



Your early learning guide for infants,
toddlers, and three-year-olds

The Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines were developed through a collaboration between the Texas Early Learning Council and a group of Texas stakeholders committed to improving school readiness in Texas.

The Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines are endorsed by the



**Texas
Pediatric
Society**
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Purpose of the Infant, Toddler, and Three-Year-Old Early Learning Guidelines



The Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines were created to help Texans understand what very young children should know and be able to do at different points in their development.

The research is clear. The first three years of life are the most important years. During this period, brain development occurs at a very rapid rate in response to each child's early experiences. The quality of these early learning experiences is shaped by two factors: the caregiver with whom the child spends his or her time and the child's environment. A caregiver can be an early childhood professional, parent, grandparent or anyone who has the responsibility of caring for a child's needs. Caregivers must do everything in their power to ensure that this critical phase of human development is full of healthy, rich, and stimulating experiences because strong and powerful brains are created during these years. The brains of these young children are highly active. In fact, by age three, human brains have accomplished 80 percent of their growth!

Each child is born with billions of brain cells, known as neurons. Each of these neurons has branch-like arms called "dendrites." Through the branching of dendrites, all of the various areas of the brain send signals and process information across microscopic gaps called synapses. These synapses serve as connections and pathways for signals and are the manner through which brains develop. As the brain matures, it is constantly forming new connections and trimming away ones that are not in use.

The process of making connections and trimming away others is how the brain responds to its environment. Young children who have rich, diverse, and comforting experiences build strong connections that support lifelong success in learning and good emotional health. Unfortunately, many young children do not have optimal early experiences, and as their brains develop, connections needed for lifelong success are trimmed away.

These Guidelines were created to move Texas forward in ensuring that all children have the high-quality early experiences needed for optimal brain development. There are approximately 1900 days between the day a child is born and the day he or she enters kindergarten. Every day is a critical opportunity to support the healthy development of each child. These Guidelines are designed to assist caregivers in understanding early childhood development and in making the most of each day during the early years of growth.

It is our hope that the Guidelines will improve the quality of care for young children inside and outside the home by supporting appropriate caregiver practices. The Guidelines describe expectations about what children should know (understand) and be able to do (competencies and skills) across domains of learning during specific age ranges, as well as what steps caregivers should take to support healthy

development. They are intended to positively influence the design of professional development strategies, parent engagement, administrative planning, key class materials, and curricula. Above all else, the Guidelines are a learning tool for caregivers. Below are some specific suggestions for how different audiences might use these Guidelines.

Potential Users and Uses of the Guidelines

Users	<i>The Guidelines can be used to:</i>
<p>Parents</p>	<ul style="list-style-type: none"> • Learn more about where their children are developmentally • Guide adult behavior in supporting early childhood learning and development • Assist in choosing toys and materials to support learning and development • Ensure their early childhood program is providing developmentally appropriate care to their young children • Assist in understanding how to be responsive to the needs of their young children
<p>Providers (early childhood teachers, educational specialists, early childhood administrators)</p>	<ul style="list-style-type: none"> • Learn more about how young children develop at different stages • Implement and adapt strategies to support learning and development for all young children • Assist in planning learning experiences and selecting curriculum • Assist in choosing play materials to support the learning environment • Individualize care and create individual lesson plans for young children • Inform professional practice in working with young children
<p>Policymakers (state agencies, program administrators, legislators)</p>	<ul style="list-style-type: none"> • Learn about best practices for caring for young children • Provide resources for parents and caregivers to support the learning and development of young children • Gain understanding of the professional knowledge needed by those working with young children • Review practices and standards to ensure they support young children

It must be clear that these are only guidelines; no two children will follow the same path of growth and development. The Guidelines are meant to provide an outline of the developmental skills young children are working on at a given stage. Caregivers equipped with the Guidelines can support a child's growth, development, and learning for success in school and life.

What the Guidelines are NOT

- The Guidelines are **NOT** a developmental checklist
- The Guidelines are **NOT** an assessment tool
- The Guidelines are **NOT** a curriculum
- The Guidelines are **NOT** permanent and unchanging
- The Guidelines are **NOT** exclusive – other documents offer excellent information as well

Background

The Texas Early Learning Council, a 19-member Governor-appointed Council that aims to improve school readiness in Texas, sponsored the creation of the Guidelines. Under the leadership of Subcommittee Chair LaShonda Brown, the Council's Collaborations and Standards Subcommittee set out in the spring of 2011 to create the Guidelines. The process was both rewarding and challenging, and a tremendous amount of time and effort went into the Guidelines.

To ensure that the Guidelines were created in a manner that represented the diversity of voices throughout the state, the Council appointed a qualified group of stakeholders to guide and influence their development. This talented group of individuals has met four times in person, three times via webinar, and dozens of times through smaller group meetings and conference calls. The Texas Early Learning Council is extremely grateful for all the efforts of the stakeholder group.

The Stakeholders separated their work into three key areas:

- Guidelines Development
- Workforce and Professional Development
- Public Knowledge and Engagement

Stakeholders formed small groups that focused on each area. Though the members focused on different areas, a significant amount of the work that went into the Guidelines was accomplished collaboratively. Thus, all members provided feedback and comments on the efforts of each small group. Additionally, the entire stakeholder group took significant steps in the beginning of the process to establish important organizing concepts for the entire development process. With help from the national organization ZERO TO THREE®, an organization committed to helping professionals, policymakers, and parents improve the lives of infants and toddlers, the stakeholders developed a vision, mission, guiding principles, and strategic plan for their work.

Vision

For all young children to grow and thrive in their families and in their communities

Mission

To engage in a comprehensive and collaborative process to develop and implement Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines

Guiding Principles

The Guidelines must:

- Be evidence-based
- Support differences in temperament and development
- Be sensitive to family culture and linguistic differences
- Be inclusive and address the needs of young children with special needs, disabilities, and/or developmental delays
- Link to best practices that support optimal growth in all developmental domains for young children
- Be useful to parents, the early childhood workforce, and policymakers

In order to write the actual Guidelines, the Texas Early Learning Council sought support from the Children's Learning Institute (CLI). Faculty members and other staff at CLI formed a writing team and engaged in an iterative process that included review and response from the stakeholders, Council staff, and the writers at CLI. The stakeholders provided the writers with key examples of Guidelines from other states, preferences for voice and approach, and a draft outline for how the Guidelines should be organized. The writers went through a process of clarifying meanings amongst themselves, whereby they created shared definitions of domains and domain components. In addition, they reviewed all of their drafts collectively before submitting the drafts to the stakeholders. These Guidelines were exchanged between the writers and the stakeholders four times, and significant changes accompanied each exchange. Council staff also worked with select members of the stakeholder group to review the Guidelines for accessible language, sensitivity to special needs, and the presence of professional jargon. Finally, supporting text for the document, like introductory sections and case studies, were authored by a mix of Council staff, Council members, stakeholders, and researchers at CLI.

Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines Writers

Sonya Coffey, M.Ed.
Cathy Guttentag, Ph.D
Ursula Johnson, Ph.D
Susan Landry, Ph.D
Tricia Zucker, Ph.D

CONTRIBUTORS

LaShonda Brown
Katie Chennisi, MPH
Jennifer Lindley, MPA
Donald Swofford
Don Titcombe, MSSW
Kelly Williams



Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines Stakeholder Group

Kathy Armenta, LCSW. *University of Texas at Austin,
School of Social Work*

LaShonda Brown* *Texas Head Start State
Collaboration Office*

Marcela Clark *Collaborative for Children*

Deborah Cody, M.Ed.* *Mount Pleasant ISD*

Kristy Cox, ABD, M.Ed., CFLE. *Booz Allen Hamilton*

Sarah Crockett, MSW *Texas Association for
Infant Mental Health*

Ana De Hoyos O'Connor, M.Ed.* *San Antonio College*

Kathy de la Peña, Ed.D. *Education Service
Center - Region One*

Reagan Dobbs. *Texas Workforce Commission*

Blanca Enriquez, Ph.D.* *Education Service
Center - Region 19*

Patricia Hillman *Infant Toddler Specialist Group*

Kara Johnson, MSSW *Texans Care For Children*

Ursula Johnson, Ph.D.. *Children's Learning Institute*

Tim Kaminski, M.S. CCC/SLP *Gingerbread House
of Learning*

Margie Larsen, M.Ed. *Booz Allen Hamilton*

Reagan Miller* *Texas Workforce Commission*

Evelyn Moore, M.Ed. *CDC Brazoria County Head Start*

Jean Origer *Texas DARS -
Early Childhood Intervention*

Jacque Porter *Austin ISD*

Sasha Rasco, MPAff* *Texas DARS -
Early Childhood Intervention*

Don Titcombe, MSSW *Texas Early Learning Council*

Karen Turner *Education Service Center - Region 2*

Linda Welsh, Ph.D. *Austin Community College*

Judy Willgren, M.Ed. *National Association of Child
Care Resource and Referral Agencies*

Kim Wilson, MS *Department of State Health Services*

June Yeatman, M.Ed. *Austin Community College*

**Texas Early Learning Council Member*

How this Document Is Organized

The structure of the Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines reflects distinct choices and values of the stakeholder group that influenced the development of this document; however, Council Members, Council staff and members of the CLI writing team also provided considerable input.

The document starts with three key sections: Responsive Caregiving, Caring for Young Children with Disabilities or Special Needs, and Culturally Appropriate Practice in Early Childhood Settings. Each of these sections provides information and suggestions for caregiving that highlight important issues in early care and education.

Next, readers come to the Guidelines themselves. The Guidelines are organized into four domains or areas of development: Physical Health and Motor, Social and Emotional, Language and Communication, and Cognitive. Each domain area is preceded by an introduction that describes the domain area and its key characteristics. The domains are then separated by components. For each component there are broad indicators of development for children, followed by examples of child behaviors that demonstrate appropriate progress by age on the indicators. The child behaviors are paired with caregiver strategies to support healthy development in a responsive manner. Please see the following page for a diagram of how the Guidelines are organized.

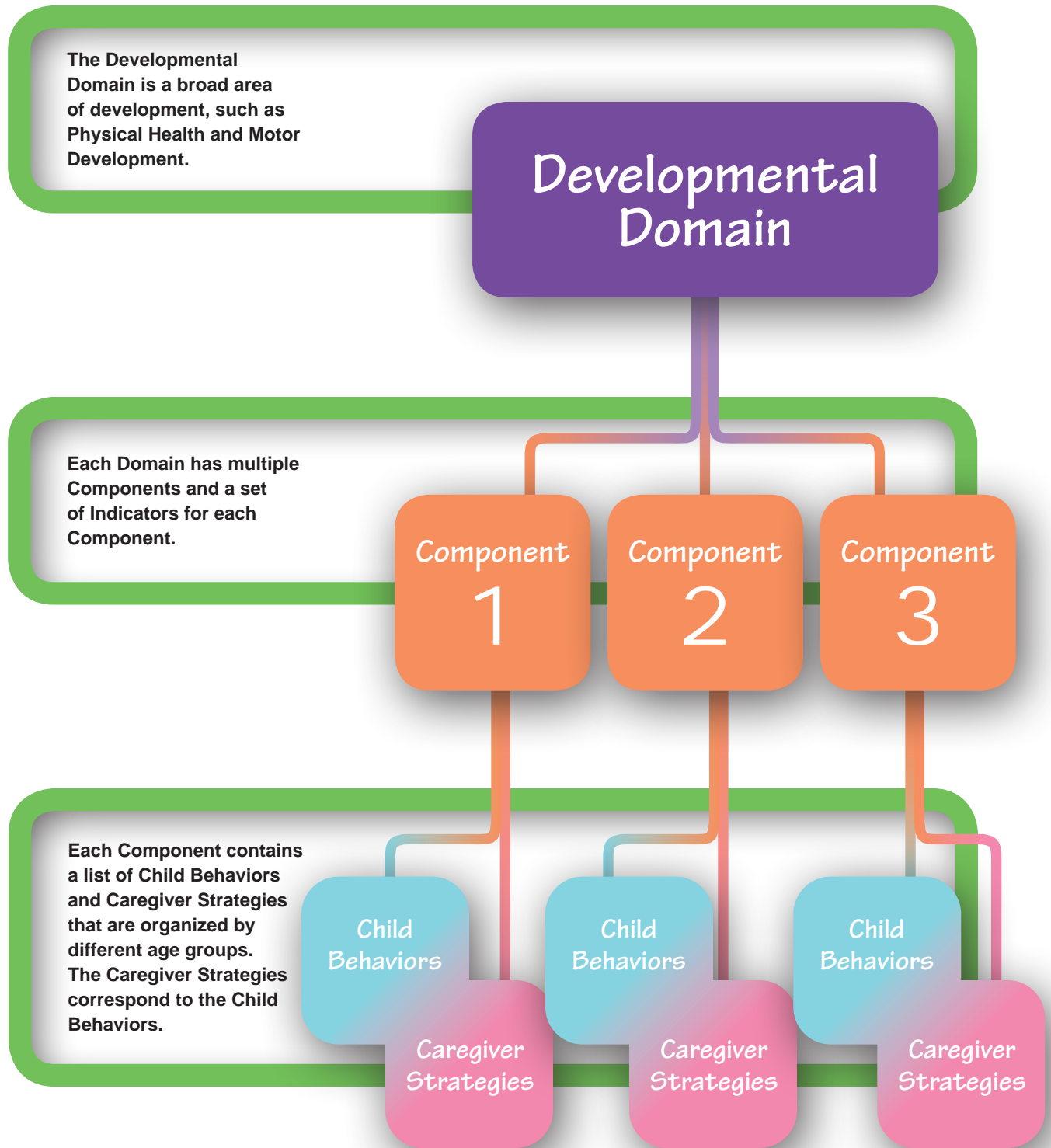
Though the information in the document is presented by domain, caregivers should remember that human development is complex and does not occur as neatly and organized as it is presented in the document. All developmental domains are interconnected and progress in one area is often dependent and strengthened by progress in another area.

Each developmental domain section concludes with two scenarios related to children with disabilities or special needs. The purpose of these scenarios is to raise awareness of different types of developmental trajectories, as well as to highlight successful approaches to meeting the developmental needs of all children.

Next, the document includes a list of key terms and definitions. Though great efforts were taken to make the

Guidelines as readable as possible for all audiences, some concepts and words may be unfamiliar to readers without a background in child development. The Key Terms and Definitions section highlights these unfamiliar concepts and words.

Finally, the document ends with a list of critical resources for caregivers and a bibliography of the materials consulted to create the Guidelines.



Responsive Caregiving



Most caregivers know that young children have both physical and emotional needs. Physical needs include things like eating, sleeping, having their diapers changed or going to the potty, and being taken to the doctor when they are sick. Emotional needs include things like warmth and affection, opportunities for play and socialization, and comfort when feeling distressed. Young children may be kept dry and well fed, but if caregivers treat them harshly or ignore their communicative signals, those children are at high risk for poor developmental outcomes. One of the best ways to ensure that a child's emotional needs are met is to provide responsive caregiving.

What Is Responsive Caregiving?

Responsive caregiving is a style of interaction in which caregivers take the time to pay attention to what a child is signaling, and then provide a response that meets the child's needs in a loving way. Young children let us know through many kinds of signals what they want or need, or what is bothering them. These signals can be verbal, such as crying, laughing, or using words to say what they want. They can also be nonverbal, such as frowning, turning away, smiling, hugging, rubbing their eyes, or looking at or pointing to something. Paying attention to nonverbal signals is particularly important when caring for infants who are too young to talk. When caregivers get to know individual infants well, they often learn to interpret their individual signals (for example, when Shauna is ready for a nap, she begins to rub her eyes and becomes fussy).

Being a good observer of children's signals is the first step in the responsive caregiving cycle. The second step is to provide a response that is directly linked to what young children signal. For example, when an infant is arching her back and fussing in her crib, her caregiver knows she is ready to come out, and gently picks her up for some cuddling. When a toddler comes over and pats his caregiver's leg several times, she turns to smile at him, asks him what he needs, and then helps him find that object. When young children receive a response in this way, the third part of the cycle happens: the child sees that his signals were understood and his needs were met. When this whole responsive

caregiving cycle is repeated consistently over time, the child is encouraged to continue to communicate with his caregivers, and he feels loved and secure.

Why Is Responsive Caregiving so Important?

One of the earliest developmental tasks for an infant is to develop secure attachment relationships with primary caregivers. A secure attachment means that the infant feels safe, relaxed, loved, and supported within that relationship. The infant knows that the caregiver will meet their needs and provide loving care, even at times when the infant is upset, frightened, or angry. Young children's earliest relationships, whether responsive or unresponsive, form a sort of internal template that guides their expectations for future relationships. Examples of positive expectations that develop in the young child's mind might be: "Grownups are people I can trust and count on. I can tell them what I need and they will listen. I can try new things because they will be there to support me." Or "It's okay to share and take turns because I know I'll get another turn soon." Examples of negative expectations might be: "Grownups are unpredictable – you never know what they're going to do next or when you might get yelled at. I'd better just do whatever feels safe to me, because they might not be there to support me." Or "I need to hold onto what I want and not let anybody else have it – people take things from me all the time and never give them back." Young children who do not develop secure attachment relationships with at least one primary caregiver are at high risk for lifelong difficulties in regulating their emotions and behaviors and forming healthy relationships as older children and adults. These kinds of difficulties, in turn, can interfere with children's cognitive development and learning. For example, an older infant who gets easily frustrated and angry may give up easily and not develop good problem-solving skills. A very anxious, insecure toddler may hang back in the classroom and be unwilling to try new activities. Of course, all children are born with individual temperamental styles and personalities – some children are very active, alert, and curious, while others tend to be more cautious, quiet, or passive. However, when caregivers use a warm, responsive style, they are able to support and encourage young children in the specific

ways that match their needs (for example, providing reassurance to an anxious older infant, or helping an angry toddler express her feelings safely and solve her problem). Thus, responsive caregiving builds a solid foundation upon which later relationships and learning are based.

How Can Caregivers Be Responsive?

There are many kinds of behaviors that caregivers can use to be responsive. One aspect of responsiveness is voice tone: infants begin to attend to voice tones very early. Talking or singing in a warm, soothing, or pleasing tone can calm a fussy infant and convey loving feelings. Matching a toddler's excited squeal with your own happy, excited voice lets her know that you recognize her happiness and share it. Facial expressions are another way to be responsive to children's feelings and signals, such as smiling back at a smiling infant or matching a young child's surprised expression as a toy pops out of a box. Giving affection, such as kissing, hugging, or rubbing a child's back can be responsive and loving too. Just make sure that the young child is enjoying that behavior, especially when it is initiated by the caregiver rather than the young child – affection should never be forced, and it is important to watch for children's signals about whether they want more or have had enough. Talking with young children about their interests and ideas is a great way to be responsive – ask open-ended questions that invite them to have a conversation or make choices (for example, "Hey Theresa, what are you building?" or "Max, what would you like for snack today?"). Comment on what they are looking at or playing with (for example, "Oh Magda, I see you're blowing the pinwheel. You're making it go round and round!"). Caregivers should also try, as much as possible, to allow young children to explore freely within a safe environment, and should set limits in a calm, positive manner when needed. Using positive behavior strategies, such as offering limited choices (for example, "Do you want to eat your ravioli with a fork or a spoon?"), phrasing limits positively rather than negatively (for example, "Feet on the floor, please." rather than "No feet on the table!"), helping children talk about their feelings and allowing them to express them in safe ways, redirecting children to more appropriate behaviors, and

praising cooperation (for example, “Thank you, Carlos, for throwing your trash away!”) are more ways to be a responsive caregiver.

