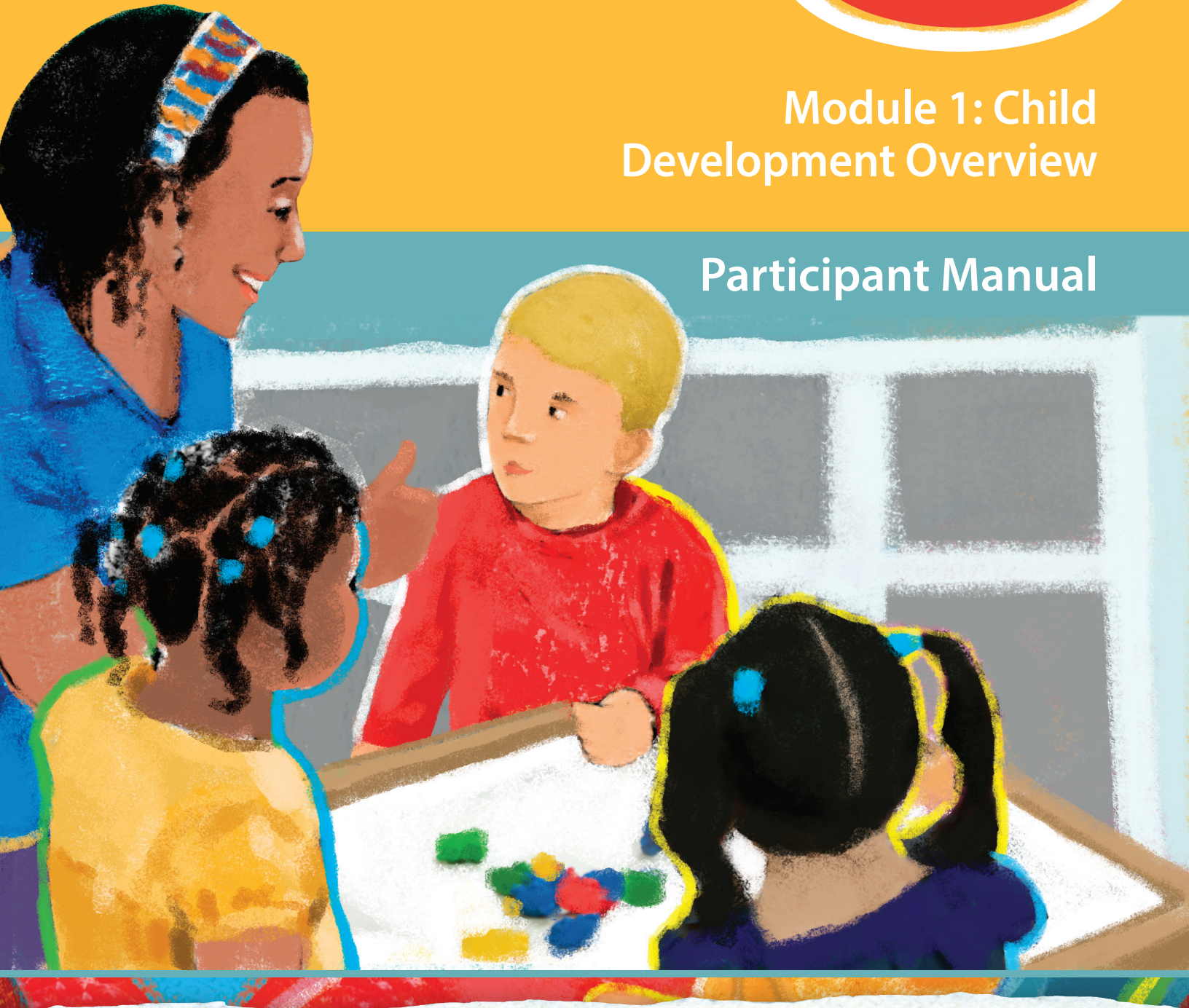


ECE Credential

Level 1

Module 1: Child
Development Overview

Participant Manual



Training brought to you by:



GATEWAYS TO OPPORTUNITY[®]
Illinois Professional Development System

ECE Credential Level 1 Training

Module 1: Child Development Overview

Participant Manual · Standardized Version

This training is Registry-approved and counts towards DCFS licensed program training hours.

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ECE Credential Level 1 Training *Module 1: Child Development Overview*

Table of Contents

Learning Objectives	iv
Part 1: Understanding General Development	
Activity: Developmental Jeopardy	3
Development Overview	4
Patterns of Development	4
Factors that Influence Development	5
Video—Serve & Return Interaction Shapes Brain Circuitry.....	6
Activity: The Broad Spectrum	6
Developmentally Appropriate Ages and Stages Chart.....	7-9
Developmentally Appropriate Practice (DAP).....	10
Part 2: Issues in Development	
Issues in Infant Development	13
A Child Care Provider’s Guide to Safe Sleep	14–15
Issues in Toddler Development.....	16–17
Issues in Preschool Development	18
Synapses.....	18
Goals of Social/Emotional Development.....	19
Meaningful Learning	19
Video—Making Learning Meaningful	20
How Children Learn	20
Value of Play	21
Play Basics	22
Expressing Understanding Through Block Play	23
Screen Time	23-24
School-Age (Middle Childhood) Development.....	24
School-Age Care.....	245
Guidance Techniques and Strategies.....	26
The Adult Role.....	26-27
Child Growth and Development “Cheat Sheet”.....	28
Knowledge to Practice.....	29
Competency Checklist.....	29
Reflection: Module 1.....	30
Resources	
Illinois Child Care Resource and Referral (CCR&R) Agencies.....	33
Helpful Websites : Module 1.....	34
General Links.....	35

Learning Objectives

Following this training, participants will be able to:

- Summarize the patterns of development in children from birth to age 12
- Name the milestones for each area of development (physical, cognitive, language, and social/emotional) that would be typical at different ages for children from birth to age 12
- Discuss the role and importance of play in a child's life

Part 1:
Understanding
General Development

Activity: Developmental Jeopardy

Please use the spaces provided to record the correct responses for the Jeopardy game.

This is the bond a baby forms with adults and caregivers.

What is _____?

This type of toddler behavior refers to thinking only of oneself.

What is _____?

This is growth and change over time.

What is _____?

These are routines for moving from one activity to the next.

What are _____?



This is the leading cause of death among infants.

What is _____?

Toddler behavior may be marked with this attitude in a desire to be independent and practice emerging skills.

What is _____?

This developmental domain can also be referred to as intellectual development.

What is _____?

Children should know this will result from their behavior.

What are _____?

This is the first skill a baby typically develops.

What is _____ / _____?

Toddlers need this to help them understand the world around them and provide a sense of security.

What is _____ and _____?

This is known as the work of children.

