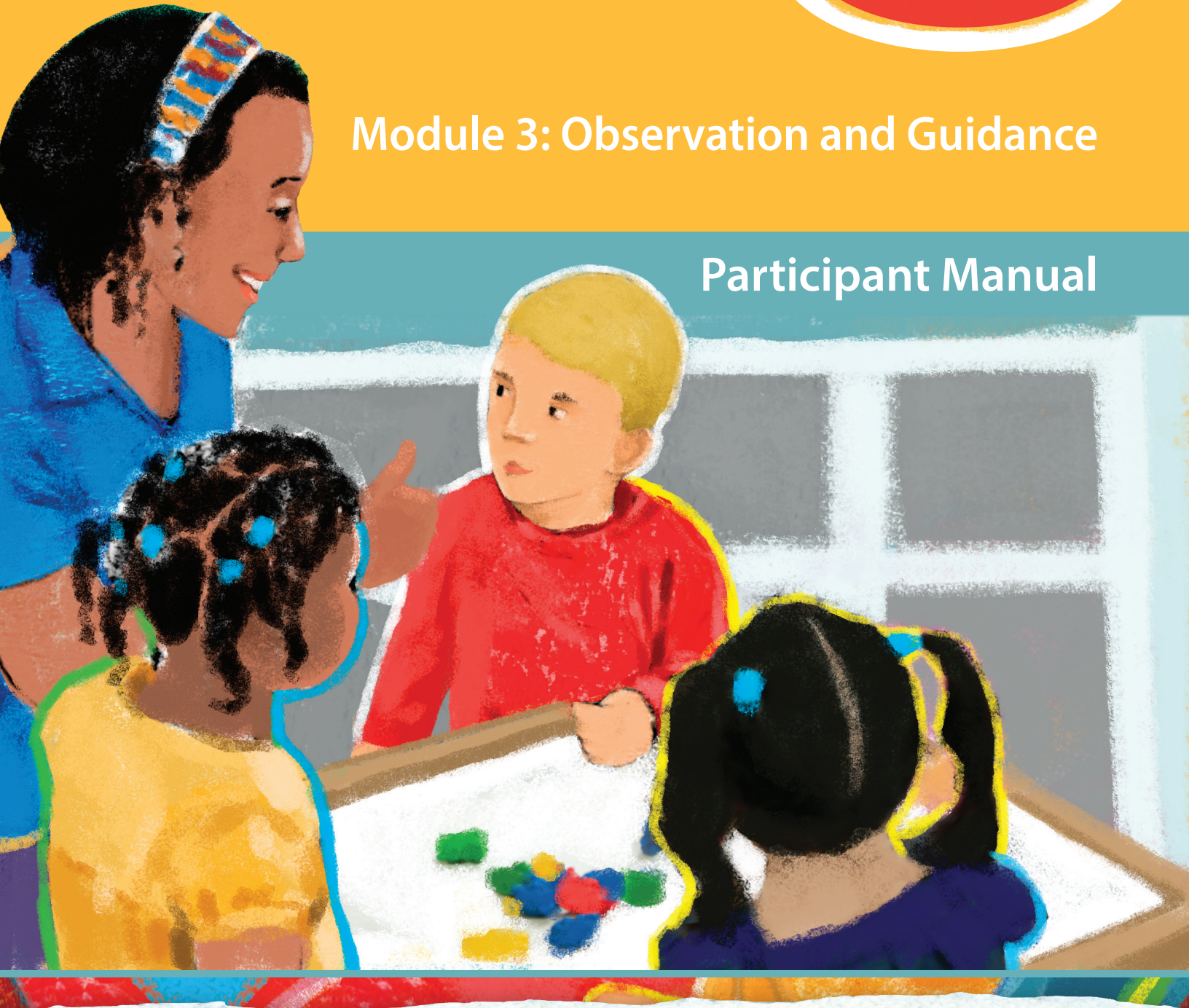


ECE Credential

Level 1

Module 3: Observation and Guidance

Participant Manual



Training brought to you by:



GATEWAYS TO OPPORTUNITY[®]
Illinois Professional Development System

ECE Credential Level 1 Training

Module 3: Observation and Guidance

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 3: Observation and Guidance*

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Learning Objectives

Following this training, participants will be able to:

- Describe observation
- List reasons for doing child observations in a care setting
- Define child assessment and child screening
- Identify techniques for guiding children’s behavior

Self-Reflection

Name or topic of your last module: _____

Reflect upon the last module you attended and answer the following. If this is your first module, you are not required to complete this section.

What new skills have you started practicing or what changes have you made as a result of the training?

What has worked? What hasn’t?

What resources did you use from the training?

What other knowledge did you gain as a result of the training?

Part 1: Observing Children in the Care Setting

Why Observe?

- To see children as individuals
- To focus on abilities
- To plan lessons and experiences
- To gain insight to behaviors

When we observe and document children's behavior, we are able to get to know them as individuals with unique personalities. Observations help us understand what children know and what they are learning.

Children learn and develop at all different levels. While there are guidelines that help us know how children develop, children do not develop at exactly the same time. It is important we look at children from the sense of focusing on their abilities, not their challenges or what they can't do. We call this using strengths-based observations. When we have this vision, we are providing an inclusive environment.



You Learn a Lot by Watching

Much can be learned by watching the children in your care grow and develop. As a care provider, you may have the delight to observe the same children for a period of years. By observing the children's behaviors, reactions, and strengths, you can adjust your care to best meet the needs of the children.

Why observe?

Focused observations can help you learn more about the children you care for. During focused observation you pick up small details about children's likes and dislikes, what toys they like to play with, who they play with, and how they play. Observing helps you look for answers as to why children behave in certain ways.

A focused observation:

- shows specific areas of interest and strengths for individual children
- helps you know what is meaningful to the children in your care on a particular day and time
- gives you specific information to share with parents
- can help you detect children who may be in need of special services or attention
- helps you obtain a picture of what a child is expected to know and do across all domains of growth and learning
- validates your knowledge of child development

After observing the children, you are better able to set up the learning environment and plan activities that are of specific interest to the children. You can offer play experiences that help them develop specific skills. You will have specific stories to share with parents. You will see how children vary in their growth and development.

What are focused observations?

Here are four ways to record children's growth, development, and behaviors.

Anecdotal observation—

This is a written record of what children do. You write down, in very clear, objective words, what a child is doing; who he is doing it with; and when and where he is doing it. Use words that describe what you saw, such as "smiling" instead of interpretative words such as "happy."

Functional assessment—

This helps you understand why a behavior is occurring. Functional assessments follow a three-step process. They document 1) what was happening before the incident occurred and which children were involved, 2) the behavior, 3) the consequences that happened because of the behavior. Functional assessments help you make a plan of action. Changes may be needed in your care setting environment or in the way you react to certain behaviors.

Developmental checklist—

Checklists help document children's growth and development.

Work samples—

Work samples are actual products children have created. Samples of children's writing, artwork, reading, etc., can be kept in file folders, notebooks, or small boxes. You may want to give the samples to the families when they leave your care.

Getting started

- Have available—clipboards, note paper, notebooks, pencils, tape recorders, cameras.
- Focus your observations on one child per day.
- Focus on a specific learning area.
- Focus on a specific concern.
- Focus on strengths, interests, and needs.
- Document one play experience from beginning to end.
- Set aside a certain time to observe each day.
- Focus an observation on one child in one area daily over an extended period of time.

Used with permission from Parents as Teachers National Center, Inc.

Video—Watch Carefully!

How many passes does the white team make?

Notes:

Objective Observation

- Only the _____
- Details of what you _____ and _____
- Write exactly what the _____ is doing
- Don't write any _____ words
- Write down children's _____

Objective observation is writing down exactly what you see as it is happening. In objective observation, you write only the facts, without interpreting the child's actions. You write the details of the child's words and actions and identify their body language. For example, do they have open or clenched fists? Just tell exactly what you see.

Writing objective observations means you leave out all feeling or subjective words, such as smart, happy, sad, and write about exactly what you see. Are they crying? Laughing? It is especially helpful in observation notes to write exact quotes from children if they describe anything.

For instance: If they say they are happy then you can write that using the feeling word - as it is used in a quote. You cannot write they are happy unless it is a quote from the child, otherwise you are interpreting the child's actions. If they don't tell you directly they are happy, write down their body and facial expressions exactly as you see them. For instance: The child was smiling and laughing.

Activity: Subjective Words

Directions: Read the following paragraph and underline the subjective words and/or phrases.