How Responsive Caregiving Supports Learning

In addition to promoting children’s healthy emotional and social development, responsive caregiving supports many other areas of children’s development. For example, when an infant reaches out for a toy and the caregiver places it within his grasp and helps him hold it, she is encouraging motor development and play skills. When a caregiver responds to children’s questions and requests by providing information and naming objects, he is supporting language development. Cognitive development also benefits from responsive caregiving: when helping young children with challenging tasks (for example, putting on their shoes, doing a new puzzle), caregivers should aim to give just enough help to enable the child to continue working toward success. Being unresponsive by not helping at all may lead the child to give up. But giving too much help (for example, taking over and doing the whole task for the child) means the adult had the success, not the child. For example, if a toddler is struggling with a puzzle and signals the need for help, instead of putting the piece in for him, try giving verbal hints or placing the piece closer to its correct orientation so the child can put it in himself. Then cheer for him when he succeeds! Responsive support for learning means helping children achieve the next step in their skills, and giving just the right amount of help – not too much and not too little.

On the following pages, you will read about many aspects of development: Physical Health and Motor, Social and Emotional, Language and Communication, and Cognitive. You will notice that aspects of responsive caregiving are woven into the recommended caregiver strategies throughout each of these sections. Being attentive to young children’s communicative signals and using responsive behaviors provides an interactional framework within which you can best support their early learning and later developmental achievements.

To find more information on responsive caregiving and understanding young children’s signals, check out the following resources:

Relationships: The Heart of Development and Learning:

<http://www.zerotothree.org/public-policy/state-community-policy/nitcci/multidisciplinary-consultant-module-1.pdf>

Getting in Tune with Baby:

parentingcounts.org/information/timeline/getting-in-tune-with-baby/

Responsive Caregiving: Watch, Ask, Adapt

<http://www.va-itsnetwork.org/files/ResponsiveCaregiving.pdf>

Caring for Young Children with Disabilities or Special Needs



In many ways, caring for young children with disabilities or special needs is the same as caring for all young children: all children need love, good nutrition, safety, guidance, and positive stimulation. There are, however, areas in which young children with disabilities may have unique needs to which parents and caregivers will need to be sensitive.

These Guidelines are based on expectations for typical development. Therefore, they do not address, in depth, the needs of children with specific disabilities, delays, or conditions. This document is not intended to serve as a tool for evaluating an individual child's developmental progress or as a measurement of their capabilities. It seeks to inform about the typical developmental characteristics of young children and strategies that can be used to help support their healthy growth and development. Infants, toddlers, and three-year-olds with disabilities or special needs will certainly demonstrate many of the indicators listed in the Guidelines, but

as with all young children, individual differences and variations will affect each child's pattern of development.

It is important that providers are sensitive and responsive to the needs of all young children. Providers that care for infants, toddlers, and three-year-olds with disabilities or special needs should try to learn more about the particular need or disability, but should be careful not to make assumptions about an individual child based on his or her need or diagnosis.

To the greatest extent possible, providers should practice inclusion. Inclusion is being a part of what everyone else is a part of, being welcomed and embraced as someone who belongs. The National Association for the Education of Young Children breaks inclusion into three critical components: *access*, *participation*, and *supports*. In terms of *access*, programs and policymakers should ensure that all children are able to participate in a wide range of opportunities, activities, settings, and environments. Providers should think of *access* as being sensitive to all children in their care and taking steps to design the environment, activities, and care in general so that all children can have meaningful experiences. *Participation* includes taking that extra step, when necessary, to individualize care or the environment for a particular child to ensure they are included just like everyone else. Finally, *supports*, refers to specialized services and trainings that need to be available to children, families, and providers in order "to undergird

the efforts of individuals and organizations providing inclusive services to children and families.”

Inclusive practices positively impact the classroom. Inclusion enriches the experience of children with disabilities and special needs along with their classroom peers. Classroom practices that recognize that each child is unique in their learning and development are the same practices that support inclusion. Inclusion is very important to the lives of children with disabilities and to their families. It communicates that they have as many contributions to make to our society as anyone does. As providers, the most critical first step one can take in respecting children with disabilities is a willingness to do so. It is important to discuss the needs of every child with their parents; providers should work with parents to support inclusivity and to meet each child’s unique needs. They can do so by taking the time to learn about children’s unique needs and seek ways to support those needs. A great deal of information is available online and through important organizations like The Arc and local Early Childhood Intervention (ECI) programs, but it is the willingness to be inclusive that makes the difference. Willingness will motivate providers to experiment with strategies and seek out information to support each child’s positive development. The Guidelines and strategies found in this document can be adapted by parents or providers to meet the needs of children with disabilities or special needs and to support inclusive practices. A good understanding of child development, as well as knowledge about an individual child’s disability or special need will assist caregivers in making adjustments to the strategies found in the document to better support the child. Also, following each developmental domain in the document are various scenarios involving children with disabilities or special needs. Many of these scenarios demonstrate how caregivers adapted their practice to meet the needs of individual children. Reading through these scenarios may help parents and providers think through their approach to children with disabilities or special needs.

Early care and education providers can be a valuable support to families in identifying various developmental delays or warning signs. A provider’s knowledge and awareness related to early childhood development and to each of the children in her care are both valuable assets in the early diagnosis and prevention of developmental delays or disabilities. As a provider, it is important to

bring any signs of delay or health concerns to the child’s parents immediately, in consultation with a director or supervisor. In Texas, families and providers are supported in evaluating children for services related to developmental delays or disabilities through the Early Childhood Intervention (ECI) program. ECI provides evaluations for children ages birth to three years, at no cost to families, to determine eligibility and the need for services. Services are provided in the home, child care facilities, and other community settings. To make a referral to ECI start by searching for a local ECI program in your area at dars.state.tx.us/ecis/searchprogram.asp or call the DARS inquiries line at 1.800.628.5115. Texas also offers the Preschool Program for Children with Disabilities. This program is for children ages three to five who are determined by their local school district to be eligible. Any person involved in the care of a child may refer that child to the Preschool Program for Children with Disabilities. To make a referral, start by contacting the child’s local school or the district’s special education office.

Providers and parents should also be aware that parents have important rights when it comes to their child. The federal government, through the Individuals with Disabilities Education Act (IDEA), provides parents of children with disabilities with specific rights that must be observed by the institutions that serve them. For example, all parents have the right to be a part of any group that determines if their child is a “child with a disability,” or any group that plans services related to a child’s disability through the creation of an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP). IEPs and IFSPs are documents that function similarly to contracts. They are plans for special services and education for children with disabilities, and they function as an agreement between the family and the institution serving them. It is important for caregivers and parents to be informed about the rights of children and families and about their options regarding IEPs and IFSPs.

To find more information on early childhood and children with disabilities or special needs, check out the following resources:

Special Education in Texas:
ritter.tea.state.tx.us/special.ed/preschool/

Disability Rights Texas:
<http://www.disabilityrightstx.org>

The Arc of Texas:
<http://www.thearcoftexas.org>

Texas Department of Assistive and Rehabilitative Services Early Childhood Intervention Services:
dars.state.tx.us/ecis/

Texas Parent to Parent:
txp2p.org/

Department of Education IDEA website:
<http://IDEA.ed.gov>





Culturally Appropriate Practice in Early Childhood Settings

Texas is an incredibly culturally diverse state. In 2012, in Houston alone, more than 90 different languages were spoken daily, and 44 percent of all children nationwide are members of minority groups. Thus, early childhood programs must respect this diversity and take steps to honor the traditions, norms, and values of all cultures. There are a number of steps programs can take to make sure they are honoring the cultural diversity of the children in their care.

First, it is critical that early care and education professionals connect with the families they work with. Get to know parents, ask them what traditions and customs are important to them. Whenever possible, invite parents to share their traditions with you and the class. Programs can really make efforts to understand the families they serve by surveying parents when they enroll their children. Include questions about what traditions and norms are important to them, what language they speak at home, and what holidays are

important to their family. Remember that the first step one can take in honoring another person's culture is to welcome their values and traditions with authentic interest and openness. Second, recognize that language plays a critical role in children's connection to their culture and community. Best practice in this area includes speaking with young children in their home language. In this way, providers support young children's connection to their culture and their language development. We know from research that being bilingual or multilingual is an advantage for children developmentally, so it is appropriate for early care and education providers to make every effort to use children's home language in the classroom. Once the children are skilled and developed in their home language, they transfer many of those skills to a second language, so don't worry, working with young children in their home language does not hurt their ability to learn English. Of course, given the cultural diversity of Texas, some providers will not have the resources to ensure that all children in their care are spoken to in their home language, but when possible, providers should use the child's home language.

Finally, it is important that providers honor diversity and cultural awareness as a concept and a core value of our society. Introduce stories and books to young children that actively seek to diminish stereotypes, honor pride in one's self and one's origins, and explore how it feels to be different. Play is also an important area for consideration. Young children often use play to explore cultural values, norms, and roles, so it is important that toys, books, and materials in the classroom represent

all people and cultures. When observing young children play, be sensitive to the biases they are forming and try to mediate them. For example, if a young boy tells a young girl she cannot pretend to be a firefighter or a young girl tells a boy he cannot be a dancer, explore the origin of the children's assumptions, and let both children know that girls and boys can be anything they want to be. Providers have many opportunities to support young children in understanding their culture and who they are. It's important to be sensitive to that role and to take steps to ensure that the care they provide is culturally appropriate and honors all children.

Parents also have a responsibility to reach out to providers about their culture. A parent should not rely on providers' knowledge of culture and traditions, but instead take time to connect with the provider and communicate about their expectations regarding cultural practice in the early childhood program. If parents believe that certain norms and traditions need to be represented in the early childhood program, it is a good idea to bring that up with the provider and to offer suggestions for how their culture can be honored. Like any other area of care or education, parents' engagement in the classroom and with the provider can make a big difference in the experience their child will have.

The stakeholders involved in the creation of these Guidelines attempted to write them in a manner that respected all cultures and were easily adaptable for children and caregivers from all backgrounds. Parents and providers should read the Guidelines and the strategies in this document and consider how to use them in a way that best supports their culture or the culture of the children with whom they work.

For more information on culturally appropriate practice, check out the following resources:

The National Association for the Education of Young Children – Where We Stand on Linguistic and Cultural Diversity:

<http://www.naeyc.org/positionstatements/linguistic>

American Speech-Language-Hearing Association – The Advantages of Being Bilingual:

<http://www.asha.org/about/news/tipsheets/bilingual.htm>

The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS)

clas.uiuc.edu/aboutclas.html

The National Center for Cultural Competence (NCCC) – Georgetown University Center for Child and Human Development

<http://nccc.georgetown.edu>

ECI Library Collection in the DSHS Audio Visual Library

dars.state.tx.us/ecis/resources/resourceguide/cultures_books.shtml





Physical Health and Motor
Development

Physical Health and Motor Development



Young children's physical and motor development affects their cognitive and social development, readiness for school, and adult health. Therefore, good physical health and motor development is necessary for overall development. Physical development pertains to children's physical growth, while motor development refers to movements of large muscles (gross motor) and small muscles (fine motor).

Infants grow rapidly during their first two years of life. Birth weight doubles by five months of age, triples by the first year, and quadruples by two years. To ensure healthy physical development young children must have healthy, nutritious diets. They need a variety of healthy food options that include fruits, vegetables, whole grains, lean proteins, and dairy products. Specifically, infants need breast milk or iron fortified formula that contains the calories and nutrients needed for healthy growth and development. The American Academy of

Pediatrics recommends providing infants exclusively with breast milk until six months and then breastfeeding in combination with the introduction of complementary foods until at least twelve months of age. Breast feeding is recognized by the American Academy of Pediatrics to have a protective effect against respiratory illness, ear infections, gastrointestinal diseases, and allergies, including asthma, eczema, and atopic dermatitis.

Most infants need eight to twelve feedings a day, or once every two to three hours, but usually infants will tell you when they are hungry. After the first year of life, children's appetites may decrease and they may become picky about what they eat. This is due to a normal slowing down of the speed of their growth. Caregivers should look for infants' signs that they are hungry, like crying, fussing, sucking motions with their mouths, and lip movements. Toddlers and three-year-olds, however, should be provided three meals a day with healthy snacks in between.

When feeding young children, it is important to practice “responsive feeding,” which includes the following practices recommended by the World Health Organization.

Recommended Responsive Feeding Practices:

- Feed infants directly and assist older children when they feed themselves
- Feed slowly and patiently, and encourage children to eat, but do not force them
- If children refuse many foods, experiment with different food combinations, tastes, textures, and methods of encouragement
- Minimize distractions during meals if children lose interest easily
- Remember that feeding times are periods of learning and love – talk to children during feeding, with eye to eye contact

Responsive feeding can have positive effects on child development and growth as demonstrated by several studies.

Something else to consider when feeding is the danger of choking. Choking is a leading cause of unintentional injury or death in children under age five. Although food and non-food objects cause choking, food is responsible for most occurrences. Young children should not be fed nuts, hard candies, popcorn, pretzels, or raw carrots. These types of foods require a grinding motion when chewing, which most children do not master until they are four years old. Young children must be encouraged to chew their food, and not swallow small pieces whole. Also, young children need to be supervised because they will put small non-food objects in their mouths that may lead to choking. For example, the following items have been linked to choking incidents: uninflated or broken balloons; baby powder; safety pins; coins; marbles; small balls; pen or marker caps; and small, button-type batteries.

The Physical Health and Motor Development domain is broken into three important component areas. The first component, **health and well-being**, refers to children’s formation of healthy routines, such as eating nutritiously, physical activity, and developing self-care habits. This component includes information on young children’s healthy routines and self-care activities, as well as important knowledge about young children’s development with regard to safety. For example, older infants begin to show eagerness to perform tasks with some competence, such as feeding and dressing themselves. Toddlers are able to participate in hand washing, making food choices, and becoming responsive to safety issues. Three-year-olds can feed themselves independently, dress with some assistance, participate in self-care routines with reminders, and demonstrate understanding of safety rules.

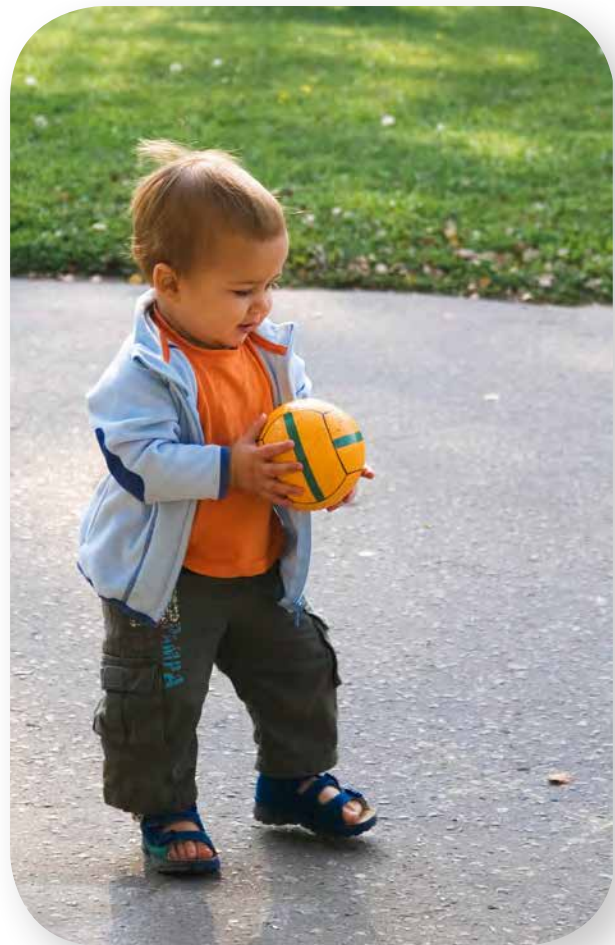
The second component, **gross motor skills**, refers to large muscle development through control of movements. This component discusses the skills young children demonstrate that tell us they are developing in this area and what caregivers can do to support that development. For example, young infants need supervised time and space to explore, practice lifting and holding up their heads, sitting independently, and rolling over. Mobile infants require unstructured playtime and games to learn to pull their bodies to a stand, walk when led, throw objects, and climb stairs. Physical games and planned movement activities allow toddlers and three-year-olds to practice running, jumping, throwing, and catching.

Since children are encouraged to explore their environment, precautions should be taken to create and maintain safe environments for play. For safety, stabilize all furniture, including securing carpets, rugs, and mats to prevent trips and falls. Also, safety gates should be used to block access to unsafe areas. Caregivers should block electrical outlets, keep electric cords out of reach, and if necessary, tape cords to the floor or wall. In addition, be sure to teach young children about safe and unsafe areas and what furniture is OK to climb.

The third component, **fine motor skills**, refers to small muscle development through control over movements, such as reaching, grasping, coloring, and turning pages in a book. Infants need sufficient and appropriate

materials to practice grasping and reaching, which are important steps towards increasing precision in fine movement. For example, the first sign of fine motor development is something called the *palmer grasp*, in which infants use their whole hand to “palm” objects. Moving toward more precision in their fine motor skills, older infants begin to use the *pincer grasp*, using thumb and forefinger to pick up small objects. The fine motor skills section includes great examples of how to encourage this type of development.

Providing a safe, appropriate environment, unstructured time to experiment with materials and body movements, and planning daily activities that encourage young children to move their growing bodies and make healthy food choices all support young children’s physical development and well-being.



Health and Well-being

Health and Well-being Indicators:

1. Shows signs of healthy development
2. Responds when physical needs are met
3. Expresses physical needs nonverbally or verbally
4. Participates in physical care routines
5. Begins to develop self-care skills
6. Begins to understand safe and unsafe behaviors

0-8 months infants might	As a caregiver, you can
<ul style="list-style-type: none"> • Gaze at object, person, or toy • Turn towards sounds and noises • Cry when hungry and quiet down when picked up for breastfeeding or when they see caregiver with bottle • Begin to calm during bathtime • Babble or coo with caregivers during diaper-changing time 	<ul style="list-style-type: none"> • Bring attention to a mobile or picture, or show infants things they can follow with their eyes • Respond quickly when infants are hungry by feeding, holding, and cuddling them • Provide infants with both calming and stimulating experiences • Listen and respond to the different types of cries, sounds, facial expressions, and infants' body language • Respond promptly when infants have a wet or soiled diaper • Provide infants with healthy and nutritious foods (breast milk or formula, soft or pureed fruits and vegetables) • Talk with infants about what is happening when bathing, diapering, and dressing ("Now I am washing your arms.") • Follow infants' feeding signals (turns head or pushes away food when full; reaches out or cries when hungry)
8-18 months older infants might	As a caregiver, you can
<ul style="list-style-type: none"> • Feed themselves with some assistance • Ask, point, or sign for "more" when eating • Play during bathtime • Listen to safety warnings and accept redirection • Show interest in dressing themselves 	<ul style="list-style-type: none"> • Begin to offer nutritious finger foods and utensils to older infants and allow them to feed themselves • Encourage older infants to use body language, signs, or words to tell you their wants or needs regarding food and fullness • Ensure that bathtime is fun, safe, and always supervised for older infants • Use caution words and a firm, but warm, tone of voice to warn older infants of dangerous items or situations, and redirect their attention • Allow and encourage older infants to assist with dressing themselves to the best of their abilities

18-36 months | toddlers might

- Participate in healthy care activities like washing hands and brushing teeth
- Use body language, sign, or say “wet!” to indicate wet or soiled pants
- Make personal food choices among several healthy options (“Want apple.”)
- Eat with a spoon and fork and drink from a cup with some assistance
- Dress themselves with help
- Begin to respond to verbal safety warnings (“Danger. Hot.”)

