

State of Illinois
Race to the Top-Early Learning Challenge
Phase 2 Application

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¹ All updated information is highlighted.

Updated: Information on the Early Learning Council and Directory of Membership

In 2003, the Illinois General Assembly founded the Early Learning Council to guide the development of a statewide early childhood education and care system to ensure that young children at risk for school failure and their families experience high-quality programming and services necessary for children's healthy development.

The Early Learning Council began a strategic planning process in February 2011 and completed the process in the summer of 2012. The process resulted in a new committee structure, updated vision, and a set of guiding principles. A new committee structure went into effect July 1, 2012.

Guiding Principles: To establish a framework by which the work of the Early Learning Council can be assessed, the Council approved a set of guiding principles to direct the work of the committees and reflect the priorities and commitments of the Council as a whole.

We are committed to:

- Serving the hardest to reach children and families first and providing them access to the highest quality services.
- Ensuring that resources are sufficiently allocated to provide high quality services for every age from birth to five.
- All children entering school are healthy and ready to learn.
- A holistic approach to the needs of family and children.
- Ensuring that family engagement and partnership is integrated and embedded in all early childhood programs and services.
- Striving for an early childhood system that is transparent and easily navigated and accessed by the families it is intended to serve.
- Ensuring that all children have well educated and well compensated teachers.
- Ensuring that the learning and care continuum from birth to third grade is aligned, allows for smooth and effective transitions, and reflects best practices.

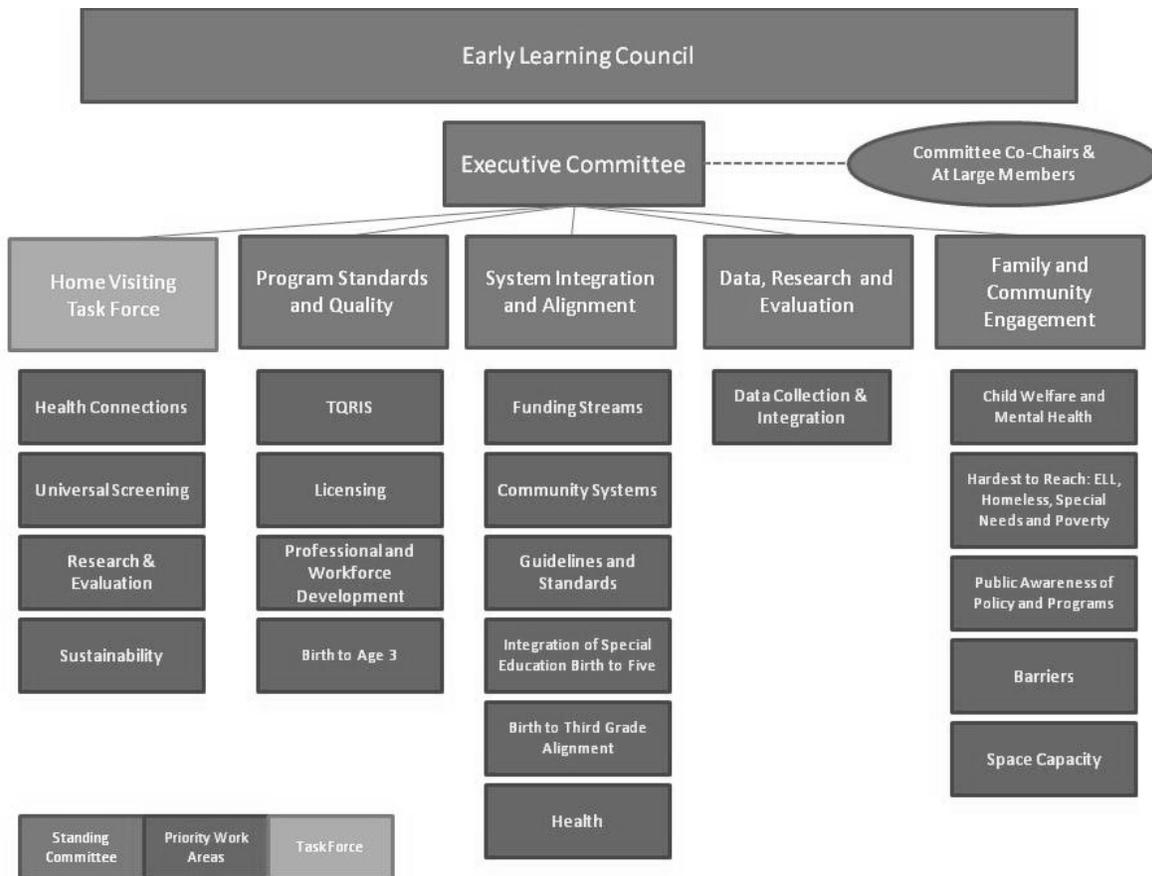
Vision: At the highest level, a well-coordinated, accessible, easy to navigate early childhood system will include the components listed in the vision and the guiding principles. The Council approved the creation of an Ad Hoc Committee to further set benchmarks and outcome measures for the system components outlined in the Council's vision.

System Components:

- Ongoing preventive health care -- including all appropriate well-child care, screenings and immunizations, and periodic developmental screening to determine whether children may be exhibiting developmental delays that warrant intervention services.
- High quality early education programs and services serving children birth to eight with continuous improvement under the Tiered Quality Ratings and Improvement System (TQRIS) where applicable, and with aligned of standards, instruction, assessment, and supports as students/families transition from infant toddler programs into prekindergarten programs and from prekindergarten programs into kindergarten and beyond.

- A well educated and compensated workforce.
- Diverse funding mechanisms and delivery systems; integration and maximization of funding streams set at appropriate, sustainable levels.
- Increased participation, at an earlier point (i.e. before prekindergarten entry) by children and families with high needs, including those who are hard to reach, English language learners (ELL's), homeless, and disabled.
- Enhanced Parent engagement, including multiple information channels that help parents identify high-quality service providers.
- Community systems coordination and development.
- Public awareness on the benefits of high quality early childhood programs and services and the ongoing work of the Early Learning Council, particularly amongst policy makers.

New Committee Structure:



| Last | First name | Organization | Role |
|------|------------|--------------|------|
|------|------------|--------------|------|

| Name | | | |
|-------------|-------------|---|---|
| Althoff | Pamela | Illinois General Assembly | |
| Baas | Lori A. | Christopher House | Early Childhood Education and Development Service Provider |
| Berman | Karen | Ounce of Prevention Fund | Child Advocacy |
| Bowman | Barbara | Retired | Location Education Agencies |
| Calica | Richard | Illinois Department of Children and Family Services | Director- Illinois Department of Children and Family Services |
| Capito | Jeanna | Positive Parenting Dupage | Parenting Support |
| Caron | Mary Ellen | The Hope Institute | |
| Carpenter | Tim | Fight Crime: Invest in Kids | Law Enforcement |
| Chavez | Ellen | Casa Central | |
| Hasbrouck | LaMar | Illinois Department of Public Health | Director- Illinois Department of Public Health |
| Davis | George | City of Rockford | Early Childhood and Development |
| Fitzgerald | Daniel | Department of Children and Family Services | Department of Children and Family Services |
| Fleming | Jana E. | Erikson Institute | |
| Gieseke | Gaylord | Voices for Illinois Children | Child Advocacy |
| Glink | Phyllis | Irving Harris Foundation | |
| Gully | Janet | Department of Human Services | IDEA Part C |
| Hall | Vinni | Illinois State Board of Education | State Board of Education |
| Hamos | Julie | Illinois Department of Healthcare and Family Services | Director- Illinois Department of Healthcare and Family Services |
| Harris | Dan | Illinois Department of Human Services | Illinois Department of Human Services |
| Harris | Gloria | COFI | Parent |
| Harmon | Don | Illinois General Assembly | |
| Harston | Ava | Illinois Federation of Teachers | Labor |
| Hernandez | Reyna | Illinois State Board of Education | Illinois State Board of Education |
| Herrera | Harriette | DePaul | Higher Education |
| Jones | Colleen | Metro Family AEYC | Parenting Support |
| Kelly | Teresa | Governor's Office | MIECHV Grant |
| Koch | Christopher | Illinois State Board of Education | Superintendent- Illinois State Board of Education |
| Lilly | Camille | Illinois General Assembly | |
| Logan | Suzanne | Kangaroo Corner | Early Childhood Education and Development Service Provider |

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|-------------------|----------|--|---|
| Madson | Sarah | Woodland Heights Early Learners Center - U46 | Early Childhood Education and Development Service Provider |
| Martin | Teresa | Walsh School | Local Education Agency |
| Mascitti-Miller | Beth | Chicago Public Schools | Local Education Agency |
| Maruna | Janet | INCCRRA | Childcare/ Early Childhood Education and Development Provider |
| McHugh | Mark | One Hope United | Early Childhood Education and Development Service Provider |
| Meisner-Bertauski | Debbie | Illinois Board of Higher Education | IL Board of Higher Education |
| Meyer | Harriet | Early Learning Council Co-Chair | Co-Chair |
| Moenster | Janice | Children's Home + Aid | Early Childhood Education and Development Service Provider |
| Morrison-Frichtl | Lauri | Illinois Head Start Association | Head Start |
| Neri | Joe | IFF | |
| Newberry Schwartz | Carolyn | The Collaboration for Early Childhood Care & Education | Local Community Collaborations |
| Nichols | Beatrice | City of Chicago | Early Intervention |
| Nylander | Donna | Valley View Early Childhood Center | Early Childhood Education and Development Service Provider |
| Obrzut | Geoffrey | Illinois Community College Board | Higher Education |
| Palmer | Andrea | Illinois Head Start Association | Maternal and Child Health |
| Parr | Chuck | IL Head Start Association Board President and Head Start Director | Head Start |
| Puente | Sylvia | Latino Policy Forum | Child Advocacy |
| Quigg | Claudia | Baby TALK | Maternal and Child Health |
| Quinn | Barbara | Illinois Congress of Parents and teachers | |
| Rauner | Diana | Ounce of Prevention Fund | Head Start |
| Regenstein | Elliot | Ounce of Prevention Fund | Child Advocacy |
| Reid | George | Higher Education Board | Higher Education |
| Reising Rechner | Pam | Illinois State Board of Education | IDEA Part B |
| Rich | Vanessa | City of Chicago Deputy Commissioner over Head Start and Child Care | Head Start |
| Roth | Pam | Illinois General Assembly | |

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|-----------------|-----------|--|---|
| Ruther | Gina | Illinois Department of Human Services | State Head Start Collaboration Office |
| Saddler | Michelle | Illinois Department of Human Services | Secretary-Department of Human Services |
| Saterfield | Linda | Illinois Department of Human Services | Illinois Department of Human Services |
| Scott | Jodi | ROE 27 | |
| Seibert | Byrnn | SEIU | Labor |
| Slaughter | Sara | McCormick Foundation | |
| Smith | Julie | Office of the Governor | Co-Chair |
| Solis | Luz Maria | Early Childhood Programs | Local Education Agency |
| Talan | Teri | National Louis University | Higher Education |
| Torres | Martin | Latino Policy Forum | Child Advocacy |
| Turner | Sheridan | Kohl Children's Museum | |
| Villano | Kathleen | ECBG Program Director-Schaumburg schools | Local Education Agency |
| Vitale | Joan | Voices for Illinois Children | Child Advocacy |
| Walker-Kendrick | Judith | Chicago Coalition of Site-Administered Child Care Programs | Childcare/ Early Childhood Education and Development Provider |
| Whelan | Maria | Illinois Action for Children | Child Advocacy |
| Williams | Granada | Associate Head Start State Collaboration Director, IL Head Start Association | Head Start |
| Willmoth | Kay | Region V, Office of Head Start | Head Start |
| Wolfe | Cass | Infant Welfare Society of Evanston | Early Childhood Education and Development Service Provider |
| Yanguas | Josie | The Center Web | |
| Yarbrough | Karen W. | Ounce of Prevention Fund | |
| Zumwalt | Cindy | Illinois State Board of Education | Illinois State Board of Education |

Illinois P-20 Council

Established by statute in 2008, the P-20 Council brings together a variety of stakeholders to collectively identify strategies for developing a seamless and sustainable high quality education system from birth through higher education into careers. The ‘P’ stands for preschool while the ‘20’ represents graduate and professional education or the “20th grade.” The overarching goal of the P-20 Council is to increase the proportion of Illinoisans with postsecondary degrees or high quality credentials from 40% to 60% by 2025.

The Council consists of a diverse membership that includes state agency leaders, educators, school administrators, local government representatives, advocacy organizations, employers, representatives of the philanthropic community, parents and lawmakers. Members submit their collective recommendations on ways to better support an effective and comprehensive education system to the Governor and the General Assembly each year.

There are five committees of the Council which address specific areas of education as well as two executive committees which ensure the coordination and alignment of P-20 initiatives. Membership of the regular committees is open to the public in order to provide avenues for input from an even broader base of stakeholders. For example, the Data, Assessment and Accountability Committee in partnership with the Family, Youth, and Community Engagement Committee (FYCE) undertook the redesign of the Illinois State school report card, providing families with a tool for better understanding local schools and engaging with faculty, administration, and staff to support their student’s learning. At the elementary level, one set of measures the State school report card will include is information captured by the Kindergarten Individual Development Survey (KIDS), Illinois’ kindergarten entry assessment.

Since our initial application, the Teacher and Leadership Effectiveness Committee has formed the Educator Licensure Sub-Committee to identify strategies for improving the preparation of teachers across the P-20 spectrum. This includes enhancing clinical experiences, strengthening community partnerships, and building a culturally and linguistically competent workforce. Meanwhile, the School, College, and Career Readiness Committee, charged with identifying the skills, resources, and collaborations necessary for equipping Illinoisans to be competitive in a global economy, has engaged a number of stakeholders in developing a comprehensive college and career readiness framework. Lastly, the Finance and Governance Committee is in the process of securing resources to support the planning phase of a research project which aims to identify a set of recommendations for developing a sustainable funding system which increases efficiency and assures quality education and student success.

In addition to the subject area committees, the Joint Education Leadership Committee (JELC), which is chaired by the Lieutenant Governor and primarily consists of state agency directors, is charged with overseeing the alignment and implementation of P-20 initiatives. Lastly, the Coordinating Committee is comprised of co-chairs of the five core committees in order to identify opportunities for leveraging resources and streamlining the work of Council and its committees.

The first annual P-20 report was released January 2011 and features ten recommendations to the Governor and General Assembly for making progress towards the goal of improving the educational attainment of Illinoisans. The FYCE Committee held workshops across the State to share the report with community groups, parents, and local schools as well as provide a forum for discussion at the community level. JELC has also produced an implementation matrix to monitor progress on these recommendations. The Council has also launched a new website (www.p20council.illinois.gov) which not only makes its work more accessible but provides an additional opportunity for public feedback as well as a platform for sharing other helpful resources and information about educational initiatives, policy and best practices, and emerging research.

Lastly, over the past three years the Council has played an active role in the development of the governing structure of Illinois' Longitudinal Data System, a comprehensive data system which will provide a comprehensive student profile containing information about a student as he/she progresses through the education system into the workforce, as well as the Illinois Shared Learning Environment, or ISLE (formerly Learning & Performance Management System), a cloud based instructional improvement platform with e-learning resources and instructional support services targeted towards students' individual strengths and needs.

P-20 Council Members

| Name | Council Affiliation | Professional Affiliation |
|---------------------------|--|--|
| Miguel del Valle | Chairman | P-20 Council |
| Lizanne DeStefano | Coordinator | University of Illinois – Champaign/Urbana |
| Josh Anderson | Teacher & Leader Effectiveness Co-chair | Teach for America |
| Dr. Karen Hunter Anderson | Joint Education Leadership Committee | Illinois Community College Board |
| Perry Buckley | Member | Illinois Federation of Teachers |
| Ron Bullock | Member | Bison Gear |
| Dr. Tom Choice | Member | Kishwaukee College |
| Rep. Barbara Flynn Currie | Member | Illinois General Assembly |
| Dr. Ray Hancock | Finance & Governance Co-chair | Illinois Community College Foundation |
| Fr. Dennis Holtschneider | Member | DePaul University |
| Dr. Erika Hunt | Teacher & Leader Effectiveness Co-chair | Illinois State University |
| Sen. Christine Johnson | Member | Illinois General Assembly |
| Dr. Elaine Johnson | Joint Education Leadership Committee | Illinois Community College Board |
| Dr. Michael Johnson | Member | Illinois Assoc. of School Boards |

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| Joyce Karon | Member | Barrington County Unit School District |
| Debra Kasperski | Member | National Board Resource Center |
| Dr. Brenda Klostermann | Joint Education Leadership Committee | Illinois Education Research Council |
| Dr. Christopher Koch | Ex-Officio - Joint Education Leadership Committee | Illinois State Board of Education |
| Maggie Laslo | Member | Service Employees International Union |
| Sen. Kimberly Lightford | Member | Illinois General Assembly |
| John Luczak | Member | Joyce Foundation |
| Jean-Claude Brizard | Member | Chicago Public Schools |
| Dr. Glenn "Max" McGee | Ex-Officio – Joint Education Leadership Committee; Data, Assessment, & Accountability Co-Chair | Illinois Mathematics & Science Academy |
| Deborah Meisner-Bertauski | Joint Education Leadership Committee | Illinois Board of Higher Education |
| Cordelia "Dea" Meyer | Member | Commercial Club of Chicago |
| Rep. Jerry Mitchell | Member | Illinois General Assembly |
| Susan Morrison | Joint Education Leadership Committee | Illinois State Board of Education |
| Dr. Gary Niehaus | Member | McLean County Unit School District |
| Geoff Obrzut | Ex-Officio – Joint Education Leadership Committee | Illinois Community College Board |
| Jeffrey Owens | Member | Advanced Technology Services, Inc. |
| Sharon Thomas Parrott | School, College, & Career Readiness Co-chair | DeVry, Inc. |
| Cynthia Plouche | Member | Williams Capital Management |
| Dr. Glenn Poshard | Member | Southern Illinois University |
| Laurel Prussing | Finance & Governance Co-chair | City of Urbana |
| Diana Rauner | Ex-Officio – Joint Education Leadership Committee | Ounce of Prevention Fund |
| Dr. George Reid | Ex-Officio – Joint Education Leadership Committee | Illinois Board of Higher Education |
| David Vaught | Ex-Officio – Joint Education Leadership Committee | Illinois Dept. of Commerce & Economic Opportunity |
| John Rico | School, College, & Career Readiness Co-chair | Rico Computer Enterprises |
| Kathy Ryg | Family, Youth, & Community Engagement Co-chair | Voices for Illinois Children |
| Eric Zarnikow | Ex-Officio – Joint Education Leadership Committee | Illinois Student Assistance Commission |

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| Julie Smith | Joint Education Leadership Committee | Illinois Governor's Office |
| Audrey Soglin | Member | Illinois Education Association |
| Robin Steans | Data, Assessment, & Accountability Co-chair | Advance Illinois |
| Rick Stephens | Member | Boeing Corporation |
| Debra Strauss | Family, Youth, & Community Engagement Co-chair | Illinois Parent Teacher Association |
| Jason Tyszko | Joint Education Leadership Committee | Illinois Dept. of Commerce & Economic Opportunity |

* *Ex-officio status denotes that the person is a required member by virtue of their position.*

Birth to Three Training Institute Description

The Ounce of Prevention Fund gives children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education from birth to age five.

The Ounce's **Illinois Birth to Three Institute (IBTI)** provides 31 community-based home visiting programs with support in the following areas:

- Program development
- Funding
- Ongoing, multi-level training
- Technical assistance
- Training consultation
- Advocacy

Approximately 300 programs that receive training and technical assistance from the Ounce in turn offer an array of services to:

- Pregnant teens
- Young parenting families

All families involved in services receive:

- Intensive home visiting services
- Relationship-based interactions
- Opportunities to discover strengths in themselves and their children
- Information on child growth and development

And many receive:

- Parent support groups
- Doula services
- Video intervention
- Prenatal activities to promote bonding

The primary focus of the work in IBTI is to support positive parent-child relationships and the healthy social and emotional development of young infants and children. This is accomplished by emphasizing:

- Reflective practice
 - Stepping back from the work to explore and expand on thoughts, feelings and actions
 - Encouraging open communication in a trusting environment
- The parallel process
 - Ounce staff build relationships with program staff to help them develop trusting relationships with parents
 - Community-based staff build relationships with parents to help them develop healthy relationships with their children

Appendix (A)(1)-5
Birth to Three Training Institute

- Parents develop relationships with children to promote healthy growth and development
- Strength-based work
 - Ounce staff work from the premise that all parents and families have dreams for their children’s future
 - All families have strengths and deserve the opportunity to discover and explore them

IBTI provides a wide range of multi-level training for direct service staff, program supervisors, administrators, and fiscal officers. The training ranges from basic to advanced, home visiting to group, and supervisory to administrative. It includes an extensive range of topics relevant to all aspects of program services with a focus on promoting healthy relationships between children, parents, and program staff.

Some examples of IBTI direct service strategies offered to programs include:

- **C-B FANA**
The Community-Based Family Administered Neonatal Activities is a set of prenatal and postnatal activities designed to help young parents turn a ‘me’ thing into a ‘we’ thing by building a warm, responsive, and enjoyable relationship from the inside outside.
- **Doula Services**
Doulas provide specialized home visits in the last trimester, at labor and delivery, and during the first months after birth to help support the new family. Doulas nurture new mothers so they are better able to nurture their newborns.
- **Video Intervention Training**
Direct service paraprofessionals learn to make, watch, and talk about parent-child interactions captured during routine activities in order to help parents use their ‘real eyes’ to realize how they want to be with their children.
- **Heart to Heart**
Designed as a curriculum to prevent child sexual abuse, Heart to Heart is a special series of group meetings that teaches young parents about childhood sexual abuse and helps them protect their young children.
- **Infant Mental Health Learning Group**
IMH LG is a multi-disciplinary group including IMH clinicians, program supervisors, and program staff designed to infuse the practices and principles of IMH into community-based programs.

Appendix (A)(3)-1
Intergovernmental Agreement

Execution Version

ILLINOIS EARLY LEARNING CHALLENGE PHASE 2
INTERGOVERNMENTAL AGREEMENT

This INTERGOVERNMENTAL AGREEMENT (this "Agreement") is entered into as of the Effective Date by and between the following entities:

1. Illinois State Board of Education, as the State of Illinois education agency, and as the agency that administers and supervises section 619 of part B of IDEA programs, State funded preschool, home visiting and other birth to three programs funded through the Early Childhood Block Grant, Title I of ESEA, the Child and Adult Care Food Program (the "Lead Agency");
2. Illinois Department of Human Services, as the agency that administers and supervises CCDF, part C of IDEA programs, the Head Start State Collaboration Grant, the Title V Maternal and Child Care Block Grant, home visiting programs through Healthy Families Illinois and Parents Too Soon, and the State's Temporary Assistance for Needy Families (TANF) program ("IDHS");
3. Illinois Department of Children and Family Services, as the State's child care licensing agency, and the agency that administers and supervises Child Welfare and Community-Based Child Abuse Prevention ("IDCFS");
4. Illinois Early Learning Council, as the State Advisory Council on Early Childhood Education and Care (the "Council") (IDHS, IDCFS and the Council, collectively, the "Participating State Agencies" and each a "Participating State Agency"); and
5. the Governor's Office of Early Childhood Development, as the executive office responsible for promoting quality, consistency, and alignment within the State's early childhood system ("OECD")

(the Lead Agency, Participating State Agencies, and OECD, collectively the "Parties" and each a "Party") under the authority of the Intergovernmental Cooperation Act (5 ILCS 220/1 et. seq.), the intergovernmental cooperation provisions of Article VII, Section 10 of the Illinois Constitution of 1970, and other authority as provided by law. In consideration of the mutual covenants set forth below, the Parties agree as follows:

I. PURPOSE

The purpose of this Agreement is to establish a framework of collaboration, as well as articulate specific roles and responsibilities of the Parties in support of the State of Illinois (the "State") in its implementation of an approved Race to the Top-Early Learning Challenge Phase 2 grant application (the "State Plan").

II. ASSURANCES

The Lead Agency and each of the Participating State Agencies hereby certifies and represents that it:

- A. Agrees to be the Lead Agency or a Participating State Agency, as applicable, and will implement those portions of the State Plan indicated in the Preliminary Scopes of Work, Exhibits I-IV, respectively (each, a "Scope of Work"), if the State Plan is funded;

- B.** Agrees to use, to the extent applicable and consistent with the State Plan and Exhibits I-IV, respectively:
1. A set of statewide Early Learning and Development Standards;
 2. The Illinois Birth to Five Program Standards, subject to any adopted modifications;
 3. A common Tiered Quality Rating and Improvement System, as described in Criterion (B)(1) and the Appendices of the State Plan, subject to any adopted modifications; and
 4. Illinois' Workforce Knowledge and Competency Framework and progression of credentials, subject to any adopted modifications; and
- C.** Will provide a Final Scope of Work only if the State Plan is funded and will do so in a timely fashion but no later than 90 days after a grant is awarded; and, as applicable, will describe the Lead Agency's and the Participating State Agency's specific goals, activities, timelines, budgets, and key personnel (the "Lead Agency Plan" or the "Participating State Agency Plan", as applicable) in a manner that is consistent with its Scope of Work, with the Budget included in Section VIII of the State Plan (including existing funds, if any, that the Party is using for activities and services that help achieve the outcomes of the State Plan).

Each Party hereby certifies and represents that it:

- D.** Has all requisite power and authority to execute and fulfill the Terms of this Agreement;
- E.** Is familiar with the State Plan and is supportive of and committed to working on all applicable portions of the State Plan; and
- F.** Will comply with all of the Terms of the Race to the Top-Early Learning Challenge Phase 2 Grant, this Agreement, and all applicable Federal and State laws and regulations, including laws and regulations applicable to the Race to the Top-Early Learning Challenge Phase 2 program, and the applicable provisions of EDGAR (34 CFR Parts 75, 77, 79, 80, 82, 84, 85, 86, 97, 98 and 99).

III. RESPONSIBILITIES OF THE PARTIES

- A. Participating State Agency and OECD Responsibilities.** In assisting the Lead Agency in implementing the tasks and activities described in the State Plan, each Participating State Agency and OECD will, in addition to any other responsibilities set forth in this Agreement:
1. Implement the Scope of Work as identified in Exhibit II-IV of this Agreement, respectively;
 2. Abide by the governance structure outlined in the State Plan and set forth in this Agreement;
 3. Abide by the Participating State Agency's Budget included in Section VIII of the State Plan (including the existing funds from Federal, State, private and local sources, if any, that the Participating State Agency is using to achieve the outcomes in the State Plan);
 4. Actively participate in all relevant meetings or other events that are organized or sponsored by the State, by the U.S. Department of Education ("ED"), or by the U.S. Department of Health and Human Services ("HHS");
 5. Post to any Web site specified by the State, ED, or HHS, in a timely manner, all non-proprietary products and lessons learned or developed using Federal funds awarded under the RTT-ELC Phase 2 grant;

6. Participate, as requested, in any evaluations of this grant conducted by the State, ED, or HHS;
7. Be responsive to State, ED, or HHS requests for project information including on the status of the project, project implementation, outcomes, and any problems anticipated or encountered, consistent with applicable local, State and Federal privacy laws.

B. Lead Agency Responsibilities. In implementing the tasks and activities described in the State Plan, the Lead Agency will:

1. Implement the Lead Agency Scope of Work as identified in Exhibit I of this Agreement;
2. Work collaboratively with, and support the Participating State Agencies in carrying out the Scopes of Work, as identified in Exhibit II-IV of this Agreement, respectively;
3. Timely award the portion of Race to the Top-Early Learning Challenge grant funds designated for the Participating State Agencies in the State Plan during the course of the project period and in accordance with the Participating State Agencies Scope of Works, as identified in Exhibit II-IV, respectively, and in accordance with the Participating State Agencies Budgets, as identified in Section VIII of the State Plan;
4. Provide feedback on the Participating State Agencies' and OECD's status updates, any interim reports, and project plans and products;
5. Keep the Participating State Agencies and OECD informed of the status of the State Plan and seek input from the other Parties, where applicable, through the governance structure outlined in the State Plan and as set forth in this Agreement;
6. Facilitate coordination across all Parties to the extent necessary to implement the State Plan; and
7. Identify sources of technical assistance for the State Plan.

IV. GOVERNANCE, BUDGETING, AND DATA

A. Governance Teams. The Lead Agency, Participating State Agencies and the OECD hereby establish the following teams in order to effectuate the governance structure set forth in Section (A)(3) of the Plan.

1. A "Leadership Team" that will meet at least quarterly to identify and act upon key policy decisions and oversee progress across all areas of the State Plan. The Leadership Team's membership includes:
 - i. The Council's Co-Chairs, who shall also serve as Co-Chairs of the Leadership Team;
 - ii. the State Superintendent of Education;
 - iii. the Secretary of IDHS;
 - iv. the Director of DCFS; and
 - v. the OECD Director.
2. A "Interagency Team" that will meet at least monthly and will have primary responsibility for ensuring the successful execution of the activities set forth in the State Plan and the directives of the Leadership Team. The Interagency Team's membership includes:
 - i. The Director of OECD, who will chair the Interagency Team;
 - ii. The Project Director, Strong Foundations Partnership (MIECHV), from the OECD;
 - iii. Other OECD staff as deemed necessary by the OECD Director;

- iv. The Director of the IDHS Division of Family and Community Services;
- v. The Assistant Director of IDHS Division of Family and Community Services;
- vi. The Chief of the IDHS Bureau of Child Care & Development, who also serves as the Director of the Head Start Collaboration Office;
- vii. The Manager of Program Development & Quality Improvement for IDHS;
- viii. The Assistant Superintendent for ISBE's Center for Language and Early Childhood Development;
- ix. The Administrator for ISBE's Early Childhood Division;
- x. The Deputy Director for Service Intervention at IDCFS;
- xi. The Associate Deputy Director for Day Care Licensing at IDCFS; and
- xii. The Executive Deputy Director of IDCFS Bureau of Operations.

In the event of internal agency reorganizations, title changes, or staffing changes, the chief executive of an agency may replace a member of the Interagency Team with another individual performing similar roles and responsibilities.

- 3. "Interagency Project Teams" in each of the following areas: QRIS Implementation and Program Monitoring, led by the QRIS Policy Director in OECD; Workforce Development, led by the Workforce Development Policy Director in OECD; Data and Outcomes, led by the Data and Outcomes Manager in OECD; and Community Collaboration Team, led by the Community Systems and Capacity Building Manager (supported by the State's MIECHV grant). Each Interagency Team shall meet approximately weekly and shall have a membership and charges established by the Interagency Team.

B. OECD. In order to provide additional capacity to carry out the State Plan, four new staff positions, as described below, shall be established in OECD as soon as practicable after the Effective Date, all of whom shall report to the OECD Director.

- 1. QRIS Policy Director: This Director will be assigned to OECD by the IDHS, and will provide strategic direction to the implementation of the TQRIS system as described in the State Plan.
- 2. Workforce Development Policy Director: This Director will be assigned to OECD by the Lead Agency, and will provide strategic direction to and coordination among early childhood workforce development activities funded by state agencies.
- 3. Data and Outcomes Manager: This Manager will be assigned to OECD by the Lead Agency, and will work with the Lead Agency, Participating State Agencies, and their contractors to ensure the availability of data needed to monitor the State Plan's outcomes and further develop effective policy.
- 4. Grant Administration and Budget Development Manager: This Manager will be assigned to OECD by the Lead Agency, and will work with the Lead Agency, Participating State Agencies, and their contractors to ensure compliance with and fulfillment of all requirements of the State Plan and the administering federal agencies.

C. Budgeting. Throughout the Term, the Parties agree to establish a coordinated and consolidated early learning budget proposal (the "Early Learning Budget"), which shall build upon the Budgeting for Results process. This Early Learning Budget shall identify operational redundancies, better align existing programs and jointly consider the need for new programs in furtherance of the reform agenda set forth in the State Plan. The Leadership Team shall use the Early Learning Budget to make recommendations to the Governor, legislature and the private sector on the resources necessary to implement and sustain the State Plan.

D. Data Sharing and Governance.

1. Agreement to Enter Into Data Sharing Arrangements. The Lead Agency and the Participating State Agencies agree to enter into the necessary arrangements to share data among the Parties and with external entities (each, a "Data Sharing Arrangement") in accordance with the P-20 Longitudinal Education Data system Act (105 ILCS 13/1 et. seq.), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and all other applicable federal and state privacy protection laws, in order to carry out the State Plan including, without limitation, the evaluations and data system enhancements and integrations described in Exhibits I through IV of this Agreement.
2. Data Governance Among the Parties: To oversee and administer the Data Sharing Arrangements necessary to carry out the State Plan, the Leadership Team, Interagency Team, and OECD shall collaboratively work toward the establishment of a data governance structure that provides for (i) an efficient and appropriate review of proposed Data Sharing Arrangements involving early learning and development data; (ii) an efficient contracting process for such Data Sharing Arrangements; (iii) the protection of personally identifiable information on children or families participating in early learning and development programs Data Access Proposals; and (iv) coordination with other data governance systems and structures established by State agencies for education data and health and human services data.

V. DISPUTE RESOLUTION AND FAILURES TO PERFORM

- A. Dispute Resolution.** The Leadership Team shall be responsible for resolving any disputes that may arise during the Term of this Agreement, including disagreements between the Participating State Agencies or the Lead Agency and any Participating State Agency. The OECD Director shall be responsible for bringing any disputes to the attention of the Leadership Team. If the Leadership Team is unable to resolve any such dispute or disagreement through a collaborative process, the Governor's Deputy Chief of Staff for Education, as one of the Council's Co-Chairs, shall make the final decision on said dispute or disagreement, which shall be binding on the Leadership Team, the Lead Agency, and the Participating State Agencies.
- B. Failures to Perform.** If a Party determines that another Party is not meeting its goals, timelines, budget, or annual targets, or is in some other way not fulfilling applicable requirements of this Agreement or the State Plan, notice must be provided to the non-performing Party with a copy to the Leadership Team. The failure to perform shall be treated as a dispute and addressed pursuant to paragraph A of this Section. If the failure to perform continues notwithstanding the decision of the Governor's Deputy Chief of Staff for Education, a Party may petition the Office of the Attorney General to institute such enforcement measures as are available under law.

VI. TERM AND TERMINATION

This Agreement shall be effective upon the date of award of a Race to the Top – Early Learning Challenge Phase 2 award to the State of Illinois (the "Effective Date") and ending upon the expiration of the Race to the Top- Early Learning Challenge Phase 2 grant project period (the "Term"), unless otherwise agreed by the Parties.