Ashley is an aggressive child. Today during choice time she began in the block area. She took all the blocks off the shelf, and built a road. She looked happy as she was building her road. She then started to drive a car on the road. D.H. came over and started to drive a car on the road. Ashley screamed "NO!" and threw her car at D.H. because she was mad. She then left and went to the science area. Another child, C.D. was using the magnifying glasses. Ashley grabbed them out of his hands and pushed the child down to the ground. She acted like a bully. She then went to the library area where she took a book from S.C. She is so mean to the other children. After a while, she moved to the art area and started coloring. She began to scribble all over the paper. After she was finished, she wadded up the paper and threw it at me. After she finished art, she went to the sensory table and started splashing all the other children making them upset. She just started smiling because she thought it was funny.

SOC

When writing observations, be sure they pass the SOC test- specific, objective, and concise.

Specific – This means a specific task, event, a detail, etc.

Objective – It needs to describe only observable behavior without interpretation as to motive or mood. Some examples of objective words are in your manual.

What is written in an observation needs to be a picture in words. If a child runs into the room and gives the trainer a hug, your observation should state just that. It shouldn't state that the child seemed happy to see his child care provider. That would be an interpretation of what you think the child is feeling. Only state what you literally see and hear.

Concise – Keep it short and simple. Phrases are acceptable.

Example Statements

Subjective	Objective
Johnny seemed very upset and sad.	Johnny ran to the book area, buried his head in a pillow, and cried loudly.
Mary didn't seem very hungry today. She hardly ate anything.	Mary ate two spoonfuls of applesauce and drank four ounces of milk from a bottle.

What Words Do I Use?

Objective Words (Facts/What I See)			Concise		
run	hit	grabbed	grasp	whispered	jerk
jumped	cut	yawed	moan	snatched	dash
pounded	smiled	frowned			
pouted	closed	eyes			
Subjective Words (Interpretation/What I Think)			General		
like	enjoyed	excited	took	went	looked at
seems	sad	happy	did not eat	talked	
tired	good	afraid			
loves	wanted	needs			
very well	friendly	feels			

Activity: Turning Subjective into Objective

Directions: Read the sentences below changing the subjective words and/or phrases into objective words and phrases.

1. Julio was very crabby today. He fussed with everyone who tried to comfort him.

2. Jenna was happy today as she ran over to the water table.

3. Ming didn't seem very hungry today. She hardly ate anything and just played with her food.

Types of Observations

Anecdotal note:

Participation chart/frequency count:

Photo/video documentation:

Portfolios/developmental profiles:

Video—Documentation as a Habit

Notes:

How and When Will You Record Your Observations?

What will you use for recording your observations?

When and how will you make your observations?

Activity: Map of Care Setting

Directions: In the space below, sketch your care setting or an environment. Then, off to the side, write down the basic daily schedule that you follow. Mark with an "x" good places to do observations and good times in the schedule when observations could be conducted.

Ways to Make Anecdotal Records Effective and Useful

Observer: Ms. Sue

Child: Annie

Date: 3/20/13 Time: 10–10:15 a.m.

Where: Discovery area

Annie was playing with a collection of rocks. Mr. Louis joined her and commented, “This rock is very rough. Here, you can feel it.” Annie felt it then picked out another rock and said, “This is rough.” Next she picked up a smooth rock and held it out to Mr. Louis, “Not rough?” He said, “You’re right, that rock is smooth.” Annie found two more smooth rocks and held them out to him, “Smooth.”

Anecdotal records are written documentation of what a teacher sees and hears children do while alone, with other children, or with a teacher or other adult. A record includes the *who*, *what*, *where*, *when*, and *how* of what occurred. The observer watches or interacts with a child and documents the situation as things happen or as soon after the incident as possible. Teachers include direct quotes and descriptions of facial expressions and gestures.

Anecdotal records are factual. They do not include judgments or interpretations of what took place. The observation period can last from a few seconds to many minutes. Above is an example of an anecdotal record.

Here are 10 tips to help you prepare for and optimize your observations and anecdotal records.

FELICIA RUDOLPH, MEd, is a National Board Certified Teacher and has worked as a transitional preschool teacher for homeless children and a developmental interventionist. She currently teaches an inclusive 3-year-old public preschool class.



Practice writing anecdotal records. Once you become a skilled and factual observer, you are more likely to feel comfortable and confident about your observations and recordings.



Get to know your assessment tool and system. This will help you keep in mind which skills or behaviors you are looking for so you don’t waste time writing notes about behaviors that are not relevant.



Create a list of commonly used abbreviations. With your colleagues, agree on shorthand terms for time, people, and places in the classroom. For example, SW = sand and water; AA = art area; AC = another child; CT = center time; SG = small group. This saves time and allows you to include details during a brief observation period.



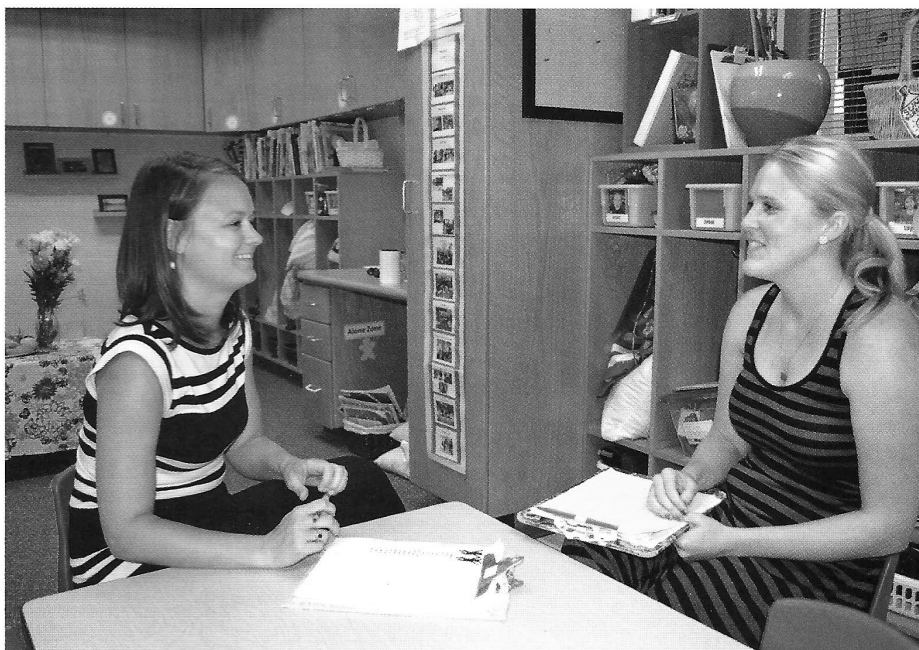
Include documentation materials in several places in the classroom. Make sure whatever you use to take notes is easily accessible to you and your teaching team. Examples are clipboards and pens in each learning center and outdoors, notepads and pens in your apron pocket, and a small camera in a waist pouch.



Plan which children to observe.

It is good practice to conduct regular observations of all children. Work as a team to assign particular children—typically three to five children—to one teacher. Each teacher will make sure to observe those children throughout the week. Of course, teachers can observe and write anecdotal records for any child as relevant situations and behaviors arise.

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Choose a specific focus. Each week, talk with your colleagues and agree to focus on a few indicators, such as the children's problem-solving and gross motor skills. This helps you think about when children might use these skills and in what settings. After several weeks, you will have information on both indicators for all of the children and can choose new indicators to focus on.



Stock the learning centers intentionally. Include items in learning centers that children are likely to use as you observe the focus indicators. For example, if the focus is emerging writing skills, be sure there are markers, crayons, pencils, paper, and poster board available in all learning centers. This makes it possible to observe children writing in any center.



Write anecdotal records about small group activities. Start with a generic note describing the activity. When the activity is over, add a short anecdotal record for each of the four to six children who participated in the small group activity.



Keep several indicators in mind. Even if you are observing for a specific indicator, there is almost always overlap with other indicators. Include information in the anecdotal record that can be used for another indicator. For example, you observe a child telling another child about a book she has read. In this one observation you can address indicators related to social skills, literacy, and oral language.



Schedule a regular time to review, discuss, and use anecdotal records. Organize your notes daily, if possible, but weekly at least. When you follow a schedule, you are less likely to end up with too much information related to one indicator and not enough for others. Meet with your colleagues to discuss and share information about individual children. Use all this information to determine what else you need to plan and observe for each child and what to share with families.

Video—Early Head Start National Resource Center

Directions: Write an anecdotal observation about Meadow (the girl on the tricycle) using the form below.