As a caregiver, you can

- Help and support toddlers by establishing healthy self-care activities like hand washing and brushing teeth
- Respond promptly to toddlers’ awareness of being wet or soiled
- Allow toddlers to use body language or words to express wants or needs regarding food
- Provide plenty of healthy food options, including foods from various cultures
- Provide foods that toddlers can easily scoop or stab (oatmeal, pudding, fruit, and beans)
- Support and encourage toddlers when they make efforts to help dress themselves
- Talk to toddlers about using safe behaviors and remind them to be aware of possibly dangerous situations

36-48 months | three-year-olds might

- Feed themselves with fork and spoon without assistance
- Choose their own clothes to wear and dress themselves
- Participate in healthy care routines, such as using a tissue to wipe own nose, covering mouth when coughing, and brushing teeth
- Alert a caregiver when another child is in an unsafe situation or try to stop an unsafe behavior

As a caregiver, you can

- Provide forks and spoons during mealtime and allow three-year-olds to choose types and amounts of foods to eat
- Give three-year-olds a few choices for clothing and provide enough time for them to dress themselves
- Find opportunities to demonstrate good health behaviors and teach about personal hygiene (“Please cover your mouth with your elbow when you cough.”)
- Talk to three-year-olds about using safe behaviors and identify who and where they can go to if they need assistance

infants will turn towards sounds and noises



Gross Motor Skills

Gross Motor Indicators:

1. Moves body, arms, and legs with increasing coordination
2. Demonstrates increasing balance, stability, control, and coordination
3. Develops increasing ability to change positions and move body from place to place
4. Moves body to achieve a goal

0-8 months infants might	As a caregiver, you can
<ul style="list-style-type: none"> • Turn head from side to side and shake or wiggle arms and legs • Lift head and shoulders • Roll or try to move towards a toy • Scoot forward or backwards • Begin to sit with support • Bat at or kick at toys or things hanging over them 	<ul style="list-style-type: none"> • Get infants' attention by calling their names or offering a favorite toy • Give infants frequent "tummy time" while staying close to them, and notice when infants begin to lift their head and shoulders • Place toys within and just beyond the reach of infants, encouraging them to reach for toys • Hold infants in your lap and provide plenty of time for them to sit up; watch to see if they notice the world around them • Provide toys that make sounds
8-18 months older infants might	As a caregiver, you can
<ul style="list-style-type: none"> • Sit up and maintain balance while playing with a toy • Crawl on hands and knees • Use furniture to pull self up, cruise, and lower self from standing to sitting • Walk on their own and with increasing speed 	<ul style="list-style-type: none"> • Interact, play with, and offer an assortment of toys to older infants while they are sitting • Encourage older infants to move to get what they want, such as a toy that is out of reach • Support older infants' movement by providing opportunities in a variety of indoor and outdoor areas (steps, grass, soft climbing toys, etc.) • Provide toys that support movement and action with legs, feet, arms, or hands, such as toys with wheels to push or pull • Notice when older infants begin to sit without support, pull on things to stand, walk along furniture, and take steps
18-36 months toddlers might	As a caregiver, you can
<ul style="list-style-type: none"> • Walk easily or run from place to place • Jump into puddles, piles of leaves, or sandboxes • Climb on chairs, stools, and playground equipment • Enjoy playing on slides and swings • Kick or throw a large ball toward another child or adult • Climb stairs one step at a time 	<ul style="list-style-type: none"> • Play with toddlers indoors and outdoors and observe their increasing ability to run, jump, and climb • Encourage toddlers to play on different kinds of fun things at playgrounds and parks (bouncy toys, climbing areas, play castles, etc.) • Create opportunities for toddlers to play with other children

36-48 month | three-year-olds might

- Walk up and down stairs alternating feet
- Kick, throw, and catch a large ball with accuracy
- Run more confidently and ride a tricycle
- Hop or jump
- Climb a small jungle gym

As a caregiver, you can

- Provide a variety of play areas for climbing
- Play games with three-year-olds that include hopping, standing on one foot, walking backwards, etc.
- Encourage three-year-olds to climb on fun equipment like a jungle gym at the park or playground
- Use games and songs that involve movement and exercise (“Hop like a bunny.”)

Fine Motor Skills

Fine Motor Indicators:

1. Uses hands or feet to touch objects or people
2. Develops small muscle control and coordination
3. Coordinates eye and hand movements
4. Uses tools and different actions on objects

0-8 months | infants might

- Look at and follow faces and objects with their eyes
- Bat or kick at objects or toys
- Begin to grab at things with a purpose but may not hold things well yet
- Point to something they find interesting
- Look at objects while bringing them to their mouth

As a caregiver, you can

- Provide areas with plenty of space for infants to move their legs and arms freely
- Place interesting toys and objects within reach for infants to look at, bat, kick, or grab
- Provide infants with a variety of small toys
- Allow infants to grab and hold your finger while playing
- Play active games, such as “patty cake,” “peek-a-boo,” and fingerplays
- Notice how infants react when they touch and mouth different textures

infants point to things they find interesting



<p>8-18 months older infants might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Bang toys together to make sounds or move toys from one hand to the other • Scoop or rake with their hand to pick up objects, food, etc. • Use thumb and index finger to pick up, squeeze, or poke small items • Grab, drop, or throw toys 	<ul style="list-style-type: none"> • Provide toys or household items for older infants to bang and make sounds • Provide older infants with nesting cups and two- or three-piece wooden puzzles • Notice older infants' use of hands, fingers, and thumb to pick up and examine objects • Provide plenty of items for older infants to practice grabbing • Notice older infants when they drop or throw their toys and playfully return the toys to them
<p>18-36 months toddlers might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Build a small tower with toy blocks • Fit objects together by pressing and turning (peg in small hole, ring onto pole, nesting, etc.) • Dig in sand with spoon or shovel • Tear paper • Put on easy clothing (button and unbutton large buttons, unzip large zippers) • Play with and complete simple puzzles 	<ul style="list-style-type: none"> • Offer toys for stacking and ask toddlers to build higher and higher towers • Provide toddlers with toys that require eye-hand coordination (nesting cups, fill and dump containers, stacking rings, sorting toys, large peg boards, etc.) • Provide toddlers with toys that allow them to explore and practice delicate movements (beads to string, lacing cards, crayons, markers, and paper) • Notice toddlers' attempts to zip, unzip, or button, and praise them for trying; give help when needed • Provide toddlers with a variety of puzzles with different numbers of pieces, made of different materials (wood, cardboard, foam, etc.)
<p>36-48 months three-year-olds might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Handle or squeeze delicate or tiny objects between thumb and forefinger • Start using simple tools like safety scissors (cut in a line or around a picture, etc.) • Copy simple shapes and write some letters and numbers • Dress and undress with minimal help • Feed self relatively neatly 	<ul style="list-style-type: none"> • Provide three-year-olds with tongs and clothespins to play with and practice picking up small objects • Make a scissor station in a box with safety scissors and paper, and ask three-year-olds to try to cut out shapes, words, and pictures • Ask three-year-olds to write and draw and provide fun materials for doing so (colored pencils, crayons and markers, paper of various colors, pens, markers, etc.) • Encourage three-year-olds to dress themselves and celebrate their attempts • Encourage three-year-olds to use utensils while they eat and celebrate their success in doing so

Physical Health and Motor Development Special Needs Scenarios

Allie

Mr. and Mrs. Steffen searched their community for a child care center that was willing to accommodate their daughter, Allie. Allie is 28 months old and she was recently diagnosed with ataxic cerebral palsy (CP).

Ataxia is a less common form of CP which affects balance, coordination, and precise motor skills. Allie uses an assistive walker to help her with balance and mobility and to allow her to cruise along while leaning on it. She is currently receiving Early Childhood Intervention services from a program that makes home visits once a week.

Mr. and Mrs. Steffen have been disappointed several times while searching for child care. The story has been virtually the same at three separate programs. They call a child care center and are told there is an opening, but when they arrive with Allie to take a tour, the staff gets quiet and says something like, "I am not sure we have the resources to take care of your daughter." Before even asking about Allie's needs, one individual told the Steffens, "All children her age have to be toilet trained." Allie is toilet trained! The Steffens understand that their daughter may need some extra support, but they are frustrated that the child care staff rule out caring for her even before they have taken time to get to know her and understand her needs.

All of that changed a few months ago when their neighbor told them about an inclusive child care program. The center is a little further away, but the Steffens are extremely grateful that they found it. When they called the program to set up an appointment, the staff person asked the Steffens to bring Allie with them so they could meet her. Once there, the Director told them that for all children with special needs, they go through an individual assessment with the family to see if they can adequately accommodate the child and to make sure everyone involved agrees that it is a good fit. The Director also asked the Steffens for permission to meet with their Early Childhood Intervention therapist and review Allie's previous evaluations and progress reports. The Steffens felt very welcomed and so did Allie. The Director went on to say that she thought they could definitely meet all of Allie's needs and provide her with

every opportunity to participate in the center's learning activities. A few days later, the Steffens met with their Early Childhood Intervention therapist, the Director, and key staff to review Allie's Individual Family Service Plan (IFSP). The IFSP includes Allie's learning goals and also the supports, services, and strategies needed to ensure the goals are met. The group planned to revisit the IFSP in three months, to review Allie's progress and to make changes, as appropriate.

Allie loves going to child care. She likes the painting center and the listening center the best. The Steffens are very pleased, as well. They speak with Allie's teacher and the assistant teacher often about her physical development. Balance and supporting herself physically are areas the staff is focusing on and she is gaining a lot of strength. She is also making marks on paper and trying to feed herself independently, although making quite a mess along the way. Allie's teacher uses clay and squeeze balls to help Allie work on her grip, and they practice making marks on paper with a weighted oversized marker. She also has an adapted set of utensils that work well during mealtimes. Allie's child care center has made a positive impact on Allie and her development, and the Steffens are delighted with her care.

Xuan

Xuan is a 23-month-old boy who has some sensory processing challenges. Children with sensory processing challenges have difficulty processing and acting upon information received through the senses. Mary, Xuan's child care provider, and Xuan's mother, Giang, have both been concerned for the last eight-ten months about Xuan's sleeping and eating issues, and Mary has noticed his withdrawal and tantruming during open playtime with his peers.

Xuan has consistently not been able to sleep during naptime in Mary's classroom and has trouble sleeping through the night at home, as well. He wakes up to the slightest noise, which makes it very difficult to sleep in the classroom and challenging for Giang, who worries about moving around or doing tasks around the house when Xuan sleeps. Mary discussed Xuan's sleeping habits with Giang, letting Giang know that Early Childhood Intervention (ECI) may be able to help. Giang made a call to her local ECI provider and

soon she and Mary were working with an occupational therapist to support Xuan. ECI occupational therapists are professionals who support children in learning skills needed for play and daily living. They provide adaptive strategies and assistive devices to support children and their caregivers.

The occupational therapist recommended that Mary start placing Xuan off to one side of the classroom by himself during naptime with a stereo near him, playing soft, rhythmic sounds to help drown out the other noises in the room. Also, Mary now puts a heavy blanket on Xuan during his nap because she learned that the weight of the blanket actually helps to calm Xuan's central nervous system and helps him relax. To her surprise, Xuan is now able to fall asleep in her classroom, and he often has been able to stay asleep for long periods.

Mary and Giang also came up with a consistent meal plan for Xuan. They worked together to identify the foods and textures that Xuan seems to enjoy and decided to stick with feeding Xuan those foods. If Giang introduces a new food item to Xuan, she makes sure that it is at a comfortable temperature and only introduces a small amount. She gives Xuan the same amount of the new food each day for a week to allow him to become comfortable with its taste and texture. Mary has also done her best to ensure that she gives Xuan plastic silverware in the classroom because it makes less noise, and she created a single seating arrangement for mealtime so that Xuan always sits in the same place each time he eats.

Mary has also had difficulty helping Xuan feel safe and comfortable during playtime. She now understands that the unpredictable sounds, physical interactions, and toys in open playtime quickly overwhelm Xuan, causing him to withdraw. If he cannot withdraw, he often tantrums and can become inconsolable. Mary has noticed that Xuan has good skills with the toys and enjoys playing, as long as he can avoid the unpredictability of his peers. After speaking to Xuan's occupational therapist about how to help Xuan, Mary decided to create a separate play space for him in her classroom. From there, Xuan can still see his peers and keep track of what is going on without encountering more sensory input than he can handle. Mary also observed that Xuan has certain toys

that he likes to play with repeatedly, so she does her best to encourage Xuan's developing skills and does not force the introduction of new toys into his play.

Mary and Giang have learned a great deal from the occupational therapist. The knowledge they gained and their willingness to work together to meet Xuan's needs have given him a much better home and child care experience.



Social and Emotional
Development

Social and Emotional Development



Social and emotional development is a broad domain which encompasses many skills that form the foundation all children need in order to become healthy, happy, and successful adults. The Infant, Toddler, and Three-Year-Old Early Learning Guidelines include four components in this domain: Trust and Emotional Security (Attachment), Self-Awareness, Self-Regulation, and Relationships with Others.

Early childhood is a critical developmental period when the brain is especially sensitive to caregiving experiences. Young children who receive warm, consistent, responsive care develop a sense of emotional security and confidence that allows them to be open to exploring their world, trying new activities, and forming friendships. In contrast, young children who receive inconsistent, harsh, or chronically unresponsive

care become insecure and anxious. This “toxic stress” negatively impacts the developing brain’s architecture, as well as the chemical and physiological systems that help an individual adapt to stressful events. These children have more difficulty coping with the ups and downs of daily life and have to spend much of their energy protecting themselves from perceived threats. They may respond by becoming withdrawn or aggressive, and they have more difficulty forming positive relationships with other children and adults. Thus, caregivers of young children have an especially important role in modeling warm, caring behaviors, fostering healthy attachment relationships, helping children cope with emotions, helping children regulate their behaviors, and promoting children’s prosocial behaviors toward others.

One of the most important developmental tasks of infancy is to establish basic **trust and emotional security** within consistent, loving relationships with one or a small number of caregivers. Through such early relationships, infants learn that their world is safe and interesting, that someone will be attentive to their physical needs (for example, feed them when they are hungry or change their diapers when they are soiled), comfort them when they are scared or fussy, and respond to them with warmth and playfulness when they want to play and interact. When children develop these secure attachment relationships, they use their caregivers as a “secure base” from which to explore, and as a “safe haven” to return to when they feel stressed or in need of comfort. They become comfortable trying things on their own, knowing their caregivers are there for support when needed. Sensitive caregivers are

mindful of these important processes and support them by offering warmth and comfort when children signal their needs, by establishing predictable, consistent daily routines, and by offering encouragement when children try to do things for themselves (for example, crawl across the room to get a toy, climb up a small slide by themselves on the playground).

Self-awareness is another important component of social and emotional development. Individuals who have a clear and positive sense of identity and who can recognize and talk about their feelings are better able to form healthy relationships with others and to resist negative peer pressure. Infants first show signs of self-awareness when they begin to explore their own bodies, respond to their own names, and recognize themselves in a mirror. Toddlers start to learn words and facial expressions that go with feelings, such as “happy,” “sad,” “mad,” and “scared.” They begin to see themselves as individuals who are also members of their families and communities. Caregivers help children develop these skills by remaining emotionally connected to children (rather than being reserved or disconnected), by teaching children the words that go with their bodies and their feelings, by allowing children to express their ideas and feelings openly (as long as they are not hurting themselves and others), and by encouraging children’s awareness of their personal space, preferences, and connections to their family members and community.

Self-regulation is the ability to modulate one’s own behaviors and expression of emotions as appropriate for different situations. Children use self-regulation skills when they calm themselves by sucking their thumbs, when they tolerate waiting a few minutes for their turn to use a toy, when they allow a teacher to comfort them after saying good-bye to Mommy or Daddy in the morning, when they sit and focus on a book being read to them, and when they refrain from hitting another child who has moved into their space. Self-regulation does not always mean stopping behavior. We want children to get excited and have fun in their play. There are times when it is okay to run around, yell loudly, and be silly. Like the controls on a thermostat, self-regulation is learning when and how to turn the intensity or volume up or down as needed for the setting and situation. Caregivers can support young children in developing these skills by having realistic expectations (for example, they cannot be expected to wait very long before becoming

distressed or trying to find entertainment elsewhere; tantrums are a normal expression of frustration in toddlers because they have little language and little patience), and by actively helping young children begin to develop their self-regulation skills. It is also important to separate correction of a child’s behavior from conveying rejection of the child. Labels such as “She’s a biter.” or “He’s a whiner.” are not helpful and can be damaging to children and to the child-caregiver relationship, as the label places emphasis narrowly on a negative behavior. Instead, a caregiver might say, “We’re helping Abby start to use words instead of biting.” or “Marcus lets us know when he’s tired by whining.” Take time to point out and appreciate each child’s strengths and positive qualities as well.

From early infancy, children show awareness of and interest in other people. As they continue to experience back-and-forth interactions in **relationships with others**, infants and toddlers become increasingly attuned to the voices, facial expressions, emotions, and behaviors of people around them. They imitate and practice behaviors they see and begin to experience the pleasure of connecting socially with their caregivers and with other children. They also become aware of others’ distress and move from mirroring that distress during infancy (for example, crying when another baby cries) to showing concern and trying to offer comfort (for example, offering a bottle to a baby or a hug to a peer). These early connections lead to later friendship skills, including empathy and perspective-taking. Caregivers can support these early social skills by modeling caring behaviors towards other adults and children and by using gentle, appropriate touch with children. Additionally, they can encourage infants and toddlers to pay attention to what others are doing, to imitate positive behaviors, to practice turn-taking and sharing, and to show caring and helping behaviors toward others. Remember that prosocial behaviors take time to learn and must be demonstrated and practiced many times. For example, just telling children to “share” or “play nicely” is not specific enough for them to understand what to do. Caregivers need to show and tell young children exactly what to say and do to communicate with each other and take turns. They can also prevent some incidents by watching children closely and stepping in to help before behavior escalates.



When addressing the four components of social and emotional development, it is important to be aware that children are socialized within their families and cultures, which may have different norms and expectations for expressing emotions and controlling behavior. For providers, it is helpful to communicate directly with families about the approach you are using and the reasons for it, and to welcome them to share their beliefs and practices. Sometimes very direct communication is needed on topics which may be controversial, such as spanking or shaming children. Acknowledging differences, setting clear expectations, and having a well-articulated approach to supporting young children's emotional and social development can open a dialogue and often help educate other family members and caregivers.