VII. GENERAL PROVISIONS

- A. Amendment.** This Agreement may be amended only by written agreement signed by each of the Parties, and, if a Race to the Top- Early Learning Challenge Phase 2 grant is received by the State, in consultation with the United States Department of Education. However, the Leadership Team may approve an amendment to a Scope of Work attached as an Exhibit to this Agreement with the concurrence of the chief executive of such agency (or, in the case of the Council, the concurrence of its co-chairs).
- B. Notices.** All notices or other correspondence required to be given pursuant to this Agreement shall be sent by regular or electronic mail to the following persons:
1. Lead Agency: its Superintendent;
 2. IDHS: its Secretary;
 3. IDCFS: its Director;
 4. Early Learning Council: its Co-Chairs; and
 5. OECD: its Director.
- C. Entirety.** This Agreement constitutes the entire Agreement among the Parties with respect to the subject matter hereof, and supersedes any other negotiations, agreements or communications, whether written or oral, that have been made by any Party.
- D. Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois.
- E. Severability.** In case of any provision in this Agreement is held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall be not affected.
- F. Counterparts.** This Agreement may be executed in several counterparts, each of which shall be an original and all of which shall constitute one and the same instrument.
- G. Exhibits.** The Exhibits attached to this Agreement are hereby incorporated into this Agreement by this reference and expressly made a part of this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written below.

| | |
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| <p>LEAD AGENCY:</p> <p>ILLINOIS STATE BOARD OF EDUCATION</p> <p>By: <u>Christopher A. Koch</u></p> <p>Name: <u>Christopher A. Koch</u></p> <p>Title: <u>State Superintendent</u></p> <p>Date: <u>10/18/12</u></p> | <p>OFFICE OF THE GOVERNOR:</p> <p>By: <u>Julie Smith</u></p> <p>Name: <u>JULIE SMITH</u></p> <p>Title: <u>DEPUTY CHIEF of STAFF</u></p> <p>Date: <u>10-17-12</u></p> |
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| <p>PARTICIPATING STATE AGENCIES</p> <p>ILLINOIS DEPARTMENT OF HUMAN SERVICES</p> <p>By: <u>Michelle R. B. Soddler</u></p> <p>Name: <u>Michelle R. B. Soddler</u></p> <p>Title: <u>Secretary</u></p> <p>Date: <u>10/19/12</u></p> | <p>ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES</p> <p>By: <u>Richard H. Calica</u></p> <p>Name: <u>Richard H. Calica</u></p> <p>Title: <u>Director</u></p> <p>Date: <u>10/18/12</u></p> |
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| <p>ILLINOIS EARLY LEARNING COUNCIL</p> <p>By: <u>Harriet Melpel</u></p> <p>Name: <u>HARRIET MELPEL</u></p> <p>Title: <u>Co-Chair ELC</u></p> <p>Date: <u>10/22/12</u></p> | |
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EXHIBIT I – LEAD AGENCY SCOPE OF WORK

ILLINOIS STATE BOARD OF EDUCATION

The Lead Agency hereby agrees to participate in the State Plan and more specifically commits to undertake the tasks and activities described in detail below. These commitments are in addition to those set forth in the terms of the Agreement.

| Selection Criterion | Participating Agency Division, Office, Board or Advisory Council | Type of Participation |
|----------------------------|---|--|
| (B)(1) | ISBE Early Childhood Division | Utilize the Illinois Birth to Five Program Standards for the approval and monitoring of all ISBE-funded early learning and development programs, including Prevention Initiative, Preschool for All, and Part B of Section 619 of IDEA |
| | ISBE Early Childhood Division | Require all Preschool for All programs to participate in TQRIS |
| | ISBE Early Childhood Division NLU IRC | Participate in the TQIRS planning committee and the subcommittee of the IELC Program Standards and Quality Committee |
| | ISBE Early Childhood Division IRC STARNET | Disseminate information to all Preschool for All programs about the new TQRIS levels |
| (B)(2) | ISBE Early Childhood Division | Enroll all Preschool for All Programs in TQRIS |
| | ISBE Early Childhood Division | Strongly prioritize full-day, year round programs in future competitions for expanded Preschool for All funding |
| (B)(3) | ISBE Early Childhood Division NLU | Align Preschool for All and TQRIS monitoring processes and coordinate all future Preschool for All monitoring contracts with IDHS to provide a single, integrated monitoring process for the State's TQRIS that serves as the compliance process for State-funded preschool |
| | ISBE Early Childhood Division ISBE Fiscal And Procurement Division | Administer external contract(s) for the State's TQRIS to ensure assessor training and reliability, data entry and management, and monitoring frequency in accordance with the State Plan |
| (B)(4) | ISBE Early Childhood Division ISBE Fiscal And Procurement Division | Administer external contract(s) to provide support for development of professional learning communities in Preschool for All and Head Start programs and for training and support of "coaches" that provide individualized high-quality professional development to teachers |

| Selection Criterion | Participating Agency Division, Office, Board or Advisory Council | Type of Participation |
|----------------------------------|---|--|
| (B)(4) (cont'd) | ISBE Early Childhood Division | Support implementation of the State Advisory Council "Hard to Reach" projects. |
| | ISBE Early Childhood Division ISBE Fiscal And Procurement Division | Administer external contract(s) to provide technical assistance to communities to establish connections between part-day preschool programs and home child care providers |
| | ISBE Early Childhood Division | Provide budget flexibility to Preschool for All grantees to implement professional learning communities and to provide coaching to teachers to enhance instructional quality |
| | ISBE Early Childhood Division | Target any expansion funding for Preschool for All to those communities with the largest number of unserved Children with High Needs |
| (B)(5) | ISBE Early Childhood Division ISBE Fiscal And Procurement Division | Procure the TQRIS validation and outcomes study contract |
| | ISBE Early Childhood Division ISBE Data Analysis & Progress Reporting | Jointly administer the TQRIS validation and outcomes study with IDHS |
| (D)(2) | ISBE General Counsel ISBE Early Childhood Division ISBE Educator Certification Division Director of Public Information | Cooperate and support registration of all required early childhood educators in the Gateways to Opportunity Registry; cooperate with marketing and outreach relating to the expansion of Registry members. |
| | ISBE Early Childhood Division IRC STARNET; Ounce | Cooperate and work with INCCRRA to include agency-based or sponsored trainings on the Gateways Statewide Online Training Calendar. |
| | ISBE Early Childhood Division IRC STARNET Ounce | Cooperate and work with INCCRRA and organizations through the Workforce Development Project Team in the development of increased and more effective specialized trainings in critical areas of need as identified in the State Plan. |
| | ISBE Early Childhood Division | Cooperate with INCCRRA in marketing and outreach relating to the expanded Gateways Scholarship Program for the Bilingual/ESL endorsement. |
| (E)(1) | ISBE Early Childhood Division ISBE Fiscal And Procurement Division | Procure and administer the KIDS process in accordance with the State Plan. |

| Selection Criterion | Participating Agency Division, Office, Board or Advisory Council | Type of Participation |
|----------------------------|---|--|
| | ISBE Early Childhood Division | Oversee the KIDS Implementation Committee. |
| (E)(2) | ISBE Data Systems ISBE Technology Support ISBE SIS ISBE Early Childhood Division | Perform the data sharing and matching activities necessary to support the integration of data on children and families, workforce data, and program data, as described in the State Plan |
| | ISBE Data Systems ISBE Technology Support ISBE SIS ISBE Early Childhood Division | Cooperate with the Illinois Head Start Data Cooperative to establish a common data file in a manner aligned with the data formats and requirements included within relevant ISBE systems |
| | ISBE Data Systems ISBE Technology Support ISBE SIS ISBE Early Childhood Division | Administer the extension of the Illinois Shared Learning Environment to early learning. |

EXHIBIT II – PARTICIPATING STATE AGENCY SCOPE OF WORK

ILLINOIS DEPARTMENT OF HUMAN SERVICES

The Participating State Agency hereby agrees to participate in the State Plan and more specifically commits to undertake the tasks and activities described in detail below. These commitments are in addition to those set forth in the terms of the Agreement.

| Selection Criterion | Participating Agency Division, Office, Board or Advisory Council | Type of Participation |
|----------------------------|--|--|
| (B)(1) | DHS Office of Early Childhood | Utilize the Illinois Birth to Five Program Standards for the approval and monitoring of all IDHS-funded early learning and development programs, including MIECHV programs, Healthy Families Illinois, Parents Too Soon, and non-relative care through the Child Care Assistance Program |
| | DHS Office of Early Childhood Head Start State Collab Office Child Care Advisory Council INCCRRA NLU | Participate in the TQRIS planning committee and the subcommittee of the IELC Program Standards and Quality Committee |
| | DHS Office of Early Childhood Head Start State Collab Office CCR&R agencies INCCRRA | Prepare and disseminate information to all child care, Head Start, and Early Head Start programs about the new TQRIS levels |
| | DHS Office of Early Childhood | Coordinate all future TQRIS monitoring contracts with ISBE to provide an integrated monitoring system |
| (B)(2) | DHS Office of Early Childhood INCCRRA CCR&R agencies | Intensively market the State’s TQRIS system to all child care providers to encourage early enrollment in the system. |
| | Head Start State Collab Office DHS Office of Early Childhood INCCRRA | Coordinate with the Illinois Head Start Association to enroll all Head Start/Early Head Start Programs in TQRIS |
| (B)(3) | DHS Office of Early Childhood | Align Preschool for All and TQRIS monitoring processes and coordinate all future TQRIS monitoring contracts with ISBE to provide a single, integrated monitoring process for the State’s TQRIS |
| | DHS Office of Early Childhood | Administer external contract(s) for TQRIS to ensure assessor training and reliability, data entry and management, and monitoring frequency in accordance with the State Plan. |

| Selection Criterion | Participating Agency Division, Office, Board or Advisory Council | Type of Participation |
|----------------------------|---|---|
| | DHS Office of Early Childhood | Administer external contract(s) for public awareness campaign to promote the State's TQRIS system, including development of website that integrates TQRIS level rating information and licensing history information |
| (B)(4) | DHS Office of Early Childhood | Administer external contract(s) for providing support to programs seeking to attain a higher level rating in TQRIS |
| (B)(5) | DHS Office of Early Childhood | Jointly administer the TQRIS validation and outcomes study with ISBE |
| (D)(2) | DHS Office of Early Childhood INCCRRA | Cooperate and support registration of all required early childhood educators in the Gateways to Opportunity Registry; cooperate with marketing and outreach relating to the expansion of Registry members |
| | DHS Office of Early Childhood INCCRRA | Cooperate and work with INCCRRA to include agency-based or sponsored trainings on the Gateways Statewide Online Training Calendar |
| | DHS Office of Early Childhood INCCRRA PDAC | Cooperate and work with INCCRRA to provide enhanced supports to EC Educators seeking to obtain a credential, as described in the State Plan |
| | DHS Office of Early Childhood INCCRRA PDAC | Cooperate and work with INCCRRA and organizations through the Workforce Development Project Team in the development of increased and more effective specialized trainings in critical areas of need as identified in the State Plan |
| (E)(1) | DHS Office of Early Childhood DHS MIS | Cooperate and work with ISBE and the KIDS vendor to incorporate use of the Preschool to Kindergarten Feedback Report in preschool director professional development activities |
| (E)(2) | DHS Office of Early Childhood DHS MIS INCCRRA | Perform the data sharing and matching activities necessary to support the integration of data on children and families, workforce data, and program data, as described in the State Plan |
| | DHS Office of Early Childhood DHS MIS INCCRRA | Cooperate with the Illinois Head Start Data Cooperative to establish a common data file in a manner aligned with the data formats and requirements included within relevant DHS systems |
| | DHS Office of Early Childhood DHS MIS INCCRRA | Enable the availability of appropriate data for the Illinois Shared Learning Environment project |

Christina Koc 10/18/12
Signature (Authorized Representative of Lead Agency) Date

Michelle S. Sandler 10/19/12
Signature (Authorized Representative of Participating State Agency) Date

EXHIBIT III – PARTICIPATING STATE AGENCY SCOPE OF WORK

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The Participating State Agency hereby agrees to participate in the State Plan and more specifically commits to undertake the tasks and activities described in detail below. These commitments are in addition to those set forth in the terms of the Agreement.

| Selection Criterion | Participating Agency Division, Office, Board or Advisory Council | Type of Participation |
|----------------------------|---|--|
| (B)(1) | Division of Monitoring | Participate in the TQRIS planning committee and the subcommittee of the IELC Program Standards and Quality Committee |
| | Division of Monitoring | Assist ISBE and IDHS to disseminate information to all licensed early learning and development programs about the new TQRIS levels |
| (B)(3) | Division of Monitoring Office of Information Technology | Coordinate with IDHS in development of public website that includes licensing history information with TQRIS ratings |
| (D)(2) | Division of Monitoring | Cooperate and work with INCCRRA to include agency-based or sponsored trainings on the Gateways Statewide Online Training Calendar |
| (E)(2) | Division of Monitoring | Perform the necessary data sharing and matching activities to integrate program data with the Data Tracking Program, as described in the State Plan |
| | Division of Monitoring | Cooperate with the Illinois Head Start Data Cooperative to establish a common data file in a manner aligned with the data formats and requirements included within relevant DCFS systems |
| | Division of Monitoring | Enable the availability of appropriate data for the Illinois Shared Learning Environment |

C. L. A. K. 10/18/12
Signature (Authorized Representative of Lead Agency) Date

[Signature] 10/19/12
Signature (Authorized Representative of Participating State Agency) Date

EXHIBIT IV – PARTICIPATING STATE AGENCY SCOPE OF WORK

ILLINOIS EARLY LEARNING COUNCIL

The Participating State Agency hereby agrees to participate in the State Plan and more specifically commits to undertake the tasks and activities described in detail below. These commitments are in addition to those set forth in the terms of the Agreement.

| Selection Criterion | Primary Responsible Committee(s) or Work Group(s)* <i>* Council Committee and Work Group structure may change over the course of the Grant Period</i> | Type of Participation |
|----------------------------|---|---|
| (B)(1) | Oversight and Coordination Committee | Participate in the TQRIS planning committee and the subcommittee of the IELC Program Standards and Quality Committee |
| | Public Awareness Committee | Assist ISBE and DHS to disseminate information to all licensed early learning and development programs about the new system of TQRIS Levels |
| (B)(3) | Executive Committee | Advise on assessor training and reliability, data entry and management, and monitoring frequency in accordance with the State Plan. |
| | Public Awareness Committee | Oversee TQRIS Public Awareness Plan |
| (B)(4) | Workforce Development Committee | Advise on the development and implementation of the training and support system for "coaches" and professional learning community models for Preschool for All and Head Start programs |
| (B)(5) | Oversight and Coordination Committee | Advise on the development and administration of the TQRIS validation and outcomes study. |
| (D)(2) | Workforce Development Committee | Advise INCCRRA, the Workforce Development Project Team, and other organizations on the development of increased and more effective specialized trainings in critical areas of need as identified in the State Plan. |
| (E)(1) | Public Awareness Committee | Provide input to the KIDS Implementation Committee and P-20 Council on methods of public reporting and engagement of early learning and development programs in KIDS implementation. |
| (E)(2) | Data, Research, and Evaluation Committee | Advise on the data sharing and matching activities necessary to support the integration of data on children and families, workforce data, and program data, as described in the State Plan. |
| | Data, Research, and Evaluation Committee | Support user community engagement for the Illinois Shared Learning Environment project. |

Clara A. K... 10/18/12
Signature (Authorized Representative of Lead Agency) Date

Julie Smith 10/19/12
Signature (Authorized Representative of Participating State Agency) Date

Bob Meyer 10/22/12
Signature (Authorized Representative of Participating State Agency) Date

DIRECTOR OF THE OFFICE OF EARLY CHILDHOOD DEVELOPMENT JOB DESCRIPTION

Summary: Directs the work of the Office of Early Childhood Development (OECD) in the Governor's Office. Provides primary oversight of implementation of the federal Early Learning Challenge Grant and other grants related to early childhood systems building. Leads the Inter-Agency Team (IAT) and acts as primary liaison between the IAT and the Leadership Team. Supports the work of the Illinois Early Learning Council and ensures alignment between the Council's work and the work of the state agencies.

Major Responsibilities and Key Tasks:

Provide Leadership

- Communicate with and nurture shared responsibility among agency heads, agency staff, and private partners to promote improvements in early childhood policy and programming.
- With agency leadership, develop, implement, and monitor plans related to Illinois Early Learning Council (IELC) recommendations.
- Envision and develop initiatives that address and promote access, quality, and accountability of early childhood and school readiness services.
- Provide leadership and strategic direction in recommending efforts identified as critical for school readiness success.
- Cultivate and nurture partnerships with public and private leaders to promote shared responsibility and accountability for the school readiness of Illinois' children.
- Identify barriers to streamline services and seek collaborative ways to overcome these barriers.
- Leverage resources to improve coordination and reduce duplication of services to young children.
- Facilitate communication and collaboration among partners, both public and private.
- Develop a strong partnership with the non-profit and corporate sectors.
- Represent the Governor's Office as relevant in local, state, and national level events, conferences, and other activities.
- With advice from agency heads and in consultation with partners, develop plans, goals, and objectives for the OECD.
- Serve as key contact for technical assistance and/ or monetary grants from foundations and national organizations.

Facilitate Policy Development

- Serve as an expert with a comprehensive understanding of issues related to early childhood development.
- Analyze and discern policy challenges and opportunities and provide recommendations and briefings for agency heads, cabinet secretaries, Governor's policy staff, and the Governor as needed.
- Provide input to agency leadership for the development and/ or revision of policies, regulations, guidelines.

Provide Technical Expertise

- Assure timely responses to action requests.
- Communicate critical developments to the Governor's staff and agency heads.
- Provide thorough and timely assistance to both external and internal customers that reflects current best practices and comprehensive knowledge; refer customers to resources both within the state and nationally; identify areas where future issues and emerging trends may occur.
- Provide assistance and guidance on policy strategies to communities within Illinois and to other states as requested.

Educational and Experience Requirements

- Master's degree in education, early education, public policy, or a related field.
- Five years of administration experience and/ or any combination of knowledge, skills, and experience that is substantially equivalent.

Required Work Experience, Skills and Abilities

- Knowledge of early childhood, including issues related to school readiness.
- Public policy administration and political sensitivity.
- Strong partnering techniques to build community awareness and support.
- Skill in directing research, writing, oral presentation; analyzing complex childhood development issues.
- Displays and maintains a high level of professional knowledge and capability.
- Ability to translate strategic direction into concrete plans and activities.
- Ability to establish methods and approaches to achieve objectives and exceed goals successfully.
- Motivated toward execution and anticipates opportunities to excel.
- Skilled in facilitating groups, communicating effectively (written and verbal) and skilled in working collaboratively.

Grant Administration and Budget Development Manager

Qualifications: Bachelor's degree in Early Childhood Education or Child Development, Public Policy, Political Science, or Social Work and a minimum 4 years experience in early childhood program or early childhood-related policy work. Minimum 5 years experience in a government related field. Extensive experience managing and reporting on large federal grants, coordinating top level decision makers, and developing multi-program budgets.

Position Summary: Works with state agencies and their contractors to ensure the successful implementation of the Race to the Top-Early Learning Challenge Application. Leads the Interagency Project Team on Budget and Collaboration. Staffs the Leadership Team and works directly with the Governor's Office of Management and Budget and the state agencies to develop a cross-system approach for budgeting for early childhood services and systems.

Key tasks include:

- Managing the implantation of the Race to the Top-Early Learning Challenge grant
- Coordinating with state agencies and contractors to ensure alignment within the grant priorities and program implementation
- Developing all federal reports and maintaining the grant budget
- In collaboration with the Leadership Team, Governor's Office and Management and Budget, and stakeholders develop a coordinated early learning budget proposal
- Overseeing the procurement process for all activities outlined in the grant.
- Staffing the Interagency Leadership Team
- Serving as the main point of contact with the Department of Education for the grant

Reports to: Director, Office of Early Childhood Development

Appendix (A)(3)-1
OECD Contractual Staff Scopes of Work

OECD Contractual Staff Scopes of Work

Workforce Contractor:

Scope of Work:

- Coordinating the development of both long-range and annual statewide plans for professional development support that include all early childhood professional development-related activities funded by ISBE, DHS and DCFS.
- Identifying gaps and weaknesses in current professional development opportunities and developing and implementing strategies to address the gaps and weaknesses.
- In collaboration with the state agencies, the Professional Development Advisory Committee and other advisory groups, overseeing the development of credentials for early childhood educators
- In collaboration with the QRIS Policy Director, overseeing training and support of quality specialists serving early learning programs.

Data and Outcomes Contractor:

Scope of Work:

- Developing and implementing plan for Outcomes Measurement System and “dashboard” for the Early Learning Council and Governor’s Office of Early Childhood Development.
- Overseeing development and implementation of the Unified Early Childhood Data System as funding allows.
- In collaboration with QRIS Policy Director, overseeing procurement and implementation of the validation study of the QRIS.
- In collaboration with the Early Learning Council Data, Research and Evaluation Committee, develop partnerships with agency staff, university researchers, etc., to develop and implement policy-relevant research studies drawing upon available administrative data.
- In collaboration with agency staff, overseeing importation/integration of ISBE teacher licensure data into Gateways Professional Development Registry.
- In collaboration with ISBE and the Illinois Head Start Association, ensure that data on children’s participation in Head Start and Early Head Start is integrated into the Illinois Longitudinal Data System.
- Represent the Governor’s Office of Early Childhood Development and the early learning system in cross-agency initiatives related to data integration.

Overview of QRIS

Definition and Purpose of the new Quality Rating and Improvement System

The Quality Rating and Improvement System is a set of tiered program standards for early learning and development programs/providers, a set of policies and practices that support programs/providers in meeting the highest level of these standards, and a set of policies and practices for providing parents and other stakeholders with meaningful information about the level of quality of early learning and development programs/providers.

The purpose of the QRIS is to:

- Provide a consistent definition of what constitutes high quality early childhood care and education that is applicable across a wide range of programs and settings;
- Provide useful information to parents who are choosing among early childhood education and care programs/providers;
- Provide pathways and support for continuous program improvement for Early Learning and Development programs/providers; and
- Provide an accountability framework for programs receiving public funding for Early Learning and Development services.

Structure of the QRIS

The elements of the standards for the QRIS will be:

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|--|
| 1. TEACHING AND LEARNING |
| 1A. Learning Environment |
| 1B. Curriculum |
| 1C. Child Assessment |
| 1D. Child Screening |
| 1E. Inclusion of Children with Spec Needs |
| 2. FAMILY ENGAGEMENT |
| 3. LEADERSHIP AND MANAGEMENT |
| 3A. Program Administration |
| 3B. Group Size and Staff/Child Ratios |
| 3C. Continuous Quality Improvement (CQI) |
| 3D. Culturally and Linguistically Appropriate Practice |
| 4. QUALIFICATIONS AND CONTINUING EDUCATION |
| 4A. Director Qualifications |
| 4B. Staff Qualifications |
| 4C. Staff Development |

For each element, for each quality level, the QRIS will include:

- Standard: description of what is required at that level
- Evidence: description of what type of evidence is required to demonstrate standard has been met

Levels will have consistent approach to evidence required (with all levels requiring any staff qualifications requirements to be verified by Gateways Registry):

- First level is licensing criteria
- Second level—requires evidence of Registry-approved training on all elements
- Third level – requires rigorous self-assessment in all areas; random sample of programs receive validation visit by state-hired contractor. This will require the state to build upon current systems of approving qualified assessors that can do the ERS and/or CLASS for programs.
 - Programs will do the self-assessment on all classrooms (could be done as one-third of classrooms each year, so that all are done at least once every three years)
- Fourth quality level—the “good quality early childhood care and education” level—requires on-site validation of high quality
 - Accreditation and/or compliance with Head Start and/or PFA regulations may serve as sufficient evidence of meeting specific criteria (e.g., use of curriculum or administrative practices) if those criteria are monitored as part of the accreditation/regulations
 - All programs must submit evidence of on-site validation of classroom quality (for HS programs, state will accept evidence by qualified assessors as long as they don’t work directly for the program; for PFA and child care programs, this will be done by state-hired contractor; accredited programs can submit evidence from their accreditation validation)
- Fifth quality level has multiple components that recognize excellence in a variety of areas. Programs can be recognized for one or multiple areas. A comprehensive “Governor’s Award for Excellence” type of status will recognize programs that achieve excellence in all areas.

| | Licensing | Level 2 | October, 2012 | Level 4 |
|---------------------------------|---------------------|---|--|---|
| 1. TEACHING AND LEARNING | | | | |
| 1A. Learning Environment | Licensing standards | <p>Program administrator and at least one teacher per classroom are trained on use of the ERS for program design and continuous improvement</p> <p>Evidence: Documentation of participation in state-approved training on ERS</p> | <p>Demonstrate commitment to quality improvement of classroom environment by completing self-assessment of classroom quality AND verification of classroom quality by Quality Specialist</p> <p>Evidence: Submission of scores completed by Quality Specialist that show: average overall ERS score between 3.25 and 4.5 and no classroom below 3.0, with quality improvement plan developed to address any subscale score below 4.5 and/or any classroom overall score below 4.0 OR CLASS Emotional Support and Classroom Organization average scores between 4.0 and 5.0 (no classroom below 3.0) with quality improvement plan to address scores below 4.0.</p> | <p>Demonstrate high quality of classroom environment</p> <p>Evidence: On-site assessment by state-approved assessor showing overall average ERS score of at least 4.5 (no classroom below 4.0) OR CLASS Emotional Support and Classroom Organization average scores above 5.0 (no classroom below 4.0) OR Accredited sites may meet by submitting evidence of classroom quality from accreditation body</p> |

| | Licensing | Level 2 | October, 2012 | Level 4 |
|-----------------------|---------------------|---|---|---|
| 1B. Curriculum | Licensing standards | <p>Program administrator and at least one lead teacher per classroom complete state-approved training on: 1) early learning standards AND 2) either an overview of aligned curricula or training on a specific curriculum that is aligned to the IELDS</p> <p>Evidence: Documentation of participation in Registry-approved training on early learning standards and aligned curricula by all lead teachers and program administrator</p> | <p>Program implements curriculum that is aligned with IELDS (at least one teacher per classroom must receive training on the identified curriculum)</p> <p>Evidence: Identification of selected curriculum that aligns with IELDS AND evidence that all lead teachers have completed Registry-approved training in that curriculum</p> | <p>Program implements research-based curriculum that aligns with IELDS and lesson plans show connection with IELDS</p> <p>Evidence: Identification of selected curriculum that is research-based and is aligned with IELDS AND on-site verification of connection with lesson plans OR No findings of non-compliance from federal Head Start Review or Preschool for All Program Monitoring</p> |

| | Licensing | Level 2 | October, 2012 | Level 4 |
|----------------------------------|---------------------|---|--|---|
| 1C. Instructional Quality | Licensing standards | <p>As above</p> <p>Evidence: as above (1B)</p> | <p>Program demonstrates developmentally appropriate instructional practices</p> <p>Evidence: Submission of scores completed by Quality Specialist showing: minimum of 4.0 average on Interactions and Language Reasoning/Listening and Talking subscales of ERS with quality improvement plan addressing any classroom with less than 3.0 average on these subscales OR CLASS Instructional Support average scores above 2.75 quality improvement plan addressseing any classroom with less than 2.0 score on this subscale</p> | <p>Program demonstrates high quality, developmentally appropriate instructional practices</p> <p>Evidence: On-site assessment by state-approved assessor showing minimum of 5.0 average (no classroom below 4.0) on Interactions and Language Reasoning/Listening and Talking subscales of ERS OR CLASS Instructional Support average scores above 3.25 (no classroom below 2.75)</p> |
| 1D. Child Screening | Licensing standards | <p>Complete state-approved training on screening tools</p> <p>Evidence: Documentation of participation in training on screening tools</p> | <p>Program has policies and procedures in place to ensure that all children (birth-5 years) are screened at least annually for the purpose of identifying special needs and parents are provided information on screening results</p> <p>Evidence: Self-assessment of screening policies and practices and verification by Quality Specialist</p> | <p>Program has policies and procedures in place to ensure all children (birth-5 years) are screened annually no later than 60 days after entry into program; parents are provided information on screening results; and children for whom the screening identifies a developmental concern are referred for further evaluation by CFC or school district</p> <p>Evidence: On-site assessment by state-approved assessor verifies implementation of screening (score of 5 or higher on PAS item #10) OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit</p> |

| | Licensing | Level 2 | October, 2012 | Level 4 |
|---|---------------------|---|--|---|
| 1E. Child Assessment | Licensing standards | <p>Complete introductory state-approved training on research-based assessment tools</p> <p>Evidence: Documentation of participation in training on assessment tools</p> | <p>Choose approved child assessment tool and train staff to use</p> <p>Evidence: Identification of selected assessment tool(s) that aligns with IELDS and documentation of staff training on use of tools</p> | <p>The program utilizes an appropriate assessment tool or tools that align with the curriculum to document children's progress over time with measurable outcomes; assessment results are used to inform instruction for individual children</p> <p>Evidence: On-site assessment by state-approved assessor verifies implementation of assessment (score of 5 or higher on PAS item # 11) OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit</p> |
| 1F. Inclusion of children with special needs | Licensing standards | <p>Program administrator and all lead teachers have completed state-approved training on inclusion of children with special needs.</p> <p>Evidence: Documentation of participation in training on inclusion of children with special needs.</p> | <p>Program has policies and procedures in place for supporting inclusion of children with special needs and all lead teachers have completed Registry-approved training on inclusion of children with special needs.</p> <p>Evidence: Self-assessment of policies and procedures and documentation of training</p> | <p>Program has written Memorandum of Understanding with Child & Family Connections (if serving children ages birth to three) and implements written policies and procedures detailing how the program supports children who have IEPs or IFSPs.</p> <p>Evidence: On-site assessment by state-approved assessor verifies implementation OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit</p> |

| | Licensing | Level 2 | October, 2012 | Level 4 |
|-----------------------------|---------------------|---|--|---|
| 2. FAMILY ENGAGEMENT | Licensing standards | <p>Complete state-approved training on Family Engagement strategies</p> <p>Evidence: Documentation of state-approved training on family engagement strategies</p> | <p>Implement at least five family supports (see list in PAS item 17) and two parent-staff conferences per year.</p> <p>Self-assessment of family engagement and verification by Quality Specialist</p> | <p>Implement at least five family supports (see list in PAS item 17), two parent-staff conferences per year, a plan for daily communication between teaching staff and families, and a plan for family involvement in routine classroom activities and/or program planning</p> <p>Evidence: On-site assessment by state-approved assessor verifies implementation of family engagement (score of 5 or higher on PAS items #16 and 17) OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit</p> |

| | Licensing | Level 2 | October, 2012 | Level 4 |
|--|---------------------|---|---|---|
| 3. LEADERSHIP AND MANAGEMENT | | | | |
| 3A. Program Administration) | Licensing standards | <p>Administrator has received state-approved introductory training on Program Administration Scale</p> <p>Evidence: Documentation of state-approved training on PAS</p> | <p>Program demonstrates commitment to quality improvement of administrative practices</p> <p>Evidence: Documentation of PAS self-assessment and assessment completed by Quality Specialist with a Quality Improvement Plan for any subscale score below 4.5</p> | <p>Program demonstrates high quality program administration practices</p> <p>Evidence: On-site assessment by state-approved assessor with subscale scores of 5.0 or above on on four program-selected subscales of the PAS (other than Child Assessment or Family Partnerships) OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit</p> |
| 3B. Group Size and Staff/Child Ratios | Licensing standards | Licensing standards | <p>Under discussion</p> <p>Evidence: Self report of group sizes and ratios</p> | <p>Under discussion</p> <p>Evidence: On-site confirmation of group sizes and ratios OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit</p> |

| | Licensing | Level 2 | October, 2012 | Level 4 |
|---|---------------------|--|---|---|
| 3C. Continuous Quality Improvement | Licensing standards | <p>Administrator completes state-approved training on developing quality improvement plan</p> <p>Evidence: Documentation of participation in state-approved training on quality improvement planning</p> | <p>Develop Quality Improvement Plan using self-assessment results</p> <p>Evidence: Submit Quality Improvement Plan and annual update</p> | <p>Program demonstrates progress towards meeting objectives of Quality Improvement Plan based on self-assessment results</p> <p>Evidence: On-site assessment by state-approved assessor verifies progress made on implementation of self-assessment and continuous program improvement planning OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit</p> |
| 3D. Culturally and Linguistically Appropriate Practice | Licensing standards | <p>Administrator completes cultural/linguistic diversity training</p> <p>Evidence: Documentation of state-approved training on cultural/linguistic diversity</p> | <p>Program implements culturally/linguistically competent policies and practices (<i>needs more definition</i>)</p> <p>Evidence: Self-assessment of support for cultural/linguistic diversity</p> | <p>Program implements strong policies and practices for supporting culturally/linguistically diverse children & families (<i>needs more definition here</i>)</p> <p>Evidence: Minimum average score of 5 on the ERS Promoting Acceptance of Diversity item OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit</p> |

| | Licensing | Level 2 | October, 2012 | Level 4 |
|---|---------------------|--|---|---|
| 4. QUALIFICATIONS AND CONTINUING EDUCATION | | | | |
| 4A. Director Qualifications | Licensing standards | Licensing standards | IL Director Credential Level 1 or IL Principal Endorsement (beginning July 2017) | Licensing Standards; IL Director Credential Level 2 or IL Principal Endorsement (beginning July 2017) |
| 4B. Staff Qualifications | Licensing standards | At least 30% of teaching staff with a minimum of ECE Credential level 2 Evidence: Self report of staff qualifications verified by Gateways registry | At least 30% of teaching staff with a minimum of ECE Credential level 3 ; 30% of teaching staff in infant-toddler classrooms have IT Credential Level 2 Evidence: Staff qualifications verified by Gateways registry | Under discussion Evidence: No finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit OR Staff qualifications verified by Gateways registry |
| 4C. Staff Development | Licensing standards | Complete training on developing IPDP Evidence: Documentation of participation in training on individualized professional development planning | Individualized, written staff development plans developed for all classroom staff; minimum of 20 hours PD per year Evidence: Self-assessment | Individualized, written staff development plans implemented for all staff; minimum of 30 hours PD per year Evidence: On-site assessment by state-approved assessor OR Accreditation OR no finding of non-compliance on federal Head Start review or Preschool for All/Prevention Initiative Monitoring visit |

Appendix (B)(3)-1
TORIS Communications Plan
Illinois Public Awareness Campaign Information

| Deliverables | Timeline |
|--|----------|
| <p>Branding:</p> <ul style="list-style-type: none"> • Brand Identification Process <ul style="list-style-type: none"> ○ Stakeholder Brand Identification Process ○ Positioning, Design, Naming • Brand Guidelines <ul style="list-style-type: none"> ○ Brand Qualities ○ Visual Identity guidelines • Logo | Year 1 |
| <p>Marketing Plan:</p> <p>The selected vendor will create and execute a social marketing plan that will successfully launch Illinois QRIS program using website and social media, business and promotional materials, community engagement, public relations and advertising.</p> | Year 1 |
| <p>Material Design</p> <ul style="list-style-type: none"> • Website <ul style="list-style-type: none"> ○ Work with the City of Chicago to expand on the City’s Portal website statewide. • Social Media <ul style="list-style-type: none"> ○ Engage providers on upcoming trainings and QRIS updates ○ Engage parents on issues directly related to child care: how to talk with your provider about improving quality, what to look for as your child ages, how to continue learning and healthy habits at home • Business Set <ul style="list-style-type: none"> ○ QRIS Letterhead ○ Customizable Business Set for Providers <ul style="list-style-type: none"> • QRIS Letterhead • QRIS Envelopes • QRIS Business Card • Tool Kit <ul style="list-style-type: none"> ○ Update existing materials ○ Web graphics ○ Fliers <ul style="list-style-type: none"> • For parents on how to ID quality and why it is important • For parents on what each QRIS level indicates ○ Promotions <ul style="list-style-type: none"> • Marketing Tips • Tips for Communicating with and Engaging Parents • Sample Press Release • QRIS Newsletter Template • QRIS Letter to Parents • Appropriate promotional items ○ Workbook for providers on how to improve • Field Promotions | Year 1 |

| | |
|---|------------------|
| <ul style="list-style-type: none"> ○ Certificate ○ Online store where providers can purchase items to promote their program <ul style="list-style-type: none"> ● Purchasing the product for the online store - Window clings, banners, yard flags, smocks, shirts, pens, etc... ● There is initial startup and purchasing of product required, however as providers purchase these items online money would be given back to the program. | |
| <p>Marketing Services</p> <ul style="list-style-type: none"> ● Community Engagement <ul style="list-style-type: none"> ○ Engage target communities to share and exchange ideas of quality and expectations of child care providers ○ Reinforce the interest in hearing from people by going to them at community hubs, such as barbershops, beauty salons, bus stops, places of worship ● Public Relations <ul style="list-style-type: none"> ○ Create events, situations or opportunities for the voices of children and parents to be heard regarding what they need to succeed, how we can help children thrive ○ Media relations (identifying media outlets and pitches) ○ Design and implement special events such as press conferences ○ Track media coverage ○ Execute a variety of promotional writing assignments ● Advertising <ul style="list-style-type: none"> ○ Identify appropriate media outlets to reach target audiences. Placement services must maximize media packaging, ensuring cost-effective media placement. ○ Place, monitor and track advertising media ○ Purchase media space for advertising campaigns, ongoing general market presence and targeted market awareness ○ Produce creative television commercials, radio spots, print and online insertions utilizing outside vendors such as photographers, talent agencies, production and filming houses ○ Create QRIS media kits that are adaptable for different markets ○ Secure secondary research and conduct relevant research studies | Year 1 |
| <p>Production and Vendor Costs Media planning and placement</p> | Year 1 |
| <p>Media Placement In large metropolitan areas, tv, radio, newspaper, possible billboards.</p> | Year 2, 3, and 4 |
| <p>Public Relations</p> <ul style="list-style-type: none"> ● Pitch media stories with editorial boards, television opportunities ● Prepare press materials, develop stories, and research centers worthy of media attention | Year 2, 3, and 4 |



For Children Birth to Age Three

Illinois Early Learning
Guidelines





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For Children Birth to Age Three

Illinois Early Learning Guidelines

Dear Reader,

It is with great pleasure that we present you with the Illinois Early Learning Guidelines for children from birth to three years of age. These Guidelines are the product of two years of intensive labor by many individuals and organizations. We have all focused on building comprehensive developmental learning standards for our youngest learners that form the foundation for all learning and development that is to follow. The myriad stakeholders involved in this project were driven by the following intentions for the use of the Guidelines:

We hope the Guidelines speak to you, putting into words the development you see occurring each day with children from birth to three

We hope the Guidelines support you in understanding and discussing child development

We hope the Guidelines make you better equipped to plan for intentional interactions with children from birth to three

We hope the Guidelines strengthen your commitment to responsive, developmentally appropriate practice with young children

We hope the Guidelines enhance your belief system around the individual nature of the developmental trajectory and the crucial role that family and context play in each child's development

We have had the honor of guiding a process to develop Early Learning Guidelines for birth to three that embody an approach that is responsive to our state early childhood infrastructure's work and current needs in this area. In this project guidance and management role embedded within the

Illinois Early Learning Council, we were able to draw out the best of our colleagues and stakeholders in the areas of knowledge, practice, and cross-system strategizing. Through this work we were establishing a shared set of beliefs around what children from birth to three should know and be able to do and what our responsibility is to seeing these outcomes for children. Over the course of the two year project term, we asked a lot of everyone involved, and ourselves, and found that a shared commitment to young children drove us to push for the highest quality set of developmental guidelines. Inherent to our definition of quality was the need for this work to cut across all the service systems and sectors serving children from birth to three and their families. Each of these systems and sectors has had a hand in the creation of the Early Learning Guidelines with a careful consideration of the role of this content in their work with children and families. We are eager to continue to learn from one another and support each other in implementing the Guidelines to improve the quality of services delivered to children and families.

With our sincerest thanks,



Jeanna M. Capito
Executive Director
Positive Parenting DuPage



Karen Yarbrough
Director, Policy Planning and Knowledge
Ounce of Prevention Fund

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ROBERT R.
MCCORMICK
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Advocate Healthy Steps for Young Children
 Chicago Department of Family and Support
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 Illinois Birth to Three Training Institute
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 Illinois Children’s Mental Health Partnership

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 Illinois Home Visiting Task Force
 Illinois Infant Mental Health Association
 Illinois Network of Child Care Resource and
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 Pennsylvania
 South Carolina
 Washington



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Illinois Department of Child and Family
 Services
 Illinois Department of Human Services
 Illinois State Board of Education



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the **Ounce** **positive**





Introduction

Children's experiences in the first three years of life influence how they develop, learn, and interact with their world. This period is marked by an extraordinary amount of growth, and sets the foundation for children's future learning and ongoing development.

The Illinois Early Learning Guidelines are designed to provide early childhood professionals and policy makers a framework for understanding development through information on what children know and should do, and what development looks like in everyday instances. These Guidelines also provide suggestions and ideas on how to create early experiences that benefit all children's learning and development. The main goal of the Guidelines is to offer early childhood professionals a cohesive analysis of children's development with common expectations and common language.

Children are actually growing and learning in all areas of development at all times.

During the process of developing these Guidelines, core principles were taken into consideration. All of these principles are integrated into the Guidelines, providing a comprehensive and appropriate look at children’s development. The core principles are:

- Early relationships are most important and central to young children’s development.
- Development occurs across multiple and interdependent domains, in a simultaneous manner.
- Children develop and learn at their own unique pace and in the context of their family, culture, and community.
- Play is the most meaningful way children learn and master new skills.

Relationships

Early learning occurs in the context of relationships. Positive and secure relationships are the foundation for children’s healthy development in all areas and provide models for future relationships they will establish. These nurturing relationships give children the security and support they need to confidently explore their environment, attempt new skills, and accomplish tasks. Children who have strong, positive

attachments with important adults in their lives use these relationships to communicate, guide behavior, and share emotions and accomplishments. These meaningful interactions and relationships are essential for children’s development as they help them realize they have a meaningful impact on their world and the people around them.

Domains of Development

Children’s development is looked at through four core developmental domains: social and emotional, physical, language, and cognitive. Children develop across these four domains at the same time, with each area of development dependent on growth in all the other areas. There may be times when children seem to focus on one particular area of development, while having little growth in another area. For example, a 12-month-old child who is concentrating on language may not display any interest in walking on his or her own. Then, a few weeks later, the child suddenly starts to walk. This is an example of how development flows, and while it may seem that they may “stall” at certain times, children are actually growing and learning in all of the areas at all times.



