awareness of good hygiene practices (e.g., tooth brushing, hand washing, covering mouth/nose when coughing)

Examples of Experiences and Strategies:

- Infants experience a safe environment with equipment or furniture to hold on to, to balance against, or to pull themselves up on.
- Infants are encouraged to mouth, finger, grasp, pull, and push materials that are safe and interesting, can be manipulated in a variety of ways, and require minimal caregiver assistance.
- Toddlers are encouraged to develop skills at their own rates and to know and begin to understand their own abilities and limitations.
- Caregivers, insuring children's safety, wait to let toddlers indicate that they need assistance rather than assuming that they need help.
- Toddlers have access to an increasing range of safe and interesting materials that can enhance both large and small motor skills.

Questions for Reflection

1. How are the program's materials and equipment used and modified to foster children's confidence in what they do and extend their ability to control their bodies?
2. How is play equipment selected and arranged to support physical development and to promote learning and growth?
3. In what ways and to what extent are infants and toddlers allowed and encouraged to do things for themselves?
4. In what circumstances might it be necessary to limit children's exploration, and how can this be done while continuing to encourage active discovery?

5. Is there a comprehensive system to make certain the setting and the materials and equipment within it are safe? What is the process for continuous assessment of its effectiveness?
6. What opportunities are there for infants and toddlers to combine physical activities with music, language, and emergent problem-solving skills?

Goal 3: Infants and toddlers experience environments where they learn strategies for active exploration, thinking, and reasoning.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. The confidence to explore and make sense of their world through simple problem solving, recognizing patterns, learning from trial and error, asking questions, listening to others, simple planning, observing, and listening to stories
b. An attitude of themselves as “explorers” — competent, confident learners who ask questions and make discoveries
c. The confidence to choose and experiment with materials, to explore actively with all the senses, and to use what they learn to generalize their learning to other experiences
d. The ability to learn new things from the materials and people around them

Examples of Experiences and Strategies:

- Young infants experience various positions during the day so they see things from a variety of perspectives.
- Infants experience different play spaces, such as smooth floors, carpet, grass, sand, soft and hard surfaces, and indoor and outdoor spaces.
- Infants have opportunities to watch and join in with other children and to see and hear new things.
- Infants have a variety of indoor and outdoor sensory experiences (e.g., a range of smells, temperatures, sounds).
- Infants can move freely and touch things (e.g., games for exploring their toes, faces, hair, fingers and those of other familiar people are encouraged and repeated).
- A variety of different kinds of materials are available for infants to feel and explore.
- Toddlers are encouraged to manipulate various materials in ways that change them from continuous to discrete and back again (e.g., cutting up dough and squashing the pieces back together again, transferring water to small bottles and emptying them).
- Toddlers have opportunities to collect, sort, and organize objects and play materials in a variety of ways and to develop a sense of order (e.g., by grouping similar materials or putting things in their right place).
- Toddlers have opportunities to recognize similarities and differences (e.g., matching, symmetry).
- Caregivers talk with children in ways that promote toddlers' thinking and reasoning about what they are doing.
- Toddlers have opportunities for active exploration with the support, but not the interference, of caregivers.

Questions for Reflection

1. In what ways, and how effectively, do caregivers help children to find the right level of challenge?
2. How are equipment and playthings selected and arranged to extend infants' and toddlers' understanding of concepts (e.g., patterns, shapes, colors)?
3. What opportunities do children have to collect and sort objects for a meaningful purpose?
4. What opportunities are there for children to take things apart, put them together, and figure out how they work? How well do these opportunities promote children's learning?

5. How do caregivers pose questions to toddlers that encourage toddlers to try new strategies and to problem solve?
6. How do caregivers arrange the environment and plan the daily schedule to support and encourage toddlers' self-motivated exploration?

Goal 4: Infants and toddlers experience environments where they develop a growing sense of social relationships, the natural environment, and the physical world.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. The ability to question, explore, generate, and modify their own ideas about the world around them
b. Familiarity with a variety of materials (e.g., sand, water, ice, bubbles, blocks, paper)
c. Spatial understandings, including an awareness of how two- and three-dimensional objects can be fitted together and moved in space
d. A knowledge of the natural environment in the outdoor area of the program and the local neighborhood (e.g., the neighborhood park, grassy field, a wooded area)
e. Social relationships and social concepts (e.g., friendship, authority, social rules and understandings)

Examples of Experiences and Strategies:

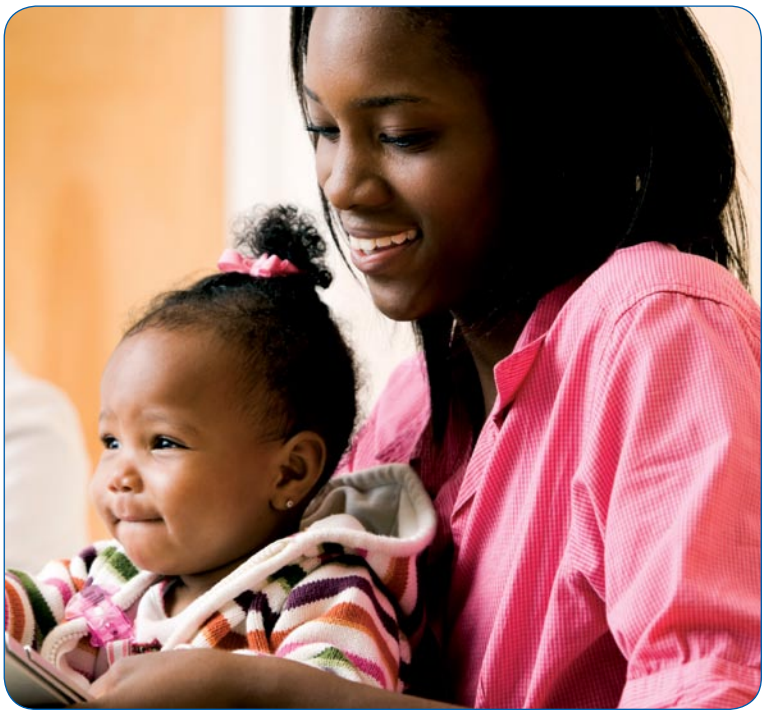
- The environment includes features that infants can become familiar with, recognize, and explore and which caregivers talk about with them.
- Caregivers demonstrate that they share infants' pleasure in discovery.
- Infants are helped to see familiar things from different positions (e.g., close up or from a distance, from the front or back).
- Infants are encouraged to try things out by using objects as tools.
- Older infants are encouraged to name objects and people in their environment.
- Caregivers respond to infants' explorations, provide commentary about what they are experiencing, and share infants' pleasures in discovery.
- Toddlers have access to books and pictures about aspects of their every day world.
- Toddlers are encouraged and helped to name, think about, and talk about what they are doing.

STRAND C: EXPLORATION

- Toddlers have opportunities to explore the ways that shapes and objects fit together by using two- and three-dimensional materials.
- Toddlers have opportunities to help safely, and with consideration of good hygiene practices, take care of animals and other living things.
- Caregivers initiate questions, and answer toddlers' questions, about why things happen.
- Toddlers have opportunities and are encouraged to help other children in the group.

Questions for Reflection

1. How are experiences moderated for infants and toddlers so that the world does not appear too confusing?
2. What genuine, safe opportunities are there for infants and toddlers to change things and to explore the consequences of their actions?
3. What opportunities are there for infants and toddlers to engage in cooperative dramatic play, and how does it contribute to their development and learning?
4. How do caregivers seek information from parents and families about addressing family happenings (e.g., the birth of siblings, the death of a family member)?
5. What practices or procedures are in place to determine what events might happen that could upset children and how are these situations addressed?



Goal 5: Infants and toddlers experience environments where their interests and initiative provide direction for learning opportunities and for the practice and mastery of developing skills.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. Progressively more complex skills

b. The ability to pursue interests independently

c. The understanding that they have a significant role in initiating exploration, play, and learning

Examples of Experiences and Strategies:

- Caregivers place objects within reach for young infants to encourage exploration and making choices.
- For older infants, objects and toys are placed within reach and in close proximity to encourage infants to move to materials of interest and to make choices.
- Familiar and consistent objects are available to develop skills (e.g., including eye-hand coordination, their sense of competency), and to promote an understanding of cause and effect.
- Caregivers organize the environment to capitalize on infants' curiosity as a prime motivator for exploration and learning; they encourage infants to develop skills at their own pace.
- Caregivers assess the environment and make changes to respond to toddlers' interests and developing skills.
- Caregivers understand the importance of curiosity in toddlers' exploration and learning and encourage and support toddlers' questioning and experimenting.
- Toddlers have opportunities for in-depth exploration with caregivers providing guidance and expansion.
- Caregivers ask toddlers open-ended questions.
- The environment is arranged to provide toddlers with easy access to a variety of materials and opportunities to make genuine choices and to learn from them.

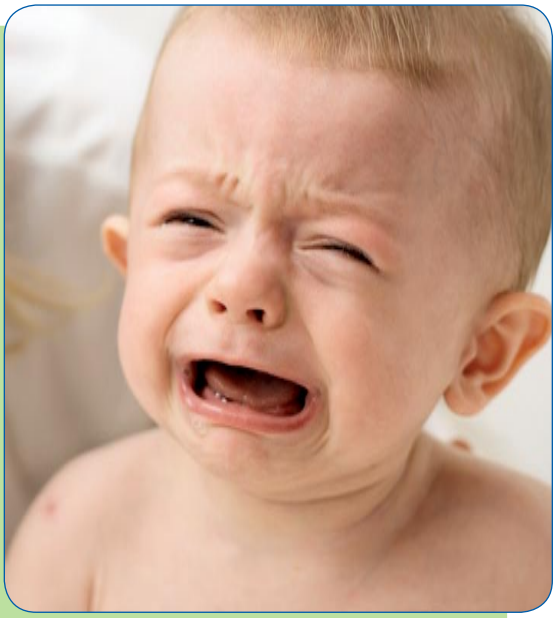
Questions for Reflection

1. How does the environment encourage infants and toddlers to initiate their own play and learning?
2. What role do caregivers have in identifying infants' and toddlers' developmental levels and interests, and how is this information used?
3. How do caregivers support and expand child-initiated learning experiences and assist each child in the practice and mastery of skills?
4. What is the balance between child- and caregiver-initiated activities?
5. How often, and in what ways, are the routines adjusted or activities changed to allow for children's spontaneity and interests?
6. How is the environment arranged so that children can find and use materials of interest to them and begin to learn to replace them when finished?

STRAND D

Communication

Infants and toddlers use a variety of means to communicate their needs and thoughts, and to understand and respond to other people and ideas.



Goals: Infants and toddlers experience environments where:

1. they develop attitudes and skills to communicate successfully with others;
2. they have opportunities to communicate through the use of symbols/pictures, signs, and stories; and
3. they discover and develop different ways to be creative and expressive about their feelings and thoughts.

Human communication takes many forms from its beginnings in the responsive relationships between infants and their parents and other primary caregivers. Beginning in infancy, one of the major cultural tasks for children is to develop competence in and understanding of language. Language does not consist only of words, sentences, and stories; it includes the language of gestures, facial expressions, images, art, dance, mathematics, movement, rhythm, and music. During these early years, infants and toddlers are learning to communicate their experiences in many ways, and they are also learning to interpret the ways in which others communicate and represent experiences. They develop increasing competence in symbolic, abstract, imaginative, and creative thinking. Language grows and develops in meaningful contexts when infants and toddlers have a desire to interact, a reason to communicate, and a need to understand.

Goal 1: Infants and toddlers experience environments where they develop attitudes and skills to communicate successfully with others.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. The ability to express their feelings and emotions in a range of appropriate ways

b. Confidence that their first languages [e.g., whether spoken English, a spoken language other than English, or American Sign Language (ASL)] are valued, supported, and understood

c. Responsive and reciprocal communication skills (e.g., turn-taking)

d. A playful interest in repetitive sounds and words, and aspects of language (e.g., rhythm, rhyme, alliteration)

e. Increasing skill with and understanding of non-verbal messages, including the ability to attend to and make non-verbal requests

f. The inclination and ability to communicate, pay attention, and respond appropriately to others

g. Increasing knowledge and skill in syntax, meaning, and vocabulary in at least one language

h. Language skills in real, play, and problem-solving contexts as well as in more structured language contexts (e.g., through books, finger plays, singing, story telling/re-enacting)

i. Communication skills for increasingly complex purposes (e.g., expressing and asking others about intentions, expressing feelings and attitudes, negotiating, predicting, planning, reasoning, guessing, storytelling)

Examples of Experiences and Strategies:

- Caregivers are aware of infants' sensitivity to caregiver body language/ facial expression and of the need to use expressive body language to assist infants to read signals.
- Caregivers respond positively to infants' gestures, expressions, and sounds (e.g., infants turning their heads away from food, breaking eye contact, crying or babbling, pointing).
- Caregivers are promptly aware of how children communicate signs of tiredness, discomfort, or stress.
- The program includes action games, finger plays, and songs.
- The program includes role models who are home language communicators of the child's natural language (e.g., deaf role models whose first language is ASL, role models in spoken languages other than the primary spoken language of the program).