Trust and Emotional Security

Trust and Emotional Security Indicators:

1. Establishes secure relationships with primary caregivers
2. Differentiates between familiar and unfamiliar adults
3. Shows emotional connections and attachment to others while beginning to show independence

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Show interest in familiar faces by staring at them • Imitate familiar adults' body language and sounds • Respond with smiles and cooing when picked up by a familiar caregiver • Follow movement of caregiver around the room with their eyes • Prefer sight, smell, and sound of primary caregiver • Show social interaction with a smile and mutual eye gaze • Stop crying and calm down when comforted by a familiar caregiver 	<ul style="list-style-type: none"> • Hold, cuddle, hug, smile, and laugh with infants • Hold infants during bottle feeding times, and talk with them in a calm and soothing tone • Listen to and sing with infants often, especially during daily routines, such as feeding and diaper changes • Notice, understand, and follow the signals of infants, such as cries for hunger or pain, turning away when full, or when ready to stop interacting • Display courteousness, warmth, and sensitivity when interacting with adults and children
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Try to get help from familiar adults with sounds and body language (says "mama" or cries) • Clap and smile back and forth with familiar adult • Cry or show fear when separated from their primary caregiver • Show affection, such as hugs and kisses, leaning in, or reaching out • Look for familiar adults to comfort them when hungry or tired 	<ul style="list-style-type: none"> • Notice and be responsive to older infants' words, gestures, laughs, gazes, and cries • Stay close by as older infants explore • Reassure older infants that you will return when you need to leave, explaining where you are going and when you will be back • Introduce older infants to new people and allow them time to become comfortable

18-36 months | toddlers might

- Express affection for familiar caregivers, such as telling a caregiver “love you” or greeting a caregiver excitedly
- Check back with caregiver often when playing or exploring
- Reach for familiar caregivers when unfamiliar adults approach
- Look for familiar caregivers after falling down or getting hurt
- Take a familiar toy or blanket along on a trip or a visit to a new place

As a caregiver, you can

- Respond quickly and sensitively to toddlers’ emotional and physical needs
- Stay close by while toddlers begin to explore their surroundings and people, and as they begin to play or pretend play
- Continue to reassure toddlers when you or other familiar adults will return
- Provide encouragement for trying activities and playing with or meeting new people
- Accept that toddlers will need comfort items (blanket, favorite toy, pacifier, etc.) to bring with them on trips or visits to new places

36-48 months | three-year-olds might

- Consistently seek out a trusted adult for comfort when they are upset
- Show interest and comfort in playing with and meeting new adults
- Show comfort in new situations

As a caregiver, you can

- Connect with three-year-olds on a daily basis, such as at naptime or bathtime
- Respond with affection and care when approached by upset or hurt three-year-olds
- Encourage independence and participation in new situations (“Go ahead, you can do it!”)



three-year-olds
will show more
comfort in new
situations

Self-Awareness

Self-Awareness Indicators:

1. Expresses needs and wants through facial expressions, sounds, or gestures
2. Develops awareness of self as separate from others
3. Shows confidence in increasing abilities
4. Shows awareness of relationship to family/community/cultural group

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Cry when hungry, uncomfortable, tired, or unhappy • Turn head, frown, and/or arch back when over-stimulated • Begin to express several clearly different emotions, such as happiness, excitement, and anger • Turn and look at caregiver when their name is called • Look at and/or smile at themselves in the mirror • Explore own hands and feet • Push away bottle, breast, or food, or turn head away when full 	<ul style="list-style-type: none"> • Respond promptly and regularly to infants' needs or signs of stress • Recognize infants' signs of over-stimulation and respond with calmer interaction or surroundings (use softer voice and move away from source of stimulation) • Notice infants' emotions and facial expressions, and name the expressions when you see them • Be aware of aspects in infants' surroundings that might cause distress, such as noise or light • Use infants' names when speaking to them • Give infants opportunities to see themselves in mirrors • Help infants become aware of their body parts by naming them and massaging their hands, fingers, arms, legs, feet, toes, tummy, etc. • Notice infants' signs that they are full and stop feeding them
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Express a variety of emotions, like happiness, sadness, surprise, and discomfort • Begin pointing to and naming body parts on themselves and others • Enjoy making faces at themselves in mirror • Make choices by shaking head "no" and/or nodding head "yes" • Enjoy pointing to or naming pictures of family members • Choose culturally familiar foods over other foods • Enjoy praise and clapping to celebrate their accomplishments 	<ul style="list-style-type: none"> • Imitate and name older infants' facial expressions and watch to see if older infants imitate your facial expressions • Encourage older infants to point to their body parts when naming them by asking "Where is your nose?", "Where are your ears?", etc. • Show examples of different faces and encourage older infants to make faces in the mirror • Encourage older infants to point out their choices clearly by showing how to shake head for "no" and nod head for "yes" (say the words while nodding head) • Make a book of photos of family members and help older infants point to and name each person • Celebrate older infants' food choices • Show excitement (clap or celebrate) for older infants when they show new skills or abilities ("You used your spoon!")

18-36 months | toddlers might

- Recognize and name their own emotions
- In front of the mirror, point to and name many body parts
- Begin to describe themselves in words (“I run fast!”, “I strong”, “I got brown hair”)
- Show pride in own accomplishments by smiling, clapping, cheering for themselves, or saying, “I did it!”
- Say first and last name when asked
- Use words and actions to assert themselves (“No!”, “Mine!”, while pushing another child away)
- Choose areas to play in or activities they prefer
- Place their own items in their own cubby or area
- Begin to show comfort in a greater variety of familiar settings important to family, such as church, local library, or neighborhood park
- Name things related to family’s culture (“menorah”, “Christmas tree”, “sari”)

As a caregiver, you can

- Respond to toddlers' emotional expressions by naming their emotions (“I can see that you look very sad today, Samad. Is it because you don’t have your favorite book?”)
- Respond positively to toddlers’ interest in their bodies by naming different body parts (“Yes, that is your elbow!”)
- Respond positively to toddlers when they share their own traits and identity characteristics (“Yes, you do have brown hair!”)
- Recognize toddlers’ accomplishments with positive words and gestures (“Wow, Amer, you did that all by yourself!”; give high-five or hug)
- Help toddlers practice answering questions, such as “What is your name?”
- Notice and respond to toddlers’ need for space by using words and actions to help toddlers become more aware of personal space (“Here is your chair, Marcus, and this is where you sit and eat your snack.”)
- Offer toddlers many different opportunities to make choices (“Would you rather have apples or peaches for a snack?”)
- Create special places where toddlers can keep their favorite toys and other personal things
- Point out familiar locations while taking a neighborhood walk

older infants
love clapping
and praise



36-48 months | three-year-olds might

- Refer to themselves as “I” when speaking (“I can do it.”, “I go with Mommy.”)
- Express more emotions through words, actions, gestures, and body language
- Show more familiarity with personal space (sit on own carpet square during Circle Time, keep their hands to themselves)
- Make choices, such as clothing or art materials
- Enjoy being a helper with a special job to do
- Speak about family members and friends who are not present
- Begin to notice how people’s skin color, hair color, and abilities are different or the same
- Be able to speak about familiar community places and activities, such as going to church, post office, or grocery store
- Enjoy joining others in cultural celebrations

As a caregiver, you can

- Describe and name emotional gestures, actions, words, and feelings (“Wow, Quincy, you are really jumping around. Are you excited to go outside today?”)
- Offer activities for creative play and arts (clothing choices, art projects, etc.)
- Show interest in three-year-olds’ conversations about experiences and activities (“Tell me more about your visit to grandma’s, Aviel.”)
- Give three-year-olds chances to take on different roles and chores (wiping tables, watering plants, sorting materials, getting the mail, etc.)
- Invite three-year-olds to talk about their family members and friends, and help children use words indicating relationships, such as “sister,” “brother,” “grandmother/grandfather,” “aunt/uncle,” “cousin,” etc.
- Respond to three-year-olds’ interest in physical differences in each other (“Alex uses a wheelchair to move around.”)
- Read books that teach three-year-olds about familiar community places and activities, such as the post office, grocery store, fire station, library, etc.

*three-year-olds
are able to speak
about familiar
community spaces*



Self-Regulation

Self-Regulation Indicators:

1. Begins to manage own behavior and demonstrates increasing control of emotion
2. Shows ability to cope with stress
3. Develops understanding of simple routines, rules or limitations

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none">• Turn their head, frown, and/or arch back when over-stimulated• Seek and respond to comfort from familiar caregivers when frightened or upset• Calm when held or gently rocked• Start sleep/wake cycles• Show some routine behaviors, such as babbling themselves to sleep and thumb-sucking	<ul style="list-style-type: none">• Talk with infants about routines (what is happening and what will happen next)• Respond quickly and routinely to infants' needs (comfort infants that are distressed)• Recognize infants' signs of stress and respond with calmer interaction or surroundings (use softer voice, move away from source of stimulation)• Allow infants a few minutes to calm themselves when trying to get to sleep• Give infants calming materials (soft blanket or toy)• Respect and support each infant's individual schedule
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none">• Use a comfort object for security, such as blanket or toy, when feeling stressed or upset• Look toward familiar caregivers for help when becoming upset• Crawl to familiar caregivers who are holding another child• Express own needs by gesturing or moving toward bottles, toys, or other objects they want• Use emotional expressions (pouting, whining, and crying) to obtain things they want• Anticipate and participate in transitions, such as getting a blanket for naptime• Try different ways to calm themselves when they are upset, such as singing themselves to sleep• Understand what "no" means	<ul style="list-style-type: none">• Provide older infants with comfort objects• Provide food, rest, or comfort to older infants when they become hungry, tired, or frustrated• Observe older infants and speak to them when they look to you for approval or disapproval ("Go ahead, you can pet the doggy.")• Call older infants by their names and talk about what you are doing ("Look Jason, now I am folding your blanket.")• Provide comfort to older infants during stressful situations to help them manage their emotions• Manage their own emotions and impulses in a healthy way (remain calm when something breaks and narrate the solution in a calm voice)• Encourage older infants to participate in transition activities ("It's almost naptime, Tasha. Can you go get your blanket?")• Celebrate positive behaviors and redirect negative behaviors ("Please use soft gentle hands when you touch me.")• Allow older infants a few minutes to calm themselves when trying to get to sleep• Keep schedules, settings, and responses to older infants consistent and regular• Observe older infants and comment when they look to you for approval ("Let's move to this area where it is safe, Sandra.")

<p>18-36 months toddlers might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Recover from emotional outbursts (tantrums, biting, or hitting) in a few minutes with adult support • Use words to obtain things they want • Begin to use various emotion words, such as “I’m mad.” • Listen to and begin to follow rules • Change to new or different activities with adult support • Show beginnings of self-control, such as walking around rain puddles • Say “no” or shake head when they don’t want to do something or don’t like something 	<ul style="list-style-type: none"> • Respond warmly when toddlers are frustrated or having a tantrum • Have a quiet space or cozy corner available for toddlers • Make sure toddlers are safe from harm while they are having a tantrum, let them know you are nearby to help when they are ready, but give them plenty of space and time to release frustration • Notice and name toddlers’ feelings and behaviors • Help toddlers begin to understand that their actions affect others (“When you bite her, Margie, it hurts her.”) • Use labels with pictures on shelves to show where things belong • Prepare toddlers for transitions to new activities by announcing plans, talking with, and listening to them • Offer toddlers two real choices that are both OK (“You can walk to the table on your own, or I can help you.”) • Play games to help toddlers practice following directions
<p>36-48 months three-year-olds might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Express strong emotions constructively with assistance, such as going to quiet area or asking for a favorite book to be read when upset • Stick with difficult tasks without becoming overly frustrated • Tell a story that shows their feelings (“I was so happy...”) • Know what will happen next in their day, such as knowing that naptime comes after lunch • Gently handle materials and living things, such as a plant or pet animal • Follow schedules with few reminders, such as cleaning up toys and joining group activities • Change behavior for different surroundings, such as running outside and walking inside 	<ul style="list-style-type: none"> • Offer guidance and comfort when three-year-olds are having trouble with their emotions and behavior (“You seem really sad. Do you want to read a book with me or play with Maya?”) • Have a quiet space for three-year-olds to go when they are having trouble with their emotions and behavior • Positively recognize three-year-olds for expressing and controlling intense feelings like anger and frustration (“You used your words, Eva, even though you were frustrated.”) • Discuss upset feelings with three-year-olds when they have become calm (“I am glad that you feel better now. You seemed angry; was it because you didn’t get your toy?”) • Talk about and use consistent rules, and praise toddlers when they follow the rules • Use pictures to explain rules and schedules and keep lists of rules positive and short

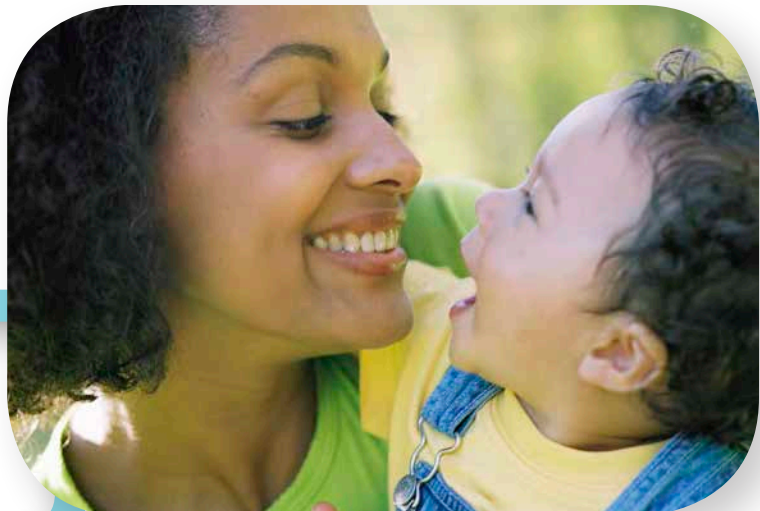
Relationships with Others

Relationships with Others Indicators:

1. Shows interest in and awareness of others
2. Responds to and interacts with others
3. Begins to recognize and respond to the feelings and emotions of others and begins to show concern

<p>0-8 months infants might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Show interest in others by watching them and tracking their behaviors • Cry, laugh, or smile with other infants 	<ul style="list-style-type: none"> • Bring infants around other children and adults • Comfort infants when they are distressed • Encourage play between infants by talking about what they are doing and offering toys
<p>8-18 months older infants might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Look back and forth between toy and adult while playing • Reach out to touch another child's face, hair, or other body part • Grab for an object another child is holding • Play side-by-side with others using the same or similar toys 	<ul style="list-style-type: none"> • Provide older infants with times to play with other older infants and provide toys, such as balls and stuffed animals • Respond to and imitate older infants' gestures when they point to toys, books, or objects (when older infants point to a toy, point to the toy and say happily, "Oh, you want your toy, don't you?") • Show empathy for adults, children, and animals ("Oh, I see Ana dropped her peaches; she must be sad; let's get her some more peaches.") • Have more than one of the same toy for older infants • Stay nearby and watch playtime to promote successful interactions between older infants • Continue to name and label appropriate touch ("hold hands", "give hugs", "pat gently"), and explain that everyone has their own personal space

infants will show interest in and awareness of others



18-36 months | toddlers might

- Play with toys with other children or include other children in pretend play
- Show interest or concern for another child who is hurt or has fallen
- Know the names of familiar playmates and show favorite playmates by holding hands, sharing toys, and getting excited when friends arrive
- Watch and copy another child's behavior or activity
- Take turns during play with other toddlers, with lots of adult assistance

As a caregiver, you can

- Show and explain positive social interactions ("It looks like Jamie wants to be part of your game. Can he join you?")
- Notice and celebrate toddlers' efforts to help and care for their peers ("You stopped to help Allison, Jamal. Thank you.")
- Encourage growing empathy skills by naming feelings and talking about how our actions affect others ("When you hit Sammy, it hurts his body.")
- Support toddlers when their first attempts at interactions fail ("It looks like you want to build with the blocks, too. When your friend is finished with the toy, it will be your turn.")
- Provide opportunities for toddlers to play with other children regularly
- Give toddlers plenty of toys that can be played with by two or more of them at once

36-48 months | three-year-olds might

- Initiate play and share toys with friends and adults
- Ask questions about why another child is crying or tell a familiar caregiver when a friend is hurt
- Share and take turns with other children
- Encourage and praise peers
- Express interest in, acceptance of, and affection for others
- Begin to plan play with friends and follow through with actions, such as asking a friend to play in the block center, and then doing so
- Make decisions with other children with adult assistance
- Join others in group activities for brief periods of time

As a caregiver, you can

- Provide many activities and experiences for three-year-olds to do with others (pretend play, art activities, outside play, etc.)
- Help three-year-olds join ongoing play; for shy three-year-olds, more encouragement may be needed ("Come on, let's join Juan. He's having fun with that puzzle!")
- Help three-year-olds who have arrived late join in activities, by saying welcoming and encouraging words ("Come play with us!")
- Support three-year-olds' play with others by staying nearby and assisting them with resolving their problems
- Continue to show how to share control ("Johnny can measure the flour and Miguel can measure the sugar.")
- Read stories or invent puppet plays in which characters share, take turns, and cooperate

toddlers like to include others in pretend play



Social and Emotional Special Needs Scenarios

Tyler

Tyler is a very quiet 32-month-old. Ginny, Tyler's mom, knows that Tyler has never been one to warm up too easily; he never played interactive games like Peek-a-Boo and very rarely makes eye contact. When he was two years old he started using some words repetitively but now has quit talking all together. Ginny noticed that Tyler's favorite toy is a truck. He loves to flip it over and spin the wheels. When they go to the park, or when Ginny brings Tyler around other children, she has observed Tyler watching the other children play, but he never interacts with them.

Ginny has shared her concerns with the pediatrician during his well-child checks. The pediatrician has been monitoring Tyler's development to rule out any other health issues, but has mentioned that Tyler may have a form of Autism Spectrum Disorder. The pediatrician has suggested that Tyler be referred to the Early Childhood Intervention (ECI) program for a full evaluation. He has also suggested that Ginny continue to observe and take notes on how Tyler is interacting with her and the other children. Ginny noticed that even when prompted, Tyler has a short attention span with the other children. He tends to move away from them and play with his truck.

Ginny did reach out to ECI with the help of her pediatrician. After the evaluation with the program, the ECI provider recommended Ginny try to get down on the floor, at Tyler's level, and spend more one-on-one time with Tyler, encouraging him to make eye contact and practice vocalizing back and forth. Ginny is making time for this during her day now, and it seems to be helping Tyler. She gets down on Tyler's level and talks soothingly with him; when Tyler vocalizes in response, Ginny praises him for trying or for using the correct language. She says things like "Good job asking for your toy truck," and "Can you tell me what color the carpet is?" The process seems to be helping Tyler. The ECI provider has been visiting their home, as well, to work with Tyler and Ginny. The ECI provider has been able to give Ginny other strategies, too, ones that she can implement all throughout the day. Tyler seems to be more willing to vocalize now and is slowly beginning to show more comfort around other children. Ginny is working on

learning more about Autism Spectrum Disorders and finding more specialized services for Tyler. Currently, she is following up on some programs she found out about by calling 2-1-1 and asking the operator about local services for young children with Autism Spectrum Disorder symptoms.

Lakisha

Lakisha was born 6 weeks early and has been diagnosed with cerebral palsy. She is a very happy two-year-old who thrives through the closeness of her family. Lakisha is not able to walk, but with the help of an Early Childhood Intervention (ECI) therapist, she has learned to sit in an adapted chair with support.