What is _____?

Examples include catching a child being good and offering praise.

What is _____?

These are the traits we are born with that make up our style of behaving.

What is _____?

Toilet training is a toddler milestone that represents a child's need for this.

What is _____ and _____?

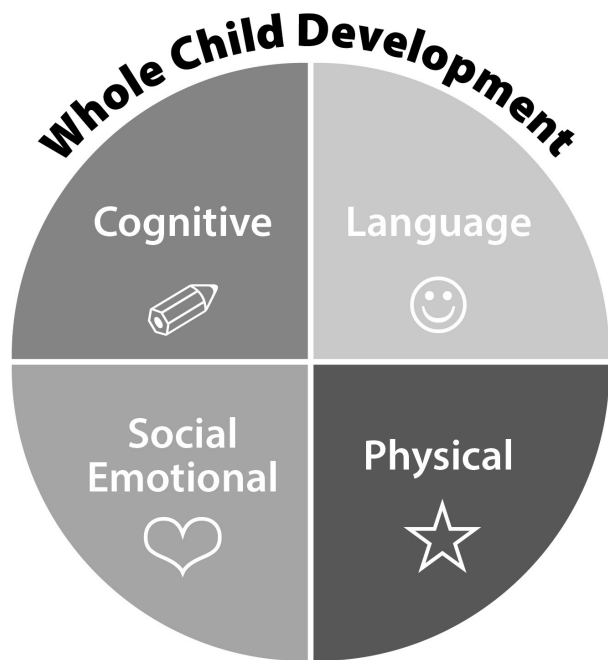
These characteristics we are born with come from our parents.

What is _____?

Withholding these tasty treats is a poor guidance technique for children who refuse to pick up toys.

What are _____?

Development Overview



Development is growth and change over time.

Development also takes into account the whole child.

While the focus may be on one area of development, these areas are constantly overlapping. In real life, it is hard to say, "Oh, this child is developing his language skills." Actually, his language, his intellectual ability, and his social interactions are all being impacted.

Patterns of Development

- **Development progresses from _____ to toe.**
Think of a little baby. He moves his head, gains strength in his shoulders, discovers his hands, rolls over, crawls, and then walks.
- **Development also progresses from the inside _____.**
Again, babies roll over with their torsos, crawl with their arms and legs, down to gaining control of their small motor muscles in their fingers and toes.
- **Development follows _____ stages.**
Typically, a child rolls over, and then sits with support, crawls, pulls to stand, cruises, and then walks.
- **Development progresses from simple to _____.**
A newborn baby's diet consists of one food to that same baby being able to enjoy and digest a variety of foods by the end of the first year. The concept of simple to complex can be applied to all areas of development from expressing emotions, to cognitive skills, the type of play, and overall physical coordination.

- **Children develop at _____ rates.**

Why are children different? Children move through stages at different rates. Not all of us learned to walk at the same time, crawl at the same time, and talk at the same time. Walking, for example, has a range in which it is perfectly normal to begin, anywhere from 10-15 months. The average age for learning to walk is 12 months but I bet you can all think of children that fall in the earlier end and those that fall in the latter end of the range.

It's important to increase your knowledge of child development so you know these stages or milestones in each of the areas of development. Providers are able to individualize care, as well as attend to the whole child if there is a general understanding of child development principles.

Providers can also prepare parents/guardians with information on a child's progress and what to expect next when there is a solid understanding of developmental issues. For example, most children will go through a stage of negativism around 14 months of age. If the provider and parents know this is coming, there are few surprises when that typically easygoing toddler suddenly doesn't want to do what he/she is asked to do. Understanding what is normal/typical behavior, will help guide decision making, as well as strengthen communications with the child's family.

Factors that Influence Development

Temperament

Temperament can be defined as _____ that make up an _____ style of _____. Think about your own temperament.

- How resistant are you to change?
- How sensitive are you to changes in room temperature, or scratchy clothing?
- Do you need complete silence to fall asleep?
- Do you need to eat lunch every day at the same time?

These are all traits that make up our temperament. Temperament traits include: activity level, adaptability, approach/withdrawal, distractibility, intensity, mood, persistence, regularity, and sensory awareness.

Genetics

Genetics are _____ with which we are _____ such as blue _____ or black hair.

Some children are born with a genetic disorder that may put their health at risk such as Sickle Cell Anemia. Other genetic traits include strength and flexibility.

Environment and Culture

The environment also impacts how a child develops. Stimulation from the environment plays a role in the wiring of the brain. Stimulation can include the people, the light, the noise, and interactions in an environment.

If the stimulation is _____ or _____ the brain will not develop at its optimum ability.

Video—Serve & Return Interaction Shapes Brain Circuitry

Notes:

Activity: The Broad Spectrum

Notes:



Developmental Ages and Stages Chart

	Infants/Toddlers: Ages birth–36 months	Early Childhood/Preschool: Ages 3–6
Physical/ Motor	<p>Birth to 5½ months:</p> <ul style="list-style-type: none"> • Lift head when lying on tummy • Bring hands to midline • Sit with support • Turn from stomach to back or back to stomach <p>5½ months to 8 months:</p> <ul style="list-style-type: none"> • Sit without support • Roll, scoot, stand holding on to stable object • Transfer objects from hand to hand • Bang objects <p>8 months to 14 months:</p> <ul style="list-style-type: none"> • Pull to stand • Lower self to sit • Walk • Point with finger • Use thumb and pointer finger to pick up objects (pincer grasp) <p>14 months to 24 months:</p> <ul style="list-style-type: none"> • Walk backwards • Throw ball forward • Walk up stairs holding railing • Ride on toy without pedals • Scribble <p>24 months to 36 months:</p> <ul style="list-style-type: none"> • Balance on one foot • Pedal a tricycle • Walk up and down steps alternating feet • Begin to use scissors • Build with blocks 	<p>3 to 4 years:</p> <ul style="list-style-type: none"> • Catch a large ball • Throw with more control • Snip with scissors • Build with blocks • Grip pencil with fingers <p>4 to 5 years:</p> <ul style="list-style-type: none"> • Climb • Hop • Cut with scissors • Copy simple figures • Button and unbutton <p>5 to 6 years:</p> <ul style="list-style-type: none"> • Balance while walking in a straight line • Write own name • Zip and unzip a zipper
Cognitive	<p>Birth to 5½ months:</p> <ul style="list-style-type: none"> • Gaze at, then track faces and objects with high contrast • Find hands and feet • Bat at objects <p>5½ to 8 months:</p> <ul style="list-style-type: none"> • Briefly look at pictures in a book • Put things in mouth • Experiment by throwing, dropping, shaking and banging objects <p>8 months to 14 months:</p> <ul style="list-style-type: none"> • Examine small objects and details • Repeat interesting activities • Remember the location of hidden objects <p>14 months to 24 months:</p> <ul style="list-style-type: none"> • Say “no” often • Imitate adult behaviors and activities • Try to comfort others in distress • Play by self for a short period of time <p>24 months to 36 months:</p> <ul style="list-style-type: none"> • Begin to solve problems more logically • Remember events and places • Match and group objects that are alike 	<p>3 to 4 years:</p> <ul style="list-style-type: none"> • Notice how things are alike and different • Recite numbers • Predict effects of one’s actions <p>4 to 5 years:</p> <ul style="list-style-type: none"> • Tell the sequence of events in a story • Try different actions to solve a problem • Organize collections of objects into groups • Say full name an address <p>5 to 6 years:</p> <ul style="list-style-type: none"> • Aware of rules and manners • Practice recognizing numerals 1 through 10 • Use logical thinking when playing games • Enjoy following familiar routines and predicting what will happen next