- Infants are regarded as active participants in verbal communication and non-verbal communication and caregivers respond to their early attempts at communication/verbalization.
- Simple words and/or signs are used to make consistent connections with objects and people who are meaningful to each infant.
- Many and varied opportunities are provided to be playful with sounds.
- Language is used to soothe and comfort.
- Infants and toddlers hear adults conversing with one another so that they have exposure to complex adult conversation and novel vocabulary.
- Toddlers have opportunities to use their bodies as a way to communicate (e.g., through action games, listening games, pretend play, dancing).
- Caregivers carefully attend to toddlers' requests and suggestions.
- Toddlers are helped to communicate feelings and ideas in a variety of ways.
- Caregivers help to extend toddlers' verbal communication ability by accepting and supporting early words in their first language, modeling new words and phrases, allowing toddlers to initiate conversation, and giving them time to respond and converse.
- Caregivers use simple, clear phrases with toddlers and have realistic expectations of toddlers' verbal, signed, and listening skills.
- Caregivers model increasingly complex language and novel vocabulary.
- Toddlers have many opportunities to communicate with other children, to play language-based games, and to encounter a widening range of books, songs, poems, stories, and chants.

Questions for Reflection

1. In what ways, and to what extent, are caregivers able to identify, encourage, and respond to each child's non-verbal communication?
2. How aware are caregivers of their own styles of non-verbal communication?
3. How fluent are caregivers in each child's home language?
4. In what ways do children communicate with each other without talking (e.g., infant signs), and how do caregivers support this non-verbal communication?
5. How effectively do caregivers read each other's body language as a way of improving communication and supporting each other?
6. In what ways does the program provide for one-to-one language interaction, especially between a caregiver and a child?

7. To what extent do caregivers include children's home languages when talking with them?
8. What strategies do caregivers use to extend conversations with children, and how effective are these strategies?
9. What opportunities are there for children to be exposed to storytelling (stories read, signed, and told), poems, chants, and songs? How well do these connect to the children's home cultures?
10. What range of voices do children hear?
11. What role models are available (adults or children) to the child to grow and expand knowledge of his/her primary language?

Goal 2: Infants and toddlers experience environments where they have opportunities to communicate through the use of symbols/pictures, signs, and stories.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. An understanding that symbols/pictures can be "read" by others, and that thoughts, experiences, and ideas can be represented through gestures, signs, words, pictures, print, numbers, sounds, shapes, models, facial expression, and photographs

b. Familiarity with symbols/pictures and their uses (including print) by exploring and observing them in activities that have meaning and purpose and are developmentally appropriate for infants and toddlers

c. Familiarity with an appropriate selection of the stories and literature valued by the cultures in their community

d. Familiarity with numbers and their uses by exploring and observing the use of numbers in activities that have meaning and purpose for infants and toddlers

e. An interest in exploring and using mathematical, reading, and writing materials

f. An interest in creating and using symbols/pictures

g. An expectation that words, books, numbers, and other symbols/pictures can amuse, delight, comfort, illuminate, inform, and excite

Examples of Experiences and Strategies:

- Caregivers read books to infants, tell/sign them simple stories, and communicate to them about objects and pictures.
- Infants are able to feel and manipulate books and to see and handle photographs and pictures.
- Numbers are used in conversation and interactive times (e.g., finger plays, chants); every day number patterns are highlighted (e.g., two shoes, four wheels, five fingers).
- Caregivers draw attention to concepts (e.g., differences between more and less, big and small).
- The program includes songs, rhymes, stories, books, and chants that repeat sequences.
- Toys with a variety of colors, textures, shapes, and sizes to experiment with and explore freely are available in the environment.
- Toddlers have many opportunities to play simple games and to use an increasing range of toys and materials, which feature a variety of symbols/pictures, shapes, sizes, and colors.
- Caregivers' conversations with toddlers are rich in number ideas, so that caregivers extend toddlers' knowledge about numbers.
- Caregivers model the process of counting to solve every day problems (e.g., asking "How many children want to go on a walk?").
- Toddlers are encouraged to develop the language of position (e.g., above and below, inside and outside) and the language of probability (e.g., might, can't).
- The toddler's name is written on belongings and any personal space, and names or symbols/pictures are used to enable toddlers to recognize their own possessions.
- The language of the child's culture is used as well as the primary spoken and written language of the program.
- Books are available for the toddler to read and carry about; reading books and telling stories are frequent, pleasurable, intimate, and interactive experiences.
- Children experience a wide range of stories and hear and practice storytelling.
- Children are frequently exposed to storytelling in their natural/home languages.

Questions for Reflection

1. To what extent are the children's cultural and ethnic backgrounds well represented in the activities, stories, and symbols/pictures found in the program?
2. What is the most effective group size for telling and reading stories, and what factors influence this?
3. How often are stories read aloud/signed, and are there more opportunities for this to happen?
4. In what ways, and for what purposes, do children see mathematics being used and how does this influence their interest and ability in mathematics (e.g., more or less, before or after, big and little, up and down)?
5. In what ways are children exposed to the uses and concepts of print? How could their exposure be increased?

Goal 3: Infants and toddlers experience environments where they discover and develop different ways to be creative and expressive about their feelings and thoughts.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. Familiarity with the properties and characteristics of the materials used in the creative and expressive arts
b. Skill and confidence with the processes of art (e.g., drawing, collage, painting, print-making, constructing)
c. Skill with media that can be used for expressing a mood or a feeling or for representing information (e.g., crayons, pencils, paint, blocks, wood, musical instruments, movement)
d. An ability to be creative and expressive through a variety of activities (e.g., pretend play, art, storytelling, music)
e. An awareness that music, art, drama, and dance can be expressions of feeling, mood, situation, and culture
f. Confidence to sing songs, including songs of their own, and to experiment with chants and pitch patterns
g. An increasing ability to keep a steady beat (e.g., through speech, chants, dances, movement to simple rhythmic patterns)
h. An expectation that music, art, drama, and dance can amuse, delight, comfort, illuminate, inform, and excite
i. Familiarity with a variety of types of music, art, drama, and dance as expressions of feeling, mood, situation, occasion, and culture

Examples of Experiences and Strategies:

- Caregivers respect, support, and enjoy the variety of ways that infants sense, interact with, and respond to the environment.
- Infants see, hear, and participate in creative and expressive activities in their own ways (e.g., by putting a hand in the paint, clapping hands, babbling).
- Infants have opportunities to experience patterns and sounds in the natural environment (e.g., leaves in sunlight, the sound of rain).
- Caregivers respond and encourage infants' expressive and creative actions (e.g., reflecting movements, joining in clapping).
- Toddlers have experiences with creative materials (e.g., paint, glue, dough, sand, found objects) and are given opportunities for creative play using natural materials (e.g., collecting leaves, arranging pebbles).
- Toddlers are introduced to tools and materials for art and allowed to experiment with them.
- Toddlers have opportunities for movement that involve their whole bodies with abandon and opportunities to participate in dance.
- Props for pretend play are available, and caregivers interact with toddlers' emerging make-believe play.
- The program provides opportunities for toddlers to learn skills with musical instruments (e.g., drums, shakers, bells).

Questions for Reflection

1. How is creative expression used to communicate children's cultural backgrounds?
2. What daily opportunities are there for children to express themselves through creative arts?
3. In what ways are all children included in creative activities and able to explore creative areas of interest?

STRAND E

Contribution

Infants and toddlers have opportunities for learning that are equitable, promote social competency, and value each child's and family's contribution.

Goals: Infants and toddlers experience environments where:

1. the opportunities for learning are equitable, irrespective of gender, ability, age, ethnicity, or background;
2. they are affirmed as individuals;
3. they are encouraged to interact and learn with and alongside others; and
4. they and their families are empowered to make contributions within the program and as members of their communities.

Caregivers recognize, acknowledge, and build on each infant's and toddler's special strengths. They allow each infant and toddler to make a contribution or to "make his or her mark," acknowledging that each has the right to active and equitable participation in the program. Making a contribution includes developing satisfying relationships with adults and peers. Through interaction with others, infants and toddlers engage in social play, develop an awareness of routines and rules, develop a wide range of relationships, and make their needs known. Early experiences in the development of social confidence have long-term effects, and staff in early childhood education and care settings plays a significant role in helping children to initiate and maintain relationships with peers.

Through respectful, nurturing interaction with others, infants develop a sense of security and trust enabling them to explore their world and develop a sense of identity. In the earliest months of the child's life, this happens through a strong and trusting relationship with the primary caregiver. As these relationships continue and development progresses, toddlers will learn to take another's point of view,

to empathize with others, to ask for help, to see themselves as a help for others, and to discuss or explain their ideas to adults or to other children. As a result of their contributions to peers, the program, and the community, children develop understanding and awareness of others, positive and accepting attitudes, and the ability to exhibit caring, cooperation, honesty, pride, and independence.

Parents and caregivers have a wealth of valuable information and understanding regarding their children and their contributions and are key to creating effective connections and consistency across homes, the program, and the community.

Goal 1: Infants and toddlers experience environments where the opportunities for learning are equitable, irrespective of gender, ability, age, ethnicity, or background.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. Empathy, understanding, and awareness of others' feelings, and make comforting and accepting gestures to peers and others in distress
b. Emerging concern for other children who may be excluded from activities because they are different
c. Understanding of the pro-social value of honesty and truthfulness to the extent their construction of and perception of reality permits it
d. The ability to carry out or follow through on simple tasks that help or benefit themselves or others
e. Positive and accepting attitudes toward people of a variety of backgrounds/characteristics (e.g., race, physical characteristics, culture, ethnic background)
f. The ability to respond and engage in developmentally appropriate reciprocal interactions
g. Emerging skills in caring and cooperation

Examples of Experiences and Strategies:

- Both girls and boys are encouraged to enjoy challenges.
- Picture books are selected which show girls, boys, women, and men in a range of roles.
- Caregivers avoid making developmental comparisons between children, recognizing that their development is variable.
- The program encourages care practices that are culturally respectful and appropriate in relation to feeding, sleeping, toileting, clothing, and washing.

STRAND E: CONTRIBUTION

- A primary caregiver is assigned to each infant and toddler to promote continuity of care and responsive caregiving.
- Infants and toddlers wear clothing that does not restrict their movement and play.
- Caregivers expect and encourage boys and girls to take similar parts in caring and domestic routines.
- Caregivers expect and encourage exuberant and adventurous behavior in both girls and boys.
- Caregivers respect the needs of toddlers to observe and be apart at times and to take on new challenges at other times.
- In talking with toddlers, caregivers do not link occupations to gender (e.g., by assuming that doctors are men, that nurses are women).
- Activities, playthings, and expectations take account of the fact that each toddler's developmental stage and mastery of skills is different.
- Each child's culture is included in the program on a continuous basis through song, language, pictures, playthings, and dance.
- Caregivers model the kind of behaviors they would expect and value in young children.

Questions for Reflection

1. How are books and pictures selected, and do these procedures ensure that books and pictures show children of various genders, ethnicity, age, and ability in a range of roles?
2. Are there situations where, for reasons of age or ability, a child is not included in something, and how can the situation be adapted to ensure inclusion?
3. In what ways and how well is the curriculum genuinely connected to the families and cultures?
4. In what ways do caregivers encourage children of different ages to play together, and how well is this achieved?
5. Do primary caregivers communicate positively, openly, and respectfully, expressing themselves in a language and style appropriate to children's age, developmental level, and individuality?
6. Do caregivers model the same kind of self-regulation, empathy, acceptance of others, and engagement with learning that they would expect and value in young children?
7. Do caregivers have positive expectations and encourage infants and toddlers to undertake challenging tasks with their assistance and to do well at an activity within the child's capacity to perform?