Susan, her teacher, knows that one of the goals in Lakisha's Individualized Family Service Plan (IFSP) is to develop social skills with her same-age peers. But Lakisha shyly sits in her chair every day and simply watches the other children. Susan has noticed that the other children in the class very rarely talk to Lakisha. However, Susan has begun to intentionally encourage the other children to interact with Lakisha. When the moment is right, Susan urges the other two-year-olds in the room to ask Lakisha questions. This helps Lakisha develop her social skills. Susan also organizes and plans games in the classroom that Lakisha can easily participate in with the other children, such as rolling a ball back and forth, stacking blocks on a table, or playing with cars on the rug.

Lakisha has recently learned to feed herself with an adapted bowl and spoon. This has enabled her to have lunch with her friends. Susan knows that mealtimes are a good time for developing language and social skills, so she encourages conversation among the children and Lakisha during the meal. To ensure that Lakisha is included in other activities, Susan has learned from the ECI therapist how best to pick up and carry Lakisha. During music time, Susan picks up and holds Lakisha the way the therapist has shown her so that they can dance alongside the other children. Lakisha always squeals with delight during music time!



Language and Communication
Development

Language and Communication Development



The Language and Communication domain includes three components describing how young children learn to: understand language, communicate with others, and demonstrate emergent literacy skills. The development of language and communication skills begins long before children say their first word. Even very young infants are learning a great deal about their home language or other languages in their environment and caregivers can do many things to help support language development. Speaking to children about their daily routines, objects in

their environments, their feelings, and sharing books with children are all important ways to support language development.

The first Language and Communication component is **listening and understanding**. This component includes indicators related to what words mean, how to make different forms out of a root word (for example, happy, happily, unhappy), and how to put words together in sentences. It also includes indicators related to listening and responding to the communication of others. Young children show their listening and understanding skills in many different ways. For example, infants smile often when they are spoken to, and they respond with pleasure and curiosity when caregivers change the tone of their voice. Young children listen a lot! They listen to the sounds caregivers make and the words and phrases they say. Caregivers can help them develop their listening and understanding skills by talking to them all the time! Tell them what you are doing, where you are going, and what is going on around them. As young children get older, ask them questions about everything! Ask them about their day, what their favorite characters in books are, and details about things they find interesting.

The next component is **communication and speaking**. This is, in some ways, the other side of listening and understanding. This component includes indicators related to how young children use sounds, gestures, and words to get their needs met. It focuses on how young

children learn language and begin to use it. From the minute infants are born, they begin to communicate with us. Crying, cooing, babbling, and reaching or grasping are all examples of communication on the baby's part. As a caregiver, it is very important to pay close attention to these communications and respond warmly and sensitively to them. For example, when infants babble at a caregiver during a diaper change, the caregiver should say things in response that mimic conversation, like "Yes, that's right, you feel a lot better now, don't you?" As young children mature, their communication and speaking will begin to grow at a rapid pace. By 48 months, young children should know and use 4,000 or more words. It's up to caregivers to help young children along in that area of development. Just like with listening and understanding, development in communication and speaking requires that caregivers talk with young children all the time. Even with the youngest infants, caregivers should talk about what they are doing and discuss as much as possible about the world around them. Caregivers should describe how things taste, what they feel like, and how they smell. They should also ask young children to do the same. Speaking with young children and asking them to communicate back will support their development in this key area.

Emergent literacy is the last component of the Language and Communication domain. Emergent literacy relates to the knowledge and skills associated with books and writing. With language, we communicate through the spoken word and the written word; this component deals with the written word. Although no one should expect an infant or toddler to be able to read or write, the skills that lead them to be successful in these areas later in life begin in the early years. It is important for caregivers to make lots of books available to young children, to read to children as much as possible, and to allow them to play with tools for writing and drawing. As caregivers read to young children, they should point out different words and make connections between the text and the imagery in the book. Older infants who are read to will quickly develop favorite books. Be sure to recognize this and continue to build on their interests. Caregivers should also take time to talk with young children about writing. When you write something down, draw their attention to it. Say things like, "I am leaving a note so they know where we went. I am going to write down where we are going and when we will be back."

Language and Communication are integral to everything humans do in the world, so it is important that caregivers support young children in this area. Children will master most language indicators in a particular age range as they reach the upper end of the age range in the Guidelines. If a child has not accomplished one indicator within an age range, it does not mean there is a problem. Nonetheless, if a child has a speech or language challenge, it can affect his or her other academic skills, social skills, and behavior because language is used to learn and to have meaningful interactions with others. If a caregiver is concerned about a child's language skills, they should refer families to an audiologist, who will evaluate for hearing problems, or to a certified Speech Language Pathologist (SLP), who can diagnose and treat speech and language problems. The earlier a speech or language problem is identified and treated, the better the outcomes are likely to be.



Listening and Understanding

Listening and Understanding Indicators:

1. Listens with interest to language of others
2. Responds to nonverbal and verbal communication of others
3. Begins to understand the rules of conversation

0-8 months | infants might

- Turn towards sounds or voice of caregiver
- Smile when spoken to
- Watch a person's face and body language when they are talking
- Respond to body language and directions given by the caregiver (hold their arms out when caregiver reaches for child and says "Let me pick you up.")
- Respond to different tones of voice, such as becoming excited or calm when spoken to
- Use hand motions and body movements (reaching, clapping, turning) in response to familiar words and phrases

As a caregiver, you can

- Notice when infants turn to your voice
- Talk to infants by describing caregiver's actions and infants' response ("I'm touching your toes now.")
- Talk back to infants in response to their sounds, verbalizations, and body language ("Are you waving at me? Hello, there.")
- Call infants by name or attract their interest with sounds that toys make
- Say the names of many objects in infants' surroundings ("That's a light.", "Let's get your blanket.", "Frances has her hat.")



infants will respond to body language and directions given by the caregiver

<p>8-18 months older infants might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Quiet down or get excited when they hear familiar voices • Look at person who calls their name or is speaking • Recognize names of familiar objects (cup, banana, juice, etc.) • Watch and listen while others speak and then speak or make sounds themselves • Follow simple requests (“Get your ball.”) • Respond with body language or words to simple questions 	<ul style="list-style-type: none"> • Talk to older infants and use their names in conversations with them • Watch where older infants focus their attention, then name and describe the people or objects they look at (“Look at the dog’s tail! He’s wagging his tail.”) • Name and talk about objects that they use with older infants (hand a spoon to the older infant and say, “Here’s your spoon.”) • Name and talk about familiar items and people in older infants’ home language, if possible • Respond with words and short sentences after older infants speak or make sounds • Play simple movement games to help older infants learn to follow directions. Show the right movement while saying the direction (“Let’s touch our toes. Now touch your nose.”) • Make requests and ask questions using different and expressive tones of voice • Follow older infants’ lead in short conversations; pause to allow time for older infants to respond
<p>18-36 months toddlers might</p> <ul style="list-style-type: none"> • Imitate caregiver’s different vocal sounds and body language • Laugh after caregiver says something funny • Quiet and listen when caregivers say they have something to say • Let others know when they want a turn to talk (says “me” or “my turn”) • Follow two-step requests • Show understanding by pointing to or touching a picture in a book or talking about some part of a book • Begin to talk or converse with other toddlers during play (listening and paying attention to each other) 	<p>As a caregiver, you can</p> <ul style="list-style-type: none"> • Give toddlers toys and experiences that allow them to hear different animal and people sounds • Play and laugh with toddlers often when something funny or silly happens • Notice when toddlers want to talk and let them know when it’s their turn by saying, “It’s your turn. What do you want to tell me?” • Give toddlers some two-part directions (“Please sit on the bed and hold your foot up, so I can put on your sock.”) • Ask questions about different characters or objects in a book during one-on-one book reading • Support toddlers’ communication with others by watching the way they play and talk to each other and by providing comments as needed (“Maria wants to play dolls with you. Can you show her your doll?”)

36-48 months | three-year-olds might

- Follow three-step directions
- Participate in short conversations with expected words and phrases
- Produce expected responses to different types of requests
- Ask or gesture for a request to be repeated or clarified
- Ask a question and wait for an answer from others
- Provide expected responses to "wh" questions (who, what, where, when, why), as well as other question forms (how, if/then, etc.)
- Let others know when they are interrupted by saying "It's my turn."
- Know many words and the opposite of those words (tall/short, smooth/rough, light/heavy)

As a caregiver, you can

- Give three-year-olds some three-step directions ("Please wipe your mouth, pick up your plate, and bring it into the kitchen.")
- Ask three-year-olds questions that encourage them to remember and discuss events
- Talk about what belongs to other people by using pronouns (he, she, it, them, his, her, their) to refer to them ("Grandma has the big hat. Point to her hat.")
- Support three-year-olds' interactions with other children by giving support when they have difficulty ("Zeeba is asking you to play with her. What do you say?")
- Ask three-year-olds many different questions, including "wh" (who, what, where, when, why), "how," "if/then," etc.
- Remind three-year-olds when they interrupt others' conversations that they need to wait their turn to talk and that they will get a turn to talk ("When Theresa is finished talking, you can tell us your story.")
- Create play activities for three-year-olds in which you talk about contrasting objects. ("Let's find all of the dolls that are 'small' and then ones that are 'large.'" or "Can you point to the dog in the picture that has long ears? Now touch the one with short ears.")

three-year-olds will participate in short conversations with expected words and phrases



Communication and Speaking

Communication and Speaking Indicators:

1. Uses consistent sounds, gestures, or words to communicate for a variety of purposes
2. Imitates sounds, gestures, signs, or words
3. Uses language to engage in simple conversations

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Make a variety of sounds to express needs and interests (laughing, cooing, sucking noises to indicate excitement, hunger, tired cry versus hurt cry, babbling) • Begin to imitate sounds like “da” when caregiver says “da” • Begin to move mouth while looking at caregiver talking • Make sounds or signs to get caregiver’s attention 	<ul style="list-style-type: none"> • Notice the variety of sounds infants make and how they imitate the sounds caregivers make • Imitate infants’ sounds and body movements and allow time for infants to respond • Notice the different ways infants attempt to communicate (such as facial expressions, verbal response, or body movements) with appropriate responses • Talk to infants often while doing everyday activities (“Let’s get your arm into this shirt.”) • Use many different voice tones to play and talk with infants • Consistently name objects in the environment when infants show interest or a need for them
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Respond to caregiver’s talk by babbling or producing words in reply (“ba-ba-ba” repeated over and over for dialogue) • Say first words by 8-12 months • Try to name familiar people and objects like “mama” and “dada” • Use single words combined with hand motions and body movements to communicate (wave while saying “bye-bye”) • Point or use hand motion to communicate wants or needs • Begin to repeat words in simple songs and rhymes • Use approximately 50-100 words in home language or in English by 18 months 	<ul style="list-style-type: none"> • Watch and imitate older infants’ attempts at making sounds, babbling, and stringing words together • Notice when older infants say their first word and repeat the word • Introduce new words, sounds, signs, and body language during everyday activities by explaining what older infants are seeing, hearing, smelling, touching, and tasting • Sing songs and play word games with older infants • Have conversations with older infants using different voice tones, and pause and allow infants to respond • Follow older infants’ lead and interest in items in their surroundings, including naming items for them (“Yes, that’s a chair.” or “Look at the big red truck.”)

<p>18-36 months toddlers might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Combine words into simple sentences (“Mommy bye-bye” or “milk all gone”) • Use new words in everyday experiences (“books in box”) • Ask caregivers to help name unfamiliar objects • Use three- to four-word sentences with a noun and a verb • Use approximately 400 words in home language or in English by 30 months • Use approximately 1000 words in home language or in English by 36 months 	<ul style="list-style-type: none"> • Notice and support toddlers when they begin to put two or more words together to form sentences by repeating the words and adding more (“Yes, Mommy went bye-bye. She’ll come back very soon.”) • Follow toddlers’ interests in items in their surroundings, constantly naming them or when introducing new materials and objects • Respond to toddlers’ questions with clear and simple answers and explanations • Speak in complete sentences with toddlers. (“Yes, that is a banana. This is the section of the grocery store where we pick our fruit.”) • Respond to toddlers’ questions with answers and explanations • Ask toddlers to describe objects using all five of their senses (“What do you hear?”, “What do you smell?”, “How does it feel?”) • Ask toddlers “wh” (who, what, where, when, why) questions that require more than one-word responses (“What are you going to do this weekend?”) • Provide playtime games and activities that encourage toddlers to talk with friends
<p>36-48 months three-year-olds might</p>	<p>As a caregiver, you can</p>
<ul style="list-style-type: none"> • Ask more difficult questions that need more information and clarification (“Why does __ happen?”) • Use multiple words to describe and communicate feelings • Use more abstract words to understand their world (use words like “think”, “know”, “guess”) • Speak using the past tense or possessive (“Daddy carried the cake.” “Mommy’s car is blue.”) • Use approximately 4000+ words in home language or in English by 48 months 	<ul style="list-style-type: none"> • Support three-year-olds’ curiosity about their world by responding to questions with clear understandable answers • Encourage three-year-olds to name feelings (“Darius, tell Maya how you felt when she knocked your blocks down.” “You are smiling so big. Are you happy?”) • Use appropriate words to describe objects and events in the environment • Follow three-year-olds’ lead in conversation by showing the correct use of past tense or possessive (“Mommy went to the store.”, “Yes, Donny’s door is blue.”)

by 48 months, children will use 4000+ words in their home language



Emergent Literacy

Emergent Literacy Indicators

1. Shows interest in songs, rhymes, and stories
2. Develops interest in and involvement with books and other print materials
3. Begins to recognize and understand symbols
4. Begins to develop interests and skills related to emergent writing

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Focus attention, move body, or make sounds during familiar songs, fingerplays, or rhymes • Touch, look at, or make sounds when looking at picture books with adult • Look at others writing or drawing on paper 	<ul style="list-style-type: none"> • Involve infants in fun songs and fingerplays (for example, "Itsy Bitsy Spider") • Read to infants and let them explore cloth books, texture books, and hard board books, including allowing them to mouth these types of books • Hold and cuddle infants while reading to them • Talk about and name the pictures in books as they look at a page • Let infants watch you write and tell them what you're doing ("Let's write down that we need to get milk when we go to the grocery store.")
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Imitate body language and/or make sounds during familiar songs, fingerplays, or rhymes • Enjoy being read to and exploring books (in home language and in English) • Point to or name familiar characters, pictures, or photographs in books • Participate in activities or songs that require listening (listens to songs/ rhymes in English and home language) • Turn pages of sturdy books, look at the pictures, and make sounds or words • Reach for and hold various writing tools, such as crayons or chalk • Make marks or scribbles on paper 	<ul style="list-style-type: none"> • Say rhymes or sing songs with catchy rhythms throughout daily routines (during bathtime say "Rub-a-dub-dub, three men in a tub...") • Make a photo or picture book for older infants that includes family and familiar faces, animals, and favorite things • Recognize and build on older infants' interests in particular books or pictures (if an older infant shows interest in a picture, slow down and talk about it) • Have various types of durable, sturdy books for older infants: books with bright drawings, photographs, activity books (lift the flap or sliding parts) • Point out printed language in books as you read to older infants • Give older infants access to various age-appropriate drawing and writing tools (crayons, paints, etc.), and teach them how to use and care for them

18-36 months | toddlers might

- Sing along with familiar songs, fingerplays, or rhymes
- Enjoy singing familiar songs or saying rhymes with and without adult assistance
- Begin to produce real or nonsense words that sound alike
- Enjoy being read to and exploring books and reading materials on their own (in English and in home language)
- Ask to be read to and has favorite books
- Pretend to read familiar books
- Name and describe familiar characters, pictures, or photographs in books with adult assistance
- Recall characters or events in familiar books
- Recognize some print or symbols in their surroundings (stop sign, local store sign)
- Make circular scribbles, line marks, or letter-like forms when asked to write
- Try different ways to grip or use writing and drawing tools, such as crayons or paintbrushes
- Identify some letters (the first letter in their name) with assistance

As a caregiver, you can

- Read and re-read to toddlers often, especially when they ask (if you cannot read at that moment, plan a later time to share the book together)
- Encourage toddlers to read a familiar book to you in their own way (pretend reading)
- Point out large and noticeable print and titles when reading to toddlers
- Use magnetic letters, bathtub letters, etc. to show toddlers how you can put letters together to spell meaningful words
- Talk to toddlers about print in their environment (food packages, street signs, store signs, warning labels)
- Give toddlers a wide variety of drawing and writing tools and continue to teach them how to use and care for them
- Ask toddlers open-ended questions about their drawing and writing (“What did you draw?” or “Tell me about your work”), and offer to write down what they say about the drawings

infants love to be held, cuddled, and read to



36-48 months | three-year-olds might

- Like to repeat phrases in books or nursery rhymes, read aloud as a group
- Enjoy doing “pretend readings” of familiar books and making up a story to match drawings (in English and in home language)
- Enjoy a variety of literacy activities, including shared book reading, listening to recorded stories with headphones, or interacting with e-books
- Recall characters and events or predict what will come next in familiar books without help
- Handle books with increasing skill
- Show increasing understanding that print in most languages is read from left to right, top to bottom, and front to back
- Begin to understand that letters are combined to make words
- Recognize some familiar words in print, like their name
- Identify some letters and know some sounds that letters make
- Begin to write letter-like forms and attempt to write from left-to-right and top-to-bottom in English writing
- Attempt to reproduce letters (or characters depending on home language) by copying one or more letters (or characters)
- Use various writing and drawing tools without adult assistance
- Count words in a sentence
- Break words into syllables (clap syllables in own name)

As a caregiver, you can

- Pause during reading to allow three-year-olds to fill in repetitive phrases when reading or saying rhymes
- Praise children for reading their own way
- Ask questions and talk to three-year-olds about the electronic media (webpages, e-books, recordings) they use (rather than only letting three-year-olds listen or click through pages independently)
- Recognize three-year-olds’ interest in books and reading and encourage them to explore or read books on their own
- Continue asking three-year-olds to name, locate, describe, count, and talk about events in books and help them add details to their responses
- Talk to three-year-olds about things that are not directly stated in books so they can learn to make inferences “I think he’s feeling jealous and that’s why he...”, “I bet it’s winter in this book.”)
- Sing songs that play with the sounds in language
- When three-year-olds see print in more than one language, point out important differences across languages
- Provide opportunities for three-year-olds to imitate adult writing and reading activities during pretend play (in the home center: “Do you want to write a grocery list?”)
- Explain that letters are put together to make words while reading with three-year-olds (“This word says ‘dog’ – it’s spelled d-o-g.”)
- Continue to talk to three-year-olds about print that is in their surroundings and ask them to talk about what it says and means (“It’s Tevin’s birthday. What do you think this birthday napkin says?”)
- Recognize three-year-olds’ pride in their knowledge and ask them to tell you which letter names and sounds they know
- Continue to have conversations with three-year-olds as you write together and be more specific about how you write (“I’m going to start our letter at the top of the page. What should I write first?”)
- Involve three-year-olds in frequent writing activities in which you have them help you decide what message to write
- Count how many syllables there are in three-year-olds’ names by clapping for each syllable
- Say simple sentences while clapping the words in the sentence



three-year-olds can use writing tools without help from adults

Language and Communication Special Needs Scenarios

Phillip

Phillip is Kara's quiet eight-month-old son. Recently, Kara noticed that Phillip doesn't seem to respond when she calls his name. Kara asked her own mother about this, and after talking and playing with Phillip for a while they realized that he was also not making the babbling sounds, such as "ba-ba-ba" or "da-da-da," that most infants tend to do. Kara and her mother spoke more about the situation, and Kara did remember that Phillip had failed the newborn hearing screening at the hospital where he was born; however, Kara had not been too concerned about his hearing because he did seem to react to noises sometimes and that he had startled to the sound of a pot falling to the floor a few nights before. Kara's mother suggested they take Phillip to an audiologist.

