Caring for Idaho's Infants and Toddlers

Idaho Early Learning eGuidelines

Resources for Parents and Caregivers

Routines	Interests	Relationships
Mealtimes	Moving	Learning to Communicate My Needs
Diapering	Exploration	Learning to Calm Myself
Sleeping	Imitating What I See	Primary Caregivers
Hellos and Goodbyes	Pretending	Interacting with Peers
Transitions	Natural Experiences	Learning to Talk
Toilet Learning	What You Can Expect of Me	Challenging Behaviors
My Play: A Prime Time for Learning	My Social and Emotional Health	Partnering with Parents

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Resources for Parents and Caregivers

A supplement to Idaho's Early Learning eGuidelines

Idaho Association for the Education of Young Children (AEYC)
and the IdahoSTARS Project

Support for this project was provided by the Office of Head Start,
Administration for Children and Families,
Health and Human Services,
Head Start State Collaboration Grant (ACF# 10CD 0020/01).

www.earlychildhood.dhw.idaho.gov

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Caring for Idaho's Infants and Toddlers

Using the Idaho Early Learning eGuidelines

Caring for Idaho's Infants and Toddlers was developed for parents, caregivers, and professionals who work with young children. It offers tips, suggestions, and resources for how to respond to children from birth to 36 months of age.

What are the Idaho Early Learning eGuidelines?

The Idaho Early Learning eGuidelines are a resource to help guide children's development and learning. They provide guidelines and strategies to help caregivers and teachers understand and support the development of children. They are a comprehensive document, designed to guide practice and policymaking for young children.

The Idaho Early Learning eGuidelines allow anyone to access online information, broad or specific, about how young children grow and learn. You can find them at www.earlychildhood.dhw.idaho.gov.

Purpose and Use of This Book

Caring for Idaho's Infants and Toddlers is a resource that uses the eGuidelines to support the growth and development of children from birth through 36 months. It applies in many settings: children's homes, others' homes, child care programs, early intervention programs, Early Head Start programs, and private and faith-based programs.

Acknowledgement and Gratitude

We wish to acknowledge and thank our contributors.

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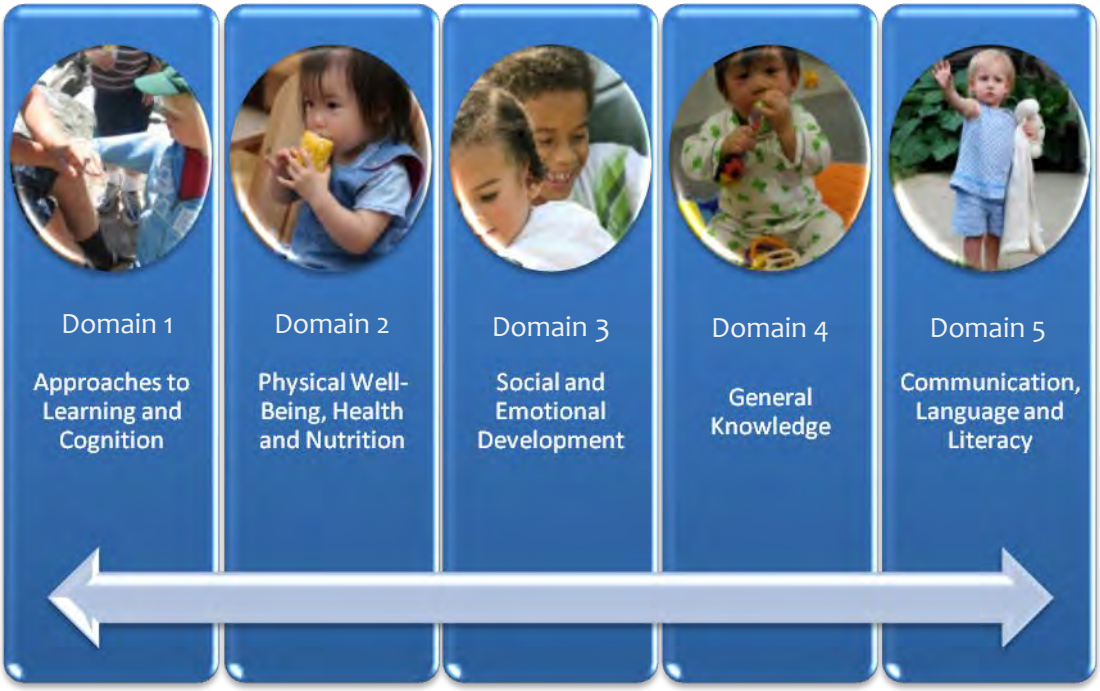
Areas of Development

Caring for Idaho's Infants and Toddlers covers five areas (or "domains") of development:



These domains are covered in-depth in the Early Learning eGuidelines. The eGuidelines use child indicators and caregiver strategies to discuss experiences and development for different age ranges.

Each section of *Caring for Idaho's Infants and Toddlers* includes references to relevant sections in the eGuidelines. For example, if you are reading "Toilet Learning," you will find a list of related Early Learning eGuideline domains, goals, and age ranges at the bottom of the page. Toilet Learning spans 4 of the 5 domains, including: Domain 1, Approaches to Learning and Cognition; Domain 2, Physical Well-Being, Health and Nutrition; Domain 3, Social and Emotion Development; and Domain 5, Communication, Language and Literacy. Here's an example of what this list looks like:

"Idaho Early Learning eGuidelines: D1G3 16-38, D2G23 16-38, D3G28 16-38, D5G51 16-38…"

(D) indicates the domain of development and (G) is the goal within that domain. The numbers that follow indicate the age range (in months) in the eGuidelines for that goal.

Keep in mind that areas of a child's development are not distinct or separate. Instead, they work together to support the healthy growth of the child.

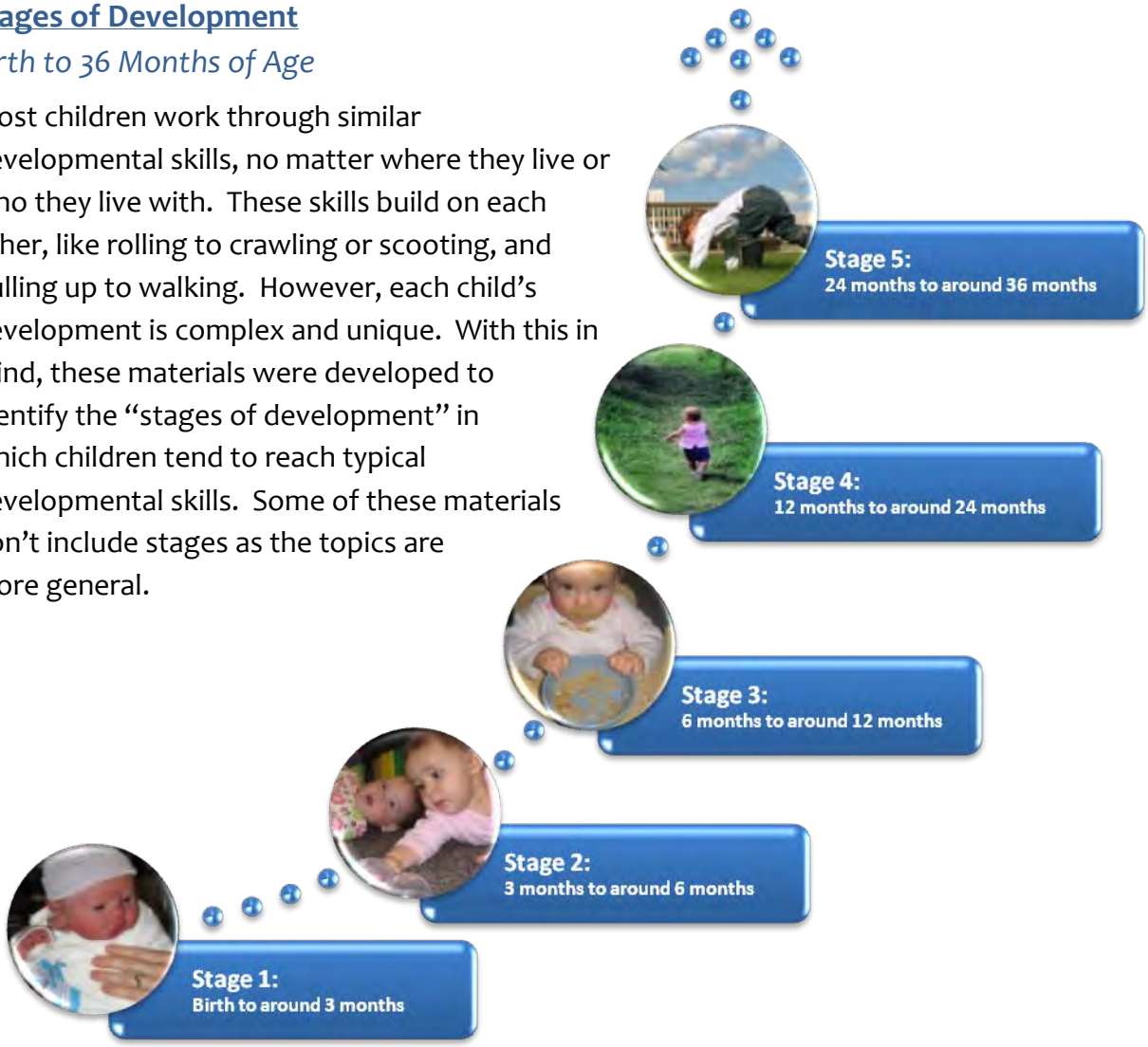
Age Ranges

As a parent or caregiver, you see every day that each child's growth and development is unique. Even twins show differences depending on their temperament, interest, and health. Some crawl, walk, or talk very early. Others take a little more time to watch others and practice their skills. We also know that many children are born with a developmental delay or impairment, or are very ill during their early years. These children can accomplish great things, but they need more time and support to master skills.

Stages of Development

Birth to 36 Months of Age

Most children work through similar developmental skills, no matter where they live or who they live with. These skills build on each other, like rolling to crawling or scooting, and pulling up to walking. However, each child's development is complex and unique. With this in mind, these materials were developed to identify the "stages of development" in which children tend to reach typical developmental skills. Some of these materials don't include stages as the topics are more general.



To learn more about the Early Learning eGuidelines, visit http://www.earlychildhood.dhw.idaho.gov.

When There is a Concern About a Child's Development

Guiding Principles from the Idaho Early Learning eGuidelines

Each child learns in distinct ways

Children develop and learn depending on their unique personal traits. For this reason, the rate of development varies for every child. Development and learning can be impacted by genetics, culture, environment, experiences, temperament, interests, and motivation.

Children develop best within their natural environments where they live, learn and play

It is easiest for a child to learn new skills while doing meaningful, functional activities as they occur during the day. Children have the most success when given the chance to work on skills in their natural settings.

Developmental Screening

Idaho's Infant Toddler Program offers screening tools for parents to monitor their child's development. These tools, known as Developmental Milestones, help parents understand child development and recognize if their child may need additional support. They can also help determine if a child is at risk of developmental delay, social-emotional concerns, or autism spectrum disorders.

Developmental Milestones offers three screenings:

- Ages & Stages Questionnaires (ASQ) for overall development;
- Ages & Stages Questionnaires–Social-Emotional (ASQ-SE) for social-emotional concerns; and
- Modified Checklist for Autism in Toddlers (MCHAT) for concerns related to autism spectrum disorders.

They are offered to families free of charge online or by mail.

To enroll in Developmental Milestones, or if you have concerns about a possible developmental delay or disability, contact Idaho CareLine by dialing 2-1-1 or visit http://www.infanttoddler.idaho.gov.