Goal 2: Infants and toddlers experience environments where they are affirmed as individuals.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. A sense of "who they are," their place in the wider world of relationships, and the ways in which these are appreciated

b. A range of abilities and interests (e.g., spatial, visual, linguistic, physical, musical, logical or mathematical, personal, social) which build on the children's strengths

c. A sense of being able to make something happen that matters to them and to others

d. A growing sense that they are valued and that their presence and activities gain positive responses from others

e. A sense of optimism, that life is exciting and enjoyable, and they have a positive place within it

f. The ability to look forward to events that affirm their growth (e.g., getting taller, getting new shoes, a first haircut, looking forward to upcoming visitors and events)

g. An awareness of themselves as unique individuals

Examples of Experiences and Strategies:

- Infants are carefully observed so that caregivers know individual infants well, respect their individual ways (e.g., in food preferences, handling), and respond to them appropriately.
- Caregivers learn each infant's individual preferences and rituals (e.g., for going to bed, for feeding).
- Caregivers respond to infants' signals of pleasure, discomfort, fear, or anger.
- Caregivers help to extend infants' pleasure in particular activities (e.g., hearing specific music, responding to colors, enjoyment of certain rhythms).
- The program builds on the passions and curiosity of each toddler.
- Toddlers are encouraged to do things in their own particular ways when this is appropriate.
- Toddlers' preferences in play activities (e.g., liking sand but not water) are respected.
- Toddlers are encouraged to contribute to small-group happenings (e.g., joining in the dance, bringing chairs around the table for snack time).
- Caregivers talk positively with toddlers about differences in people, places, things, and events.

Questions for Reflection

1. How often does staff observe individual children? In what ways are these observations carried out and shared and what are the observations used for?
2. In what circumstances is it appropriate for the needs of the group to take priority over those of individual children?
3. How often, and in what circumstances, can children obtain individual attention?
4. In what ways does the program accommodate the individual strengths, interests, and individual ways of doing things represented by each child and family? What impact does this have on children, and are there other ways children's individuality could be encouraged?
5. What staffing provisions are made for ensuring that individual attention is given to infants and toddlers with special needs, and are these provisions sufficient?
6. In what ways, and how well, does the program provide for children with unusual interests or exceptional abilities?
7. In what ways do caregivers encourage children to undertake challenging tasks with their assistance and avoid negative responses and labeling if the child does not succeed?
8. How does the program use an array of positive responses to affirm children as individuals?

Goal 3: Infants and toddlers experience environments where they are encouraged to interact and learn with and alongside others.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. An increasing ability to take another's point of view and to empathize with others

b. Ways to enjoy solitary play when they choose to be alone

c. An increasing sense of competence and confidence in growing abilities

d. Acceptable ways to assert their independence

e. 'Friendship skills,' where they can play harmoniously with their peers through cooperation and participate in the give and take of ideas

f. An increasing ability to share by showing interest in and awareness of the feelings of others

Examples of Experiences and Strategies:

- The program enables infants to be safe in the company of other children or older children.
- Caregivers talk to infants about what other children are doing and encourage the infant's interest in other children.
- Caregivers respond to infants' social communication (e.g., smiles, gestures, noises).
- Infants are included in appropriate social happenings.
- Caregivers provide guidance and support in resolving conflicts (e.g., sharing floor space).
- Many opportunities are provided for self-selected small-group activities (e.g., action songs, listening to stories, exploring novel materials together, going for a walk).
- Toddlers have opportunities to help with the care of others.
- Group activities for toddlers have an individual aspect to them as well (e.g., using brushes to paint water on concrete involves both individual and team efforts).
- Toddlers' preferences for solitary or parallel play are accommodated.
- Sufficient playthings are available for parallel play, and caregivers mediate in toddlers' conflicts over possessions.
- Caregivers support toddlers' attempts to initiate social interactions with other children and staff.
- There are realistic expectations about toddlers' abilities to cooperate, take turns, or wait for assistance.

Questions for Reflection

1. How does the program allow children to care for and support other children, and how well do they do this?
2. What do children learn best from each other, and how is this learning facilitated?
3. How are the materials and activities organized to facilitate learning to take turns?
4. To what extent is sharing important? When should there be enough playthings to prevent conflict?
5. What sorts of happenings and activities do the children enjoy most as a group?
6. Are there creative and constructive problem-solving activities that encourage infants and toddlers to cooperate with and support each other? How effective are these activities?
7. How are infants and toddlers helped to see the other person's perspective and learn how to compromise in a mutually respectful way?

Goal 4: Infants and toddlers experience environments where they and their families are empowered to make contributions within the program and as members of their communities.

Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop

a. A growing sense of themselves as part of a family
b. A sense of pride in themselves and their families
c. A growing sense of connection and consistency across their homes, the program, and their community
d. A positive sense about their participation in the program, their families, and their community

Examples of Experiences and Strategies:

- Parents and caregivers communicate with each other in order to attain a consistent and understanding approach to the care of their children.
- Families play various roles in the program setting because their special strengths and skills are recognized and utilized.
- Families are given the opportunity to create connections between activities at the program and at home.
- Infants and toddlers experience security, connection and consistency between home and the program as a result of sharing information about concerns, interests, and activities.
- Infants and toddlers experience natural learning opportunities in the community as part of the family and caregivers' daily routine and activities (e.g., walks in the neighborhood, grocery shopping with the family, visiting the local park).
- Both the families and the program offer infants and toddlers an array of activities and resources, including those that promote physical health, appropriate to their developmental characteristics and needs.
- Caregivers and parents model appropriate behavior and values for other parents and children.

Questions for Reflection

1. How does the program respect family culture and encourage families to share their culture?
2. In what ways does two-way communication take place between program and home?
3. Are there creative ways to help the family extend learning from the program setting to the home? What are these techniques?
4. How are opportunities for spontaneous learning supported at home, in the program, and in the community?
5. How are parents involved in assessing and evaluating the program?
6. How does the program demonstrate respect for the aspirations of parents for their children?

Quality Program Standards for Infant and Toddler Programs

INTRODUCTION

The standards in this section of the document define quality in home- and center-based programs for infants and toddlers, regardless of sponsorship or funding. They build upon the minimums defined in Michigan's Licensing Rules for Child Care Centers and Licensing Rules for Family and Group Child Care Homes. Each program standard is followed by a list of statements that illustrate a variety of ways that a quality program may demonstrate that it meets the standard. A particular program will meet some, but perhaps not all, of the items that demonstrate each standard.

Funding stipulations of certain targeted programs may require programs to meet particular standards in specific ways. Programs funded for targeted populations may have required components to meet the standards. Although almost all children can be successfully served in programs that are open to all children of a particular age, in some cases this is not possible because of funding restrictions or the needs of the children themselves for specialized services that cannot be provided with sufficient intensity in an inclusive program. For example, programs for children with special needs will find that the program standards

themselves are still applicable, but that they need to be met in particular ways to meet the needs of the children enrolled. Implementation documents, operating manuals, applications, and the like will provide additional guidance to such targeted programs.

Many of the program standards in this document that define high quality in infant and toddler programs are identical to or very similar to the program standards in the *Early Childhood Standards of Quality for Prekindergarten.* In many aspects, high-quality early childhood programs for infants and toddlers are like high-quality programs for preschoolers. In the majority of cases, programs that serve infants and toddlers also serve preschoolers; however, many programs that serve preschoolers do not serve younger children.

It is important to note the differences in quality standards for the different age groups. Although the topics covered are the same, there are important differences in actual standards, such as adult:child ratio and group size. In infant and toddler programs, the environment of care and learning includes structural elements and elements of relationship and program climate in a very interrelated fashion. In many cases, the relationship between the very young child and his/her caregiver defines the curriculum. Infants and toddlers learn communication skills, make cognitive gains, and even grow and develop physically within the context of this special relationship.

It is also important to note that the role of children's families is most critical to the success of infant and toddler programs. The needs of children and families are so interwoven at this stage of development that it makes little sense to separate them. Therefore, while the prekindergarten standards include a separate section on the relationship with parents, in this document, the relationship with the family is woven into all of the program standards areas.

Programs that meet these high-quality program standards will create an interpersonal and physical environment that creates a greater likelihood that infants and toddlers who participate will begin to develop in the ways described in the *Early Development and Learning Strands for Infants and Toddlers.* Children with this strong foundation are on a path that will lead to success as students in school and as individuals in their lives.

A. The Program's Statement of Philosophy

A high-quality infant/toddler education and care program, whether in a center or home setting, begins with an underlying theory or statement of fundamental beliefs — beliefs about why the program exists, what it will accomplish, and how it will serve all the infants and toddlers and their families involved in the program. The philosophy establishes a framework for program decisions and provides direction for goal setting and program implementation, the foundation upon which all interactions and activities are based. In programs also serving older children, the program's philosophy statement specifically addresses the beliefs regarding how to serve infants and toddlers as distinct from the overall statement about the broader age range of children.

The philosophy statement guides decisions about how the program:

- Promotes a climate of acceptance and inclusion by enrolling children of varying cultural, ethnic, linguistic, and racial backgrounds who have a range of abilities and special needs.
- Nurtures a partnership between families and the program.
- Provides qualified and nurturing staff members who use developmentally appropriate practices and who develop warm, responsive relationships with each child and family.
- Enhances each infant's and toddler's social-emotional health and well-being through the assignment of a primary caregiver.
- Establishes a warm, stimulating, and multi-sensory environment filled with developmentally appropriate materials and activities.
- Provides for continuous staff development.
- Maintains a continuous assessment and evaluation system that regularly monitors individual infants' and toddlers' development and the important aspects of the program's quality to support children's continued development and learning.
- Fosters collaboration with the community and ensures appropriate referrals.

Program administrators/caregivers use current research about very young children's growth, development, and learning in combination with national standards to inform the development of its philosophy statement.

1. Program Standard: A written philosophy statement for the infant/toddler education and care program is developed, reviewed, and amended as appropriate.

A Quality Program:

a. Uses input from staff, the governing board, families, and community representatives; requirements of legislation; research findings; and/or other significant information sources which impact the education and care of very young children to inform the development and annual review and revision as applicable of the philosophy statement.

b. Recommends, as applicable, adoption and annual reaffirmation of the philosophy statement by the governing or advisory board of the program.

2. Program Standard: The philosophy statement is comprehensive, addresses all aspects of the program, and is based on research and widely accepted best practice.

A Quality Program:

a. Uses the philosophy statement to define the purpose and nature of the program.

b. Aligns the philosophy statement with all applicable federal, state and local laws, standards, licensing requirements, and guidelines for infant and toddler programs.

c. Uses the philosophy statement to address the social, economic, cultural, linguistic, and familial needs of the community served by the program.

d. Bases the philosophy on evidence-based information (e.g., references about the importance of early relationship development).

3. Program Standard: The philosophy establishes a foundation for the design, implementation, and operation of the program; it provides direction for goal setting and informs decision making on a continuous basis.

A Quality Program:

a. Uses the philosophy to develop the program's goals and objectives.

b. Assures that the philosophy is visible in the program's operational plan (e.g., policies, activities, and experiences, nature of the family partnership, caregiver practices) and its implementation.

c. When operating as a part of a program serving a broader age range of children, uses the philosophy statement to demonstrate understanding of the specific and unique nature and needs of infants and toddlers as distinct from the older children in the early childhood (birth through eight) age range.

d. Views the philosophy statement as a living document consulted frequently in daily decision making.

e. Applies the philosophy in the evaluation and any subsequent revision of the program.

f. Uses the philosophy statement in the development of staff hiring practices and job descriptions, personnel evaluations, and professional development activities.

g. Uses the philosophy statement to resolve potential conflicts about program practices.

4. Program Standard: The program promotes broad knowledge about its philosophy.

A Quality Program:

a. Disseminates copies of the philosophy statement to program staff, governing board members, families, and other interested persons.

b. Includes discussion of how the philosophy affects the operation of the program in staff development and information sessions for families, other agencies, and community members.

B. Community Collaboration and Financial Support

Development and learning are enhanced when early childhood education and care programs work collaboratively and cooperatively with community programs, institutions, organizations, and agencies to meet and advocate for the broader needs of infants and toddlers and their families through direct services or referrals. Although the sponsorship and location of programs may vary (e.g., be single owner, agency-sponsored, home-based, center-based), all benefit from locating and using community resources and supports to enhance services and strengthen program quality.

Financial support for early childhood programs also varies widely. Many programs depend entirely on parent fees; others receive the majority of their support from public sources. Regardless of the source of the program's resources, the components of high-quality infant and toddler programs are well established (e.g., well-qualified staff; evidence-based practices, including a major emphasis on relationships between children and their primary caregivers; strong family partnerships; reflective supervision; ongoing professional development) and do not differ based on the program's sources of support.