<p>Language</p>	<p>Birth to 5½ months:</p> <ul style="list-style-type: none"> • Turn head to find a sound • Make vowel sounds like eee, aah, ooo • Take turns making sounds with parents and care providers • Enjoy practicing sounds <p>5½ months to 8 months:</p> <ul style="list-style-type: none"> • Associate some sounds with objects and people • Say single syllables like ba, pa, ma • Repeat sounds like “bababa” <p>8 months to 14 months:</p> <ul style="list-style-type: none"> • Respond to simple requests • Understand “no” • Point and gestures to communicate • May say few words including “mama” and “dada” specifically <p>14 months to 24 months:</p> <ul style="list-style-type: none"> • Follow a one step direction such as, “Pick up your shoes” • Say about 50 words • Imitate adult inflections • Name some pictures • Point to at least six body parts <p>24 months to 36 months:</p> <ul style="list-style-type: none"> • Understand actions and events in simple story books • Use multi-word sentences • Ask and answer simple questions • Listen closely to conversations 	<p>3 to 4 years:</p> <ul style="list-style-type: none"> • Use three and four word sentences • Follow more difficult directions • Make up silly words • Ask “why”, how questions • Repeat songs and rhymes • Recognize familiar words and signs <p>4 to 5 years:</p> <ul style="list-style-type: none"> • Use longer, more complex sentences • Retell familiar stories and predicts story endings • Use language to expand and extend play <p>5 to 6 years:</p> <ul style="list-style-type: none"> • Describe a sequence of events • Negotiate rules • May have trouble pronouncing their r, v, l, th, j, and z sounds
<p>Social-Emotional</p>	<p>Birth to 5½ months:</p> <ul style="list-style-type: none"> • Make eye contact • Can be comforted by parent or care provider • Comfort self in some way • Respond to familiar faces <p>5½ to 8 months:</p> <ul style="list-style-type: none"> • Show separation anxiety • Enjoy simple games like “peek-a-boo” <p>8 to 14 months:</p> <ul style="list-style-type: none"> • Know the difference between familiar people and strangers • Play simple, imitative games like “pat-a- cake” • Initiate interactions with familiar people <p>14 months to 24 months:</p> <ul style="list-style-type: none"> • Say “no” often • Imitate adult behaviors and activities • Try to comfort others in distress • Play by self for a short period of time <p>24 months to 36 months:</p> <ul style="list-style-type: none"> • Begin to express feelings in socially acceptable way • Have fears • Begin to understand and follow simple rules • Desire routines 	<p>3 to 4 years:</p> <ul style="list-style-type: none"> • Use negative words such as “don’t” and “won’t” • Test limits that are set • Learn to share and take turns • Have difficulty distinguishing real from make-believe <p>4 to 5 years:</p> <ul style="list-style-type: none"> • Like to socialize with peers • Enjoy situations away from home • Change moods quickly • Change the rules to benefit self <p>5 to 6 years:</p> <ul style="list-style-type: none"> • Understand acceptable/ unacceptable behavior • Show pride and confidence in own accomplishments • Show interest in fairness and making rules • Have preferences in special friends

	School Age Ages 5–7	School Age Ages 7–12
Physical	<ul style="list-style-type: none"> • Better at running or jumping but awkward at smaller movements like writing • Enjoy structured games like Simon Says and Duck, Duck, Goose • Losing teeth • Need lots of physical activity and free play • Tend to be in a hurry and rush things 	<ul style="list-style-type: none"> • Rapidly growing bodies • Enjoy group games like soccer or kick ball • Many girls and some boys experience the beginning of puberty • May suddenly be better coordinated • Restless—Can't sit for long period
Cognitive	<ul style="list-style-type: none"> • Not ready to understand big ideas like "fairness". • Don't think logically (if it is windy and the trees are shaking, then the trees are causing it to be windy) • Almost never see things from another person's view • Curious about things • More aware of similarities and differences 	<ul style="list-style-type: none"> • Enjoy board games, computer games, and puzzles • Like to learn through discovery • Beginning to see the "bigger world" including ideas like fairness and justice • Good at solving problems • Can concentrate for long periods
Language	<ul style="list-style-type: none"> • Literal—when you say, "Happy as a clam", they may picture a clam dancing and laughing • Think out loud—will say "I'm going on the swings" before they actually do it • Invented spelling such as "I luv to et iscrem" for I love to eat ice cream" • Love jokes and riddles 	<ul style="list-style-type: none"> • Show interest in the meaning of words • Can create stories with beginning, middle and end • Can listen well • Reading to learn instead of learning to read • Appreciate humor—"gets" jokes
Social-Emotional	<ul style="list-style-type: none"> • Learning about being a friend • Prefer to play with those of the same gender • Need verbal permission from adults—"May I...?" • Don't like taking risks or making mistakes • Sensitive and can react strongly to criticism 	<ul style="list-style-type: none"> • Understand the feelings of others • Enjoy group activities and cooperative work, especially with those of the same gender • Developing a sense of right and wrong—very sensitive to fairness issues • Moodiness

Sources: American Academy of Child and Adolescent Psychiatry (2001). *Facts for Families*©. "Normal Adolescent Development: Middle School and Early High School Years". <http://www.aacap.org/>

American Academy of Child and Adolescent Psychiatry (2001). *Facts for Families*©. *Normal Adolescent Development: Late High School Years and Beyond*. <http://www.aacap.org/>

Cox, N.S. (2006). *Human Growth and Development: A resource packet to assist school districts in program development, implementation, and assessment*, pp. 29–31

Gibbs, J. (2000). *TRIBES: A New Way of Learning and Being Together*. Sausalito, pp. 41–42 Wood, C. (2007). *Yardsticks: Children in the Classroom Ages 4–14*, 3rd Edition.

Developmentally Appropriate Practice (DAP)

DAP is an approach to caring for children grounded in the research of how children develop and learn.