Influences on Development and Learning

Children follow a general continuum as they develop, and each child will reach his developmental milestones at his own individual pace, and through his own experiences and relationships. Development is influenced by various factors:

Culture

Culture plays a significant role in how children develop, as it influences families’ practices, beliefs, and values for young children. Goals for children’s learning and development differ across cultures. Therefore, it is important for early childhood professionals to know, recognize, and respond sensitively to the multitude of cultural and linguistic variations that families and children exhibit. In order to support healthy development, it is important to provide culturally appropriate activities and experiences that are responsive to children from diverse backgrounds.

Differences in abilities, language, culture, personality, and experiences should not be seen as deficits, but instead, be recognized as the unique characteristics that define who children are.

Differences in children's learning abilities

Children have varying developmental abilities and different learning styles that influence when and how they reach their developmental milestones. All children are unique and these differences are to be taken into consideration when caring for them. The structure of the learning environment should be tailored to varying abilities, and interactions between children and caregivers should be meaningful and appropriate. It is important to encourage acceptance and appreciation of differences in learning abilities and to partner with caregivers to align individual goals for children.

Temperament

Temperament refers to the unique personality traits that children are born with. Temperament influences how children respond to the world around them, and how others will interact with them.¹ Some children are outgoing and assertive and love to try new things. Other children are slower to warm up and need time and support from adults to engage in new activities. Adults need to be sensitive to children's temperament and interact with children in a manner that supports their temperament to foster feelings of security and nurturing.

Birth order

Birth order can influence children's personality and how they relate with their family. Children each have their own unique personality traits; yet, birth order may have an impact on how children's personality traits are expressed. For example, middle children may be more outgoing and social because they have experience interacting with an older sibling. Or, youngest children may be more persistent because they may have to work harder for uninterrupted attention.² These examples may not be consistent across all children, but it is important to note that all children have unique personalities that influence how they interact and develop. Birth order also impacts the caregiver's role and how they parent and interact with each child. For example, there may be differences in how a caregiver approaches their youngest child, compared to their oldest child, due to increased confidence in their parenting skills.

Differences in abilities, language, culture, personality, and experiences should not be seen as deficits, but instead, be recognized as the unique characteristics that define who children are. The important goal early childhood professionals are tasked with during this age period is how to best support children's diverse needs.

Toxic Stress

Stress is a common experience for all children. While positive and tolerable stress – such as moving to a new neighborhood, or parental separation or divorce – is all part of healthy development, toxic stress is detrimental to the developing child. Toxic stress includes physical or emotional abuse, chronic neglect, extreme poverty, constant parental substance abuse, and family and community violence.³ Toxic stress is attributed to prolonged activation of children's stress systems, without support or protection from caregivers.⁴ Extended and repeated exposure to these stressors disrupts children's brain development and impacts their overall development, with the possibility of lifelong negative health issues. However, because the brain is still growing during the first three years of life, the effects of toxic stress can be buffered and even reversed through supportive and responsive relationships with nurturing adults.⁵

“Play is the means by which the child discovers the world.”

—Unknown

Play

Play is often described as “a child’s work”; it is central to how children learn and make sense of the world around them. Play is often spontaneous, chosen by the child, and enjoyable. Play consists of active engagement and has no extrinsic reward.⁶ It is very important to highlight that play does NOT include television watching or games played on the computer or other technology devices.

Children use play to learn about their physical world, themselves, and others. Children use play to sort out their feelings and explore relationships, events, and roles that are meaningful to them.



Play changes drastically in the first three years. For example, a six-month-old plays with an object simply by touching and mouthing it, an 18-month-old purposefully makes an object move in a certain way, and a 34-month-old uses language and actions while playing with an object. This example demonstrates how play becomes more complex to match and meet children’s developing abilities.

Play changes drastically in the first three years. For example, a six-month-old plays with an object simply by touching and mouthing it, an 18-month-old purposefully makes an object move in a certain way, and a 34-month-old uses language and actions while playing with an object. This example demonstrates how play becomes more complex to match and meet children’s developing abilities.



Who, me? A professional brain developer?

Absolutely! Parenting children is the **most important job** and one of the most challenging. All caregivers are tasked with developing and shaping the brain of society’s youngest scientists. Brain development in the first three years is extraordinary. While children’s brains are not fully developed at birth, the early experiences in their lives influence the rapid growth and development of their brain. Positive and nurturing interactions and experiences promote neural connections in the brain, which are essential for healthy development and growth.⁷ Caregivers are not only forming how children think through consistent, nurturing, and responsive care; they are also building the foundation for how children learn and interact with their world.

Who are the professional brain developers? Any person who is responsible for the care of children!

Within the Guidelines, there are varying references to caregivers, familiar others, attachment figures, and primary caregiver(s). All of these people impact children’s brain development. Below is a brief description of each:

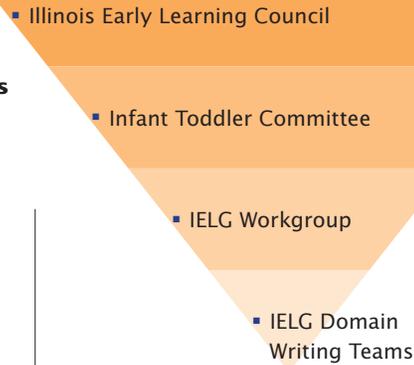
Caregivers and Primary Caregivers include those who are primarily responsible for the care of the child. Caregivers can include parents, grandparents, relatives, and childcare providers.

Attachment figures, a term used in the Social and Emotional domain, refer to a few, select caregivers with whom children have an attachment relationship. Attachment figures can include parents, grandparents, relatives, and childcare providers.

Familiar others are people who are a common presence in the life of the child. These may include family members, additional childcare providers, other birth-to-three professionals working with the family, family friends, occasional caregivers, and neighbors.

Within the **Real World Stories** and **Strategies for Interactions**, there are examples and suggestions for how caregivers can promote healthy brain development in young children.

**Structure of collaboration
for the creation of the
Illinois Early Learning Guidelines**



Development of the Guidelines

The Illinois Early Learning Guidelines were developed in collaboration with key Illinois stakeholders in the infant-toddler field. Early childhood leaders, educators, practitioners, and policy experts came together to ensure the creation of an accessible and user-friendly document, presenting evidence-based and up-to-date information on infant-toddler development for parents, caregivers, early childhood professionals, and policy makers. The structure of the group stemmed from the Illinois Early Learning Council – Infant Toddler Committee. Within this committee, a Workgroup formed to create the vision for the Guidelines. The vision of the group was to ensure a document that could align with and integrate into the complex system of services for children birth to three in the state, and fulfill the ultimate goals of improving program quality, growing provider capacity, and strengthening the current systems.

The leadership group of the Workgroup then began coordinating the development of the Guidelines, with input from the Workgroup and from the six writing teams, which were small sub-groups of the Workgroup. The writing teams were tasked with providing input and review of developmentally appropriate content. This collaborative approach in writing the Guidelines allowed for important decisions to be made by a diverse range of professionals representing different areas of the field. This collaboration resulted in the creation of Guidelines that:

- 1. Create a foundational understanding** for families, providers, and professionals in the field of what children from birth to age three are expected to know and do across multiple developmental domains.
- 2. Improve the quality of care and learning** through more intentional and appropriate practices to support development from birth to three.

3. Develop a more qualified workforce.

4. Enhance the current system of early childhood services by aligning birth-to-three developmental standards with existing standards and practices for older children and across system components.

5. Serve as a resource for those informing decision makers involved with developing and implementing policies for children from birth to three.

The Guidelines are NOT intended to replace any existing resources that are currently used in birth-to-three programs and are not an exhaustive resource or checklist for children’s development. The Guidelines are NOT a:

- Curriculum
- Program model
- Developmental Screening Tool
- Developmental Assessment Tool
- Professional Development Curriculum

The Guidelines are designed to complement these educational tools and provide a cohesive analysis of children’s development with common expectations and common language.

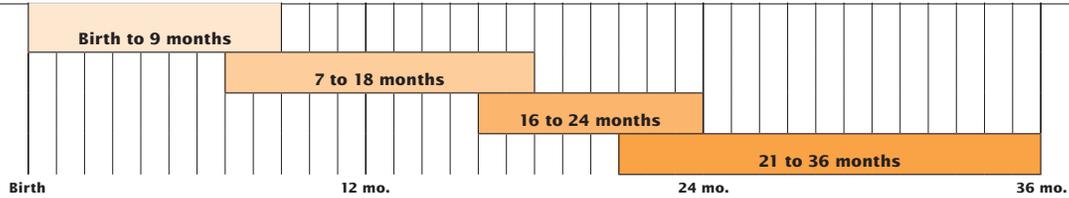


Figure 1

How to Use the Guidelines

The Guidelines begin with **The Newborn Period**, which discusses the first four months of children’s lives and the experiences that are unique to this time. The first of the six tabbed sections, **Self-Regulation: A Foundation of Development**, focuses on children’s development of self-regulation, which is essential for overall healthy development and learning. Self-Regulation refers to children’s emerging ability to regulate or control their attention, thoughts, emotions and behaviors.⁸ Next, **Domains of Development** are specific areas of growth and development. The Guidelines consist of *four* developmental domains: Social and Emotional Development; Language Development, Communication, and Literacy; Physical and Motor Development; and Cognitive Development. The final section, **Approaches to Learning**, focuses on specific methods by which children engage with the world around them in order to make meaning and build understanding of their experiences. These six tabbed sections are each structured in the same manner, and are further broken down into **Sub-Domains/ Sub-Sections, Standards, Age Descriptors,**

Indicators for Children, and Strategies for Interaction.

These components map accordingly onto Figure 2: ① **Sub-Domains/Sub-Sections** are detailed components of each developmental domain or section.

② **Standards** are the general statement of what children should know and be expected to do by the time they reach 36 months of age.

③ **Age Descriptors** describe the progression of development for each of four particular age groups across the birth-to-three age range.

These four distinct and overlapping groups are: **Birth to 9 months, 7 to 18 months, 16 to 24 months, and 21 to 36 months.** These age groupings are used in order to reflect children’s bio-behavioral shifts, which are changes in behavior triggered by biological changes in the brain. These shifts allow children to grow and gain new skills (see Figure 1).

④ **Indicators for Children** are some of the observable skills, behaviors, and knowledge that children demonstrate to “indicate” progress toward achieving the standard.

Figure 2: Sample spread showing detailed standards represented in the 32 Sub-Sections/Sub-Domains of the guidelines.

| developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT Emotional Expression | | developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT Emotional Expression | |
|---|---|--|--|
| <p>Standard: Children demonstrate an awareness of and the ability to identify and express emotions. (2)</p> | | <p>Standard: Children demonstrate an awareness of and the ability to identify and express emotions. (2)</p> | |
| <p>During this age period:</p> | <p>Birth to 9 months: Children begin to express a wide range of feelings through verbal and nonverbal communication, and begin to develop emotional expression with the assistance of their caregiver(s). (3)</p> | <p>7 months to 18 months: Children begin to express some emotions with intention, and with the help of their caregiver(s) children can increase their range of emotional expression.</p> | <p>16 months to 24 months: Children continue to experience a wide range of emotions (e.g., affection, frustration, fear, anger, sadness). At this point in development, children will express and act on impulses, but begin to learn skills from their caregiver(s) on how to control their emotional expression. (3)</p> |
| <p>The emergence of the social smile and interactions with caregiver(s) are the first intentional or goal-directed behaviors that children display. Intentional behaviors become increasingly complex and purposeful as children grow. (6)</p> | <p>Indicators for children include:</p> <ul style="list-style-type: none"> Uses facial expressions and sounds to get needs met, e.g., cries, smiles, gazes, coos Expresses emotions through sounds and gestures, e.g., squeals, laughs, claps Demonstrates discomfort, stress, or unhappiness through body language and sounds, e.g., arches back, moves head, cries | <p>Indicators for children include:</p> <ul style="list-style-type: none"> Expresses wants with intentionality, e.g., pushes an unwanted object out of the way, reaches for a familiar adult when wanting to be carried Expresses fear by crying or turning toward caregiver(s) for comfort Shows anger and frustration, e.g., cries when a toy is taken away Recognizes and expresses emotion toward a familiar person, e.g., shows emotion by hugging a sibling | <p>Indicators for children include:</p> <ul style="list-style-type: none"> Demonstrates anger and frustration through a wide range of physical, vocal, and facial expressions, e.g., temper tantrums Expresses pride, e.g., smiles, claps, or says, "I did it" after completing a task Attempts to use a word to describe feelings to a familiar adult Expresses wonder and delight while exploring the environment and engaging others |
| | <p>Strategies for interaction:</p> <ul style="list-style-type: none"> Respond and comfort the child in order to meet needs; act as a co-regulator for the child, e.g., feed the child when hungry, rock the child when tired Describe the emotion the child is expressing, e.g., "I can see you are so excited about reaching that toy!" Model facial expressions to match emotions, e.g., widen eyes and open mouth to express surprise | <p>Strategies for interaction:</p> <ul style="list-style-type: none"> Respond to child's display of fear or distress; reassure and comfort the child Model emotional expression for the child by making facial expressions and using words to name the emotion Reciprocate actions and gestures the child initiates, e.g., wave hello, blow kisses, give hugs | <p>Strategies for interaction:</p> <ul style="list-style-type: none"> Use words to describe the emotion; this helps the child associate the feeling with the name Pay close attention to the cues the child is expressing Model appropriate ways to express different feelings Acknowledge and validate the emotions the child is feeling, e.g., "I can see you are so excited by the way you are jumping up and down." |
| | | | <p>Co-regulator refers to the child's primary caregiver(s) who assists the child in achieving regulation through responses, interactions, and communication. (6)</p> |

- (5) **Strategies for Interaction** are specific activities, practices, and interactions in which caregivers can engage with children to support healthy development.
- (6) **Call-Out Boxes** are definitions of specific words and complex concepts essential for understanding the progression of development outlined within the sub-domain.

Real World Stories are real-life examples that demonstrate the specific concepts of development in action.

Keep in Mind lists behaviors that can be used to identify possible concerns for development and are found at the end of the Self-Regulation section, and the four developmental domains section.

Interconnections

Since development occurs across multiple, inter-related areas, readers will see a short list of other, closely related sub-domains/sub-sections in every sub-domain/sub-section introduction and in each real world story. While every sub-domain and sub-section can relate to the others, the Guidelines highlight those most relevant to each particular one. Below is a sample of these references:

- self-regulation
Emotional Regulation, p. 17
- domain 4: Cognitive
Memory, p. 97

The Newborn Period:

A Developmental Perspective on the First Four Months

The first few months of an infant's life can be both very exciting and very overwhelming for caregivers. The newborn infant exclusively relies on his or her parents and/or caregivers for survival.

The newborn period, birth to four months, is a period when parents and caregivers are working very hard to learn their infant's signals and respond appropriately to their needs. Infants depend exclusively on soothing and appropriate responses from their caregivers in order to thrive and develop. In fact, **there is no possi-**



ble way to spoil an infant.⁹ On the contrary, when adults respond to newborns and meet their needs consistently and promptly, children learn to trust their caregivers and realize that they have a positive impact on their world. Children use this trust and these positive experiences to build upon for future development and learning.

The transition from womb to world can be pretty harsh on a newborn. Therefore, caregivers need to be sensitive and patient in soothing and caring for their infants. The first four months of life are sometimes referred to as the “fourth trimester.”¹⁰ In these first four months, infants mainly work on maturing their

There is no possible way to spoil an infant.

brain and nervous system. They sleep in short stretches, without much focus on whether it is night or day. They are unable to settle themselves and go back to sleep on their own.¹¹ During this time, children need to eat very frequently, at least every two to three hours. Infants cannot soothe themselves and rely on their caregivers to calm them. If infants are born prematurely, this fourth trimester transition is even longer, as premature infants work extremely hard to first reach a healthy state where they can maintain their body temperature, eat successfully, and gain weight.

During the first four months, infants rely on their caregivers to keep them organized, calm, and content. This is described as achieving **homeostasis**, and is where the infant is most comfortable. Homeostasis is not easy to achieve, and caregivers find themselves attempting many different strategies to soothe their infants.¹² This may include rocking an infant who is sleepy, or feeding an infant who is hungry. Infants are also using all of their senses to take in **stimulation** from their environment. However, just as with adults, there is always the possibility of overstimulation, when infants become uncomfortable with the stimuli in their environment. Infants demonstrate **overstimulation** through behaviors such as **gaze aversion**, crying, spitting up, or hiccupping.

Both the **quiet alert** and **active alert** states are the best time for play and interactions that support learning and development.

Caregivers need to closely read these signals, and change the environment as needed. This may include reducing noise such as the television or radio, dimming the lights, or wrapping a cold infant in a thicker blanket.

Infants are born with unique personality traits, known as their temperament. The temperament of the infant will influence how caregivers will interact with him or her. In the early months, these traits are visible in how infants sleep, how easy or difficult they are to soothe, how intense their movements are, and how alert they become. The main goal is to understand and recognize the unique traits of infants and respond consistently and thoughtfully. This may mean standing and rocking an infant who has difficulty remaining asleep; or simply laying down an infant who is content in observing his or her surroundings. The more appropriate the response, the calmer the infant.

Nine characteristics of temperament:¹³

- Activity level refers to the level of children’s physical energy
- Regularity refers to children’s level of predictability in their biological functions (sleep, wake, eat, eliminate)
- Approach or withdrawal refers to how children respond to new people and/or environments

- Adaptability refers to how long it takes children to adjust over time in different situations
- Threshold of responsiveness refers to how easily a child is disturbed or distracted by sensory changes in the environment.
- Intensity of reaction refers to the intensity of a positive or a negative response.
- Quality of mood refers to children’s general disposition: happy or unhappy.
- Distractibility refers to children’s tendencies to either retain or lose focus when interruptions occur in the environment.
- Attention span and persistence refers to the length of time children can stay engaged and follow through while engaged in tasks.

As caregivers become more accustomed to the signals, patterns, and temperament of their infants, they will notice that there are times of the day when the infant is sleepy, alert, or fussy. These behaviors are described as states of consciousness.¹⁴ There are a total of six states that infants cycle through during the day. While these states may appear to be somewhat consistent, they will most certainly change in the first month of life and for months afterward. The six states of consciousness are:¹⁵

Deep sleep – able to shut out disturbing stimuli from the environment; breathes deeply, regularly, and heavily

Light sleep – sleep is lighter; moves; breathing is shallower and irregular; startles at noises

Drowsiness – eyes start to close; may start to doze

Quiet alert – bright face, movements are smooth; breathing, face, and body posture all demonstrate interest and attention

Active alert – actively moves body and face

Crying – cries, becomes disorganized; relies on parent’s attention and intervention.

It is important for caregivers to carefully read the cues that infants are displaying during these states in order to respond thoughtfully. For example, shaking a rattle at an infant who is in the drowsiness state may make him or her increasingly fussy. Both the quiet alert



*Infants are born ready to be social; love, laugh,
and interact with them as much as possible.*

and active alert states are the best time for play and interactions that support learning and development.

Between two and four months, infants undergo many changes. They become more social and interactive. This is first marked by the emergence of the social smile, around six to eight weeks. In addition to smiling, infants begin to coo and gurgle to communicate with caregivers. Reflexes are fading and voluntary movements are more common.

By four months infants will be able to:

- Raise their head and chest when lying on their stomachs
- Open and shut hands
- Take swipes with hands at dangling objects
- Grasp and shake objects
- Continue to have an increasing interest in human faces
- Begin to engage in social interactions
- Recognize familiar objects and people at a distance.

These first four months are a very special time. Infants are born ready to be social; love, laugh, and interact with them as much as possible.

Take advantage of the times when they are alert and ready to engage. Diapering and bathing times are great examples of times when you can engage in social interactions. Sing, hug, rock, coo, smile – all of these are loving interactions that help infants feel secure enough to learn. These early experiences are so important and meaningful; they help encourage bonding, and are the beginning of the important relationship(s) that children need to build strong attachments and thrive in their development.



Reflexes

Children do not come into the world defenseless. They are born with instinctive reflexes designed for basic survival.¹⁶ Below is a list of the most common reflexes:

Hand-to-mouth reflex: brings fist up to mouth; important for soothing and eating

Palmar reflex: closes hand and “grips” a caregiver’s finger when there is a light touch to the palm

Protective reflex: turns head from side to side and squirms if an object is coming straight on, e.g., looks away to disrupt eye contact with a caregiver when feeling overwhelmed

Rooting reflex: turns head toward the direction of a touched cheek, searches for source of food

Sucking reflex: begins to suck when a nipple (either breast or bottle) or finger is placed in the mouth and touches the roof of the mouth

Self-Regulation:

A Foundation of Development

The Guidelines view self-regulation as a foundation of development because children's emerging ability or inability to self-regulate directly impacts growth in the four developmental domains. Self-regulation refers to how children take in information from both their bodies and their environment, and how they respond to that information.¹⁷



Self-regulation also refers to children's emerging ability to regulate or control their attention, thoughts, emotions and behaviors. Since self-regulation includes how children cope with situations that produce either change or stress, children who have a difficult time managing stressors may not be able to reach a calm state where growth and learning can occur, even with the help of their caregiver. Therefore it is important that caregivers pay attention to children's self-regulation skills and help them learn how to regulate their emotions, thoughts, and behaviors. Just as with development in other domains, children's self-regulation capacities progress as they develop, and heavily rely on sensitive and nurturing relationships with caregivers.

Children's capacity to self-regulate in the first three years is not fully developed. Children's development accommodates for this maturing ability by relying on caregivers to act as the external regulators, or co-regulators.¹⁸ Central to the development of healthy self-regulation is children learning to read their bodies' signals. At first, caregivers are the ones who respond to these signals. For example, when young children feel hunger, they must depend on their caregivers to recognize their cues and appropriately meet that need. If there is a loud noise that is causing the child to feel stressed and overwhelmed, the caregiver must modify the environment for that child to regain a calm state. Children rely on attentive caregivers to read their

cues and meet their needs. Children’s needs include everything from maintaining a normal body temperature to managing their physiology and behavior, and learning to soothe themselves. As they develop children also depend on their caregivers to help them manage emotions and behavior, and build attention.¹⁹

Self-regulation is a lifelong process that depends on children’s social and cultural contexts, and the child and caregiver relationship. Cultures differ in both the physical and emotional expectations they have of young children and how they respond to children’s behaviors



and signals. Therefore, how children react and what they do about feelings or occurrences will differ depending on their unique experiences.

When caregivers properly meet children’s needs in a consistent manner, they help them feel safe, content, and organized. After having these needs met over and over, children learn that feelings of stress or discomfort will quickly pass, building their internal capacity to respond to these feelings and become less reactive and impulsive. As young children learn to read and respond appropriately to their own cues, they become capable of managing their own self-regulatory processes. “This transition from external regulation to self-regulation is one of the most important tasks of growing up.”²⁰ In the following sub-sections, the four types of self-regulation are further explained. Additionally, the concepts of self-regulation are integrated throughout the Guidelines.

In this section:

- Physiological Regulation, p. 13
- Emotional Regulation, p. 17
- Attention Regulation, p. 21
- Behavior Regulation, p. 25

[The] transition from external regulation to self-regulation is one of the most important tasks of growing up.

—Dr. Bruce Perry

SELF-REGULATION

Physiological Regulation

Physiological regulation refers to children’s capacity to regulate their bodily processes. Very early on, children are working on organizing their sleep-wake and elimination cycles and body temperature.

While these processes first start off as involuntary actions, they eventually transition to tasks that children gain control over. Caregivers help children with the organization of their day and night wake-sleep rhythms.²¹ During the first eight weeks of life, children sleep in shorter stretches, without focus on whether it is night or day. However, by three months there is an increase in the length of their sleep periods. For most children, these increased stretches occur at night.

Children’s sleep continues to become more organized and consolidated. The number of naps decreases, as children take one or two naps that increase in length, and night-time sleeping stretches longer and longer. These

consolidated patterns also occur in children’s feeding schedules. At first, children need to eat every two to three hours; as they grow, their eating schedule becomes similar to that of an adult. Elimination patterns also form during these years, and depending on children’s cultural expectations and physical and cognitive abilities, potty training may be conquered by the end of 36 months. While not all children will be potty trained by this time, most will have an awareness of using the bathroom and recognizing their bodies’ cues. Expectations for children’s physiological abilities depend on cultural beliefs and practices, and will influence when and how children master these regulatory tasks.

Standard: Children demonstrate the emerging ability to regulate their physical processes in order to meet both their internal needs and external demands in accordance with social and cultural contexts.

Discover how Physiological Regulation is related to:

domain 1: Social & Emotional

Attachment Relationships, p. 31

domain 2: Physical

Self-Care, p. 69

self-regulation | Physiological Regulation

Standard: Children demonstrate the emerging ability to regulate their physical processes in order to meet both their internal needs and external demands in accordance with social and cultural contexts.

During this age period:

Birth to 9 months: Children's **biological rhythms** are supported and impacted by their caregiver(s) in order to establish their sleep/wake, feeding, and elimination patterns. Children also begin to develop awareness of **stimuli** in their environment.

7 months to 18 months: Children, through the responses and support of their caregiver(s), become increasingly organized in and begin to adapt their sleep/wake, feeding, and elimination patterns. Children are also beginning to organize and habituate to stimuli in their environment.

Biological rhythms are patterns that occur within people's bodies. These include sleeping, waking, eliminating, and maintaining normal body temperature.

Stimuli are sounds, textures, tastes, sights, and temperatures found in children's environments.

Indicators for children include:

- Begins to demonstrate a pattern in sleep-wake and feeding cycles
- Signals for needs, e.g., cries when hungry, arches back in discomfort
- Disengages when overstimulated, e.g., turns head, glances away, falls asleep, spits up
- Uses sucking to assist in sleeping

Indicators for children include:

- Demonstrates consistent sleeping and feeding times throughout the day
- Increasingly organized and consolidated internal schedule for sleep/wake, elimination, and feeding, e.g., decreases the number of naps but extends the length of the naps
- Communicates with a wide range of signals as crying diminishes, e.g., smiles, gestures, uses words
- Begins to exhibit certain behaviors when overstimulated and/or unfocused, e.g., becomes aggressive, lashes out, bites
- Increased desire for independence and control

Strategies for interaction:

- Provide consistent routines in caring for the child
- Follow the child's cues and respond thoughtfully
- Use touch to help the child regulate, e.g., swaddle, hold, cuddle, rock to help soothe the child
- Minimize stimuli in the child's environment, e.g., limit colors, sounds, and objects

Strategies for interaction:

- Establish a routine for sleeping, eating, and diapering
- Recognize the child's sensitivity to sensory exposure and adjust accordingly
- Minimize stimuli in the child's environment, e.g., limit colors, sounds, and objects
- Provide redirection and be consistent in helping the child regulate in overwhelming situations, e.g., use distraction by sharing a different toy or object
- Allow the child to express emotions through newfound movements, e.g., jumping for joy
- Provide the child with some responsibility and choices, e.g., ask the child for help building a tower with blocks

Standard: Children demonstrate the emerging ability to regulate their physical processes in order to meet both their internal needs and external demands in accordance with social and cultural contexts.

16 months to 24 months: Children have established basic, consolidated patterns in sleep/wake, feeding, and elimination functions. Children use nonverbal and verbal communication to signal needs to caregiver(s) for support in regulating. Children also begin to manage internal and external stimuli.

21 months to 36 months: Children begin to independently manage functions of feeding, sleeping, waking, and eliminating with some support from their caregiver(s). Children can now manage and begin to discriminate internal and external stimuli.

During this age period:

Indicators for children include:

- Uses gestures and symbolic actions to demonstrate feelings and needs, e.g., lays head on caregiver’s lap when tired
- Becomes frustrated and displays regressive behaviors when overstimulated, e.g., temper tantrums
- Communicates needs with one or two words, e.g., says or gestures “milk” for “I want milk”
- Begins to have an awareness of bodily functions and begins to demonstrate an interest in toileting, e.g., recognizes a “potty”

Indicators for children include:

- Calms down in order to sit and read a book with a caregiver
- Uses movement to express an emotion, e.g., jumps up and down when excited, stomps feet when upset
- Recognizes patterns throughout the day, e.g., grabs a pillow and blanket after lunch, when it is nap time
- Communicates needs more thoroughly, e.g., “I am hungry”
- Manages **overstimulation** in a more organized manner, e.g., disengages, walks away
- Demonstrates a readiness to begin toilet training

Overstimulation

refers to excessive sounds, textures, temperatures, and sights that impede children from making a meaningful connection with others or objects.

Strategies for interaction:

- Recognize and respond to the child’s communication efforts
- Establish a schedule throughout the day that includes sufficient time for feeding and resting
- Provide sensory play for the child who is having difficulty remaining regulated due to lack of sensory input, e.g., play dough, water play
- Read the child’s cues to determine how to support the child during challenging instances, e.g., use of a soothing voice or gentle touch; or ensure the child is safe and allow them to express their emotions through a more physical manner (lying on the floor, stomping feet)

Strategies for interaction:

- Provide words to the child’s feelings and physical actions
- Teach the child about respecting personal space and provide objects to help them define this space, e.g., individual seat cushions during circle time
- Continue using soothing and calming behaviors when helping a child regulate
- Listen to child when expressing needs and wants; watch for verbal cues carefully
- Slow down and be present for the child; limit overstimulation and provide support for the child as needed
- Approach toilet training within the context of the home culture and the primary caregiver’s guidance

Toilet Training

The ability of children to learn how to control their bladder and bowel movements is an important developmental milestone. However, when it is achieved varies across different cultures.²² Toilet training is a very personal process for families and rooted in both cultural and societal expectations. Caregivers can experience conflicting advice from friends, doctors, and family members who may not understand different child-rearing practices. It can be a stressful time for children and the caregivers who are supporting them in learning this big skill. The most important aspect of toilet training is that both the child and caregiver are ready to attempt this process. Children need to be emotionally ready and have the cognitive and physical abilities to begin the process. When and how to take on this developmental task are decisions that should be made by the primary caregivers, with support from those they feel they can benefit from. Most importantly, caregivers should remember that there is not a right answer when it comes to toilet training.

Real World Story

Stella is 20 months old and attends childcare a few days a week. The class is getting ready to sit down and have a snack. Stella's primary caregiver, Jean, places bowls of yogurt and crackers on the table for each child. She signals Stella to sit down. Stella sits down and grabs her spoon. Jean sits between her and another child. Stella slowly feeds herself yogurt, with very little spilling. She continues to feed herself, and then begins to drop some yogurt on her chin, shirt, and the table. Jean reaches to help her and Stella pushes her hand away. Jean offers Stella a napkin, and Stella grabs it and begins to wipe her mouth. Again, Jean makes a move to help her and Stella shakes her head and says, "No." Stella slowly moves the spoon from her bowl to her mouth and leans toward the spoon slowly. She continues to eat in this manner, and often stops to wipe her mouth. With yogurt still in the bowl, she hands her bowl to Jean and says "All done." She grabs her napkin and starts to smear the yogurt that she has dropped on the table. Stella continues to do this until Jean stops her and hands her a clean napkin. Jean says, "Help me clean the table." Stella follows Jean around the table, moving the napkin over the table in a sweeping manner.

IN THIS EXAMPLE, Stella is building her abilities in feeding herself. She refuses help from Jean and lets her know with both verbal and nonverbal communication. Even though Stella has not mastered this skill, she realizes that if she moves her head forward she may spill less. She does not seem bothered by the spilling that she is doing, and again refuses help from Jean to wipe her mouth. Stella uses her developing abilities to feed herself and wipe her mouth. She does not give up, nor does she become frustrated with the spilling. Stella recognizes her body's signals as she lets Jean know she is full by simply saying "All done." Stella also uses imitation and observation as she helps Jean clean the table. Jean recognizes, encourages, and supports Stella's development of these tasks and her growing independence.

This story also relates to:

domain 2: Physical

Perceptual, p. 65

Self-Care, p. 69

approaches to learning

Persistence, Effort, & Attentiveness, p. 143

SELF-REGULATION

Emotional Regulation

Emotional regulation refers to children’s abilities to identify and manage their feelings. As in every aspect of development, emotional regulation begins with caregiver relationships. Attentive caregivers

who consistently meet the needs of children set the foundation for healthy emotional regulation. In early infancy, children need their caregivers to soothe them when distressed. If these needs are met consistently and promptly, children develop a sense of trust and security with those around them. Children use these positive experiences to build upon their own self-soothing strategies to remain organized, and they begin to learn to manage their emotions.

Children feel a range of emotions and will express and react to them without thinking. This range includes everything from joy to frustration to fear. In the first three years of life, children are working on building the foundation for this skill. Children use their caregivers,

play, and private speech to help them manage their emotions. As the co-regulators, caregivers model for and support children in learning to pause between what they are feeling and taking action. Children learn to take time to think, plan, and eventually come up with an appropriate response in situations in which they experience intense emotions.²³ If these interactions go well, children build the capacity to regulate their emotions in appropriate ways, defined by their cultural and social contexts. Emotional regulation is extremely important as it influences how children interact with adults and each other, build empathy, master new skills, and work through frustrations and conflicts.

Standard: Children demonstrate the emerging ability to identify and manage the expression of emotion in accordance with social and cultural contexts.

Discover how Emotional Regulation is related to:

domain 1: Social & Emotional

Emotional Expression, p. 35
Empathy, p. 51

domain 3: Language

Social Communication, p. 75
Expressive Communication, p. 83

domain 4: Cognitive

Memory, p. 97
Safety & Well-Being, p. 125

self-regulation | Emotional Regulation

Standard: Children demonstrate the emerging ability to identify and manage the expression of emotion in accordance with social and cultural contexts.

During this age period:

Birth to 9 months: Children are developing the ability to manage their own emotional experiences through co-regulation, as they communicate needs to caregivers.

7 months to 18 months: As children continue to depend on and learn from caregivers, they begin to use more purposeful and complex skills in managing their emotions.

Overstimulation

refers to excessive sounds, textures, temperatures, and sights that impede children from making a meaningful connection with others or objects.

Social referencing

is the term for the way young children take their cues from familiar others in deciding what emotions and actions are appropriate.

Indicators for children include:

- Signals needs by sounds and movement
- Able to use cues to signal **overstimulation**, e.g., turns head, gaze aversion
- Begins to use self-soothing strategies, e.g., sucks on hands, grasps an object in order to calm self
- Vocalizes and uses facial cues to get caregiver's attention, e.g., cries, gazes, initiates eye contact

Indicators for children include:

- Communicates needs to an adult, e.g., points, shakes head
- Able to self-soothe more effectively, e.g., sucks thumb, holds on to stuffed toy
- Uses **social referencing** in uncertain situations, e.g., looks at a caregiver's face for reassurance in the presence of a new person
- Prefers physical proximity to familiar adults in unknown situations, e.g., follows caregiver when he or she leaves the room
- Seeks out caregiver through physical actions, e.g., reaches for the caregiver's hand or moves closer to them when frightened
- Uses comfort objects, e.g., a stuffed animal or blanket, to help calm down

Strategies for interaction:

- Remain emotionally available for the child; respond thoughtfully to their needs, e.g., hold, rock, and cuddle the child when distressed
- Respond to the child's signals in order to meet their needs
- Pay attention to subtle cues from the child in order to prevent overstimulation and discomfort
- Recognize and control own emotions in challenging instances, e.g., a crying child who will not calm down

Strategies for interaction:

- Remain physically and emotionally available for the child; respond thoughtfully to their needs, e.g., reassure child who is feeling uncertain or anxious through facial expressions, voice, and touch
- Model appropriate expression of emotions for the child, e.g., happiness, excitement
- Be aware and responsive to the child's needs; read the child's facial cues and body language to help gauge what he/she may be feeling
- Match the child's emotional state through facial expressions and body language, e.g., widen eyes and move up and down when the child starts to laugh and clap
- Provide child with comfort objects when upset, or during difficult times such as transitions, e.g., a blanket, favorite stuffed animal
- Ensure to always say good-bye when separating from the child

Standard: Children demonstrate the emerging ability to identify and manage the expression of emotion in accordance with social and cultural contexts.

During this age period:

16 months to 24 months: Children begin to recognize a specific range of emotions and manage their emotions through both the use of advanced soothing strategies and the use of their caregiver.

21 months to 36 months: While children still need support from a caregiver, they are able to better manage their emotions and can sustain regulation as they begin to discriminate which skills and strategies to apply in different situations.

Indicators for children include:

- Uses caregiver’s facial cues and body language to assist in novel and uncertain situations, e.g., sees a dog for the first time and uses the adult’s smile as a cue to cautiously pat the dog
- Uses play to sort out feelings and gain control over them, e.g., projects feeling onto an object, grasps a ball and hugs it tightly to chest when excited
- Uses verbal and nonverbal communication to signal the need for their caregiver, e.g., calls by name, crawls into a familiar adult’s lap
- Names some emotions, e.g., “me sad”
- Begins to use “private speech” in order to assist in regulating their emotions, e.g., utters “bear, where is bear” to self

Indicators for children include:

- Communicates wants and needs verbally, e.g. “pick me up”
- Engages in pretend play to manage uncertainty and fear, e.g., plays doctor and gives someone a “shot”
- Seeks caregiver support when feeling overwhelmed by emotion; may reject support as well
- Expresses emotions through the use of play
- Holds on to a special object during certain times of the day, e.g., blanket, picture, book, stuffed toy

Strategies for interaction:

- Remain physically and emotionally available for the child; respond thoughtfully to their requests
- Describe feelings when interacting with children
- Use books that illustrate different emotions that children may experience
- Provide sensitive guidance and reassurance to the child when he or she is having difficulty managing and expressing emotions

Strategies for interaction:

- Remain physically and emotionally available for the child, e.g., share in the child’s expressions and feelings of joy and excitement through touch and sound
- Continue to use books that illustrate different emotions that children may experience
- Validate the child’s feelings and let them know it is okay to feel the emotions they are experiencing
- Provide balance in both supporting the child and allowing the child space to work through situations independently; use the child’s cues to decide what he or she needs
- Prompt and provide words for what the child may be feeling for more complex emotions



Range of Tantrums

Tantrums refer to extreme anger or frustration and are characterized by crying and screaming. Tantrums are common and developmentally appropriate behavior in young children. Since children have neither the language nor the capacity to control their emotions and behavior, stress and frustration overcome their little bodies. These powerful feelings are felt by their whole being, and they will often thrash their arms and legs and throw themselves on the floor. Children are mastering new skills, and when they aren't able to accomplish a task, they tantrum to express frustration. Tantrums are common during the second year of life, when children are beginning to verbally communicate. As communications skills improve, tantrums decrease. Young children want a sense of independence and control; therefore, caregivers can provide children with limits and choices to help them feel in control.