1. Program Standard: The program shows evidence of participation in early childhood collaborative efforts within the community.

A Quality Program:

a. Participates in the on-going development of a common community philosophy of early childhood expectations.

b. Shares information on available community services and eligibility requirements for services with administrators, families, and all early childhood caregivers.

c. Plans with other community programs/agencies for coordination of a comprehensive, seamless system of services for all children and families in the community.

d. Explores and, to the extent possible, employs joint funding (e.g., funding from public, private, family sources) of the program.

e. Encourages and participates in joint and/or cooperative professional development opportunities.

f. Promotes outreach efforts in the community to develop and extend knowledge about infants and toddlers as part of ongoing public relations.

g. Links to a community early childhood collaborative council or networking group, when available.

2. Program Standard: Program staff works cooperatively and collaboratively with other early childhood programs in the community in order to facilitate transitions of infants and toddlers across programs and settings.

A Quality Program:

a. Collaborates to ensure a smooth transition for infants and toddlers and their families into the program and, as necessary, from the program into other early childhood settings.

b. Promotes an awareness of all early childhood programs in the community and an identification of commonalities.

c. Facilitates transitions by sharing appropriate printed materials and activities for families.

d. Maintains a process on confidentiality and release of information to allow for sharing information as appropriate.

e. Cooperates with Early On® personnel (Early Intervention, Part C of IDEA; see Glossary) to address the transition needs of children, including infants and toddlers with delays and/or disabilities.

f. Participates in joint funding and professional development opportunities for staff regarding transitions for infants and toddlers and their families.

3. Program Standard: Program staff works with public and private community agencies and educational institutions to meet the comprehensive needs of individual infants and toddlers and their families.

A Quality Program:

a. Supports the empowerment of families to access needed services for their infants and/or toddlers.

b. Reduces systems barriers by working with collaborating entities to expand existing support services for infants and toddlers (e.g., physical and mental health services, parenting initiatives).

c. Shares available community resources to achieve specific objectives with the entire early childhood community (e.g., health screenings, counseling, food programs).

d. Has knowledge of community programs and their eligibility requirements.

e. Shares physical space whenever possible (e.g., well-baby clinic, referral specialists, food pantry, clothing bank).

f. Encourages professional organizations and local entities to share information about training, conferences, and other professional development opportunities with all center and home early education and care programs in the community.

g. Participates in the preparation and implementation of contracts or memoranda of agreement between/among participating agencies.

h. Advocates on behalf of infants and toddlers and their families and supports the further development of high-quality early childhood education and care programs in the community.

4. Program Standard: The program is enhanced through its connections with community groups, agencies, and the business community.

A Quality Program:

a. Invites members from community groups/organizations (e.g., senior citizen, volunteer, and service groups; business organizations; faith-based communities; charitable organizations; libraries; museums) to support the program.

b. Encourages families and members from community groups/agencies to become involved in the work of the early childhood collaborative council or networking group, if applicable.

c. Promotes and participates in community programs for families.

5. Program Standard: Funds and resources are identified, secured, and used to provide a high-quality, accessible infant/toddler program supportive of infants, toddlers, and their families.

A Quality Program:

a. Designates funds to implement, evaluate, and improve all program components and accomplish the program's objectives.

b. Designates funds to obtain and maintain a safe supportive and stimulating environment for infants, toddlers, their families, and the staff.

c. Designates funds to attract, retain, and professionally grow qualified, competent, and nurturing staff.

d. Designates funds to foster effective program/family partnerships.

e. Provides funds to address unexpected occurrences (e.g., additional staffing needs, facility maintenance).

C. Physical and Mental Health, Nutrition, and Safety

Infants' and toddlers' physical, mental (emotional and behavioral), and oral health; good nutrition, optimum vision and hearing; and safety are essential to their development and learning. Optimal development and learning can best occur when infants' and toddlers':

- Health needs are recognized and addressed, and
- Physical and emotional well-being are supported.

Michigan's licensing rules for family and group homes and child care centers address many areas of physical and mental health, safety and nutrition. The standards included in this document supplement, but do not reiterate licensing requirements and describe services provided in a high-quality program. Particular licensing rules, such as those related to safe sleep for infants, sun safety, and many others, are assumed. In addition, provisions of other Michigan and federal rules and laws must also be followed [e.g., Occupational Safety and Health Administration (OSHA) requirements, pest control management policies, the Americans with Disabilities Act (ADA), the confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Family Education Rights and Privacy Act (FERPA), and the Michigan Child Care Organizations Act 116 of 1973].

In partnership with families, a high-quality early education and care program addresses health needs by establishing a mutual exchange of information between parents and the program and by providing services directly or, in collaboration with families and with their consent, by creating linkages with agencies or individual infancy and early childhood behavioral and health care providers that do provide such services.

1. Program Standard: A Program Health Plan is developed to support the maintenance and improvement of children's health; the plan is developed and implemented with family input and describes policies, procedures, and resources to meet the physical, mental (emotional and behavioral), and oral health; vision and hearing; nutrition; and safety needs specific to infants and toddlers.

A Quality Program:

a. Ensures that the Program Health Plan addresses infants' and toddlers' preventive and primary physical, mental, oral, and nutritional health care needs through direct service and/or the provision of information and referral to their parents.

b. Ensures that the Program Health Plan provides for reviewing and updating health records according to the most current Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers at least annually.

c. Ensures that the Program Health Plan recognizes, establishes, and implements a protocol for addressing physical and mental health concerns (e.g., lack of weight gain, vision and/or hearing problems, difficulty with calming/regulation, oral health issues).

d. Ensures that the Program Health Plan implements a protocol that includes discussion with parents about their preferences and choices in referrals to appropriate behavioral health care providers and agencies when health issues are identified.

e. Ensures that the Program Health Plan addresses the implementation of any recommended treatment plans [e.g., Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), behavioral and health management plans].

f. Ensures that the Program Health Plan has policies and implementation processes to address physical, mental, oral, and nutritional health care and safety emergencies.

g. Ensures that the Program Health Plan has a process for identifying and addressing individual children's health action plans, including those relating to allergies and medications.

h. Ensures that the Program Health Plan contains a process for observing each child's health and development on a daily basis and communicating these observations to the child's family, to the child's other caregivers, and to specialized staff, with recommendations for family to seek a medical opinion as necessary.

i. Ensures that the Program Health Plan contains a process for sharing daily communication logs with parents.

j. Ensures that the Program Health Plan supports infants' and toddlers' optimal nutrition through policies/protocols to:
   - Follow U.S. Department of Agriculture (USDA) nutritional guidelines specific to infants and toddlers;
   - Accommodate medically-based diets or other dietary requirements;
   - Support and accommodate mothers who are breastfeeding;
   - Address optimal feeding and feeding patterns while being respectful of individual and family needs (regardless of age requirements); and
   - Assure that nutritional services contribute to the development and socialization of children by encouraging caregivers to interact with children during mealtime.

k. Ensures that the Program Health Plan contains a provision requiring the training of caregivers to understand and implement any complex or unusual components of the Individual Child Health Plans (e.g., glucose finger pricks for children with diabetes, epinephrine for children with life-threatening allergic reactions, plans to respond to food allergies, plans to accommodate lead-affected children, diapering for older children with special needs) (see Standard 3 below).

l. Ensures that the Program Health Plan contains a policy regarding dismissing children to non-custodial parents/guardians or to parents who appear to be under the influence of alcohol or drugs.

2. Program Standard: In collaboration with parents, comprehensive Individual Child Health Plans are developed and maintained for each child enrolled in the program.

A Quality Program:

a. With family consent, implements plans to accommodate a child's health care, mental health, or safety needs before services to a child begin or as soon as possible after the need is identified.

b. Assures that the Individual Child Health Plan includes all health information as required in licensing (e.g., physical assessment, immunization status or waiver, emergency care statement, medicine administration/application).

c. Incorporates relevant components of the Program Health Plan into each child's Individual Child Health Plan (see Program Standard 1 above).

d. Assures that the Individual Child Health Plan addresses any unique needs of the child and is sensitive to culture and family choices.

3. Program Standard: The program's policies and practices support the inclusion of infants and toddlers with special health care and developmental needs and assure that a child's special needs are reflected in the child's Individual Child Health Plan.

A Quality Program:

a. Has adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health care procedures.

b. Protects the privacy of the child affected, and her or his family, while promoting understanding of the child's special physical and/or mental health care needs.

c. Assures that staff members receive written, clear, and thorough instructions on how best to meet the child's physical and/or mental health or

developmental needs (e.g., instructions supplied by parents, by behavioral and/or health care or other providers).

d. Obtains assistance from community partners (e.g., hospitals, intermediate school districts, community mental health agencies, local health departments) for ways to include and accommodate the child in the program.

4. Program Standard: The program adheres to the requirements set forth under the Americans with Disabilities Act (ADA) in welcoming and accommodating children and families with disabilities.

A Quality Program:

a. Makes all personnel familiar with the provisions of the ADA and established policies that support the inclusion of children or parents with disabilities (e.g., toileting/diapering).

b. Develops partnerships with parents, program staff, and other professionals to plan and design ways to make the physical setting and program accessible and beneficial.

c. Provides services to each child with special needs that are equal to and as effective as services for all other children, in the same rooms or activity areas as all other children.

d. Assesses and removes barriers affecting the accessibility of the facility (e.g., accessible parking; firm, smooth non-slip floor surfaces; clear pathways; ramps; handrails in restrooms).

e. Makes reasonable, individualized, developmentally appropriate adaptations to daily activities to include children, parents, and others with disabilities.

f. Makes use of assistive technology as appropriate.

g. Fully accommodates medically-based diets or other dietary restrictions.

5. Program Standard: Staff participates in on-going professional development in order to understand and have the skills necessary to implement the written Program Health Care Plans and the Individual Child Health Care Plans.

A Quality Program:

a. Provides staff development on the identification of normal growth and development, vision and hearing skills, oral health development, and nutritional status.

b. Provides staff development on the observation and identification of the early signs of:

- Emotional and behavioral challenges;

- Child abuse and neglect;
- Health care concerns;
- Communicable disease;
- Acute illness; and
- Developmental delay or other special need.

c. Educates staff in how to communicate observations and concerns to parents in a way that is sensitive, objective, and confidential.

d. Provides staff development for caregivers in securing or providing referrals for needed services and documents all follow-up efforts.

6. Program Standard: All staff has current certification in First Aid and Cardio-Pulmonary Resuscitation (CPR) for Infants, Children, and Adults and current training in universal precautions.

A Quality Program:

a. Provides professional development for all staff working with children regarding safe environments and regulatory requirements.

b. Identifies available professional development opportunities and shares resources.

c. Educates all staff in sanitation procedures including universal precautions.

d. Educates all staff on CPR for infants, children and adults, and first aid in accordance with the schedule established by the American Red Cross.

7. Program Standard: The program has policies and procedures to maintain a safe indoor and outdoor environment for infants and toddlers.

A Quality Program:

a. Implements and, at a minimum, annually reviews written policies and procedures for staff and parents regarding safety and the environment.

b. Annually updates the background check for all personnel relating to felony convictions involving harm or threatened harm to an individual and relating to involvement in substantiated child abuse and neglect.

c. Conducts a daily assessment of the safety and suitability of the physical environment.

d. Is in a physical location that is free of environmental risks (e.g., lead, mercury, asbestos, indoor air pollutants).

e. Monitors outdoor air pollutants and responds appropriately (e.g., Ozone Action Days, heat warnings, exposure to sun).

f. Implements an Individual Pest Management Plan in accordance with the requirements of the Michigan Department of Agriculture's law on pesticides.

D. Staffing and Administrative Support and Professional Development

Staffing for licensed and regulated infant/toddler programs requires individuals with differing levels of education and experience as required by regulation and the program's administering agency. All caregiving staff, support staff, and non-paid personnel (e.g., parents, volunteers) should have training, experience, and access to professional development activities needed for their responsibilities. Strong, knowledgeable, and effective administrative leadership is needed to support an effective infant/toddler program.

High-quality programs for infants and toddlers and their families employ caregivers who are professionally educated. Such education provides the infant/toddler caregiver with the necessary knowledge and skills to plan and implement a program that is developmentally and individually appropriate and specific to the education and care of infants and toddlers.