DAP is individualized, responsive care that is just right for the child's age, cultural context, and personality.

DAP consists of three components:

1. _____
2. _____
3. _____

Part 2: Issues in Development

Issues in Infant Development

Sudden Unexpected Infant Death (SUID)

About _____ infants die suddenly and unexpectedly each year. Most of these occur due to a poor sleep environment

There are three types of SUID

- _____
- _____
- _____



Sudden Infant Death Syndrome

SIDS is a leading cause of death among infants. When SIDS occurs, a healthy infant dies during sleep. No one cause can be identified to explain the baby's death. African American babies are 2 times more likely to die of SIDS than Caucasian babies.

It is important for all caregivers to ALWAYS place the babies in their care on their backs to sleep at naptime and at night. When babies who routinely sleep on their backs at home are placed on their stomachs for sleep at the child care setting, there is a twenty times increased risk for SIDS.

Shaken Baby Syndrome (SBS)

Form of _____ (AHT)

Often occurs when the caregiver does not understand how to respond to a baby's _____ / _____

Symptoms of SBS or AHT may not appear until several days after the incident and are often overlooked as vomiting and fatigue are often associated with a viral infection. Many times Shaken Baby Syndrome occurs when the caregiver does not understand how to respond to a crying infant. Never, ever shake a baby.

Parents and caregivers may be concerned that rough and tumble games could cause SBS or AHT. While these activities with infants are risky, injuries associated with rough and tumble play typically are not as dramatic as those sustained when violently shaking a child.

INCCRRA offers free online trainings about Sudden Infant Death Syndrome (SIDS/SUID/Safe Sleep) and A Preventable Tragedy: Shaken Baby Syndrome (SBS/Traumatic Brain Injury.)

<http://ilearning.inccrra.org/providers/illinois-dcfs-trainings.html>

A Child Care Provider's Guide to Safe Sleep

Helping you to reduce the risk of SIDS



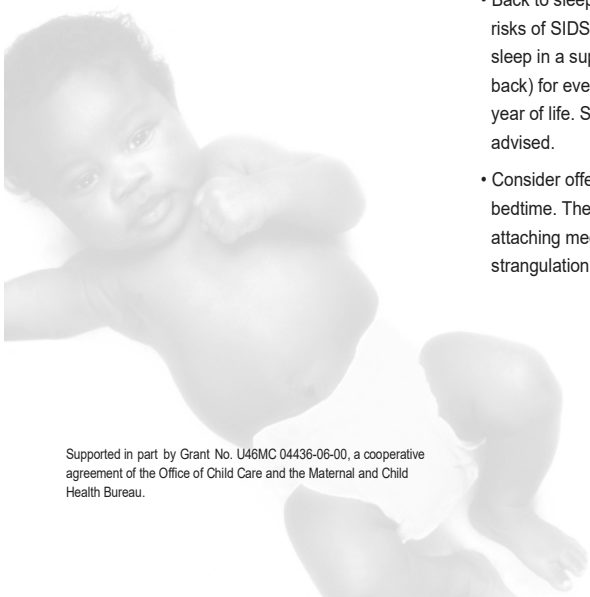
DID YOU KNOW?

- About one in five sudden infant syndrome (SIDS) deaths occur while an infant is being cared for by someone other than a parent. Many of these deaths occur when infants who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and placed to sleep on their tummies are 18 times more likely to die from SIDS.

WHO IS AT RISK FOR SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.

Because we don't know what causes SIDS, safe sleep practices should be used to reduce the risk of SIDS in every infant under the age of 1 year.



Supported in part by Grant No. U46MC 04436-06-00, a cooperative agreement of the Office of Child Care and the Maternal and Child Health Bureau.

KNOW THE TRUTH ... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

WHAT CAN CHILD CARE PROVIDERS DO?

Follow these guidelines to help protect the infants in your care:

CREATE A SAFE SLEEP POLICY

Create and use a written safe sleep policy: Reducing the Risk of Sudden Infant Death Syndrome, Applicable Standards from Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs outlines safe sleep policy guidelines. Visit <http://nrckids.org/CFOC3/HTMLVersion/Chapter03.html#3.1.4.1> to download a free copy.

A SAFE SLEEP POLICY SHOULD INCLUDE THE FOLLOWING:

- Back to sleep for every sleep. To reduce the risks of SIDS, infants should be placed for sleep in a supine position (completely on the back) for every sleep by every caregiver until 1 year of life. Side sleeping is not safe and not advised.
- Consider offering a pacifier at nap time and bedtime. The pacifier should not have cords or attaching mechanisms that might be a strangulation risk.

- Place babies on a firm sleep surface, covered by a fitted sheet that meets current safety standards. For more information about crib safety standards, visit the Consumer Product Safety Commissions' Web site at <http://www.cpsc.gov>.

- Keep soft objects, loose bedding, bumper pads, or any objects that could increase the risk of suffocation or strangulation from the baby's sleep area.

- Loose bedding, such as sheets and blankets, should not be used. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, are good alternatives to blankets.

- Sleep only 1 baby per crib.

- Keep the room at a temperature that is comfortable for a lightly clothed adult.

- Do not use wedges or infant positioners, since there's no evidence that they reduce the risk of SIDS, and they may increase the risk of suffocation.

- Never allow smoking in a room where babies sleep, as exposure to smoke is linked to an increased risk of SIDS.

- Have supervised, daily "tummy time" for babies who are awake. This will help babies strengthen their muscles and develop normally.

- Teach all staff, substitutes, and volunteers about safe sleep policies and practices and be sure to review these practices often.

When a new baby is coming into the program, be sure to talk to the parents about your safe sleep policy and how their baby sleeps. If the baby sleeps in a way other than on her back, the child's parents or guardians need a note from the child's physician that explains how she should sleep, the medical reason for this position and a time frame for this position. This note should be kept on file and all staff, including substitutes and volunteers, should be informed of this special situation. It is also a good idea to put a sign on the baby's crib.

If you are not sure how to create a safe sleep policy, work with a child care health consultant to create a policy that fits your child care center or home.



Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, pillow-like toys, or anything in the crib.



Supervised daily tummy time during play is important to baby's healthy development.

SAFE SLEEP PRACTICES

- Practice SIDS reduction in your program by using the *Caring for Our Children* standards.
- Always place babies to sleep on their backs during naps and at nighttime.
- Avoid letting the baby get too hot. The infant could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and/or rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Talk with families about the importance of sleep positioning and encourage them to follow these guidelines at home.