Referral & Evaluations: What to Expect

If there is a concern, the child is referred to the Infant Toddler Program (ITP). The family is contacted by ITP staff in their area. Staff meet with the family to identify strengths and concerns regarding their child. Based on these strengths and concerns, along with the referral, evaluations are done to determine if the child qualifies for services.

If a child is eligible, the Infant Toddler Program meets with the family to create an Individualized Family Service Plan (IFSP). This plan is the blueprint for services, implementation, and partnership between the team members. It identifies family and child outcomes and strategies to reach them.

Each family is paired with a team of early interventionists. This team includes a primary service provider and service coordinator. The primary service provider and family work to identify activities that will help the child reach their goals during everyday routines. This partnership increases a parent's confidence and ability to help their child reach the outcomes identified in the IFSP.

If a child does not need services, the family can enroll in Developmental Milestones to track their child's developmental progress, or use other community resources.

Visit http://www.infanttoddler.idaho.gov for more information on ITP and Developmental Milestones.

Partnering with Parents

Early intervention is a partnership. It focuses on supporting family members and other important individuals in the child's life. This helps them build and support the child's development during everyday activities.

Early intervention providers establish open communication and strong relationships with parents. This allows a partnership with parents to address the outcomes needed for their child's development. It is important to help families recognize opportunities for them to practice targeted skills with their child during everyday activities.

To learn more about development, view the Resources and References found at the end of these materials. You can learn more about the Idaho Infant Toddler Program by dialing ***2-1-1*** *to reach* ***Idaho CareLine*** *or by visiting http://www.infanttoddler.idaho.gov.*

Mealtimes

Meal and snack times are an important part of the day for infants and toddlers. Children are learning about their bodies and developing new skills that build confidence, trust, and lifelong healthy eating habits.

Stage 1 (Birth to around 3 months)

I am:

- breastfeeding and/or bottle-feeding to get nutrition.
- learning how to use movements and facial expressions to let you know when I'm hungry or full.

When possible, breastfeeding is recommended by the American Academy of Pediatrics for a minimum of one year.

Stage 2 (3 to around 6 months)

I am:

- experimenting with tastes of semi-solid foods, with a physician's approval.
- eager to "help" feed myself.
- very curious about what others are eating, but I may or may not try it.

Responding to an infant's emotional needs by feeding them will confuse hunger with emotional experiences. They will learn to eat when sad, lonely, frustrated, or angry.

My caregivers help me by:

- providing a place for my mom to breast- and bottle-feed.
- learning the best ways to store and prepare breast milk.
- learning to read my signals when I am hungry, bored, sad, or angry, and responding appropriately.
- feeding me when I'm hungry, and responding when I show that I am full.
- holding me and giving me all your attention when I'm bottle-feeding.
- offering solid food when I'm ready and the doctor says it's okay.
- looking to see if my tongue is down when you offer solid foods. You should not be able to see the underside of my tongue.
- planning feeding times based on my culture and needs.
- offering me a cup and utensils so I can practice. This helps keep my hands busy too!

Children go through many changes in their feeding skills and nutritional needs during the first year. Babies start by learning to get semi-solid food from a spoon and swallow it. They then learn to manipulate and gum thicker, lumpier food. Finally, they learn to pick up and chew pieces of soft, cooked food.

Stage 3 (6 to around 12 months)

I am:

- getting much of my nutrition from a variety of solid foods.
- very interested in what others around me are eating.
- starting to like certain foods.
- exploring safe finger foods on my own, when I'm ready.
- exploring a variety of foods to eat with my fingers.

A child is ready for finger foods when they show interest, have head and neck control, can move their tongue sideways or make a bowl shape, can move their jaw in all directions, and can successfully bring items and hands to their mouth.

Stage 4 (12 to around 24 months)

I am:

- starting to drink from a cup without a lid.
- beginning to talk about the foods I eat.
- very busy. I may not want to eat very much at every meal.
- letting my caregivers know when I am hungry and full.
- choosing what I want to eat when I have options.
- exploring how to use a fork and a spoon, but I still enjoy eating with my fingers.

My caregivers help me by:

- offering safe finger foods when I am ready, such as ready-to-eat cereals that easily dissolve, and pieces of soft fruits and vegetables.
- providing a low table and chair for me to sit at while I eat.
- offering 3 to 4 choices of nutritious foods for me to explore.
- keeping my food portions small, and just right for me. Give me lots of chances to have seconds.
- allowing me to practice feeding myself with my fingers and child-sized utensils.
- keeping a simple chart of what and how much I eat every day.
- joining me at mealtime and modeling eating new foods that are different colors, textures, shapes, sizes, and temperatures.
- including regular meal and snack times in my routine.

Avoid forcing a certain type or amount of food at mealtimes. The more casual and confident the caregiver is about mealtimes, the better.

Children tend to pick one hearty meal per day. Keeping a routine time for snacks and meals can help improve daily nutrition.

Stage 5 (24 to around 36 months)

I am:

- moving all day long, so I am hungry and thirsty more often.
- independent and eager to help at mealtime.
- feeding myself. I can turn my spoon so more food gets into my mouth, and I can use a fork too!
- still using my fingers with slippery foods.
- starting to serve myself when I am given serving utensils to use.
- able to lift, drink, and hold a cup in one hand.
- using my new words to talk about and ask for my favorite foods.
- mostly eating my favorite foods. I may refuse to eat different foods.
- interested in whole foods that are not cut up: whole beans, apples, bananas, corn on the cob, etc.

My caregivers help me by:

- offering a regular routine that includes healthy snacks and meals.
- making water available all day.
- helping me serve myself by putting food in serving bowls with serving utensils that are my size and easy to use, and giving me space to practice.
- sitting, eating, and talking with me at snack and meal time.
- providing a place for me if there is a grown-up table. Add a secured booster chair that I can climb into by myself.
- respecting my food preferences. I will eat better if my caregiver accepts my preferences instead of combating them.
- offering foods in sizes and shapes that do not present a choking hazard.

Make mealtime fun and exciting by using songs, fun food labels, and colorful foods. Mealtime fun will provide a good start for lifelong healthy eating.

- offering 2 or 3 choices during mealtime that include an old favorite and something new.
- including me when preparing food. When I help with washing, sorting, and preparing the food, I may be more willing to eat it.
- using snack time to balance my nutrition instead of filling me up. Create fun labels for super snack foods. For instance, carrots can be nicknamed "Super Vision Sticks" and avocado can be "Go-Go Avocado."
- limiting boxed or canned foods with added sugar or salt.
- limiting sugary foods and replacing them with sweet whole foods like fruit and sweet veggies.

To find out more about mealtimes, view the Resources and References found at the end of these materials.

Diapering

Providing many new learning experiences for infants and toddlers, and one-on-one time with their caregiver.

From stages 1 through 4 (birth to around 24 months)

I am learning:

- what a wet or soiled diaper feels like.
- to express that I need my diaper changed when it's wet or soiled. In the beginning I may just cry or fuss, but eventually I might give you more obvious signs like pointing or pulling at my diaper.
- about my body and how it works. I may even stop what I'm doing and touch my diaper or find a quiet place when I go pee or poop.
- that diaper time is "me time!" When I babble, gesture, or talk, you respond and speak back to me. This is a great time for me to interact with one of my first and most important "toys": you!

My caregivers help me during diapering by:

Remember, it is what is in the diaper that may not smell so good, it is not the child. Children watch adults closely and may feel confused about your message.

- responding quickly when my diaper needs to be changed. This will help me trust you, and to understand what comes next.
- letting me know before you pick me up that you will be changing my diaper.
- giving me time to finish what I'm doing before you pick me up.
- respecting me when you speak to me or others about my soiled diaper.
- telling me what you are going to do and describing what you are doing during diaper changes. This not only helps me learn new words, but it includes me in the process and helps me understand what is coming next.
- providing a safe and sanitary place to change diapers where I can't roll off. I am learning new ways to move my body, and I am not able to control many of my movements. I also like to try new motor skills in new places!
- keeping everything you need to change diapers nearby, where you can easily reach it, and clearly labeled.
- talking to my family about my diapering routines. A similar diaper routine at home and at child care helps me understand what to expect.

- showing me how to wash my hands after diapering. It is never too early to start learning this important skill.

Around stage 5 (24 to around 36 months)

I am learning:

- the words that will help me with toilet learning, such as "pee" and "poop."
- when my body needs to go poop and pee.
- to help change my diaper. I can begin helping by holding the diaper for my caregiver, and even assisting with taking my clothes off and putting them back on.
- other important self-care tasks along with diapering, like how and when to wash my hands, and that I can do it by myself. There will probably come a time when I don't want to stop playing to get my diaper changed, and I will resist doing so.
- to tell you that I need my diaper changed.

My caregivers help me during diapering by:

- letting me climb up or lay down on my own to change my diaper (when possible and safe). The more I can do by myself, the more willing I am to help.
- providing a low sink or stool where I can reach the sink. Let's wash our hands together after each diaper change.
- putting me in outfits that allow me to practice taking my clothes on and off.
- being patient yet consistent with me. At times I may decide that I don't want my diaper changed. Respect my feelings and even label those feelings so I can learn what words go with what feeling.

To learn more about toilet learning, view "Toilet Learning," and the Resources and References found at the end of these materials.

Sleeping

"Moving into and out of sleep are times when most humans are very vulnerable. If there is ever a time to be relaxed and gentle with children and to treat them as individuals, it is while helping them to move into and out of sleep."
~ Prime Times: A Handbook for Excellence in Infant and Toddler Programs

Stages 1 through 3 (Birth to around 12 months)

What you can expect from me:

- I will sleep between 8 and 16 hours a day. I can fall asleep easily.
- Around 6 months, I may be able to sleep through the night.
- I will show you that I need sleep by yawning, rubbing my eyes, crying, and/or fussing.
- I will begin to understand and expect routines. I will know it's time to sleep when we read a book quietly then get my blanket and rock for a little while, or when I'm put in my bed.
- My sleep needs are unique to me. I may need to be swaddled tightly or loosely, rocked or placed in my crib, given a quiet space or sung to, or I may need to babble or talk to myself. I may also need to cry to let off some steam before sleep.

My caregivers support me during naptimes by:

- allowing me to sleep when I need to, and following my natural sleep pattern.
- helping me learn ways to calm myself so I can sleep on my own. Try swaddling, singing, or rocking with me before you put me down to sleep.
- putting me down to sleep when I'm still awake.
- explaining to me what you are helping me to do and what is coming next.
- watching for the ways I like to fall asleep. It can take a while to recognize this in some children.

Stages 4 and 5 (12 to around 36 months)

What you can expect from me:

- I will sleep between 12 and 14 hours a day and take one or two naps a day.
- I will let you know when I need to sleep with more obvious signs. I may use words to tell you, or seek out items that I always sleep with.
- With consistent routines and responses, I may begin to participate in my sleep routines by going to my mat or crib and arranging my comfort items when it's time to sleep.

- I may need help finding the best way to fall asleep.
- My sleep routine (when I need sleep and how I fall asleep) will be more consistent if you help me get to sleep when I'm tired.

My caregivers support me during naptimes by:

- creating a sleep routine. Try giving me a bath, reading books, and singing songs before turning the lights off.
- keeping my sleep routines consistent at home and in child care.
- providing a nap area in the child care center that is quiet and dark but still visible to classroom staff. Provide a nap space (crib or mat) for each child.
- encouraging families to bring comfort items from home, like blankets or stuffed toys, to snuggle with before going to sleep.

Preparing for Sleep

As Ben begins to rub his eyes and fuss (his obvious cues of sleepiness), his primary caregiver begins their routine of preparing for sleep. She brings out his blanket and pacifier. She swaddles Ben, gives him his pacifier, and holds him close for a few moments before laying him in his crib.