Notes:

Anecdotal Observation

Observation Example Form

Name of Child (no last name): _____

Date: _____ Time: _____

Setting: _____

Activity: _____

Check those that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Child initiated | <input type="checkbox"/> Done independently | <input type="checkbox"/> Time spent: 1-5 minutes |
| <input type="checkbox"/> Teacher initiated | <input type="checkbox"/> Done with adult guidance | <input type="checkbox"/> Time spent: 5-15 minutes |
| <input type="checkbox"/> New task for this child | <input type="checkbox"/> Done with peer(s) | <input type="checkbox"/> Time spent: 15+ minutes |
| <input type="checkbox"/> Familiar task for this child | | |

Observation:

Anecdotal note: Describe what you saw the child do and/or heard the child say. Take time to listen as well as observe. Use direct quotes whenever possible. Be objective and avoid making value judgments. Objective words include exactly what is seen. Write an anecdote as soon as possible after the observation. Attach work sample or photo to anecdote.

Action Steps: Use observations to plan follow-up activities. Use observations to help you understand WHY this behavior happened. What areas of development were observed? How can you promote an area of development?

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Dual Language Learners (DLL's)

- Must use a _____ specifically designed for them
- Seek out “norming” _____
- Use an observer who _____ the same language
- Ask their _____ to help – they are the best resource
- Resource: Center for Early Care and Education Research-Dual Language Learners:
<http://cecerdll.fpg.unc.edu>

Dual language learners ideally need an assessment tool designed specifically for them. Look for “norming” samples to use with their type of language. “Norming” means the tool must be culturally and linguistically appropriate. Potentially, the best thing is to make sure you use an observer who speaks the child’s home language.

Include the child’s family in the process because they observe things you may not. It is important to observe the children in different contexts. Be very cautious with any vocabulary tests as DLL’s often learn at a slower rate. It does not mean they aren’t learning.

Involve Families

How will you share your assessment information with families?

How will you gain information from your families?

Make sure when you share information with families that it is not a one-sided conversation where you as the teacher do all the talking. Allow time for the family to give you information and tell you what they know about their child. If the family is quiet, or seems reluctant to talk, have questions prepared ahead of time to ask.

If you are using child observations to be part of parent/family-teacher conferences, you will want to have a brief summary prepared when speaking with the family. Do you have everything you need to talk with the family? Do you have photos and interpretations/results to share?

When you are sharing information with families, allow them to contribute their own observations and ideas of what they want their child to accomplish. Families may see a child doing something at home that isn’t seen during child care. Make sure to take good notes. This is how you can gain information from them.

Part 2: Assessment and Screening

Observations are an integral part of the assessment cycle. Observations help us see the bigger picture and are a foundation for assessing the children in our care as well as our own program.

Assessments

- Larger, overall _____
- Use multiple _____ to gather information

Examples:

- Work sampling
- Portfolios
- Teaching Strategies Gold
- Ounce scale
- Child Observation Record (COR)
- Family Child Care Developmental Assessment

Assessment can be defined as gathering information in order to make informed instructional decisions. With children from birth through the preschool years, assessment could be a measure of growth and development, to enable the provider to individualize care, or to assist in the diagnosis of a developmental delay.

Always use multiple methods of assessing young children including screenings, anecdotal notes, observations and authentic assessment.

Authentic Assessments

What Is Assessment?

In your own words:

- Gathering information to find out what children _____ and can do
- Evaluating the _____
- Using that information to _____ your teaching

“Assessing children does not mean the same thing as testing children. Assessment involves gathering information about a child’s capabilities then evaluating that information. Gathering information may be done through observation and documentation. You may write down notes about what you see children doing and hear them saying. You may also collect work samples the children have made or photographs of them playing or participating in various activities. You may gather information through parent or family interviews. The information you gather provides you with evidence that you can then evaluate. You evaluate the evidence to determine the children’s skill levels, strengths, weaknesses, personality traits and interests. Using a combination of the processes helps you make an informed judgment about children’s progress and their approaches to learning.”

Source: Focused Observations, Gaye Gronlund and Marlyn James, 2013, Redleaf Press, St. Paul, MN, page 4.

Our definition of child assessment: gathering information to find out what children know and can do.

Why Do Assessments?

- Make sound decisions about _____ and learning
- Identify significant concerns that may require focused _____ for individual children
- Help programs improve their educational and _____ interventions

Source: NAEYC and NAECS/SDE Position Statement on curriculum, assessment and program evaluation, 2003.

Who Can Conduct a Developmental Screening?

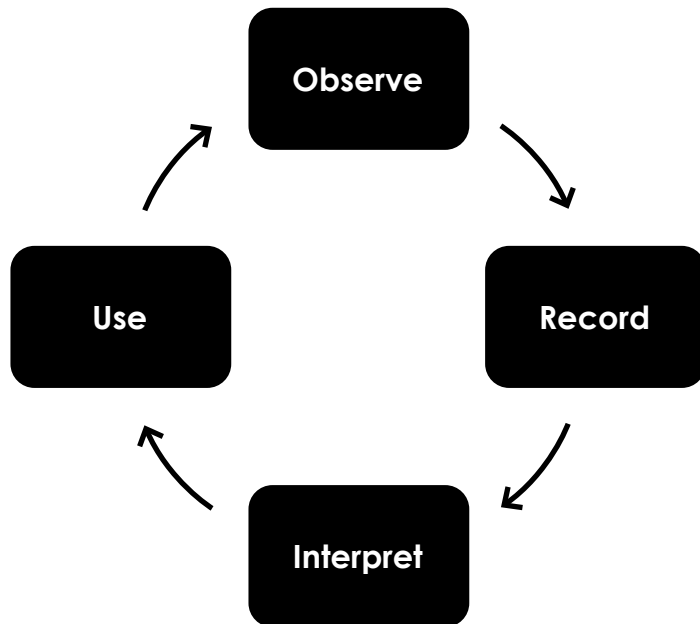
- Trained Child Care Providers
- Public Health Nurses
- Physicians
- Mental Health Consultants
- Early Intervention Programs (community based)



Assessment Cycle

Assessment is an ongoing process where you observe to gain information about your children and program, record the information in some format and then interpret that information to use in helping plan your everyday activities.

The circle reminds you that assessment continues as the child needs more practice or is ready to learn something new. It is a process that continues every day as you teach and observe the children.



Screenings

- Brief _____
- Used in addition to _____ and objective observations

Examples:

- Ages & Stages Questionnaire (ASQ-3)
- Denver Developmental Screening Test (DDST) II
- Early Screening Inventory-Revised (ESI-R)
- Developmental Indicators for the Assessment of Learning™ (DIAL™-4)

A screening is a brief process to determine where to begin at or to see if additional help for a child might be needed. Some programs choose to do these once a year or on a scheduled basis according to the tool they are using. You may find a child is above their developmental level or that they are in need of special assistance or further referral.

Screenings are tools to be used in addition to authentic assessment and objective observations.

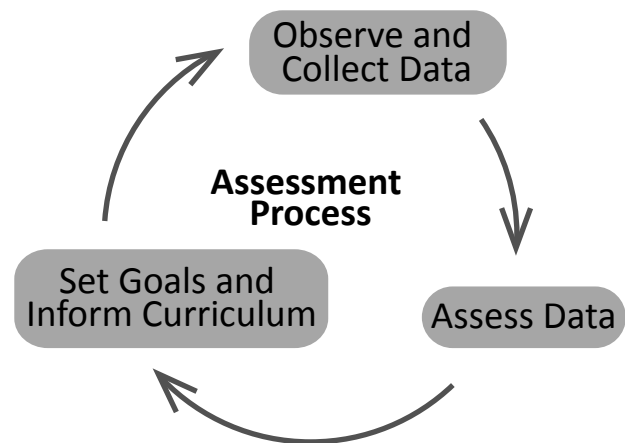
More in-depth information on the various developmental screening tools and processes can be obtained through the Introduction to Developmental Screenings training offered by your local CCR&R.

Many times a screening tool is used as a child enters a program to get a snapshot of where to start with their developmental needs. Sometimes it is used as a tool to determine if further referrals are needed.

Assessment, The Big Picture: What Is It? Why Do It?

Assessment: The process of observing, recording, and otherwise documenting the work children do and how they do it, and using this information as a basis for a variety of educational decisions that affect the child and the program. (Koralek, Dodge, and Pizzolongo 2008)

Most early care programs are required to do assessments, and funding is often linked to documented assessments.



The assessment process is not a once-and-done task. It should be happening on a daily basis anywhere children are in care. The process has three primary steps, each one leading to the next: observe and collect data, assess data, set goals and inform curriculum, and then back to observe and collect data for the next cycle. Sometimes a cycle can be completed in a few moments. A teacher notices something, makes a quick assessment, adjusts some materials based on the observation, and learning continues. More often, this process takes months, collecting varied information, communicating and thinking about it, setting new goals based on the information, and planning with co-workers for a specific group of children.