SAFE SLEEP ENVIRONMENT

- Place babies to sleep only in a safety-approved crib with a firm mattress and a well-fitting sheet. Don't place babies to sleep on chairs, sofas, waterbeds, or cushions. Adult beds are NOT safe places for babies to sleep.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. These items can impair the infant's ability to breathe if they are close to their face.
- The crib should be placed in an area that is always smoke-free.
- Room sharing *without* bed-sharing is recommended. Evidence has shown this arrangement can decrease the risk of SIDS as much as 50%.

OTHER RECOMMENDATIONS

- Support parents who want to breastfeed or feed their children breast milk.
- Encourage parents to keep up with their baby's recommended immunizations, which may provide a protective effect against SIDS.
- Talk with a child care health consultant about health and safety in child care.
- Have a plan to respond if there is an infant medical emergency.
- Be aware of bereavement/grief resources.

AM I A CHILD CARE PROVIDER?

Some child care providers are professionals with college degrees and years of experience, but other kinds of child care providers could be grandparents, babysitters, family friends, or anyone who cares for a baby. These guidelines apply to any kind of child care provider. If you ever care for a child who is less than 12 months of age, you should be aware of and follow these safe sleep practices.

If you have questions about safe sleep practices please contact Healthy Child Care America at the American Academy of Pediatrics at childcare@aap.org or 888/227-5409. Remember, if you have a question about the health and safety of an infant in your care, ask the baby's parents if you can talk to the baby's doctor.

RESOURCES:

American Academy of Pediatrics
<http://www.aappolicy.org>
SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment
<http://pediatrics.aappublications.org/content/128/5/1030.full>

Healthy Child Care America
<http://www.healthychildcare.org>

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, Third Edition. Visit the National Resource Center for Health and Safety in Child Care and Early Education Web site at: <http://nrckids.org/CFOC3/> to download a free copy. Hard copies are available from the American Academy of Pediatrics Bookstore at <http://www.aap.org>.

National Institute for Child and Human Development Back to Sleep Campaign
 Order free educational materials from the Back to Sleep Campaign at <http://www.nichd.nih.gov/sids/sids.cfm>

First Candle/SIDS Alliance
<http://www.firstcandle.org>

Association of SIDS and Infant Mortality Programs
<http://www.asip1.org/>

CJ Foundation for SIDS
<http://www.cjsids.com/>

National SIDS and Infant Death Resource Center
<http://www.sidscenter.org/>

The Juvenile Products Manufacturers Association
<http://www.jpma.org/>

Issues in Toddler Development

Negativism

- Begins around _____ of age
- Reflects a child's understanding that his/her thoughts and feelings are _____

Negativism can be an issue for parents as their normally agreeable baby suddenly appears stubborn. As these toddlers begin to gain an understanding of their world, providing routines and consistent care will ease the toddlers' stress and bouts of negativism.

Autonomy and Independence

- Healthy part of a growing _____
- Allow for opportunities to be _____ in a safe, nurturing environment

Provide toddlers with choices when a choice exists, such as choosing a book, offering a snack, or selecting a type of paint brush to use. Providing choices to toddlers lays the foundation to decision making and provides them a sense of control over their world.

Biting

- Normal stage of development
- Will occur in group care situations

About Biting: <ul style="list-style-type: none">• Biting is a common behavior in young children.• Biting occurs most frequently between the ages of 13 and 30 months.• Biting will occur in group setting where there is more than one toddler.• Biting is a normal phase of development.	Solutions: <ul style="list-style-type: none">• Set limits and allow for making choices• Allow for positive social experiences and comment on positive peer interactions.• Provide toys that respond to children's actions.• Give lots of positive warm attention and provide activities to keep child busy.• Help children develop behaviors for handling their feelings. Consider changes in environment.
Reasons for Biting: <ul style="list-style-type: none">• Need for autonomy and control• Exploration• Cause and Effect• Frustration• Anxiety	What to Do After a Child Bites? <ul style="list-style-type: none">• Let the child know it is unacceptable.• Attend to the child who was bitten and let the biter watch and comfort the child.• If it continues, observation and review and discussion of options with primary caregivers and parents.

Toilet Learning

- Not only a milestone in physical development, but also part of a toddler’s social-emotional development

Toilet learning is a cultural issue. Many cultures do not see toilet learning as a milestone, but more of a process that starts very early in life. The parent being sensitive to the cues in the child is emphasized. In some cultures children sit on the potty as soon as they can sit. It is imperative that child care providers and parents or guardians communicate their beliefs about toilet learning.

Other factors that influence the approach to toilet learning are:

- Understanding of development
- Child’s temperament
- Parenting style

Toilet learning as a developmental issue:

There are signs a child may be ready to learn to use the toilet:

Social-Emotional: <ul style="list-style-type: none">• Likes to be neat and clean• Wants to imitate and be grown up• Can tell an adult when diaper is wet or soiled	Motor: <ul style="list-style-type: none">• Puts on and removes some clothing by themselves• Wakes up dry from naps
Language: <ul style="list-style-type: none">• Verbalizes wants and needs	Cognitive: <ul style="list-style-type: none">• Puts things where they belong• Children understand the process. Children must know where to go, get undressed, use the toilet, flush, get dressed and wash their hands.

Reasons for not pushing the toilet learning issue:

- _____
- _____
- _____
- _____
- _____
- _____

Issues in Preschool Development

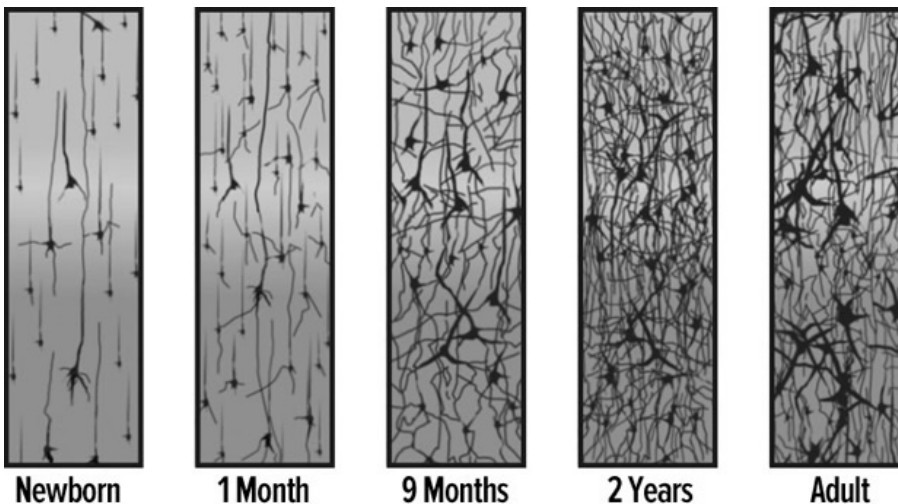
As a toddler transitions into the preschool years, overall growth slows down and comes in spurts. Brain growth slows and the pathways between neurons are strengthened. Unused pathways are pruned.