The American Academy of Pediatrics recommends placing healthy infants on their backs to sleep. They suggest these measures to help reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Place babies on a firm mattress to sleep--never on a pillow, waterbed, sheepskin, couch, chair, or other soft surface. To prevent re-breathing, do not put blankets, comforters, stuffed toys, or pillows near the baby.
- Make sure babies do not get too warm while sleeping. Keep the room at a temperature that feels comfortable for an adult in a short-sleeved shirt. Some researchers suggest that a baby who gets too warm could go into a deeper sleep, making it more difficult for them to awaken.

For more on SIDS prevention and creating safe sleep practices and routines, see "A Child Care Provider's Guide to Safe Sleep" at http://www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf

FREE Reducing the Risk of SIDS in Child Care Online Module at: http://www.healthychildcare.org/sids.html#SIDSmodule. **Note**: to participate for free, you must use this promo code: **SIDSCCP.**

To learn more about sleeping, view the Resources and References found at the end of these materials.

Hellos and Good-Byes

With support, these sometimes challenging routines can be made easier for children and their families.

When saying my hellos and good-byes, I may:

- need my comfort items to help me feel better when saying good-bye to my family and caregivers. Saying good-bye may be hard for my family too.
- become upset when my family or my caregiver leaves. I may cling to them and cry. This anxiety may increase at some ages (6 to 8 months, 12 to 14 months) and then go away.
- begin to expect the arrival of my family when it's time to leave, or the separation from them when I arrive. This is easiest with a consistent routine.
- begin to manage my feelings, with support. I may become upset when my family or caregiver leaves, but I can calm down after they have gone.
- become upset at the end of the day when everyone is going home.
- not show enthusiasm when my family comes to get me, although I have missed them. I may glance at them briefly and continue my activity. Or I may become upset, and resist going home.

My family helps me with hellos and good-byes by:

- creating a specific "good-bye" and "hello" routine with my caregiver.
- keeping the good-bye short and sweet. Saying good-bye can be hard on everyone.
- always saying good-bye, no matter how old I am. No sneaking off when I'm not looking.
- talking about my emotions with me. This helps validate my feelings.
- bringing a special toy, blanket, or comfort object to help me say good-bye.
- bringing pictures of my family to my caregiver. He or she can share them with me throughout the day.
- allowing enough time for me to make the change when dropping me off or saying hello at the end of the day.

Children can share their "special place" with their parent(s) or show them a favorite activity at the end of the day.

Idaho Early Learning eGuidelines: D1G9 6-18 and 16-38, D3G27 6-18 and 16-38, D3G38 6-18 and 16-38

My caregivers help me with hellos and good-byes by:

- supporting my feelings and those of my parents about separating.
- talking with me and naming my feelings when separating from my family. Offer support as I need it.
- placing pictures of my family in child care where I can see them. You could also make family books for me to look at when I miss my family.
- offering my family the opportunity to call and "check in" if they want.
- encouraging my family to spend time in child care with me to help me feel secure.
- preparing activities that I enjoy during drop-off and pick-up times.
- helping me to know when it is almost time for me to go home. This will help my reunion with my family go smoother, and I will know what is coming next.

Creating a Good-Bye Routine

Alex's mother knew that separation would be one of the biggest challenges of starting him in child care. Alex was two and a half and he still had a hard time separating from her at home. She shared her concerns with his teacher and they created a plan that worked well for Alex and his mother. Alex's primary caregiver met him and his mother at the classroom door for each drop-off. The teacher helped Alex find his name card to hang up (an activity he enjoyed). Alex's mother said good-bye to him as the teacher walked him into the classroom. She was encouraged to wait and watch through the window, where Alex couldn't see her, until she was comfortable enough to leave. Most days, Alex would ask his teacher to hold him, and he frequently cried. He and his teacher would then go to his cubby and take out his family pictures for him to look at. After a few weeks, Alex rarely cried but would quickly glance at his family photos before hurrying to join an activity.

For younger children, the familiar scent of their mother can be even more powerful than the visual example in Alex's story. To ease transitions for a younger child, you can create a good-bye routine including something soft to hold that smells of mom. This could be a "blankie," a t-shirt, or other comforting object.

To learn more about hellos and goodbyes, view the Resources and References found at the end of these materials.

Transitions

"Parents and caregivers frequently observe defiance and negativism around transitions."
~ Stanley I. Greenspan, M.D.

There are times during the day when children are asked to stop what they are doing to move to a new activity or caregiver. These times are known as *transitions*. Some children transition easily and without much fuss. Others find it very difficult. Helping children understand when and why these changes happen is an important part of caregiving. It can foster a child's sense of independence and their willingness to participate.

Provide pictures, charts, and visual signs for children to use during transitions. This helps reduce anxiety and foster independence.

During a daily transition, I will:

- need a warning so I know that a change is coming.
- sometimes need time to finish what I'm doing before I can make a change.
- begin to talk about transitions. I may say things like "Mommy go?"
- often resist transitions. I may try to find a way to change or avoid them.

My caregivers can help me with transitions by:

- reducing transitions as much as possible.
- giving me a warning when a transition is about to happen. Try saying "We are going to change your diaper after I'm done helping Sam" or "I'll be right back."
- giving me time to finish an activity if the transition is unexpected, like when someone comes early to pick me up.
- letting me be part of the transition. Try letting me ring the bell to clean up or move my name to a new activity on a daily chart.
- allowing me to use a comfort object, like a blanket or stuffed animal, when making difficult transitions like separating from parents.
- providing enough time for changes in the schedule or setting.
- providing a choice to help me transition, like saying "Would you like to pick up the blocks or the books?"

Idaho Early Learning eGuidelines: D1G6 16-38, D1G9 6-18, D3G27 6-18 and 16-38, D3G31 6-18, D3G34 0-8

Examples of Verbal Cues to Help with Transitions

- "I'll be right back."
- "I'm going to fix lunch. What do you want to play with while I make your lunch?"
- "It's almost time to pick up."
- "We have just enough time to finish this puzzle before it's time to clean up."

Using Time with Toddlers

Toddlers are just starting to understand simple concepts of time (like "before naptime," "after lunch," or "when mommy picks me up"). Use words with time concepts to help them understand transitions. Get down at the child's level and say something like "Five more minutes to play before snack time" and show them five fingers. Then, come back and say "Two more minutes to play" showing them two fingers this time. This allows you to give the child two visual and verbal cues and introduce the idea of numbers and time.

When a Child has a Difficult Time Transitioning

Infants and toddlers are growing right before our eyes. Although they are very little, their need to be independent is strong. However, their ability to make their own choices is limited. Find ways to help young children feel independent and to participate in the decision. This can help with transitions, and will build a sense of trust and security and help the child feel included.

Some children have a hard time moving to a new activity, no matter how much support you provide. Consistency is the key to helping these children, as well as giving them opportunities to participate. Provide simple pictures and charts, and tell them what will happen next. This will help them develop new skills and independence over time.

To learn more about transitions, view the Resources and References found at the end of these materials.

Toilet Learning

With the support of parents and caregivers, toilet learning is a developmental process that is not only rewarding, but can build self-confidence in young children.

I let you know when I am ready by:

- showing interest in the toilet. I may want to watch others use the toilet to learn more about it.
- looking at books with pictures of children using the toilet.
- beginning to dress and undress myself.
- helping put items where they belong.
- following simple directions.
- showing bowel and bladder control for at least two hours.
- having regular bowel movements.
- using words, actions, or gestures to show that I am urinating or having a bowel movement.

Peers can be strong models and motivators for toilet learning!

When not to start toilet learning:

- when I am going through big changes, like:
  - moving to a new house;
  - changes in my family such as a divorce, a death, or a new family member;
  - moving out of a parent's bed or crib; or
  - entering a new child care arrangement.
- when I'm not interested. Don't force toilet learning, it will result in a power struggle.

Start the toilet learning process when the child is happy, healthy, and eager to help. Poor timing may cause children to become frustrated. It is best to wait a few weeks and let the process begin when the child's life is calm and consistent.

Before I'm 2 years old

My caregivers help me with toilet learning by:

- asking my family what words they use for bowel movements and urinating at home. Consistency is important!
- talking with me about my bowel movements and urination.
- allowing other children to model using the toilet. This lets me observe the process naturally.

- talking about the toilet, what it is, and what it is for.
- allowing me to participate in self-care tasks, even diapering. Let me hold the diaper or help wipe myself.
- avoiding negative labels when diapering such as "Yuck!" or "You're stinky!"
- letting me sit on the toilet if I ask to do so.
- reading and exploring books about toilet learning with me.

Praise and Rewards

A child needs to be motivated to learn a new skill like toilet learning.

Offering rewards like stickers, candy, and praise during toilet learning can cause a child to only want the reward or the praise. Then, when the praise and rewards are removed, it may add needless stress and frustration for the child.

Wanting to wear underwear or use the toilet like grownups and other children can be all the motivation a child needs to learn to use the toilet.

When I'm ready to begin using the toilet

My caregivers help me with toilet learning by:

- being patient. It takes time and lots of accidents before I will use the toilet all by myself.
- responding to my toileting attempts matter-of-factly and without a lot of emotion.
- continuing to provide books with pictures of children using the toilet. Children's books on toilet learning can be found at the library.
- letting me decide if I would like to wear underwear or a diaper.
- using cloth underwear during the day, when possible. This helps me feel when I'm wet.
- dressing me in loose, easy-to-remove clothing to make toileting tasks easier for me.
- providing a comfortable toileting space for me. Use child-sized toilets, toileting chairs, or child inserts. In child care centers, these toilets are required to flush.
- creating a consistent routine so I know when it is time to use the toilet.

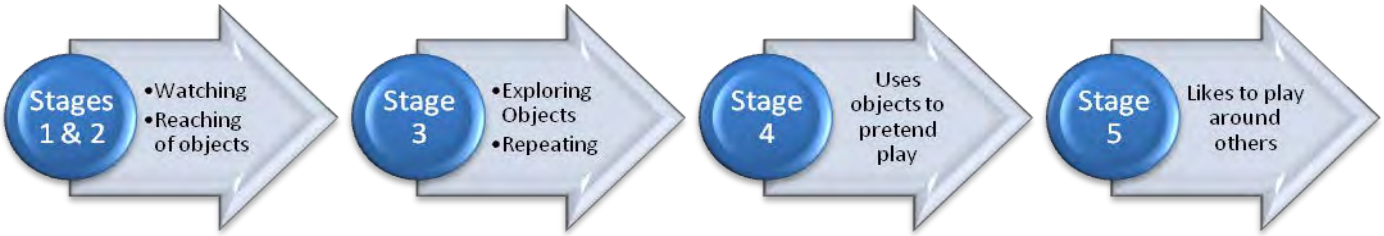
To learn more about Toilet Learning view the Resources and References found at the end of these materials. You can also visit Zero To Three's Learning to Use the Toilet page at http://www.zerotothree.org/child-development/early-development/all-about-potty-training.html

My Play: A Prime Time for Learning

"Play gives children a chance to practice what they are learning…They have to play with what they know to be true in order to find out more…" ~ Fred Rogers (Mr. Rogers' Neighborhood)

Stages of Play

Play is a powerful and natural way for me to explore, learn, and build my skills as I grow.