SELF-REGULATION

Attention Regulation

The ability to think, retrieve, and remember information, and to solve problems is dependent on the development of attention, or the ability to focus on something in the environment.²⁴ Attention regulation is closely related to children’s culture, cognitive abilities, and the caregiver-child relationship. Children build their capacity to attend and focus through interactions with their caregivers. Therefore, caregivers should interact in ways that are meaningful for each particular child. The way caregivers interact with children depends on their cultural context. For example, some cultures respond to children’s behaviors by following their lead, while other cultures direct children’s attention to a particular activity or object.²⁵ Children will increase their ability to stay focused through these interactions, and this ability will continue to improve as they get older.

Children also build the capacity to attend as their ability to habituate matures. Habituation refers to becoming accustomed to the stimuli

occurring in the environment. For example, a two-month-old may become uncomfortable and cry if the lights are too bright, and the noise level is too high. An older toddler may be able to ignore the surrounding noises and stay engaged in a self-directed activity. Caregivers can modify the environment to provide the best setting possible for interaction and play. Usually less stimulation with different objects, sounds, and sights leads to better concentration and learning. It is important to remember that young children cannot attend for very long periods of time and caregivers should adjust their own expectations according to children’s developing abilities.

Standard: Children demonstrate the emerging ability to process stimuli, focus and sustain attention, and maintain engagement in accordance with social and cultural contexts.

Discover how Attention Regulation is related to:

domain 3: Language

Receptive Communication, p. 79

domain 4: Cognitive

Memory, p. 97

Logic & Reasoning, p. 113

approaches to learning

Problem Solving, p. 135

Persistence, Effort, & Attentiveness, p. 143

self-regulation | Attention Regulation

Standard: Children demonstrate the emerging ability to process stimuli, focus and sustain attention, and maintain engagement in accordance with social and cultural contexts.

During this age period:

Birth to 9 months: Children are attempting to process an abundance of new stimuli every day. Children are also building their internal capacity for sustained attention and regulation through interactions with their co-regulating other.

7 months to 18 months: Children begin to have shared interests with others and are building a capacity for purposefully **attending** to objects and people. Children also begin to hold sustained attention for increasing amounts of time as they are quicker to organize and **habituate** to stimuli in their environment.

Attending

refers to children's ability to remain focused on objects and people for brief periods of time. As they get older, children can attend by remaining engaged for longer periods of time.

Habituation

refers to becoming accustomed to and not distracted by stimuli that occur in the environment.

Indicators for children include:

- Focuses on objects in the environment during alert states
- Initiates and briefly maintains social interactions with adults, e.g., establishes eye contact, coos to receive attention
- Explores environment through senses, e.g., touches and mouths objects
- Focuses attention on novel objects and familiar caregiver(s)
- Plays with one object for a few minutes before focusing on a different object

Indicators for children include:

- Engages in **joint attention** with a caregiver, e.g. joins in looking at the same object or shifts gaze to where someone is pointing
- Maintains more advanced levels of engagement, e.g., repeats actions over and over when enjoying the reaction and result of the experience
- Focuses on one object or activity for a brief period of time, even with other objects close in proximity; still easily distracted
- Shifts attention from adults to peers
- Relies on routines and patterns to maintain an organized state in order to focus

Strategies for interaction:

- Engage face to face with the child during the day; smile, coo, and laugh
- Ensure the child is in a relaxed and alert state when interacting
- Provide interesting toys, books, and other objects for the child to explore
- Always provide a variety of options during exploration, e.g., three or four different toys on the blanket
- Join child in exploration to help expand and sustain attention

Strategies for interaction:

- Spend quality time with the child sharing in activities such as reading and playing with toys
- Support and extend interactions, e.g., demonstrate different ways an object can be used; limit distractions
- Provide uninterrupted time for the child to play and explore his or her surroundings
- Create an environment that does not overwhelm the child with too many colors, sounds, and objects; limit choices
- Provide predictable routines within the day, e.g., story time right after lunch

Standard: Children demonstrate the emerging ability to process stimuli, focus and sustain attention, and maintain engagement in accordance with social and cultural contexts.

16 months to 24 months: Children begin to focus and attend for longer periods of time, in particular while engaged in self-created and goal-directed play. Children also have an increased internal capacity to organize and plan while attending and focusing.

21 months to 36 months: Children begin to attend to, engage in, and transition between multiple activities or interactions at a time. Children also have an increased internal capacity to discriminate and strategize while focusing and attending, and can remain focused for longer periods of time.

During this age period:

Indicators for children include:

- Works to find solutions to simple problems and/or obstacles, e.g., attempts to climb onto a piece of furniture in order to retrieve a toy
- Works on solving increasingly difficult activities, e.g., attempts to solve a simple, three-piece puzzle
- Remains focused for longer periods of time while engaged in self-initiated play
- Attends and stays engaged to often reach a goal, e.g., places all the shapes in the shape sorter

Indicators for children include:

- Attention expands and stays focused on an activity or object even when distractions are present
- Uses self-talk to extend play, e.g., says “now sleepy” to the baby doll after feeding it a bottle
- Plays independently before moving on to a new activity, e.g., engages in block play, reads a book
- Wait time increases, e.g., participates in turn-taking activities
- Transitions between what he or she is engaged in and what is happening in the background, e.g., makes a comment in regard to a conversation happening between another child and adult, while engaged in completing a puzzle

Joint attention

is the shared experience of looking at an object, person, or event together, established by pointing, gesturing, or the use of language and/or vocalizations.

Strategies for interaction:

- Provide uninterrupted time for the child to work on activities that interest him or her, e.g., avoid interrupting or intervening when the child actively engages with an object, person, or activity
- Remain available for the child and respond promptly if he or she asks for help
- Create an environment that does not overwhelm the child with too many colors, sounds, and objects; limit choices
- Help expand attention through extending interactions that are interesting to the child

Strategies for interaction:

- Observe the child during play and limit adult-directed interruptions while engaged
- Engage in play with the child; create games that encourage the child to find certain objects in the environment
- Provide independence for the child to problem-solve and discover while engaged in play
- Create a quiet space and limit distractions for children to attend and focus
- Focus on extending the child’s experiences through the interaction between adult and child instead of focusing solely on objects

Real World Story

Luke is an 18-month-old toddler who is engaged in attempting to place shapes in the shape sorter. Suddenly, he hears another object on the other side of the room start to play music. He moves away from the shape sorter and walks toward the music object. He pushes the buttons on the new object and observes them for a brief period. His caregiver, Sarah, walks into the room and gestures for him to join her. Luke walks to the other side of the room and first picks up the shape sorter before walking back over to Sarah. He hands it over to Sarah. Sarah says, “Oh, you want me to play with you?” Sarah sits down on the floor, as Luke does the same. Sarah empties the shape sorter and grabs one shape and drops it into the bucket. Luke then begins to do the same, one shape at a time.

This story also relates to:

domain 1: Social and Emotional

Relationship with Adults, p. 39

domain 2: Physical

Gross Motor, p. 57

Fine Motor, p. 61

approaches to learning

Persistence, Effort, & Attentiveness, p. 143

When he is done, he hands the shape sorter to Sarah. She empties it out and begins again. Luke finishes placing all the shapes in the sorter and then stands up. He walks away and begins to play with a toy car. Sarah watches him, but does not engage with him.

THIS EXAMPLE HIGHLIGHTS how young children use objects to engage and maintain engagement with their caregivers, and how caregivers can structure interactions to support children in attending to items. Luke plays independently, but is interrupted by another object that catches his attention. When he sees his caregiver, Sarah, he walks back to the shape sorter and hands it to her. Clearly, Luke is still interested in the shape sorter but may need more interaction to remain interested. He is easily distracted by other objects in the room. However, once Sarah sits with him, he is completely engaged, and is able to maintain this engagement by handing Sarah the shape sorter again. Once he is done, he simply disengages from the interaction by walking away. Sarah supports Luke’s play by following his lead. She waits for Luke to initiate and lead the interaction, and he does. Sarah also knows that if he wants her to share in the interaction with the toy car, he will reach out to her once again.

Attention and Play

Play is how young children learn. In order to build their attention skills, children benefit from a balance of exploration, choices, and meaningful interactions. Allowing children to freely explore their environment gives them the opportunity to discover new objects and experiences. Children then begin to build attention skills as they figure out what they are seeing and touching. Providing children with choices also helps them learn to attend. For example, caregivers can set out a few objects during play time, which the child can choose to engage with. Providing a limited number of choices allows them to attend and focus on one or two objects, instead of trying to block out distractions. Finally, the interactions, not the objects, are what meaningfully help children in furthering their attention building. Caregivers have to find the right balance between supporting and interacting with children in order for them to explore, discover, and learn from their play.

SELF-REGULATION

Behavior Regulation

In the first three years of life, children’s behavior is often described as tantrums and impulsive. These behaviors are developmentally appropriate and normal! The role of the caregiver is extremely important

during this period in order to support children in managing their behavior and actions. As in all of development, behavior regulation occurs within children’s cultural and social contexts. Culture expectations set up what is acceptable and what is non-acceptable. Caregivers are responsible for communicating these expectations and providing support children need to guide their behavior. Children learn these rules and begin to adapt their behavior depending on individual situations. For example, children may be able to recognize what behaviors they can display at home versus what they can display at a childcare center or at a relative’s home.

Behavior regulation starts with attentive caregivers meeting children’s needs. If caregiv-

ers are consistent in meeting children’s needs, they build trust. In infancy, children look to these trusted adults for cues in different situations. This is called social referencing and helps children guide their behavior. They pay very close attention to the facial cues of these adults before acting. In toddlerhood, children continue to use social referencing, but will also use language or private speech to help guide their behavior and actions. While children are developing their capacity in managing their impulses and learning self-control, they still will be able to recognize when they need their co-regulator instead of just relying on their own abilities to control, manage, and adapt their behavior.

Standard: Children demonstrate the emerging ability to manage and adjust behaviors in accordance with social and cultural contexts.

Discover how Behavior Regulation is related to:

domain 1: Social & Emotional

Relationship with Peers, p. 47
Self-Concept, p. 43

domain 3: Language

Social Communication, p. 75
Receptive Communication, p. 79

domain 4: Cognitive

Logic & Reasoning, p. 113

approaches to learning

Confidence & Risk-Taking, p. 139

self-regulation | Behavior Regulation

Standard: Children demonstrate the emerging ability to manage and adjust behaviors in accordance with social and cultural contexts.

During this age period:

Birth to 9 months: Children respond to **internal and external states** and have little or no self-control over their behavior. Children depend on caregivers to **co-regulate** their behavior.

7 months to 18 months: The use of social referencing emerges and supports children in developing an internal capacity to modify some of their behaviors. Children still depend heavily on the use of their caregiver to help co-regulate their behaviors.

Internal states refer to what the body needs, such as hunger, discomfort, or tiredness.
External states refer to what the environment demands, such as sounds, actions, touch, or objects.

Co-regulator refers to the child's primary caregiver(s), who assists the child in achieving regulation through responses, interactions, and communication.

Indicators for children include:

- Cries when hungry, tired, uncomfortable, or bored
- Uses physical movements to disengage from interaction, turns head, averts gaze
- Physically explores environment through touch, e.g., sucking, gnawing, hitting, pulling, banging
- Shows curiosity and limited restraint when exploring the environment, e.g., reaches for objects that adults or other children are holding

Indicators for children include:

- Explores environment while unaware of boundaries and limits, e.g., crawls toward a shelf and attempts to climb it
- Reads cues and body language of caregiver(s) and familiar others to guide reactions and behaviors in novel and uncertain situations
- Demonstrates frustration, e.g., cries, bites
- Has difficulty channeling excitement, e.g., screams, jumps, squeezes, bites
- Chooses between two options, e.g., "You can have the red ball or the blue ball"
- Completes a forbidden action regardless of referencing a caregiver's reaction, e.g., looks toward their caregiver before touching the forbidden object and then touches it anyway

Strategies for interaction:

- Be emotionally available and sensitive to the child's needs
- Provide consistency and routines for sleeping, eating, and diapering
- Respond promptly and thoughtfully to the child's cues
- Manage own expectations with the understanding that the child cannot control his behavior
- Create a safe environment for the child to actively explore

Strategies for interaction:

- Provide the child with plenty of warning in between transitions; use picture cards to help
- Guide the child with both nonverbal and verbal communication, e.g., use facial expressions that match what is being said
- Establish routines for everyday activities
- Manage own expectations with the understanding that the child cannot control his behavior
- Use redirection and distraction to avoid power struggles

Standard: Children demonstrate the emerging ability to manage and adjust behaviors in accordance with social and cultural contexts.

16 months to 24 months: Children may be able to demonstrate limited self-control over behavior by responding to cues found in the environment. Children also begin to use more complex strategies to help manage feelings of impulsivity.

21 months to 36 months: Children demonstrate some limited self-control over their behavior without adult intervention or prompting. Children have knowledge of a wide range of expected behaviors and can manage some of those expectations. Children also have an increased capacity to recognize when they need their caregiver to help regulate instead of relying on their own self-regulation strategies.

During this age period:

Indicators for children include:

- Communicates “mine” when another child takes a toy away
- Communicates “no” to self when reaching for forbidden objects
- Begins to respond to caregiver’s cues and modifies behavior, e.g., does not touch the forbidden object, once recognizing the caregiver is discouraging the action

Indicators for children include:

- Increases the use of **private speech** in everyday play and interactions
- Increasingly reacts appropriately to adults’ facial expressions, tone, and affect, before acting on an impulse
- Identifies situations where he or she needs the caregiver to support in controlling behavior, e.g., holds caregiver’s hand when crossing the street
- **Transitions** smoothly if is prepared ahead of time
- Checks in with caregiver through nonverbal and verbal communication, e.g., glances, waves, points, says name, asks a question, all without having to be in close proximity
- Demonstrates an awareness of expectations, e.g., approaches and gently touches a baby, waits for brief periods of time when turn-taking

Private speech

is children’s use of self-directed language to guide, communicate, and regulate their behavior and emotions. While this self-directed language can be heard, it is not intended for others.

Transitions

are changes in children’s activities or locations. Transitions are hard for young children, as they may feel out of control. Therefore, it is essential caregivers prepare children for transitions.

Strategies for interaction:

- Provide the child with clear limits and provide reminders of them through the day
- Model thoughtful and respectful behavior when interacting with the child
- Encourage the child to express what he or she is feeling, e.g., stomp feet if mad

Strategies for interaction:

- Prepare the child for changes in routines and transitions by providing them plenty of time to anticipate and plan for change
- Read books that cover unwanted behaviors, e.g., “Hands are Not for Hitting”
- Acknowledge and praise desirable behavior by saying what the child did and why it is important
- Be consistent in limit-setting and responses
- Briefly revisit behavior after the child has reached a calm state, e.g., “You were so upset, I am so sorry you felt that way. It’s important to remember that we **do** not hit our friends.”

Behavior Regulation and Experiences

Behavior regulation is often challenging because it is based on children's experiences, which may differ from one child to another, yet, there are certain societal expectations that children must adhere to, especially when these expectations are safety-related. However, if children have not been exposed to "common" expectations, children may not act in the "expected" manner. For example, children who live in high-rise buildings may see windows as dangerous and refuse to get close to any window, even at ground level. Or, children who live in one-story homes may attempt to climb a set of stairs without an idea that they can fall down. Both these examples highlight the important role context plays in behavior regulation. These children are not purposefully "misbehaving" or having difficulty with their impulses; they are exploring the world based on what is familiar and comfortable to them.



Keep In Mind

Children do not master self-regulatory tasks in the first three years of life. Below are some of children's behaviors that demonstrate the beginning signs of self-regulation. By 36 months, children:

- Can recover from stressful situations with support of caregivers
- Have limited self-control over behavior, with support from caregivers
- Can attend for increasing amounts of time
- Can manage some of their eating, sleeping, and eliminating processes with support from caregivers

developmental domain 1

Social & Emotional Development

Healthy social and emotional development in young children depends on positive and nurturing relationships with the important adults in their lives. Relationships are the foundation for children's social and emotional development and support and influence how they learn about the world around them.



Positive relationships also help build secure attachments between children and their primary caregivers. Children learn through everyday interactions with their caregivers, and it is these early experiences that help them build trust, security, compassion, and empathy. These important interactions are described as the “social dance” between children and caregivers, and provide them with the first experiences in communication and emotional expression.²⁶ These early experiences help children establish relationships with adults and peers, and help them learn about identifying, expressing, and managing emotions.

Children need to build trust in their caregivers in order to explore and learn. Caregivers

help build this trust by being responsive and consistent in meeting children's needs. These sensitive responses and interactions help children bond with and form secure attachments with their primary caregivers. In early infancy, children rely entirely on these caregivers to meet their basic emotional and physical needs. Emotionally available and responsive caregivers provide young children with feelings of security and predictability, and support children in co-regulating their emotions. This co-regulation is important in helping children learn to identify and manage their own emotions in the future. Therefore, it is important for caregivers to be sensitive to children's needs when responding, and engage in genuine interactions that are affectionate and nurturing.

Children begin to recognize that they are separate from their caregivers between six and nine months of age.²⁷ This new self-awareness is the very beginning of self-concept and empathy, as children start to recognize their own feelings. Children, in the context of their attachment relationships, express their emotions in a more appropriate and effective manner. As children get older, they are able to understand and respond to the feelings of others, a skill that is needed for positive social relationships. Children continue to rely on caregivers to

have their basic needs met and to help regulate their emotions. They also use their caregivers for reassurance, guidance, and cues on how they should act and feel within their social and cultural contexts. Children practice these new social skills through communication, creative expression, and play.

The early relationships between children and primary caregivers are very special, but they are not always perfect. Children are born with their own temperament, which is their unique way of thinking, behaving, and react-

ing. Children's temperament may be different from their caregivers'; therefore it is important that children have a "goodness of fit" with their caregivers to support healthy emotional development.²⁸ Not all needs and interactions will be met or handled smoothly; this is often described as a mismatch between children and caregivers. Children can emotionally recover and reconnect with their caregivers when these mismatches are repaired in a positive manner. Mismatch and repair is common and part of normal social and emotional development.²⁹

In this section:

- Attachment Relationships, p. 31
- Emotional Expression, p. 35
- Relationship with Adults, p. 39
- Self-Concept, p. 43
- Relationship with Peers, p. 47
- Empathy, p. 51



Children are born with their own temperament, which is their unique way of thinking, behaving, and reacting.

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT

Attachment Relationships

Secure attachment relationships are the foundation for healthy social and emotional development. Children create special bonds with one or a few adults who are warm, sensitive, responsive, and dependable

in meeting their needs. These relationships help children gain trust, confidence, and security, all important in order for children to explore, learn, interact, and build relationships with others.

Attachment relationships first consist of meeting children’s basic needs through sensitive caregiving and synchrony. If these needs are consistently met, trust develops. Once children begin to crawl and walk, they use their attachment figures as a **secure base for exploration**.³⁰ Children demonstrate **proximity-seeking behaviors** to connect and reconnect to their attachment figures during exploration. They may crawl away for a short time, stop, and crawl back toward their attachment figure in order to “check in.” Once children feel safe and

secure, they resume exploring their environment. A normal part of attachment relationships is separation anxiety. **Separation anxiety** occurs when there is a physical separation between children and their attachment figure. Securely attached children miss their caregiver when separated and welcome their reappearance.

Children’s need for physical proximity lessens as they grow; instead, they use other skills such as language, eye contact, and gestures to stay connected to their attachment figures. Even with these new social skills, children will continue to seek physical closeness to their attachment figures. Secure attachment relationships provide children with feelings of self-worth and confidence. Children feel they are important and special in the lives of others.

Standard: Children form secure attachment relationships with caregivers who are emotionally available, responsive, and consistent in meeting their needs.

Discover how Attachment Relationships is related to:

self-regulation

Emotional Regulation, p. 17
Behavior Regulation, p. 25

domain 2: Physical

Gross Motor, p. 57
Self-Care, p. 69

domain 4: Cognitive

Memory, p. 97

approaches to learning

Confidence & Risk-Taking, p. 139

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT | Attachment Relationships

Standard: Children form secure attachment relationships with caregivers who are emotionally available, responsive, and consistent in meeting their needs.

During this age period:

Birth to 9 months: Children begin to build trust, initiate interaction, and seek proximity with one (or a few) primary caregiver(s).

7 months to 18 months: Children trust in, engage with, and seek reassurance from their primary caregiver(s). Children can confidently explore their environment when in close physical proximity to an attachment figure.

Separation anxiety begins to occur between nine and fourteen months and is expressed in tears, sadness, or anger when a child is physically separated from his/her primary caregiver(s).

Stranger anxiety is a normal part of development in which children may cling to a familiar adult, cry, or look frightened when an unfamiliar person appears too soon or too close.

Indicators for children include:

- Establishes, maintains, and disengages eye contact
- Responds to caregiver(s) by smiling and cooing
- Seeks comfort from a familiar caregiver
- Imitates familiar adults' gestures and sounds
- Demonstrates preference for familiar adults
- Exhibits **separation anxiety**, e.g., does not want to be held by another person when being held by primary caregiver

Indicators for children include:

- Distinguishes between primary caregivers and others
- Attempts to change the situation when separation anxiety occurs, e.g., follows caregiver(s) when he or she leaves the room
- Uses social referencing with caregiver(s) when in uncertain situations, e.g., will glance at caregiver's face for cues on how to respond to an unfamiliar person or new situation
- Uses key adults as a **"secure base"** when exploring the environment
- Exhibits **stranger anxiety** and concern in presence of an unknown person or a new situation
- Seeks comfort from caregiver(s) and/or a familiar object, e.g., blanket, stuffed animal
- Initiates and maintains interactions with caregiver(s)

Strategies for interaction:

- Provide prompt, responsive, and sensitive care to the child's needs
- Hold, cuddle, smile, and interact with the child
- Follow the child's cues; allow the child to socially disengage when ready
- Provide a loving and nurturing environment with trustworthy adults, and assign a primary caregiver to consistently take care of the child's needs

Strategies for interaction:

- Talk and sing to the child often; use opportunities such as diaper changes and feeding time
- Comfort and reassure the child as needed
- Follow the child's lead and read the child's cues when engaged in interactions
- When separating from the child, ensure to gesture and say good-bye or good-night and reassure the child that you will be returning; for the child in childcare settings, comfort and reassure the child once the primary caregiver has left
- When reuniting with a child after separation has occurred, allow the child the necessary time to reconnect

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT | Attachment Relationships

Standard: Children form secure attachment relationships with caregivers who are emotionally available, responsive, and consistent in meeting their needs.

16 months to 24 months: Children begin to use nonverbal and verbal communication to connect and reconnect with their attachment figure.

21 months to 36 months: Children demonstrate a desire for their attachment figure to share in their feelings, responses, and experiences. Behaviors that demonstrate a need for physical proximity with the primary caregiver decrease, while in certain instances of distress, some children seek to be close to their attachment figure.

During this age period:

Indicators for children include:

- Shows an emotional connection with familiar adults other than the primary caregiver
- Uses imitation and pretend play to make sense of relationships, e.g., uses a toy to “brush” hair, or feeds and rocks a doll
- Plays physically farther away from primary caregiver with increasing confidence; moves closer as needed
- Seeks physical closeness when distressed
- Actively seeks emotional responses from caregiver(s) by waving, hugging, and crying

Indicators for children include:

- Uses glances and words to stay connected, without having to be physically near or touching the caregiver
- Initiates activities that are meaningful in the relationship, e.g., brings over a favorite book to be read together
- Communicates thoughts, feelings, and plans to familiar adults
- Seeks adult assistance with challenges
- Separates with assistance from attachment figure with minimal anxiety

Secure base behavior is described as children’s ability to use their primary caregiver(s) as both a physical and an emotional base while exploring their environment.

Strategies for interaction:

- Comfort and acknowledge the child’s feelings of distress; provide words for the emotions the toddler is exhibiting
- Set appropriate and consistent limits; ensure to take realistic expectations into account
- Provide ample opportunities for play and interaction with nurturing adults
- Be physically and emotionally available for the child, especially after reuniting after a separation has occurred
- Respond to the child’s attempts to seek out a response, e.g., blow a kiss back after the child blows a kiss
- Model appropriate behaviors, e.g., how to emotionally react in situations, how to speak to peers

Strategies for interaction:

- Show empathy and acknowledge how the child is feeling
- Genuinely praise the child as he or she shares accomplishments
- Respond with interest as the child engages in conversation
- Recognize and respond to the child’s verbal and nonverbal communications
- Prepare the child for separation by telling him or her good-bye and that you will return



Good-enough Parenting

Parenting is influenced by culture, community, and family history.³¹ Each parent or caregiver has different goals they hope to meet when raising their children. Therefore, when the question arises of what good-enough parenting looks like, there are usually different answers among parents or caregivers. What is consistent is the need for children to form secure attachment relationships with primary caregivers who are emotionally available, responsive, and consistent in meeting their needs. These three characteristics are often said to be “good enough” and contribute to children feeling loved and nurtured.³²

A “good-enough parent” also takes into account the individuality of his or her children, and parents to complement these attributes, instead of forcing children to comply with the parent’s own needs and wants.³³ This parenting approach demonstrates sensitivity toward children and encourages parents and caregivers to respond thoughtfully in different situations.

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT

Emotional Expression

In infancy, children express their feelings through both nonverbal and verbal communication and depend on their caregivers to read and recognize their cues. Emotional expression is not developed in isolation; children's emotional expression is related to their ability

to regulate their emotions, and they heavily depend on their caregivers to help them. In addition, emotional expression is closely linked to the cultural and societal influences of family and environment. Children's relationships with their caregivers help them develop the ability to identify and express both their negative and positive emotions in a socially and culturally acceptable way.³⁴

The emergence of the social smile around six to eight weeks of age is the first expression noted by caregivers. However, children communicate their feelings and needs to their caregivers as soon as they are born through signals and gestures. As they mature, children start to use

language and gestures to express their feelings. Early on, young children express feelings but do not have an understanding of what they are feeling. Therefore, it is important for caregivers to name feelings that children express as well as providing culturally appropriate models of how to react when feeling certain emotions. These strategies provide children with the support needed to identify their own feelings and an idea of how they can express themselves while learning to better manage their growing range of emotions. The ability to express and manage emotions impacts children's emotional development and also influences how children form social relationships with others.

Standard: Children demonstrate an awareness of and the ability to identify and express emotions.

Discover how Emotional Expression is related to:

self-regulation

Emotional Regulation, p. 17
Behavior Regulation, p. 25

domain 3: Language

Receptive Language, p. 79
Expressive Language, p. 83

domain 4: Cognitive

Concept Development, p. 93

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT | Emotional Expression

Standard: Children demonstrate an awareness of and the ability to identify and express emotions.

During this age period:

Birth to 9 months: Children begin to express a wide range of feelings through verbal and nonverbal communication, and begin to develop emotional expression with the assistance of their caregiver(s).

7 months to 18 months: Children begin to express some emotions with **intention**, and with the help of their caregiver(s) children can increase their range of emotional expression.

The emergence of the social smile and interactions with caregiver(s) are the first **intentional** or goal-directed behaviors that children display. Intentional behaviors become increasingly complex and purposeful as children grow.

Indicators for children include:

- Uses facial expressions and sounds to get needs met, e.g., cries, smiles, gazes, coos
- Expresses emotions through sounds and gestures, e.g., squeals, laughs, claps
- Demonstrates discomfort, stress, or unhappiness through body language and sounds, e.g., arches back, moves head, cries

Indicators for children include:

- Expresses wants with intentionality, e.g., pushes an unwanted object out of the way, reaches for a familiar adult when wanting to be carried
- Expresses fear by crying or turning toward caregiver(s) for comfort
- Shows anger and frustration, e.g., cries when a toy is taken away
- Recognizes and expresses emotion toward a familiar person, e.g., shows emotion by hugging a sibling

Strategies for interaction:

- Respond and comfort the child in order to meet needs; act as a **co-regulator** for the child, e.g., feed the child when hungry, rock the child when tired
- Describe the emotion the child is expressing, e.g., "I can see you are so excited about reaching that toy!"
- Model facial expressions to match emotions, e.g., widen eyes and open mouth to express surprise

Strategies for interaction:

- Respond to child's display of fear or distress; reassure and comfort the child
- Model emotional expression for the child by making facial expressions and using words to name the emotion
- Reciprocate actions and gestures the child initiates, e.g., wave hello, blow kisses, give hugs

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT | Emotional Expression

Standard: Children demonstrate an awareness of and the ability to identify and express emotions.

16 months to 24 months: Children continue to experience a wide range of emotions (e.g., affection, frustration, fear, anger, sadness). At this point in development, children will express and act on impulses, but begin to learn skills from their caregiver(s) on how to control their emotional expression.

21 months to 36 months: Children begin to convey and express emotions through the use of nonverbal and verbal communication. Children also begin to apply learned strategies from their caregiver(s) to better regulate these emotions.

During this age period:

Indicators for children include:

- Demonstrates anger and frustration through a wide range of physical, vocal, and facial expressions, e.g., temper tantrums
- Expresses pride, e.g., smiles, claps, or says, "I did it" after completing a task
- Attempts to use a word to describe feelings to a familiar adult
- Expresses wonder and delight while exploring the environment and engaging others

Indicators for children include:

- Attempts to use words to describe feelings and names emotions
- Acts out different emotions while engaged in pretend play, e.g., cries when pretending to be sad, jumps up and down for excitement
- Begins to express complex emotions such as pride, embarrassment, shame, and guilt
- Engages in play to express emotion, e.g., draws a picture for a caregiver because he or she misses them, hides a "monster" in a box due to a fear

Co-regulator

refers to the child's primary caregiver(s) who assists the child in achieving regulation through responses, interactions, and communication.

Strategies for interaction:

- Use words to describe the emotion; this helps the child associate the feeling with the name
- Pay close attention to the cues the child is expressing
- Model appropriate ways to express different feelings
- Acknowledge and validate the emotions the child is feeling, e.g., "I can see you are so excited by the way you are jumping up and down."

Strategies for interaction:

- Discuss feelings with the child; reassure him or her that it is okay to feel different emotions
- Recognize that the child may need some assistance in expressing feelings
- Allow other channels in which children can express their emotions, e.g., art, dance, imaginary play
- Respect cultural differences when it comes to expressing emotions; never discount what the child is sharing and expressing
- Ensure to continue reading the child's cues even as the child begins to use words to describe feelings

Role of the Co-regulator

The role of the co-regulator in the lives of infants and toddlers is to help children build emotional expression and competence. As with many of the developmental milestones in young children's lives, emotional expression and competence are culturally defined.³⁵ The ability of children to express emotion in a positive manner is closely tied to their cultural expectations, their emotional regulation, and the role of their co-regulator. At first, the role of the co-regulator is to recognize children's signals and cues when they are expressing their feelings and to respond in a manner that thoughtfully meets their needs. The role of the co-regulator later includes modeling positive emotional expression and providing words to label feelings. These strategies help children build the ability to recognize what they are feeling and begin to manage their emotions in a healthy manner.

Real World Story

Reena is 30 months old and is of Indian descent. She attends childcare during the week while both her parents work full time. She is a happy little girl, who enjoys reading books and singing songs. Her childcare provider is Lisa. Lisa has set up a few different activities for children to choose from. There is a table with play dough, a pretend kitchen with pretend fruits and vegetables, and a water table with different floating objects in it. Reena gets up from sitting on the floor where she had been working on a puzzle and makes her way to the table with the play dough. She sits down and begins to roll a piece of play dough against the table. Across from Reena is Michael, who is 35 months old. Michael grabs Reena's play dough and pulls a big chunk off for himself. Reena remains quiet and looks down without saying anything. As Lisa walks around the room she notices Reena is not playing with the play dough. She kneels down next to Reena and asks her if everything is all right. Reena looks up, and a tear rolls down her cheek. She looks at Michael and points toward the play dough in front of him. Lisa asks, "Did he take some of your play dough?" Reena nods. Lisa looks at Reena and

says, "I can see why you are feeling sad, it does not feel good when friends take things from us." Reena nods in agreement.

IN THIS EXAMPLE we see a common interaction among children. While Michael knows that it is not okay to take things away from peers, he does not have the impulse control to stop his behavior. Reena is sad and angry but reacts to Michael's action in a passive way. This passive manner of expressing emotions is more common in Eastern cultures.³⁶ Children from Western cultures often express negative emotions in an active manner that includes facial expressions and gestures.³⁷ Reena has learned from observing family that the expression of negative emotions is not highly encouraged. Lisa plays the role of the co-regulator in helping Reena identify what she is feeling and validates that it is okay for her to feel that way. This helps Reena name her emotions and builds understanding of why she feels the emotions she does.

This story also relates to:

self-regulation

Emotional Regulation, p. 17

domain 1: Social & Emotional

Relationship with Peers, p. 47

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT

Relationship with Adults

Social interactions and relationships are extremely important for healthy social and emotional development. The first relationships children establish are with their attachment figure(s). While they are

developing these attachment relationships, children also begin to interact and respond to other adults who are often present in their lives. Children use their attachment relationships as a springboard to develop these relationships with familiar adults. However, children still prefer their attachment figures in the majority of instances, especially when they are distressed or in new situations.

Children seek out relationships with adults for a variety of reasons. They use these relationships to feel safe, learn about their world, and socially interact with others.³⁸ In early infancy, children engage in social interactions through eye contact and sounds with both unfamil-

iar and familiar adults. As they near one year of age, stranger anxiety sets in and children become selective of familiar adults. Children purposefully engage familiar adults in playful two-way interactions and seek out these adults when needing guidance and help. As children's cognitive and play skills improve, they begin to take on a distinct interest in adult roles and often actively explore these roles through play.³⁹ Older toddlers use language to connect with adults and share their thoughts, feelings, and ideas with them. The ability to form positive relationships with adults directly supports children in developing healthy relationships with peers, and helps build children's self-concept.

Standard: Children demonstrate the desire and develop the ability to engage, interact, and build relationships with familiar adults.

Discover how Relationship with Adults is related to:

self-regulation

Emotional Regulation, p. 17
Attention Regulation, p. 21

domain 3: Language

Social Communication, p. 75

domain 4: Cognitive

Memory, p. 97

approaches to learning

Curiosity & Initiative, p. 131

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT | Relationship with Adults

Standard: Children demonstrate the desire and develop the ability to engage, interact, and build relationships with familiar adults.

During this age period:

Birth to 9 months: Children develop the ability to signal for caregivers. By the end of this age period, children begin to engage in playful communication with familiar adults.

7 months to 18 months: Children use familiar adults for guidance and reassurance. Children also initiate and engage in back-and-forth interactions with familiar adults.

Indicators for children include:

- Uses signals to communicate needs, e.g., crying, body language, and facial expressions
- Attempts to engage both unfamiliar and familiar adults
- Engages in social interactions with adults through smiles, coos, and eye contact
- Demonstrates preference for familiar adults, e.g., reaches hands out to signal for caregiver(s)
- Cautious of unfamiliar adults
- Begins to engage in simple, back-and-forth interactions with a familiar adult, e.g., plays “peek-a-boo,” babbles in response to an adult speaking and repeats this interaction

Indicators for children include:

- Looks for caregiver’s response in uncertain situations
- Engages with adults during play, e.g., bangs on a toy drum and repeats action after an adult completes the same action
- Uses key adults as a “secure base” when exploring the environment
- Uses “social referencing” when encountering new experiences, e.g., glances at a caregiver’s face for cues on how to respond to an unfamiliar person or unknown object
- Draws a familiar adult into an interaction, e.g., hands a book or toy to engage in together

Strategies for interaction:

- Provide prompt, responsive, and sensitive care to the child’s needs
- Provide a loving and nurturing environment with trustworthy adults, and assign a primary caregiver to consistently take care of the child’s needs
- Engage with the child through everyday, loving interactions
- Comfort the child when upset, frightened, or overwhelmed, e.g., gentle hugs or using a soothing voice
- Follow the child’s lead when interacting and playing

Strategies for interaction:

- Follow the child’s lead in play; respond genuinely while interacting
- Respond to the child consistently; this helps build trust
- Offer support through reassuring behaviors such as smiles, hugs, and cuddles
- Provide dedicated periods of time to play and engage with the child with limited interruptions

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT | Relationship with Adults

Standard: Children demonstrate the desire and develop the ability to engage, interact, and build relationships with familiar adults.

16 months to 24 months: Children actively seek out familiar adults and begin to show an interest in adult tasks and roles.

21 months to 36 months: Children interact with adults to communicate ideas, share feelings, and solve problems. Children also actively explore adult roles and tasks.

During this age period:

Indicators for children include:

- Builds emotional connections with other familiar adults, in addition to primary caregiver(s)
- Seeks adult assistance with challenges but may refuse help and say “no”
- Responds to guidance, e.g., places the shape into the shape sorter after caregiver demonstrates how to
- Imitates a familiar adult’s actions, e.g., waves hands around while pretending to talk on the phone after seeing caregiver make those same actions

Indicators for children include:

- Imitates adult roles and activities through pretend play, e.g., goes grocery shopping, or prepares a meal
- Initiates activities that are meaningful in the relationship, e.g., brings over a favorite book to be read together
- Communicates thoughts, feelings, questions, and plans to both familiar and unfamiliar adults
- Demonstrates desire to control or make decisions independent from adults

Strategies for interaction:

- Comfort child and acknowledge her or his feelings of distress; provide words for emotions the child is exhibiting
- Set appropriate and consistent limits; ensure to take realistic expectations into account
- Provide choices for the child, e.g., “Would you like the blue cup or the yellow cup?”
- Establish everyday routines and rituals
- Allow ample time for pretend play

Strategies for interaction:

- Play and spend quality time with the child on a daily basis
- Respond with interest as the child engages in conversation
- Provide materials with which the child can play, e.g., toy kitchen, phone, baby doll
- Provide choices for the child to help him or her feel more in control, e.g., “You may have milk or juice.”

This story also relates to:

domain 3: Language

Social Communication, p. 75

domain 4: Cognitive

Memory, p. 97



Real World Story

Brandon is a happy, 10-month-old, social baby who has a secure attachment with his mother. He is beginning to actively engage with other familiar adults through interactions and simple play. For the last five months, Brandon has accompanied his mother to their neighborhood dry cleaner, once a week. The owner of the dry cleaner is a warm and loving woman named Grace. Every time Brandon and his mother have entered the dry cleaner, Grace has been very consistent in always saying “hello” to Brandon, gently squeezing his tummy, and demonstrating enthusiasm during her interactions with him. Brandon has also observed his mother’s facial expressions and interactions with Grace, which always consist of smiles and relaxed and positive conversation. Brandon, who has by now developed a sense of awareness of strangers versus familiar adults, squeals with delight the minute his mother opens the door of the dry cleaner. While he will shy away from unfamiliar adults who reach out their arms to hold him, he comfortably leans in toward Grace as she gestures for him to come into her arms. He laughs and moves his body up and down to express his enjoyment of being carried by

her, often attempting to pull her glasses off her face. Grace gently redirects his hands with her hands and moves them up and down. When it is time to say good-bye, Brandon leans toward his mom, and waves “bye-bye” to Grace as he leaves.