The foundation of social and emotional growth is laid during the early childhood with the preschool years serving as the opportunity to gain control of behavior, sustain relationships, appropriately express emotions, and learn to apply and negotiate rules.

Toddlers may become frustrated with not being able to expressive themselves verbally. As expressive language skills develop during the preschool years, a child's vocabulary will grow tremendously. The average preschooler will have a working vocabulary ranging from 5,000 to 8,000 words.

What can caregivers do to help a preschooler expand his/her vocabulary?

Synapses



At birth, a child will have about all of the neurons he/she will ever have. These neurons need to be connected (through synapses). Neurons not connected or that have a weak connection will be pruned.

The illustration above shows how this occurs. Note that a two-year-old has far more connections than an adult. If you don't use it; you lose it!

The brain has far more neurons than it will need. How they are connected and arranged are influenced by the child's environment and experiences.

Goals of Social/Emotional Development

1. _____ and competence

Children form an attitude about themselves based on the reactions of others. How we treat children can foster or diminish their self-esteem and confidence in themselves.

How we talk to children can boost or diminish their self-esteem as well. Praise and encouragement help children build self-esteem when used properly. The following are guides when giving feedback to children:

- Be specific – “You came when I asked you to come.”
- Be sincere – “I appreciate it when you help me clean up.”
- Praise the process – “You are trying hard to finish that puzzle. You have four pieces in already.”
- Praise the effort not the product – “I can see you put much time into your drawing.”

2. Build relationships of mutual _____ and _____ with adults

Children need to build relationships of mutual trust and respect with adults. Notice the word “mutual.” This means both ways. In order for children to trust and respect others, we need to model respect and trust towards them.

Children need to learn that adults, other than their parents/guardians, can be trusted. You show them this every day by caring for them while their parents/guardians are away.

3. Build relationships with _____

We want children to build relationships with their peers. Toddlers are naturally egocentric, thinking the world revolves around them. It is difficult for toddlers to build relationships with their playmates. However, preschoolers naturally interact with their peers. They are ready to go beyond their caregivers for social interaction. This is again where modeling plays a big part. We can encourage them, direct them, and model for them what good relationships look like.

Meaningful Learning

_____ to the child's world

Provides _____ opportunities for a child to explore an item or activity

_____ all of the senses

Allows the child to ask _____

Includes _____

Video—Making Learning Meaningful

Notes:

How Children Learn

- By _____
- By _____ and words associated with an experience
- Through _____
- By asking questions
- By hearing _____

Conditions that help children learn:

- Children learn best when they can _____ around, _____, and _____.
- When sitting still, children only see _____ side of an object. They need to move around.
- Children learn best when they feel _____ about themselves.
- Children learn as _____ persons.
- Learning takes _____.

In addition:

- Children have a natural _____ to make _____ of their world.
- Children construct _____ by acting upon their _____.
- _____ will contain errors.
- Development is _____.

Value of Play

Play is the primary way in which children _____.

Play _____ all areas of development.

Play develops curiosity, self-esteem, strength and coordination, _____, _____, and values.

As in all areas of development, play follows _____ developmental patterns.

<p>Language Children will:</p> <ul style="list-style-type: none">• Use words to represent objects, people and events.• Pretend to be a superhero or community helper, thus develop the same skills needed to write a poem or story.	<p>Social-Emotional Children will:</p> <ul style="list-style-type: none">• Promote their attachment with you. A strong attachment helps them be self-confident and secure enough to enjoy playing with peers.• Cooperate, take another’s perspective, share, negotiate, and help others.
<p>Cognitive Children will:</p> <ul style="list-style-type: none">• Understand relationships of objects and people and discover how things work.• Develop persistence and increase their attention span as well as the ability to focus—skills essential for success in school.	<p>Physical Children will:</p> <ul style="list-style-type: none">• Practice both large and small muscle skills.



Play Basics

Functions of play

Play is the work of children. It provides them the opportunity to learn concepts, practice new words, practice roles, and make sense of their world, gain self-confidence, gain a sense of independence, and become decision makers and problem solvers.

Play offers numerous opportunities for children to act to objects and experience events.

Through play, children can see how new experiences are related to previous learning.

Play is an active form of learning that unites the mind, body and spirit.

Play is learning.

Types of play

Children engage in many kinds of play experiences. During the first year of life, much of their play is exploratory. They repeat new skills such as reaching, grasping, hitting, patting, and babbling to themselves and to those around them. This is valuable play. It is through this repetition that brain cell connections multiply and become more efficient.

Around their first birthday, children engage in simple pretend activities such as feeding a baby or talking on a phone. This is called relational play and is characterized by children using real materials and objects.

From about 18 months and beyond, children begin to represent objects in their minds and engage in symbolic thinking. This is called symbolic play. This ability allows children's thinking to go beyond the limitations of what is immediately occurring. They begin to use mental images to represent past events and experiences, and to imagine future possibilities. During this time, they take on familiar roles and substitute words for actions or objects.

Around 2 years of age, you may notice the children in your care involved in constructive play. In this type of play, children use materials, such as play dough, blocks, or paper to build, create, or construct something new. A stack of blocks is now a house, a smear of paint on a piece of paper, a flower. Often pretend play overlaps with constructive play. Children may pretend to build a road like the one they observed being built outside their house and roleplay the construction worker.

Expressing Understanding through Block Play

Blocks are an excellent way children learn basic math concepts such as fractions (how many little blocks equal one big block) and physics concepts like balance.

The key to success in block building is to have plenty of room and lots of blocks.

Blocks tend to migrate into other areas of the environment, so help children keep blocks contained by giving them boundaries such as masking tape on the floor or a low table for block building.

How are blocks used in your care setting?

Screen Time

It is important to limit screen time and other _____ activities in the care setting.

Media should always be used to support _____.

Recommended screen time in care centers:

Children 0-2 years: _____

Children 6 years and older (in program more than 6 hours per day): _____

Limiting screen time encourages children to be physically active and stay healthy while promoting development of their motor, social, and cognitive skills.

According to NAEYC and the Fred Rogers Center (2012), "technology and interactive media are tools that can promote effective learning and development when they are used intentionally by early childhood educators, within the framework of developmentally appropriate practice, to support learning goals established for individual children."

The AAP (2011) discourages the use of any screen time for children under two. Illinois DCFS licensing standards for day care centers require children over two years old and in the program for 6 or more hours per day to have a passive screen viewing limit of no more than 60 minutes per day of age-appropriate, educational media. Licensing standards further require that:

- Each uninterrupted, passive screen viewing session shall be limited to a maximum of 30 minutes.
- Children attending a program for less than 6 hours per day shall be limited to a proportionate amount of screen viewing.
- Media shall not be allowed during meal or snack time.
- All screen time must be related to educational program planning developed by the center (DCFS 407.200, September 2014).