- During Stages 1 and 2, I will begin by looking and reaching for people and items. I will start trying to figure out how objects work. I will use all my senses (touch, taste, hearing, sight, and smell) to play and learn about the people and objects around me. My mouth is often my best tool to explore a new object.
- Around the end of Stage 3, I will often repeat an activity to practice my new skills and learn how things work (cause and effect). I may dump and load boxes or baskets of toys over and over, or I might climb in and out of a sand box until I am tired.
- Around Stage 4, I will show interest in playing near other children my age. I will also use objects in a creative way. I may look through a toilet paper roll like a telescope, use a block as a phone, or push a basket across the floor like a truck.
- Around Stage 5, I will seek other children and adults to play and use the same play items with. I may offer toys to others, like pretend food and kitchen utensils. Or, I may enjoy dressing up in a simple costume.

Idaho Early Learning eGuidelines: D1G2 6-18, D1G10 6-18 and 16-38, D1G14 0-8, 6-18 and 16-38, D1G15 0-8, 6-18, and 16-38, D1G16 16-38, D2G20 16-38, D3G27 6-18, D3G28 6-18 and 16-38, D3G31 0-8, D5G48 0-8, D5G50 6-18

How I learn to play

- The people in my life and the items around me are my first play items.
- When I'm younger, I will be more confident if I have a caregiver nearby.
- I need to explore and play with different items to learn about the world.
- I may repeat what I do many times until I'm ready to move on. I may ask you to read a story over and over again, or I may dump toys because I like the noise or watching them fall.
- I like to use different things in my play, especially items I see adults and other children using.
- I may try to play with my peers by handing them a toy, gesturing to them, or watching them. I may even talk to them or ask what they are doing.
- I will imitate adults and other children when I play.
- I like to pretend play, and I need time and objects to pretend with.
- I can begin to take turns in play, although this may still be difficult.

Dumping Toys

Parents and caregivers may see dumping toys as destructive. However, children are little scientists, and they learn powerful skills like cause and effect by dumping objects.

Help the child by creating a simple game with the dumped objects like dumping into another basket, or dumping the objects on different surfaces (loud, soft, bouncy, etc.).

Picking up can be a fun game too!

Learning to Share

Sometimes in the name of fairness, children are asked to share or give up a toy before they are finished. However, children under the age of three have no sense of possessions. They believe that if they have a toy, it's theirs. Instead of asking them to give it up, introduce sharing by modeling and talking about how to share by letting children finish their turn. Try saying something like "Joey would like to play with the truck when you are done. Can you hand it to Joey when you are finished playing?"

Stage 1 and 2 (Birth to around 6 months)

My caregivers support my play by:

- playing a variety of turn-taking games with me, such as peek-a-boo.
- allowing me to explore your face. This is one of my first favorite toys!
- imitating my vocalizations, facial expressions, and actions such as banging, cooing, smiling, and shaking.
- talking to me about what we are doing while we play.
- playing on the floor with me.
- letting me lead the play, and following my interest.

Stage 3 through Stage 5 (6 to around 36 months)

My caregivers support my play by:

- providing safe, open-ended materials to explore (like sand, mud, water, and play dough).
- talking to me about what my peers are doing during play, especially when you notice me trying to join them.
- providing lots of time for play. Find long periods of time to sit and play in the sand and water or pretend to bake a cake.
- providing toys and props based on my interest and culture. Accept the ways in which I decide to use them.
- staying near me and other children to help us with language and turn-taking while we are playing.
- using songs, finger plays, and music and movement to support play ideas.
- providing different places for me to play (outdoors, in parks, etc.).
- providing duplicates of desired toys and props when more than one child is in the room.
- keeping me safe in all experiences, both indoors and outside.

Renew-Reuse-Recycle

Reuse food boxes and containers by taping them closed and placing them on a low shelf. Find child–sized plastic cups, utensils, and cookware at a secondhand store for me to play with. A big box can be a great pretend oven!

Children and Television

The American Academy of Pediatrics recommends no screen time for children under 2, and less than 2 hours per day for older children.

To learn more about play and learning, view the Resources and References found at the end of these materials.

Moving

"Babies need to learn movement before they can learn non-movement activities (reading, writing, etc.)." ~ Pat Babendure, Pediatric Physical Therapist, Boise, Idaho

As I am growing and changing, both my large muscles (gross motor) and small muscles (fine motor) are developing. I need a variety of experiences and opportunities to develop my new motor skills.

Stage 1 (Birth to around 3 months)

I am:

Gross motor

- using automatic movements or reflexes. I will root for a breast or bottle, suck, grasp, blink, or swallow.
- beginning to support my head when held on an adult's shoulder.
- beginning to turn my head from side to side while on my tummy and lifting my head to look forward for a short period of time.
- beginning to support my head and upper body when held in a lap.

Tummy Time

Allow infants supervised time on their stomachs to help them to develop important skills. This also strengthens the muscles needed for more advanced motor movements.

Babies should be placed safely on their stomachs frequently throughout the day. Join babies on the floor to play! Remember, you are their favorite toy.

Fine motor

- lifting my hands to my mouth to suck on my fingers.
- watching human faces with interest and mimicking facial expressions.
- starting to smile and maybe laugh.
- using my fists to reach for objects.

My caregivers help by:

- encouraging and offering supervised tummy time.
- helping me to get into different positions when I am not able to move: on my tummy, back, and sides.
- placing simple toys within reach.

A newborn's hand are closed or fisted for the first few months. As they become more aware of their body in space, they will open their fists to reach or explore objects.

Stage 2 (3 to around 6 months)

I am:

Gross motor

- turning my head from side to side while on my tummy and lifting it up to look forward. I will then push up with my arms to look ahead.
- making swimming motions while on my tummy.
- kicking my legs back and forth. I love to push off walls, couches, and my crib.
- rolling from my stomach to my back, and then back to my stomach.
- beginning to support myself while sitting, and getting in and out of a sitting position.
- turning my head in all directions while sitting.
- discovering my new skills to move by arching, rolling, kicking, and rocking.

Provide a lot of opportunities for infants to practice their new skills. Give them floor time with simple objects that are easy for them to grab and safe for them to bring to their mouth.

Fine motor

- able to grasp a simple toy and bring it to my mouth.
- able to grab and let go of items.
- shaking, throwing, and banging different items I pick up.
- starting to pick up small items by using my whole hand like a rake. This may include my first finger foods.
    - Then I will use the tips of all my fingers to pick up items.
    - Eventually I will use just the tip of my index finger and thumb, called the "pincher grip," to pick up small items.

My caregivers help me by:

- placing me in spaces where I am free to practice moving my body. Limit my time in swings, saucers, walkers, jumpers, etc. Provide safe push and pull toys.
- routinely putting me down to play on the floor on my tummy, so I can build my muscles.
- placing simple items close to me that are safe to chew so I can practice moving my body and grabbing them.
- making my environment safe and ready for me to explore. Check to make sure all electrical outlets, lamps, plants, objects, and shelves are child-safe and/or secure. Place a gate in areas that are not safe. Secure doors, low cabinets, and drawers that may pinch or hurt fingers.

Now is the time to move all cleaning items, chemicals, medication, or toxic containers away from the child's reach and into a locked cabinet.

Stage 3 (6 to around 12 months)

I am:

Gross motor

- a little explorer! I will try to figure things out by dumping, pushing, waving, and throwing.
- creeping on my belly before I can crawl on my hands and knees. I might crawl backwards too!
- practicing my crawling by rocking back and forth on my hands and knees. I will even do this in my sleep!
- beginning to imitate different motor actions like waving and clapping.
- crawling, scooting, or rolling to get objects and toys of interest.
- very interested in stairs, doors, and drawers.
- pulling myself up when holding onto something or someone, and practicing lowering myself back down again. At first this won't look very balanced.
- beginning to walk along something I can hold onto, such as a couch ("cruising").
- beginning to let go of people or items to stand all by myself.
- taking steps not holding onto anything.
- using my arms to balance when walking.

Crawling

Crawling is an important time for infants. It helps them become mobile and more independent. Allow infants time to crawl, and to become expert crawlers. Research shows that crawling helps brain development.

Fine motor

- grabbing objects with one hand, and transferring them from one hand to the other.
- reaching for my cup with one hand and bringing it to my mouth.
- interested in items that move, roll, stack, open and close, or make noise.
- still using my mouth to explore objects.
- able to make silly facial expressions.

Watch for choking hazards like small toys, Legos, and coins on the floor and low tables. A new crawler loves to find small items to practice their new pincher grip skill.

My caregivers help me by:

- placing age-appropriate items on the ground that I can move my body over, under, and through: large pillows, tunnels, foam climbing blocks, ramps, etc.
- providing lots of open space for me to practice my new motor skills.
- helping me learn how to slide down the stairs on my tummy feet first, when I'm ready.
- using song and movement activities in my daily routine, especially those that represent the cultures of my family and the other children around me.

- taking me outside to play every day.
- securing chairs, tables, and shelving that can fall over while I am pulling myself up.

Stage 4 (12 to around 24 months)

I am:

Gross motor

- carrying things while I walk. I can also bend over to pick something up, then stand up again without holding onto anything.
- beginning to walk with my arms down, and even starting to run with balance and control. I will even start to walk backwards!
- excited to use push and pull toys and riding toys.
- able to roll or toss a ball.
- filling up baskets and then dumping them out.
- climbing up ladders, stairs, and climbing structures.
- able to swing and slide with help.

Some children do not enjoy climbing structures, slides, and swings. The movement is too scary and they need more time to be comfortable. Try swinging slowly or sliding with a child when they are ready.

Fine motor

- stacking large and small blocks, pillows, and books.
- practicing getting undressed. I will pull off my shoes, socks, and even my diaper if I can reach it.
- using my new grip to grab writing utensils and make marks on paper.
- ready to use the sand and water table.
- able to use large blocks, push beads, linking toys, and simple wooden puzzles.

My caregivers help me by:

- providing activities that allow for running, throwing, kicking, pushing toys, and climbing on low climbing structures.
- allowing me to explore fat crayons, markers, and chalk to make marks on paper.
- offering a sand and water table to play with regularly. Adding different textures, tools, materials, and colors to the table for me to explore.
- providing different materials for me to stack, put together, and take apart.
- providing board books for me to explore and practice turning pages.
- allowing me to feed myself with child-sized utensils at mealtimes.
- supervising me closely as I move and explore my world.

Stage 5 (24 to around 36 months)

I am:

Gross motor

- using my body in new ways to explore. I can now act on my ideas, like climbing up a chair or structure to be "king of the mountain."
- running and changing directions and speeds without falling.
- starting to throw and kick items in an intended direction.
- starting to jump in place. At first, I will jump without leaving the ground, and then I will jump forward with both feet.
- able to walk up and down stairs while holding onto a rail or an adult's hand by placing each foot on the same step one after the other.

Provide a lot of opportunities for toddlers to explore through movement. Use pillows, soft blocks, large open boxes, and sheets to create new spaces for them to crawl over, under, and through.

Fine motor

- stacking large and small blocks to build a simple structure and then enjoying knocking it down.
- interested in writing and drawing, even imitating circles and lines.
- ready to use play dough and simple play dough tools.
- able to complete simple board puzzles.
- feeding myself with utensils by scooping and spearing food and bringing it to my mouth.

My caregivers help me by:

- placing items on the ground that I can move my body over, under, and through: large pillows, tunnels, foam climbing blocks, etc.
- taking me outside to play and learn every day, even when it's cold or rainy.
- incorporating songs and movement activities into classroom routines, especially those that represent the cultures of my family and the other children in my class.
- providing activities that allow for running, jumping, throwing, kicking, riding toys, and climbing structures.
- allowing me to explore fat crayons, markers, and chalk to make marks on paper.
- providing different materials for me to stack, put together, and take apart.
- providing board books for me to explore and practice turning pages.
- allowing me to serve and feed myself with child-sized utensils at mealtimes.

To learn more about moving, view the Resources and References found at the end of these materials.

