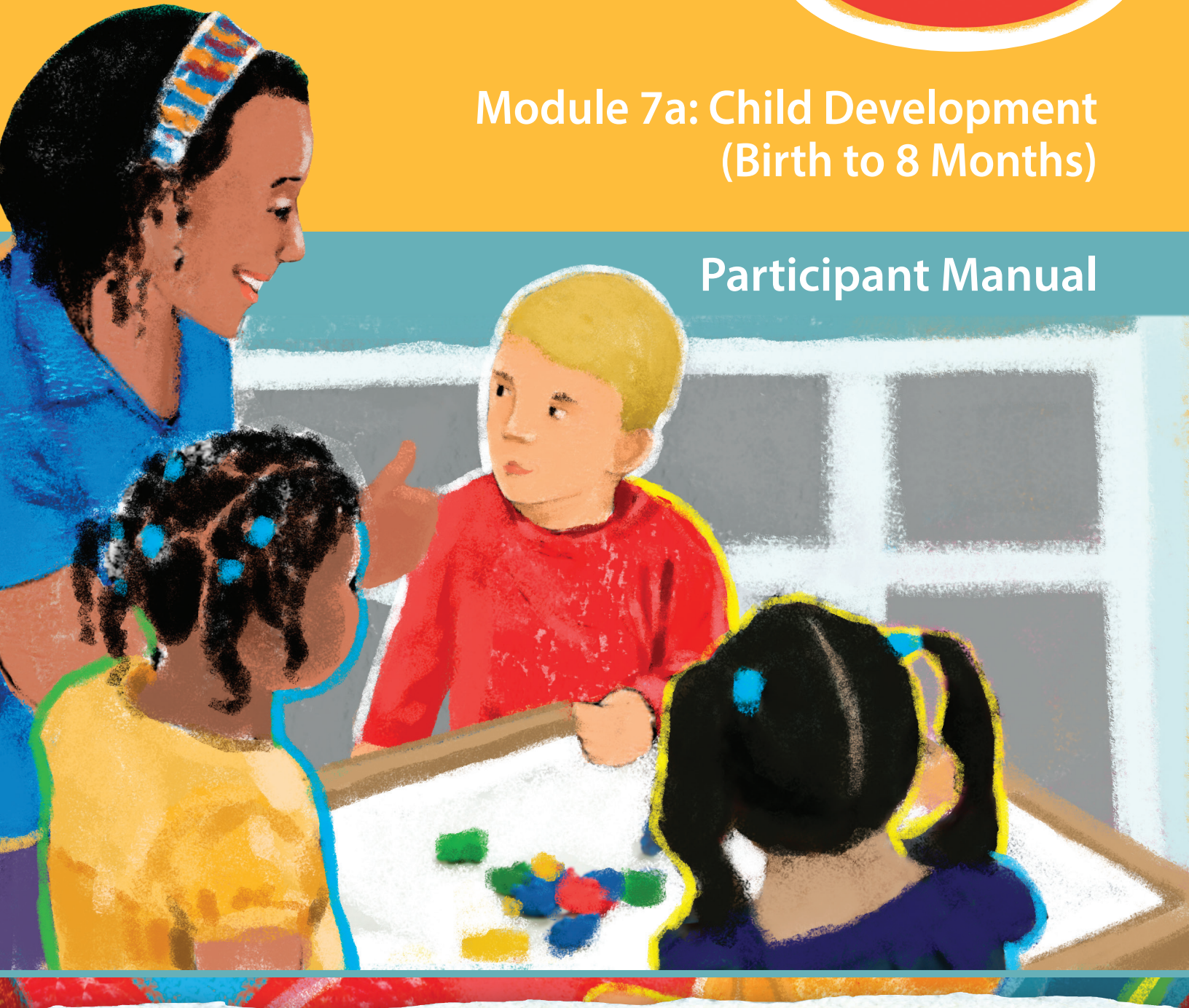


ECE Credential

Level 1

Module 7a: Child Development
(Birth to 8 Months)

Participant Manual



Training brought to you by:



GATEWAYS TO OPPORTUNITY[®]
Illinois Professional Development System

ECE Credential Level 1 Training

Module 7a: Child Development (Birth to 8 Months)

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 7a: Child Development (Birth to 8 Months)*

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Learning Objectives

Following this training, participants will be able to:

- Name the milestones for each developmental domain (cognitive, physical, social/emotional, and language) typical for children birth to eight months
- Describe how genetics, environment, culture, and temperament influence a child’s development
- Discuss the importance of understanding and applying developmentally appropriate practices in the care of infants
- Summarize the patterns of child development

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:
Understanding
General Development