IN THIS EXAMPLE, Brandon is building relationships with other adults who consistently appear in his life. His strong attachment to his mother has provided the foundation for meaningful social interactions, and he is able to rely on his mother to provide security in different and/or new situations. Grace’s consistent interactions with Brandon have contributed to their relationship as Brandon connects Grace with enjoyable experiences, and he now anticipates seeing Grace when his mother opens the door of the dry cleaner. Even though Brandon has begun to exhibit stranger anxiety, the use of social referencing helps him recognize that Grace is someone whom his mother is comfortable with, and this makes him less hesitant around her. This example highlights how social emotional development, language development, and cognitive development all work together to support children in forming special relationships with others.

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT

Self-Concept

Self-concept involves children’s thoughts and feelings about themselves. Children are not born with the ability to recognize their own feelings and thoughts, and depend on their early relationships and

experiences with caregivers to shape and influence the development of their self-concept. Children’s emerging awareness of themselves as separate people with thoughts and feelings is crucial in forming positive relationships with others while helping build self-confidence in their own abilities.

Self-concept is first marked by a physical realization that children are separate from their primary caregivers.⁴⁰ In the first few months of life, children see themselves as part of their primary caregiver, usually their mother. Around five months of age, children realize they may be separate individuals and spend the next few months developing a sense of self-awareness.⁴¹ Older infants can respond to their names, and

around 18 months of age, children demonstrate self-recognition as they are able to identify themselves in mirrors and photographs.

The social development of children in these years also supports the idea that children are building their mental self-concept. This is first seen in children’s ability to identify their body parts when asked, and to refer to themselves in the first person. Around the same time children demonstrate self-recognition, they begin to use words such as “I” and “mine.”⁴² Children continue to develop self-concept as they demonstrate an awareness of their own characteristics and begin to identify their own feelings and preferences in everyday interactions.

Standard: Children develop identity of self.

Discover how Self-Concept is related to:

self-regulation

Physiological Regulation, p. 13
Emotional Regulation, p. 17

domain 3: Language

Receptive Communication, p. 79
Expressive Communication, p. 83

domain 4: Cognitive

Concept Development, p. 93

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT | Self-Concept

Standard: Children develop identity of self.

During this age period:

Birth to 9 months: Children begin to recognize themselves as individuals, separate from others. At first, young infants are not aware that they are separate beings. However, between six and nine months of age, the realization that they are separate people emerges.

7 months to 18 months: Children begin to have a greater awareness of their own characteristics and begin to express themselves with their own thoughts and feelings.

Self-concept refers to the child's developing ability to realize that one's body, mind, and actions are separate from those of others.

Indicators for children include:

- Demonstrates interest in faces and voices of others
- Explores his or her own hands and feet
- Recognizes own name, e.g., looks up, or turns head toward a person who is saying his/her name
- Recognizes and prefers familiar adults and siblings, e.g., leans toward caregiver when being held by someone else
- Initiates interactions with others, e.g., imitates actions, plays peek-a-boo
- Begins to display the beginning of joint attention, e.g., points to objects and people
- Demonstrates separation anxiety, e.g., cries when caregiver leaves the room

Indicators for children include:

- Shows awareness of significant people by calling them by name, e.g., "papa"
- Engages in joint attention with familiar others, e.g., shares in looking and engaging with objects and people
- Responds with vocalizations or gestures when hears name
- Demonstrates interest in looking in mirror
- Uses gestures and some words to express feelings, e.g., "no"
- Uses social referencing to guide actions and begins to test limits
- Points to and identifies body parts on him or herself, e.g., points to eyes when asked, "Where are your eyes?"

Strategies for interaction:

- Cuddle, nurture, and respond thoughtfully to the child's signals
- Use the child's name during interactions
- Provide mirrors for the child to look at self
- Read books together that reflect the child's culture
- Acknowledge the child's efforts to initiate and engage, e.g., look toward where the child is pointing and name what he or she is pointing at

Strategies for interaction:

- Use names when referring to significant people in the child's life
- Use affective attunement to match the feelings of the child, e.g., use facial expressions and body language to express the same emotions the child is vocalizing
- Allow child to express wants and desires; provide choices in order to allow him or her some control
- Provide limits and boundaries for the child
- Use songs and finger plays that help the child identify the names of different body parts

Standard: Children develop identity of self.

16 months to 24 months: Children become aware of themselves as distinct from others both physically and emotionally. During this period, children often struggle with the balance of being independent and needing nurturing from their caregiver(s).

21 months to 36 months: Children begin to identify and discuss their connections to other people and things. Children can also identify their feelings and interests and communicate them to others.

During this age period:

Indicators for children include:

- Demonstrates awareness of self, e.g., touches own nose in the mirror
- Able to express his or her name
- Refers to self with gestures and language
- Demonstrates understanding and use of concepts through words such as “mine,” “me,” and “you”
- Points to self in images and other types of media
- Frequently tests limits
- Asks for help from familiar adults but may begin to attempt to complete tasks autonomously

Indicators for children include:

- Names people in his/her family and shares stories about them
- Asks for help from familiar adults but pushes away and refuses help
- Incorporates roles of family members in play
- Begins to show an interest in describing physical characteristics, e.g., “I have blue eyes”
- Demonstrates preferences, e.g., “I want the green cup”
- Communicates feelings, e.g., may say “I’m sad,” or stomps feet when mad
- Begins to understand concept of possession, e.g., “yours,” “hers,” “his”

Strategies for interaction:

- Provide words to the emotion the child is expressing; validate his or her feelings
- Provide nurturing care, especially when the child is seeking comfort
- Engage in conversations with the child often; provide opportunities for child to talk about him- or herself in a meaningful context
- Set boundaries with the child and provide the child with choices throughout the day.
- Use redirection, e.g., hand an object to a child who is about to start crying because another child has an object he or she wants

Strategies for interaction:

- Listen and respond with interest as the child shares meaningful information about his/her life
- Ask the child about his/her day, friends, and favorite things
- Acknowledge the child’s efforts in sharing stories, thoughts, and questions, e.g., comment and answer promptly and genuinely
- Be aware and respectful of cultural differences in regard to independence
- Encourage the child to bring in a picture of his or her family; keep it in a place where the child can access it

Why the Terrible Twos Aren't So Terrible

Children begin to visibly exert their independence during the toddler years. Often, this struggle between the desires of children and the desires of their caregivers leads to screams, tears, and frustration. This age period is commonly described as the “terrible twos.” In understanding how children develop, we know that expectations of behavior are determined by societal and cultural contexts. The “terrible twos” are not terrible in every society, as the expectations adults have for young children differ.⁴³ In the Western culture, we encourage independence and expect very young children to control behavior and emotions that they cannot manage at their age. Realistic expectations, patience, and sensitive guidance on the part of caregivers are important for young children and can help make the “terrible twos” pretty terrific!



Relationship with Peers

Positive experiences and relationships with adults help children establish meaningful and special relationships with peers. Children

experience interactions and behaviors with adults that help develop the social and emotional skills needed to positively interact with peers. Children begin to gain self-awareness and demonstrate an interest in other children by simply observing or touching them. Observation and interest lead to imitation and simple interactions, such as handing over a toy or rolling a ball. Older toddlers engage in more complex interactions and social exchanges during play while building social connections. Children this age mainly act on impulses and have difficulty controlling their emotions and behaviors, yet begin to learn appropriate social behaviors through the cues and information that their caregivers model for them.

Peer relationships also play an important role in both the development of children's self-concept, and the emergence of empathy. Children's ability to positively engage and play with other children relies on their awareness of others' feelings and viewpoints.⁴⁴ As children grow, they gain a basic awareness of what other children are expressing. This awareness eventually grows into understanding and behaving in a manner that is sensitive to what others are feeling. These successful interactions and experiences with others help children build self-confidence and a sense of self-worth. This confidence is important in supporting children's ability to build and maintain meaningful relationships with their peers.

Standard: Children demonstrate the desire and develop the ability to engage and interact with other children.

Discover how Relationship with Peers is related to:

self-regulation

Emotional Regulation, p. 17
Behavior Regulation, p. 25

domain 3: Language

Social Communication, p. 75

approaches to learning

Confidence and Risk-Taking, p. 139

developmental domain 1: SOCIAL AND EMOTIONAL DEVELOPMENT | Relationship with Peers

Standard: Children demonstrate the desire and develop the ability to engage and interact with other children.

During this age period:

Birth to 9 months: Children begin to interact with their environment and people around them; an interest in other young children emerges.

7 months to 18 months: Children will begin to observe and imitate other children's behaviors.

Play is integral to how children learn about and make sense of their world. Play is enjoyable and spontaneous, and children use play to discover, pretend, and problem-solve.

Indicators for children include:

- Demonstrates effort to interact and engage, e.g., uses eye contact, coos, smiles
- Observes other children in the environment
- Shows interest in both familiar and unfamiliar peers
- Cries when hearing another child cry
- Reaches out to touch another child
- Attempts to imitate actions, e.g., bangs a toy

Indicators for children include:

- Shows interest in another child by moving closer, e.g., rolls, crawls, or walks toward the child
- Imitates actions of another child, e.g., rolling a car
- Engages in a simple, reciprocal game such as "pat-a-cake"
- Begins to engage in parallel play, in closer proximity to other children but no interaction is attempted

Strategies for interaction:

- Respond positively to the child's coos and vocalizations with both verbal and facial expressions
- Hold, cuddle, smile, and interact with the child
- Imitate the child's sounds and actions in a positive manner
- Read and **play** with the child often; if possible, use books that reflect the home culture
- Engage with the child in exploration and play; follow the child's lead

Strategies for interaction:

- Provide opportunities for the child to play and interact with other children
- Model positive interaction while playing and spending time with the child
- Provide activities that can be done in a group setting, such as singing, movement activities, or reading a story
- Provide a variety of toys for children to explore and play with

developmental domain 1: SOCIAL AND EMOTIONAL DEVELOPMENT | Relationship with Peers

Standard: Children demonstrate the desire and develop the ability to engage and interact with other children.

16 months to 24 months: As play and communication matures, children begin to seek out interactions with peers.

21 months to 36 months: Children engage and maintain interactions with their peers, through the use of developing social and play skills.

During this age period:

Indicators for children include:

- Gestures in order to communicate a desire to play near a peer
- Demonstrates enthusiasm around other children
- Expresses frustration when another child takes something away from him or her, e.g., a toy
- Begins to engage in simple reciprocal interactions, e.g., rolls a ball back and forth
- Demonstrates a preference for parallel play, e.g., plays next to other children with similar toys with little or no interaction

Indicators for children include:

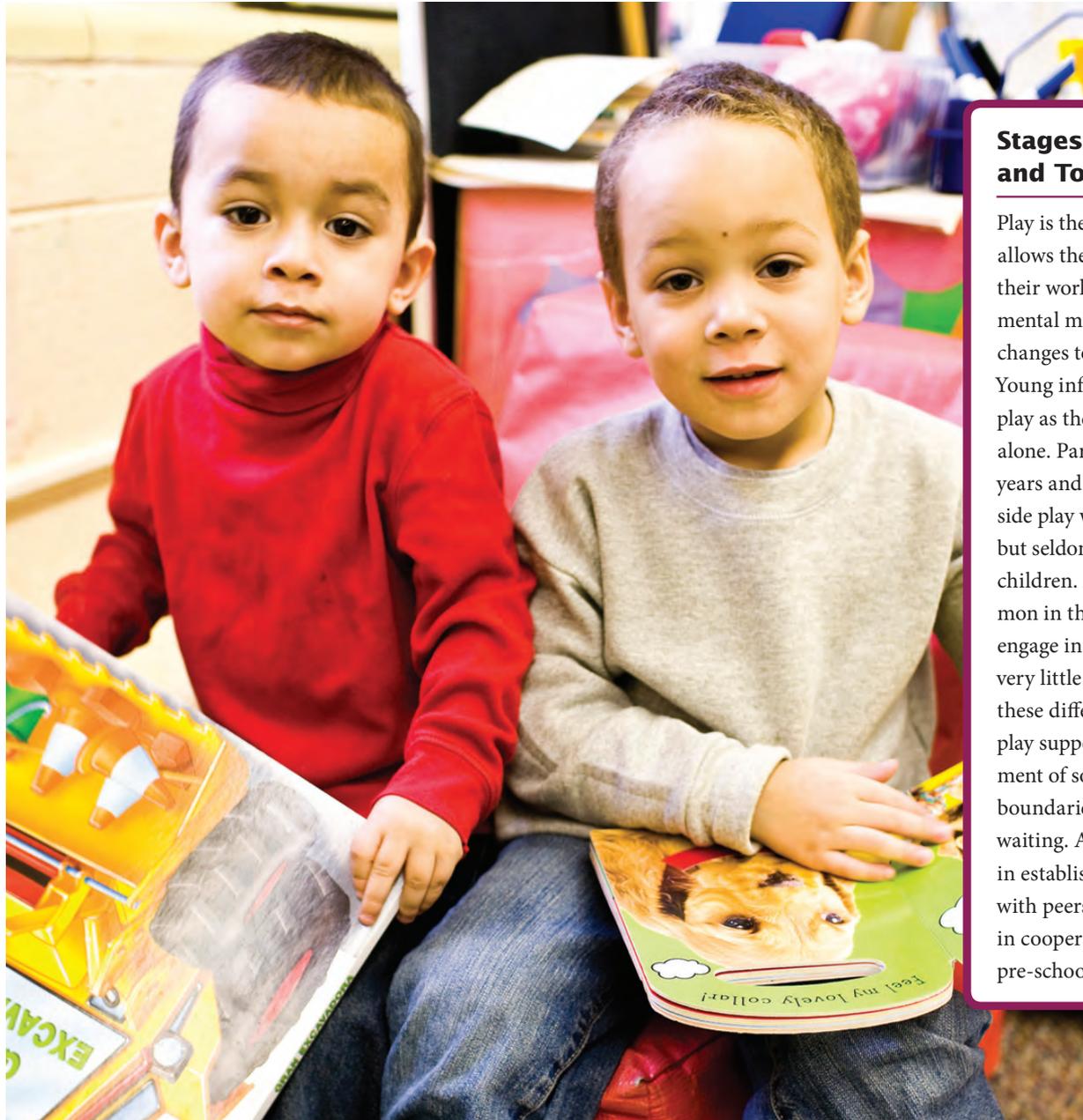
- Demonstrates a preference toward select peers
- Becomes frustrated with peers, e.g., yells “no” if a peer tries to interfere in something he or she is engaged in
- Participates in sharing, when prompted
- Communicates with other children in different settings, e.g., talks to a peer during snack time, or hands a peer a book
- Begins to engage in more complex play with two or three children

Strategies for interaction:

- Recognize and respond thoughtfully to the child’s verbal and nonverbal communication
- Create a special time when two or three children read a book with a caregiver
- Acknowledge sharing and thoughtful behaviors, e.g., a child who pats another child who is upset, or when a child hands over a toy to another child
- Provide more than one of the same toy for the child and his or her peers to play with
- Use distraction and redirection to help limit conflicts among children

Strategies for interaction:

- Create small groups, each with a caregiver, to share some quality time with particular children
- Provide toys that can be played with by two or more children at a time
- Provide activities that encourage sharing, while limiting the risk for frustration, e.g., for art projects, make more than enough art materials available for the children participating



Stages of Play for Infants and Toddlers

Play is the work of children, a tool that allows them to learn about and explore their world. As children meet developmental milestones, their style of play changes to reflect their growing abilities. Young infants engage in independent play as they explore objects and toys alone. Parallel play starts in the toddler years and is characterized by side-by-side play with similar objects and toys, but seldom involves interaction among children. Associative play is most common in the toddler stage, where children engage in a similar activity but have very little organization or rules.⁴⁵ All of these different types of interactions in play support children in the development of social skills such as respecting boundaries, turn-taking, sharing, and waiting. All of these skills are important in establishing healthy relationships with peers as children begin to engage in cooperative play with others in the pre-school years.

Empathy

Young children develop empathy over time. Young infants do not have the ability to understand and share in the feelings of others,

yet there are certain behaviors and experiences that support the development of empathy. Through special and meaningful relationships with primary caregivers, children observe and learn about social behaviors that support an awareness of feelings in others and, eventually, an understanding of them.⁴⁶

Familiar adults in children’s lives are the first models for empathetic behavior. Children observe and learn through the actions and responses of their caregivers. Children use social cues to guide their behaviors and make sense of what is occurring around them.⁴⁷ Children begin to apply these learned behaviors through their social interactions. Therefore, it is important for adults to create a warm, caring,

and loving environment for very young children and communicate about feelings that both children and others may experience.

Very early on, children first demonstrate an awareness of others by simply observing and reacting to their environment. This may include looking at a crying child or smiling at a familiar adult. Children then use intentional behaviors to draw out certain responses and emotions from others and begin to identify certain emotions in themselves and others. Closer to age three, children demonstrate a simple understanding of feelings in others. This awareness and understanding of feelings of others is crucial for children in establishing successful relationships with peers.

Standard: Children demonstrate an emerging ability to understand someone else’s feelings and to share in the emotional experiences of others.

Discover how Empathy is related to:

self-regulation

Emotional Regulation, p. 17
Behavior Regulation, p. 25

domain 3: Language

Social Communication, p. 75
Receptive Communication, p. 79

domain 4: Cognitive

Symbolic Thought, p. 105
Logic & Reasoning, p. 113

developmental domain 1: SOCIAL & EMOTIONAL DEVELOPMENT | Empathy

Standard: Children demonstrate an emerging ability to understand someone else’s feelings and to share in the emotional experiences of others.

During this age period:

Birth to 9 months: Children begin to build awareness of others’ feelings by observing and reacting to sounds that others make. Toward the end of this age period, infants understand that they are individuals and separate from their caregiver(s), a crucial milestone in interpreting the feelings of others.

7 months to 18 months: Children have more experience with a wide range of emotions, as they begin to recognize and respond to different facial and emotional expressions. Children also begin to demonstrate the understanding of how behavior brings out reactions and emotions from others.

Indicators for children include:

- Watches and observes adults and other children
- Cries when hearing another infant cry
- Responds to interactions from caregiver(s), e.g., smiles when caregiver smiles, looks toward a caregiver when he or she shakes a rattle
- Shows signs of separation anxiety, e.g., protests when a caregiver leaves the room
- Begins to share in simple emotions by reading facial and gestural cues, e.g., repeats activities that make others laugh

Indicators for children include:

- Smiles with intention to draw out a smile from a familiar other
- Uses social referencing with caregiver(s) when in uncertain situations, e.g., glances at a caregiver’s face for cues on how to respond to an unfamiliar person or new situation
- Reacts to a child who is upset by observing or moving physically closer to the child
- Shares in both positive and negative emotions with caregiver(s), e.g., shares in wonders, amazement, delight, and disappointment
- Begins to have a greater awareness of own emotions, e.g., says or gestures “no” to refuse, squeals and continues to laugh when happy

Strategies for interaction:

- Provide emotional caring and consistency; respond quickly and thoughtfully to the child’s sounds and cries
- Describe what the child may be feeling with words; label the child’s sounds and coos
- Provide opportunities for the child to see different facial expressions: baby board books with pictures of other infants, or the use of a mirror during play
- Use more than one manner to express and share in feelings with the child, e.g., body movement, words, facial expressions, and voice inflection

Strategies for interaction:

- Respond to the child’s attempts to seek emotional responses; try to use facial expressions to match the child’s tone of voice, sounds, and body language
- Model empathetic behavior and control own emotions, e.g., avoid over-control and power struggles; instead, use redirection
- Name emotions and recognize behaviors that the child is exhibiting, e.g., saying, “I can see you are mad by the way you are stomping your feet!”
- Respond thoughtfully and genuinely to the child’s attempts to socially engage and interact

Standard: Children demonstrate an emerging ability to understand someone else's feelings and to share in the emotional experiences of others.

16 months to 24 months: Children begin to notice different emotions that other children are expressing and may begin to respond to these emotions.

21 months to 36 months: Children begin to exhibit an understanding that other people have feelings different from their own.

During this age period:

Indicators for children include:

- Imitates comforting behaviors from caregiver(s), e.g., pats or hugs a child when upset
- Recognizes some of his or her own emotions, e.g., grabs a comfort object when sad
- Demonstrates awareness of different emotions and feelings during play, e.g., rocks a baby doll and whispers “shhh”
- Shares in and communicates simple emotions of others, e.g., “mama sad”, “papa happy”

Indicators for children include:

- Communicates how other children may be feeling and why, e.g., states that a peer is sad because his or her toy was taken away
- Responds to a child in distress in an attempted manner to make that child feel better, e.g., gives a crying child a hug, uses soothing words, or uses distraction
- Shares in and shows an emotional response for peers’ feelings, e.g., may show concern for a child who is hurt, or smile for a child who is happy and jumping up and down

Strategies for interaction:

- Provide words for feelings as often as possible throughout the day
- Recognize and respect individual and cultural emotional responses, e.g., a child who does not want to be hugged when upset
- Help the child recognize certain emotions by describing and naming what the child is feeling
- Help the child to develop an understanding of feelings of others by using pictures, posters, books, and mirrors
- Allow plenty of time for pretend play and interact with the child while modeling empathy

Strategies for interaction:

- Model thoughtful and sensitive practices when listening and responding to the child’s description of his or her feelings
- Continue to name and discuss feelings, e.g., state why the child may be feeling certain emotions
- Genuinely praise the child when he or she responds in a sensitive manner to another child
- Gently guide the children’s play to encourage empathy, e.g., “Michael is hungry, too. He needs some pretend snack on his plate.”

Commonalities and Differences in Emotional Expression

In order for children to build their ability to empathize, they need to be able to recognize their own feelings and the emotional expressions of others. The expression of emotions is closely linked to the cultural and societal influences of children's family and environment. Emotions are reinforced by caregivers depending on which emotions they feel will best prepare children for success in their particular culture and society.⁴⁸ For example, the Western culture often encourages pride in young children, while Asian families focus on encouraging modesty.⁴⁹ Yet, across cultures, there is agreement that there is a set of emotions that are experienced by all, regardless of culture or experience. These six emotions are **happiness, sadness, fear, surprise, anger, and disgust**. They are considered to be basic, universal emotions due to the idea that they are instinctive.⁵⁰



Keep In Mind

Child development does not occur in isolation; children reach their developmental milestones within their social and cultural contexts. However, while “how the child develops” may look different, “what the child develops” can be observed in a more universal fashion. Below are some indicators that may warrant a discussion with child’s healthcare provider for closer examination.

- Does not smile by four months of age
- Does not exhibit any hesitation or anxiety around strangers after nine months of age
- Does not babble, point, or make meaningful gestures by 12 months of age
- Does not respond to his or her name

developmental domain 2:

Physical Development & Health

Physical development is supported by the remarkable brain growth that children undergo in the first three years. Children will grow more during this time than at any other point in their lives. They often triple their birth weight by one year of age, and will have quadrupled it by age two.⁵¹ The size of their brain



grows to about 80 percent of adult size by three years of age.⁵² One of the most important milestones children reach in their first year is learning about and experiencing gravity.⁵³ They learn to control their movements and use their bodies in different ways. Movement, physical actions, and use of their senses are the primary ways that children explore their surroundings during these first three years. Therefore, children need to feel safe and nurtured. This is achieved through loving and attentive relationships. These positive relationships encourage healthy development, build confidence in children to try new skills, and provide them with a sense of security.

Physical development includes mastering movement, balance, and fine-motor skills. Chil-

dren are born with an intense need to explore and learn about their world. The ability to move expands their ability to explore, discover, and problem-solve. Part of physical development also includes the development of perceptual abilities, which consists of taking in sensory experiences through hearing, seeing, smelling, and touching, and responding to these experiences.⁵⁴ One example of this process is how children take in sensory information and respond with movement and actions. For example, an 11-month-old claps his hands after hearing music, or a 24-month-old uses his hands and fingers to squeeze clay in order to change its shape. Children's perceptual development is important because it helps them learn and

make sense of their world. Perceptual development is closely related to physical development as it helps children learn where their body is in space and allows them to respond and move accordingly.

Along with these new physical and sensory skills, children also develop their self-care skills. In infancy, children tend to their self-care needs by communicating them to attentive caregivers. As they grow, children begin to attempt some of these tasks on their own because of increasing control of their muscles, along with new cognitive abilities. The development of self-help skills depends greatly on cultural expectations and experiences. For example, in cultures

where children are carried in slings or wraps for longer periods of time, walking and self-help skills tend to emerge later in the developmental trajectory.

Realistic expectations in the first three years of life are extremely important, as children all develop their physical abilities and skills at their own pace. Some children will begin to crawl as early as seven months, while others wait until nine months to begin using this particular skill. In addition, culture and experiences also play an important part in children's physical and health development. Children will usually focus on skills that are necessary and familiar to them based on their everyday experiences.

In this section:

- Gross Motor, p. 57
- Fine Motor, p. 61
- Perceptual, p. 65
- Self-Care, p. 69



Realistic expectations in the first three years of life are extremely important, as children all develop their physical abilities and skills at their own pace.

Gross Motor

Gross motor development includes the control and movement of large muscle groups such as the torso, head, legs, and arms. Children begin working on their gross motor skills as soon as they are born.

These skills develop from top to bottom. Children who do not have any developmental or health challenges first gain control of their head. Next, children gain control of their torso and begin to learn balance, evidenced by their ability to roll over and sit up. Eventually, a child can use the lower half of his or her body when beginning to crawl, cruise, and walk.

Children need time and space to work on these very important skills. Even when they are newborns, children can be placed on their tummies to gain strength in their necks, which is essential for head control. Tummy time also helps develop children's torsos and eventually will contribute to their ability to roll over and

push up. Once children can sit up, they have a whole new way of observing and exploring their world. This new position supports children in scooting, crawling, climbing, and, eventually, walking.

Physical development is one area that is greatly impacted by physical disabilities or health issues. Children with disabilities may not master all gross motor skills. Instead, individual growth will vary and depend on children's own unique abilities. For example, a developmental milestone for a child with a physical disability may be learning to walk with a walker by the age of three.

Standard: Children demonstrate strength, coordination, and controlled use of large muscles.

Discover how Gross Motor is related to:

self-regulation

Physiological Regulation, p. 13

domain 1: Social & Emotional

Attachment Relationships, p. 31

domain 4: Cognitive

Spatial Relationships, p. 101

approaches to learning

Persistence, Effort, & Attentiveness, p. 143

developmental domain 2: PHYSICAL DEVELOPMENT & HEALTH | Gross Motor

Standard: Children demonstrate strength, coordination, and controlled use of **large muscles**.

During this age period:

Birth to 9 months: Children are beginning to develop and coordinate the large muscles needed to purposefully move their bodies.

7 months to 18 months: Children develop mobility, as they purposefully move from one place to another with limited control and coordination.

Large muscles refer to the muscles found in the arms and legs. Large muscle movements include crawling, kicking, walking, running, and throwing.

Tummy time is the time babies spend lying and playing on their stomachs while awake. This time is important for the development of head control and neck strength.

Indicators for children include:

- Lifts head while on tummy
- Brings feet to mouth while lying on back
- Rolls from back to stomach and from stomach to back
- Brings both hands to midline, i.e., center of the body
- Begins to gain balance, e.g., sits with and without support
- Scoots body to attempt to move from one point to another

Indicators for children include:

- Moves from hands and knees to a sitting position
- Rocks back and forth on knees
- Crawls from one point to another
- Pulls to a stand using help from furniture or caregiver
- Moves objects with large muscles, e.g., pushes a toy car with legs, rolls a ball
- Cruises while holding on to furniture, e.g., walks around crib, holding on to railing
- Briefly maintains balance when placed in a non-supported standing position
- Takes steps independently
- Gets into a standing position without support

Strategies for interaction:

- Provide plenty of **tummy time** when the child is awake and alert
- Provide a dedicated area on the floor where the child can safely explore, roll, and work on additional skills
- Support the child when mastering a new skill, e.g., keeping arms out to the side for a child who is working on keeping balance while sitting
- Place objects so that they are visible but out of reach for the child, to encourage movement; watch the child's cues carefully to prevent frustration

Strategies for interaction:

- Create a safe and secure environment for the child to move around in
- Encourage the child to move by placing novel objects out of reach
- Introduce objects that the child can crawl or walk through, e.g., a play tunnel
- Encourage new skills by demonstrating enthusiasm and pride as the child begins to attempt the skill
- Play interactive games with the child, e.g., roll a ball back and forth
- Support the child as he or she masters new skills, e.g., provide physical support by lightly holding child who is attempting to take his or her first steps

Standard: Children demonstrate strength, coordination, and controlled use of large muscles.

16 months to 24 months: Children now have gained more control over their movements and begin to explore different ways they can move their bodies.

21 months to 36 months: Children begin to master more complex movements as coordination of different types of muscles continues to develop.

During this age period:

Indicators for children include:

- Attempts to climb objects, e.g., furniture, steps, simple climbing structures
- Holds objects or toys while walking, e.g., pulls a car by a string while walking around the room
- Kicks and attempts to catch a ball
- Rides a toy by using his or her hands or feet

Indicators for children include:

- Stands on one foot with support and maintains balance for a brief period of time
- Jumps forward a few inches; jumps from slightly elevated surface onto the ground
- Walks up and down the stairs by placing both feet on each step
- Throws a ball
- Walks on tiptoes, walks backward, and runs
- Pedals a tricycle with both feet

Strategies for interaction:

- Provide opportunities for the child to run, climb, and jump outside
- Create safe places for the child to climb; remain with the child in order to prevent falling and injury
- Use movement games to promote balance, jumping, and hopping, e.g., "follow the leader"
- Engage in games with the child that encourage the use of large muscles, e.g., roll a ball with the child, create simple obstacle courses to maneuver

Strategies for interaction:

- Incorporate outdoor games where the child has to jump and run
- Provide safe climbing structures and other materials such as tricycles and low balance beams
- Use dance and movement activities to encourage the child to move his/her body in different ways
- Engage in activities that promote throwing a ball

This story also relates to:

self-regulation

Physiological Regulation, p. 13

domain 2: Physical

Fine Motor, p. 61
Perceptual, p. 65

domain 4: Cognitive

Spatial Relationships, p. 101



Real World Story

Jacob is 18 months old and was born with Agenesis of the Corpus Callosum (ACC). ACC refers to the absence of the corpus callosum, the band that connects the two sides of the brain. Because of this impairment, the right and left sides of Jacob's brain do not communicate properly. Jacob has vision impairment, low muscle tone, and poor motor coordination. He is enrolled in Early Intervention, and a physical therapist, speech pathologist, child-development specialist, and occupational therapist all work with him in developing his skills. Jacob recently met his goal of crawling. While crawling is often accomplished by age seven to 10 months, Jacob is developing this skill later than what is typical because of his disability. For the next six months, Jacob's physical therapist will work with him on reaching the following milestones: climbing, taking steps with a walker, and standing unassisted for three seconds. A major goal for Jacob is to take two to three steps unassisted by age two.

Jacob's disability has also impacted his fine motor development. Currently, skills he is working on include feeding himself finger foods and stacking one block on top of another. He is also focusing on engaging with different

types of sensory materials such as play dough, water, and sand. These activities help with his **sensory input** and help him build tolerance for different types of textures. Again, these are all developmental skills that are often mastered and experienced earlier, but Jacob is developing at his own unique pace.

THIS EXAMPLE HIGHLIGHTS how a disability can impact all areas of development and how it changes the developmental trajectory for children. Jacob may not ever be able to do all the things that typically developing children can, but he is nevertheless working to reach his milestones at his own pace and in his own way. Jacob may not walk unassisted for years, but he is achieving milestones that will support him to eventually reach that skill when he is ready.

Since Jacob has global delays, he is receiving therapy for all areas of development. This approach is important because all areas of development impact each other. Early intervention in the first three years is so important for children with developmental delays; it is a critical period for learning and can provide children and families with a much-needed support system.

Fine Motor

Fine motor refers to the movement and coordination of small muscles, such as those in the hands, wrists, fingers, toes, and feet.⁵⁵ Young children begin to develop their fine motor skills during the first year.

They bring their fingers and toes to their mouths, grasp objects, and, eventually, learn to twist and turn objects. Around 10 to 12 months of age, children transition from using a raking motion with their fingers to using their thumb and forefinger grasp when picking up small objects. Their hand-eye coordination improves and children start to manipulate small objects, exploring all the ways objects can be combined or changed.⁵⁶

Children’s everyday activities help support the development of their fine motor skills. These skills include feeding, reading books, and playing with a variety of different objects. With

improving skills, children change the way they explore their surroundings. They begin to push a toy car, instead of just holding and moving it around their hands. They may also pick up objects and place them inside containers. They begin to stack blocks, instead of just knocking them down. Children are not only improving their fine motor skills, but are also improving their physical coordination. They begin to turn pages of a book and scribble. Close to 36 months of age, children may be able to hold a writing utensil in writing position, and can screw and unscrew objects, such as lids.⁵⁷

Standard: Children demonstrate the ability to coordinate their small muscles in order to move and control objects.

Discover how Fine Motor is related to:

self-regulation

Physiological Regulation, p. 13
Attention Regulation, p. 21

domain 1: Social & Emotional

Self-Concept, p. 43

domain 3: Language

Expressive Communication, p. 83

domain 4: Cognitive

Spatial Relationships, p. 101

developmental domain 2: PHYSICAL DEVELOPMENT & HEALTH | Fine Motor

Standard: Children demonstrate the ability to coordinate their **small muscles** in order to move and control objects.

During this age period:

Birth to 9 months: Children begin to reach for, grasp, and move objects.

7 months to 18 months: Children begin to gain control of their small muscles and purposefully manipulate objects.

Small muscles refer to the muscles found in the hands, fingers, feet, and toes. The coordination of these small muscles is known as fine motor development.

Indicators for children include:

- Opens hands when in a relaxed state
- Reaches for objects
- Grasps, holds, and shakes objects
- Transfers an object from one hand to the other
- Uses raking motion with hands to bring objects closer, e.g., uses all fingers to bring small objects closer to body
- Holds a small object in each hand; bangs them together

Indicators for children include:

- Picks up objects
- Uses pincer grasp, e.g., picks up a Cheerio with thumb and forefinger
- Begins to use simple baby signs (if exposed to baby sign language), e.g., moves hands toward each other to signal more
- Uses hands in a purposeful manner, e.g., turns the pages of a board book, drops objects into a bucket
- Coordinates increasingly complex hand movements to manipulate objects, e.g., crumples paper, connects and disconnects toy links, flips light switch on and off
- Participates in finger plays, e.g., moves hands to imitate caregiver's hands when singing "Twinkle, Twinkle, Little Star"

Strategies for interaction:

- Strategically place objects around the child where he or she will have to reach for them
- Provide opportunities for the child to grasp toys and other small objects
- Model different ways of how to use objects, e.g., bang two objects together, shake a sensory ball, stack blocks

Strategies for interaction:

- Provide art materials, e.g., crayons and paper, for the child to scribble on
- Allow the child to explore books on his or her own
- Provide the child with finger foods they can grasp and bring to mouth, e.g., dry cereal
- Encourage the child to participate in finger plays, e.g., "Itsy, Bitsy Spider"
- Provide different materials for child to explore, e.g., books and toys with different textures, cloth toys, water play

Standard: Children demonstrate the ability to coordinate their small muscles in order to move and control objects.

16 months to 24 months: Children begin to coordinate their movements when using their small muscles and begin to manipulate various types of objects.

21 months to 36 months: Children effectively coordinate their small muscles to manipulate a wide array of objects, toys, and materials in different ways.

During this age period:

Indicators for children include:

- Attempts to fold various types of materials, e.g., paper, baby blanket
- Uses baby sign to communicate various concepts, e.g., “all done,” “more,” “water”
- Uses simple tools, e.g., scooper to scoop sand or water, crayon for scribbling
- Begins to imitate lines and circles when drawing
- Controls placement of objects in a more effective manner, e.g., stacks blocks in a more orderly fashion

Indicators for children include:

- Begins to use more complicated hand movements, e.g., uses eating utensils independently, stacks blocks
- Attempts to help with dressing self, e.g., snaps buttons, pulls zipper, puts socks and shoes on
- Scribbles with intent and begins to draw circles and lines on own
- Uses hand-eye coordination in a more controlled manner, e.g., completes puzzles, strings beads together

Strategies for interaction:

- Provide the child opportunities to scribble with crayons, or use chalk on sidewalk
- Encourage the child to experiment with tearing paper, popping bubbles (bubble wrap), and completing puzzles
- Use sensory experiences for children to engage in, e.g., water table with objects to pour, move, and squeeze water; play dough

Strategies for interaction:

- Model how to use writing and feeding utensils through everyday activities
- Provide experiences and objects that promote fine motor development, e.g., stringing manipulatives, play dough, using plastic tweezers to pick up objects, and peg boards
- Allow the child to help in dressing him- or herself; be patient and provide guidance as needed to limit frustration
- Introduce more complex puzzles for the child to attempt, e.g., puzzles with more pieces

Evolving Hand Movements

In the first year of life, children work on holding objects in a controlled manner. In the first two months of age, children's hand movements are reflexive. At three months of age, these reflexes begin to fade as children bat at objects and soon will be able to pick up large objects. Between four and eight months, children are perfecting their grasp. They are able to intentionally pick up objects and bring them to their mouths in order to explore. Children start to manipulate objects while holding them in one hand. Around nine months of age children start to pick up small objects with their thumb and forefinger. This movement is known as the pincer grasp. As they perfect this skill, they will soon be able to pick up very small objects. The pincer grasp is important for self-feeding and also is the precursor skill to holding feeding and writing utensils.



Perceptual

Perceptual development refers to how children start taking in, interpreting, and understanding sensory input.⁵⁸ Perception allows children to adapt and interact with their environment through the use of their

senses. Children are born with the ability to see, hear, smell, taste, and touch. While these senses are not fully developed by birth, they quickly improve in the first few months of life. For example, a newborn’s vision is limited to eight to 12 inches.⁵⁹ In a few short months, their vision has greatly improved as children can see objects from the other side of the room, and make out patterns and colors.⁶⁰ Children can hear sounds even before birth, and as infants they begin to distinguish among these sounds. The ability to do this directly influences children’s language development.