Exploration

"Infants and toddlers must be able to explore to learn how their world works."
~Sara Smith, Idaho Infant Toddler Program Developmental Specialist, Boise, Idaho

I explore my environment to learn about:

- my caregivers and other people. My favorite thing to explore as an infant is the human face.
- my body and myself. I may do this by mouthing, sitting, moving, etc.
- the world around me, like nature, people, animals, and objects.
- solving problems. I'm also learning how objects work (cause and effect) and new ways to use them.
- how to use language and my body to communicate.
- new skills I've learned, like dumping, throwing, and scooping.
- my senses: taste, touch, smell, sight, and hearing.
- what I'm interested in and need to learn more about.

My caregivers can help me explore by:

- using encouraging responses like smiling, nodding, and asking questions.
- giving me opportunities to learn about myself using pictures and mirrors.
- giving me time to explore different things without forcing me. It may take time before I will touch materials that feel different.
- offering open-ended materials daily, such as sand, water, play dough, blocks, and finger paints.
- providing different places to explore: small spaces, different surfaces and levels, indoors and outdoors.
- talking with me about the things I explore and how I explore them.
- giving me time to think when exploring before you try to help.
- providing a variety of sensory objects, such as soft, hard, rough, smooth, fuzzy, or loud.
- watching me to figure out what new skills I am working on. Provide ways for me to explore that will encourage those skills.
- ensuring that my environment is safe.

Play Dough Recipe

1 cup of flour
½ cup salt
1 cup water
1 tablespoon vegetable oil
2 teaspoons cream of tartar

Combine all ingredients in pan and stir. Heat on medium/high heat and continue to stir until ingredients form a ball. Knead together on a lightly floured surface and add food coloring.

To learn more about exploration, view the Resources and References found at the end of these materials.

Idaho Early Learning eGuidelines: D1G1 0-8 and 6-18, D1G11 6-18, D1G12 6-18, D1G13 0-8, D4G42 0-8, 6-18 and 16-38, D4G43 6-18 and 16-38, D4G44 0-8

Imitating What I See

A way to participate in activities with others, practice new tasks, and learn new skills.

I imitate what I see to:

- participate in my family's routines and events.
- practice making sounds and forming words.
- learn social gestures like waving hello and good-bye.
- learn how to play with others and follow directions.
- learn how to do things for myself.
- learn about reading and writing.
- work on solving problems.
- practice taking turns.

My caregivers help me to imitate what I see by:

- providing items from my home culture so I can imitate what I see others doing with them.
- repeating sounds that I make. Hold facial expressions long enough to give me time to mimic them.
- imitating actions and sounds back and forth with me.
- helping me with routines like trying new foods or washing hands.
- providing the tools and toys needed for pretend play, such as buckets for carrying, baby dolls to care for, or dishes to wash.
- offering materials that allow me to imitate writing and drawing, like paper and crayons.
- doing finger plays and other music and movement games so I can imitate a variety of actions.
- modeling problem-solving skills for me to practice.

Two brothers explore a play cash register together. They imitate what they see others do with cash registers in stores. The older brother is modeling and teaching his younger brother through play.

Idaho Early Learning eGuidelines: D1G10 0-8, D2G18 6-18, D3G28 0-8, D4G44 0-8, 6-18, and 16-38, D5G51 0-8

Finger plays with actions to try with your child

Open, Shut Them

"Open, shut them, open, shut them"
(Open and close hands)
"Give a little clap, clap, clap"
(Clap hands three times)
"Open, shut them, open, shut them"
(Open and close hands)
"Put them in your lap, lap, lap"
(Place hands in lap, patting your lap three times)
"Creep them, crawl them, creep them, crawl them to your little chin"
(Creep fingers from your stomach to your chin in a tickling motion)
"Open up your little mouth"
(Open your mouth)
"Do not let them in!"
(Shake your head "No")

This Little Piggy

"This little piggy went to market"
(Wiggle big toe)
"This little piggy stayed home"
(Wiggle second toe)
"This little piggy had roast beef"
(Wiggle middle toe)
"This little piggy had none"
(Frown and wiggle fourth toe)
"And this little piggy went 'wee, wee, wee' all the way home!"
(Wiggle little toe and slide a tickling finger down the sole of the baby's foot)

For more information on imitation, view the Resources and References found at the end of these materials.

Idaho Early Learning eGuidelines: D1G10 0-8, D2G18 6-18, D3G28 0-8, D4G44 0-8, 6-18, and 16-38, D5G51 0-8

Pretending

"I'm a mommy and you are a daddy. We are feeding our baby." ~ 33 month old girl

How I pretend:

- I use pretend play to make sense of the world around me.
- I may pretend to eat or drink with a variety of items.
- I pretend with my peers that we are carrying out familiar activities like cooking, cleaning, and yard work.
- I will role-play with a variety of objects and toys.
- I will actively select and engage in a pretend play situation.
- I use different props to carry out my pretend play.
- I pretend to read and write like the adults I see. This helps me make meaning from information around me.
- I may pretend to discipline or teach my doll rules to show that I understand those rules as well.
- I use hats, shoes, dress-up clothes, and other props to pretend I'm someone else.

My caregivers help me pretend by:

- encouraging pretend and make-believe play.
- modeling pretend actions with me as an infant, such as pretending to eat something.
- providing space, time, and materials to pretend with. Make sure to include materials that represent my family and culture.
- providing opportunities for me to play with other children during activities. For example, set up a water table with baby dolls to wash where a small group of children can play.
- talking to me about what other children are doing when they pretend. Help me join the play if possible.
- sharing make-believe stories with me.
- helping me understand what is real and what is pretend.

To learn more about pretending, view the Resources and References found at the end of these materials.

Natural Experiences

"If a child is to keep alive his inborn sense of wonder, he needs the companionship of at least one adult who can share it, rediscovering with him the joy, excitement, and mystery of the world we live in." ~ Rachel Carson, The Sense of Wonder

I need natural experiences to:

- help me explore, compare, and describe the things around me.
- understand cause and effect.
- explore and understand my body.
- develop curiosity about the outdoors.
- learn respect for living creatures and other children, and to be gentle with them.
- discover the wonders of nature.
- explore the world through my senses: touch (textures), smell, sight (natural colors), hearing, and taste.

Two infants play at the local park on a blanket, exploring the fallen leaves.

Experiences in the Natural World

Fostering interest and affection for nature during early childhood creates positive feelings and attitudes toward nature that can last a lifetime.

My caregivers provide me with natural experiences by:

- collecting safe natural materials to explore. This can include sand, leaves, seashells, snow, seeds, and safe food items. Offer a table or dish tub where I can explore these items.
- providing safe, age-appropriate natural experiences. We can look at birds and insects or watch the weather.
- sharing the wonders of nature with me. We can play outside together, read books and tell stories, look at the sky, and handle natural objects like shells, rocks, and plants.
- watching to see what interests me.
- letting me explore natural items indoors and outdoors.
- giving me time to safely explore without interruption.

Making a mud pie might seem to some adults like just getting dirty. To a young child, it is an opportunity to feel the hardness of acorns and the grainy texture of sand and notice the different shapes of two kinds of leaves. Children compare the colors of rocks, feel the difference between ice and snow, and are amazed by the way light shines through an icicle or a raindrop." ~ Alyson Williams

Idaho Early Learning eGuidelines: D3G32 16-38, D4G42 6-18, D4G43 0-8 and 6-18, D4G46 6-18, D4G47 6-18, D5G51 6-18

- encouraging me to watch the natural world and describe what I see.
- exploring where we live together. Nature is everywhere, and everyone is part of it. It is important for me to connect with where I live and its unique sights, sounds, smells, and cycles. This gives me a foundation to explore the wider world later on.
- taking me to places where I can watch people and things in their natural settings.

After these infants repeatedly moved to the hose, the caregiver turned it on to let them explore it together. They watched the water run out of the hose, and splashed the water as it hit the ground.

Bugs Aren't Scary, Are They?

Some children may show a fear of bugs, spiders, and flying insects, especially in the early spring. Providing multiple opportunities to watch and learn about insects at a safe distance can help children become more comfortable. Try using bug catchers, or containers where the child can watch an insect and then let it go.

"A rainy or snowy day doesn't have to mean staying indoors. Keep some inexpensive slickers or rubber boots on hand so that children can splash in puddles and play in the rain. However, never take children outside when lightning is part of the rainstorm." ~Nancy Rosenow

To learn more about natural experiences, view the Resources and References found at the end of these materials.

What You Can Expect of Me

"The more children know that you value them, that you consider them extraordinary people, the more willing they will be to listen to you and afford you the same…" ~ Scott Peck

Expect That I Will:

- need unconditional love, nurturing, and support from the adults who care for me.
- learn and grow when given space, time, and the right materials.
- need to explore my world without a set plan or finished product.
- move my body and explore, maybe when you want me to stay still or be quiet.
- need help learning how to solve problems with my friends or with items I'm using.
- need you to stay near me for support when I'm playing or trying something new.
- need to be taught how to express my feelings in socially and culturally appropriate ways.
- need to be fed, changed, and put to sleep, sometimes at different times than my peers.
- benefit more from toys and materials that are right for my age and developmental stage.
- need you to keep me safe. I may sometimes want things that are not good for me.
- imitate what I see others doing and saying.
- practice skills I enjoy often to get better at them.
- have a strong attachment to adults who consistently meet my needs.
- make you feel proud and exhausted all at the same time.

My caregiver can help me by…letting me be me, the best that I can be!

To learn more about expectations, view the Resources and References found at the end of these materials.

My Social and Emotional Health

Relationships are the key to a child's success in life.

I will grow and change dramatically in my first few years. As a newborn, I will spend most of my time sleeping and eating. Then, as a toddler, I will want to explore every part of my world. I will also learn new words almost every day! This rapid growth can be exciting for caregivers, but exhausting at times. Many parents agree that a small child can make you feel frustrated one minute and fill you with delight only a minute later.

Development of Emotions

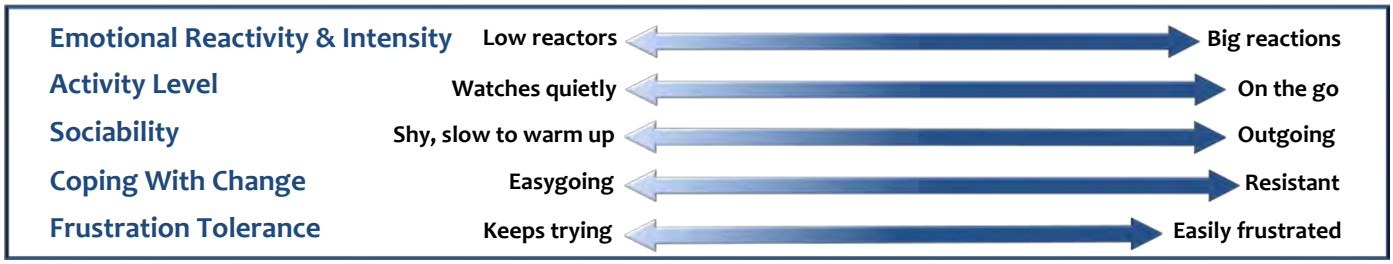
Newborn babies have many skills that help them respond to caregivers; this is a time of developing trust. However, much of their behavior at this age is reflexive, like sucking, swallowing, blinking, or startling. Around 3 months of age, infants start to show signs of basic emotions like happiness, anger, sadness, and fear. Around 18 to 24 months, they can show more complex emotions like shame, embarrassment, guilt, and pride.

Attachment

Attachment is a strong loving connection that children feel toward special people in their lives. Developing attachments to parents and caregivers creates security and allows a child to form trusting relationships. Attachment begins at birth for the child, and during the end of the pregnancy for parents (especially mom). By 2 to 4 months of age, children show strong attachments to their parents and other adults who care for them.