Understanding General Development

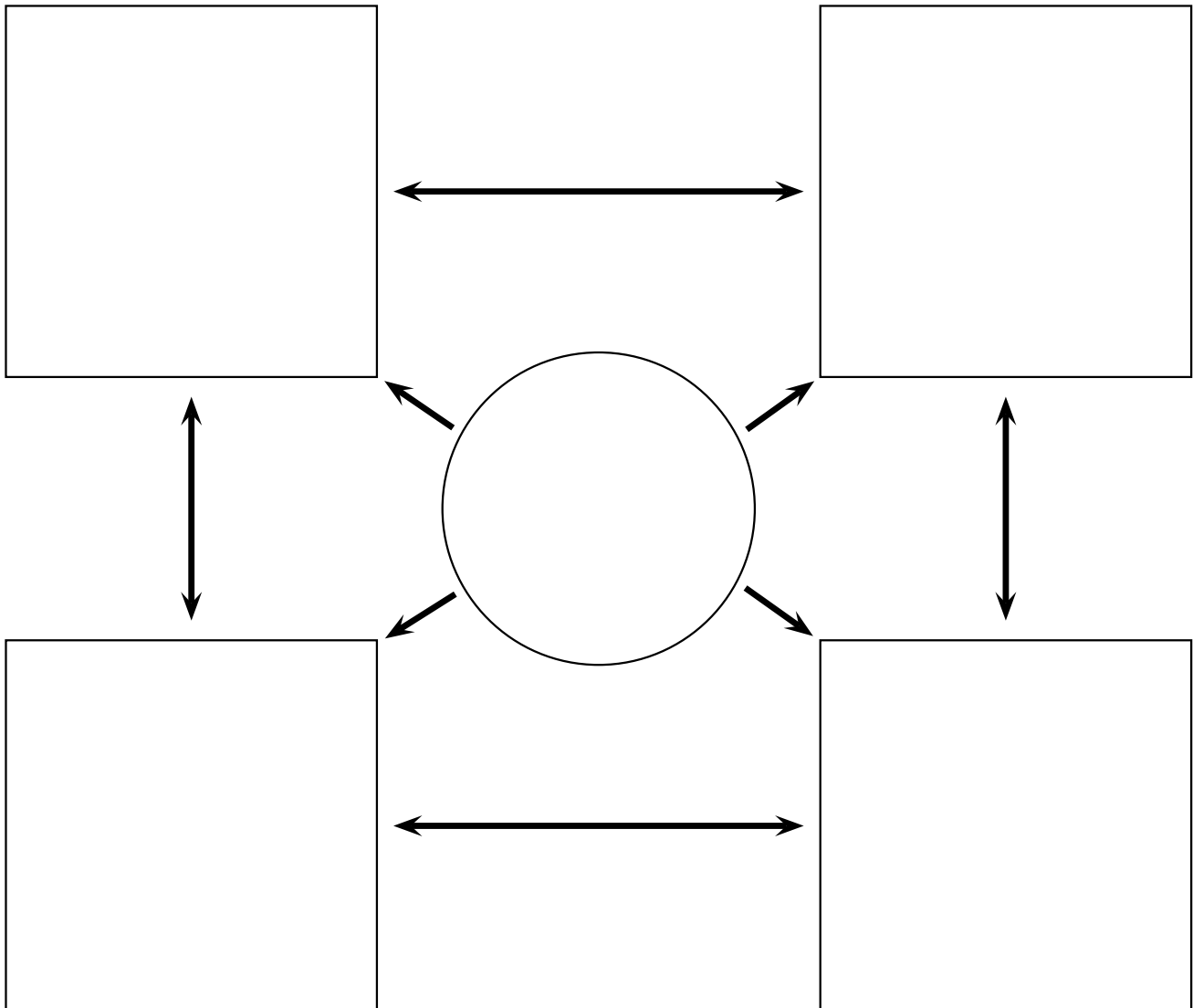
The whole child needs to be considered when discussing child development. To understand general development, let's first think about what the term development means.

Development is:

Developmental Domains

When discussing development, keep in mind while the focus may be on an individual area, these areas are **constantly overlapping** in a child. 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.

Label the squares in the chart below with the four developmental domains. In the center circle, write down an activity that an infant would engage in. In each box, list one or two examples of the developmental skills the infant would exhibit through that activity.