Relevant professional development topics include but are not limited to:

- The role of the caregiver (e.g., providing infants and toddlers with sensitive, responsive and nurturing care, attending to the foundations of trust, acknowledging the importance of language as a foundation for literacy);
- Knowledge about growth and development of the whole child including children with special needs;
- How to develop supportive and cooperative relationships and partnerships with families;
- How to design and maintain an appropriate physical environment that both stimulates and soothes, and challenges infants and toddlers to engage with curiosity while protecting them from elements that would cause stress;
- How to provide safe and healthy environments;
- How to provide environments that promote and provide adequate time for positive caregiver-caregiver, caregiver-child and child-child relationships and interactions;
- Understanding of the importance of the consistency of the primary caregiver in promoting infants' and toddlers' social and emotional health/well-being;
- How to provide daily experiences that are individualized and age appropriate and that promote development in all areas: self-concept, emotional, social, physical, language and cognitive;

- How to develop and support a rich language environment;
- How to monitor and assess children's development;
- Knowledge about and understanding of cultural and linguistic diversity, cultural competence, and how to work with families whose primary language is different from the primary language used by staff in the program; and
- Information about community resources to support families and programs.

Note: Please consult the Glossary for definitions of the staff roles discussed in this section (e.g., caregiver, lead caregiver, program administrator, infant/toddler specialist).

1. Program Standard: The program employs caregivers who have formal professional preparation specific to the education and care of infants and toddlers and temperament that enables them to develop and implement a program consistent with the program's philosophy.

A Quality Program:

a. Employs caregivers who have the following preparation in center-based programs:

Lead Caregiver: Minimum: Bachelor's degree or higher in early childhood education, child development, nursing, or other child-related field, any of which have included specific course content in infant/toddler growth, development and curriculum. Preferred: Caregiver may also have achieved and maintains an endorsement at Level 2 or higher of the Michigan Association of Infant Mental Health (MiAIMH).

Caregiver: Minimum: Associate's degree in early childhood education, child development, nursing or other child-related field, any of which have included specific course content in infant/toddler growth, development and curriculum, or hold a Child Development Associate (CDA) credential focused on infant/toddler care. Preferred: Caregiver may also have achieved and maintains an endorsement at Level 1 or higher of the MiAIMH.

b. Employs caregivers who have the following preparation in family and group home programs:

1) **Caregiver: Minimum:** Associate's degree or higher in early childhood education, child development, nursing, or other child-related field any of which have included specific course content in infant/toddler growth, development and curriculum, or hold a Child Development Associate (CDA) credential focused on infant/toddler care; or have achieved and maintains an endorsement at Level 2 or higher of the MiAIMH.

2) **Assistant Caregiver: Minimum:** Combination of experience and relevant college course-work equivalent to a year of college in early childhood education, child development, nursing, or other child-related field any of which have included specific course content in infant/toddler

growth, development and curriculum; has satisfactorily completed at least one year of a vocational-occupational child care aide training program approved by the Department of Labor and Economic Growth; or has completed one year of apprenticeship in a recognized child care apprenticeship program sponsored by the U.S. Department of Labor.

c. Employs caregivers whose preparation has included a supervised or monitored experience or practicum specific to the education and care of infants and toddlers.

d. Employs caregivers whose preparation has included a parent education and family involvement component.

e. Employs caregivers whose aptitude and temperament allow for responsive and sensitive infant and toddler caregiving.

2. Program Standard: Staffing patterns and practices allow for program implementation, continuity of care, consistency of staff, and optimal interactions among staff, children and families.

A Quality Program:

a. Maintains a recommended ratio of 1:3 (volunteers are not counted to meet recommended ratios):

   1) In center-based settings, maintains recommended group sizes as follows:
      - Maximum of six infants, birth to 12 months of age;
      - Maximum of nine young toddlers, 12-24 months of age;
      - Maximum of 12 older toddlers, 24-36 months of age; or
      - The number of children specified in applicable regulations/laws, if lower.

   2) In child care home settings, maintains a recommended ratio of 1:3 children less than 36 months of age, with no more than two children (if family child care) or three children (if group child care) under the age of 24 months.

   3) In all settings in which infants and toddlers are cared for in mixed age groups, maintains a group size of six or less.

b. In order to promote continuity of care and responsive caregiving, assigns a caregiver to each infant and toddler who has primary responsibility for that child.

c. Assigns at least one lead caregiver to each group.

d. Assigns staff, as appropriate, to support the requirements of any Individualized Educational Program (IEP) or Individualized Family Service Plan (IFSP).

e. Assures that the infant/toddler program is under the direction of administrative/supervisory personnel in consultation with a specialist in infant/toddler development and care.

f. Provides staff with paid time for planning with colleagues and specialists.

g. Enhances staff retention as well as greater continuity and consistency for children by providing consistent reflective, responsive supervision and mentoring of staff.

h. Implements policies that support and promote staff retention and longevity.

3. Program Standard: Support staff and volunteers are assigned to roles that enhance the program's goals.

A Quality Program:

a. Provides orientation on program goals and objectives as well as basic methods of positive interaction with infants and toddlers and their families.

b. Assigns tasks and responsibilities that complement the skill level and areas of strength of support staff and volunteers.

c. Offers professional development and advancement opportunities.

d. Enhances the staff/child ratio and consistency of care through the use of support staff and volunteers who work directly with children. (However, volunteers and support staff are not counted to meet recommended ratios in Standard 2.)

4. Program Standard: Policies and procedures ensure that administrators and staff participate in systematic, on-going professional development.

A Quality Program:

a. Assures that professional development is based upon program and individual needs assessments, and aligns with the plans for professional development individualized by each staff member in consultation with administrative leadership.

b. Assures that professional development is grounded in evidence-based practice and supports the program goals.

c. Assures that staff members participate each year in early childhood professional development activities that allow staff to achieve higher levels of functioning (e.g., in-service activities, professional workshops, seminars, training programs, credential and endorsement programs, courses at institutions of higher learning, teacher exchanges, observations, mentoring).

d. Supports staff affiliation with local, state, or national professional organizations and organizations that advocate on behalf of young children and families.

e. Maintains a collection of professional development resources.

f. Has a written plan for and documents staff participation in professional development activities.

g. Assures that professional development enables all staff to effectively support the participation of infants and toddlers with special needs and those learning a language other than their primary language.

h. Assures that professional development emphasizes and supports the importance of partnerships with families.

i. Requires administrators and supervisors to support the provision of and staff participation in individually appropriate and responsive staff development and in-service training.

5. Program Standard: The program employs or identifies a program administrator qualified to lead, implement, evaluate, and manage a high-quality education and care program for infants and toddlers.

A Quality Program:

a. Employs an administrator in a center-based program who:
   1) Has educational preparation in developmentally appropriate early childhood education and educational preparation and experience in the supervision, management, and evaluation of personnel, facilities, and program budget and in the coordination of the program with other local, state, and federal agencies;
   2) Is assigned the responsibility for obtaining the resources necessary to fund the program; and
   3) Is assigned the responsibility for the collaborative efforts of the program (e.g., those described in the Community Collaboration section).

b. Employs an individual to operate a family and group home program who:
   1) Meets the caregiver qualifications for family and group child care identified in Program Standard 1 of this section;
   2) Implements procedures so that the program is operated as a small business, with specific attention paid to supervision and evaluation of caregiving staff, maintenance and upgrading of the physical spaces used for care, and appropriate handling of accounts;
   3) Seeks opportunities to coordinate with other local entities involved in supporting families with infants and toddlers, while advocating for high standards in all programs that touch their lives;
   4) Identifies and uses resources necessary to implement high-quality programming for infants and toddlers; and
   5) Seeks opportunities to collaborate with programs in the greater community and across the state in order to increase knowledge or enhance service.

6. Program Standard: The program employs, contracts with, or has access to and regularly consults with an infant/toddler specialist.

A Quality Program:

a. Employs, contracts with, or has access to an infant/toddler specialist who has a graduate degree in early childhood, child development, or other child-related field, any of which have included specific course content in infant/toddler growth, development, and curriculum.

b. Preferably, employs, contracts with, or has access to an infant/toddler specialist who has achieved and maintains an endorsement at Level 3 or higher of the MiAIMH.

c. Employs, contracts with, or has access to an infant/toddler specialist who has specific experience in planning, developing, and implementing programs for infants and toddlers and has the ability and experience to evaluate family and group early education and care programs according to specific criteria for these age groups.

7. Program Standard: The program and its personnel are evaluated annually.

A Quality Program:

a. Arranges for the infant/toddler specialist and/or the program administrator to annually evaluate staff performance according to local, state, and national standards for high-quality infant/toddler education and care and/or criteria using a variety of techniques (e.g., observation, self-evaluation).

b. Conducts staff evaluation in an on-going relationship-based reflective manner.

c. Arranges for, under the direction of the infant/toddler specialist and/or the program administrator and in conjunction with caregivers, support staff, parents, and collaborative partners, an annual evaluation of the program.

d. Conducts program evaluation using local, state, and national standards or criteria for high-quality, effective infant/toddler education and care.

E. An Environment of Care and Learning

A high-quality infant/toddler program views the development and learning of very young children as an integrated process encompassing all the domains of development (social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical). As development and learning are intertwined, so are the components of care and learning environment in a high-quality program. The leaders of an effective program understand that the program's structure, how relationships are nurtured, the physical environment, and the activities and experiences offered to children are interdependent and must be considered together in planning and carrying out the program. The interpersonal and physical environment in a high-quality program is designed to enable infants and toddlers to experience:

- well-being;
- a sense of belonging;
- confidence in exploration;
- growing skill in communication; and
- the opportunity to contribute.

When such opportunities are provided, infants and toddlers are able to develop and sustain a sense of trust, emotional well-being, self-regulation, growing social competence, an aptitude for learning, and the confidence necessary to be successful now and later in school and life. From the foundation of warm responsive caregiver-child relationships, young children's development and learning take place. This occurs through rich interpersonal interactions and as a result of direct experiences with a variety of materials. Direct communication with each child throughout the day promotes language development. Infant and toddler environments must be rich in vocabulary that enlarges the child's access to ideas and experiences.

The standards in this section are organized in four components; none of them stands alone.

Program Structure (Standards 1 through 6)
A high-quality infant/toddler education and care setting, whether in a center or home and regardless of its sponsorship, complies with all applicable regulations and implements and maintains appropriate and consistent policies and procedures. How the program assigns caregiving staff is critical to supporting the optimum development of infants and toddlers. A program is organized to make certain its physical and human resources support the philosophy and make the best use of available resources.

E. AN ENVIRONMENT OF CARE AND LEARNING

Relationships and Climate (Standards 7 through 11)
Nurturing and supportive relationships are essential for the healthy development of infants and toddlers. A high-quality infant/toddler program is individualized to meet each child's needs and promote positive relationships between and among children, caregivers, staff, and families. The quality of the nurturing relationships infants and toddlers experience form the basis of much of their overall development. Emerging knowledge about development confirms the central role strong and positive relationships play in cognitive and social-emotional development.

Space, Equipment and Materials (Standards 12 through 14)
A high-quality care and learning environment for infants and toddlers occurs in a physical space that is organized and equipped to support their emotional and physical comfort and to foster their independence, self-reliance, exploration and discovery. The space is safe, warm and comfortable, and allows caregivers to easily interact with individual children and children to interact with one another. The setting should also be inviting and comfortable for their families and have room for them to interact with caregivers and children.

The kind, quality, and quantity of toys and other learning materials in the environment play a critical role in advancing the development of infants and toddlers. Toys and materials must be adequate and appropriate to children's age, developmental levels, and culture, and relate to what they are learning. High-quality programs assure that the space, materials, and equipment promote learning experiences, children's well-being, positive interactions with caregivers and other children, a sense of belonging, and overall program quality.

Activities and Experiences (Standards 15 through 19)
Caregivers use their understanding of infant/toddler development and their knowledge about the individual children in their group to organize activities and experiences within the learning environment. Whether or not children's development and learning are supported depends on everything that happens on a daily basis within the setting, encompassing everything caregivers do, the way space is organized, the materials available, how children are grouped, the nature of interactions, the day's schedule and routines, and the management of transitions across the day.

Routine daily activities and individualized experiences promote each child's progress in all areas of development. Activities and experiences in a high-quality infant/toddler program are thoughtfully planned and based on an evidence-based framework consistent with the goals of the program and with standards established by the program's governing body and any applicable legislative and regulatory requirements. Activities and experiences are consistent with and support reasonable expectations for infants' and toddlers' development and learning, including those with special needs and those who are culturally and linguistically responsive.

Individualized planning provides a coherent and intentional set of experiences and activities to support the development of all infants and toddlers across all domains. These activities and experiences provide the foundation for all development and learning into the preschool years and beyond.