The audiologist performed a comprehensive hearing evaluation on Phillip and diagnosed him with moderate to severe sensorineural hearing loss. With Kara's permission, the audiologist sent a referral to the Early Childhood Intervention program (ECI) and referred Phillip to an otolaryngologist (an ear, nose, and throat doctor) for evaluation of his hearing loss. The ear, nose, and throat doctor confirmed Phillip's hearing loss, and recommended he be fitted for hearing aids and begin learning sign language. Now, Kara has been working hard to learn sign language.

Kara now signs and says "more" when Phillip is reaching for more cereal. Kara also signs and says the word "mama" when she talks about herself, and signs "Grandma" when Kara's mother visits. When she wants to get Phillip's attention, she waves her hand in his direction or gently touches him. Phillip has learned to turn and pay attention to Kara when she does this. Within a short time, Phillip has begun to use the signs "more," "mama," and "Grandma." Kara knows learning sign language and helping Phillip along the way will be a challenge, but she is very encouraged by the progress they have both made so far together.

Juan

Juan is a 20-month-old child with Down syndrome. Sophia has been Juan's classroom teacher for almost a year. From observing Juan, she knows that he is able to understand the relationship between words and people, places, and objects. He responds to simple directions around snacktime and naptime, getting his blanket from his cubby area and coat when it is time to go home. She feels Juan is ready to improve his ability to communicate even though he is not yet able to use speech as a means to do so. Juan has a speech therapist that works with him, and Sophia regularly communicates with the therapist about Juan's language development, including how to implement different visual supports, signs, and other strategies that can strengthen Juan's communication skills. Over the last six-eight months, with help from the speech therapist, Sophia introduced a few signs with him, such as "more," "no," and "all done" during snacktime. Juan has begun trying to make the signs for himself and is attentive when Sophia uses hand over hand assistance to help him do so. This means that Sophia gently puts her hand over Juan's and guides his hand in completing the sign. She provides encouragement when he attempts to initiate signs on his own and always gives him time to respond to questions.

The speech therapist is extremely helpful, but Sophia also knows that Juan's use of words will occur more quickly if she and the family are working together. She talks with his parents about using the same signs in the classroom and at home during common activities, such as naptime or bedtime, mealtime or snacktime, and playtime. Together they choose signs that reflect his favorite things. They also include signs that will help Juan, his family, and the classroom staff to communicate important concepts during their daily routines (hot, stop, no, more, all done). Sophia keeps the other caregivers in her classroom up to date on the chosen signs so they can consistently respond and interact with him when he makes an effort to communicate. They take Juan's lead when deciding which new signs to introduce by observing what interests him.

Sophia always uses words and the signs together so Juan has opportunities to practice using speech. When he attempts a word, Sophia repeats it using the correct model and expands the conversation. Juan often uses words for objects that do not sound like the word,

however Sophia responds appropriately. For example, when Juan says “dee,” she knows he means “drink.” She always responds saying, “Do you want a drink? Let’s go get a drink.” Sophia knows that responding to Juan’s attempts to use speech is very important. This helps him use speech, but more importantly, it makes him feel confident with his attempts to do so. Sophia wants to emphasize “sounds” overall and makes sure that other caregivers in the classroom spend time with Juan listening to a variety of sounds, making sounds with objects and encouraging him to make sounds using his voice. Juan is also given opportunities to sit and look at books and spend some one-on-one time with classroom staff listening to stories.



Cognitive
Development

Cognitive Development



The Cognitive Development domain includes four components that describe how young children develop and demonstrate abilities in: exploring the world around them, solving problems, remembering and retaining information, and pretending and using their imagination. Cognitive development is often thought of as growth in children's thinking, reasoning, and understanding. Positive early experiences that support cognitive development contribute to lifelong traits, such as curiosity, persistence, and independence.

The first Cognitive Development component is **exploration and discovery**, which includes indicators of development for how young children explore their environment and demonstrate the building blocks of inquiry and curiosity through playing with cause and effect relationships and understanding patterns. Young children are intensely curious about the world around them. They are little scientists, always adapting their behavior to the information they take in daily. Developing a sense of object permanence is an important example of this type of development. Object permanence is the knowledge and understanding that objects continue to exist even when they are not present. It is the infant's ability to hold the concept or idea of an object in his/her mind. This is a very important area for learning, because it is foundational to thinking skills. Once a child can begin to conceptualize an object in his/her mind, she can then begin to formulate other thoughts and skills around that object. Caring adults foster this skill in infants when playing games like "peek-a-boo," and with toddlers by helping them hide and find a toy under a cup or cloth. Playing with toys helps young children explore and learn about the properties of objects, such as how they look, feel, sound, taste, and smell. They also discover how objects respond to their actions, such as throwing, dropping, rolling, and squeezing.

The next component in the Cognitive Development domain is **problem solving**. This component includes indicators related to young children's use of imagination and creativity in approaching problems and tasks. In this component, you will find indicators that capture how young children use purposeful actions to accomplish

tasks and figure things out, begin to understand the concepts of numbers and counting, and apply their skills and knowledge to their daily lives. For example, activities like putting puzzles together require children to search for a specific shape or piece and fit it in by turning or twisting. Young children also have a natural sensitivity to numbers and counting even before they know the words for these concepts. Infants begin noticing changes in amount, such as the difference between three toys and one toy. Between two and four years, children begin to demonstrate knowledge of one-to-one correspondence, which is the understanding that when you count in order, each number goes with one object (for example, we say “one” when we touch the first object and “two” when we touch the second object). It also includes matching paired objects, such as two socks for two shoes, or three hot dog buns for three hotdogs.

Memory is the third component of the Cognitive Development domain, and it includes indicators related to how infants and toddlers store and use information. In this component, young children anticipate routines, remember familiar people, and use their memory to inform their daily lives. You may notice that young children remember where their favorite toys are kept and recognize the name of their favorite book. Toddlers remember animal sounds and repeat phrases like “see you later.” Their brains are storing information at a rapid rate. Caregivers are often surprised at how much young children remember. Don’t forget to use questions and conversations to encourage them to remember information and use it.

Finally, **imitation and make believe** is the last component of the Cognitive Development domain. It includes indicators related to young children’s use of their imagination and play to imitate actions and experiment with different roles and ideas. Young children begin to learn new play actions through imitation, such as copying a caregiver when she makes a “moo” noise when holding a toy cow. As their imagination develops, toddlers begin to put pretend actions together in sequences to act out scenarios, such as taking care of a baby, making dinner, or going to the doctor’s office. Toddlers often need help from caregivers to expand their play in these ways. Toys that can be used as props in pretend play (for example, toy dishes and cook stove, baby dolls, doctor kit) help stimulate and enrich young

children’s pretend play. As caregivers model and engage with young children in this kind of play, they support children’s development of vocabulary, imagination, and social interaction skills.

When considering how to support cognitive development overall, caregivers should remember that infants, toddlers, and three-year-olds are very curious about their world! They learn through repetition and opportunities to freely explore their environment.



Exploration and Discovery

Exploration and Discovery Indicators:

1. Pays attention and exhibits curiosity in people and objects
2. Uses senses to explore people, objects, and the environment
3. Shows interest in colors, shapes, patterns, and pictures
4. Makes things happen and watches for results and repeats actions

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Focus on caregivers' face and follow face or voice • Turn head when a new person enters the room • Reach out to touch objects • Put objects in their mouth to touch and taste • Reach out and grab new toys, and turn them over and over to explore or bang them • Hit or kick toys to make them move over and over 	<ul style="list-style-type: none"> • Stay close to and interact with infants • Notice infants' reaction when new people enter the room • Create surroundings without a lot of loud noises and distractions • Place objects with different shapes, sizes, textures, and sounds within infants' reach (make sure the objects are safe to mouth) • Name and describe objects infants are exploring and encourage them to continue to play with the objects by telling them you like their "music" or banging • Give infants safe toys that produce interesting results or movements in response to their actions
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Look at books • Look to see where objects went when they are dropped • Touch and feel others' faces, skin, or hair • Enjoy playing with objects that make sounds and pay attention to different sounds objects can make, such as drums, noise makers, or bells • Ask to continue a game by signing or saying "more" • Push a button on a toy to make objects pop up or to make a sound over and over again • Sit on a rocking horse or toy and move it back and forth • Look closely at small objects, such as pieces of paper or leaves • Put a shape in a box with different shape openings (shape sorters) • Stack blocks or objects 	<ul style="list-style-type: none"> • Share books with older infants. Show them books with interesting colors, patterns, pictures, and textures • Notice when older infants drop items and pick them up, and allow them to repeat • Allow older infants to touch your face, skin, or hair and name body parts ("That's my nose. Here's your nose.") • Provide toys and objects that make noise, and create opportunities to make and listen to different sounds together (crunch leaves or bang on pots and pans) • Notice and respond positively to older infants' desire to play games over and over again • Create an environment that encourages discovery, and give uninterrupted playtime • Give older infants safe toys to repeat motions, such as rocking, sliding, or balancing • Engage and play alongside older infants • Celebrate when older infants learn how to use a toy or object

<p>18-36 months toddlers might</p> <ul style="list-style-type: none"> • Notice, point at, or talk about animals or insects • Pick up rocks, sticks, or other objects when outdoors • Pour, scoop, and explore sand and water • Match colors and shapes and sort toys or objects that are alike • Show interest in mixing colors of water or paints • Push/pull riding toys in order to make them move 	<p>As a caregiver, you can</p> <ul style="list-style-type: none"> • Recognize toddlers' interest in the natural world and help describe what they see, hear, and experience • Explore surroundings and talk about how things are similar and different • Provide toddlers with a dirt or sand and water area that includes tools, such as cups, scoops, buckets, shovels, or sifters • Provide household items for toddlers to sort into groups of similar colors, types, or shapes (socks, cups, plastic lids) • Help toddlers mix colored water or finger paints and talk about the experience • Describe how toddlers can use their bodies to make things move or change • Model how toddlers can do different things with toys (throw a ball into a basket) • Provide toys that require pushing, pulling, pouring, sorting, and matching
<p>36-48 months three-year-olds might</p> <ul style="list-style-type: none"> • Talk about and ask about objects in nature • Observe and discuss changes in weather • Name basic colors and shapes • Copy simple patterns • Experiment with different objects during play to compare their effects (pushes toy cars down different types of ramps to see which car goes faster) • Repeat actions, such as blowing bubbles or pumping legs on swing, to improve results 	<p>As a caregiver, you can</p> <ul style="list-style-type: none"> • Take notice of three-year-olds' interest in the natural world and call attention to details of nature or use a magnifying glass to help children focus on details of rocks, leaves, etc. • Take time to answer three-year-olds' questions about their world (discuss daily changes in the weather or ask them to predict what might come next) • Describe basic colors and shapes and begin teaching more complex colors/shapes • Give three-year-olds opportunities to repeat and explore simple patterns (blue block, red ball, blue block, red ball) • Notice when three-year-olds experiment with their toys and other objects and ask them questions about their play ("Why do you think that green car moves so much faster than the blue car?") • Praise three-year-olds as they repeat actions

toddlers will pick-up rocks, sticks, or other objects when outdoors



Problem Solving

Problem Solving Indicators:

1. Experiments with different uses for objects
2. Shows imagination, creativity, and uses a variety of strategies to solve problems
3. Applies knowledge to new situations
4. Begins to develop interests and skills related to numbers and counting

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none">• Make sounds, cry, or fuss to get caregiver's attention• Roll over to get a toy just out of reach• Turn objects over to look at and handle them from different positions• Begin to repeat actions to get an effect (drop a toy to hear it land or bang hands on table)	<ul style="list-style-type: none">• Respond promptly and warmly to infants when they make sounds, cry, or fuss (change activity or the infant's position)• Place enticing objects just out of infant's reach and encourage rolling or scooting to get them• Offer toys that make a noise when shaken or dropped• Patiently pick up objects that are repeatedly dropped by infants or redirect them to a new activity
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none">• Use objects or utensils to bang on table and make noise• Crawl into, around, or over obstacles• Attempt to nest three or four cups of different sizes• Enjoy taking objects out of containers and putting them back in• Ask, gesture, or sign to be picked up to reach something	<ul style="list-style-type: none">• Keep toys around that respond to older infants' actions, such as pop-up boxes, squeaky toys, and musical instrument toys• Create a variety of safe spaces and objects for older infants to crawl over, around, and through• Give older infants similar toys of different sizes that can nest (bowls, measuring cups, nesting cups)• Show excitement when older infants discover new uses for things (putting blocks in a box or pot)• Keep containers filled with objects around and encourage filling and emptying the containers• Watch for and encourage older infants' use of words, signs, and gestures, such as pointing and reaching to signal what they want



infants learn from toys that make noises when shaken or dropped

18-36 months | toddlers might

- Ask for the names of new objects or people (“What’s that?” or “Who’s that?”)
- Climb on a stool to reach an object
- Experiment with new toys to see how they work
- Turn puzzle pieces many different ways to complete a puzzle
- Count objects while pointing to each one and saying the number (one-to-one correspondence)
- Offer to trade toys with other children

As a caregiver, you can

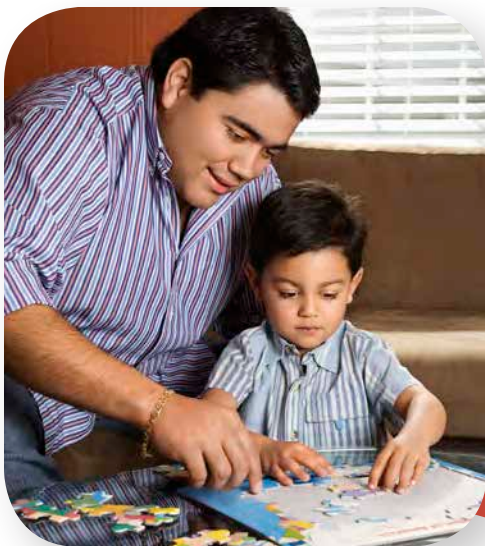
- Ask toddlers questions, express wonder about problems, and respond to questions with enthusiasm (“I wonder how that happened?”)
- Create a safe environment for using large objects as tools, such as stepping on a foot rest to get a toy
- Give toddlers colorful inset puzzles and help them learn to match and turn pieces to fit them
- Count with toddlers while pointing to each object (“There are seven peas on your plate: 1-2-3-4-5-6-7.”)
- Demonstrate and encourage offering trades with other children to get a desired toy

36-48 months | three-year-olds might

- Like to play “hide and seek”
- Show more thought in problem solving (use a bucket to move toys from one place to another)
- Complete simple jigsaw puzzles
- Negotiate turn-taking with other children
- Compare and sort objects using one or two features (put all the large red cars together)
- Use tools to measure items (scoop into bucket, string to determine length or height)
- Apply numbers and counting concepts to daily life (count the number of children at school today)

As a caregiver, you can

- Play “hide and seek” games with people and with toys (hide a toy under one of several cups or cloths and let child find it)
- Set up your surroundings to allow new ways of problem solving, and notice when three-year-olds solve problems
- Give three-year-olds simple jigsaw puzzles (six-eight pieces) and help them learn to connect parts of the picture by fitting correct pieces together
- Ask questions related to sorting and measurement while three-year-olds are engaged in those activities (“So all the blue ones go over here and all the red ones go here? Where do all the yellow ones go?”)
- Give three-year-olds materials to practice measuring, comparing, and sorting
- Celebrate counting and include counting during daily routines (“Do you see the crayons? How many do you see? 1-2-3! Yes, there are three crayons!”)



three-year-olds love to play with puzzles

Memory

Memory Indicators:

1. Shows ability to acquire and process new information
2. Recognizes familiar people, places, and things
3. Recalls and uses information in new situations
4. Searches for missing or hidden objects

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none">• Look intently at new faces or objects• Smile in recognition of familiar caregiver and show excitement when they enter the room• Look in appropriate direction for toys that have been dropped or partially covered by a blanket	<ul style="list-style-type: none">• Engage in face-to-face play with infants (smiling, cooing, talking, singing, playing peek-a-boo)• Greet infants by name, and talk about and name other people and objects in the room• Celebrate when infants find a dropped toy, and play hiding games with infants by partially covering a toy and then revealing it
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none">• Enjoy playing peek-a-boo• Look for hidden objects or toys• Ask for a familiar caregiver when not present• Look for a favorite object in its usual location, and ask for it when not present• Recognize a favorite book when caregiver calls it by name• Bring familiar people their shoes or other personal objects	<ul style="list-style-type: none">• Play games with older infants that allow for turn-taking, and watch for older infants to repeat these games in new situations or with other people• Play hide-and-find games by placing a toy under a cloth or other cover for older infants to find• Talk about familiar caregivers when they are not present• Keep toys and familiar objects in consistent locations so older infants begin to learn where things are kept• Recognize older infants' favorite books and read with them over and over again• Comment when older infants remember something belongs to you or someone else ("Yes, those are Luna's shoes.")



peek-a-boo helps infants develop their memory skills

18-36 months | toddlers might

- Go to the correct location for familiar activity (goes to bathroom when caregiver says “It’s time for your bath”)
- Know what sounds animals make and can make the sounds
- Recognize and name people and animals
- Use words and phrases that familiar caregivers use (“Be right back.” or “See you later.”)
- Sing familiar songs over and over
- Bring favorite book to caregiver to have it read to them
- Know familiar words and complete sentences in their favorite books

As a caregiver, you can

- Talk with toddlers about where different activities happen and what we do there
- Sing songs and play music that includes animals and their sounds
- Play memory games with toddlers (ask toddlers to identify and name objects in pictures and photographs)
- Understand that toddlers will use your phrases and words. Praise them when they do (“That’s right, Eva will be right back!”)
- Sing favorite songs frequently and notice when toddlers sing them on their own
- Ask toddlers to choose what songs or books they would like to sing/read (“OK, what book do you want to read next?”)