Principles of Growth and Development

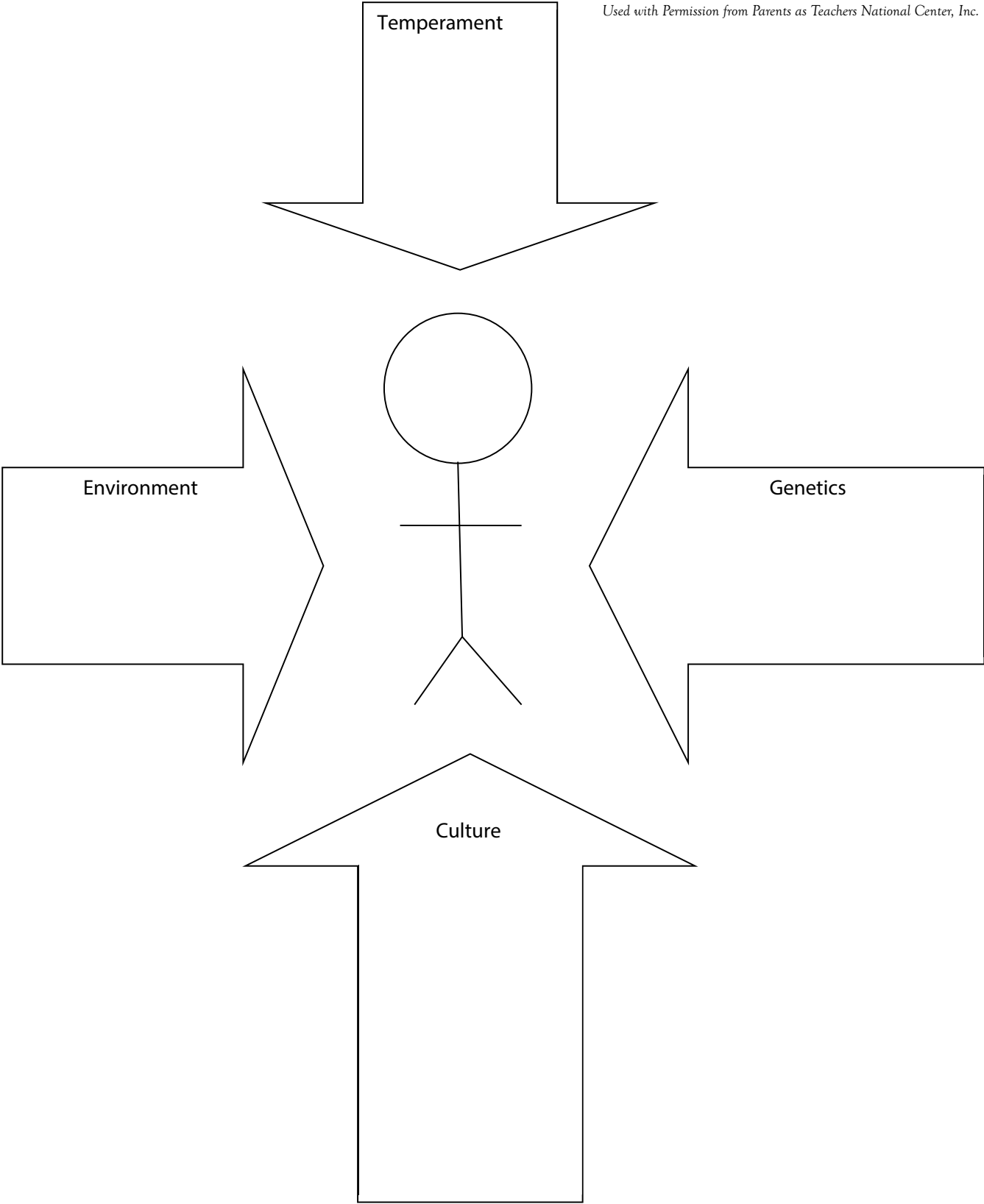
While there are many factors influencing development, all children go through the same patterns of development.

- 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, then sits with support, crawls, pulls to stand, cruises, and then walks. Understanding the principles and stages of development allows for the delivery of appropriate care.
- Children develop at various _____
Why are children different? Children move through stages at different rates. Not all children learn to walk at the same time, crawl at the same time, and talk at the same time. Infants pulling to stand, for example, have a range in which it is perfectly normal to begin, anywhere from 5 ½ - 8 months.

Factors that Influence Development

Use the space in the chart below to take notes on the influences of development.

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



Genetics

Genetics are characteristics with which we are born such as blue eyes or black hair. Some children are born with a genetic disorder which 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 too much or too little the brain will not develop at its optimal ability.

Stress in a child's life causes chemical changes within the brain. If too much stress occurs, the receptors in the brain may close. On the other hand, feelings of safety and comfort can help the receptors open, increasing the connections the neurons are making.

Family culture also may impact when some developmental milestones are reached. Some cultures do not want children to look into a mirror, or have eye contact with adults. Other cultures will not encourage children to eat by themselves, and parents will feed their children throughout their preschool years. Having the opportunity to crawl also varies throughout cultures.

- Environment shapes a child's _____.
- Culture is a part of the environment which includes _____, rules, _____, and rituals

Temperament

- Temperament is an _____ style of behaving.

As adults, we have learned how to appropriately respond to our environment. Infants, however, respond naturally. For instance, they have "natural" responses to adapting to new people or situations, need for movement, eating and sleep patterns, and learning style. For instance, some infants may be content to be in the crib until someone comes to take them out. Others may try to climb out as soon as they are mobile. As adults, we have a preferred learning style or work environment. This is a reflection of our temperament.

Video—Flexible, Fearful, and Feisty

Notes:

The Ten Temperament Traits

Children differ from one another from birth. Each has a certain way of showing feelings and of responding to the world around them. These differences, which are visible early in life, are expressed in many ways. The traits outlined combine to make up each individual style of behavior or temperament. By being aware of these categories, you can better understand why people tend to act in certain ways.

If you and the children with whom you work have similar temperament traits, it is called “goodness of fit.” Sometimes a child’s temperament style may have frustrated you. By understanding your temperament and the temperament of the children, you can adjust your interactions to best meet their needs. You can respond to them in a more sensitive way when you understand their behaviors and actions may be related to their temperament style.