Temperament

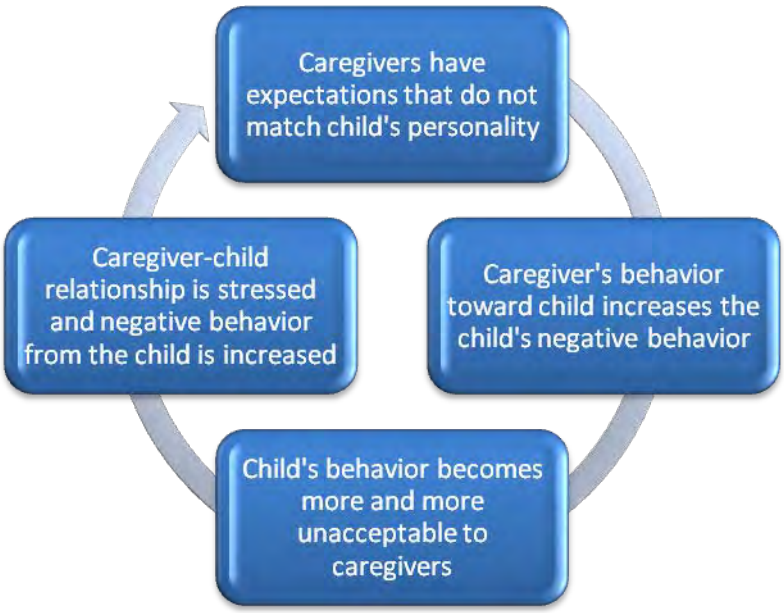
Temperament is the way a child approaches and reacts to life and the world. It is a basic part of their personality. According to research, most children fall somewhere along the line on each of the five categories shown in the diagram below. These temperament traits tend to stay the same over our lifetimes. However, development and relationships play a role in how we express and manage these traits.



Idaho Early Learning eGuidelines:
D1G7 0-8, 6-18, and 16-38, D1G12 0-8, D2G22 0-8, D2G24 0-8, D3G38 0-8, 6-18 and 16-38, D4G45 6-18

Goodness of Fit

The emotional balance or "fit" between a child, their environment, and their caregivers can have a big effect on social and emotional development. This is especially true of the values, expectations, and temperaments of parents and caregivers. If a caregiver's expectations and ideas about how a baby should behave do not match the child's temperament, their responses can increase a child's negative behavior. As the negative behavior increases, the caregiver can become more frustrated. The graphic at right shows how a caregiver who doesn't understand a child's temperament can create a negative cycle that is difficult for everyone.



If parents tune in to their child and understand their temperament traits, they can avoid some struggles and enjoy an easier, happier relationship. The same cycle shown above can be positive if parents and caregivers understand the child's temperament. This will develop a good fit between baby and adult—a win-win situation!

Stages of Social and Emotional Development

Stage 1 (Birth to around 3 months)

I will:

- calm or quiet to a soft loving voice or when picked up.
- suck my thumb, fingers, or pacifier to calm down.
- smile and reach for caregivers.
- begin to play with my toes, fingers, and hands.

What Am I Telling You?

Do I become fussy, tighten my fists, or close my eyes when entering a loud or bright room? Try dimming the lights and holding me close until my body relaxes and I show I'm ready for more.

Stage 2 (3 to around 6 months)

I will:

- show basic emotions like happiness, anger, sadness, fear, and surprise.
- laugh and giggle.

- look for my favorite caregiver. I may become sad when they leave.
- become sad or cry when another child cries.
- begin to show an attachment to my favorite adults.

My caregivers meet my social and emotional needs by:

- recognizing my personality and temperament and accepting it.
- recognizing your own temperament. Understand how it may affect your relationship with me.
- using my natural routine to develop a relationship with me and to respond to my unique communication style.
- supporting me with a soft, calm, consistent voice when I am angry, frightened, or sad.
- giving me the words for my emotions. Say things like "You were surprised when that dog came close, weren't you?"
- spending time with me to play, explore, and to simply be together.
- keeping my caregivers consistent. This will help me build strong, trusting relationships.

Stage 3 (6 to around 12 months)

I will:

- show fear when I see a strange object, animal, or person.
- start to understand that objects and people still exist even when I can't see them.
- show a range of emotions.
- watch my caregiver and look to see what they are looking at.
- imitate others.
- take turns when talking and playing.
- show interest in other children.

Stage 4 (12 to around 24 months)

I will:

- recognize myself in a mirror.
- begin to see myself as separate from my parents or caregiver.
- play games with another person, like hide and seek or rolling a ball back and forth.
- have difficulty sharing toys.
- try to help another child who is sad.
- become upset or throw tantrums more often.

Stage 5 (24 to around 36 months)

I will:

- begin to play with others more often.
- begin to understand rules about what to do and what not to do.
- talk to my peers. I will also want to play with them.
- try to help or comfort others who are sad or need help.
- show more independence. I may argue with my parents and caregivers or challenge them.
- begin to use words to talk about how I feel.

My caregivers meet my social and emotional needs by:

- talking with me and using words about my feelings. For example, say "You are sad that mommy went to work. Let's find your blanket and read a book together."
- providing a daily routine so I know what to expect.
- giving me time and a warning when we are going to do something different.
- helping me learn about sharing. Suggest ways to share, like "Sara really wants to play with that toy, can you give it to her when you are done?"
- providing many chances for me to play with my peers.
- playing lots of games with me that help me practice taking turns, like rolling a ball or hide and seek.

Caring for Isabella

After 4 months in child care, Isabella's caregiver learned that she needed time and support to join group activities. During classroom activities, she chose to sit near her caregiver with a blanket and family picture instead of joining. Then, after Isabella turned three, she stopped taking naps. Her caregiver noticed that, while her peers napped, Isabella showed interest in activities that she had not participated in with her peers. Her caregiver began preparing quiet activities for Isabella to explore during nap time. After a few weeks of exploring these activities on her own while her peers slept, Isabella began to participate in small groups and activities with the other children.

To learn more about social and emotional development, view the Resources and References found at the end of these materials.

Learning to Communicate My Needs

Watch closely—I am sending you signals. From crying, to gestures, then words…

Stage 1 (Birth to around 3 months)

I communicate by:

- vocalizing (crying, grunting, etc.) when I'm hungry, tired, or need to be held or comforted.
- using sounds and facial expressions to let you know what I need and want.
- responding to my world in different ways. I may smile, frown, startle, or cry when I hear or see something or someone new.
- moving my head to follow your voice.
- looking clearly at you or objects when you hold me close.
- looking at human faces, especially yours!
- fussing when over-stimulated by sound, movements, temperature, and light. There may be many times during the day when I need a break.

Watch for signs of over-stimulation like hiccupping, falling asleep, avoiding eye contact, or becoming fussy; there might be too much going on for the baby. Provide a quiet place for you and the baby to regroup.

My caregivers help me by:

- responding positively and quickly to my vocalizations. This will help you learn what I'm saying.
- talking using descriptive words (describe what is happening and what you are doing) during playtime, transitions, and routines.
- providing many opportunities for me to see your face. Hold me close during feeding and playtime. Place me on your lap, facing you, so I can find your face and hear your voice.
- taking it slow and giving me time to watch, listen, and respond.

Stage 2 (3 to around 6 months)

I communicate by:

- changing the volume and pitch of my sounds to let you know how much I need something.
- smiling, using eye contact, vocalizing, or reaching out to get your attention.

- watching you when you enter a room.
- starting to show a preference for certain things. I may like to be wrapped tight when I'm sleeping, or I may only fall asleep if my blankets are loose.
- not becoming over-stimulated as easily as before. I am able to play and interact for longer periods of time.
- responding to your voice using body language or vocalizations.
- using body language to tell you when I've had enough or I'm hungry or tired. I may arch, kick, or turn away before I get fussy.

My caregivers help me by:

- imitating my sounds when talking to me.
- spending time watching me to learn the special ways I try to communicate my needs with you.
- talking out loud when trying to find out what I need. For example, ask "Are you hungry?" or say "Let's see if your diaper needs to be changed."
- watching for my natural routine. Notice the time of day when I usually get hungry or tired, or when I want to play.

Stage 3 (6 to around 12 months)

I communicate by:

- starting to imitate sounds and gestures to ask for something or someone (like "bababa," or "dadada").
- showing strong preference and dislikes for certain people, animals, and activities.
- starting to show a routine my body likes.
- starting to use a single word or gesture to send a message (like saying "Up!" to mean "I want up.")
- communicating interest or concern by moving my body toward or away from people or objects.

Separation Anxiety

When children discover that people and things exist even when they can't see them anymore, they may become sad or scared when parents or guardians leave. Encourage parents to say good-bye when they leave to build trust. Sneaking out can make children feel more fearful and insecure.

My caregivers help me by:

- watching me to learn the specific ways that I communicate my needs.
- interpreting and giving meaning to what I do. Try saying "You are saying 'baba.' Do you want your bottle?" or "You are reaching for the cup. Do you want the cup?"

- using signs and gestures during daily routines for me to imitate.
- playing simple turn-taking games like patty-cake to encourage communication.
- playing disappearing and reappearing games like hide and seek or peek-a-boo.
- placing pictures of my family and friends where I can see them. Create family picture books and posters and place them around the room for me to look at.

Stage 4 (12 to around 24 months)

I communicate by:

- being shy or fearful of new people or places.
- seeking your attention by grabbing your hand or coming to get you.
- using simple words, gestures, or sounds to call you from across the room.
- observing other children my age with interest.
- communicating with my body to tell you when I need help. I may come close to you when I need support, or become aggressive with others when I'm tired, bored, or lonely.
- using one or two word sentences to tell you what I want or need, like "car" for "Let's go bye-bye in the car."
- beginning to use objects to pretend, like using a block as a phone to call grandma.

My caregivers help me by:

- paying attention to me and talking out loud when problem-solving with me, like saying "I'm sorry, Andrew, I need help understanding. Can you show me what you want?"
- providing opportunities for me to play around other children my age.
- expanding on what I say. Try saying things like "You are saying 'more.' Do you want more milk?" or "You are reaching for the cup. Do you want the cup?"
- continuing to use signs and gestures during daily routines for me to imitate.

Stranger Anxiety

Children may become fearful of other adults at this age, even grandparents if they don't live nearby. Providing support and extra time for the child to watch and greet new adults can help them overcome their fear more quickly.

Stage 5 (24 to around 36 months)

I communicate by:

- using two or three word sentences to ask for help.
- learning and saying new words every day to communicate with you.
- starting to play with other children with interest. I will need an adult close to help with communication.
- watching and learning from you how to communicate, gesture, and respond to others.
- using objects and other children or adults to pretend play.

My caregivers help me by:

- playing simple turn-taking games to encourage communication.
- expanding on my words, gestures, and play by providing a variety of open-ended questions, language, and new words (like saying, "Oh, are you cooking spaghetti?").
- providing appropriate wait time for me to respond when asked a question.
- staying close when I'm playing with other children. Provide language and support to help expand my play.

To learn more about communication, view the Resources and References found at the end of these materials.

Learning to Calm Myself

"We should educate while we care and care while we educate." ~ Magda Gerber

Infants and toddlers grow, develop, and learn in different ways and at their own pace. Each child is unique because of their biology and environment, as well as their personality.

Newborns reach two important milestones in their first few months. One is the ability to establish a somewhat regular routine, and the other is to begin to find ways to calm or soothe themselves. These milestones are critical because they support further development.