36-48 months | three-year-olds might

- Tell what will happen next in a familiar book
- Answer simple questions about past experiences (“Who took you swimming yesterday?”)
- Recognize familiar driving routes and locations in neighborhood (says, “That’s where Grandma lives!” when approaching her house)
- Talk about how common objects, such as spoon, hair brush, or pencil, are used

As a caregiver, you can

- Ask three-year-olds what songs and books they would like to sing/read
- Ask three-year-olds to tell you what they think will happen next in familiar book or story
- Ask three-year-olds simple questions about past experiences and respond with interest to their answers
- Point out landmarks and signs as you drive or walk around the neighborhood
- Ask three-year-olds questions that use their memory (“Which way do we go now?”, “Do you remember who lives in this house?”, “Do you see the library?”)

toddlers will bring their favorite books to you



Imitation and Make Believe (Symbolic Play)

Imitation and Make Believe Indicators:

1. Uses objects in new ways or in pretend play
2. Uses imitation in pretend play to express creativity and imagination

<i>0-8 months infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Copy caregiver actions, such as sticking out tongue or clapping hands together • Imitate playing with a toy, such as shaking, banging, or pushing buttons to make a toy work • Coo, squeal, or laugh when their caregiver talks and plays games with infant 	<ul style="list-style-type: none"> • Copy what infants do while playing with you. Repeat, or slightly change the action, and wait to see if infants imitate you (infants clap hands, then you clap hands back) • Play with toys that infants can shake, bang, or push, and give infants time to imitate your actions • Follow infants' leads and play with them
<i>8-18 months older infants might</i>	<i>As a caregiver, you can</i>
<ul style="list-style-type: none"> • Imitate adult actions (waving "bye-bye" or brushing hair) • Play with toys the way they are intended, such as pretending to drink tea from a toy tea cup • Pretend to feed doll or stuffed animal with their own bottle or food 	<ul style="list-style-type: none"> • Play games and do fingerplays in which older infants can imitate actions, such as "Itsy Bitsy Spider" and "Head, Shoulders, Knees, and Toes" • Make available toys (or real objects) that older infants can pretend play with, such as cups, spoons, and telephones, and show what the toy does or is used for (pretend to eat with a toy spoon) • Notice and comment positively on older infants' pretend play ("I see you are feeding the baby. I bet she's hungry!")



infants and toddlers love to pretend - join in their pretend play

18-36 months | toddlers might

- Imitate adult actions, such as pretending to wipe a dirty table or talking on the phone
- Pretend to drink from an empty cup by making slurping noises and saying “ah” when finished
- Pretend objects are other things, such as a banana for a phone or a block for a car
- Pretend that a doll or stuffed animal has feelings, such as making a crying noise to indicate that the doll is sad
- Play with stuffed animals one day to play “veterinarian” and then to play “farmer” another day

As a caregiver, you can

- Keep a variety of toys and objects available for pretend play, such as dolls, stuffed animals, dishes, and blocks, and enter into pretend play with toddlers (have a pretend phone conversation)
- Make playful sounds that people, animals, or cars make and show toddlers how to use these sounds and toys in pretend play (push a toy car saying “Vrooom Vrooom”)
- Notice and comment when toddlers use other objects as a substitute for the real thing, such as using a banana as a phone (“Are you talking on the phone? Who are you talking to?”)
- Suggest next steps in pretend play (if toddlers pretend to feed a baby doll, suggest that they cover the baby with a blanket and rock it to sleep)
- Play with toddlers using pretend roles, such as you are a farmer on a farm and they are animals on the farm
- Suggest new roles for toys to toddlers (a toy kitchen can become a pretend restaurant kitchen)

36-48 months | three-year-olds might

- Reenact actions that have multiple steps that they have seen at an earlier time, such as pretending to get ready for work by making breakfast or putting on jewelry
- Have pretend play scenarios that include different roles (“I’ll be the mommy and you be the baby.”)
- Plan what they are going to pretend before play, such as saying “Let’s play baking!”
- Play with imaginary objects, such as serving an invisible slice of pizza on a plate

As a caregiver, you can

- Provide a variety of toys and objects for pretend play, such as hats, clothes, purses, briefcases, phones, dolls, and blocks
- Pretend play with three-year-olds (for example, enjoy pretend breakfast with three-year-olds; talk about how “yummy” the “eggs” are)
- Pretend with three-year-olds when they assign you a role to play (“Am I the baby? OK. Mommy, can I have my blankie?”)
- Notice three-year-olds’ pretend play and try to keep their imagination going (if served a pretend slice of pizza say something like, “Oh no, my pizza has pepperoni on it. I don’t like pepperoni. Could I have another slice, please?”)

three-year-olds
have pretend play
scenarios that
include different roles



Cognitive Development Special Needs Scenarios

Maria

Maria is a two-and-half-year-old who was born with a congenital visual impairment. Maria can see shadows, the dark edges of furniture, and brightly colored objects. Emily, her teacher, has set up the classroom so that Maria can walk around easily and with confidence. She does not rearrange the room very often so that Maria can remember the furniture layout. Emily also makes sure there is no clutter in the walk areas so that Maria feels safe to explore the environment without fear of tripping. One of Maria's favorite things to do is to go to the large rug in the middle of the room. She has discovered that the large climbing toys are placed there. She spends time every day freely climbing the steps and climbing over the tumble forms. This has helped her confidence in moving around outside on the sidewalk where she is beginning to ride a push toy.

Emily learned a lot about supporting Maria's learning and development with the help of a Vision Teacher from the local school district. School districts often provide consulting services and trainings for teachers that work with children with visual impairments. After working with the vision teacher, Emily learned a lot of strategies like narrating classroom activities for Maria so she is aware of what is happening around her and choosing brightly colored toys for Maria to manipulate. Maria particularly likes the brightly colored puzzles. She feels the edges of the puzzles and Emily helps her feel where they go in the puzzle board. She will turn the puzzle pieces around and around until they fit just right. Emily also makes sure there are plenty of materials, toys, and books, like [Pat the Bunny](#), that provide a variety of textures. Letting Maria feel the different textures helps her practice her fine motor skills and develop her sense of touch. This practice will help Maria later when she is in school and learns how to read braille.

Jason

Jason is a 30-month-old child who becomes upset easier than the other children in his class. Sasha, his child care teacher, constantly worries about upsetting Jason. He reacts to noises, he doesn't like to eat when the other children do, and his sleeping habits are very unpredictable. Sasha often finds herself getting frustrated with Jason. Nothing seems to please him, and his temper tantrums seem to go on forever. Sasha worries that she spends too much of her time dealing with Jason's outbursts and reactions.

After speaking with Jason's parents about his behavior, Sasha learned that his mother has been dealing with similar challenges with Jason at home. Vanessa, Jason's mom, has been very stressed out and also feels like she cannot predict how Jason will react to things. She mentioned that he is more difficult to handle than her other two children ever were. Sasha also pointed out that because of his reactions and discomfort, Jason often misses out on important learning opportunities throughout the day; she worries that his behavior is impacting his cognitive development. When the other children are singing and exploring, Jason is often tantruming.

When Sasha learned that Jason's mother is dealing with similar challenges with Jason at home, she decided to speak with the Center Director about Jason. Jason's behavior was nothing new to the Director, Ms. Johnson. After 17 years in child care, she is very familiar with children, and Ms. Johnson immediately recognized that Jason has an active (or feisty) temperament, and needs some special supports. She shared literature with Sasha regarding temperament and even looked up some training opportunities that would support Sasha in working with children with difficult temperaments.

Ms. Johnson recognized that Jason's temperament may be affecting his ability to develop his thinking skills, and suggested a few key strategies Sasha can use in the classroom to help him participate in learning opportunities. First, Ms. Johnson reminded Sasha to be sure to take extra care to prepare Jason for transitions from one activity to another. She told Sasha to remind Jason often about what is coming next, which will help him prepare for activities and changes throughout his day. She also reminded Sasha to monitor her own reactions to Jason. Even though he seems upset

often, she has to remember to introduce new activities cheerfully and continue to offer warmth and a caring attitude towards him. And finally, Ms. Johnson gave Sasha the advice that even though she may prepare him for transitions, Jason might still have difficulty adjusting to new activities. Sasha should be sure to set up a peaceful environment where Jason can calm himself in between transitions with his favorite toys, books, and comfort items.

Two months later, surprisingly the thing that seemed to work best, in Sasha's opinion, was the advice to monitor her own reactions. Now when Jason resists transitions, Sasha responds warmly, labeling Jason's feelings, but also expressing excitement about what is coming next in the day. It has taken some time, but Jason now is more willing to move through transitions, and he is participating in learning activities more and with greater interest. They are still working on naptime and eating, but Sasha feels they are going to get there. She has shared all that she has learned from Ms. Johnson with Vanessa, and they are trying to work together on their approaches to Jason's eating and sleeping habits.



Key Terms and
Definitions

Key Terms and Definitions

Though great efforts were taken to make the Guidelines as readable as possible for all audiences, some concepts and words may be unfamiliar to readers without a background in child development. This section highlights these unfamiliar concepts and words. Additionally, throughout the electronic version of the document, the key terms are hyperlinked to their definitions, assisting the reader as he or she moves through the document.

Term	Definition
Autism Spectrum Disorder	A category of developmental disabilities that can cause social, communication, and behavioral problems in young children. Symptoms may range from mild to severe. Children with Autism may or may not have cognitive and academic delays.
Basic colors	The basic colors are typically thought of as including: red, orange, yellow, green, blue, purple, pink, black, white, gray, and brown. This does not include other hues such as magenta, turquoise, etc.
Basic shapes	The 4 most basic shapes are: circle, square, rectangle, and triangle. Other shapes that are sometimes considered basic include: oval and diamond. Other shapes, such as pentagon, hexagon, octagon, etc. are typically taught after mastering more basic shapes.
Board books	This is a book printed on thick paperboard and put together with a durable binding. These books are especially designed for young children because they are easily cleaned and are more durable than paper books.
Caregiver	A caregiver can refer to a teacher, relative, or parent who has responsibility for caring for a child's needs.
Cerebral Palsy	A condition caused by damage to the brain before, during, or after birth. It can be mild to severe and causes difficulty controlling motor function and/or cognitive impairment.
Circle time	Circle time refers to any early childhood activity in which a small or large group of children are asked to come together for an activity, such as read aloud, songs, or other learning.
Cloth books	This is a type of book printed on fabric. These books are designed for infants and young children because they stimulate their sense of touch and cannot be ripped.
Cognitive development	Children's cognitive development is a broad term that includes the ability to focus attention, process information, understand concepts, remember, perceive and compare objects or ideas, and figure out how to solve problems.
Conflict resolution	The behaviors a teacher uses to solve a problem between children with a peaceful ending. This usually includes steps such as: (1) gathering information about the problem, (2) discussing reasons for the problem and how the problem makes children feel, (3) thinking of different ways to solve the problem, and (4) helping children make a choice about what they will do to solve the problem.

Congenital visual impairment	A visual impairment children are born with. The impairment can range from low vision to total blindness.
Cruise	Infants lean on and support themselves on furniture or other objects as they learn to walk by holding onto furniture while practicing taking steps.
Cues	Different expressions, cries, noises, hand movements, and gestures, and body postures infants and toddlers use to communicate.
Distress	Distress is any physical or mental pain or suffering. Remember that what is troubling or distressing to a child may seem unimportant to an adult, but it matters greatly to the child.
Electronic books	Books that are read on a computer or other device usually contain printed text as well as various hypermedia (pictures, animations, hotspots). Children can listen to electronic books being read aloud to them and some books include embedded hotspots or games children can explore.
Emergent or early literacy activities	Literacy includes the ability to read and write. These terms refer to pre-reading or beginning reading, as well as pre-writing or beginning writing activities, such as learning to identify letters and sounds, or scribbling on paper to imitate writing.
Empathy	Empathy or compassion is the ability to identify with the feelings, thoughts, or attitudes of another.
Environment/setting	The environment or setting refers to materials and organization of the classroom or home that are designed to provide appropriate opportunities for stimulation and learning.
Environmental print	Print that naturally occurs within our surroundings is considered environmental print. Examples include: store signs, labels on food or other packaging, road signs, hot/cold labels on faucets, etc.
Eye gaze	A child's eye gaze is what they are looking at and focusing on. If a caregiver and child are looking at and paying attention to the same object, this is called mutual eye gaze or joint attention.
Eye-hand coordination	The coordinated control of eye movements with hand movements is a skill called eye-hand coordination (or hand-eye coordination). In a simple form, an infant uses eye-hand coordination to learn to grasp objects. A more advanced form of eye-hand coordination is stacking blocks. Many everyday tasks require eye-hand coordination as the child learns to process visual information and coordinate this with hand or body movements.
Fine motor	Fine motor skills refer to smaller muscles used for small movements, such as grabbing or pinching something with your thumb and forefinger. The fingers, toes, lips, wrist, and tongue include fine motor muscles.
Fingerplay	A fingerplay refers to combining singing or chanting with hand or finger movements. For example, the song "Where is Thumpkin" or the nursery rhyme "Itsy Bitsy Spider" involve moving fingers to match a song.

Five senses	The five senses refer to methods of perception: hearing, sight, taste, touch, and smell.
Flap books or manipulative books	Many books contain manipulative parts, such as flaps that can be lifted to reveal an illustration or text. Other books have sliding parts or other special features (for example, scratch and sniff, 3-D objects attached) that are all designed to make books more engaging for young children.
Gross motor	Gross motor skills refer to larger muscles used for bigger movements, such as sitting, crawling, rolling, walking, running, and jumping. The arms, legs, torso, and feet include gross motor muscles.
Home language	The language (or combination of languages) most commonly used by family members in the home. Young bilingual children are still learning their home/native/heritage language, as well as the language of the classroom and are sometimes referred to as dual language learners.
Impulse control	Impulse control is learning to control behaviors by restraining or limiting the actions associated with intense emotions. Examples include stopping a behavior when asked to stop, or waiting for one's turn even when very eager.
Infant	A child from 0-8 months in age.
Inset puzzles	These are framed puzzles that have holes cut out to match each puzzle piece. Inset puzzles vary in complexity but are usually more simple than jigsaw puzzles.
Lacing cards	A lacing card is a toy or activity designed to build fine motor skills because it requires the child to lace a string or shoelaces through holes. For example, lacing a string through a shape with cut-out holes might complete an image. Other activities, such as lacing beads require similar fine motor skills.
Model	When adults model a behavior, they directly show a child how to do something. Allowing a child to watch as an adult models how to use a toy correctly, how to use appropriate words with a peer, or any other skill can help the child be better prepared to practice the activity with support from the caregiver or on his or her own.
Natural space/environments	Settings or activities that are typical for a child's same age peers who have no disabilities or developmental delays. The place or event in which a child would likely engage if he/she did not have a disability or delay.
Negotiate turn-taking	Turn-taking or sharing is difficult for children; adults can support conflict resolution with a negotiation process. Negotiations should involve naming and acknowledging the feelings of both children and then talking about ideas for solving the problem.
Nesting cups or blocks	This is a kind of toy in which increasingly smaller sizes of the cup or block can be nested inside each other. Alternatively, the toys can be stacked to learn about spatial and geometric concepts.
Nonsense words	Nonsense words are not real words, rather they are made-up words that are usually created in a playful manner to explore the sounds of language.

Non-verbal communication	Ways of communicating a message without speaking. Messages can be communicated with touch, gestures, body language, facial expressions, and eye contact.
Otoacoustic Emission	OAE testing is done by sealing off the outside of the ear canal with a small ear tip, sending an auditory signal into the ear canal and into the cochlea, the portion of the auditory system that converts the mechanical sound wave into electrical energy and sends it on to the brain. If the cochlea is normal, it will respond to the auditory signal by sending a signal back. A tiny microphone in the ear tip picks up the signal. The testing takes five - ten minutes and the results are automatically generated from the system.
Older infant	A child from 8-18 months in age.
One-to-one correspondence	Counting with one-to-one correspondence requires matching verbal counting (1, 2, 3...) with finger pointing to the correct number of objects or pictures. This does not necessarily require understanding of the written numeral associated with each number.
Open-ended questions	Open-ended questions are questions that have more than one correct answer OR that the adult does not know the answer to (a genuine question).
Peer	A peer refers to a child who is similar in age, background, or other abilities.
Positive social interactions	A positive social interaction occurs when peers (children) interact in a friendly way that feels successful for both/all children involved. Positive social interactions are important for ensuring social and emotional development. Children can be taught to initiate positive social interactions such as: getting a friend's attention, sharing an object or toy, asking a peer to share an object, giving a compliment or saying something nice to a peer, or suggesting an idea for play.
Primary caregiver	One who is primarily responsible for a child who cannot yet take care of himself or herself. This may be a biological parent, an adopted or foster parent, or another legal guardian who consistently assumes the primary responsibilities of caring for the child's needs.
Redirection	Redirection is a strategy used to help a child attend to the task at hand or avoid negative behaviors by suggesting a positive choice. Instead of disciplining or punishing a young child, a redirection is usually the most effective way to ensure positive behaviors occur.
Regulate feelings or emotions	Learning to regulate emotions allows children to experience an intense feeling or emotion and have the ability to think and process before acting on it. There are many ways we cope with different types of intense feelings, such as denying, restraining, limiting, or inhibiting negative emotions. Regulation also includes intensifying or building on positive emotions in socially appropriate ways. Emotion regulation is a complex process that includes: (a) the internal experience of a feeling, (b) experiencing emotion-related physiological changes (for example, heart rate increase, sweating), (c) learning the names of feelings, and (d) actions and facial expressions related to an emotion.

Repetitive phrases	Some books contain phrases that repeat throughout the book. Young children often enjoy chiming in and saying these phrases chorally as the book is read aloud.
Rhymes	When two words rhyme they sound the same at the end. They may or may not have similar spellings (for example, ball/fall vs. blue/shoe). Many stories and nursery rhymes for young children contain rhyming words because young children enjoy playing with the sounds of language. Perceiving rhyming words also helps prepare children for learning to read.
Self soothe	Self-soothing strategies are things children can do for themselves to return to a calm state when they are upset or need to rest. Skills a young child may use to soothe themselves include thumb sucking, deep breathing, slowing down and counting, and getting some space or fresh air.
Self-care skills	Tooth brushing, hand washing, bathing, dressing, toileting, and feeding are examples of self-care skills. Toddlers and preschoolers need help to learn self-care skills.
Sense of security	A sense of security refers to trust and belief that the world is a safe place. When an adult responds to a child's cry or needs, they are building a sense of security or trust.
Sensorineural hearing loss	A condition in which sound reaches the inner ear but a person is unable to process it properly. This type of hearing loss occurs because of a problem in the inner ear, the cochlear (auditory) nerve, or, rarely, a problem within the brain.
Sequencing	Understanding that a task or set of objects has a step-by-step order, and being able to complete the task in the correct order. For example, a child learns that to wash her hands, she first turns on the water, then gets soap on her hands, then rubs her hands together, etc. Sequencing objects may mean putting cups or blocks in a row from smallest to largest.
Shape sorter	This is a kind of toy in which the child places 3-dimensional shapes (for example, a square block, a star-shaped object) through a hole of the same shape. This is a task to explore spatial concepts and teach matching skills.
Sleep/wake cycles	The body's internal clock (circadian rhythm) is responsible for a regular sleep-wake cycle that occurs within a 24 hour period. Infants need help establishing healthy sleep-wake cycles. As children grow, the hours of sleep they need at night and the number of naps changes to keep a healthy sleep-wake cycle.
Symbolic or pretend play	Symbolic or pretend play refers to a type of dramatic play that occurs when children begin to substitute one object for another. Around 2 years of age, children begin using objects in symbolic play, such as a block as a telephone. They may also use dolls and animals to create a sequence of pretend acts.
Themed centers	Learning centers are defined workstations or spaces around a classroom in which children can work with materials and activities independently or in small groups. Common centers in early childhood classrooms include a library, a pretend play or home center, a block center, and others. When activities in centers match the thematic unit or the topic of study, these thematic materials may help children practice working with new concepts.