1. _____ **Level** - refers to how much physical energy a child expends. Some children seem to be always moving; even when they are sitting still. Others may prefer to sit quietly.
2. **Approach**/_____ - how children react to new places, events, and people. Even infants in your care may need lots of prompts and prior notice before a substitute teacher comes in. Other children will not be afraid to approach new situations or people.
3. _____ - how easy a person adjusts to change. Using the example of the substitute teacher again, while an infant may not be able to verbalize his/her feelings on a different provider, the body language displayed may indicate a dislike of this change.
4. **Sensory** _____ - how acute each sense is. Strong foods, the temperature of the room, a ticking clock, or scratchy tags in clothing are things which could bother a child who is highly sensitive. Not all children have all senses impacted the same way. For instance, a child bothered by scratchy clothing, may enjoy strong tasting foods.
5. _____ **of Reaction** - strength of reaction. A child with mild reactions may send off the message they do not care about an event. Children with strong/dramatic responses may need to be encouraged to share emotions more appropriately.
6. **Distractability** - how easily one’s attention can shift when an interruption occurs. Some can get back on task easily; for others, it may take a great deal of time to return one’s focus.
7. _____ - how long one can focus on a task which becomes difficult or boring. This can vary by activity depending on one’s interest. For instance, a child who loves basketball may not need any encouragement to perfect a shot, while at the same time he/she may need to be bribed to practice an instrument.
8. **Quality of** _____ - a positive or negative view of the world. Some naturally see the good in events; others will predict doom and gloom before an event even occurs.
9. **Regularity** - predictability of biological functions such as sleeping, eating, and elimination which can range from very structured/routines to more irregular. While all infants need routine, some may exhibit more of a pattern in their sleep, bowel movements, and/or eating patterns.
10. _____ **Sensitivity** - not to be confused with sensory awareness. Emotional sensitivity refers to one’s awareness of others’ feelings, as well as how one expresses his/her own emotions.

The Temperament Assessment Scale for Children

By answering the following questions for each child, you can increase your understanding of the temperaments of the children you serve. Refer to Handout #4 to help complete the scale.

1. **Activity Level.** How much does the child wiggle and move around when being read to, sitting at a table, or playing alone?

High Activity 1 3 5 Low Activity

2. **Regularity.** Is the child regular about eating times, sleeping times, amount of sleep needed, and bowel movements?

Regular 1 3 5 Irregular

3. **Adaptability.** How quickly does the child adapt to changes in her or his schedule or routine? How quickly does the child adapt to new foods and places?

Adapts quickly 1 3 5 Slow to adapt

4. **Approach/Withdrawal.** How does the child usually react the first time to new people, new foods, new toys, and new activities?

Initial approach 1 3 5 Initial withdrawal

5. **Physical Sensitivity.** How aware is the child of slight noises, slight differences in temperature, differences in taste, and differences in clothing?

Not sensitive 1 3 5 Very sensitive

6. **Intensity of Reaction.** How strong or violent are the child's reactions? Does the child laugh and cry energetically, or does she or he just smile and fuss mildly?

High intensity 1 3 5 Mild reaction

7. **Distractibility.** Is the child easily distracted, or does she or he ignore distractions? Will the child continue to work or play when other noises or children are present?

Very distractible 1 3 5 Not distractible

8. **Positive or Negative Mood.** How much of the time does the child show pleasant, joyful behavior compared with unpleasant crying and fussing behavior?

Positive mood 1 3 5 Negative mood

9. **Persistence.** How long does the child continue with one activity? Does the child usually continue if it is difficult?

Long attention span 1 3 5 Short attention span

Developmentally Appropriate Practice

DAP is _____, responsive care which is just right for the child's age, cultural context, and _____.

DAP consists of three components:

- Knowing about child development and learning
- Knowing what is individually appropriate
- Knowing what is culturally important

When caring for young infants, it is the individualized, responsive care which will allow the baby to thrive, form attachments, trust, and in turn gain an understanding of the world. Often our challenges with children are due to not fully understanding child growth and development, the patterns of development, and the uniqueness of each child.



Part 2:
Developmental
Characteristics
Birth to Eight Months

Developmental Characteristics Birth to Three Months

The first twelve weeks after delivery, the baby is adapting to life outside the womb. Body systems are learning to function without the aid of mom. Baby needs to learn to regulate temperature, digest food, etc.

Infants rely on _____ until learned responses are developed.

Infants learn through their _____, and stimulating all of the senses is essential for _____ growth and development.

Sensory Development

Infants gain an understanding of their world through their senses. As we review each of the senses, record examples of activities or products designed for infants which stimulate each of these senses.

Sensory stimulation does not have to cost a lot of money. Mirrors, scarves, balls, music, and even food are all low cost/no cost methods of stimulating the infant's senses.

Sense	Activity
Sight	
Hearing	
Taste	
Touch/Feel	
Smell	
Pressure	
Movement	

Attachment

The relationship or _____ which develops between an infant and caregiver.

Infants are born with the need to develop a _____ with a parent or caregiver so basic needs will be met.

_____ attachments typically occur with parents.

_____ attachments are formed with other caregivers.

Attachment	Caregiver Behaviors	Child Behaviors
Secure	<ul style="list-style-type: none"> • Reacts quickly and positively to child's needs 	<ul style="list-style-type: none"> • Distressed when caregiver leaves • Seeks comfort from caregiver when distressed
Insecure-avoidant	<ul style="list-style-type: none"> • Unresponsive, uncaring • Dismissive 	<ul style="list-style-type: none"> • No distress when caregiver leaves • Does not make contact with caregiver when stressed
Insecure-ambivalent	<ul style="list-style-type: none"> • Responds to child inconsistently 	<ul style="list-style-type: none"> • Distress when caregiver leaves • Not comforted by caregiver's return
Insecure-disorganized	<ul style="list-style-type: none"> • Abuse, neglectful or responds in a frightening way 	<ul style="list-style-type: none"> • No attaching behaviors • May appear dazed, confused, or apprehensive

Why Attachment Matters

Attachment is essential for the foundation of a healthy personality.