Why limit screen time?

- Lack of _____ stimulation
- May lead to _____ problems, childhood obesity, and lowered _____ development.

Tips to limit screen time:

- Provide opportunities for self-directed _____.
- _____ screens when not in use.
- Speak to _____ about expectations.

To properly stimulate their brain, children must be engaged through ongoing physical and educational activity. Children who are sedentary and spend excessive amounts of time on screens are prone to sleep problems, childhood obesity, and lowered cognitive and language development. Children under 2 years of age are in a critical period of brain development and are especially susceptible to cognitive delay if they receive too much screen time.

There are several steps you can take to limit screen time in your child care setting:

- If you have tasks to complete, give children the opportunity for self-directed play. For example, children can play with pots and pans while you prepare meals. You can also create activity boxes and have craft time to distract children while keeping their minds active and engaged. Nap time can also provide a great opportunity to complete unfinished tasks.
- You can cover and hide screens so they are out of sight. This will help reduce reliance on screens and eliminate the visual reminder so children can stay focused on more active and educational activities.
- You can also educate parents about the importance of limiting screen time both in the care setting and at home. Flyers and bulletins are a great way to share information with parents and to offer tips and strategies for eliminating unnecessary screen time.

School-Age (Middle Childhood) Development

School Age or middle childhood development typically includes children ages 5–12. Development during this time can be broken down into three stages:

-
- Development may seem uneven as children may grow quickly physically, but slower emotionally.
 - Friends and social acceptance become more important.
 - From the ages of 6 to 10, children are learning to read. Fluency does not occur until 3rd grade.
 - Cognitive thinking becomes more abstract.



School-Age Care

The majority of school-age children have parents who work. Investment in quality school-age programs has numerous benefits not only to the child but to the overall community. Research has demonstrated that quality after school programs:

- Help a child's overall school _____
- Reduce the risk of _____
- Aid in overall _____
- Reduce _____ behaviors

Quality School-Age Care

School-age care can be challenging. The following list from *Early Childhood News* (found in the Resource section of this manual) offers ideas for increasing quality in school-age programs.

- High quality adult-child interactions – encourage children to talk, tell jokes, and share their feelings.
- Listen to the interactions – be mindful of how many commands, threats, and directions are given. School-age children want to feel they have a voice.
- Plan and evaluate the program – carefully planned activities will engage children, reduce challenging behaviors, and allow for the children to anticipate coming events.
- Attend to details – as in any program, attention to details is essential.
- Balance of activities – children of all ages need a variety of activities that are child-initiated and adult-directed.
- Arrange the environment to utilize decision making and independent play.

- Establish a home-like atmosphere – the environment itself becomes a guide for play and learning.
- Capitalize on the child’s interests – school-age children have a natural interest in becoming competent in a particular skill or knowledge. Tap into these natural desires by providing materials, time, and your interest.

School-age children can also take part in daily tasks such as cleaning tables, taking attendance, and sweeping the floor. These are developmentally appropriate tasks that will also teach life skills.

After-School Programming

In regards to after school programming, be mindful of where the children have spent the past 6 to 7 hours. Like adults, children need some “down time” after being in a structured environment all day. For a variety of reasons, many schools have reduced recess time, and the overall minutes of physical activity in the school day. After school children need to spend some time doing something different, of their choosing. A concept to consider is: laps, raps, snacks, and naps.

Laps: _____

Raps: _____

Snacks: _____

Naps: _____

Guidance Techniques and Strategies

Having a good understanding of child development will help you choose the appropriate guidance strategy for a particular child. What works for a toddler may not be appropriate for a school-age child. Use the space below to write down some guidance strategies that are appropriate for children, and refer to the *Child Growth and Development “Cheat Sheet”* on the following page for additional strategies.

Notes:

The Adult Role

Adults have a role in helping children learn. **Where do you see yourself in this picture?**

Adults are responsible for creating and maintaining the environment, including being aware of and familiar with such quality tools as the Environment Rating Scales and both the Illinois Early Learning Guidelines (birth to 3) and the Illinois Early Learning and Development Standards (ages 3 to 5). The IELDS are intended to be used the two years before a child enters kindergarten. The IELG provides a framework for understanding child development and common expectations from the birth to three age range. These standards are goals to strive for in child care settings.

Child Growth and Development “Cheat Sheet”

Age Range	Developmental Milestones	Challenges/Issues	Discipline Strategies
Infancy: Birth to 9–15 months	<ul style="list-style-type: none"> • Triple birth weight • 1st 3 months transition from womb to “real world”. • Rely on senses to learn about the world. • Diet – liquid to solid food • Walking is the developmental milestone that typically ends this stage. 	<ul style="list-style-type: none"> • Sleep – infants need an average of 15 hours of sleep a day • Sudden Infant Death Syndrome • Shaken Baby Syndrome • Providing a safe stimulating environment • Nutrition/Feeding – liquid to solid foods. Establishing healthy eating habits. 	<ul style="list-style-type: none"> • Reacting proactively by providing a safe environment, understanding child growth and development. • Ignoring • Redirection • Modeling the appropriate behavior.
Toddlers: 9 months–3 years	<ul style="list-style-type: none"> • Growth slows down considerably • Strive for independence • Love routine and consistency • Language: 25 – 500 spoken words • Potty Training 	<ul style="list-style-type: none"> • Biting! • Desire for independence in dressing, feeding, etc. • Toilet Training • Temper Tantrums 	See above but can add: <ul style="list-style-type: none"> • Positive Guidance – telling them what they can do; not what they can’t do. • Natural Consequences • Praise!
Preschool: 3–5 years	<ul style="list-style-type: none"> • Growth is steady. • Needs time and opportunity to practice both gross and fine motor skills. • Begins to understand that letters form words. • Should master shape and colors • Language grows from 500 – 2000 words. • Can apply and negotiate rules. 	<ul style="list-style-type: none"> • Kindergarten Readiness • Social Competencies such as sharing, being good friend, taking turns, etc. • Learning to express emotions appropriately 	See above but can add: <ul style="list-style-type: none"> • Loss of privileges • “Time Out” • Poor Discipline Techniques: • Bribes, Threats and shouting!
Middle Childhood: 6 years–puberty	<ul style="list-style-type: none"> • Growth is steady until the onset of puberty. • Play becomes competitive • Language moves from spoken to written word – very difficult task! • Cross lateral coordination develops 	<ul style="list-style-type: none"> • Peer Acceptance • Moral Development 	See Above

Knowledge to Practice

Child Development Overview

Observe any child in your care. Age of the Child: _____

Write your observations of the following:

What are three developmental characteristics of this child?