Perceptual development is closely linked to physical development because children’s

growing motor abilities allow them to explore their environments in new ways. Children can use their mobility to reach for objects, or play with objects in different ways. As they get older, they will be able to use sensory input to change an action or behavior. For example, children may be able to perceive how to move their body around obstacles, or know how to hold in their hands objects that they perceive to be fragile. Children learn about their world by engaging their senses with their surroundings. This is why appropriately stimulating environments and meaningful engagement and interactions are encouraged for young children.

Standard: Children demonstrate the ability to distinguish, process, and respond to sensory stimuli in their environment.

Discover how Perceptual is related to:

self-regulation

Physiological Regulation, p. 13

domain 4: Cognitive

Spatial Relationships, p. 101

Science Concepts & Exploration, p. 121

approaches to learning

Creativity, Inventiveness, & Imagination, p. 147

developmental domain 2: PHYSICAL DEVELOPMENT & HEALTH | Perceptual

Standard: Children demonstrate the ability to distinguish, process, and respond to **sensory stimuli** in their environment.

During this age period:

Birth to 9 months: Children begin to use their senses to explore and become aware of their environment.

7 months to 18 months: Children begin to use sensory information received from their environment to alter the way they interact and explore.

Sensory stimuli

are sounds, textures, tastes, sights, and temperatures found in children's environments.

Perceptual development

refers to taking in and interpreting sensory stimuli. It is through these stimuli that children learn about and interact with their environment.

Indicators for children include:

- Responds to changes in the environment, e.g., startles when hearing a loud noise, turns head toward light
- Explores objects through senses, e.g., mouths, touches objects
- Attempts to mimic sounds heard in the environment
- Has a range of vision that extends to several feet, which in turn leads to seeing colors and seeing objects from a distance
- Feels the sensation of being touched and looks around to identify the source of the touch, e.g., person or object
- Recognizes familiar objects and begins to demonstrate favoritism for certain toys

Indicators for children include:

- Begins to manipulate materials, e.g., pounds at play dough, squeezes finger foods
- Begins to show a preference for or aversion to particular sensory activities, e.g., pulls hand away from unfamiliar objects or unpleasant textures
- Becomes aware of obstacles in the environment, e.g., crawls around the table to get the ball
- Adjusts manner of walking depending on the surface, e.g., walks carefully across gravel

Strategies for interaction:

- Provide an environment where the child can observe and explore
- Place mirrors and attractive toys in the child's line of sight, e.g., a mobile over the crib
- Interact with the child by singing songs and manipulating toys together
- Provide objects and experiences that encompass different colors, sounds, textures, e.g., music box, a toy that lights up, a book with different textures

Strategies for interaction:

- Provide the child with choices for experimenting with sensory objects
- Observe the child's reactions to objects and experiences in order to note what he or she enjoys
- Expose the child to different textures, smells, sounds, and sights

Standard: Children demonstrate the ability to distinguish, process, and respond to sensory stimuli in their environment.

16 months to 24 months: Children continue to work on using perceived sensory information to decide how to interact with their environment.

21 months to 36 months: Children begin to process sensory information in a more efficient manner and use the information to modify behavior while interacting with the environment.

During this age period:

Indicators for children include:

- Plays with water and sand tables; explores by pouring, digging, and filling
- Enjoys physical play, e.g., wrestling, tickling
- Recognizes situations that need to be approached cautiously, e.g., walks slowly with a cup of water, or with food on a plate
- Adjusts approach to environment, e.g., changes volume of voice to adjust to noise level in the environment

Indicators for children include:

- Imitates familiar adults when coloring; draws lines and/or circles
- Adjusts approach to unknown objects, e.g., presses harder on a lump of clay
- Perceives and acts accordingly when holding a fragile object, both in the actual environment and in play, e.g., walks carefully when holding a pretend tea cup

Strategies for interaction:

- Provide opportunities for the child to experience sensory play, e.g., play dough, water, sand
- Follow the child's lead during play; ensure to proceed cautiously with a child who needs time before getting involved
- Engage in activities that encourage using different sounds and movements, e.g., read a book that incorporates both whispering and loud voices

Strategies for interaction:

- Spend time with the child; draw, paint, and color together
- Prompt the child to discuss what he or she is feeling during sensory play, e.g., "How does that finger paint feel on your hands?"
- Allow the child to explore freely and have fun while learning, e.g., child uses finger paint to paint their face and squeals with delight



Developing Preferences

Each child is unique when it comes to sensory likes and dislikes. Some children enjoy splashing in the bath or getting their hands dirty while exploring different textures. Other children may shy away from touching different materials, instead preferring to simply observe. Just as adults have preferences, young children are developing preferences for what they see, hear, feel, smell, and taste. Caregivers should pay attention to what children enjoy and what they steer clear of. Caregivers need to be sensitive to these differences and set up various types of activities to accommodate children's sensory preferences. For example, children who do not enjoy getting their hands dirty should not be forced to play with sand, water, or other types of sensory materials that may make them uncomfortable. Children who are overwhelmed by too many sounds and sights should be watched closely for signs of overstimulation while playing. Positive early experiences tailored to children's comfort levels and needs are important for healthy development.

Self-Care

Children are completely dependent on their caregivers during their first year of life. However, with newfound mobility, they become more independent in reaching objects and in moving from one place

to another. Children’s ability to indicate needs with gestures develops around nine to 12 months of age, as children point to what they may want. Children’s first words also support their ability to communicate needs and wants to caregivers. However, during the first three years of life, children heavily depend on their caregivers to meet their emotional and physical needs. Through the child-caregiver relationship, children learn how to recognize their own signals and how to meet those needs, and they may begin to attempt some of these self-help tasks on their own. Some examples of children’s self-help skills in the first three years include:

- Hold bottle or cup when drinking
- Hold a spoon and try to feed themselves
- Hold toothbrush and attempt to brush teeth
- Snap buttons or try to pull zippers found on clothing

While they are growing and developing new skills, children demand more independence than they may actually be capable of. Therefore, caregivers play an important role in balancing this desire for independence and actual ability. The development of self-care also depends heavily on cultural expectations and experiences. Some cultures value independence, while others value interdependence.⁶¹ One is not better than the other and children’s development of self-care abilities will reflect these differences in culture. One example of a self-care task that is heavily culturally influenced is toilet training. Not all children reach this milestone by the same age or in the same way because cultures and families have differing views and values related to toilet training.

Standard: Children demonstrate the desire and ability to participate in and practice self-care routines.

Discover how Self-Care is related to:

self-regulation

Physiological Regulation, p. 13
Behavior Regulation, p. 25

domain 1: Social & Emotional

Attachment Relationships, p. 31
Relationship with Adults, p. 39

domain 4: Cognitive

Logic & Reasoning, p. 113
Safety & Well-Being, p. 125

Standard: Children demonstrate the desire and ability to participate in and practice self-care routines.

During this age period:

Birth to 9 months: Children have a growing awareness and interest in their own needs.

7 months to 18 months: Children signal caregivers about their needs through nonverbal and verbal communication and increase their ability to complete some self-care tasks on their own.

Indicators for children include:

- Signals to indicate needs, e.g., cries when hungry, arches back when in pain or uncomfortable, turns head to disengage from object or person
- Starts to develop self-soothing skills, e.g., sucks fingers for comfort and regulation
- Attempts to feed self with a bottle

Indicators for children include:

- Grasps and drinks from a cup
- Shakes head to demonstrate no; pushes objects away
- Feeds self with foods that he or she can pick up
- Improves ability to calm self, may fall asleep on own

Strategies for interaction:

- Provide sensitive and responsive care giving
- Watch for the child's cues and respond accordingly
- Nurture and cuddle the child

Strategies for interaction:

- Establish routines throughout the day and create a nighttime routine
- Provide consistent and predictable care for the child
- Provide opportunities for the child to feed self, e.g., use finger foods, allow the child to hold a spoon

Standard: Children demonstrate the desire and ability to participate in and practice self-care routines.

16 months to 24 months: Children become active participants in addressing their own self-care needs with the support of the caregiver.

21 months to 36 months: Children attempt to attend to their self-care needs independently with less support from their caregivers.

During this age period:

Indicators for children include:

- Feeds self with assistance
- Starts to indicate needs with gestures or a word, e.g., tugs diaper when wet, says “milk” when thirsty
- Assists in undressing and dressing
- Attempts to brush teeth with support

Indicators for children include:

- Undresses independently but still needs assistance with dressing
- Performs some self-care tasks regularly and mostly independently, e.g., brushes teeth, washes hands, places cup in sink
- Makes choices pertaining to dressing and eating
- Uses nonverbal and/or verbal communication to specify needs
- Begins to demonstrate an interest in using the bathroom, e.g., wants to sit on “potty”
- Attempts to put on shoes and socks without help

Strategies for interaction:

- Provide support and independence as the child learns new skills
- Provide the child with opportunities to work through mastering self-help skills
- Allow the child time to begin to master some self-help skills, e.g., do not rush the child who is trying to put on a t-shirt

Strategies for interaction:

- Provide the child with choices, e.g., “Would you like to wear the blue shirt or red shirt?”
- Remain patient and supportive as the child attempts to master self-help skills; provide the child with encouragement and support as needed
- Respond promptly to the child’s signals when he/she needs assistance
- Recognize that cultural expectations and practices impact the child’s understanding and self-initiation of self-care routines

Real World Story

Michelle is a home visitor who sees Eric, a 26-month-old, and his family on a weekly basis. Michelle has been visiting the family for over a month and is still building a relationship with Eric’s mother, Diana. During her home visits, Michelle provides parent education along with developmentally appropriate activities for Eric. For this particular visit, Michelle has brought pretend play objects for Eric and Diana to engage with. There are play silverware, plates, vegetables, and cups. Michelle sits on the floor, and Diana does the same. Eric begins to rummage around in Michelle’s bag, and begins to take out all of the kitchen toys. Michelle picks up a play plate and spoon and pretends to eat. She says, “This is so yummy!” She then attempts to hand Eric the plate and spoon. Eric grabs them and then hands them over to Diana. He gestures to his mouth and then sits in front of her. Diana then begins to pretend feed him. Eric opens his mouth and says, “Mmmm.” Michelle observes, and then says, “Eric, can you try by yourself?” Eric shakes his head and gestures toward his mother to feed him again. Diana follows his lead and again pretends to

feed him food off the play plate. Diana looks at Michelle and says, “I like to feed him his food, and he prefers it that way. He does not know how to really use a spoon.” Michelle nods and says, “I understand.” Eric takes this opportunity to disengage with his mother and begins to rummage in Michelle’s bag once again.

THIS EXAMPLE HIGHLIGHTS how culture and experiences play important roles in development. Eric has his own expectations for how he eats based on the routine he has established with his mother. Eric is still fed by his mother, and he makes that obvious during his interaction with the play meal. Even after Michelle encourages him to try on his own, Eric still gestures toward his mother to continue the interaction. Michelle is sensitive to what she is observing and simply nods to Diana’s explanation. Michelle demonstrates respect toward Diana and Eric’s routine as she does not ask why, nor does she push Eric to try on his own. While some children at this age may attempt to use a spoon to feed themselves, Michelle is aware that this self-help skill is not a particular goal for this family at the moment.

This story also relates to:

self-regulation

Physiological Regulation, p. 13
Attention Regulation, p. 21

domain 1: Social & Emotional

Relationship with Adults, p. 39

domain 4: Cognitive

Memory, p. 97
Symbolic Thought, p. 105

Keep In Mind

Child development does not occur in isolation; children reach their developmental milestones within their social and cultural contexts. However, while “how the child develops” may look different, “what the child develops” can be observed in a more universal fashion. Below are some indicators that may warrant a discussion with the child’s healthcare provider for closer examination.

- Does not roll over by six months
- Does not walk by 18 months
- Appears to have low muscle tone (loose, floppy muscles)
- Does not pick up small objects using thumb and finger/fingers by 12 months

developmental domain 3:

Language Development, Communication, & Literacy

Learning language and communication is a universal experience for children across cultures. Children develop communication and language skills in the context of their own culture and through meaningful relationships. Children spend the first year of life building the foundation for language, as they absorb what they see and hear

through interactions with their caregivers and their environment. During this time the brain is preprogrammed to learn language. The process of learning language involves nonverbal communication, processing and understanding sounds, and producing sounds.⁶² Even with the complexities of language, children's abilities to communicate and acquire language are remarkable. Children learn language through their interpersonal, social interactions with their caregivers. Throughout the Guidelines, language development, communication, and literacy are referencing children's development in their home, or primary, language, regardless of whether or not this language is that of the majority.



Language is part of communication. At first, children do not have language but they have the ability to communicate. Children use nonverbal and verbal communication to express their needs. They cry, grunt, and use body language. As they get a bit older, children use strategies such as sign language and gestures to communicate their needs before they are able to verbally express them. These communication strategies also support children who have language delays or hearing impairments. Children depend on attentive caregivers to understand and respond to these communication attempts in order to have their needs met.

Caregivers who respond thoughtfully and promptly provide a positive model for shared

Children’s capacity to learn language in the first three years is remarkable.

They have the ability to learn more than one language at a time, and it is easier for children to learn an additional language than it is for adults. Research highlights that there is a critical period for acquiring more than one language; that critical period is the first five years of life.⁶³ Children who learn different languages in the first five years are often viewed as native speakers because they acquire the languages by the same process as their first language, and are more likely to be fluent and accent-free.⁶⁴

communication that all children can build upon. These early reciprocal interactions provide the model for back-and-forth patterns that are important for social communication. In infancy, children may respond to a caregiver’s voice by making eye contact, smiling, or cooing. Verbal children will engage in this same pattern, except they now use some words to communicate. These experiences provide the foundation for understanding the rules of

stand more complex requests, such as two-step directions, with less prompting. Their ability to verbally communicate also improves. In the first year, children are practicing their expressive language through babbling, which takes on the sound of their home language. Around 12 months of age, first words emerge. Children’s first words are embedded in their cultural context and are usually names of meaningful objects and people. Eventually these single-word utterances transition to two-word combinations, and at 36 months, children are able to form short, simple sentences.

An important part of language and communication development is early literacy. Early

In this section:

- Social Communication, p. 75
- Reception Communication, p. 79
- Expressive Communication, p. 83
- Early Literacy, p. 87

literacy is the foundation for reading and writing. Children learn about early literacy through everyday experiences with literacy tools such as books, paper, and crayons. Reading, singing, and drawing are all meaningful activities that caregivers can engage in with young children to help support early literacy development. While children are not expected to read or write by 36 months, these positive, interactive experiences will serve as building blocks to develop literacy skills in the future.

turn-taking in conversations that children will use when communicating with others.

Children build their vocabulary and understanding through interactive experiences. They are not able to verbally express everything they are thinking, but they can understand more than they can say. They demonstrate their understanding by pointing, gesturing, or following simple directions. Older children under-



Social Communication

Children are born with the ability and need to be social. Social communication begins at birth through interactions between caregivers and children. Social interaction occurs with children expressing their

needs through sounds, cries, and body language. Caregivers, in turn, respond to these signals. These simple interactions provide the first model for back-and-forth communication used in conversations. At two months of age, there is an important shift with the emergence of the social smile. The social smile marks the beginning of a very intense social period for children. This period is often referred as the “social baby.”⁶⁵ While children are communicating their needs prior to the social smile, it is the first behavior up to this point that is socially intentional.

In infancy, children use their social smile, eye contact, sounds, and facial expressions to

initiate communication with caregivers. They participate in back-and-forth communication by babbling in response to something a caregiver has said, or engage in interactions that follow-turn taking, such as “peek-a-boo.” These interactions become more complex as children acquire language and an increased understanding of words. Children use words or signs to express ideas in order to engage in short back-and-forth communication with caregivers. Eventually, children will be able to answer adult-directed questions. By 36 months of age, children ask their own questions, use repetition to maintain and extend conversations, and initiate their own conversations.

Standard: Children demonstrate the ability to engage with and maintain communication with others.

Discover how Social Communication is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Relationship with Adults, p. 39

Relationship with Peers, p. 47

domain 4: Cognitive

Concept Development, p. 93

Symbolic Thought, p. 105

developmental domain 3: LANGUAGE DEVELOPMENT, COMMUNICATION, & LITERACY | Social Communication

Standard: Children demonstrate the ability to engage with and maintain communication with others.

During this age period:

Birth to 9 months: Children demonstrate effort in engaging others in both verbal and nonverbal communication and interactions.

7 months to 18 months: Children are participating in interactions with familiar others. Children also begin to demonstrate simple turn-taking skills while interacting.

Indicators for children include:

- Uses sounds, cries, facial expressions, and body language to convey needs
- Attempts to engage in early forms of turn-taking with caregiver, e.g., coos and stares at caregiver
- Smiles and uses other facial expressions to initiate interactions with caregiver
- Participates in back-and-forth communication, e.g., babbles back and forth and/or plays peek-a-boo with caregiver

Indicators for children include:

- Communicates and responds by grunting, nodding, and pointing
- Demonstrates understanding of a familiar sound or word, e.g., looks toward a caregiver after hearing name
- Responds with “yes” or “no,” using sounds, words, and/or gestures to answer simple questions
- Uses facial expressions, vocalizations, and gestures to initiate interactions with others
- Participates in simple back-and-forth communication, using words and/or gestures

Strategies for interaction:

- Communicate with the child from the very beginning, e.g., narrate what is happening throughout the day
- Pay close attention to the child’s nonverbal cues and respond thoughtfully
- Provide opportunities for uninterrupted play with the child
- Acknowledge and respond to the child’s communication attempts

Strategies for interaction:

- Name objects in the child’s environment
- Use words that are found in the child’s context and culture
- Respond thoughtfully to the child’s attempts to interact, e.g., physically move closer to a child who is holding out his arms, smile and nod to the child who is smiling and clapping
- Provide opportunities for the child to communicate with other children and adults

developmental domain 3: LANGUAGE DEVELOPMENT, COMMUNICATION, & LITERACY | Social Communication

Standard: Children demonstrate the ability to engage with and maintain communication with others.

16 months to 24 months: Children increase their capacity for complex interactions as they use a greater number of words and actions, in addition to better understanding the rules of conversational turn-taking.

21 months to 36 months: Children maintain social interactions through the pattern of turn-taking, and are able to build upon ideas and thoughts conveyed.

During this age period:

Indicators for children include:

- Engages in short back-and-forth interactions with familiar others using verbal and nonverbal communication, e.g., says or signs “more” after each time a caregiver completes an action the child is enjoying
- Initiates and engages in social interaction with simple words and actions
- Connects gestures and/or sounds to comment about a familiar object, e.g., makes a crying sound after the caregiver hugs a baby doll and says, “Hush, baby”
- Pays attention to the person communicating for a brief period of time
- Demonstrates an understanding of turn-taking in conversations, e.g., asks and answers simple questions

Indicators for children include:

- Responds verbally to an adult’s questions or comments
- Begins to make formal requests or responses based on his or her context and culture
- Uses repetition to maintain the conversation and obtain responses from familiar others
- Communicates related ideas when in interactions with others
- Uses “w” questions to initiate and expand conversations, e.g., “who,” “what,” “why”
- Initiates and engages others using meaningful objects or ideas, e.g., points out his/her artwork or favorite toy to a caregiver to begin conversing

Strategies for interaction:

- Engage in conversations with the child during the day; follow the child’s lead in order to inform the conversations
- Describe the child’s play, e.g., “You are pushing that car so fast!”
- Respond thoughtfully while interacting and communicating with child, e.g., say “You did it” and clap after the child shares an accomplishment
- Listen and respond to what the child is communicating
- Model turn-taking through everyday interactions

Strategies for interaction:

- Engage in conversations with the child every day; model appropriate turn-taking
- Listen carefully to the child and follow his/her lead when communicating
- Pick conversation topics that are meaningful to the child
- Use open-ended questions to build upon what the child is saying

The Two-Month Shift

Smiles that children express in the first few weeks of life are often spontaneous and reflexive.⁶⁶ At approximately two months of age, children begin to intentionally smile. For caregivers who have been spending all their time feeding, changing, and rocking their new bundle of joy, this is a momentous occasion! The emergence of the social smile marks the start of an intense, social period.⁶⁷ Children are now interactively communicating and become more responsive and purposeful in their interactions with their caregivers. Eventually, coos, smiles, and giggles are common in their everyday interactions. These pleasant and loving interactions positively influence children’s attachment relationships and further build children’s language and communication skills.

Real World Story

Connor is 28 months old and attends full-time childcare while his mom and dad are at work. He is a bright, energetic little boy who loves to play wrestle with his dad. At school, Connor approaches a young peer and begins to tickle him. The other child, Kyle, stands up quickly and moves away from Connor. Connor looks up, disappointed, and attempts to hug and tackle Kyle once again. Kyle calls for their caregiver, Allie. Allie separates the boys and kneels in front of Connor. “Connor, you must respect Kyle’s space. He does not want to be tickled. You must keep your hands to yourself.” Connor walks away, upset, and sits down in the reading corner.

At the end of the day, Connor’s father arrives to pick him up. Allie pulls Connor’s father aside and tells him what occurred with Kyle earlier in the day. Connor’s father listens and says, “I believe he was doing what we do at home. Tickling and playfully wrestling are some of the things he loves to do when I am home.” Allie smiles and nods. They continue to discuss; once they are finished, Connor’s father kneels in front of Connor and says, “Connor, I am sad to hear you had a hard day. I know you love to tickle Daddy and play. That is something that we can do at home when Daddy and Mommy are home, but not when we are with Ms. Allie.”

Connor frowns, but nods his head and takes his father’s hand to leave.

THIS EXAMPLE HIGHLIGHTS how children begin to learn what behaviors are socially acceptable in different settings. In Connor’s home, he is encouraged to engage in physical play with his father. It is a special time for them, when they can express joy. However, at school, it is not allowed. Connor is not intentionally misbehaving; instead he is trying to engage with his peer in what he perceives as a fun manner, as it is for him when he is home. Connor is learning how to interact within two different cultural contexts: home and school. At age two it may be difficult for Connor to control the impulse to engage in this kind of play. With the support of his parents and caregivers, Connor will learn to modify his behavior based on which social and cultural setting he is in.

This story also relates to:

- self-regulation**
- Behavior Regulation, p. 25**
- domain 1: Social & Emotional**
- Emotional Expression, p. 35**
- Relationship with Peers, p. 47**
- domain 4: Cognitive**
- Memory, p. 97**
- Logic & Reasoning, p. 113**

Receptive Communication

Receptive language refers to how well children understand language. Children spend their first year listening to the sounds around them. Newborns can make out all the distinctive sounds used in all languages and can hear differences that adults cannot.⁶⁸ However, after

six months of age, children concentrate on discriminating sounds and patterns in their primary language. Therefore, their ear becomes more finely tuned to their primary language, and they lose the ability to discriminate speech sounds in other languages.⁶⁹ These speech sounds and patterns are the first tools for building vocabulary and an understanding of what is being communicated.

Children understand a lot more than they can express. Children demonstrate understanding through both nonverbal and verbal communication. At one year of age, children understand familiar requests in known situations. For example, a 10-month-old waves his hand after

his caregiver says, “Wave bye-bye.” As they get older, children can understand more complex commands, including multi-step directions. For example, a 30-month-old follows directions when his caregiver says, “Pick up the ball and bring it to me.” The number of words children understand also grows on a daily basis. At the end of 12 months, children can understand approximately 50 words. By 36 months, children have the capacity to understand about 1000 words.⁷⁰ Receptive language development is important because the ability to understand and interpret language influences how successful children are in socially interacting with others.

Standard: Children demonstrate the ability to comprehend both verbal and nonverbal communication.

Discover how Receptive Communication is related to:

self-regulation

Attention Regulation, p. 21
Behavior Regulation, p. 25

domain 1: Social & Emotional

Empathy, p. 51

domain 4: Cognitive

Memory, p. 97
Logic & Reasoning, p. 113

approaches to learning

Problem Solving, p. 135

developmental domain 3: LANGUAGE DEVELOPMENT, COMMUNICATION, & LITERACY | Receptive Communication

Standard: Children demonstrate the ability to comprehend both verbal and nonverbal communication.

During this age period:

Birth to 9 months: Children begin to respond to verbal and nonverbal communication through the use of sounds and physical movements.

7 months to 18 months: Children begin to understand and respond to the meaning of actions and sounds.

Joint attention is the shared experience of looking at an object, person, or event together, established by pointing, gesturing, or the use of language and/or vocalizations.

Indicators for children include:

- Responds to sounds found in the environment, e.g., cries if hears a loud bang, will turn toward a familiar voice
- Calms down when crying after hearing a soothing and familiar voice or receiving physical reassurance, e.g., a hug or gentle pats on back
- Looks or turns toward the familiar person who says his or her name
- Responds to gestures, e.g., waves hello after a familiar person waves to him or her

Indicators for children include:

- Engages in **joint attention** with a caregiver, e.g., joins in looking at the same object or shifts gaze to where someone is pointing
- Follows a one-step, simple request when a gesture is used
- Responds appropriately to familiar words, e.g., hears the words “so big,” and puts arms in air
- Understands approximately 100 words relevant to their experiences and cultural context

Strategies for interaction:

- Narrate what is happening in the child’s environment, e.g., “I am going to pick you up and then we will go change your diaper”
- Consistently respond to the child’s verbal and nonverbal cues in a thoughtful manner
- Name familiar people and everyday objects found in the child’s environment through verbal and nonverbal communication, e.g., verbally label, point to, touch, and gesture

Strategies for interaction:

- Spend quality time with the child sharing in activities such as reading and playing with toys
- Play games where the child can point to objects, e.g., “Where is the cup?”
- Sing songs that are culturally meaningful to the child and encourage him or her to follow along, e.g., “Twinkle, Twinkle, Little Star”
- Continue to name objects that the child is familiar with, e.g., family members, favorite toys and books

developmental domain 3: LANGUAGE DEVELOPMENT, COMMUNICATION, & LITERACY | Receptive Communication

Standard: Children demonstrate the ability to comprehend both verbal and nonverbal communication.

16 months to 24 months: Children begin to demonstrate a complex understanding of meaning in words, facial expressions, gestures, and pictures.

21 months to 36 months: Children continue to expand their comprehension across a variety of contexts through the use of words, actions, and symbols.

During this age period:

Indicators for children include:

- Recognizes and demonstrates understanding of familiar pictures, people, and objects, e.g., says “mama” while pointing to mother
- Understands simple commands and questions and can follow two-step requests with the support of gestures and prompting
- Demonstrates understanding of familiar words or phrases by responding appropriately, e.g., sits in chair after hearing it is snack time
- Points to body parts when prompted
- Responds to personal pronouns, e.g., me, her, him

Indicators for children include:

- Names most objects and people in a familiar environment
- Comprehends compound statements and can follow multi-step directions
- Demonstrates understanding of a story by reacting with sounds, facial expressions, and physical movement, e.g., laughing, widening eyes, or clapping
- Understands simple sentences or directions with prepositions, e.g., “Put cup in sink”
- Responds verbally and/or nonverbally to comments or questions while engaged in conversations with both peers and adults

Strategies for interaction:

- Continue labeling the child’s environment for him or her; name or use sign language when introducing new objects or people
- Use gestures while asking the child to complete actions, e.g., point to the car and point to the toy basket while saying, “Put the car in the basket.”
- Ask the child questions while engaged in interactions and activities, e.g., “Can you point to the picture of the kitty?”
- Engage in movement activities that have the child follow directions
- Use books and pictures to engage the child in conversations

Strategies for interaction:

- Continue to label the child’s environment for him or her; name or use sign language when introducing new objects or people
- Ask the child to complete two-step actions, e.g., “Please put the cup in the sink and then wash your hands.”
- Read with the child often; ask them questions about what just happened in the story or what will happen next
- Ask the child about their favorite toy or friend; gently prompt them to expand their answer

Nonverbal Communication vs. Verbal Communication

Language includes nonverbal and verbal forms of communication. Early forms of nonverbal communication consist of reflexes, eye contact, gaze aversion, and body language. Children later use gestures, such as pointing and shaking their heads to convey feelings and wants. Verbal communication begins with cries, sounds, and coos. Eventually, children use single words to name objects and people. Between 24 months and 36 months of age, children combine words and begin to form short, clear sentences. Children who have a speech or hearing impairment, or are developmentally delayed, can also use nonverbal strategies to understand language and express themselves. Sign language can be used to communicate, and helps ease frustrations in young children when they lack the ability to use words. Pictures and drawings are also good tools for both caregivers and children to use when communicating and expressing themselves.



Expressive Communication

Expressive language refers to how children express their needs, wants, and feelings to others through nonverbal and verbal communication.

Communication begins at birth and includes reflexive cries, gaze aversion, and body language.⁷¹ After four months of age, children transition to using additional sounds as they build the capacity for verbal language. They produce different types of cries and experiment with sounds such as cooing, laughing, babbling, and even yelling. Around nine to 12 months, children begin to point in order to communicate purposefully. They use combinations of gestures and vocalizations to indicate interest in objects and people.⁷² These are all precursors to the words that will emerge between 12 and 15 months.

In the second year of life, children go from using first words to combining words. First words are usually two-syllable utterances such as “baba” for bottle. These are words for people and objects that are meaningful in children’s lives. Often, caregivers are the only people who can make out these words as they emerge within children’s context. Children also utter two-word sentences to convey meanings such as, “Daddy gone,” or “Me cookie.” By 36 months, children produce short, clear sentences to make statements, ask questions, and engage in back-and-forth exchanges.⁷³

Standard: Children demonstrate the ability to understand and convey thoughts through both nonverbal and verbal expression.

Discover how Expressive Communication is related to:

self-regulation

Emotional Regulation, p. 17
Attention Regulation, p. 21

domain 1: Social & Emotional

Emotional Expression, p. 35
Relationship with Peers, p. 47

domain 4: Cognitive

Memory, p. 97
Logic & Reasoning, p. 113

developmental domain 3: LANGUAGE DEVELOPMENT, COMMUNICATION, & LITERACY | Expressive Communication

Standard: Children demonstrate the ability to understand and convey thoughts through both nonverbal and verbal expression.

During this age period:

Birth to 9 months: Children begin to experiment with sounds and other various forms of communication to show interest in and exert influence on their environment.

7 months to 18 months: Children’s language progresses from babbling to utterances and to first words. Toward the end of this age period, babbling decreases as children begin to build their vocabulary.

Telegraphic speech, or the “two-word” stage, refers to the use of combining two words to convey meaning. These two-word sentences consist of a noun and verb and lack transitional phrases, e.g., “Mommy go.”

Indicators for children include:

- Cries to signal hunger, pain, or distress
- Uses smiles and other facial expressions to initiate social contact
- Coos and uses physical movements to engage familiar others
- Babbles and experiments with all types of sounds (two-lip sounds: “p,” “b,” “m”)
- Combines different types of babbles
- Begins to point to objects in his/her environment

Indicators for children include:

- Babbles using the sounds of the home language
- Creates long, babbled sentences
- Uses nonverbal communication to express ideas, e.g., waves bye-bye, signs “more” when eating
- Utters first words; these words are for familiar objects and people, e.g., “mama,” “bottle”
- Names a few familiar objects in his/her environment
- Uses one word to convey a message, e.g., “milk” for “I want milk”

Strategies for interaction:

- Engage in simple turn-taking, e.g., make a cooing sound after the child has made a similar noise
- Repeat the babbling sounds that the child makes; encourage the child to make more sounds
- Create a language-rich environment; communicate with the child throughout the day about what is happening
- Take into account the home language of the child and try to use familiar words in that particular language

Strategies for interaction:

- Acknowledge and respond to the child’s communication attempts
- Expand on what the child is saying, e.g., “Milk? You want to drink milk?”
- Show appreciation when the child is attempting to use new words
- Talk and read with the child often; use words and books that reflect the home culture
- Narrate what is occurring throughout the child’s day, e.g., “Let’s sit down and have lunch”

developmental domain 3: LANGUAGE DEVELOPMENT, COMMUNICATION, & LITERACY | Expressive Communication

Standard: Children demonstrate the ability to understand and convey thoughts through both nonverbal and verbal expression.

16 months to 24 months: Children continue to experiment with language and expand their vocabulary as they begin to speak in two-word utterances.

21 months to 36 months: Children communicate about present themes and begin to combine a few words into mini-sentences to express needs and wants.

During this age period:

Indicators for children include:

- Uses more words than gestures when speaking
- Repeats overheard words
- Has a vocabulary of approximately 80 words
- Begins to use **telegraphic speech**, consisting of phrases with words left out, e.g., “baby sleep” for “The baby is sleeping”

Indicators for children include:

- Speaks in three-word utterances, e.g., “I want ball”
- Begins to use pronouns and prepositions, e.g., “He took my toy” and “on the table”
- Makes mistakes, which signal that he or she is working out complex grammar rules
- Uses adjectives in speech, e.g., “blue car”
- Uses simple sentences, e.g., “I want the yellow cup”
- Has a vocabulary of more than 300 words

Strategies for interaction:

- Continue to engage in conversations with the child about topics meaningful to him or her
- Encourage the child when speaking and elaborate on what the child is saying
- Acknowledge and extend what the child is expressing, e.g., “Yes, I see the baby; the baby is sleeping”

Strategies for interaction:

- Model but do not correct when the child is speaking, e.g., “Oh, Mommy went to work?” after the child expresses “Mommy goed work”
- Speak in simple sentences when communicating with the child
- Allow children to play and experiment with language through songs and word rhymes
- Expand on what the child is saying, e.g., “The baby is crying; maybe she is hungry?” after the child expresses, “The baby is crying.”

Real World Story

Christina is 36 months of age and is learning both English and Spanish. Currently, she is playing with a doll in the pretend play area. She is rocking a doll, whispering, “Shhh, no cry.”

Private speech is children’s use of self-directed language to guide, communicate, and regulate their behavior and emotions. While this self-directed language can be heard, it is not intended for others.

Code-switching is the practice of moving back and forth between two languages within the same dialogue or conversation.

Her caregiver, Jennifer, is sitting next to her observing while she plays. Jennifer asks, “Why is the baby crying?” Christina replies, “She hungry.” Jennifer then says, “What can you give her so she is not hungry anymore?” Christina walks over to the pretend kitchen and grabs a toy bottle and holds it up, “Leche. Quiero milk.” Christina pretends to give the baby a bottle and

continues to rock the doll for a short time. She pretends to burp the doll and then hugs and kisses it. Christina stands up and removes the blanket and exclaims, “Baby needs diaper.” She

undresses the doll and says, “Shirt off.” She pretends to change the diaper and puts the play clothes back on. Jennifer continues to observe Christina play and a few minutes later says, “Christina, in five minutes we are going to clean up and get ready to wash our hands.” Christina looks up, and then continues to play with the doll. “Three minutes left and then we will clean up,” Jennifer says. Christina mutters, “Clean up.” After time is up and Jennifer lets Christina know, Christina begins to put toys away and continues to say, “Clean up.” Once she is done cleaning up, Christina runs over to the sink, pushes her sleeves up, and washes her hands.

THIS EXAMPLE ILLUSTRATES different forms of language use, and caregiver strategies to further develop skills. Christina uses private speech, or self-directed talk, in two instances, both when she is undressing the doll and when she is cleaning up. Private speech helps her walk through the task that she is engaged in. In addition to private speech, Christina demonstrates an example of code-switching when she says, “Leche. Quiero milk.” (Milk. Want milk.) She combines English and Spanish in one sentence, without losing the consistency of the grammatical structure.

Jennifer supports Christina’s language development by asking her open-ended questions in order to extend interactions. Jennifer’s advance warning before transitions supports Christina’s emotional regulation because she now has time to prepare for a change in activity. Christina demonstrates the use of logic both when she follows the appropriate steps to change the doll’s diaper and when she grabs the milk bottle to feed the (hungry) doll. Finally, Christina demonstrates cultural and social conventions by kissing and hugging the doll, in order to communicate feelings.

This story also relates to:

self-regulation

Emotional Regulation, p. 17

domain 1: Social & Emotional

Emotional Expression, p. 35

domain 3: Language

Social Communication, p. 75
Receptive Communication, p. 79

domain 4: Cognitive

Logic & Reasoning, p. 113

Early Literacy

Early Literacy includes both spoken components and written forms of language.⁷⁴ Children develop early literacy skills through their everyday interactions with their caregivers. These include singing, rhyming, and reading books together. Young children explore books through looking, mouthing, and touching them. They “read” books by simply moving books around or turning pages. These early experiences are the beginning of reading and writing for young children and influence the development of their literacy skills.

During the second year of life, children show an increased interest in books. They point to certain pictures, and initiate reading together by gesturing to a particular book. Children identify pictures of certain objects that they are familiar with and name them. Children also become aware of print that is found in their environment. This includes magazines, newspa-

pers, signs, and symbols. Scribbling and drawing also happen during the end of the second and throughout the third year. Opportunities to hold writing utensils, scribble, and draw help children develop their pre-writing skills.

New technology provides children with different opportunities to engage with print and language. For children over the age of two, *limited* use of electronic media, such as touch electronic readers, tablets, or smart phones, can be enriching, *as long* as there is interaction with adults.⁷⁵ *As in every aspect of development, meaningful interactions between children and caregivers are most beneficial for healthy development.*⁷⁶

Standard: Children demonstrate interest in and comprehension of printed materials.

Discover how Early Literacy is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Relationship with Adults, p. 39

domain 4: Cognitive

Concept Development, p. 93
Creative Expression, p. 109

developmental domain 3: LANGUAGE DEVELOPMENT, COMMUNICATION, & LITERACY | Early Literacy

Standard: Children demonstrate interest in and comprehension of printed materials.

During this age period:

Birth to 9 months: Children begin to build the foundation for early literacy by exploring printed materials and building a capacity for reading printed materials.

7 months to 18 months: Children become participants as they actively engage in literacy activities with printed materials.

Indicators for children include:

- Shows awareness of printed materials, e.g., stares at a picture in a book
- Reaches out to grasp and mouth books
- Uses multiple senses to explore books, e.g., explores books with different textures
- Uses hands to manipulate printed materials, e.g., attempts to turn pages of a board book, grasps objects in hands
- Points or makes sounds while looking at picture books
- Focuses attention while looking at printed materials for brief periods of time

Indicators for children include:

- Points to pictures in a book and reacts, e.g., smiles when sees a picture of a dog
- Initiates literacy activities, e.g., gestures toward a book or attempts to turn pages of a paper book or magazine
- Imitates gestures and sounds during activities, e.g., hand actions during singing, babbles as caregiver reads book
- Increases ability to focus for longer periods of time on printed materials
- Grasps objects and attempts to scribble, e.g., makes a slight mark with a crayon on a piece of paper

Strategies for interaction:

- Introduce books from diverse cultures and incorporate them into the child's daily routine
- Allow the child to explore books by mouthing and turning the pages
- Share different types of printed materials with the child, e.g., board books, magazines, cereal boxes
- Name and point to objects in the child's environment
- Spend time with the child reading and looking at books together

Strategies for interaction:

- Use songs and word rhymes; sing finger-play songs such as "pat-a-cake"
- Point and name pictures in books
- Read or sign stories that repeat words or phrases; ensure to say or sign these words or phrases in the child's primary language if possible
- Create designated areas in the classroom or at home where books are easily accessible to the child
- Provide the child with opportunities to hold different types of writing utensils in his/her hands, e.g., large crayon or thick paint brushes

Standard: Children demonstrate interest in and comprehension of printed materials.