- attain full intellectual potential
- develop a conscience
- cope with stress/frustration
- develop relationships
- handle worry and fear

Attachment and Brain Development

Healthy attachments are an essential part of brain growth.

Needs to happen during infancy, where most of the _____ growth occurs.

Babies need to have all of their senses _____ for _____ to occur.

_____, _____, and _____ an infant not only assists in forming the necessary attachments, it is also crucial for brain development.

Developmental Characteristics Three to Eight Months

As reflexes give way to purposeful movements, babies begin to respond to the stimuli in the environment. During this time period all areas of development are changing rapidly.

Developmental Characteristics	Activity to Promote
Social smile	
Responds to and anticipates play	
Visual acuity	
Grasping objects	
Babbling/laughing	
Rolling over	
Sits with support	
Crawling	

Part 3:
Issues and Concerns
Birth to Eight Months

Sleep Patterns

As infants mature, sleep patterns become more predictable and routine.

Providing consistent care which follows a predictable routine will help a baby develop positive sleep habits.

Day and nighttime sleep have different functions:

Daytime Naps – _____

Nighttime Sleep – _____

Children and Sleep

Think about the phrase, “sleep like a baby.” While it may mean we had a good night’s sleep, taken literally it means that a baby has slept for a few hours, ate, had a diaper change, and may have been rocked back to sleep.

- A child who is _____ has a harder time falling asleep
- The symptoms of _____ sleep can be misleading
- Sleep loss can interfere with _____
- All children _____ during the night
- Sleep loss is _____



Sleep Averages from Birth to 8 months

	Birth-6 weeks	2 mths	3 mths	4 mths	5 mths	6 mths	7 mths	8 mths
Waketime	45-60 minutes	1 hour	1-1.5 hours	1.25-1.75 hours	1.5-2.25 hours	2-2.5 hours	2.25-2.75 hours	2.25-3 hours
Total Sleep Per 24 hours	16-18 hours	15.5-18 hours	15.5-18 hours	14.5-16.5 hours	14-16 hours	14-15.5 hours	14-15.5 hours	14-15.5 hours
Total Night Sleep *	9-12 hours	9-12 hours	10-12 hours	11-12 hours	11-12 hours	11-12 hours	11-12 hours	11-12 hours
Total Daily Sleep	4-8 hours	4-8 hours	4-7 hours	3-7 hours	3-5 hours	3-5 hours	3-5 hours	3-5 hours
Number of Naps	4+	4+	4+	3-4	3	2-3	2-3	2-3
Max daily sleep*	Avoid naps >2 hours	Avoid naps >2 hours	Avoid naps >2 hours	4.5 hours	4 hours	3.5 hours	3.5 hours	3.25 hours
Naps Dropped?	Varies	Varies	4 to 3 naps by 3-5 mths	4 to 3 naps by 3-5 mths	4 to 3 naps by 3-5 mths	3 to 2 naps by 6-9 mths	3 to 2 naps by 6-9 mths	3 to 2 naps by 6-9 mths
End Naps by:	Avoid naps >2-2.5 hours each	Avoid naps >2-2.5 hours each	5-5:30 pm	4:30-5 pm	4:30-5 pm	4:30-5 pm	4:30-5 pm	4 pm
Ideal bedtime?	Varies: 7-11 pm	Varies: 7-10 pm	Varies: 7-10 pm	6-8 pm	6-8 pm	6-8 pm	6-8 pm	6-8 pm
Longest stretch of night sleep	Baby eats every 2-5 hours	5 + fingers crossed!	5-10 hours (some will sleep more)	8-12 hours	8-12 hours	8-12 hours	8-12 hours	8-12 hours
Number of night feeds*	Baby eats every 2-5 hours	1-3 feeds	1-2 feeds	0-1 feeds	0-1 feeds	0-1 feeds	0-1 feeds	0-1 feeds

Safe Sleep

Since babies spend a large portion of their day sleeping, providing a safe environment is essential. Babies ages birth to three months typically spend 14 to 17 hours sleeping, while babies four to eleven months spend 12 to 15 hours sleeping.

Sudden Unexpected Infant Death (SUID) is defined as the unexpected death of an infant under the age of 12 months. While the actual cause of death cannot be determined through testing or autopsy, an unsafe sleep environment is often a contributing factor in the infant's death. Child care providers are required to receive training in reducing the risk of SUID within 30 days of being hired.

There are three types of SUID

- Sudden Infant Death Syndrome – leading cause of death in a child under one year of age (1500 annually)
- Suffocation/Strangulation – soft bedding, overlaying, entrapment, getting head caught in crib slats
- Other unknown cause

Safe sleep environment requires:

- _____ – Crib with no moving parts
- Simple – No _____, pillows, stuffed toys, or bumpers
- Sleep – place infants on their _____ to sleep
- Crib/cot placement – at least 36 inches apart to reduce the spread of _____ diseases

Infants and Crying

Responding promptly and consistently to a baby's cries promotes a sense of _____ and _____.

Babies cry to communicate needs:

Strategies to Cope with Crying

Infants under four months can cry up to five hours a day. For parents and providers, this can be overwhelming, frustrating, and exhausting. Developing coping strategies to handle bouts of crying will help the baby develop a sense of trust and promote attachment as well as provide the caregiver some relief.