PROGRAM STRUCTURE: STANDARDS 1 - 6

1. Program Standard: The program provides an environment that complies with all applicable local, state, federal, and accrediting agency regulations and provides a safe, well-maintained, and healthy environment.

A Quality Program:

a. Has a current, non-restricted state-issued license or certificate of registration/approval appropriate to the type of program/facility and demonstrates compliance with all other relevant local, state, and federal regulations and legislation.

b. Complies with all facility and program requirements of the sponsoring and/or accrediting agency.

c. Makes provisions for all children based upon individual abilities and capacities to ensure the safety, comfort, and full participation of each child.

d. Ensures parents and staff are knowledgeable about all health and safety policies and procedures which apply to the program.

2. Program Standard: The program maintains staffing patterns that ensure continuity of care and responsive caregiving from consistent primary caregivers.

A Quality Program:

a. Assigns a primary caregiver to each child with the intent of supporting child and caregiver attachment over an extended period of time, with particular attention to limiting the number of transitions experienced by a child, especially those under 36 months of age.

b. Assigns a lead caregiver to each group of infants and toddlers.

c. Exceeds minimum staff/child ratios and group sizes required by licensing to ensure adequate time for relaxed and unhurried interactions and the formation of secure attachments.

d. Provides an infant/toddler specialist to work with caregivers to ensure ongoing quality improvement.

e. Ensures all staff work together to meet the individual needs and advance the development and learning of each infant and toddler.

f. Arranges staff schedules to ensure adequate time for sharing information about children during caregiver changes (e.g., information about observational assessment).

g. Schedules time for staff to participate in planning, record keeping, and professional development.

3. Program Standard: The program ensures that each individual infant's and toddler's emotional and physical needs are met at all times.

A Quality Program:

a. Ensures that infants' and toddlers' needs are met as they arise (e.g., resting when tired, being comforted when upset).

b. Balances and/or adapts daily routines based on children's needs.

4. Program Standard: The program's philosophy, policies, and practices promote a climate of acceptance that supports and respects individual capacities and diversity of children, families, and staff.

A Quality Program:

a. Implements nondiscriminatory enrollment and employment policies.

b. Establishes a climate that is respectful, accepting of, and responsive to children, families, and staff.

c. Provides bias-free materials and promotes inclusive activities.

5. Program Standard: The program's policies, procedures, and practices promote, respect, and support the inclusion and full participation of infants and toddlers with special needs and those with home languages that differ from the primary language used in the program.

A Quality Program:

a. Adapts and provides activities, routines, materials, and equipment to support each child's active participation regardless of ability level, physical dexterity, or communication skills.

b. Has knowledge of and applies the latest knowledge about working with children whose home language differs from the primary spoken and written language of the program.

c. Arranges the physical environment to accommodate the needs of each infant and toddler.

d. Makes equipment and materials accessible to all children.

e. Uses families as resources for information about children's uniqueness.

6. Program Standard: The program's policies and practices promote, respect, and support partnerships with each family.

A Quality Program:

a. Budgets resources to build and foster partnerships between the program and all families.

b. Provides ongoing educational opportunities for staff and families and support to enhance partnerships with families.

RELATIONSHIPS & CLIMATE STANDARDS 7 - 11

7. Program Standard: The program facilitates a climate of supportive and responsive child-caregiver relationships that enhances the development of each infant and toddler.

A Quality Program:

a. Embraces and implements the philosophy of primary caregiving to ensure that caregivers are assigned to individual children based on a harmonious fit between caregiver and child.

b. Assigns caregivers so that each infant and toddler has consistent primary caregivers enabling secure attachments and trusting relationships while being cared for by caregivers other than their parents.

c. Supports sensitive, responsive, reciprocal relationships between caregivers and children.

d. Ensures caregivers support each infant's and toddler's level of development by being responsive to individual strengths, interests, ways of communicating, temperament, cultural background, language, and learning styles.

e. Ensures that caregivers nurture and interact with each child with warmth, respect, and caring.

f. Supports each child's adjustment to the program and plans for smooth transitions when family and program changes occur.

8. Program Standard: The program maintains ongoing partnerships with families to support families' continued engagement with and participation in their children's development and care.

A Quality Program:

a. Recognizes the family as the primary source of knowledge concerning the child.

b. Forms respectful and responsive partnerships with families and provides opportunities for shared decision-making based on parents' expectations, dreams, and goals for their children.

c. Forms partnerships with families to encourage the use of positive, consistent practices at home and in the program.

d. Is sensitive and responsive to each family and encourages them to share their interests, skills, culture, and traditions.

e. Distributes policies and procedures in family-friendly language, at an appropriate literacy level, and in each family's preferred means of communication.

f. Communicates with each family about their child on a daily basis.

g. Maintains confidentiality in accordance with a professional code of ethics and with program, state, and federal requirements.

h. Provides opportunities for families to become familiar with the program and the staff prior to the child's enrollment.

i. Facilitates transitions to other caregivers or program settings.

j. Encourages and provides opportunities for families to participate in program activities, including observations of their infants and toddlers.

k. Encourages parent involvement in program planning, implementation, and evaluation.

l. Provides an on-site family resource area and information about family education, enrichment, or support programs and activities offered by the program, the community, or through referral.

9. Program Standard: The program promotes the development of positive relationships between and among children.

A Quality Program:

a. Ensures that infants and toddlers have ongoing opportunities to interact informally with one another; the indoor and outdoor environments are structured to encourage such interactions.

b. Ensures that caregivers model appropriate interactions with children.

c. Encourages children to negotiate and resolve conflicts peacefully, with caregiver intervention and guidance when necessary, while respecting the limitations of children's emerging social and emotional skills.

d. Encourages children to explore their environment with other children, leading to expanded perspectives, cooperation, collaboration, and a sense of belonging in social groups.

e. Provides opportunities for children to interact in small groups, recognizing that large group experiences are typically inappropriate for infants and toddlers.

f. Assures that caregiver-directed experiences are limited, of short duration, and rarely occur in groups.

10. Program Standard: The program provides opportunities for and encourages positive relationships among caregivers, staff, program administrators, the infant/toddler specialist, and other consultants and resource persons.

A Quality Program:

a. Provides time for caregiving staff to meet to discuss care practices, beliefs, attitudes, concerns, and individual staff and child strengths and needs (e.g., weekly formal meetings, informal daily discussions).

b. Employs staff members who demonstrate flexibility and cooperation through respectful, positive, supportive interactions and practices.

c. Provides reflective, responsive supervision a minimum of four hours per month for each caregiver.

d. Encourages and supports staff involvement in all aspects of program development.

11. Program Standard: The program uses positive and preventive guidance based on positive relationships with each child to assist each one to develop self regulation, communication, and social skills.

A Quality Program:

a. Implements positive, predictable, constructive and consistent guidance techniques with natural, logical consequences that are developmentally appropriate for infants and toddlers.

b. Recognizes each infant and toddler's temperament, strengths and needs, and responds to and guides behavior accordingly.

c. Supports each infant's and toddler's development of self-regulation and healthy self-esteem through nurturing and age-appropriate responses to verbal and non-verbal cues.

d. Supports children's emerging communication and language to express their feelings, thoughts, and needs.

e. Continually monitors and minimizes factors that can lead to frustration and conflicts for infants and toddlers (e.g., those arising from conditions in the physical environment, daily experiences, routines).

f. Partners with families to encourage the use of positive, consistent guidance techniques at home and in the program.

SPACE, EQUIPMENT & MATERIALS STANDARDS 12 - 14:

12. Program Standard: The indoor space is safe, comfortable, accessible, and organized with sensitivity to the needs of children and their families and caregivers and is designed to promote individual, child/child, and child/caregiver activities and interactions.

A Quality Program:

a. Considers children's safety of the utmost importance when designing and provisioning the physical environment.

b. Provides access to usable open space for infants and toddlers to explore safely.

c. Uses appropriately designed furniture and equipment to promote accessibility, initiative and independence for all children.

d. Organizes the space to include eating, sleeping, and activity areas as well as a place where a child can choose to be away from the group while continuing to be observed by a caregiver.

e. Provides activity areas for infants and toddlers where equipment and materials of similar use are placed together.

f. Arranges space to support social interactions between children and caregivers.

g. Allows children to move and explore their environment without restraining them in equipment (e.g., avoiding the use of playpens, cribs, swings, activity saucers, walkers, feeding chairs).

h. Provides infants with a safe, appropriate separate area for floor time away from the general traffic area.

i. Prominently displays, at the child's level, children's creations, photos of children and families, and other items of interest to the children.

j. Provides space for storage of personal belongings for each child.

k. Uses signs to clearly welcome parents and communicate schedules and daily routines.

l. Provides a parent resource area.

m. Provides dedicated space for staff to take breaks and securely store personal belongings.

13. Program Standard: The outdoor space is safe, comfortable, accessible, and organized with sensitivity to the needs of children and their families and caregivers and is designed to promote individual, child/child, and child/caregiver activities and interactions.

A Quality Program:

a. Provides usable, appropriate and safe outdoor play space, accessible to each child, in an area designed and designated for infants and toddlers.

b. Includes a variety of safe surfaces in the outdoor area.

c. Provides outdoor play equipment and materials, accessible to each child and of suitable design and size for infants and toddlers.

d. Arranges the outdoor space to support social interactions among the children and their caregivers.

e. Extends principles of responsive caregiving from the indoor to the outdoor environment (e.g., caregivers are engaged with the children rather than simply “watching” them).

f. Capitalizes on the opportunities the outdoor environment presents for learning about the natural world.

g. Keeps children protected from any unsafe outdoor areas, equipment, and environmental hazards.

14. Program Standard: Equipment, toys, materials, and furniture are supportive of the abilities and developmental level of each child.

A Quality Program:

a. Provides safe, appropriate, and sufficient equipment, toys, materials, and furniture to support and encourage each child to experiment and explore.

b. Provides multiple sets of materials of most frequent interest to infants and toddlers.

c. Provides instructional adjustments and adaptive devices for each child including those with disabilities to ensure their participation and comfort and support their development.

d. Provides materials, equipment, and activities that reflect each child’s culture, developmental abilities, individual learning styles, and home language.

ACTIVITIES & EXPERIENCES STANDARDS 15 - 19

15. Program Standard: Activities and experiences build upon, support, and enhance infants' and toddlers' well-being, feeling of belonging, growing capacity to make contributions, communication, and expanding interest in exploration.

A Quality Program:

a. Uses knowledge of child development, evidence-based best practice, and appreciation of individual differences to plan and prepare strategies to support children's development and learning and provide individualized age appropriate activities for each infant and toddler.

b. Exposes children to skills, concepts, or information they would not discover on their own, through the use of age-appropriate caregiver-facilitated learning activities and experiences.

c. Provides daily opportunities for children to explore both indoors and outdoors using all of their senses.

d. Facilitates and encourages children's investigations and discoveries by supporting and responding to their cues, ideas, questions, and conversations.

e. Provides opportunities and supports for each infant and toddler to develop and practice skills and acquire new knowledge across the developmental domains.

f. Recognizes and uses daily routines as 'teachable' moments as a means to further infants' and toddlers' growth and development.

g. Makes activities and materials available for extended periods of time so children can repeat and expand on their previous experiences.

h. Continuously assesses and modifies the environment to enhance and expand children's skills and knowledge across all domains.

i. Minimizes use of and exposure to media (e.g., computers, videos, DVDs).

16. Program Standard: Play is recognized and supported as the most appropriate method of learning for infants and toddlers; this perspective is demonstrated in all aspects of the program.

A Quality Program:

a. Ensures that the contribution and importance of play to children's development, learning, and overall well-being is reflected in the program's philosophy statement and daily experiences and activities.

b. Ensures that program administrators and caregivers can articulate to parents and others the value of play and how skills and knowledge acquired through play support development and extend learning across the domains.

c. Provides a variety of play opportunities throughout the day for infants and toddlers individually and in groups, both indoors and outdoors as weather permits, and as appropriate to their age and development.

d. Provides a daily schedule that includes extended blocks of time designated for free choice, play, and exploration.

17. Program Standard: Activities and experiences are based on typical sequences of development across all developmental domains, while taking each child's unique capabilities, needs, and preferences into consideration.

A Quality Program:

a. Plans and implements learning experiences and activities based on each child's strengths, developing skill areas, levels of functioning, comprehension, culture, and preferences across all developmental domains (social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical).

b. Provides continuous opportunities for all infants and toddlers to experience success.

c. Involves infants and toddlers in choosing activities and experiences.

d. Ensures that infants' and toddlers' explorations are extended and enhanced by the planned activities and experiences.