Observe and Collect Data

“Before I began using an observation assessment, I tended to get the big picture of things in my classroom. I always said that I knew my kids really well. I could tell you who talked a lot at circle time, who was quiet, who did the work, who always forgot assignments. But once I started to observe more, I realized how much I didn’t know about them. I started paying attention more—noticing little details about what they said, how they interacted with each other, how they went about tasks. I can tell you really specific details about each child now.” (teacher reflection in Jablon, Dombro, and Dichtelmiller 2007)

Observations should be done in a variety of settings at different times of day. Anecdotal notes, dated development checklists, dictation, photographs of work or interactions, video recordings, and child portfolio work samples (journal entries, painted pictures, written experiment results) can all be sources of information. Trained evaluators may also use standardized tests/assessments. Teachers may collect information on a child’s health, development, approach to learning, and home life. (Jablon, Dombro, and Dichtelmiller 2007)

The observations need to be objective, free from opinion or emotional wording. Teachers’ questions and interpretations may be added at a later time. Consider this example. It has a time, a date, and a specific description of what the caregiver actually saw the child doing:

Part 3: Guidance

Guidance

Children communicate through their behaviors. Child care providers can look for answers as to why children behave in certain ways by conducting focused observations. By noting behaviors, activities, interests, and reactions of children we learn and gain insights about why the child is behaving in a specific manner.

Democratic Life Skills

- See one's self as a worthy individual and a capable member of the group
- Express strong _____ in nonhurting ways
- Solve problems ethically and intelligently
- Be _____ of the feelings and viewpoints of others
- Work cooperatively in groups, with acceptance of the human differences among members

NAEYC's Code of Ethical Conduct states that the goals of guidance are stated in terms of Democratic Life Skills, or the abilities children need to function as productive citizens and healthy individuals. The birth to age 8 years are a critical period for laying the foundation for these Democratic Life Skills. Adapting this principle means the caregivers does not look at guidance and discipline as a separate issue, but an integral part of the curriculum.

Caregiver's role is that of a "guidance professional"

- Build relationships
- Understand each child's _____
- Form an attachment
- Build an _____ classroom

In order to integrate guidance and discipline into a program, caregivers need to assume the role of "guidance professional". In doing so, they continually seek to build relationships with children and families.

They gain a better understanding of the child's temperament and factors in their life that may be a cause of misbehavior. A guidance professional also can critically review routines and expectations and ensure they are developmentally appropriate.

Observations for Challenging Behavior

- Used to see _____ or context of behavior
- Reminder to remain _____ about behavior
- Documentation

Some causes of challenging behaviors in children may include lack of sleep, fighting at home, being hungry, etc. Determining the extent of concern you have about a child's behavior may take some evaluation. Family values and cultural differences must be considered, as well as the setting in which the behavior occurs.

Open communication with parents/guardians is a must when you are working with a child who is exhibiting a challenging behavior or behaviors. You may have several techniques you suggest to parents/guardians that may work to change the behavior.

This method examines the context in which the behavior occurs. It looks at the purpose of the behavior, such as what is the child gaining out of this behavior, what happened just before the behavior, and the consequence or what occurred as a result of the behavior? Often by changing what occurs before the behavior happened, the environment, an event, or adult interactions; or after the behavior, adult reactions or consequences, may cause a change in the behavior.

Finding Causes and Looking for Solutions

Antecedent – what happened just before the behavior

Behavior – what is the purpose of the behavior or what is the child gaining out of this behavior?

Consequence – what occurred as a result of the behavior?

Finding Causes and Looking for Solutions

A = antecedent

B = behavior

C = consequence

	1st Incident	2nd Incident	3rd Incident
What is happening?			
When does it happen?			
What happens just before?			
What happens just afterward?			
Where does it happen?			
Who is involved?			
How could i respond better to the problem?			
What could I do to prevent the problem?			

Give your solution time to work, and evaluate its success or failure. If you do not find a change in behavior after several weeks, go through the process again and try another alternative.

This form helps you document a behavior over a period of time. A plan of action or specific techniques can then be discussed to determine what is appropriate for the child. For example, the plan might be to teach and reinforce a new way for the child to get their needs met.

It is often hard for adults as well as children to change their habits of behavior. Awareness can give us a plan to change and act intentionally to this behavior instead of continuing to react.

Problem Solving

Sometimes children have behavioral problems that occur over and over. When nothing seems to be working to stop the behavior, a new approach is needed.

Remember, confidentiality is of utmost importance. Specific behavior problems being discussed are not for open discussion with other parents from your child care setting.

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 	<ul style="list-style-type: none"> • See above but can add: • Positive Guidance– telling them what they can do; not what they can’t do. • Natural Consequences • Praise!

	Age Range	Developmental Milestones	Challenges/Issues	Discipline Strategies
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 	<ul style="list-style-type: none"> • See lists above, but can add: • 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 	<ul style="list-style-type: none"> • See Above
Adolescence	Puberty – late teens/ early 20’s			

Video—Challenging Behavior in Young Children

Notes:

Keeping in mind that children are expressing their needs through difficult behavior can help us keep our sense of caring for them while helping them to learn self-control.

Children are not born with the knowledge of society's rules and expectations, or with a respect for the rights of others. Adults play a critical role in helping children understand what are appropriate and inappropriate behaviors.

Your goal in using positive guidance is to reduce and resolve day-to-day problems and conflicts in your child care settings. The long-term goal is to help children develop self-control and problem-solving skills.

Only by understanding and respecting the developmental needs and characteristics of infants and toddlers, can we develop realistic expectations for their behavior and guide them in positive ways.

You can anticipate and prevent difficulties by observing children, arranging their play spaces and materials carefully, and following a consistent yet flexible daily schedule that reflects the pace of the children.

By guiding and interacting with children in a positive and respectful manner and giving children choices when possible, you are modeling appropriate behaviors and fostering the development of positive self-esteem as well as self-control.

Individualizing Responses to Behaviors

Some children have different capabilities to regulate their own behaviors. Why? Some children may have a disability and have difficulty in self-regulation and have very impulsive behaviors. How do we help that child and not allow her to hurt others, themselves or other things?

Find out from parents/guardians what practices are recommended for their child. Ask the team of early intervention specialists to share techniques and suggestions to the staff in your setting. The more we can encourage consistency in adult responses to behavior the more the child will benefit.

Guidance Strategies

- _____ and routines
- Model desired behavior
- Create a “can do” environment
- _____

When choosing discipline strategies for older infants and toddlers, remember that they are just learning appropriate behavior. One question a caregiver may need to ask is, “Does the child truly know this behavior is unacceptable?”. If the answer is no, the caregiver needs to take the steps to teach the child appropriate behavior. As with any new task, a child does not master it overnight. Routines and consistent responses will teach toddlers expectations. One challenge to caregivers is maintaining routine and consistency when the child is not in their care. If the toddler is expected to return toys to a basket when done playing with it, but does not have that expectation at home, it may take longer to reinforce this desired behavior.

Caregivers also need to model desired behaviors. Toddlers love to copycat and this is a wonderful tool to teach manners and classroom expectations.

Communication With Families

Discussion Notes:

- Be compassionate, _____, and open-minded
- Form a relationship with families
- Start with _____ comments when talking
- Listen, listen, listen!

Do's and Don'ts of Communication

Do	Don't
<ol style="list-style-type: none">1. Begin the discussion by expressing concern about the child.2. Let the parent know that your goal is to help the child.3. Ask the parent if he or she has experienced similar situations and are concerned.4. Tell the parent that you want to work with the family to help the child develop appropriate behavior and social skills.5. Tell the parent about what is happening in the classroom but only after the parent understands that you are concerned about the child, not blaming the family.6. Offer to work with the parent in the development of a behavior support plan that can be used at home and in the classroom.7. Emphasize that your focus will be to help the child develop the skills needed to be successful in the classroom. The child needs instruction and support.8. Stress that if you can work together, you are more likely to be successful in helping the child learn new skills.	<ol style="list-style-type: none">1. Begin the discussion by indicating that the child's behavior is not tolerable.2. Indicate that the child must be punished or "dealt with" by the parent.3. Ask the parent if something has happened at home to cause the behavior.4. Indicate that the parent should take action to resolve the problem at home.5. Initiate the conversation by listing the child's challenging behavior. Discussions about challenging behavior should be framed as "the child is having a difficult time" rather than losing control.6. Leave it up to the parent to manage problems at home; develop a plan without inviting family participation.7. Let the parent believe that the child needs more discipline.8. Minimize the importance of helping the family understand and implement positive behavior support.

Knowledge to Practice

1. Observe a child playing outdoors. What physical skills are being developed? Describe the activity using the SOC (Specific, Objective & Concise) anecdotal method.
2. Write one goal you would have for this child based on your observation.
3. Describe a time when a child in your care setting resolved a conflict in a positive way. How did you encourage this?