Know the infant's temperament and respond to cues of hunger or need for sleep before the point of crying. Sucking a fist, rubbing eyes, looking away can be triggers the baby is hungry or tired.

Other Strategies Include:

- Understand the baby's hunger and sleep cues
- Walk with the baby/change of scenery
- Go for a car ride
- Give the baby a bath/massage
- Play music
- Place baby on back in crib and walk away
- Call for support



A Child Care Provider's Guide to Safe Sleep

Helping you to reduce the risk of SIDS



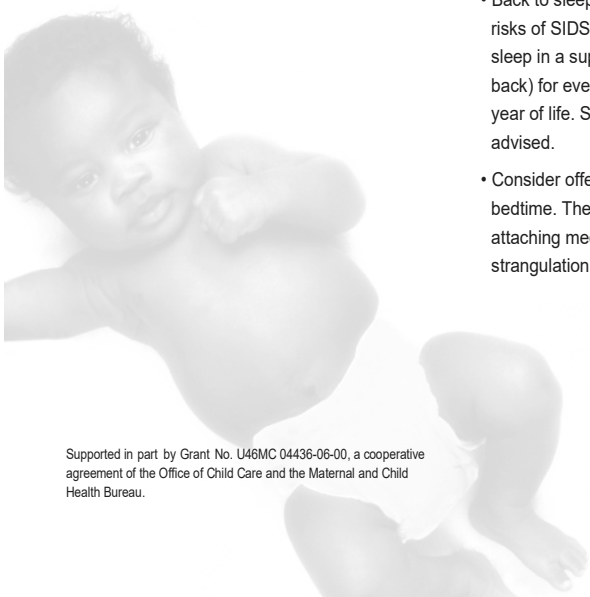
DID YOU KNOW?

- 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/>

Video—Never Shake: Preventing Shaken Baby Syndrome

Notes:

Oral Hygiene

Even though babies have very few if any teeth at this time, they can still develop what is called dental caries, or “bottle mouth”. Always hold a baby when feeding with a bottle. Never, ever prop a baby with a bottle. The liquid pools in the baby’s mouth and bathes the tooth in liquid. This liquid will eat away at the protective enamel of the tooth. Even milk and formula have natural sugars which over time can destroy the enamel of the tooth.



Infant Nutrition

Healthy eating habits begin with infancy. During this time period of tremendous growth and transitioning from a liquid to more complex diet, the foundation for eating habits are established.

- Support mothers who choose to _____
- Follow parents lead on the introduction of _____ foods
- Once solid foods are introduced, avoid foods with added _____

Signs an Infant is Ready for Solid Food

While the recommendation is to feed breast milk or formula exclusively the first six months, remember not all children develop at the same rate.

- Doubled birth weight
- Control of head and neck
- Sit with support
- Shows an interest in your food
- Can signal when full

How do you communicate with parents on the nutritional needs of infants in your care?

Atypical Development

Having a basic understanding of child development principles will assist providers in making informed decisions should an infant not be meeting appropriate developmental milestones.

Use basic child development _____ and remember each child is unique

Do not _____ children

Use _____ to make informed decisions and to _____ with families any concerns

Illinois Early Learning Guidelines for Children Ages Birth to Three

The guidelines are:

- **not** an assessment
- field tested
- research based
- developmental indicators

Developmental Delay

The Individuals with Disabilities Education Act (IDEA) Part C states children younger than 3 years of age who are at risk of having developmental delays, might be eligible for early intervention treatment services even if the child has not received a formal diagnosis.

Infants and toddlers are required to receive services in their natural environment. This could include the home or child care setting.

Definition of Developmental Delay

For children from birth to age three (under IDEA Part C), the term developmental delay, as defined by each State, means a delay in one or more of the following areas:

- physical development
- cognitive development
- communication
- social or emotional development
- or adaptive (behavioral) development

IDEA specifies an individualized family service plan (or IFSP) is to be developed for each infant and toddler (birth to age 3) with disabilities. This is developed by a early intervention service coordinator who will work with the family and service team to monitor progress or changes in the infant's developmental status.

Screening Tools

Recording and tracking an infant's development not only allows providers to share information with parents/guardians, these tools can be used to pinpoint developmental delays and plan activities for infants.

Knowledge to Practice

Observe any child between the ages of birth to 8 months. Write your observations of the following:

What are three developmental characteristics of the baby?

1.

2.

3.

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 how different temperaments may influence behavior.

Discuss the importance of understanding and applying developmentally appropriate practices in the care of infants.

Understand how a healthy attachment influences overall development

Identify practices to reduce the instances of Sudden Infant Death Syndrome.

Identify coping strategies to care for a crying baby.

Use the Illinois Early Learning Guidelines to guide curriculum development.

Resources

The Temperament Assessment Scale for Children

By answering the following questions for each child, you can increase your understanding of the temperaments of the children you serve. Refer to Handout #4 to help complete the scale.

1. **Activity Level.** How much does the child wiggle and move around when being read to, sitting at a table, or playing alone?

High Activity 1 3 5 Low Activity

2. **Regularity.** Is the child regular about eating times, sleeping times, amount of sleep needed, and bowel movements?

Regular 1 3 5 Irregular

3. **Adaptability.** How quickly does the child adapt to changes in her or his schedule or routine? How quickly does the child adapt to new foods and places?