1.

2.

3.

What areas of development do each of these characteristics fall under?

Describe one characteristic that may be an issue for the parent/guardian of this child.

Competency Checklist

Reflect on your understanding of the following competencies:

Name milestones for each area of development (physical, cognitive, social and emotional, and language) that would be typical at different ages.

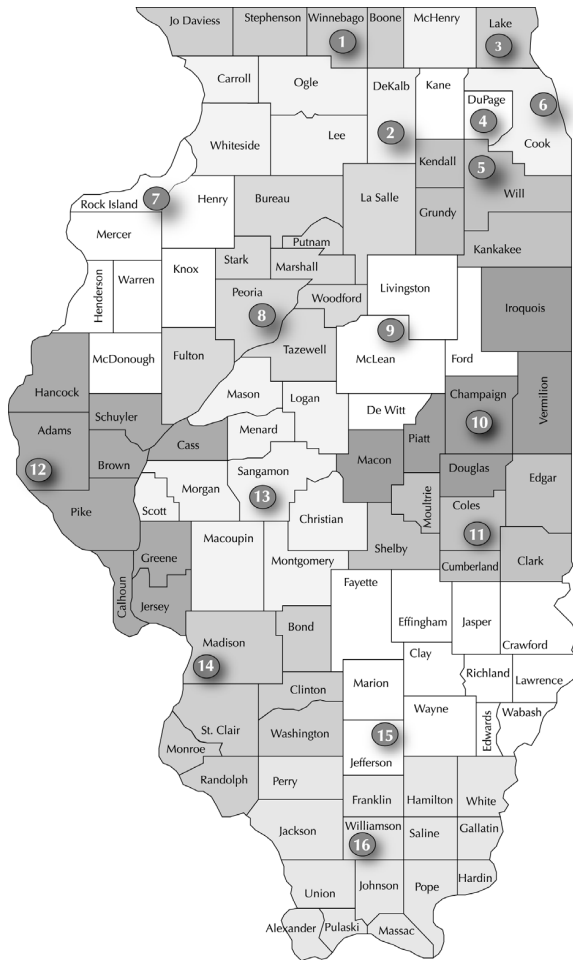
Describe why it is important to recognize when children are demonstrating behavior that is not typical for their chronological age.

List developmental benefits for children from a specific example of a play situation.

List the important functions of play in a child's life.

Resources

Illinois Child Care Resource and Referral (CCR&R) Agencies Service Delivery Area (SDA)



SDA 1
YWCA
Child Care Solutions
(Rockford)
888-225-7072
www.ywca.org/Rockford

SDA 2
4-C: Community Coordinated
Child Care
(DeKalb)
800-848-8727
&
(McHenry)
866-347-2277
www.four-c.org

SDA 3
YWCA Lake County CCR&R
(Gurnee)
877-675-7992
www.ywcalakecounty.org

SDA 4
YWCA CCR&R
(Addison)
630-790-6600
www.ywcachicago.org

SDA 5
Joliet CCR&R
(Joliet)
800-552-5526
www.childcarehelp.com

SDA 6
Illinois Action for Children
(Chicago)
312-823-1100
www.actforchildren.org

SDA 7
Child Care Resource & Referral
of Midwestern Illinois
(Moline)
866-370-4556
www.childcareillinois.org

SDA 8
SAL Child Care Connection
(Peoria)
800-421-4371
www.salchildcareconnection.org

SDA 9
CCR&R
(Bloomington)
800-437-8256
www.ccrn.com

SDA 10
Child Care Resource Service
University of Illinois
(Urbana)
800-325-5516
ccrs.illinois.edu

SDA 11
CCR&R
Eastern Illinois University
(Charleston)
800-545-7439
www.eiu.edu/~ccrr/home/index.php

SDA 12
West Central Child
Care Connection
(Quincy)
800-782-7318
www.wcccc.com

SDA 13
Community Connection Point
(Springfield)
800-676-2805
www.CCPoint.org

SDA 14
Children's Home + Aid
(Granite City)
800-467-9200
www.childrenshomeandaid.org

SDA 15
Project CHILD
(Mt. Vernon)
800-362-7257
www.rlc.edu/projectchild

SDA 16
CCR&R
John Logan College
(Carterville)
800-548-5563
www.jalc.edu/ccr

Find your local CCR&R by identifying what county you reside in.

Services your local CCR&R provides:

- Free and low cost trainings and professional development
- Grant opportunities for quality enhancements
- Professional development funds to cover expenses related to trainings and conferences
- Mental health consultants, infant toddler specialists and quality specialists to answer your questions
- National Accreditation support
- Free referrals of child care programs to families searching for child care.
- Financial assistance for families to help pay for child care.

And more...

Helpful Websites: Module 1

Children's Social Competence Checklist*

<http://illinoisearlylearning.org/tipsheets/checklist.htm>

FAQ: What Is Age-Appropriate Play for Young Children?*

<http://illinoisearlylearning.org/faqs/playage.htm>

FAQ: What Is the Best Way to Assess Young Children's Social Competence?*

<http://illinoisearlylearning.org/faqs/socialcomp.htm>

FAQ: What Do I Need to Know about Physical Development in Young Children?*

<http://illinoisearlylearning.org/faqs/physicaldev.htm>

FAQ: What Do I Need to Know about Social and Emotional Development in Young Children?*

<http://illinoisearlylearning.org/faqs/socemotdev.htm>

Is My Child OK?*

<http://illinoisearlylearning.org/tipsheets/normaldev.htm>

Lessons to Teach While Playing with Blocks

<http://www.sheknows.com/parenting/articles/844895/lessons-to-teach-while-playing-with-blocks>

There's More to Children's Block Play Than Meets the Eye

<http://www.oh-pin.org/articles/pex-03-theres-more-to-childrens.pdf>

Young Children's Mental Health: What Is Essential?*

<http://illinoisearlylearning.org/tipsheets/mental-essential.htm>

*(*Spanish version available on link)*

General Links

Early Childhood News
www.earlychildhoodnews.com

ExceleRate Illinois homepage
www.excelerateillinois.com

Gateways i-Learning System - for online trainings
<http://courses.inccrra.org>

Gateways to Opportunity: Illinois Professional Development System
www.ilgateways.com

Head Start Early Childhood Learning & Knowledge Center (ECLKC)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc>

Illinois Department of Children and Family Services Child Care Licensing Standards
www.illinois.gov/dcf/aboutus/notices/Documents/Rules_407.pdf

Illinois Early Learning Project
www.illinoisearlylearning.org

National Association for the Education of Young Children (NAEYC)
www.naeyc.org

National Association for Family Child Care (NAFCC)
www.nafcc.org

Statewide Training Calendar
www.ilgateways.com/en/statewide-online-training-calendar

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