Competency Checklist

Reflect on your understanding of the following competencies:

Observation and Assessment

- Describe reasons for observing children.
- Name things to look for in observation.
- Describe the term “child screening”
- Identify reasons for observing and assessing children within natural program routines.
- Identify reasons why child screening may be stressful for families.
- Name ways that families are involved in the screening process.
- Identify reasons for maintaining confidentiality.
- Identify procedures that programs use to maintain confidentiality.
- Identify the purpose of different approaches to assessment and observation.
- Identify community agencies and organization that conduct child screenings.
- Identify one method of observation.

Guidance and Discipline

- Name techniques for responding to children’s need for guidance, rather than labeling the child.
- Name techniques to help children express their emotions in positive ways.
- Name techniques to help children resolve conflicts in positive ways.
- Describe the importance of recognizing when children are demonstrating behavior that is not typical
- for their chronological age.
- Describe how to use developmental chart for recognizing atypical behavior.
- Describe how temperaments may influence behavior.
- Identify characteristics of a daily schedule that supports positive social interactions and behavior.

Resources

**James Elicker and
Mary Benson
McMullen**

Infants and Toddlers

Appropriate and Meaningful Assessment in Family-Centered Programs

DEVELOPMENTALLY APPROPRIATE assessment with infants and toddlers is an ongoing process teachers engage in daily, throughout the relationship with an infant or toddler, as they observe, document, reflect on, and then discuss with the family how to best support their child's development (NAEYC 2003; Zero to Three 2010). Appropriate assessment often includes conversations with families, anecdotal observations, portfolios, and more structured assessment tools.

Appropriate assessment of infants and toddlers is strengths based, identifying and building on children's capabilities, not what they cannot do, and is not used to "label" them (Moreno & Klute 2011). Meaningful assessment

helps teachers and families focus on children's individual rates of development, temperaments, learning styles, interests, and preferences, while also taking into account families' goals and expectations and the broader norms and values of communities and cultures (Gonzalez-Mena & Stonehouse 2008).

Continuous assessment of infants and toddlers makes use of multiple and varied types of information. It is based on deep knowledge gained about the whole child in the contexts of early care and education settings and the child's family (Dichtelmiller 2004; Moreno & Klute 2011). Teachers are creating something like a biographical documentary, addressing the questions, "Who is this child, and who has she become over time?"

A study guide for this article is available online at www.naeyc.org/memberlogin.

Regular, ongoing assessment occurs as a natural part of day-to-day life in the caregiving environment, as teachers interact with, observe, and celebrate the accomplishments of the infants and toddlers in their care (Dichtelmiller 2004; HighScope, n.d.). This article discusses elements that make up continuous assessment, including ways teachers can collect, document, organize, and maintain information; the importance of reflecting on this information in collaboration with colleagues and families; and how to use this information for setting goals and planning for individual children and groups.

Collecting and documenting information

It takes time and effort to record observations of infants' and toddlers' experiences and the interactions with the teacher and others in early care and education environments. With careful advance planning, however, it can be something that fits easily into the daily routine. The following are some general ways teachers can collect and record information.

Anecdotal observations

Teachers have many ways to record details of caregiving—small anecdotes and significant milestones in children's development that they see in the classroom and that families share with them. Some carry notepads or sticky notes to jot down and date brief comments to expand on later, when they have time; others record information on dry erase boards or chalkboards strategically hung around the room. Some teachers find it disruptive to take notes when they are with the children and prefer to record observations about key events when children are napping or during their break.

In addition to recording caregiving routines such as when the child was fed, how much she ate, when her diaper was changed, and when and how long she slept, teachers typically record highlights and key events of each child's day. For instance, a teacher may note that a toddler particularly enjoyed painting at the easel side by side with her friend.

Journals and blogs

Many teachers keep a daily or weekly journal to record their thoughts, consider discussions held with families and colleagues, reflect on their teaching, and sketch out plans for individual children and the group, the environ-

ment, and the curriculum. Family journals can be highly effective as well. Teachers can send home inexpensive spiral notebooks about once a week with photos, stories, samples of a child's work, or other important information. In turn, families return these journals with questions or short descriptions of experiences from home. For example, families may send photos of their child's first trip to the zoo, or perhaps provide comments or questions related to the work sample the teacher included in the journal that week.

Teachers have many ways to record details of caregiving that they see in the classroom and that families share with them.

If families have access to the Internet, teachers can use blogs and other interactive media for sharing information about individual infants and toddlers. Teachers can upload their reflections, as well as pictures and videos, connect families directly to important resources, and have online conversations with families. Teachers can set up blogs that are private between users—family members and teachers—and deny general public access, but must do all they can to ensure confidentiality by using secure settings and privacy features on blog sites.

Photo documentation

Digital cameras, including pocket cameras and cell phones, have become a popular tool for documentation in infant and toddler rooms. In an issue of *Young Children*, Julia Luckenbill (2012) demonstrated the effectiveness of using photos in reflective practice. Some teachers use photos they've taken throughout the week focusing on experiences the children and teachers have as a group. They then create a weekly poster that features each individual child. Digital photos convey a lot of information, and the images delight children and family members. However, teachers should ensure that the technology used in documentation enhances the ability to communicate the accomplishments of children, and does not substitute for personal interaction between teachers and families or teachers and children.

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Developmental screening

This type of screening uses valid and reliable standardized instruments or tests that are “normalized” or have reported averages based on large and diverse groups of children (Meisels, Wen, & Beachy-Quick 2010). Screenings are designed to identify children who may have significant developmental delays or disabilities. For instance, medical practitioners screen length, weight, and head circumference to make sure an infant is growing. Hearing and vision tests or verbal and receptive language screenings are commonly used as well (OHS 2011). Screening checklists can include items like, “The child points to and names familiar objects—(Always/Sometimes/Never).” Screenings may be completed by parents or teachers, medical or social service providers, or early intervention professionals. (See “Examples of Screening and Assessment Tools.”) Whether or not screening identifies a possible delay, it can provide a starting point for discussions with the family about the child’s strengths, interests, and needs. If caregivers suspect a child has a particular challenge, they should discuss it with the family and consider together whether to refer the child to the appropriate professional for formal evaluation (OHS 2011).

Structured assessment

Another assessment method is the use of a criterion-referenced developmental scale to monitor children’s progress. The most effective structured assessments are not “tests” teachers administer to all children in the same way, but are instead authentic assessments in that they rely on daily observations of children’s typical activities at home and in care. (See “Examples of Screening and Assessment Tools.”) The teacher uses anecdotal observations as reported by families to note the emergence of children’s behaviors and skills included in the scale. Tracking each child’s social, self-help, language, cognitive, and physical development through these types of assessments helps teachers collaborate with families, celebrate new milestones, and plan appropriate and challenging learning experiences for individual children. For example, a mother reports her 10-month-old son really seems to “follow her gaze” and pay attention when she points to the bird feeder outside the kitchen window, signaling to the teachers that the baby is ready to attend more closely to objects teachers point out and label in board books and on daily buggy rides.

Before using a structured assessment tool, teachers should examine it carefully, making sure the skills measured are a good match with the program’s philosophy for children and families. For example, teachers can make sure the skills listed in the assessment are ones considered important by the program and its families. They can also ensure the skills are observable in the child’s everyday activities at home and in the program.

Organizing and maintaining records

For daily record keeping, simple systems such as individual expandable file folders, bins, boxes, or baskets labeled for each child are handy for depositing anecdotal records, notes, photos, and structured screening or assessment forms. Some teachers prefer large binders with pockets and plastic sleeves for collecting and maintaining daily reports and information. Increasingly, teachers are combining physical paper records with electronic systems to file notes, photos, assessment results, and videos.