According to T. Berry Brazelton, M.D., a newborn has six sleep-wake patterns (shown below). Caregivers can identify these patterns to help support the baby's natural routine and ability to calm themselves.

Caregivers can support the baby's development by responding to their natural routine and their needs. For example, when a newborn is in the quiet alert state, like the child in the picture above, this is the best time to play and talk with him. After 30 to 40 minutes, most infants will move into the active alert state, where their bodies will become more active. They may kick one leg over and over or move their arm up and down. These moves are the baby's way of regulating their heartbeat, breathing, and attention. During this time, the caregiver can watch for signs that the baby needs a break. If the baby turns away or their body movements become rigid, they probably need a break.

Infant Sleep-Wake States	**Quiet Sleep**	Eyes closed and face relaxed
	Active Sleep	Eyes closed but flutter, makes funny faces
	Quiet Alert	Ready to play, eyes open and watching
	Active Alert	Movements are frequent and in rhythm
	Crying State	Uncomfortable or hungry
	Drowsiness	Waking up or falling asleep

Adapted from T. B. Brazelton's Sleep-Wake States

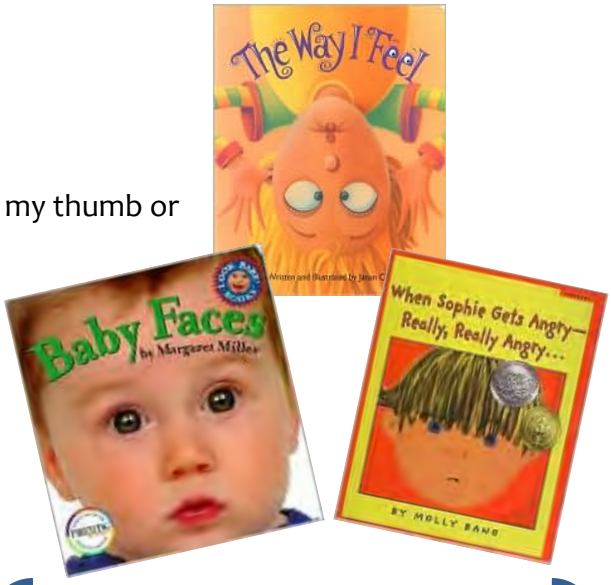
Stage 1 and 2 (Birth to around 6 months)

I learn to calm myself when I:

- am comforted by a caregiver.
- become aware of my body.
- can begin to control parts of my body, like bringing my thumb or fingers to my mouth.
- begin to become aware of my routines.

My caregivers help me learn to calm myself by:

- snuggling, cuddling, and physically nurturing me in ways that I like.
- checking the noise, temperature, light, and other environmental factors that may be upsetting me.
- reducing stimulation when I'm fussy or withdrawn. For instance, instead of rocking, snuggling, and singing, try rocking only.
- calmly responding to my signals, cries, and body language.
- using a soothing voice to talk with me when I'm sad, frustrated, or angry.



Books for Children about Feelings

The Way I Feel
By Janan Cain
ISBN: 1884734723

When Sophie Gets Angry-Really, Really, Angry
By Molly Bang
ISBN: 0439598451

Baby Faces
By Margaret Miller
ISBN: 0689819110

Stage 3 (6 to around 12 months)

I learn to calm myself when I:

- stroke or hold my blanket, or bring my hands or pacifier to my mouth.
- communicate to my caregivers that I need help (like reaching for them when I am tired).
- use sounds and gestures to indicate my needs. I may cry when I'm hungry, or reach for a comfort item when I am upset.

Stage 4 (12 to around 24 months)

I learn to calm myself when I:

- begin to follow simple directions.
- begin to have a set routine and understand what comes next.
- seek my caregiver for support.
- better recognize and express my feelings.
- start to play near other children and show interest in them.
- use gestures to get my needs met, like shaking my head and/or using words.

Stage 5 (24 to around 36 months)

I learn to calm myself when I:

- can follow simple directions.
- have a set routine and know what comes next.
- can use simple words to tell you what I want.
- beginning to be able to tell you how I feel.
- have choices and can help with routines.
- am given a warning when a change is about to happen.

My caregivers help me learn to calm myself by:

- nurturing me in ways that I like.
- giving me lots of hugs, snuggle time, play time, and individual attention.
- setting simple rules. Be sure to respond consistently to my behavior.
- responding promptly when I show that I need attention.
- appropriately modeling emotions and impulses.
- setting routines based on what I need. Make changes to the routine if needed.
- encouraging use of a transitional item or "lovey."
- staying with me during upsetting situations.
- talking with me and helping me with my feelings. For example, say "You were sad when we had to come inside, would you like me to hold you?"
- reading me books about emotions.
- offering me age-appropriate choices.
- planning outside play in natural spaces. This can be relaxing, calming, and fun.

To learn more about social emotional development in infants and toddlers, see "My Social and Emotional Health," and the Resources and References at the end of these materials.

Primary Caregivers

"In group child care settings, establish a primary caregiver to create a trusting relationship from which the child can explore." ~ Idaho Early Learning eGuidelines

Why I need a primary caregiver:

- I will have consistent adults in my life. This helps me develop trusting relationships.
- I will develop a strong attachment to my caregiver. This makes it easier for me to have healthy relationships and learn new skills.
- I feel safe exploring new places and things when my caregiver is close by.
- My caregiver has many opportunities to learn the ways I ask for attention, help, or comfort using my cries, sounds, and movements. I get what I need from a trusted adult.
- I will learn to tell the difference between caregivers and strangers.
- I can "check-in" with my primary caregiver for help or reassurance when playing alone or with peers.
- I may be more likely to try new things.
- I begin to expect familiar places, people, or routines with cues from my primary caregiver.
- I may show stronger social and emotional skills when I have consistent adults in my life.

"Setting up a system of primary caregiving establishes an environment in which meaningful and lasting relationships can develop between caregivers and children as well as between caregivers and families." ~ Zero to Three

To learn more about social and emotional development in infants and toddlers, see "My Social and Emotional Health."

Idaho Early Learning eGuidelines: D1G1 0-8, D1G9 0-8 and 6-18, D2G25 0-8, D3G27 0-8 and 6-18, D3G33 0-8, D3G34 6-18, D4G44 0-8 and 6-18

My caregivers support me by:

- setting up a system of "primary caregiving" for me in my child care.
- providing a consistent routine where my primary caregiver can change my diapers, give me my bottle, help me when I'm sad, or help me go to sleep.
- keeping me with a caregiver I know. Keep caregiver transitions at a minimum.
- using consistent responses when caring for me.
- providing opportunities for me to watch and interact with other children and caregivers.

Thoughts on Primary Caregiving from an Early Childhood Professional

"The primary caregiving system for me ensures that each individual child has 'an extension of their home' into our facility. As much as possible, the primary caregiver advocates the parents' wishes for their child's individual needs, becomes an 'expert' about the child and does the majority of the nurturing during the prime times: feeding, changing, and putting to sleep, building that bond and developing that trusting relationship with the child and ultimately with the parents as well."

~ Chris Meyers-Zacharias, Early Childhood Advocate/Lead Teacher, Boise, Idaho (Chris has been providing primary care with infants and toddlers since 1979)

To learn more about primary caregiving, view the Resources and References found at the end of these materials.

Interacting with Peers

"I couldn't believe Mia was able to have such a strong relationship with another child at such a young age." ~ Mia's mother

When I begin to interact with my peers, I will:

- look and smile at other children.
- enjoy my interactions with other children. I may show this by vocalizing, kicking, reaching, and using gestures.
- watch other children and copy them.
- reach out to engage with others.
- poke, pat, or touch other children.
- hand toys to another child.
- briefly play near other children. I will eventually play side by side with another child.
- begin to prefer certain playmates.
- talk about other children.
- begin to take turns while playing.
- engage in brief social play with peers. With time, I will play with others for longer periods of time.

My caregivers help me interact with my peers by:

- giving me opportunities to spend time around them.
- responding to other children's sounds, cries, and moods.
- talking to me about what other children are doing.
- posting pictures of children and their families.
- acknowledging my feelings around other children.
- helping me play near other children using the same materials.
- providing opportunities for pretend play without interruption.
- offering duplicates of favorite toys to make turn-taking easier.
- supporting me when I talk about imaginary friends.

When children begin to use their imagination, they often use imaginary friends to help carry out their ideas. This is normal and supports the child's play as well as their cognitive skills!

Idaho Early Learning eGuidelines: D3G28 0-8, 6-18, and 16-38

The Story of Mia and Emily

Mia and Emily were born four days apart. They began group infant care at eight weeks of age. Their caregiver soon noticed that they were able to calm themselves when they were held close together. She would place them together in a large stroller for comfort and support on walks. Mia and Emily were able to calm themselves as they moved closer, and they often reached for each other.

As Mia and Emily grew, they began to seek each other out during play. They would sit together and play with the same items, occasionally touching the other or watching their actions. They even began to seek each other out when distressed. Mia and Emily were lucky to have one another, and to have a caregiver that supported peer relationships. Now at three years of age, they still play together and prefer each other as playmates.

For more information on peers, friendships, and play with infants and toddlers, view the Resources and References at the end of these materials, or visit Zero to Three's website at http://www.zerotothree.org.

Learning to Talk

"When acquiring language, children gain the ability to [express] ideas and feelings, share them with others, and respond to the ideas and actions of other people." ~ Idaho Early Learning eGuidelines

Stage 1 and 2 (Birth to around 6 months)

I will:

- learn about talking by making sounds when you speak to me or copying the sounds you make.
- use cooing, gurgling, and babbling sounds.
- make sounds to show pleasure, discomfort, pain, and to help you understand my wants and needs.
- change my pitch or tone to express different things.

Essential Ingredient for Language Development

The key ingredient to my development is the "serve and return" relationship between me and my parents or other caregivers.

Serve: *Talk, play, and make eye contact with me often.*

Return: *Follow my lead, show interest, and allow time for me to respond to you.*

Stage 3 (6 to around 12 months)

I will:

- use a variety of simple gestures to communicate. I may lift my arms when I want up or shake my head or arms when I'm all done with something.
- show the same emotion as others. I may cry when others cry or laugh when others are laughing.
- understand basic words, like "hi" and "bye-bye" or "ball."
- respond to simple questions like "Where's mommy?" by pointing or gesturing.
- babble using sounds such as "mama" or "dada."

My caregivers help me learn to talk by:

- listening to me and responding by imitating my sounds and gestures, then waiting for me to respond again.
- describing what you are doing as you care for and interact with me, like saying "I'm going to pick you up."
- playing games like peek-a-boo, and asking me questions like "Where's the ball?"
- using different facial expressions and a variety of words and gestures when interacting with me.
- expanding on what I may be saying by giving me the words. For instance, when I'm reaching for an object I can't reach, ask "Do you want the car?"
- watching me and describing for me what I may be feeling. For example, say "You look hungry, let's go get your bottle ready."

Idaho Early Learning eGuidelines: D5G52 0-8, 6-18, and 16-38

Stage 4 (12 to around 24 months)

I will:

- begin using the same sound to refer to a person, place, or thing, like "ba" for ball or "ju" for juice.
- imitate and repeat simple words, then use single words to communicate.
- string together sounds, or babble using various tones or pitches.
- begin to use simple words to communicate. I may point outside and say "Go" for "I want to go outside."
- understand more words than I can say.
- be able to follow one step directions and answer questions like "Where's your nose?"
- use more complex gestures with words to better communicate my needs.
- be able to follow simple directions around the end of this stage. I will also be able to put one or two words together, like saying "More milk," or "Up pease" for "I want up please."