16 months to 24 months: Children begin to demonstrate an understanding of printed words and materials.

21 months to 36 months: Children engage others in literacy activities, and have an increased awareness and understanding of the variety of different types of print found in their environment

During this age period:

Indicators for children include:

- Turns the pages of a board book, one by one
- Points to familiar pictures and actions in books
- Repeats familiar words in a book when being read to
- Begins to anticipate what may happen next in a familiar book, e.g., generates sounds and movements and/or uses words for pictures
- Randomly scribbles
- Identifies a favorite book and signals familiar others to read with him or her, e.g., brings the book over, or points and gestures

Indicators for children include:

- Imitates adult role when engages with printed materials, e.g., pretends to read a book or newspaper to stuffed animals or dolls
- Participates in early literacy activities independently, e.g., sits in a reading nook and browses through the pages
- Recites parts of a book from memory
- Scribbles in a more orderly fashion and begins to name what he or she has drawn
- Expresses what happens next when reading a familiar book with a caregiver, e.g., uses gestures, words, and/or sounds

Strategies for interaction:

- Provide access to magazines and books throughout the child's day
- Encourage the child to repeat words and point to objects that are found in magazines and books
- Name objects in the child's environment, e.g., bed, window, table, bottle
- Spend quality time with the child during which reading is the focus; follow the child's lead during this time

Strategies for interaction:

- Provide the child with books that he or she can connect to, e.g., a book about different foods, or about family
- Encourage the child to guess what is happening in the book or what will happen next in a story by using pictures as a guide
- Provide opportunities for the child to use art materials such as paper, paint, and crayons
- Create a special book with the child's picture and ensure that it reflects the child as a unique individual; read this book often with the child

Real World Story

Sam is 32 months old. He is sitting in his Uncle Steve's lap and together they are looking at an electronic reader. Steve is reading an electronic book to Sam, while Sam follows along, looking at the images on the screen. Steve says, "Look, Sam, do you see the turtle?" Sam nods his head, points to the image, and says, "Turtle!" Steve moves his fingers over the screen to turn to the next page. Sam begins to attempt the same action over the screen. Steve stops reading and asks, "Do you want to try to turn the page?" Sam nods his head and attempts again. He is successful and claps his hands when he is finished. Steve exclaims, "Yay! You did it!" matching Sam's enthusiasm.

The American Academy of Pediatrics (AAP) recommends that children under two years of age not engage in **any** screen time and that those older than two watch or engage with no more than one to two hours a day of **quality** programming.

They continue to read the story and Sam turns all the pages on the screen for Steve. Sam interrupts Steve a few times to point to an image and names what he is pointing to. When they reach the end of the story, Sam says, "More book" to Steve. Steve nods and begins to read another brief story. Sam sits back in Steve's lap and listens. Steve gets to a point in the story where there is a lion's roar. Sam leaps up and begins to crawl on the floor, roaring. Steve puts the electronic reader

aside, and begins to crawl on all fours with Sam. Sam laughs and chases Steve around the room.

THIS EXAMPLE ILLUSTRATES an interaction with technology between a child and a caregiver. As previously mentioned, for children over the age of two, *limited* use of electronic media,

such as touch electronic readers, tablets, or smart phones, can be enriching, *as long as* there is interaction with adults.⁷⁷ *As in every aspect of development, meaningful interactions between children and caregivers are most beneficial for healthy development.*⁷⁸

Sam and Steve are engaged in the same manner as they would be if reading a regular book. Steve makes sure to allow Sam to lead the interaction, and follows his lead throughout. He supports Sam's fine motor development and eye-hand coordination by letting him flip the pages, using his finger and wrist in a specific way, and genuinely praises Sam when he is successful. Steve is also aware of when to stop the interaction with the electronic reader and does, once Sam disengages. They then transition to a different interaction in which they are engaged in creative movement and pretend play, building upon the story they just read.

This story also relates to:

domain 1: Social & Emotional

Emotional Expression, p. 35
Relationship with Adults, p. 39

domain 2: Physical

Gross Motor, p. 57
Fine Motor, p. 61

domain 4: Cognitive

Symbolic Thought, p. 105
Creative Expression, p. 109

Keep In Mind

Child development does not occur in isolation; children reach their developmental milestones within their social and cultural contexts. However, while "how the child develops" may look different, "what the child develops" can be observed in a more universal fashion. Below are some indicators that may warrant a discussion with child's healthcare provider for closer examination.

- Does not smile by four months of age
- Does not babble, point, or make meaningful gestures by 12 months of age
- Does not verbally imitate the names of familiar objects by 18 months of age
- Does not use three-word phrases by age three

developmental domain 4:

Cognitive Development

The rate at which children learn during the first three years is remarkable; they will learn more in these first three years than at any other point in their lives.⁷⁹ Cognitive development in young children refers to their process of learning and the development of intelligence and other mental capabilities, such as memory, reasoning, problem solving, and thinking.



As with every aspect of development, cognitive development occurs within the context of positive and nurturing relationships. Play is also a vital tool in cognitive development. Play is used to problem-solve and is the manner in which children learn about their world and build the confidence to master new skills.

Cognitive development is observed through specific behaviors. In early infancy, children have limited capability to outwardly express mental understanding. This does not mean that they are not learning, or that they are not able to gather and process sensory information that they are receiving. Children use all of their senses to take in information and begin to form simple concepts. During the first six weeks of

life, children use reflexes to learn about and impact their environment. Eventually, these involuntary skills start to become voluntary. For example, by four months, children's grasping reflex transitions to intentional grasping. After four months of age, children become more object-oriented, and use intentional movements such as reaching, grasping, and mouthing to explore and learn about objects in their environment.⁸⁰ After eight months of age, children explore simple goal-oriented behavior, imitate simple actions of others, and start to develop logic in order to plan and meet simple objectives.⁸¹ For example, children will repeat certain actions, such as banging the table, or pushing objects off a high chair.

Executive function in the first three years of life refers to the emerging ability to organize and manage conscious thoughts, actions, and emotions.⁸² Executive function is a process that both involves and impacts regulatory capacities and cognitive function in young children. Executive function helps children build attention, manage their impulses, think logically, reason, and problem-solve. The development of executive function in children is fostered by nurturing relationships and meaningful interactions with responsive caregivers. The Strategies for Interactions throughout the Guidelines provide examples of enriching experiences that promote the development of executive function.

An important cognitive shift that develops around eight months is the understanding that objects and people exist even when they are out of sight, or not heard. This is known as object permanence and provides children with understanding that objects have a separate and permanent existence.⁸³ Object permanence is necessary for children to develop **symbolic thought**, which begins at approximately 18 to 24 months of age. Children also use mobility

to expand their exploration of their environment. During the second year of life, children begin to retrieve hidden objects, recognize patterns, fill and empty containers, and have a basic understanding of shapes. All of these achievements are examples of skill development in the following cognitive areas: logic and reason, memory, spatial relationships, quantity and numbers, and science concepts and exploration.

Part of cognitive development includes children's use of creative expression. They use art, music, movement, and play to discover and master new skills. Caregivers can provide opportunities for creative expression through



In this section:

- Concept Development, p. 93
- Memory, p. 97
- Spatial Relationships, p. 101
- Symbolic Thought, p. 105
- Creative Expression, p. 109
- Logic & Reasoning, p. 113
- Quantity & Numbers, p. 117
- Science Concepts & Exploration, p. 121
- Safety & Well-Being, p. 125

exposure to singing, dancing, drawing, and pretend play. Children also have increasing capacity to understand basic concepts regarding safety and well-being. While children are growing in their mental capacities, they still rely on their caregivers to structure safe and learning-rich environments. Caregivers should provide consistent and predictable daily routines in order to best support children in their exploration and play.

Concept Development

Children use their everyday interactions to build understanding and attribute meaning to people and objects in their environment.

In infancy, children use their senses to receive information about their physical environment. They learn about object properties through physical exploration and through their interactions with their caregivers. Children begin to build schemas, or organized patterns of thought, for information they receive; these schemas soon develop into actual mental representations or concepts of objects and people.⁸⁴ Once children develop object permanence, they understand that objects and people are separate and permanent, and they have a mental, abstract representation of them. Children now can use familiar objects in the manner they are intended to be used and can identify and name familiar people and objects.

Around 18 months of age, there is a shift in children's cognitive development that enables

them to think symbolically. This is marked by children's ability to use objects to represent other objects and to engage in simple pretend play. For example, children will pretend to drink milk from an empty cup, or use a toy hammer as a pretend phone. At 24 months of age, children can identify characteristics of objects and people, and are able to distinguish their different properties. Children's pretend play becomes more complex as they are able to incorporate more sophisticated aspects of symbolic thought. By 36 months, children use language and actions during play in order to explore adult roles and relationships and sort emotions. Children also begin to categorize familiar objects by their properties, such as color or type.

Standard: Children demonstrate the ability to connect pieces of information in understanding objects, ideas, and relationships.

Discover how Concept Development is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Attachment Relationships, p. 31

Self-Concept, p. 43

domain 2: Physical

Perceptual, p. 65

domain 3: Language

Receptive Communication, p. 79

Expressive Communication, p. 83

developmental domain 4: COGNITIVE DEVELOPMENT | Concept Development

Standard: Children demonstrate the ability to connect pieces of information in understanding objects, ideas, and relationships.

During this age period:

Birth to 9 months: Children begin to receive and organize information through social interactions and sensory exploration.

7 months to 18 months: Children begin to recognize object characteristics, and build awareness of simple concepts through interactions and exploration.

Concept refers to a general notion or an abstract idea formed in the mind, derived from specific occurrences. Early experiences form schemes, which form into concepts.

Schemes are early patterns and processes that organize information and help infants make sense of their environment.

Indicators for children include:

- Turns head toward sounds
- Begins to focus on objects, sounds, and people
- Actively explores the environment through the five senses
- Attempts to repeat an action, e.g., pats the table and tries to pat it again
- Focuses and begins to distinguish between familiar and unfamiliar objects, sounds, and people

Indicators for children include:

- Develops object permanence, aware that an object still exists even when it is not physically visible, e.g., pulls the blanket off the pacifier, cries when caregiver leaves the room
- Uses physical actions while exploring objects, e.g., rolls a ball back and forth on the floor, purposefully throws object repeatedly onto floor to be picked up
- Identifies and indicates objects and people in pictures, e.g., points
- Focuses attention on objects, people, and sounds for increasing amounts of time

Strategies for interaction:

- Provide responsive and nurturing care; read infant’s cues
- Provide objects that the child can manipulate, mouth, and grasp
- Imitate actions the child attempts to make
- Engage in play with the child; follow the child’s lead

Strategies for interaction:

- Use play to hide objects from the child, and encourage the child to find them
- Demonstrate how to make different objects move, e.g., roll a ball gently toward the child
- Name objects found in the child’s environment
- Talk to the child about objects and their characteristics, e.g., “Both of these are red”
- Name objects and pictures the child points to

Standard: Children demonstrate the ability to connect pieces of information in understanding objects, ideas, and relationships.

16 months to 24 months: Children begin to understand object representation and begin to use verbal and nonverbal communication with object use.

21 months to 36 months: Children begin to demonstrate the ability to classify objects based on common characteristics, and begin to apply knowledge of simple concepts to new situations.

During this age period:

Indicators for children include:

- Pretends to use objects in their intended manner, e.g., holds a play phone to ear and engages in a conversation by babbling
- Begins to identify and name objects and people
- Uses an object to represent another during play, e.g., uses block as a phone
- Begins to identify characteristics of the object, e.g., “red ball”
- With assistance, groups a few objects by similar characteristics, e.g., color, shape, or size

Indicators for children include:

- Identifies characteristics of objects and people when named, e.g., colors
- Begins to arrange objects in a line, e.g., lines up toy cars, one after the other
- Uses symbolic representation during play, e.g., grabs a hair brush and uses it as a telephone
- Purposefully arranges similar objects, e.g., divides plastic blocks into a red group, a blue group, and a yellow group
- Identifies categories, e.g., able to point out all the animals within a picture even with different types of objects represented

Strategies for interaction:

- Continue labeling the child’s environment for him or her; introduce new objects to the child by naming them
- Engage in play with the child; follow the child’s lead
- Create a simple game where the child can try to sort objects by one attribute
- Encourage the child to identify objects that are the same, e.g., matching activities

Strategies for interaction:

- Incorporate learning about colors into songs, reading, and sensory play
- Provide different materials and objects of the same shape and color, e.g., blocks
- Play simple matching games with the child; provide guidance as needed
- Expand on the child’s play by introducing new ways to use familiar objects
- Create a simple game where the child can try to sort objects by two or three attributes



Symbolic Representation

Delayed imitation, language, and symbolic play indicate the emergence of symbolic representation in children.⁸⁵ Symbolic representation occurs when children use symbols to represent a concept that is not present or visible. Symbols include language, images, and different concrete objects. For example, children engage in symbolic representation during play. They may pretend to brush their hair with their hand, or hold up a block to their ear and pretend it's a telephone. Children may see a picture of a man and say, "daddy." As children develop, their use of symbolic representation becomes more complex. They use symbolic representation in play to explore relationships and adults' roles, in addition to managing emotions. Children may designate a "mommy" and "baby" while playing, and act out some of the behaviors attributed to those particular roles.

developmental domain 4: COGNITIVE DEVELOPMENT

Memory

Early experiences help children understand basic concepts and categories, thereby helping them make sense of the world around them.⁸⁶

Children begin to form memories through everyday interactions with

their caregivers and their environment. Prior to the development of object permanence, children become familiar with people, objects, and actions. For example, children turn their head toward a familiar voice and begin to anticipate certain patterns within their routines, such as holding a bottle, or opening their mouth when they see a spoon. Once children acquire object permanence, they have the capacity to remember that people and objects still exist even when they are out of sight. Object permanence allows children to realize that their caregivers have left the room, and provides them the ability to find hidden objects.

Children progress from anticipating the function of objects, for example, shaking a rattle with the expectation it will produce sound, to anticipating routines throughout the day. Chil-

dren may demonstrate this by walking over to their chair after hearing a caregiver say, “Snack time.” Children also demonstrate awareness of people or objects that are not present. Children may ask for their parents or their siblings throughout the day while in the care of others.

Around 24 months of age, children have the capacity to remember a certain sequence of events. For example, children who attend a childcare center may remember that dimming the lights, lying in their cot, and listening to a story, in that particular order, are what constitute naptime. Near 36 months of age, children can demonstrate more complex examples of sequencing as they communicate with others or while engaged in pretend play. As children continue to develop, their ability to retain long-term memories also improves.

Standard: Children demonstrate the ability to acquire, store, recall, and apply past experiences.

Discover how Memory is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Attachment Relationships, p. 31

domain 2: Physical

Perceptual, p. 65

domain 3: Language

Receptive Communication, p. 79

Expressive Communication, p. 83

developmental domain 4: COGNITIVE DEVELOPMENT | Memory

Standard: Children demonstrate the ability to acquire, store, recall, and apply past experiences.

During this age period:

Birth to 9 months: Children begin to form memories from their experiences and will begin to anticipate certain patterns for occurrences.

7 months to 18 months: Children remember familiar people, routines, actions, places, and objects.

Indicators for children include:

- Turns toward familiar voices, sounds, and/or objects
- Anticipates familiar events, e.g., reaches for bottle and brings to mouth
- Finds an object that it is partially hidden
- Remembers that objects and people still exist even when they are no longer physically present, e.g., looks around for parent when parent leaves the room

Indicators for children include:

- Finds hidden objects, e.g., lifts a blanket to uncover a toy after seeing the caregiver hide it
- Shows awareness of non-present, familiar adults, e.g., while in childcare, asks for mom and dad throughout the day
- Searches for objects in their usual location, e.g., finds their favorite book on the bookshelf
- Anticipates what event comes next in his or her daily routine, e.g., sits down for a morning snack after a music activity

Strategies for interaction:

- Provide interesting and age-appropriate toys and objects for exploration
- Engage and interact with the child frequently during the day
- Hide toys under blankets and wait for the child to respond
- Play games such as peek-a-boo, or play with a jack-in-the-box

Strategies for interaction:

- Play with the child using various objects which they can explore
- Set routines; create picture cards with the daily routine so the child can begin to understand what his or her day will consist of
- Play simple games that include hiding a toy in a nearby location
- Respond to the child in a sensitive manner when he or she asks for someone who is not currently there, e.g., "I know you miss your Mommy; she will be back soon to pick you up."

Standard: Children demonstrate the ability to acquire, store, recall, and apply past experiences.

16 months to 24 months: Children recognize and anticipate the series of steps in familiar activities.

21 months to 36 months: Children anticipate the steps in experiences and activities, and understand the sequence of events. They may also remember and recall past events and translate knowledge of past experiences to new experiences.

During this age period:

Indicators for children include:

- Remembers several steps in familiar routines and carries out these routines with little or no prompting
- Recalls an event in the past, e.g., a special visitor, or a friend's birthday party
- Searches for objects in different places

Indicators for children include:

- Shares with adult what happened in school that day
- Carries out routines independently without being reminded what comes next in the daily routine.
- Uses play to communicate about previous events or experiences, including the sequence of events that took place, e.g., a friend's birthday party
- Translates past knowledge to new experiences, e.g., recalls a trip to the dentist, and narrates and acts out each step of the experience on a peer during play

Strategies for interaction:

- Engage in conversations with the child pertaining to past experiences; ask questions
- Notify the child when there will be a change in the daily routine
- Ask the child what he or she thinks may happen next when reading a familiar story

Strategies for interaction:

- Listen to the child's stories; ask open-ended questions
- Model sequencing during play, e.g., "First we will put on these hats, then we will go to the tea party, we will drink tea, and finally we will go back home"
- Read a story with the child; ask the child if he or she can remember what happened at a certain part
- Encourage the child to create a story around a picture he or she has drawn



Sharing Memories

When children near 36 months of age, they begin to recall experiences that are emotionally significant. For example, children can recall a birthday party or a special day with their family, or an experience that was frightening or traumatic. Children recall the sequence of these events and can communicate these experiences to others. Caregivers can encourage children to share these memories by asking them open-ended questions, therefore prompting them to expand on what they are saying, or having them draw out their experiences. Not only does this support children's memory development and language development, it also supports their emotional regulation and expression. In cases where children are sharing fears and negative experiences, the same sensitive approach is encouraged. Caregivers demonstrate empathy and understanding by validating the emotions that children express when recalling a fearful or traumatic event and should always follow the child's lead during these conversations.

Spatial Relationships

Spatial relationships refer to children’s understanding of how objects and people move in relation to each other. In infancy, children use their senses to observe and receive information about objects and

people in their environment. They can see and follow people and objects with their eyes. They focus on mouthing and grasping objects to learn about their physical properties. As they grow, children use trial and error to experiment with movement. They attempt to fit objects in space, such as dropping objects into containers. With newfound mobility, children learn about their own body and its relationship to the physical environment around them. They may crawl around obstacles and over people, or move objects out of their way, to reach their intended goal.

With growing language and cognitive abilities, children understand words that characterize and describe objects in their environment. They know what a large object is versus a small

one, and can understand simple prepositions. Their improving hand-eye coordination and fine motor skills allow them to use trial and error in solving more complex challenges, such as fitting puzzle pieces in their corresponding slot, or successfully dropping shapes into a shape sorter. Children are able to move their bodies in different ways to accomplish goals, such as squeezing their bodies into a small space, or bending down to retrieve an object that has rolled under the table. By 36 months, children use words to describe both people and object properties and can recognize where their bodies are in relation to others without physical trial and error.

Standard: Children demonstrate an awareness of how objects and people move and fit in space.

Discover how Spatial Relationships is related to:

self-regulation

Attention Regulation, p. 21

domain 2: Physical

Gross Motor, p. 57

Fine Motor, p. 61

Perceptual, p. 65

domain 3: Language

Receptive Communication, p. 79

Expressive Communication, p. 83

approaches to learning

Problem Solving, p. 135

Persistence, Effort, & Attentiveness, p. 143

developmental domain 4: COGNITIVE DEVELOPMENT | Spatial Relationships

Standard: Children demonstrate an awareness of how objects and people move and fit in space.

During this age period:

Birth to 9 months: Children use observation and sensory exploration to begin building an understanding of how objects and people move in relationship to each other.

7 months to 18 months: Children begin to use trial and error in discovering how objects and people move and fit in relationship to each other.

Spatial relationships refer to how objects and people are located in space in relation to other objects and people.

Indicators for children include:

- Observes objects and people in the immediate environment, e.g., looks at own hands and feet, tracks caregiver with eyes, turns head toward sounds
- Reaches and grasps for objects
- Explores through the use of different senses, e.g., begins to mouth and/or pat objects
- Focuses attention on an object in motion and follows it, e.g., watches a toy roll away after it falls

Indicators for children include:

- Puts objects in a bucket and then dumps them out; repeats this action
- Begins to identify physical obstacles and possible solutions when moving around, e.g., crawls around a chair instead of under it
- Drops objects such as toys and watches them move
- Discriminates between small and large objects, e.g., uses one hand or two hands in a variety of ways

Strategies for interaction:

- Provide interesting and age-appropriate toys and objects for exploration
- Engage and interact with the child frequently during the day; follow the child's lead during play

Strategies for interaction:

- Provide different types of objects that the child can move around, e.g., toy cars, balls, nesting cups
- Create safe play spaces in which the child can crawl, climb, and move around
- Provide time outside for the child to explore and interact

Standard: Children demonstrate an awareness of how objects and people move and fit in space.

16 months to 24 months: Children have a clearer sense of size and direction and use this knowledge to expand their understanding of how objects move and fit in relationship to each other.

21 months to 36 months: Children can better predict how objects and people will fit and move in relationship to each other. Children have knowledge of **object properties** and apply this knowledge without having to rely on physical trial and error.

During this age period:

Indicators for children include:

- Understands words that characterize size, e.g., big, small
- Uses simple trial and error to complete simple puzzles, e.g., matches piece, orients and attempts to turn to make a puzzle piece fit
- Recognizes the proper direction of objects, e.g., will turn over an upside-down cup
- Begins to understand simple prepositions, e.g., under, in, behind

Indicators for children include:

- Uses words and gestures to describe size of objects
- Recognizes where his or her body is in relation to objects, e.g., squeezing in behind a chair
- Completes simple puzzles with less trial and error, e.g., can match a puzzle piece to its correct slot by identifying the size and shape by simply looking at it.
- Actively uses body to change where he or she is in relation to objects, e.g., climbs to sit on the couch

Object properties are observable characteristics of objects. Examples of object properties include: size, weight, shape, color, and temperature.

Strategies for interaction:

- Narrate while assisting the child in figuring out a solution, e.g., "Let's try to turn the puzzle piece this way"
- Provide the child with opportunities to problem-solve with and without your help; minimize the possibility for the child to become frustrated
- Start to ask the child to do complete simple actions that include a preposition, e.g., "Can you put the book on the table?"

Strategies for interaction:

- Provide puzzles and other fine-motor activities for the child to engage in
- Engage in movement activities that promote balance skills
- Describe everyday objects by size, shape, and other characteristics.
- Create a safe obstacle course where the child can run, climb, crawl, scoot, and maneuver his or her body



Everyday Explorations

Children experiment with object properties from very early on. At first, they use observation to take in information from their environment. They notice contrasts in colors and patterns. They are able to make out human faces and begin to distinguish among them. As children grow, they use physical exploration to learn about object properties. Children go from simply mouthing or patting an object to turning, twisting, or shaking it in order to learn and explore. They learn to identify which objects produce specific results. For example, they can flip on and off a light switch, or press buttons on different objects to produce music or different color lights. Children continue to become more and more aware of object properties as their cognition develops. They will soon be able to name and distinguish between colors and shapes. Children will also be able to identify differences in weight and quantity. Sensory experiences, such as water and sand play, also support children in distinguishing between different textures.

developmental domain 4: COGNITIVE DEVELOPMENT

Symbolic Thought

Children learn about objects, actions, and people through observations, interaction, and exploration. They take information in through all of their senses to build a basic understanding of the world around them.

By eight months of age, children develop object permanence – they know that objects and people continue to exist even though the objects and people can no longer be seen or heard. This realization is why children cry when their caregiver leaves the room, or why they look under a blanket to uncover a toy. Children need object permanence in order to develop symbolic thought.

As they grow, children continue to explore their environment and play with objects the way they are intended to be used. Children will push a toy car around the room, or hold a toy phone up to their ear. Language development is closely related to this cognitive skill, as children

use words to represent meaningful people and objects in their lives, for example, “baba” for bottle, or “dahee” for the family dog.

True symbolic thought emerges around 18 months of age with children’s ability to think in images and symbols.⁸⁷ Children represent concrete objects by using images, words, gestures, or play. For example, children may use a wooden block as a phone during play. Or, they may pretend to cook food in the toy kitchen. Play becomes increasingly symbolic, as children use pretend play to make sense of the world. By 36 months, children can use symbolic play to problem-solve, sort out feelings, and explore roles and relationships.

Standard: Children demonstrate the understanding of concepts, experiences, and ideas through symbolic representation.

Discover how Symbolic Thought is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Emotional Expression, p. 35
Relationship with Adults, p. 39

domain 3: Language

Social Communication, p. 75
Expressive Communication, p. 83

developmental domain 4: COGNITIVE DEVELOPMENT | Symbolic Thought

Standard: Children demonstrate the understanding of concepts, experiences, and ideas through **symbolic representation**.

During this age period:

Birth to 9 months: Children use observation, exploration, and social interaction to learn about objects, actions, and people.

7 months to 18 months: Children use social interaction to continue to gather meaning from objects, actions, and people. Children move from exploring objects to learning how to play with objects in ways they are intended to be used. Toward the end of this age period, children begin to use one object to represent another object.

Symbolic representation refers to children's understanding of how an image or different objects can represent familiar objects.

Object permanence refers to children's understanding that objects continue to exist even though they can no longer be seen or heard.

Indicators for children include:

- Uses senses to explore objects, e.g., observes, mouths, touches
- Interacts with caregiver(s) and the environment
- Physically manipulates objects, e.g., twists and turns toys, drops items
- Combines objects in play
- Locates an object that has been partially hidden

Indicators for children include:

- Demonstrates **object permanence**, e.g., realizes objects and people still exist, even when they are not physically visible
- Imitates adult's actions, e.g., bangs a drum with a rattle, after observing an adult complete the action
- Engages in simple pretend play, e.g., pretends to drink tea from a pretend tea cup, pretends to feed baby doll with toy bottle, uses a toy block as a phone, pretends to talk to mama
- Recognizes familiar people and/or objects in photographs

Strategies for interaction:

- Create an inviting environment for the child to explore; change materials and toys in the child's environment on a regular basis
- Interact and socially engage the child often throughout the day, e.g., use diapering and feeding times to playfully communicate with the child
- Follow the child's lead during play
- Provide toys and experiences that have a variety of colors, textures, sounds, and smells

Strategies for interaction:

- Respond enthusiastically when the child demonstrates new uses for objects he or she has discovered
- Play with the child often; follow his or her lead
- Imitate the child during play, e.g., hold up a pretend phone to ear
- Name objects and people found in the child's environment

Standard: Children demonstrate the understanding of concepts, experiences, and ideas through symbolic representation.

16 months to 24 months: Children demonstrate the beginning of symbolic thinking as they start to label objects in everyday life. Children also use more complex social interactions and engage in imaginary play to make sense of the world around them.

21 months to 36 months: Children use their ability to label and think symbolically to engage in increasingly complex social interactions, exploration, and play. Children use these skills to recreate experiences, problem-solve, and explore relationships and roles.

During this age period:

Indicators for children include:

- Pretends one object is really another by using substitution, e.g., a napkin for a baby’s diaper
- Finds objects after they are hidden in close proximity
- Engages in pretend play with familiar objects and experiences, e.g., places baby doll in stroller and pushes the stroller
- Identifies or names his or her drawings, e.g., points to scribble and says, “mama and dada”
- Communicates labels to familiar objects and/or people, e.g., says “dog” when seeing four-legged animals

Indicators for children include:

- Assigns roles to peers while engaged in imaginary play
- Builds in sequencing while engaged in play, e.g., beginning, middle, and end
- Communicates descriptors of people or objects that are not present, e.g., says “My mommy has blue eyes”
- Projects feelings and words onto stuffed animals, e.g., “The horse is sad”
- Takes on different adult roles during play and uses appropriate mannerisms, e.g., pretends to be the teacher and speaks in a more adult-like voice, while pretending to read a book to students

Strategies for interaction:

- Engage and play with the child; follow the child’s lead
- Narrate the child’s play, e.g., “Are you taking the baby for a walk to the store?”
- Repeat words that child is attempting to attach meaning to, e.g., say, “yes, baby,” as the child points to a picture of a baby
- Encourage and praise the child as he or she shares accomplishments

Strategies for interaction:

- Interact with the child during pretend play and follow his or her lead
- Ask open-ended questions while playing with the child in order to expand on thoughts and language
- Continue to label and narrate actions, objects, and experiences for the child
- Encourage the child to use objects in creative ways to help problem-solve, e.g., using a blanket as an apron, when aprons are all being used by other children

Real World Story

Jocelyn, 34 months old, is playing with a doll house. Her caregiver, Lauren, sits near her but does not engage with her. Jocelyn picks up a doll and moves her around in the play kitchen. She says, “Come eat!” Jocelyn puts down the doll, and grabs a smaller doll from the upstairs part of the dollhouse. She moves the doll into the kitchen and says, “Here, Mommy.” Jocelyn picks up the “Mommy” doll and places them both on the table. She turns toward Lauren, and hands her a third doll. Jocelyn points to that doll and says, “Daddy.” Lauren says, “Do you want me to be the Daddy?” Jocelyn nods her head and turns her attention back to the doll house. She points to the play living room and says, “Daddy sit.” Lauren places the doll on the miniature couch. Jocelyn grabs both her dolls and places them next to the “Daddy” doll. She then leaves the dollhouse and walks over to the table right next to the dollhouse where there is a play cash register. She presses a few buttons, and then it opens. Jocelyn takes out a few pretend bills and hands one to Lauren. Lauren says, “Thank you! I am going to buy a piece of fruit.” Jocelyn bends down, and reaches toward the basket that is under the table. She picks out a pretend apple and hands it to Lauren. She then takes the bill out of Lauren’s hand and puts it back into the register.

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THIS EXAMPLE HIGHLIGHTS Jocelyn’s developing cognitive skills. Jocelyn first uses the dolls as a representation of her family and has them take on specific roles. She is able to demonstrate delayed imitation and symbolic thought by performing two sequences that she is familiar with: dinner and sitting together as a family. She uses language to indicate what is being represented and to engage her caregiver in play, when she hands Lauren the “Daddy” doll and again when she hands Lauren the pretend bills. Jocelyn also demonstrates her memory skills as she bends down automatically to get Lauren a piece of pretend fruit without having to look around. Finally, Jocelyn shows a basic understanding of quantity as she hands Lauren one piece of fruit, after Lauren communicates that is what she wants.

This story also relates to:

domain 1: Social & Emotional

Relationship with Adults, p. 39

domain 3: Language

Social Communication, p. 75

domain 4: Cognitive

Concept Development, p. 93

Memory, p. 97

Quantity & Numbers, p. 117

approaches to learning

Creativity, Inventiveness, & Imagination, p. 147



developmental domain 4: COGNITIVE DEVELOPMENT

Creative Expression

Creative expression refers to how children use music, movement, building, and play to express themselves. From a very early age,

children demonstrate an interest in sounds, colors, objects, and textures. In infancy, children engage in sensory exploration; they mouth different objects to learn about them, and use their hands to feel and move them. During this period, children are aware of different sounds and are often heard cooing and babbling. Near one year of age, children are able to clap their hands and move their bodies to music and rhythm. Children also engage in interactive play such as peek-a-boo, and can imitate simple finger plays. They may also finger paint and play with different sensory materials such as water, sand, or play dough.

During their second year, children creatively express their thoughts and feelings through symbolic play, also known as pretend play.

Children will imitate a familiar role, such as pretending to be the mommy by feeding and rocking a baby doll. Children engage in movement activities that incorporate whole body movements to express emotion. For example, children will roll around on the floor if they are being playful, or squeeze caregivers when excited. Increased hand-eye coordination and attention help them engage in art activities such as scribbling and brush painting for longer periods of time.

Children also take an eager interest in building things. Younger children will simply stack a few objects; as they near 36 months of age, children will have been building increasingly complex structures, and these activities are often intertwined with pretend play.

Standard: Children demonstrate the ability to convey ideas and emotions through creative expression.

Discover how Creative Expression is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Emotional Expression, p. 35

domain 3: Language

Expressive Communication, p. 83

approaches to learning

Creativity, Inventiveness, & Imagination, p. 147

developmental domain 4: COGNITIVE DEVELOPMENT | Creative Expression

Standard: Children demonstrate the ability to convey ideas and emotions through creative expression.

During this age period:

Birth to 9 months: Children build the beginnings of creative expression through everyday interactions with their caregivers.

7 months to 18 months: Children increasingly engage with their caregiver(s) and show enjoyment in activities and interactions that focus on music, movement, building, and play.

Indicators for children include:

- Actively explores sensory objects in the environment
- Participates in interactions with caregiver(s), e.g., observes, smiles, coos
- Demonstrates interest in sounds, songs, music, and colors
- Listens and moves to music
- Manipulates objects, e.g., turns, shakes, bangs

Indicators for children include:

- Enjoys familiar songs and word rhymes
- Begins to use symbolic play while interacting, e.g., holds a play phone to ear and has a “conversation” with grandma
- Begins to stack large blocks with or without support
- Participates in music activities by performing some accompanying hand movements
- Engages in art activities such as coloring or finger painting

Strategies for interaction:

- Provide the child with choices for exploration; follow his or her lead
- Interact in a meaningful manner with the child throughout the day
- Make music part of every day; sing songs with the child
- Provide toys and activities that encourage movement, e.g., a toy drum, a tunnel to crawl through

Strategies for interaction:

- Sing songs with the child and model any accompanying gestures
- Provide the child with different options for creating artwork
- Demonstrate enjoyment of music and actively participate with the child as he or she sings
- Encourage the child to explore different materials while playing

Standard: Children demonstrate the ability to convey ideas and emotions through creative expression.

16 months to 24 months: Children continue to show increasing ability as they engage with their caregiver(s) in music, movement, building, and play activities.

21 months to 36 months: Children initiate and engage in music, movement, building, and play activities to interact with others and express ideas, feelings, and emotions.

During this age period:

Indicators for children include:

- Imitates basic movements during an activity, e.g., places bean-bag on head
- Engages in more intricate pretend play, e.g., uses a toy banana as a phone
- Enjoys using instruments while listening to music
- Builds by using different objects and materials, e.g., lines up cars, stacks small boxes
- Enjoys breaking down what he or she has built, e.g., knocking over a stack of blocks with his or her arm
- Creates artwork; focuses and enjoys the process rather than the final product

Indicators for children include:

- Selects movements that reflect mood, e.g., jumps up and down when excited
- Identifies and discusses characters that are meaningful to him and her
- Builds increasingly complex structures and expands upon them, e.g., uses smaller blocks to build taller towers, lines up materials and adds other components to create a “road” leading up to the tower
- Uses imaginary play to cope with fears, e.g., puts monster in a closet
- Plays dress-up and invites caregiver(s) to play along

Strategies for interaction:

- Provide props and instruments that the child can use during music and movement
- Engage in conversations about what the child is creating during art activities
- Display the child’s artwork where he or she can see it and show it off
- Provide play experiences both outdoors and indoors

Strategies for interaction:

- Expose the child to music and dance from different cultures and backgrounds
- Provide opportunities for pretend play in which the child can dress up as various characters, e.g., a cowboy, firefighter, or princess
- Encourage the child’s creative expression by genuinely praising his or her efforts
- Participate in the child’s play; dress up, pretend, and play with the child

Real World Story

Melissa is 36 months old and is sitting with her peers during circle time. Joy, their child-care provider, is reading them a story they are familiar with, “We’re Going on a Bear Hunt.” Melissa is moving her hands to match the movements of the children in the book. Each time Joy stands up to act out a part of the book, all the children scramble to their feet to copy the actions. Melissa squeals with excitement and moves her body to represent crawling through grass, wading through a river, stomping in mud, and crawling through a cave. Once Joy gets to the part of the story that encounters the bear, Melissa and the children automatically move from a crawling position to a full stand, and begin to run in place as fast as they can. Melissa makes the pretend movement of running up the stairs, and then flops herself to the ground to act out the part where the children crawl under their bedcovers. As Melissa lies on the floor, giggling, one of her peers has tripped over another child. Melissa stops laughing and observes Joy comfort the child. Joy then returns to her spot and places the book behind her and says, “Okay, boys and girls, show me how you can stand on your feet.” Melissa and the older children stand up; some children are still giggling and moving around. Melissa is standing quietly, waiting for

Joy. Joy says, “It is time to whisper and walk quietly over to the table; we don’t want to wake the sleeping bear.” The children then follow Joy as she tiptoes and keeps one finger over her lips. Melissa follows along, whispering “hush,” and works hard to keep her balance as she tiptoes.

THIS EXAMPLE HIGHLIGHTS how language, cognitive, and physical development can all come together in one activity. Melissa is working on her receptive language and early literacy development as she follows the story and completes the accompanying movements. She is learning to express feelings and actions with her body, thereby developing creative expression. Melissa is also working on her spatial-awareness, gross-motor, and perceptual development as she moves her body in different ways, while having to remain aware of others around her. Melissa also demonstrates behaviors that indicate the awareness of feelings in others, as she stops laughing to observe a peer who has gotten hurt.