Periodically, caregivers need to take what they’ve learned and all of the loose bits of information they have

Examples of Screening and Assessment Tools

Developmental Screening Instruments

- **Ages and Stages Questionnaires:** Family-completed screening checklists with age-appropriate items for children 1 to 66 months. www.brookespublishing.com/resource-center/screening-and-assessment/asq/
- **BRIGANCE Early Childhood Screens:** Teacher-administered screen for children birth to 36 months takes 10 to 15 minutes to cover language, motor, self-help, social-emotional, and cognitive skills. www.curriculumassociates.com/products/detail.aspx?title=BrigEC-Screens
- **Denver II:** Screener designed for health care providers or teachers to gain a quick assessment of a child’s skill levels relative to norms, for children birth to 6 years. <http://denverii.com/denverii/>

Classroom Assessment Tools

- **AEPS (Assessment, Evaluation, and Programming System):** A linked system that provides teachers with skills to observe children birth to 6 years (gross motor, fine motor, adaptive, cognitive, communication, and social) and curriculum ideas to meet identified needs. <http://aepslinkedsystem.com/index.html>
- **BRIGANCE Inventory of Early Development III:** Teacher-administered assessment tool for children birth to 35 months that covers physical development, language, literacy, mathematics and science, social-emotional development, and daily living. www.curriculumassociates.com/products/detail.aspx?Title=BrigEC-IED3
- **Teaching Strategies Gold:** Ongoing observational system for children birth through 6 years, available in paper form and online. www.teachingstrategies.com/page/assessment-early-childhood-overview.cfm
- **The Ounce Scale:** Observational scale for children birth to 3½ years, for use by professionals to monitor development and inform parents, including personal connections, feelings about self, relationships with other children, understanding and communicating, exploration and problem solving, and movement and coordination. http://psychcorp.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAaOunce&Community=CA_Ed_AI_Early

collected and put it all together in a meaningful way to share with others. Sometimes this is in preparation for conferences with families or perhaps to prepare documentation for accreditation or another required report. Portfolios and developmental profiles are the most common forms for pulling all of the information together for individual infants and toddlers (Jarrett, Browne, & Wallin 2006). Teachers can use online resources as well as books to help guide them in portfolio construction.

Portfolios

Portfolios support a strengths-based approach to assessment by serving as a means to collect and showcase children's abilities. "Portfolios may contain collections of representative work of children that illustrate their progress and achievements" (Gestwicki 2010, 304). Teachers can use a variety of formats to create portfolios—boxes, binders, or electronic files—but the important thing is that each portfolio is unique in telling the story of an individual child. The following are items teachers typically put in portfolios: carefully selected photographs; audio- and videotapes of children playing and experiencing life indoors and outdoors; samples of children's work, such as paintings, scribbles, and collages of leaves, pebbles, and twigs; teacher reflections; and screening and assessment reports.

Developmental profiles

Developmentally appropriate practice reminds us to look at the whole child, not just isolated abilities or areas of development (Copple & Bredekamp 2009). It is useful, however, to organize observations and records around commonly recognized areas of development and learning for this age period. Observations, anecdotal records, and communications are often broken down into manageable parts or categories, such as social-emotional development; physical development; development of communication, language, and literacy; cognitive development and the development of critical thinking skills; and the development of self-help and personal care skills.

Developmental profiles provide a framework for organizing the various pieces of evidence (e.g., anecdotal notes, reflections, assessment results) collected by teachers to help

them describe a child's progress across several developmental categories over a period of time (CDE 2010). Teachers in high-quality infant and toddler programs typically compile developmental profiles for each child two or three times each year to share in conferences with families. Teachers and families discuss this document and use it to collaborate on goal setting. (See page 27 for an example of a developmental profile.)

Collaboration and reflection

Family-centered infant and toddler teachers form partnerships with families in supporting healthy and positive outcomes for their children (Keyser 2006). Partnership is the key—it is a true working collaboration in which the expertise of families is respected. Making time for reflection, as well as communicating, is central to this collaborative relationship.

Teachers can support this collaboration by taking time to reflect on information gathered about the infants and toddlers in their care. Processing thoughts about observations, interactions, and experiences over time allows various pieces of the puzzle to fall into place. Initial conclusions and beliefs formed when observing children—ideas about what a teacher sees and understands—need to be discussed openly with colleagues and, even more important, with families (Gonzalez-Mena & Stonehouse 2008; Zero to Three 2010).

For example, it is important for teachers to hold formal conferences a minimum of two or three times each year for teachers and families to share information. Teachers also

INFANT/TODDLER	EARLY CHILDHOOD	ELEMENTARY
		
<h1>Become a Montessori Teacher</h1> <p>... without missing work</p>		
<p>ACCESSIBLE The convenience of distance education</p>	<p>AFFORDABLE Montessori Diploma Programs and Curriculum</p>	
<p>FLEXIBLE Start any time on your own schedule</p>	<p>VALUABLE Enrich or transform your center with Montessori</p>	
 <p>NAMC North American Montessori Center</p>	<p>Toll-free: 1.877.531.6665 info@montessoritraining.net www.montessoritraining.net</p>	 

can make the most of daily drop-off and pickup times by asking questions and sharing information with families and inviting feedback, especially as such an exchange impacts immediate goal setting and plans for individualized care.

All who engage in collaborative reflection benefit from sharing information about an individual infant or toddler—or the group as a whole. Missing pieces of knowledge are filled in, incorrect assumptions corrected, and alternative conclusions generated—and everyone comes away feeling part of the decision making. This critical part of the assessment process respects the multiple concerns and perspectives of all of those who are part of the infant and toddler caregiving team.

For example, a family might ask teachers to support their efforts to potty train their 1-year-old. Instead of rejecting the request or making a culturally based assumption that “no 1-year-olds can do this,” the teachers can engage in a discussion with the family to find out why it is so important to them. Teachers might discover that the family is returning soon to their home country, where the baby will be expected to have this skill, and they fear embarrassment. After a discussion with the family about their method of supporting early toilet learning, the family and teachers can consider how to adapt and incorporate toilet learning into group care for their child.

Planning and goal setting

Planning and preparing new experiences for individual infants, toddlers, and groups are the final key elements of ongoing assessment. The shared conclusions that teachers and families reach through ongoing assessment and a collaborative relationship help them define goals. Using a thorough assessment process with multiple inputs and perspectives ensures that new experiences are based on reasonable expectations and will be at a pace appropriate for each child (Gonzalez-Mena & Stonehouse 2008; HighScope, n.d.; NRC 2008). For example, the teacher and parents of an infant may decide together that they would like to encourage his independent exploration—out of the arms of the adult caregiver. They set a goal for both home and child care settings of putting the baby on the floor with toys, with the adult sitting next to him for support, and over many days scooting farther and farther away as the baby learns to play contentedly by himself.

It is important to plan to be responsive to individual infants and toddlers while also meeting the needs of the group. Plans arise naturally when teachers engage in continuous assessment, carefully organize and maintain children’s records, and mindfully reflect on this information among themselves and with families.

Final words

Assessment in infant and toddler settings is a planned, everyday process based on strong positive relationships,

built on shared commitment among teachers, children, and families. Engaging in this process helps everyone work together to support the healthy development, learning, and well-being of infants and toddlers.

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Selected Excerpts from a Developmental Profile Assessment for a Family Conference for Bailey, Age 2½ Years

This developmental profile is based on information gained from screenings and shared by the family, anecdotal records and journal entries (from teachers and family), captioned photos, and daily reports about activities such as eating and toileting.

Social-Emotional Development: Understanding of self and others; the development of responsibility, interpersonal skills, and the management of emotions.

Bailey is very social and displays many prosocial skills. We've seen empathy in the way he reacts when children are crying; he often asks, "They OK?" Although he still prefers to play with materials (particularly trains) undisturbed, he'll seek out interactions with peers, as when he engaged in playing dress-up with two friends. He's often heard explaining that "my mommy come back, my daddy come back," a phrase that other children repeat using Bailey's speech patterns. Bailey follows along very comfortably with familiar routines and rules, and is not thrown off by the unexpected, as demonstrated during a recent tornado drill.

Development of Critical Thinking Skills: Ability/persistence in problem solving, desire to learn, creative expression (art, movement), mathematic skills, scientific inquiry; enjoyment in learning.

Bailey has shown much development in his critical thinking skills since beginning in our program. He loves to explore, such as using the magnifying glass to look at "big bugs." His emerging mathematical skills are a clear example of this—he loves to line up cars and point to each one, counting quietly to himself. He groups objects by concrete similarities, and the attributes he uses for grouping are becoming more complex (first similar objects, then similar function). For example, he recently lined up the wooden people and matched different sets of people. Also, he works with puzzles, using trial and error to problem solve. Often Bailey's first instinct is to cry out to get an adult to fix a problem for him. Teachers and parents can encourage Bailey's problem solving by encouraging him to work through problems, providing suggestions and emotional support.

Physical Skills Development: Use and storage of sensory information; physical stability, and large and small muscle use control.

Bailey shows above average physical development for his age. When Bailey is familiar with materials and surroundings, he freely explores sensory materials and is comfortable working with messy materials such as paint and shaving cream. In new situations he uses familiar caregivers to assist him in regulating sensory input, like when the class watched the construction site outside of the playground fence and the teachers needed to help Bailey manage his fear of the large equipment and loud noise. He is at ease using his hands and fingers to do messy, fine motor activities such as using squirt bottles, pinching the bulb of the eye dropper, squeezing and shaping modeling clay, and hammering pegs. He demonstrates physical stability, jumping off the small loft and landing on his feet and walking around the bike track pushing a stroller.