Three-step directions or multiple-step directions	Directions can include one step (for example, get the doll), two steps (for example, get the doll and give her a bottle), or multiple step directions (for example, get the doll and change her diaper before you give her a bottle). Understanding and following directions is a skill young children build gradually because it requires language, memory, sequencing skills, and self-regulation skills.
Three-year-old	A child from 36 – 48 months in age.
Toddler	A child from 18 – 36 months in age.
Transitions	A transition refers to a change from one activity or location to another. Transitions can be difficult for infants and toddlers. Adults can offer support and explanation during difficult transitions, such as saying good-bye to parents or leaving the playground to go inside. Singing songs, rhymes, or playing simple games can make classroom transitions more smooth and efficient.
Verbalizations	Verbalizations are any spoken sounds, words, or utterances.
Vocalize	Any sound produced with the voice. During the early stages of language acquisitions, infants vocalize with babbling sounds that are not yet recognizable words.
Well-being	This refers to a holistic concept of wellness that includes health, emotional stability, and overall positive development.
Writing and drawing tools	These include a variety of age-appropriate tools that children can use to make marks on paper, such as crayons, markers, paint brushes, chalk, dot paints, etc.

Early Learning Resources

Born Learning

bornlearning.org/

An online resource for parents, providing important information about how young children learn, brought to you by the United Way.

Bright Futures

brightfutures.app.org

Bright Futures is a set of principles, strategies, and tools used to promote and improve the health, education, and well-being of all children.

Caring for Our Children

nrckids.org/CFOC3/CFOC3_color.pdf

National health and safety performance standards; guidelines for early care and education programs, brought to you by the American Association of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

Center on Social and Emotional Foundations for Early Learning (CSEFEL)

<http://csefel.vanderbilt.edu>

CSEFEL is focused on promoting the social emotional development and school readiness of young children from birth to age five. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country.

Child Care Aware (National Association of Child Care Resource and Referral Agencies)

<http://www.naccrra.org/>

Child Care Aware promotes policies and partnerships to advance the development and learning of all children and to provide vision, leadership, and support to community Child Care Resource and Referral.

Child Development - Centers for Disease Control and Prevention

cdc.gov/ncbddd/childdevelopment/index.html

This informative section from the CDC offers parents information on child development basics, tips for parenting, developmental screening, and in-depth information on specific conditions or disabilities that may affect children.

Children's Health Insurance Program (CHIP) and Children's Medicaid

<http://www.chipmedicaid.org/>

<http://www.chipmedicaid.org/espanol>

CHIP and Children's Medicaid are federally funded programs that provide low cost or free health insurance to children. In Texas, these programs are operated by the Texas Health and Human Services Commission.

Children's Learning Institute (CLI)

<http://www.childrenslearninginstitute.org>

CLI serves as the Texas State Center on Early Childhood Development, and houses a number of important statewide early childhood programs and initiatives.

The Center to Mobilize Early Childhood Knowledge CONNECT Modules -

<http://community.fpg.unc.edu/connect-modules/learners>

These modules are designed for faculty and professional development providers to use in their professional development.

Early Childhood Intervention (ECI) Services

dars.state.tx.us/ecis/

ECI is a statewide program for families with children, birth to three, with disabilities and developmental delays. ECI is a division of the Texas Department of Assistive and Rehabilitative Services. ECI contracts with local agencies to provide early intervention services for families with children from birth to 36 months who have delays or disabilities.

Head Start Early Childhood Learning and Knowledge Center (ECLKC)

<http://eclkc.ohs.acf.hhs.gov/hslc>

ECLKC provides timely information and learning opportunities relevant to the Head Start and Early Head Start community, and to serve as a comprehensive resource for anyone involved in early childhood education.

Healthy Child Care Texas

healthychildcaretexas.org/

Healthy Child Care Texas is a state initiative dedicated to the promotion of optimal health, safety, nutrition, and development for children in out of home child care programs while training Child Care Health Consultants and Medical Consultants and offering other means of support.

Healthy Children

<http://www.healthychildren.org>

A child health and development online resource brought to you by the American Academy of Pediatrics.

National Child Traumatic Stress Network

<http://www.nctsn.org>

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) serves as the national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

National Association for the Education of Young Children (NAEYC)

<http://www.naeyc.org/>

NAEYC is a national, non-profit membership association for those working with and on behalf of children from birth through age eight.

National Resource Center for Health and Safety in Child Care and Early Education

<http://nrckids.org/>

A useful website for learning about health and safety related to early childhood programs.

Technical Assistance Center on Social Emotional Intervention (TACSEI)

<http://www.challengingbehavior.org>

TACSEI takes the research that shows which practices improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities and creates free products and resources to help decision-makers, caregivers, and service providers apply these best practices in the work they do every day.

Texas Association for the Education of Young Children (Texas AEYC)

<http://www.texasaeyc.org/>

Texas AEYC is the Texas affiliate of the National Association for the Education of Young Children.

Parenting Counts Developmental Timeline

parentingcounts.org/information/timeline/The

Parenting Counts Timeline offers access to research-based information about your child's development from birth to five across four domains: physical development, social and emotional development, learning and cognitive development, and language and communication development.

PBS Parents

<http://www.pbs.org/parents/>

An online resource for parents, brought to you by the Public Broadcasting Service.

Preschool Programs for Children with Disabilities (PPCD)

tea.state.tx.us/index2.spx?id=2147494988 PPCD

provides special education and related services for eligible children with disabilities ages three through five through local school districts, as mandated by the Individuals with Disabilities Act (IDEA).

Raising Texas

raisingtexas.com/

Raising Texas' mission is to promote an effective, comprehensive, and seamless system that serves and supports families in the areas of early care and learning, social-emotional development, parent education and family support, and access to a medical home.

Reach Out and Read - Texas

rortx.uth.tmc.edu/

Reach Out and Read Texas prepares our state's youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read together.

Reporting Child Abuse

<http://www.txabusehotline.org/Login/Default.aspx>

The Department of Family and Protective Services provides this secure website for reporting suspicions of abuse, neglect, and exploitation of children, adults with disabilities, or people who are elderly (65 years or older).

Safe Kids

<http://www.safekids.org>

Nationwide network of organizations working to prevent unintentional childhood injury, educate families, provide safety devices to families in need and do advocacy work.

Texans Care For Children

<http://texanscareforchildren.org/>

Texans Care For Children is a Texas based non-profit that works on improving policies for children in the state.

Texas A&M AgriLife Extension Child Care Courses

https://extensiononline.tamu.edu/courses/child_care.php

Very inexpensive online training for parents and providers on caring for infants and toddlers. To access free specific trainings for parents and families on infant and toddler care visit: <http://infanttoddler.tamu.edu/courses/courseListByCatID.php?catid=16>

Texas Association for Infant Mental Health (TAIMH)

<http://taimh.org/>

TAIMH is a non-profit affiliate of the World Association for Infant Mental Health and is dedicated to supporting the healthy emotional development of infants, toddlers, and their families.

Texas Child Care Licensing (CCL)

dfps.state.tx.us/child_care/about_child_care_licensing/

CCL regulates and monitors all child care operations and child-placing agencies in Texas to protect the health, safety, and well-being of children in child care. CCL is operated by the Texas Department of Family and Protective Services.

Texas Council for Developmental Disabilities (TCDD)

<http://www.txddc.state.tx.us/>

TCDD is a state advisory council that promotes opportunities for all people with disabilities to be included in their communities and exercise control over their own lives.

Texas Early Hearing, Detection and Intervention (Texas EHDI)

<http://www.dshs.state.tx.us/tehdil/>

Texas EHDI's website offers detailed information and resources to support the role of Texas EHDI providers, families, and the greater community as we work together to improve outcomes for families of our youngest children suspected or diagnosed with hearing loss in Texas. The Texas Department of State Health Services manages Texas EHDI.

Texas Hands and Voices

<http://www.txhandsandvoices.org/txhv/>

A statewide, parent-driven non-profit organization dedicated to supporting families and their children who are deaf or hard of hearing as well as the professionals who serve them.

Texas Parent to Parent

<http://www.txp2p.org/>

A Texas non-profit that provides support and information for families and children with disabilities, chronic illness, and other special needs.

Texas Women, Infants, and Children Program (WIC)

<http://www.dshs.state.tx.us/wichd/>

WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. In Texas, WIC is operated by the Texas Department of State Health Services.

Texas Vaccines for Children Program (TVFC)

http://www.dshs.state.tx.us/immunize/tvfc/tvfc_about.shtm

TVFC provides vaccines at no-cost to providers, in order to immunize children who meet certain eligibility requirements for insurance and income. The program is operated by the Texas Department of State Health Services.

Text4Baby

<http://text4baby.org/>

A free service that provides health and safety text messages to parents throughout their pregnancy and the first year of life of their child.

ZERO TO THREE®

<http://www.zerotothree.org/>

ZERO TO THREE® is a national, nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers.

Bibliography and Key Resources

- Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Psychology Press.
- Albrecht, K. & Miller, L. G. (2001). *Infant & Toddler Development*. Beltsville, MD: Gryphon House.
- Albrecht, K. & Miller, L. G. (2001). *The Comprehensive Infant Curriculum*. Beltsville, MD: Gryphon House.
- Albrecht, K. & Miller, L. G. (2001). *The Comprehensive Toddler Curriculum*. Beltsville, MD: Gryphon House.
- American Academy of Pediatrics (2003). "Eye Examination and Vision Screening in Infants, Children, and Young Adults." *Pediatrics*, 111(4), 902–907.
- American Academy of Pediatrics (2008). "Recommendations for Preventative Pediatric Health Care." Web. <http://www.chipcoverspakids.com/assets/media/pdf/preventive_and_screening_schedule.pdf>.
- American Academy of Pediatrics (2011). Web. <www.healthychildren.org>.
- American Academy of Pediatrics (2012). "Ages & Stages." Web. <<http://www.healthychildren.org/English/ages-stages/Pages/default.aspx>>.
- American Academy of Pediatrics (2012). AAP Reaffirms Breastfeeding Guidelines. Web. <<http://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Reaffirms-Breastfeeding-Guidelines.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>>
- American-Language-Hearing Association (2012). "Typical Speech and Language Development." Web. <<http://www.asha.org/public/speech/development/>>.
- The Annie E. Casey Foundation. (2010) "Data by State: Texas." *Kids Count Data Center*. Web. <<http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=TX>>.
- Anthony, J. L., & Lonigan, C. J. (2004). "The Nature of Phonological Awareness: Converging Evidence From Four Studies of Preschool and Early Grade School Children." *Journal of Educational Psychology*, 96(1), 43-55. doi: 10.1037/0022-0663.96.1.43
- Beck, I. L., McKeown, M. G., & Kucan, L. (2002). *Bringing Words to Life: Robust Vocabulary Instruction*. New York, NY: Guilford Press.
- Biemiller, A. (2012). "Teaching Vocabulary in the Primary Grades: Vocabulary Instruction Needed." In J. Baumann & E. Kane ennu (Eds.) *Vocabulary Instruction Research to Practice*, 2nd. New York; NY: Guilford Press.
- Biemiller, A., & Slonim, N. (2001). "Estimating Root Word Vocabulary Growth in Normative and Advantaged Populations: Evidence for a Common Sequence of Vocabulary Acquisition." *Journal of Educational Psychology*, 93, 498-520.
- Biemiller, A. (2009). "Parent/Caregiver Narrative: Vocabulary Development (0 – 60 Months)." *Handbook of Language and Literacy Development: A Roadmap from 0 – 60 Months*. Canadian Language and Literacy Research Network. Web. <<http://www.theroadmap.ualberta.ca/vocabularies>>
- Brazelton, T.B. & Sparrow, J.D. (2006) *Touchpoints – Birth to Three*. Da Capo Press.
- Bronfenbrenner, U., & Morris, P. A. (2006). "The Bioecological Model of Human Development." In R. M. Lerner & W. Damon (Eds.), *Handbook of Child Psychology (6th ed.): Vol 1, Theoretical Models of Human Development*. (pp. 793-828). Hoboken, NJ: John Wiley & Sons Inc.
- Caplan, Frank & Caplan, Theresa (1995). *The First Twelve Months of Life: Your Baby's Growth Month by Month*. New York, NY: Bantam Books.

- Chapman, R. S. (2007). *Children's Language Learning: An Interactionist Perspective*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Denham, S. A (1998) *Emotional Development in Young Children*. New York, NY: Guilford Press.
- Eisenberg, N., Cumberland, A., & Spinrad, T. (1998). "Parental Socialization of Emotion." *Psychological Inquiry*, 9(4), 241-273. doi:10.1207/s15327965pli0904_1
- Gotzke, C. & Sample Gosse, H. (2007). "Parent Narrative: Introduction to Language 25-36 months – Understanding and Using More Words and Sentence Types." *Handbook of Language and Literacy Development: A Roadmap from 0-60 Months*. Canadian Language and Literacy Research Network. Web. <<http://www.theroadmap.ualberta.ca/understandings>>.
- Hammer, C., Scarpino, S., & Davison, M. (2011). "Beginning With Language: Spanish-English Bilingual Preschoolers' Early Literacy Development." In S. B. Neuman & D. K. Dickinson (Eds.), *Handbook of Early Literacy Research: Volume 3* (pp. 118-135). New York, NY: Guilford.
- Hart, B., & Risley, T. R. (1995). *Meaningful Differences in the Everyday Experience of Young American Children*. Baltimore, MD: Paul H Brookes Publishing.
- Landry, S.H., Smith, K.E. & Swank, P.R., (2006). "Responsive Parenting: Establishing Early Foundations for Social, Communication, and Independent Problem-Solving Skills." *Developmental Psychology*, 42 (4), 627-642. doi:10.1037/0012-1649.42.4.627
- Landry, S. H., Smith, K. E., Swank, P. R., & Guttentag, C. (2008). "A Responsive Parenting Intervention: The Optimal Timing Across Early Childhood for Impacting Maternal Behaviors and Child Outcomes." *Developmental Psychology*, 44, 1335-1353. doi:10.1037/a0013030
- Landry, S. H., Smith, K. E., Swank, P. R., Zucker, T., Crawford, A., & Solari, E. J. (2011). "The Effects of a Responsive Parenting Intervention on Parent-Child Interactions During Shared Book Reading." *Developmental Psychology*, online first publication. doi: 10.1037/a0026400
- Landry, Susan (2005). "Effective Early Childhood Programs: Turning Knowledge Into Action." In A.R. Tarlov & M.P. Debbink (Eds.), *Investing in Early Childhood Development* (pp. 67-84). New York, NY: Palgrave Macmillan.
- Leseman, P. P. M., & de Jong, P. F. (1998). "Home Literacy: Opportunity, Instruction, Cooperation, and Social-Emotional Quality Predicting Early Reading Achievement." *Reading Research Quarterly*, 33, 294-318. doi: 10.1598/RRQ.33.3.3
- Louisiana Department of Social Services and Louisiana Head Start Collaboration Office (2005). "Louisiana's Early Learning Guidelines and Program Standards." Web. <<http://www.dss.state.la.us/assets/docs/searchable/OFS/LAEarlyLearningGuide.pdf>>.
- Maine Department of Health and Human Services (2005). "Supporting Maine's Infants & Toddlers: Guidelines for Learning & Development." Web. <maine.gov/education/fouryearold/documents/infantsandtoddlerguidelines.pdf>.
- Minnesota Department of Health, Minnesota Department of Health (2007). "Early Childhood Indicators of Progress: Minnesota's Early Learning Guidelines for Birth to 3." Web. <<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4438-ENG>>.
- Mol, S. E., Bus, A. G., de Jong, M. T., & Smeets, D. J. H. (2008). "Added Value of Dialogic Parent-Child Book Readings: A Meta-Analysis." *Early Education and Development*, 19(1), 7-26. doi: 10.1080/10409280701838603
- National Association for the Education of Young Children (2009). "Where We Stand on Responding to Linguistic and Cultural Diversity." Web. <<http://www.naeyc.org/files/naeyc/file/positions/diversity.pdf>>.

- Nebraska's Individual Family Service Plan (2012). "Supporting Environments." Web. <ifspweb.org/environments.html>.
- Oesterreich, Lesia (2007). *Heartland Family Child Care Handbook*. Ames, IA: Iowa State University Extension.
- Paul, R. (2006). *Language Disorders from Infancy Through Adolescence* (3rd edition). St. Louis, MO: Mosby.
- Rettig, Michael (1995). "Play and Cultural Diversity." *The Journal of Educational Issues of Language Minority Students*, 15.
- Rowe, M. L., Raudenbush, S. W., & Goldin-Meadow, S. (2012). "The Pace of Vocabulary Growth Helps Predict Later Vocabulary Size." *Child Development*, 83, 508-525.
- Sensory Processing Disorder Foundation (2012). About SPD. Web. <spdfoundation.net/about-sensory-processing-disorder.html>
- Schiller, P. (2010). "Early Brain Development Research Review and Update." *Exchange*, 26-30.
- Scott-Little, Catherine. (2008) *Inside the Content of Infant-Toddler Early Learning Guidelines: Results from Analyses, Issues to Consider, and Recommendations*. The University of North Carolina Greensboro. Web. <uncg.edu/hdf/facultystaff/ScottLittle/FINAL%20FULL%20REPORT%20-%202.28.08.pdf>.
- Shonkoff, J.P. (2000). *From Neurons to Neighborhoods: The Science of Early Child Development*. Washington, D.C.: National Academies Press.
- Snow, C. E., Burns, M., & Griffin, P. (1998). *Preventing Reading Difficulties in Young Children*. Washington, D. C.: National Academies Press.
- South Carolina Department of Social Services (2008) "South Carolina's Infant and Toddler Guidelines." Web. <childcare.sc.gov/main/docs/SCInfantToddlerGuidelines.pdf>.
- Tamis-Lemonda, C.S., Bornstein, M.H. & Baumwell, L. (2001). "Maternal Responsiveness and Children's Achievement of Language Milestones." *Child Development*, 72, 748-767. doi:10.1111/1467-8624.00313
- Treiman, R., & Broderick, V. (1998). "What's in a Name: Children's Knowledge About Letters in Their Own Names." *Journal of Experimental Child Psychology*, 70, 97-116.
- Urban Child Institute (2012). "Baby's Brain Begins Now: Conception to Age 3." *Why 0-3*. The Urban Child Institute. Web. <http://www.urbanchildinstitute.org/why-0-3/baby-and-brain>.
- Vygotsky, L. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Cambridge, MA: Harvard Univ Press.
- Washington State Department of Early Learning (2012). "Washington State Early Learning and Development Guidelines." Web. <del.wa.gov/publications/development/docs/guidelines.pdf>.
- Welsch, J. G., Sullivan, A., & Justice, L. M. (2003). "That's My Letter!: What Preschoolers' Name Writing Representations Tell Us about Emergent Literacy Knowledge." *Journal of Literacy Research*, 35(2), 757-776. doi: 10.1207/s15548430jlr3502
- Whitehurst, G. J., & Lonigan, C. J. (1998). "Child Development and Emergent Literacy." *Child Development*, 69(3), 848-872. doi: 10.2307/1132208
- World Health Organization. (2005). *Guiding Principles for Feeding Non-Breastfed Children 6-24 Months of Age*. Web. <whqlibdoc.who.int/publications/2005/9241593431.pdf>
- Zero to Three. (2011). "Infant/Toddler Early Learning Guidelines Implementation Toolkit." Web. July 3, 2012. <http://www.zerotothree.org/public-policy/webinars-conference-calls/it-elg-implementation-toolkit-introduction-508-compliant.pdf>.
- ZERO TO THREE (2012) "Age-Based Handouts." Web. <http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/age-based-handouts.html>.

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