18. Program Standard: Activities and experiences are culturally relevant and designed to enable the participation of all infants and toddlers, including those with special needs.

A Quality Program:

a. Supports all infants and toddlers in achieving a sense of belonging to the group.

b. With caregiver assistance when needed, integrates all infants and toddlers socially into the group and enables them to participate in activities regardless of abilities.

c. Observes infants and toddlers carefully to identify their preferred ways of interacting with the environment (e.g., skills in handling objects and materials, frequency of communication, interest in listening to stories and songs, preferences in playing/working alone or with others).

d. Designs activities and experiences in such a way that infants' and toddlers' ideas, interests, and concerns are acknowledged, respected, and promoted.

e. Utilizes a variety of approaches to enable infants and toddlers with special needs to learn and express themselves.

f. Provides experiences and activities in a sequence and at a rate that reflects individual special needs rather than a predetermined schedule.

19. Program Standard: The daily schedule, routines, and transitions are predictable, yet flexible, and supportive and responsive to individual needs.

A Quality Program:

a. Schedules integrated experiences involving creative expression, sensory activities, gross and fine motor experiences, and language/literacy activities as regular components throughout the day.

b. Recognizes the importance of and plans for a balance of active, quiet, small group, paired, individual, independent, and guided activities.

c. Arranges the physical environment and the routines so that each child can engage in child-initiated play and exploration throughout the day.

d. Consistently prepares children for and provides smooth transitions and daily routines that are unhurried and purposeful with one-to-one nurturing interaction between primary caregivers and their children.

e. Plans for and supports children who find transitions difficult (e.g., handling the separation process from home to the program with sensitivity and respect).

f. Limits the amount of time that children wait in the transition between activities.

g. Allows children to choose not to participate in group activities and to engage in another safe, appropriate activity.

h. Prepares children and families for transitions into a new care and learning setting.

F. Child Assessment and Program Evaluation

During their first three years of life, children's growth and development is most rapid and is typically uneven and greatly influenced by their interpersonal and physical environments. Infants and toddlers present special challenges for assessment to an even greater extent than do preschoolers. Very young children have limited ways of responding to their interpersonal and physical environments. For example, babies cannot yet use language to indicate their understanding. Since other systems have not developed, many responses from the youngest children are motoric. Thus, an unexpected response may indicate a motor problem, although a cognitive ability or understanding was being examined. And most importantly, infants and toddlers do not understand testing in the same way older children do.

For the youngest children, it is essential to recognize the imprecision and limitations of many widely used assessment instruments. The younger the children, the more difficult it is to obtain reliable and valid assessment data. Infants and toddlers may be harmed if information from the wrong instruments is used in the wrong way; families are also harmed when inaccurate information negatively influences their understandings of their children's capabilities. Such inappropriate practices often result in the use of faulty information to make program placements or to alter children's learning opportunities. Such decisions can alter the course of children's lives.

Options for gathering and reporting information are numerous; however, it is critical that the methods selected are sensitive to variations of culture, race, class, gender, language, and ability among infants and toddlers and their families. Any time children are assessed, it is important to keep in mind the normal individual variation in growth and development and factors which can affect performance (e.g., time of day, fatigue, hunger, comfort and/or familiarity with the assessor).

Four purposes for assessing the developmental and learning progress of young children are widely recognized (NEGP, 1998):

- To support children's development and learning;
- To identify children who may need health and special services;
- To evaluate programs and monitor trends; and
- For high-stakes accountability (although rarely appropriate in infant/toddler programs).

Understanding all four purposes is important for staff in infant/toddler programs; each of these purposes must be considered very carefully in designing an assessment, evaluation and accountability system. Understanding how these purposes apply is of particular importance in programs serving infants and toddlers.

Assessment to Support Development and Learning. The first and most important use of child assessment data is to support children's development and learning. In most cases, observations of a child in a naturally occurring setting, with family or familiar caregivers, provides rich information about the child's development. This information learned from ongoing observations by parents and caregivers is of utmost importance. Assessment in order to plan activities for infants' and toddlers' daily experiences and to report to parents should always include multiple sources of information, multiple components, and occur at multiple points in time. Because growth and change are so rapid in the infant/toddler years, parents and caregivers must have opportunities for the exchange of information on a daily basis.

Assessment to Identify Children for Special Services. Assessment to identify infants or toddlers who may need specialized health services or other particular therapies is also critical when children are very young. Screening tools and procedures can be used in center and home settings to identify children who may need additional diagnostic assessment. Accurate assessment of sensory (hearing, vision) or health problems in infants and toddlers can only be accomplished by trained professionals with specialized assessments and equipment. A complete in-depth evaluation or developmental assessment can be provided by a team of professionals. Screening alone should never be used to offer a diagnosis of an infant's or a toddler's development, but only to refer the child for more in-depth assessment.

Program Evaluation. Knowing how children are doing as a result of participating in a program or set of services is of critical importance to caregivers, teachers, parents, program leaders and local, state and federal agencies having responsibilities for the programs. Each of these stakeholders may have different reasons for needing the information well-designed child assessment can bring, but in the end, the most important stakeholder is the child (Council of Chief State School Officers, 2003). For older children, aggregated gain scores or actual average scores on assessments may be used to determine program effectiveness and to plan for program improvements.

In infant and toddler programs, it may be possible to aggregate the percentage of children making progress in a particular developmental domain, but these data should never be used as the sole measure of program effectiveness. In all cases, data must be aggregated in such a way as to prevent individual identification and protect child and family privacy. Data should not be aggregated when numbers of participating children are small because of the danger of personal identification. Large scale accountability programs should include all of the safeguards for privacy typically included in professional research protocols.

F. CHILD ASSESSMENT AND PROGRAM EVALUATION

In most infant and toddler settings and programs, it is preferable to use direct measures of caregiver characteristics (e.g., caregiver qualifications, participation in professional development) and of program quality (e.g., tools that assess the physical and interpersonal environment). Direct program evaluation can accurately document program quality and be used for program improvement purposes.

High Stakes Accountability. High stakes accountability involves using test results to remove funding from a program and/or to judge teacher effectiveness. Because of the small numbers of participants in most programs for infants and toddlers, and the large margins of error in assessments, child assessment for the purpose of high-stakes accountability in infant/toddler programs is rarely appropriate.

1. Program Standard: The program uses information about each child gained from continuous family input, child observation, and from a variety of other sources to address individual needs and to plan experiences for individual children and groups.

A Quality Program:

a. Uses sound developmental theory and other widely-accepted information about infant/toddler development and learning to understand and interpret infant/toddler behavior.

b. Attends to each child's development in all domains (e.g., social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical).

c. Uses caregiver observation of children in daily activities and family reports as the primary sources of information about each child's development.

d. Uses ongoing observational information to make immediate accommodations to address the individual needs of infants and toddlers (e.g., need for food, changing, repositioning).

e. Uses more systematic, continuous, and cumulative observational methods (e.g., documented and dated) or other types of ongoing assessment to gain additional information about children (e.g., to know when to add more complex materials to the environment, to collect and interpret information to share with parents).

f. Utilizes ongoing assessment information to determine the antecedents of child behaviors when appropriate.

g. Utilizes assessment information for daily and long-term planning for individuals and groups.

h. Has a systematic two-way process for sharing information about the development and learning of infants and toddlers with their parents.

2. Program Standard: The program uses appropriate processes to identify infants and toddlers who may require additional supports, specialized programs, and other interventions.

A Quality Program:

a. Uses valid and reliable screening tools and procedures, caregiver observation, and family input to identify concerns.

b. In partnership with families, refers children to specialists when concerns indicate the need for additional assessment and evaluation.

3. Program Standard: The program implements on-going processes of evaluation for program improvement.

A Quality Program:

a. Bases program evaluation processes on the program's current philosophy, goals and objectives.

b. Involves families, staff, the program's infant/toddler specialist (when not a regular staff member), and a variety of community members in an annual review of all program components and uses the resulting information to develop and implement an annual plan for improvement.

c. Uses instruments that directly measure program quality and other data to evaluate how well the program is meeting its goals. In programs that serve older children as well as infants and toddlers, assessment of the quality of the infant and toddler experiences should be considered as a distinct aspect of the total program.

d. Evaluates caregivers and program administrators with methods that reflect the program's philosophy and curriculum and develops professional goals based on these evaluations.

e. Regularly reviews the program's improvement plan and assesses progress throughout the year.

f. Invites families exiting the program to provide input to the program during an exit interview or survey.

g. Is accountable to funding and administrative agencies by providing required data.

h. Uses accepted safeguards for child and family privacy when providing data for research studies or accountability purposes.

i. Avoids, insofar as possible, participation in assessment and evaluation processes that result in use of child outcome data for high-stakes purposes.

4. Program Standard: The program implements policies and procedures for the appropriate use of screening, assessment, and evaluation tools.

A Quality Program:

a. Seeks assistance from professionals knowledgeable in both assessment and infant/toddler development when selecting and using assessment tools.

b. Assures that the people conducting any assessment have received appropriate professional development specific to the tool being utilized.

c. Uses instruments only for the purpose(s) intended [e.g., does not use screening tools to make decisions about placement or to assess progress, does not use a screening tool or an achievement (readiness) test to exclude children from programs in which they are legally entitled to participate, does not permit assessment findings to be used for high-stakes purposes].

d. Uses instruments that respect and perform adequately when assessing children's developmental, cultural, and linguistic diversity and that of their families.

Glossary

Note: Terms in this Glossary are intended to supplement terms defined in the licensing regulations for child care centers and family and group child care homes.

Accessible/Accessibility: As used in this document, these terms relate to either: 1) attention to adaptations in the physical environment and to materials so that children with special needs have equitable opportunities to learn, including adaptations that are required to be in compliance with federal and state laws regarding accessibility; and 2) whether quality and appropriate programs are available to families (e.g., geographically accessible, affordable, have needed hours of operation).

Activity areas: In an infant/toddler setting, activity areas include spaces set up and provisioned to enable attention to children's needs across all domains (social, emotional, intellectual, language, creative, and physical) and include or may be referred to as areas for feeding, sleeping, learning/playing, and diapering.

Acute illness: A disease with an abrupt onset and usually of short duration (e.g., a cold, the flu).

Administrative/Supervisory personnel: Program leaders at the program and/or administering agency level (e.g., program directors, specialists, and school district level or building principals/administrators/supervisors) who are responsible for administering, supervising, and leading program services, activities, and caregiving staff.

Advisory council: A group convened to advise program leaders regarding planning, development, implementation, and evaluation of the program. The advisory council is typically comprised of parents and interested community members. Advisory councils may be established as a requirement of the sponsoring agency or legislation and within the framework of policies and practices as established by the council and the program's governing body.

Age appropriate: Experiences, a learning environment, and interactions with caregivers that match the infant's and/or toddler's age and/or stage of growth and development.

American Sign Language (ASL): A language of signs, gestures, and expressions, with its own grammatical structure, that is used by many in the deaf community; it is typically the deaf person's primary language while written English is routinely the secondary language (making ASL users bilingual).

Assessment: A systematic procedure for obtaining information from observation, interviews, portfolios, projects, tests, and other sources that can be used to make judgments about characteristics of infants and toddlers or their programs. (Note: For more information about terms associated with assessment and evaluation, see The Words We Use: A Glossary of Terms for Early Childhood Education Standards and Assessment at: http://www.ccsso.org/projects/SCASS/projects/early_childhood_education_assessment_consortium/publications_and_products/2840.cfm.

Assistant caregiver: Term used in family and group home child care to denote a person who works under the supervision of a caregiver.

Assistive technology: Any item, piece of equipment, product or system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities and promote participation and learning of anyone with disabilities.

Auxiliary staff: Personnel who are responsible for delivering support services offered by the program and/or required by federal or state regulations (e.g., nurses, early intervention and special education consultants, speech/language therapists, school psychologists, social workers).

Caregiver: The person who provides the direct care, supervision, guidance, and protection of children within an early childhood setting serving infants and toddlers. In center-based programs a **lead caregiver** may be designated to coordinate and work in partnership with a team of caregivers and has primary responsibility for planning, organizing, and managing all aspects of the care and learning environment; the assessment,

diagnosis, and reporting of the individual developmental and learning needs of the children; and the establishment of cooperative relationships with families and colleagues. In family and group home child care, the term provider is sometimes used to refer to the caregiver(s) and **Assistant caregiver** is used to denote a person who works under the supervision of a caregiver. (See **Primary caregiver, Primary group,** and **Provider.**)

Child Development Associate Credential (CDA): Nationally recognized performance-based credential awarded through the Council for Early Childhood Professional Recognition, an independent subsidiary of the National Association for the Education of Young Children. A CDA credential is awarded for competence in working with children birth to five years of age and is roughly equivalent to completing one year of college level work in early childhood.