Development of Self-Help and Personal Care Skills: Capacity to take care of personal needs; acquiring age-appropriate independence when eating, toileting, dressing, and completing hygiene tasks.

Bailey demonstrates competence in several key personal care skills. First, he has completed all major self-feeding tasks for a child his age and beyond. He takes bites and chews food with his mouth closed, drinks from an open cup without spilling, and successfully uses utensils without spilling food. He assists in dressing himself and there are pieces of clothing like hats that he is capable of putting on and taking off without help. Bailey also shows competence in the care of his hands, face, and nose, and he participates in frequent hand washing and the use of tissues when necessary. Lastly, while Bailey does not show the interest in toilet use at school that he does at home, he willingly participates in diaper changes.

Development of Communication, Language, and Literacy: Ability to communicate effectively with words, signs, and symbols; enjoyment/use of printed materials.

Bailey has shown considerable growth in his vocabulary and use of language over this past year. Nine months ago, he was speaking in one- and two-word sentences. For instance, he would stand at the sink in the bathroom and ask for "more" and point at the paper towel dispenser. Now Bailey tells complete stories and will readily talk to the teachers about what he needs. Activities that he has participated in, like blowing bubbles and singing, have helped support his fluency and build his vocabulary and expressive language skills. He can also do these activities at home. Bailey also shows an interest in printed material. He frequently requests to be read to and participates in group story times (he loves it when we listen to the book on tape, *The Ants Go Marching!*). He looks at books independently, and he knows the purpose and proper use of writing materials.

Conclusion

Overall, Bailey shows many skills expected of a 2½-year-old. He is interested in peers and seeks out interactions with them. He shows a desire to learn, pursuing his own interests as well as participating in planned activities. He engages in many literacy activities, such as reading independently and with teachers, and uses writing tools like markers and crayons. He often practices the use of self-care skills like attempts at toileting or hand washing. Bailey displays creativity in terms of his art, body movements, and imaginative play as well as engaging in many math skills, like sorting and matching. Based on teacher observations and the reporting tool developed by the state Department of Education to help guide understanding of development, Bailey displays average and above average skills for a child his age in all skill areas.

How to Use a Single Behavior Chart

Single behavior charts are designed for kids who are focusing on one single behavior that you'd like to see more of. Write the behavior your child is working on at the top of the chart.

Examples could be:

- Sharing my toys
 - Using please and thank you
 - Following directions
- Every time you notice your child practicing the behavior that you'd like to see more of, you can place a star, sticker, checkmark or smiley face in the box. Set a goal of how many stickers or smiley faces your child needs to earn each day. When your child reaches that goal for the day he/she will earn a reward. Younger children may do better using a more simplified chart that focuses on filling boxes until the goal is reached. With older children you may choose instead to use a weekly chart to keep track of your child's progress.

Examples of rewards:

- Playing a game with mom or dad
- Earning TV time or video game time
- Coming along on an errand or earning a trip to the store


















































ADDITIONAL INFORMATION

Search EmpoweringParents.com for related articles about Accountability and Responsibility.

THINGS TO KEEP IN MIND:

- The chart should be kept in a readily accessible and visible place—this helps your child remember to follow it. What place is appropriate will depend on the behavior you are working on. For example, if you are working on saying please and thank you, you might keep the chart on the refrigerator. If you are working on sharing toys, you might hang the chart in the play area.
- It might take some trial and error to set a goal for your child. If he is earning 3 rewards a day, that isn't going to work very well for you. If he is never able to earn any rewards, then that isn't going to work either. You want your child to stretch a little to earn the reward, but you want him to have days where he does earn it!
- Long term rewards can work, but they might not be enough of an incentive for younger children. Waiting the whole week to earn a reward might feel like a very long week. If your child has a hard Tuesday, what is her incentive to have a better Wednesday? You might set a longer term goal in addition to a daily goal. Maybe after a certain number of good weekdays or after a total number of stars are earned, that earns an additional reward on the weekend.
- This incentive chart shouldn't be used as a consequence. Kids shouldn't lose stars or stickers. If they are not making good choices, then they simply don't earn that star or sticker and they will have to try harder.
- As your child consistently meets the goal, you can increase the goal a bit or you might choose to celebrate together and then choose another behavior to focus on.

Single Behavior Chart

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
								3
								5
								3
								2
								3
								5
								6

Single Behavior Chart

									Total
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

Child and Family Connections Listing of Illinois
Illinois Department of Human Services- Bureau of Early Intervention
 Revised – July 2016

CFC	CFC Site Address, Phone, Fax & Toll Free Numbers	CFC Manager	Serving County(s) and/or Zip Codes			
1	Child & Family Connections Access Services of Northern Illinois 1752 Windsor Rd., Ste. 102/ PO Box 16390 Loves Park, IL 61132-6390 815/654-6170 Fax: 815/654-6197 Toll Free #: 800/921-0094	Dee Dee Lowery	Boone Bureau Marshall	Ogle Putnam Winnebago		
2	Child & Family Connections Lake County Health Department 3010 Grand Ave., 2 nd Floor Waukegan, IL 60085 847/377-8900 Fax: 847/377-8939 Toll Free #: 888/539-3033	Donna Musser	Lake			
3	Child & Family Connections Regional Office of Education for Carroll, Jo Daviess, & Stephenson Co. 27 S. State Avenue, Suite 101 Freeport, IL 61032-4210 815/297-1041 Fax: 815/297-9032 Toll Free #: 888/297-1041	Angela Hodges	Carroll DeKalb Jo Daviess	Lee Stephenson Whiteside		
4	Child & Family Connections DayOne PACT 1551 E. Fabyan Pkwy. Geneva, IL 60134 630/879-2277 Fax: 630/761-9810 Toll Free #: 888/282-0997	Ellana Mavromatis	Kane Kendall			
5	Child & Family Connections DayOne PACT 750 Warrenville Rd., Suite 300 Lisle, IL 60532 630/493-0400 Fax: 630/493-1995 Toll Free #: 800/637-7181	Lori Orr	DuPage County including the following Cook County zip codes:			
			60103	60126		
6	Child & Family Connections Clearbrook 1835 W. Central Rd. Arlington Heights, IL 60005 847/385-5070 Fax: 847/385-7260 Toll Free #: 800/585-1953	Brenda DeVito	*Cook County North Suburban including the following zip codes:			
			60004	60035	60090	60173
			60005	60043	60091	60192
			60006	60053	60093	60193
			60007	60056	60095	60194
			60008	60062	60106	60195
			60010	60067	60107	60196
			60015	60068	60120	60201
			60016	60070	60133	60202
			60018	60074	60143	60203
			60022	60076	60149	60204
			60025	60077	60157	60666
			60026	60082	60169	60712
			60029	60089	60172	60714

CFC	CFC Site Address, Phone, Fax & Toll Free Numbers	CFC Manager	Serving County(s) and/or Zip Codes			
7	Child & Family Connections Suburban Access, Inc One Westbrook Corporate Center, Suite 640 Westchester, IL 60154 708/449-0625 Fax: 708/449-7071 Toll Free #: 888/566-8228	Jo Ann Alferink	*Cook County Central Suburban including the following zip codes:			
			60104 60130 60131 60141 60153 60154 60155 60160	60162 60163 60164 60165 60171 60176 60301 60302	60303 60304 60305 60402 60513 60521 60525 60526	60527 60534 60546 60558 60706 60707 60804
8	Child & Family Connections Easter Seals Society of Metropolitan Chicago 9455 S. Hoyne Ave. Chicago, IL 60643 773/233-1799 Fax: 773/233-2011/239-6229 Toll Free #: 866/266-7167	Marlene Stroube	*Cook County Chicago Southwest including the following zip codes:			
			60620 60628 60629	60633 60638 60643	60652 60655 60805	60827
			*This CFC serve those families who reside within the City of Chicago when the zip codes cross the city lines.			
9	Child & Family Connections 5422 W. Roosevelt Rd. Chicago, IL 60644 773/830-5200 Fax: 773/830-5201 Toll Free #: 844/621-2911	Grace Ortiz	*Cook County Chicago Central/ West including the following zip codes:			
			60601 60602 60603 60604	60605 60606 60607 60608	60612 60616 60623 60624	60632 60644 60661
10	Child & Family Connections La Rabida Children's Hospital 1525 E. 55 th St., Suite 203 Chicago, IL 60615 773/324-7434 Fax: 773/324-7469 Toll Free #: 800/862-1912	Carol Muhammad	*Cook County Chicago Southeast including the following zip codes:			
			60609 60615 60617	60619 60621	60636 60637	60649 60653
11	Child & Family Connections 945 W. George St., Suite 300 Chicago, IL 60657 312/942-7800 Fax: 312/942-7811 Toll Free #: 800/289-7990	Melissa Lane	*Cook County Chicago North including the following zip codes:			
			60610 60611 60613 60614 60618 60622	60625 60626 60630 60631 60634 60639	60640 60641 60642 60645 60646 60647	60651 60654 60656 60657 60659 60660
12	Child & Family Connections Easter Seals Society of Metropolitan Chicago 17300 S. Ozark Ave. - North Bldg. Tinley Park, IL 60477 708/429-8231 Fax: 708/429-8246 Toll Free #: 800/597-7798	Peter Byrne	*Cook County South Suburban including the following zip codes:			
			60406 60409 60411 60415 60417 60419 60422 60423 60425 60426 60428 60429	60430 60439 60438 60443 60445 60448 60449 60452 60453 60455 60456 60457	60458 60459 60461 60462 60463 60464 60465 60466 60467 60469 60471 60472	60473 60475 60476 60477 60478 60480 60482 60487 60491 60501 60803