Adapts quickly 1 3 5 Slow to adapt

4. **Approach/Withdrawal.** How does the child usually react the first time to new people, new foods, new toys, and new activities?

Initial approach 1 3 5 Initial withdrawal

5. **Physical Sensitivity.** How aware is the child of slight noises, slight differences in temperature, differences in taste, and differences in clothing?

Not sensitive 1 3 5 Very sensitive

6. **Intensity of Reaction.** How strong or violent are the child's reactions? Does the child laugh and cry energetically, or does she or he just smile and fuss mildly?

High intensity 1 3 5 Mild reaction

7. **Distractibility.** Is the child easily distracted, or does she or he ignore distractions? Will the child continue to work or play when other noises or children are present?

Very distractible 1 3 5 Not distractible

8. **Positive or Negative Mood.** How much of the time does the child show pleasant, joyful behavior compared with unpleasant crying and fussing behavior?

Positive mood 1 3 5 Negative mood

9. **Persistence.** How long does the child continue with one activity? Does the child usually continue if it is difficult?

Long attention span 1 3 5 Short attention span

Your Temperament Assessment Scale

By answering the following questions for yourself, you can increase your understanding of your own temperament.

1. **Activity Level.** How much do you need to move around during the workday? Can you sit through a long meeting without wiggling?

High Activity 1 3 5 Low Activity

2. **Regularity.** How regular are you in your eating, sleeping and elimination habits?

Regular 1 3 5 Irregular

3. **Adaptability.** How quickly do you adapt to a change in schedule or routine, a new place or food?

Adapt quickly 1 3 5 Slow to adapt

4. **Approach/Withdrawal.** How do you react the first time to new people, new places, activities or tools?

Initial approach 1 3 5 Initial withdrawal

5. **Physical Sensitivity.** How aware are you of slight differences in noise level, temperature, or touch?

Not sensitive 1 3 5 Very sensitive

6. **Intensity of Reaction.** How strong are your reactions?

High intensity 1 3 5 Mild reaction

7. **Distractibility.** Are you easily distracted?

Very distractible 1 3 5 Not distractible

8. **Positive or Negative Mood.** How much of the time do you show pleasant, joyful behavior compared with unpleasant or grouchy moods?

Positive mood 1 3 5 Negative mood

9. **Persistence.** How long will you continue with a difficult task?

Long attention span 1 3 5 Short attention span

Chart of Temperament Traits

Chart developed by Janet Poole, Faculty, Program for Infant/Toddler Care

	1	2	3	4	5				
High Level	High Activity	Biological Rhythms	Adapt-ability	Approach/Withdraw	Sensitivity	Mild Reaction	Low Distractibility	Negative Mood	Low Persistence
	High Activity	Regularity	Adapt Quickly	Approaches	Low Sensitivity	High Intensity	High Distractibility	Positive Mood	High Persistence

Your Baby at 2 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Begins to smile at people
- Can briefly calm himself
(may bring hands to mouth and suck on hand)
- Tries to look at parent

Language/Communication

- Coos, makes gurgling sounds
- Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/actearly | 1-800-CDC-INFO



Learn the Signs. Act Early.

Your Baby at 4 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

Movement/Physical Development

- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly | 1-800-CDC-INFO



Learn the Signs. Act Early.

Your Baby at 6 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah", "eh", "oh")
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