Child-initiated: Experiences which offer children choices among a wide range of opportunities for play and learning so that they can directly experience and manipulate new ideas and objects (e.g., choosing from a variety of activities throughout much of the day; creating their own ideas with art materials, block constructions, or dance improvisations; creative play materials which encourage children to question, experiment, and pretend).

Collaboration: A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The result is a shared endeavor with members eventually committing themselves as much to the common goal as to the interests of participating agencies. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

Community collaborative council: An organized group representative of the community and its family- and child-serving programs. Such a council typically serves as a communication link among programs and provides direction in planning, developing, implementing, and reviewing the early childhood education initiatives within the community.

Continuity of care: A practice closely related to the assignment of primary caregivers intended to create a consistent personal relationship between a child and a caregiver. In these practices (primary caregiver and continuity of caregiver), transitions between caregivers are minimized because transitions are seen as being stressful for the child, caregivers, and parents.

Development and learning: The process of change in which the infant or toddler comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. Development involves both a gradual unfolding of biologically determined characteristics and the learning process. Learning is the process of acquiring knowledge, skills, habits and values through relationships, experience and experimentation, observation, reflection, and/or instruction. Neither takes place in isolation.

Developmentally appropriate practice: Means that all aspects of the program address children's development and learning based on three important kinds of information:

- Knowledge about age-related human characteristics that permits general predictions within an age range about what activities, materials, interactions, or experiences will be safe, healthy, interesting, achievable, and also challenging to children;
- What is known about the strengths, interests and needs of each individual child in the group to be able to adapt for and be responsive to inevitable child variation; and
- Knowledge of the social and cultural contexts in which children live to ensure that learning experiences are meaningful, relevant, and respectful for the participating children and families. (For the full NAEYC Position Statement on Developmentally Appropriate Practice see http://www.naeyc.org/about/positions/dap1.asp.

Developmental domains: Term used to describe various aspects of children's development. Individual domains are closely interrelated and development in one domain influences and is influenced by development in other domains. Development in one domain can limit or facilitate development in other domains. For example, when

infants become more mobile, they can more easily explore their environment. Learning more about their environment influences infants' and toddlers' cognitive development. Robust emotional development influences development across the domains. Typically, child development experts delineate four domains: social, emotional, cognitive, and physical. This document also includes domains of communication, language and early literacy, self-help, and creative development.

Early childhood education and care: Provision of purposeful programs and services, public or private, aimed at guiding and enhancing development and learning across all domains of young children from birth through age eight.

Early Childhood Special Education (formerly Pre-Primary Impaired — PPI): Federally- and state-mandated services for children with verified disabilities. These services may be provided in a self-contained classroom operated through a local school district or intermediate agency or in an inclusive setting at the local district or community level.

Early Childhood (ZA) Endorsement: Endorsement on an elementary teaching certificate recommended by Michigan colleges and universities upon completion of a 20-hour early childhood education program. May be required by the Michigan Department of Education or other funders for some infant/toddler and preschool/prekindergarten programs.

Early On®: Michigan's comprehensive statewide program of early intervention services for infants and toddlers with special needs, from birth through age two, and their families (Part C of IDEA).

Evaluation: The measurement, comparison, and judgment of the value, quality or worth of children's accomplishments and/or of their programs, schools, caregivers, teachers, or a specific educational program based upon valid evidence gathered through assessment.

Evidence-based practice: Designing program practices based on the findings of current best evidence from well-designed and respected research and evaluation (e.g., the Back-to-Sleep Campaign was developed in response to new findings on ways to reduce Sudden Infant Death Syndrome).

Family: People related to each other by blood, marriage, adoption, or legal guardianship. Family members include biological parents (custodial and non-custodial), adoptive parents, foster parents, step-parents, grandparents and other relatives of significance to the child, and all siblings (half, step, full). In addition, any individual that the family defines as a part of their family, who has extensive contact with the child, and/or is a significant person in the child's life, could be included.

Family collaboration/partnership: Refers to respecting family members as equal partners in all phases of the infant/toddler program. Families are integrated into the program through opportunities to plan and participate in all stages of program development and implementation. Supportive opportunities encourage family members to expand their knowledge of child development, increase parenting skills, extend children's learning at home, and utilize community resources.

Family literacy: Programs which serve the entire family and which involve parents and children in interactive literacy activities; training for parents regarding how to be the primary teacher for their children; parent literacy; and an early childhood program.

Head Start Child Outcome Standards: A framework of outcome statements which applies to the federal Head Start program including eight domains, 27 domain elements, and related indicators intended to be reflective of what children should know or be able to do by the end of Head Start or upon entry into kindergarten.

Head Start Performance Standards: Quality standards which apply to the federal Head Start program and which address all aspects of early childhood development and health services, family and community partnerships, and program design and management.

Inclusion: The principle of enabling all children, regardless of their diverse abilities, to grow and learn through active participation in natural settings within their communities. Natural settings include the home and local early childhood programs.

Individualized Education Program (IEP): A written education plan for a child with special needs developed by a team of professionals and the child's parent(s); it is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

Individualized Family Service Plan (IFSP): Refers both to a process and a written document required to plan appropriate activities and interventions that will help a child with special needs (birth through age two) and his or her family progress toward desired outcomes. It is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

IDEA - Individuals with Disabilities Education Act: A federal law that provides funding and guidance to states to support the planning of service systems and the delivery of services, including evaluation and assessment, for young children who have or are at risk of developmental delays/disabilities. Funds are provided through the Infants and Toddlers Program [known as Part C of IDEA (Early On® in Michigan)] for services to children birth through two years of age, and through the Preschool Program (known as Part B-Section 619 of IDEA) for services to children ages three to five.

Infant and toddler: A child from birth to age three.

Infant/toddler specialist: A qualified person employed by or available to an infant/toddler program who provides coaching, mentoring, and training and who may have responsibility for the evaluation of the program and the caregiving staff.

Integrated approach: Children's learning activities and experiences presented through how the space is organized and provisioned, and projects involving many areas of the curriculum instead of through isolated content areas (e.g., toddlers learn early math concepts through their play or in an activity like helping to set the table; the program does not set aside a specific time for children to learn math).

Lead caregiver: (See Caregiver)

Learning environment: The physical representation of the curriculum that includes relationships, the climate, teaching practices, and the space, materials, and equipment.

Mental health: The developing capacities of infants and toddlers to experience, regulate, and express emotions; to form close and secure interpersonal relationships; and to explore the environment and learn. These capacities are considered within the context of family, care and learning environments, community, and cultural expectations for infants and toddlers. Infant mental health is synonymous with healthy social and emotional development and behavioral well-being of children birth to three years of age.

MiAIMH: The Michigan Association for Infant Mental Health (MiAIMH) is an organization of individuals who are devoted to nurturing and strengthening relationships between infants and their caregivers. MiAIMH has developed and administers a four-level endorsement process for infant and family service providers who work in a variety of ways with infants, toddlers, caregivers and families. (See: http://mi-aimh.msu.edu/aboutus/index.htm.)

Michigan School Readiness Program: Michigan's publicly-funded prekindergarten program targeted to four-year-old children who may be "at risk" of school failure. To participate a child must have two of the 25 identified risk factors; more than 50 percent of the children in a program must be low income. Both center-based and home-based models are available. All programs must provide strong family involvement/parent education components as well as comprehensive preschool education.

Non-paid staff: Volunteers, including parents.

Parent involvement: A program component which recognizes the central role of parents in their children's development and learning, and establishes a working partnership with each parent through daily interactions, written information, orientation to the program, home visits, and through regular opportunities for dialogue via parent conferences, participation in decision-making roles on advisory committees, needs assessments, participation as classroom volunteers, and flexible scheduling of meetings and events.

Primary caregiver: Can be either a lead

caregiver or a caregiver. Each child is assigned to a primary caregiver so that infants and toddlers remain with the same caregiver(s) during a significant part, if not all, of their first years in a program. Such continuity of care enables infants and toddlers to develop and enhance a secure, attached relationship in support of the development of a sense of trust in others, independence, and the ability to form early friendships and bonds throughout life.

Primary group: The group of children under the care of the primary caregiver. To the maximum extent possible, the child's primary group is made up of the same children over an extended period of time to enhance stable relationships, promote prosocial behavior, and enable positive interactions and early friendships.

Professional development: Refers to opportunities for program staff to receive ongoing training to increase their preparation and skills to educate and care for children. These include in-service training, workshops, college courses and degree programs, teacher exchanges, observations, coaching, seminars, mentoring, and credentialing programs.

Program administrator: (See Administrative/Supervisory personnel)

Program standard: Widely-accepted expectations for the characteristics or quality of early childhood settings in homes, centers and schools. Such characteristics typically include the ratio of adults to children; the qualifications and stability of the staff; characteristics of adult-child relationships; the program philosophy and curriculum model; the nature of relationships with families; the quality and quantity of equipment and materials; the quality and quantity of space per child; and safety and health provisions.

Provider: In family and group home child care, this term is sometimes used to refer to the Caregiver(s).

Public Act 116: Licensing rules for child care centers promulgated by the authority of Section 2, of Act Number 116 of Public Act of 1973 to the Michigan Department of Social Services, which set forth the minimum standards for the care, and protection of children. The rules apply to agencies, centers, or public and private schools providing child care services (Head Start, preschool full-day child care, before- and after-school, less than 24 hours) to children aged 2 ½ weeks to 13 years.

Reflective supervision: A set of supervisory practices characterized by active listening and thoughtful questioning by both staff and supervisors with the goal of assuring that staff's work is of the highest possible quality, and that program outcomes are met. These goals are reached through the development of a supervisory relationship that is supportive and collaborative, and one that allows everyone in the program the opportunity to learn from their work with families. Reflective supervision can take various forms including individual, group or peer supervision.

Responsive caregiving: Involves knowing each child and responding to cues from the child about when to expand on the child's initiative, when to guide, when to teach and when to intervene. A responsive caregiver has an overall plan for each day, including materials and activities that are appropriate for the developmental stage of each child. In addition, the caregiver should continually observe each infant or toddler to discover what skills he or she is ready to explore and eventually master (Zero to Three).

Screening: The use of a brief procedure or instrument designed to identify, from within a large population of children, those who may need further assessment to verify developmental and/or health risks. (Note: For more information about terms associated with assessment and evaluation, see The Words We Use: A Glossary of Terms for Early Childhood Education Standards and Assessment at http://www.ccsso.org/projects/SCASS/projects/early_childhood_education_assessment_consortium/publications_and_products/2840.cfm.)

Self-help skills: Adaptive skills that enable children to take care of themselves and move toward independence in activities related to eating, dressing, toileting, washing hands, etc.

Staff: Any person who has a role in the operation of the program. Staff may be paid or unpaid. (See definitions for support staff and non-paid staff.)

Standardized assessment tool: A test-

ing instrument that is administered, scored, and interpreted in a standard manner. It may be either norm-referenced or criterion-referenced. (Note: For more information about terms associated with assessment and evaluation, see The Words We Use: A Glossary of Terms for Early Childhood Education Standards and Assessment at http://www.ccsso.org/projects/SCASS/projects/early_childhood_education_assessment_consortium/publications_and_products/2840.cfm.)

Strand: A large organizing principle that, interwoven with others, provides a foundation upon which children's development and learning occurs.

Support staff: Persons, whether paid or volunteer, employed by the program in such positions as food service, clerical, custodial, and transportation.

Test: One or more questions, problems, and/or tasks designed to estimate a child's knowledge, understanding, ability, skill and/or attitudes in a consistent fashion across individuals. Information from a test or tests contributes to judgments made as a part of an assessment process. (Note: For more information about terms associated with assessment and evaluation, see The Words We Use: A Glossary of Terms for Early Childhood Education Standards and Assessment at http://www.ccsso.org/projects/SCASS/projects/early_childhood_education_assessment_consortium/publications_and_products/2840.cfm.)

Transition: (1) Procedures and activities that support the family and facilitate the child's introduction to new learning environments (e.g., home to home- or center-based care setting, from preschool to kindergarten, from one school to another, from one grade to another, and from one country to another). (2) Within the program's daily schedule, transition also refers to the process of changing from one activity or place to another.

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