CFC	CFC Site Address, Phone, Fax & Toll Free Numbers	CFC Manager	Serving County(s) and/or Zip Codes	
13	Child & Family Connections Regional Office of Education # 26 130 South Lafayette Street, Suite 200 Macomb, IL 61455 309/575-3226 Fax: 309/575-3007 Toll Free #: 866/426-2160	Chuck Farr	Fulton Hancock Henderson Knox McDonough	Mercer Rock Island Schuyler Warren
14	Child & Family Connections 3000 W. Rohmann Ave. West Peoria, IL 61604 309/672-6360 Fax: 309/681-0190 Toll Free #: 888/482-4300	Michelle Harr	Henry Peoria Stark	Tazewell Woodford
15	Child & Family Connections Services of Will, Grundy, & Kankakee Counties, Inc. 2300 Glenwood Ave. Joliet, IL 60435 815/730-2617 Fax: 815/730-2650 Toll Free #: 888/329-0633	Rachel Cimino	Grundy Kankakee	LaSalle Will
16	Child & Family Connections 103 S. Country Fair Dr. Champaign, IL 61821 217/693-7958 Fax: 217/693-7967 Toll Free #: 800/877-1152	Maggie Jones	Champaign Ford Iroquois	Livingston McLean Vermilion
17	Child & Family Connections ROE of Adams/Pike Counties 510 Maine St., Suite 615 Quincy, IL 62301 217/222-9592 Fax: 217/222-9593 Toll Free #: 888/222-9592	Michelle Schwanke Ashley Edwards 217/245-8755	Adams Brown Calhoun Cass Greene	Jersey Morgan Pike Scott
18	Child & Family Connections Sangamon Co. Public Health Department 2833 South Grand Ave., East Springfield, IL 62703 217/535-3100 Fax: 217/793-3991 Toll Free #: 888/217-3505	Lisa McGlothlin, Ext. 3763	Logan Mason	Menard Sangamon
19	Child & Family Connections Macon County Community Mental Health Board 132 S. Water St., Suite 604 Decatur, IL 62523 217/423-6199 Fax: 217/233-7028 Toll Free #: 800/758-2705	Debbie Floyd, Ext. 1112	Clark Coles Cumberland DeWitt Douglas	Edgar Macon Moultrie Piatt Shelby

CFC	CFC Site Address, Phone, Fax & Toll Free Numbers	CFC Manager	Serving County(s) and/or Zip Codes	
20	Child & Family Connections Community Support Systems 1901 S. 4th St., Suite 209 Effingham, IL. 62401 217/705-4300 Fax: 217/705-4301 Toll Free #: 888/459-5437	Rita Wahl	Bond Christian Clay Crawford Effingham Fayette	Jasper Lawrence Macoupin Montgomery Richland
21	Child & Family Connections Regional Office of Education #13 4 Eagle Center, Suite 4 O'Fallon, IL 62269 618/622-6581 Fax: 618/622-8662 Toll Free #: 888/594-8364	Terri Kampwerth	Madison Monroe	Randolph St. Clair
22	Child & Family Connections Regional Office of Education #13 101 S. Lincoln Blvd. Centralia, IL 62801 618/532-4919 Fax: 618/532-0856 Toll Free #: 800/661-0900	Nicole Van Hise	Clinton Franklin Jefferson	Marion Washington Williamson
23	Child & Family Connections Wabash & Ohio Valley Special Education Dist. 800 S. Division St./PO Box 320 Norris City, IL 62869 618/378-2441 Fax: 618/378-3127 Toll Free #: 800/463-2759	Kathy White	Edwards Gallatin Hamilton Saline	Wabash Wayne White
24	Child & Family Connections Archway, Inc. 2751 W. Main St./ PO Box 1180 Carbondale, IL 62901-1180 618/529-3147 Fax: 618/549-8137 Toll Free #: 888/340-6702	Deanna Cruse	Alexander Hardin Jackson Johnson Massac	Perry Pope Pulaski Union
25	Child & Family Connections Options & Advocacy for McHenry Co. 365 Millennium Dr., Suite A Crystal Lake, IL 60012 815/477-4720 Fax/TDD: 815/788-0704 Toll Free #: 888/376-8828	Karen Rios	McHenry	

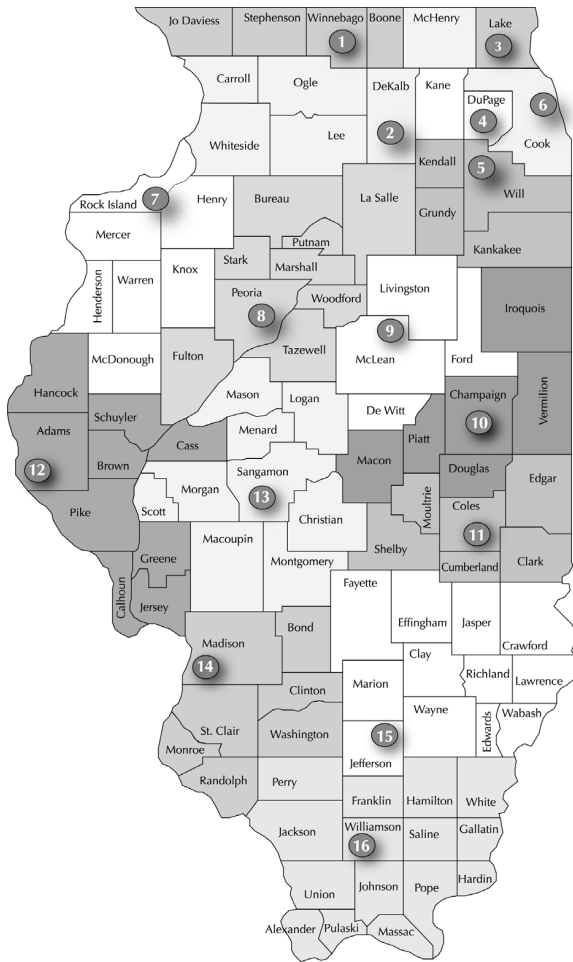
Special Notes:

- * When a zip code crosses county lines, Cook Child and Family Connections will serve the portion that falls within Cook County.
- ** Toll free numbers are only accessible within Illinois. All other states must use the local number listed.
- *** CFCs that are Satellite Offices- CFC 27 reports to CFC 17, CFC 28 reports to CFC 14 & CFC 29 reports to CFC 1

If you have any questions or have changes regarding this listing, please contact the DHS, Bureau of Early Intervention at **217/782-1981**.

If you would like more information on Early Intervention, please visit our website at www.dhs.state.il.us/ei and look review the brochures and manuals sections.

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/ccrr

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 3

Center for Social and Emotional Learning

<http://csefel.vanderbilt.edu/index.html>

http://csefel.vanderbilt.edu/resources/training_preschool.html#mod1

Challenging Behavior

http://www.challengingbehavior.org/explore/presentation_docs/9.04_addressing_challenging.pdf

Challenging Behavior Reference-PBS

http://www.pbs.org/parents/inclusivecommunities/challenging_behavior2.html

Colorado Department of Education-Practicing Observation clips

http://www.cde.state.co.us/resultsmatter/RMVideoSeries_PracticingObservation.htm#top

Family Stress Resource

<http://www.apa.org/helpcenter/managing-stress.aspx>

Frank Graham Porter Center

<http://www.fpg.unc.edu/>

IRIS Center at Vanderbilt for activities, videos & more

<http://iris.peabody.vanderbilt.edu/>

Video Clip for Observation Practice

<http://www.youtube.com/watch?v=SLNCuUpLYuU>

Video Clip for Toddler Observation Practice

http://www.youtube.com/watch?v=7nQxWCn_dBg&feature=related

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

Notes

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