Stage 5 (24 to around 36 months)

I will:

- learn to say new words almost every day!
- combine simple words to make phrases and short sentences like "Go bye-bye now?" or "More juice please."
- use words to pretend play, such as talking on the phone or caring for a stuffed animal or doll.
- follow two step directions. I can play simple games, like "Where's your eyes and nose?"
- answer simple questions like "Where's mommy?" or "Where did the doggie go?"
- begin asking lots of questions about how things work and using words like "why."

My caregivers help me learn to talk by:

- talking and singing with me during daily routines. It will make them more fun!
- asking me open-ended questions that don't have a "yes" or "no" answer, like "Where is daddy?"
- modeling more complex sentences. For instance, if I say "Jane go bye-bye?" respond with "Did Jane go bye-bye?"
- pretend playing with me. Help me bake a cake, fix a car, or fly in an airplane.
- saying my name, colors, and numbers when talking and playing with me.
- reading to me often and asking me questions, like "What happened to the dog?" or "Are they happy or sad?"

*To learn more about learning to talk, view the Resources and References found at the end of these materials. If you have a concern about a child's language development, you can learn more about Developmental Milestones by dialing Idaho CareLine at **2-1-1** or visiting http://www.211.idaho.gov.*

Challenging Behavior

"They are notoriously willful and unpredictable, and their behavior can be difficult to understand and strenuous to handle." ~ Alicia F. Lieberman, Ph.D, The Emotional Life of a Toddler

Challenging behaviors in young children can vary greatly. They range from sleeping or eating issues to hitting, biting, whining, tantrums, and clingy behavior. Challenging behaviors, in one form or another, are common in all children.

Because every child has their own unique personality, it is hard to offer one approach or response that will work for all children. Identifying appropriate ways for caregivers to respond will help support the child's social and emotional development. This can also help caregivers understand the reasons for the behavior.

Common Reasons for Challenging Behavior

Stages 1-3 (birth to around 12 months)

I am:

- learning how to calm myself.
- trying to develop a regular sleep, waking, and eating pattern.
- maybe teething.
- learning about my routines.
- learning to let you know what I want or need.

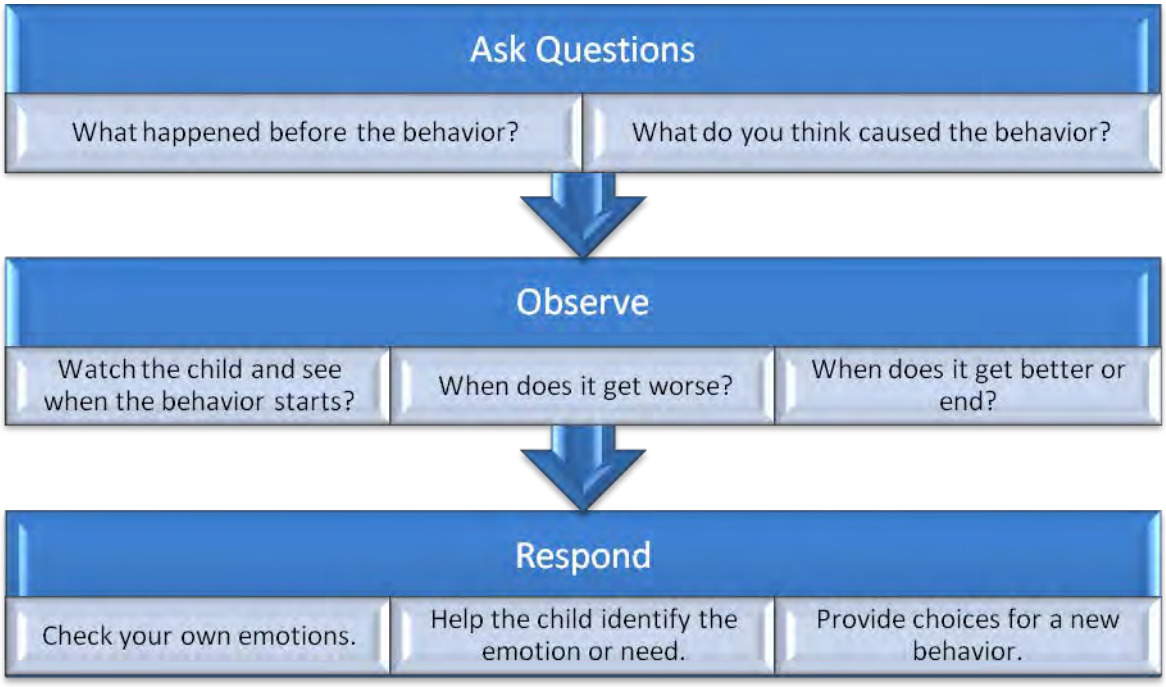
Stages 4 and 5 (12 to around 36 months)

I am:

- learning that I'm my own person, separate from my parents and caregivers.
- learning to recognize and express my emotions.
- learning how to communicate frustrations. At this age, I can get frustrated easily.
- maybe needing to satisfy my need to chew, bite, or suck.
- just starting to learn and practice self-control.
- learning about cause and effect. I might try out new behaviors to see how they work.
- trying to be independent. I will assert myself as much as I can.
- working on following simple directions.
- eager to try things that may still be challenging for me.
- practicing seeking your help when I need it.
- Interested in playing with other children, but I don't quite know how to yet.

My caregivers can support me by:

- asking yourself some questions about the behavior.
- observing my behavior.
- responding to my behavior.



Other ways to support me when I show challenging behaviors:

- Respond to me with care. Give me your full attention.
- Set up regular routines so I know what to expect.
- Understand and acknowledge that I cry to express a range of feelings.
- Stay with me when I am upset.
- Learn techniques to calm and comfort me.
- Support the use of a comfort object like my blanket or favorite toy.
- Talk with me about feelings using books and songs. Offer ideas on how to express emotions.
- Help me talk about when I was mad, sad, or angry. For instance, say "You were really sad when Sean took your toy."
- Consider and support my family's values about emotional expression.

- Model a range of appropriate ways to express feelings.
- Talk with me when I am calm about how to manage my emotions.
- Offer real choices that are okay from your point of view. For example, ask "Do you want to put on this shoe first or this shoe?"
- Recognize and respect that I may not be able to express feelings with words. I may need to find healthy ways to express myself physically.
- Set simple limits and talk to me about them. Respond consistently to my behavior.
- If you can't stop feeling angry or upset, make sure I am in a safe, comfortable place and call someone to talk about your frustration.

Three steps for setting appropriate limits for toddlers:

Step 1 — *Tell me what I can do...*

Tell me what I **can** do when I am doing something I shouldn't be doing. For instance, if a child is throwing a book, say "Jenny, books are for reading, not throwing." Then offer to look at the book with the child or give the child a ball to throw instead.

Step 2 — *Remind me...*

Remind me of the rules and give me a choice. Say "Remember, Jenny, books are for reading. You can read the book, not throw it. If you keep throwing it, we'll have to put the book away."

Step 3 — *Follow through!*

Always follow through with the child. Say something like "Jenny, I'm worried about the book getting ripped. Would you like to put it back on the shelf, or should I help you?" Remember, it takes time.

To learn more about challenging behaviors in infants and toddlers, view the Resources and References found at the end of these materials. You can also visit ZERO TO THREE at http://www.zerotothree.org/child-development/challenging-behavior or visit The Center on the Social Emotional Foundations of Early Learning at www.Vanderbilt.edu/csefel.

Partnering with Parents

"The home environment should shine through the daily routines of every individual child."
~ Chris Meyers-Zacharias, Lead Teacher/Advocate, Boise, Idaho

Why Partner With Parents?

"Development and learning are rooted in culture and supported by the family. A child's language, knowledge, traditions, and family expectations are the primary influences on development. Learning is enriched by stable, nurturing relationships within the family and community."
~ Idaho Early Learning eGuidelines Guiding Principle

Strengthening Families

Research shows that there are five protective factors that build strong families and environments. This in turn promotes healthy child development. This set of protective factors is also known as the "*Strengthening Families* Approach."

These five factors are:

1. **Parental resilience**
2. **Social connections**
3. **Knowledge of parenting and child development**
4. **Concrete support in times of need**
5. **Social and emotional competence of children**

Child care can use the *Strengthening Families* Approach to help families recognize their strengths.

- **Parental resilience:** Offer a true "open door" policy to help parents bounce back from challenges. Connect with them on a personal level.
- **Social Connections:** Offer opportunities for parents to befriend and support each other. Create a "welcoming space" with comfortable, adult-sized furniture to sit and visit in. Have holiday parties, volunteer opportunities, Facebook pages, etc.
- **Knowledge of parenting and child development:** Help parents understand their child's abilities and needs at each age. Explain to them how they can meet those needs. Offer educational opportunities like parenting classes, and provide lots of information on parenting and child development. Parents who understand their child's capabilities and know appropriate discipline techniques will have much less stress in their lives. This helps them stay calm and confident as parents.

Idaho Early Learning eGuidelines: D1G3 16-38, D1G9 6-18, D2G24 6-18, D3G36 0-8, D4G44 6-18, D5G53 6-18, D5G55 6-18

- **Concrete support in times of need:** Post resource lists in highly visible locations. Include contact information for food banks, counseling services, and other local resources. If possible, keep emergency food and clothing on-site for anyone who needs it.
- **Healthy social and emotional development of children:** Help parents develop positive, nurturing relationships with their children. Offer opportunities for families to eat, play, and have fun in a neutral setting with other families. Hold regular parent conferences to discuss the strengths and challenges of their children. These steps can help ensure that the child feels loved and cherished.

Other Ways to Partner with Parents:

- Create arrival and departure routines for families.
- Create daily sheets for parents. Include a written record of what the child ate, how they slept, what they did, and any other details that parents may want to know about their child's day.
- Communicate daily with parents. Use a variety of methods to communicate: verbally at drop-offs and pick-ups, through newsletters, via e-mail or phone calls, with a parent journal, etc.
- Encourage parents to use their home language with their child, and encourage the child to use it in childcare. Learn words, gestures, "signs," and "games" that reflect the child's family and culture.
- Display children's family photos. Offer to let children look at or hold them if they want.

Here a caregiver reads a child her "family book" with pictures of her family. The child helped create the book, and she enjoys looking at the pictures and talking with her caregiver about her family.

- Provide materials that reflect children's homes and families. This may include photos, books, posters, games, puzzles, food, or dolls.
- Talk about behavior and development concerns with parents. Partner with them to share concerns with medical and developmental experts. Always respect the family's privacy and confidentiality.
- Encourage family traditions, routines, and activities. Ask parents to share any rituals, traditions, and activities that can take place in the classroom.
- Recognize that some families have different expectations about how their children grow and learn.

- Encourage children to tell family stories.
- Tell children stories about their family, community, and culture.
- Display children's early exploratory art and share it with parents.
- Help parents get involved in your center. Hold parent meetings, fundraisers, and satisfaction surveys. Invite them to serve on work groups and on the board of directors.
- Communicate with intent. Ask parents how they prefer to get information.
- Create a media center, interactive bulletin board, and video classroom activities.
- Show an interest in parents. Share information about yourself with them.
- Let parents know, privately and publicly, that you appreciate them. Say "Thank you" in a variety of ways: personally, in newsletters, in notes, etc.

To learn more about partnering with parents, view the Resources and References found at the end of these materials. You can also learn more by visiting Idaho AEYC's Strengthening Families website at http://idahoaeyc.org/sfmain.php

Idaho Early Learning eGuidelines: D1G3 16-38, D1G9 6-18, D2G24 6-18, D3G36 0-8, D4G44 6-18, D5G53 6-18, D5G55 6-18

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When There is a Concern About a Child's Development

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  www.AimEarlyIdaho.org
- Idaho Infant Toddler Program: Developmental Milestones
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