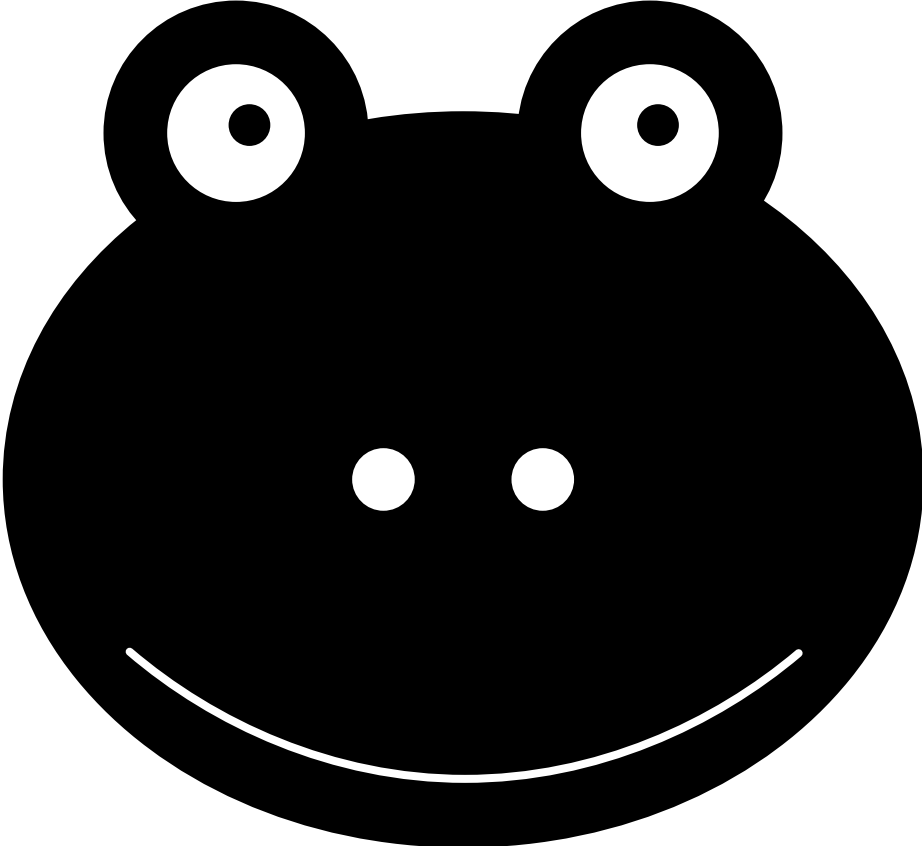
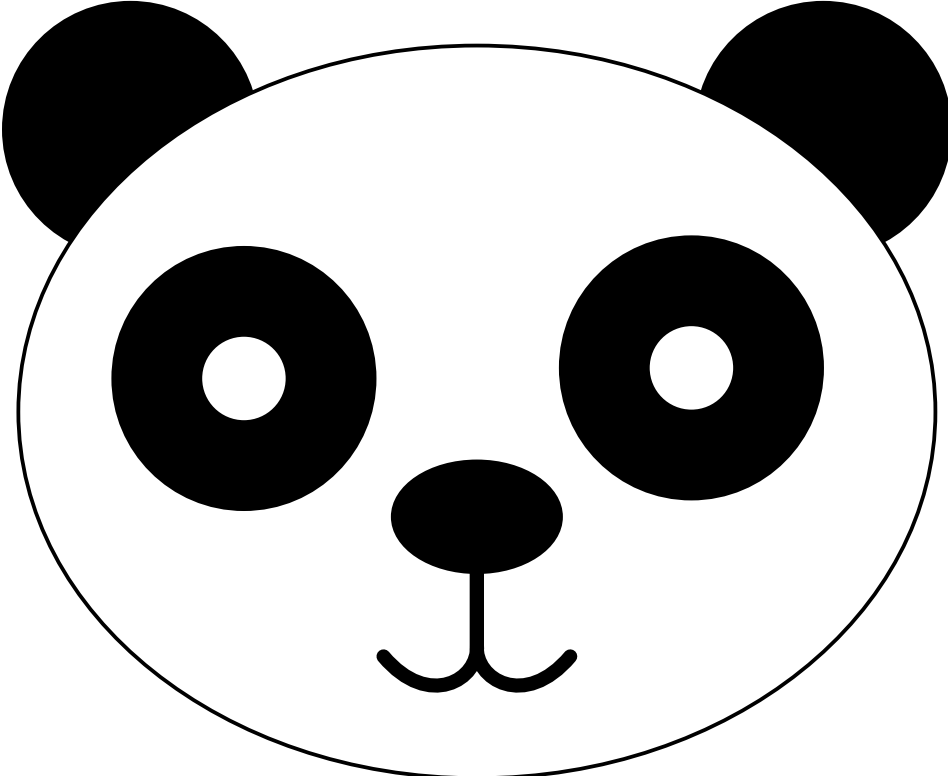
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www.cdc.gov/actearly | 1-800-CDC-INFO

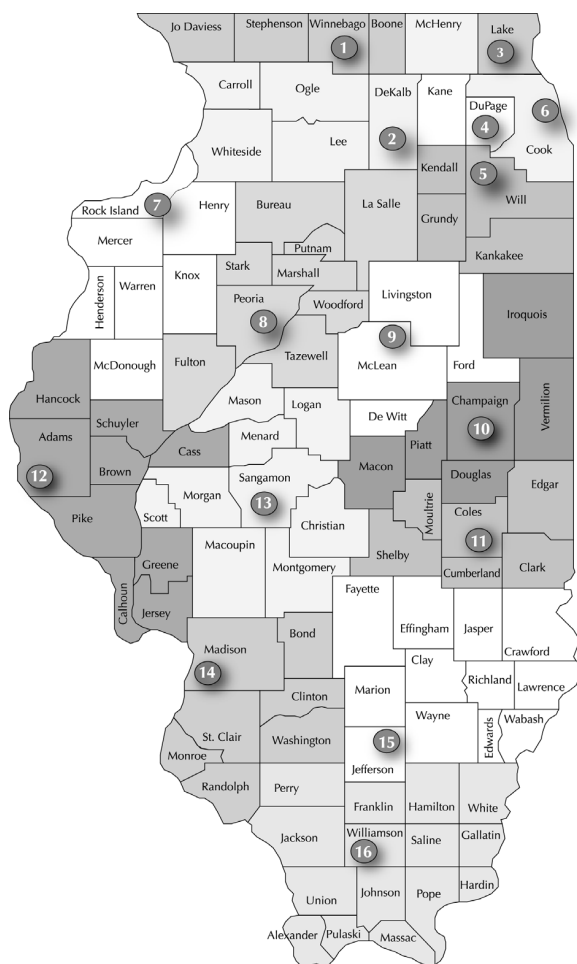


Learn the Signs. Act Early.

Black & White Visual Activity



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.wccc.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 7a

Children's Trust Fund

<http://ctf4kids.org/>

Consumer Product Safety Commission

www.cpsc.gov

Early Head Start Learning and Knowledge Resource Center

<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc>

Guide for Use in the Child Nutrition Programs

<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>

Individuals with Disabilities Education Act (IDEA)

<http://idea.ed.gov/>

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