This story also relates to:

domain 1: Social and Emotional

Relationship with Peers, p. 47
Empathy, p. 51

domain 3: Physical

Gross Motor, p. 57,
Perceptual, p. 65

domain 3: Language

Receptive Communication, p. 79
Early Literacy, p. 87

approaches to learning

Creativity, Inventiveness, & Imagination,
p. 147



developmental domain 4: COGNITIVE DEVELOPMENT

Logic & Reasoning

Children use imitation, cause and effect, and trial and error to build their logic and reasoning skills. Children learn these skills through everyday interactions with their caregivers. From very early on,

children discover that their own actions and behaviors have an impact on the behaviors and actions of people and objects. For example, children cry to signal needs and their caregivers respond to meet these needs. Once they are able to grasp and manipulate objects, children use imitation to interact with objects. For example, children may bang a toy drum immediately after observing their caregivers perform the same action. They learn about cause and effect by repeating the same actions over and over in order to produce the same results. For example, they repeatedly drop an object off an elevated surface to engage their caregivers in picking it up, as well as to hear the sound it makes when it falls.

During the second year, children's logic and reasoning skills improve as they use trial and error to solve problems. They have a better understanding of patterns of, and relationships between, the impacts of certain behaviors on objects and people, and begin to use these patterns in different ways. For example, children may use different ways to move objects; at first, they may use their hands, and then attempt to use another body part, such as their feet or head. At 24 months of age, children know that selective actions affect different objects and people in different ways. They understand the intended function of objects and, by 36 months of age, can communicate cause and effect, and problem-solve more effectively.

Standard: Children demonstrate the ability to use knowledge, previous experiences, and trial and error to make sense of and impact their world.

Discover how Logic & Reasoning is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Relationship with Adults, p. 39
Self-Concept, p. 43

domain 3: Language

Receptive Communication, p. 79
Expressive Communication, p. 83

approaches to learning

Problem Solving, p. 135
Persistence, Effort, & Attentiveness, p. 143

developmental domain 4: COGNITIVE DEVELOPMENT | Logic & Reasoning

Standard: Children demonstrate the ability to use knowledge, previous experiences, and trial and error to make sense of and impact their world.

During this age period:

Birth to 9 months: Children begin to build awareness and use simple actions to have an impact on objects and people in their environment.

7 months to 18 months: Children combine specific actions to have an effect on people and objects, and interact with people and objects in different ways to discover what will happen.

Indicators for children include:

- Uses nonverbal and verbal communication to generate responses from caregiver(s), e.g., coos, reaches, laughs
- Repeats similar actions on different objects, e.g., shakes stuffed animal in the same manner as a rattle to hear noise
- Looks for and finds an object that has fallen

Indicators for children include:

- Uses objects as they are intended, e.g., pretends to drink milk out of a toy bottle
- Attempts different ways to move an object to see what happens, e.g., rolls a ball gently at first and then hard to see how fast and far it will move
- Uses different actions for an intended result, e.g., builds tower with blocks and then knocks it down with his or her hand, repeats the activity and uses his/her head to make the tower tumble
- Imitates adult's body language and simple actions, e.g., puts hands on hips or pretends to brush crumbs off table

Strategies for interaction:

- Participate in social interactions the child initiates
- Provide interesting toys that can be easily manipulated, e.g., squeezed, shaken, rattled
- Play turn-taking games with the child, e.g., peek-a-boo

Strategies for interaction:

- Allow the child to explore a variety of toys.
- Narrate the child's play: "Look how hard you rolled that ball"
- Allow the child freedom to try new things with some support
- Demonstrate and explain the relationship between objects and/ or people

developmental domain 4: COGNITIVE DEVELOPMENT | Logic & Reasoning

Standard: Children demonstrate the ability to use knowledge, previous experiences, and trial and error to make sense of and impact their world.

16 months to 24 months: Children understand how purposeful and select actions can affect different objects and people. Children also begin to connect objects and ideas based on repetition and experience.

21 months to 36 months: Children have a greater understanding of **causation** and can predict and choose specific actions to attain a desired result. Children also begin to apply past experiences and knowledge to form ideas.

During this age period:

Indicators for children include:

- Repeats actions over and over to cause desired effect, e.g., dumps out a bucket and refills it with objects
- Starts to predict the consequence of simple and familiar actions, e.g., knows that flipping the light switch will either turn on or turn off the light
- Understands functionality of objects, e.g., mop is used to clean the floor
- Begins to understand certain behaviors are related to certain contexts, e.g., behaves differently at childcare than at home

Indicators for children include:

- Recognizes actions and objects and can generalize meaning, e.g., sees someone opening an umbrella and can attribute that to the fact that it may be raining
- Makes a prediction of what will happen next in a sequence of events
- Applies past experiences to new situations
- Expresses cause and effect in certain situations, e.g., "I fell down and now I have a boo-boo."

Causation

refers to the relationship between cause and effect. Children understand that specific actions and words affect objects and people in their environment in predictable ways.

Strategies for interaction:

- Provide the child with experiences that demonstrate cause and effect, e.g., objects that produce sounds after performing a specific action
- Show and explain what objects do and what they are used for during everyday interactions
- Narrate sequencing found in everyday interactions, e.g., "First we will fill the tray with water, then we will put toys in it."

Strategies for interaction:

- Use stories and everyday conversations to ask the child to predict what may happen next
- Use child's past experiences to bridge to new experiences, e.g., using chalk on the sidewalk to scribble instead of crayon and paper
- Discuss and experience cause and effect in everyday interactions, e.g., add food coloring to the water table and show the child what happens

Real World Story

Quinn is 13 months old and is playing in his playroom. He is standing against a small table, playing with a toy kitchen. He is attempting to place a plastic cup inside the pretend kitchen's oven, but he is not able to shut the oven door. He becomes frustrated and throws the plastic cup on the ground. His mother, Kate, is sitting close by. She leans forward and picks up the plastic cup. She scoots closer to Quinn and says, "I can see you are frustrated; let me see if I can help you." She looks in the oven, points inside, and says, "Quinn, there is a plate in there. Can you hand me the plate?" Quinn looks at Kate, then looks at where she is pointing. He leans in and grabs the plate. He hands it to Kate, who says, "Now try," and hands him the plastic cup. Quinn moves the cup around and eventually gets it to fit inside the oven. Kate smiles, claps, and says, "You did it!" Quinn smiles, bounces up and down, and then claps his hands. He squeals with delight and opens the oven again. He grabs the cup and attempts to put it back in. He moves the cup around a few times until he gets it to go back in the oven. Once again he is successful. Kate claps and says, "Again! You did it again!" Quinn squeals, bounces up and down, and claps his hands.

THIS EXAMPLE DEMONSTRATES how logic and reasoning begins in the first year. Quinn is having a hard time figuring out how to get the cup into the oven. He is persistent but easily frustrated. Quinn does not have the expressive language to say "help," but demonstrates this need by throwing the cup. His mother reads this signal and helps him regulate by acknowledging his feelings and helping him solve the problem. Quinn demonstrates his receptive language skills by finding the plate and handing it over to his mother. He uses trial and error to accomplish his goal, as he moves the cup around until he gets it to fit. Kate supports Quinn's self-concept development, as she encourages him and genuinely shares in his accomplishment. Quinn's positive reaction demonstrates his enthusiasm and joy in reaching his goal.

This story also relates to:

self-regulation

Emotional Regulation, p. 17
Attention Regulation, p. 21

domain 1: Social & Emotional

Attachment Relationships, p. 31
Self-Concept, p. 43

domain 3: Language

Receptive Communication, p. 79

approaches to learning

Persistence, Effort, & Attentiveness, p. 143



developmental domain 4: COGNITIVE DEVELOPMENT

Quantity & Numbers

Children have an early awareness of number concepts. In infancy, children begin to learn about quantity through interactions with their environment and their caregivers. They begin to demonstrate the understanding of “more” through body language. For example,

children may lean their head forward during mealtimes to indicate they want more food. Or, they may use body language and gestures to communicate to a caregiver to repeat an enjoyable action. Young children are also aware that more than one object exists in their environment. This is indicated when children release one object to reach for another. While they are not able to determine the number of objects, they have established the foundation for the concept of “more.”

Once children have the ability to verbally express themselves, they have the ability to communicate the concept of more. They may sign or say “more” during interactions. Children

also use imitation and language to explore number concepts. For example, children may imitate their caregivers and say, “one, two,” when engaged in play. They will not be able to match the correct quantity of objects with their words until closer to 36 months, but use imitation and play skills to build **number sense**. Around 24 months of age, children have the ability to identify very small quantities without having to count them. They can look at a small number of objects and determine if there are “one,” “two,” or “three” of them. By 36 months, children use language to demonstrate an understanding of progressive number order and can identify “more” when comparing groups of objects.

Standard: Children demonstrate awareness of quantity, counting, and numeric competencies.

Discover how Quantity & Numbers is related to:

self-regulation

Attention Regulation, p. 21

domain 2: Physical

Perceptual, p. 65

domain 3: Language

Social Communication, p. 75

Expressive Communication, p. 83

developmental domain 4: COGNITIVE DEVELOPMENT | Quantity & Numbers

Standard: Children demonstrate awareness of quantity, counting, and numeric competencies.

During this age period:

Birth to 9 months: Children are developing an understanding of quantity and number concepts as they explore and interact with objects and people in their everyday environment.

7 months to 18 months: Children begin to identify that there are different quantities of objects and people, and may attempt to match quantities with numbers through the use of words, symbols, and gestures.

Attributes are characteristics or properties of objects, such as shape, color, or size.

Indicators for children include:

- Uses sounds and body language to signal for more, e.g., begins to cry when finishing a bottle of milk and is still hungry
- Explores objects one at a time, e.g., mouths one toy and drops it to grab hold of another, or drops toys in a container
- Expresses desire for more through facial cues, sounds, gestures, and actions, e.g., bangs, opens mouth, points, reaches
- Holds on to more than one object at a time, e.g., grasps a rattle in one hand, and reaches for block

Indicators for children include:

- Understands the concept of “more” in regard to food and play; signs or says, “more”
- Imitates counting, e.g., climbs stairs and mimics “one, two”
- Uses nonverbal and verbal communication to express more complex concepts, e.g., “some,” “again,” “all done”
- Begins to understand descriptive words and apply **attributes** to people, e.g., points to himself when asked, “Who’s a big boy?”
- Begins to use number words to label quantities, even though incorrect

Strategies for interaction:

- Respond promptly and thoughtfully to the child when he or she signals needs
- Provide multiple objects and/or materials for the child to explore
- Encourage the child to explore objects one by one, e.g., hand them one block and say “one”
- Play with the child; count out loud as you hand him or her objects
- Engage in simple finger plays with the child

Strategies for interaction:

- Model counting and sequencing for the child through everyday interactions, e.g., “First, we are going to sit you in your chair, and then we are going to put your bib on.”
- Narrate as the child gestures, e.g., “so big” as he or she raises arms in air
- Sing songs that incorporate numbers

Standard: Children demonstrate awareness of quantity, counting, and numeric competencies.

16 months to 24 months: Children recognize various quantities of objects and people, and begin to accurately match number words to the correct amount.

21 months to 36 months: Children use language to demonstrate a basic understanding of number representation and quantity identification.

During this age period:

Indicators for children include:

- Communicates amount of familiar objects, e.g., sees two apples and says, “two”
- Uses nonverbal gestures to demonstrate understanding of quantities, e.g., holds up two fingers to express two of something
- Begins to use “one,” “two,” and “three” to identify very small quantities without counting them
- Begins to use descriptive words for people in a more complex fashion, e.g., “he big,” “she baby”

Indicators for children include:

- Understands progressive number order, e.g., recites the number series to ten
- Begins to count objects; may count objects twice and/or skip numbers
- Begins to identify quantity comparison, e.g., “Which group has more blocks?”
- Assigns meaning to numbers; understands the concept of a small number or big number, e.g., communicates “wow” when a caregiver shares that he or she is 35 years old
- Uses descriptive words when communicating about others, e.g., “She ran fast,” “He is short,” “Look how far away I am”

Strategies for interaction:

- Use numerical concepts in everyday activities, e.g., “Would you like one cracker or two?”
- Use teachable moments, e.g., ask the child to pass you one crayon from the pile during art
- Acknowledge the child’s attempts to use numerical concepts in everyday interactions, e.g., “Yes, you are right, you are two years old!”

Strategies for interaction:

- Recognize that experience and exposure are factors that influence whether or not the child is familiar with numbers
- Engage the child in participating in word rhymes that incorporate numbers and math
- Use descriptive words when interacting with the child, e.g., “You are so tall!”



“More” and “Enough”

While quantity and numbers are complex concepts in the school-age period, children build the foundation for these in the first three years. Children begin to experience quantity and numbers through everyday interactions with caregivers. The first mathematics-related concept that children seem to learn is that of “more.” They are able to communicate that they need more of something, such as more milk, more food, more cuddles, or repetition of certain experiences, such as singing, or winding up the jack-in-the-box. Children are also learning the concept of “enough.” They communicate no, or stop, to express when they want caregivers to end what they are doing, or when they are done with their milk or meal. At times, children adamantly communicate these concepts within their interactions. They may cry, shake their head, grab, push away, or pull caregivers toward them. Caregivers should respond accordingly to best meet children’s needs.

developmental domain 4: COGNITIVE DEVELOPMENT

Science Concepts & Exploration

Children learn about science concepts through the exploration of both their indoor and outdoor environment. They use all of their five senses to take in new information and actively learn about their world.

As newborns, children use observation to make sense of their surroundings. They track objects with their eyes, enjoy looking at faces, and notice high-contrast patterns. When they begin to grasp objects, children explore object properties. They may mouth, shake, drop, bang, or manipulate the objects in order to learn about them. They soon discover that they enjoy an action they have performed upon the object and take great delight in repeating it over and over. For example, they drop objects onto the ground and hear a loud bang. They repeat this to continue hearing the banging noise. In this example, children are learning about cause and effect and trial and error.

By 24 months, children are active scientists, trying to discover as many new things as possible. They are interested and curious about living things, and begin to ask simple questions about nature. They enjoy spending time outside, and pick up objects to observe, such as leaves, pebbles, or flowers. They are also capable of identifying characteristics of living things they are familiar with. For example, they may share that their cat “meows.” Children are also engaging in the beginning processes of classification as they can identify similar properties among objects and people. Children begin to apply past experiences to new ones, and begin to predict outcomes of certain actions.

Standard: Children demonstrate a basic awareness of and use scientific concepts.

Discover how Science Concepts & Exploration is related to:

self-regulation

Attention Regulation, p. 21

domain 2: Physical

Gross Motor, p. 57

Perceptual, p. 65

approaches to learning

Curiosity & Initiative, p. 131

Problem Solving, p. 135

developmental domain 4: COGNITIVE DEVELOPMENT | Science Concepts & Exploration

Standard: Children demonstrate a basic awareness of and use scientific concepts.

During this age period:

Birth to 9 months: Children use social interactions along with their five senses to discover and explore the world around them.

7 months to 18 months: Children use all of their five senses to purposefully collect and act on information received through interactions with their environment.

Indicators for children include:

- Observes people and objects in his or her environment
- Engages in social interactions with familiar adults
- Actively explores new objects found in the environment, e.g., mouths, pats, grasps
- Uses all of his or her senses to explore and discover new things, e.g., reaches out to touch rain or snow

Indicators for children include:

- Actively explores objects and experiences their properties through the different senses, e.g., color, texture, weight, taste
- Repeats actions that attracts his or her attention, e.g., drops object onto floor to hear the sound it makes
- Experiments with different textures found in the outside environment, e.g., runs fingers through dirt, crumbles dry leaves

Strategies for interaction:

- Create an inviting environment for the child to explore; change materials and toys in the child's environment on a regular basis
- Follow the child's lead during play
- Provide toys and experiences that have a variety of colors, textures, sounds, and smells
- Allow the child to explore his or her outdoor environment, e.g., go on stroller walks, have the child crawl on grass

Strategies for interaction:

- Provide opportunities for the child to explore and play outside
- Engage in conversations with the child about nature, animals, and other living things; introduce books that cover those topics
- Provide the child plenty of opportunities for sensory play, e.g., pudding, shaving cream, water, sand

developmental domain 4: COGNITIVE DEVELOPMENT | Science Concepts & Exploration

Standard: Children demonstrate a basic awareness of and use scientific concepts.

16 months to 24 months: Children begin to use experimentation to interact and engage with their environment in different ways. In addition, a new, distinct interest in living things emerges.

21 months to 36 months: Children use their communication skills to indicate interests in observations, experiences, and engagement with the world around them. Children actively experiment with their environment to make new discoveries happen.

During this age period:

Indicators for children include:

- Shows interest in own body; may know names for certain body parts
- Begins simple categorizing, e.g., cats and dogs are animals
- Asks simple questions about nature
- Attempts new tasks during familiar activities, e.g., plays at the water table, and instead of using hands, tries to use head to make the water move
- Uses motion and sound to represent an observation, e.g., “snake, ssssss!”

Indicators for children include:

- Begins to identify characteristics of animals, e.g., “The dog barks”
- Identifies various attributes of objects, food, and materials, e.g., color, shapes, size
- Draws on past experience to describe and communicate about observations and experiences, e.g., knows what happens when one blows on a candle, discusses what happens to snow when the temperature is warmer
- Engages in processes to reach an outcome, e.g., mixes three different colors of paint to see what color emerges

Strategies for interaction:

- Provide opportunities for the child to engage in sensory play
- Talk to the child about different animals, their size, where they live, and what sounds they make
- Allow the child to explore flowers, insects, and other living things while outside

Strategies for interaction:

- Begin to ask the child “w” questions: what, where, when, and why
- Incorporate science and inquiry questions in the child’s daily routine
- Provide activities and experiences that allow the child to problem-solve and reach conclusions, e.g., building, experimenting with changes from solids to liquids
- Create themes and activities that focus on nature, e.g., share with the child the life cycle of a butterfly through both books and real-life experiences

The great outdoors!

Children learn through all of their senses, and what better place to engage all of those senses than the outdoors. There are many opportunities for children to see different animals, colors, and people. Children can experience different textures as they explore puddles, dried leaves, and flowers. They can feel raindrops and wind, and hear cars and trucks. These early experiences provide children with exciting and meaningful ways to learn about nature, science, and the community they live in. The outdoors is also a place where children are able to practice and master physical skills such as walking, running, jumping, and climbing. They experiment with throwing objects, such as a ball, and moving their bodies in different ways, such as spinning while they chase bubbles. Outdoor experiences provide children with positive outlets to expend energy, get messy, and learn about the world around them.



developmental domain 4: COGNITIVE DEVELOPMENT

Safety & Well-Being

In the first few years of life, children depend on their caregivers to keep them safe and healthy for proper development. Children are beginning to grow in their capacity to recognize potentially unsafe

or unhealthy situations, but will need a lot of caregiver support. Children build this capacity by establishing trust in responsive and nurturing caregivers who are consistent in meeting their needs. Children also look to their caregivers to establish what is acceptable and what is not.

At birth, children are not completely defenseless. They enter the world with a set of reflexes designed to signal basic survival needs to caregivers.⁸⁸ As they grow, children become aware of their own bodies and their environment. They become purposeful in how they interact with their environment and actively practice all the new skills they develop. The challenging aspect is finding the right balance

of active exploration and learning, and keeping children safe in their environment.

With new skills come risky behaviors that are developmentally appropriate. Children lunge forward with no regard for anything in their way, or pick up everything possible off the floor and place it in their mouths. Children do not have the ability to control their impulses, and will test safety limits that have been put in place by caregivers. Children's growing cognitive abilities help them process why safety rules are in place, along with building memory for what is allowed and what is not. While they may pay attention to safety rules, children still need constant supervision to stay safe.

Standard: Children demonstrate the emerging ability to recognize risky situations and respond accordingly.

Discover how Safety & Well-Being is related to:

self-regulation

Attention Regulation, p. 21
Behavior Regulation, p. 25

domain 1: Social & Emotional

Attachment Relationships, p. 31

domain 2: Physical

Self-Care, p. 69

approaches to learning

Confidence & Risk-Taking, p. 139

developmental domain 4: COGNITIVE DEVELOPMENT | Safety & Well-Being

Standard: Children demonstrate the emerging ability to recognize risky situations and respond accordingly.

During this age period:

Birth to 9 months: Children first rely on their natural reflexes to signal basic survival needs to their caregiver(s). Toward the end of this age period, an emerging awareness in their own bodies and trust in their caregiver(s) support children in meeting needs and protecting them in uncertain and potentially unsafe situations.

7 months to 18 months: Children’s increasing physical abilities allow them to explore new ways of interacting with the environment around them. Motivated by these new skills, children take risks to explore and learn, and demonstrate through nonverbal and verbal communication trust in their caregiver(s) to keep them safe.

Social Referencing is the term used to describe how young children take their cues from familiar others in deciding what emotions and actions are appropriate.

Indicators for children include:

- Signals needs through reflexes and sounds, e.g., demonstrates rooting reflex when hungry, cries when uncomfortable
- Actively observes and explores environment
- Demonstrates interest in own body, e.g., stares at hands, mouths feet, pokes at belly button
- Uses physical movements to explore environment, e.g., reaching, sitting, rolling
- Demonstrates trust in caregiver(s), e.g., reaches for adult, comforted when soothed, looks for caregiver in novel situations

Indicators for children include:

- Uses **social referencing** to assess uncertain situations, e.g., looks at a caregiver for social cues as to whether or not to proceed
- Actively climbs to reach for wanted objects during play
- Responds to cues from caregiver in uncertain and unsafe situations
- Hesitates and demonstrates caution in new and/or changing situations, e.g., stops crawling when reaches the edge of an uneven surface
- Responds to warnings and changes in tone of voice; needs assistance and redirection to stop unsafe behavior, e.g., looks up after hearing a stern “no” but does not necessarily stop the behavior or action

Strategies for interaction:

- Meet the child’s needs in a prompt and sensitive manner
- Respond thoughtfully when interacting with the child
- Provide a safe, child-proof environment, while providing constant supervision
- Soothe and comfort the child as needed, e.g., hold, cuddle, rock
- Interact with the child; sit on the floor with the child and engage in exploration and play

Strategies for interaction:

- Use facial clues and gestures to communicate to the child in uncertain situations, e.g., nod head yes, and smile to encourage the child to crawl toward the new toy
- Establish boundaries and limits; remain consistent and firm
- Provide a safe, child-proof environment, while providing constant supervision
- Explain to children why certain rules are in place

Standard: Children demonstrate the emerging ability to recognize risky situations and respond accordingly.

16 months to 24 months: Children begin to build a basic understanding of their physical limits and unsafe situations. Children are still motivated to interact and explore the environment with little regard to risks, and continue to rely on caregiver(s) to help manage their impulses

21 months to 36 months: Children will begin to demonstrate a limited ability to internalize what caregiver(s) communicates in relation to safety, rules, and well-being. Children continue to act upon impulses but begin to develop strategies to protect themselves in uncertain and potentially unsafe situations.

During this age period:

Indicators for children include:

- Understands when “no” and “stop” is communicated through either words or gestures
- Responds to warnings and begins to change behavior accordingly, e.g., moves away from the outlet after caregiver communicates “no”
- Seeks comfort when fearful
- Imitates adults’ actions during play, e.g., tells baby doll “no touch” when walking by the pretend stove

Indicators for children include:

- Pays attention to safety rules but still needs supervision to keep self safe
- Communicates to an adult if something is wrong, e.g., a peer is hurt or missing
- Remembers and begins to apply past experiences to future situations, e.g., walks carefully and slowly when there is snow on the ground
- Reminds younger peers of rules, e.g., holds hands with a younger peer while walking outside

Strategies for interaction:

- Provide a safe, child-proof environment, while providing constant supervision
- Model safe practices and behaviors for the child, e.g., do not stand on chairs when attempting to reach for objects
- Support the child in new situations; allow him or her time to warm up to new people, objects, and activities

Strategies for interaction:

- Provide constant supervision and guidance
- Talk with the child about unsafe situations and what he or she should do to get help
- Respect the child’s expressed fears
- Establish boundaries and limits; remain consistent and firm



Keeping Children Safe

The concept of “No” is used often by caregivers in the first three years. “Don’t touch,” “Stop,” “No hitting,” are all part of daily interactions with toddlers. Young children are unable to control their impulses; therefore it is important for caregivers to have realistic expectations of children when it comes their understanding what is safe or what is unsafe. Safety in the first three years is very important, and caregivers work tirelessly to ensure that children are well taken care of and safe. During this period, constant supervision, consistent care, and redirection are what support children in staying safe. While children are building their cognitive capacities to understand what they can and cannot do, they are not able to control their actions. Caregivers often find themselves repeating the same words and actions over and over, and while it may be frustrating, young children need those constant reminders. Children’s ability to remember is still developing, and they rely heavily on structure, routines, and consistency to build their understanding of safety and well-being.

Keep In Mind

Child development does not occur in isolation; children reach their developmental milestones within their social and cultural contexts. However, while “how the child develops” may look different, “what the child develops” can be observed in a more universal fashion. Below are some indicators that may warrant a discussion with the child’s healthcare provider for closer examination.

- Does not display object permanence by 12 months of age
- Does not babble, point, or make meaningful gestures by 12 months of age
- Does not know the simple functions of common objects, e.g., a cup, telephone, by 24 months of age
- Does not engage in symbolic play by 36 months

Approaches to Learning

Children are born ready to learn, and the first three years are the time when children develop the habits in how they approach and explore their world.⁸⁹

Depending on the quality of their early experiences, children either form healthy or unhealthy attitudes toward learning.



Children’s earliest relationships, cultural and societal contexts, and individual influences directly impact their approach and feelings about learning. Children who have nurturing and secure relationships with meaningful people in their lives demonstrate a positive attitude toward learning. They tend to be interested in exploring the world around them and share delight in discovering new things. These positive “approaches” set the foundation for children’s learning styles and better prepare them to learn when they enter school.⁹⁰

Healthy and secure relationships are the foundation for all areas of development, and children’s approaches toward learning are no different. Children who feel safe and trust

in their world can explore their world with increasing confidence. They feel supported by their caregivers and are more willing to try new things and take appropriate risks while they explore. Caregivers who engage with children and support them in discovering their world and solving tasks foster positive feelings of mastery and self-esteem. These positive feelings are important to how children engage with peers, handle new tasks, build attention, and form their own self-concept.

Culture influences how children learn, and shapes what learning qualities and experiences are encouraged and appreciated. Some cultures may prefer persistence and attentiveness over curiosity or risk-taking. Some children may not

be encouraged to get messy while exploring their outdoor environment. Their caregivers may believe that children who are neat reflect positive parenting. Different cultures may encourage children to experience activities through all of their senses, and are accepting if children do get messy.⁹¹ These differences are important to keep in mind. All children can benefit from environments that promote learning in positive and meaningful ways. Most important, however, is to nurture the qualities that children are most comfortable with and respect the cultural wishes of their families.

Individual influences such as temperament and developmental abilities also contribute to how children learn.⁹² Some children learn by observing their surroundings. They seem to “take in” all the information they are receiving. Other children will jump right in and physically explore everything. Neither approach is right or wrong. Instead, they highlight the unique personality traits of each child. Caregivers should be sensitive to children’s temperament

and ensure that they interact and encourage children in ways that best match their unique style. Developmental abilities also influence the ways children learn. For example, some children may not have the ability to physically walk around their environment but can still benefit from the same experiences as children who can. Caregivers can modify the environment to meet the needs of all children. Therefore, it is important to recognize children’s natural abilities and provide support when needed.

All children are naturally interested in the world around them. The attitudes or “approaches” children have toward learning are dependent on their everyday experiences. Caregivers can support the development of healthy learning attitudes by providing enriching environments, encouraging and supporting children in problem solving, and genuinely sharing in their achievements. Caregivers are children’s first and most important teachers as they set the foundation for future learning and development.

In this section:

- Curiosity & Initiative, p. 131
- Problem Solving, p. 135
- Confidence & Risk-Taking, p. 139
- Persistence, Effort, & Attentiveness, p. 143
- Creativity, Inventiveness, & Imagination, p. 147



APPROACHES TO LEARNING

Curiosity & Initiative

Children are born with a natural interest in the people and objects found in their environment. After all, they are seeing things for the first time! Children use all of their senses to take in all this new information

and use their developing skills to make sense of what they are seeing, hearing, tasting, smelling, and touching. Secure relationships build the trust that children need to exercise their curiosity. Caregivers who consistently respond to children's signals model positive and responsive interaction. Children use these early models to build the self-confidence they need to initiate exploration, attempt new experiences, and engage with objects and people.

As children develop new skills, exploration becomes increasingly purposeful and meaningful. When children are able to sit up, they have a different perspective on their world. They can look around in different directions and reach for objects. Their developing fine motor skills

help children satisfy their curiosity through mouthing, grasping, and manipulating objects. Mobile children begin to choose what objects they want to engage with, and can move near caregivers to initiate contact. With the emergence of language, children are able to express their preferences and can use simple words to initiate, engage, and maintain social interactions in order to learn about their world. By 36 months, children will ask questions during interactions. They appear to be curious about everything and need to understand how the world works. Children also become increasingly interested in and curious about their peers, and continue to broaden out their participation in new experiences.

Standard: Children demonstrate interest and eagerness in learning about their world.

Discover how Curiosity & Initiative is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Attachment Relationships, p. 31
Relationships with Peers, p. 47

domain 3: Language

Social Communication, p. 75

domain 4: Cognitive

Concept Development, p. 93
Science Concepts & Exploration, p. 121

approaches to learning | **Curiosity & Initiative**

Standard: Children demonstrate interest and eagerness in learning about their world.

During this age period:

Birth to 9 months: Children are discovering the world through exploration and social interaction. Children react with special interest to new objects, people, and experiences.

7 months to 18 months: Children’s newly acquired physical control allows them to explore and initiate interactions in a more purposeful and meaningful manner.

Curiosity is an instinctive drive to learn about the world. Children are naturally inquisitive, and use exploration to learn.

Indicators for children include:

- Observes the environment and people; tracks a toy as it moves from one point to another
- Shows interest in him- or herself, e.g., gazes at hands, places feet in mouth
- Actively explores new objects found in the environment, e.g., touches, pats, and mouths
- Attempts to initiate interaction with others, e.g., smiles, reaches for a caregiver
- Participates in joint attention with caregiver(s), e.g., focuses on the same object

Indicators for children include:

- Demonstrates an interest in new objects by manipulating and turning the object
- Uses familiar objects in new ways, e.g., places a toy basket on head
- Moves toward a new activity by crawling or walking
- Begins to demonstrate preferences for objects and/or materials, e.g., selects a book to read when given options
- Engages familiar adults in meaningful interactions, e.g., points to favorite toy, brings a book over to be read

Strategies for interaction:

- Create an inviting environment for the child to explore; change materials and toys in the child’s environment on a regular basis
- Create opportunities in which the child can explore his or her outside environment; talk with the child about what is happening
- Provide a variety of sensory materials, e.g., books that incorporate different textures, toys that shake or rattle
- Respond thoughtfully and promptly to the child’s attempts for interaction

Strategies for interaction:

- Provide an environment that allows the child to pick and choose what activity or toys he or she would like to play with
- Provide materials and objects that can be used in more than one way
- Encourage activities that are meaningful to the child, e.g., a favorite book or a favorite song

Standard: Children demonstrate interest and eagerness in learning about their world.

16 months to 24 months: Children become increasingly curious about new experiences and activities that include peers and adults; they begin to interact and seek involvement with others.

21 months to 36 months: Children demonstrate initiative by participating and maintaining engagement in novel experiences. Children use observation, communication, and inquiry to make sense of these experiences.

During this age period:

Indicators for children include:

- Demonstrates an interest in new activities and a willingness to try out new experiences
- Engages in active exploration in new environments, e.g., walks over to a toy shelf in an unfamiliar home or classroom
- Initiates play with others, e.g., a grandparent, sibling, or teacher
- Experiments with different ways to use materials and objects

Indicators for children include:

- Observes other children in play
- Enjoys accomplishing simple goals, e.g., completing a puzzle, blowing a bubble
- Asks questions while interacting with others, e.g., “why,” “what,” “how”
- Participates in a broader array of experiences, e.g., outdoor jungle gyms, art projects

Strategies for interaction:

- Provide the child with different choices for play and activities throughout the day
- Encourage the child to participate in a new activity but do not force
- Model positive interaction with the child throughout the day
- Encourage the child to notice what other children are doing, e.g., “Annie and Steve are making a pizza out of their play dough”

Strategies for interaction:

- Encourage the child when he or she is trying something new and/or taking reasonable risks; remain sensitive to the child’s temperament and provide support as needed
- Engage in conversations with the child and answer their questions clearly and honestly
- Build upon the child’s interest by introducing books and other activities
- Extend interactions by introducing novel or alternate ways to use materials, objects, or toys



More About Curiosity

Curiosity can be described as a natural interest that humans have in the world around them. Cultural context plays a large part in nurturing children's curiosity. The term "curiosity" is not universal, and cultures vary in the degree to which they value and promote curiosity. However, what is universal is children's inquisitive nature.⁹³ They use all of their senses to take in information, and enjoy discovering new objects and actions. This interest in the world provides children with opportunities to interact and engage in meaningful experiences. They use communication to inquire and seek answers. Children point, gesture, and use sounds to indicate questioning. Once verbal language emerges, they start to combine words to ask simple questions. Caregivers nurture this natural emotion; however, depending on cultural beliefs, how they nurture and support curiosity looks different. The most important take-away is that children's interest should be acknowledged and encouraged to support future learning.

APPROACHES TO LEARNING

Problem Solving

Children build the foundation for problem-solving skills through nurturing relationships, active exploration, and social interactions.

In infancy, children learn that their actions and behaviors have an effect on others. For example, children cry to signal hunger to their caregivers; in turn, their caregivers feed them. Caregivers' consistent responses to children's communication attempts teach children the earliest forms of problem solving. Children learn that they have the ability to solve a problem by completing certain actions. Children build this knowledge and translate it into how they interact and problem-solve in future situations.

Children discover that their actions and behaviors also have an impact on objects. They learn that certain actions produce certain results. For example, children may bang a toy over and over as they notice the sound that it makes. This behavior is intentional and purposeful; children learn that they have the ability

to make something happen. As they get older, children will experiment with different ways to solve problems, such as moving puzzle pieces in different ways to place them correctly. They will use trial and error to find solutions to the tasks they are working on, and use communication skills to ask or gesture for help from caregivers.

By 36 months, children are able to decrease the amount of trial and error they use when solving problems. Their cognitive skills are maturing and they are able to use logic and reasoning when working through challenges. Increased attention allows children to focus for longer periods of time when working through challenges. Children still depend on their caregivers for help, but are likely to attempt problem solving on their own before asking someone for help.

Standard: Children attempt a variety of strategies to accomplish tasks, overcome obstacles, and find solutions to tasks, questions, and challenges.

Discover how Problem Solving is related to:

self-regulation

Emotional Regulation, p. 17
Attention Regulation, p. 21

domain 1: Social & Emotional

Relationship with Adults, p. 39
Self-Concept, p. 43

domain 3: Language

Memory, p. 97
Logic & Reasoning, p. 113

Standard: Children attempt a variety of strategies to accomplish tasks, overcome obstacles, and find solutions to tasks, questions, and challenges.

During this age period:

Birth to 9 months: Children are building the foundation for problem solving through active exploration and social interaction.

7 months to 18 months: Children begin to discover that certain actions and behaviors can be solutions to challenges and obstacles they encounter. Children also recognize how to engage their caregiver(s) to assist in managing these challenges.

Indicators for children include:

- Focuses on getting a caregiver’s attention through the use of sounds, cries, gestures, and facial expressions
- Enjoys repeating actions, e.g., continues to drop toy from high-chair after it is picked up by a caregiver or sibling
- Communicates the need for assistance through verbal and/or nonverbal cues, e.g., pointing, reaching, vocalizing

Indicators for children include:

- Repeats actions over and over again to figure out how an object works
- Begins to recognize that certain actions will draw out certain responses, e.g., laughing and smiling will often result in an adult responding in the same manner
- Attempts a variety of physical strategies to reach simple goals, e.g., pulls the string of a toy train to move it closer or crawls to get a ball that has rolled away

Strategies for interaction:

- Respond thoughtfully and promptly to the child’s attempts for attention
- Provide interesting and age-appropriate toys and objects for exploration
- Engage and interact with the child frequently during the day

Strategies for interaction:

- Demonstrate how to try things in different ways and encourage the child to do the same, e.g., using a plastic bucket as a drum
- Gently guide the child in discovering and exploring, while allowing him or her enough independence to try new things
- Respond thoughtfully and promptly to the child’s communication attempts

Standard: Children attempt a variety of strategies to accomplish tasks, overcome obstacles, and find solutions to tasks, questions, and challenges.

16 months to 24 months: Children have an enhanced capacity to solve challenges they encounter through the use of objects and imitation. Children may take on a more autonomous role during this stage, yet, reach out to caregiver(s) in most instances.

21 months to 36 months: Children begin to discriminate which solutions work, with fewer trials. Children increasingly become more autonomous and will attempt to first overcome obstacles on their own or with limited support from caregiver(s).

During this age period:

Indicators for children include:

- Imitates a caregiver’s behavior to accomplish a task, e.g., attempts to turn a doorknob
- Increases ability to recognize and solve problems through active exploration, play, and trial and error, e.g., tries inserting a shape at different angles to make it fit in a sorter
- Uses objects in the environment to solve problems, e.g., uses a pail to move numerous books to the other side of the room
- Uses communication to solve problems, e.g., runs out of glue during an art project and gestures to a caregiver for more

Indicators for children include:

- Asks for help from a caregiver when needed
- Begins to solve problems with less trial and error
- Refuses assistance, e.g., calls for help but then pushes a hand away
- Shows pride when accomplishing a task
- Uses increasingly refined skills while solving problems, e.g., uses own napkin to clean up a spill without asking an adult for help

Strategies for interaction:

- Validate and praise the child’s attempts to find solutions to challenges
- Narrate while assisting the child in figuring out a solution, e.g., “Let’s try to turn the puzzle piece this way”
- Provide the child with opportunities to solve problems with and without your help; minimize the possibility for the child to become frustrated
- Respond to the child’s communication efforts

Strategies for interaction:

- Follow the child’s lead and pay attention to his or her cues when assisting in a task
- Share in the child’s joy and accomplishments
- Model and narrate problem-solving skills through play
- Provide the child with blocks of uninterrupted time to work on activities
- Be available for the child and recognize when he or she needs guidance

Real World Story

Sebastian, who is 25 months old, is engaged in a fine-motor activity provided by his caregiver. He is holding large, plastic tweezers and is attempting to use them to pick up big, fuzzy balls off a plastic plate and move them into a plastic cup. He is holding the plastic tweezers in one hand, and holds the plate steady on the table. He repeatedly tries to use one hand, but cannot pinch the tweezers tightly enough to pick up one of the balls. Sebastian pauses, looks around, and picks up the balls with his thumb and forefinger. Holding the plastic tweezers in one hand and the ball in the other, Sebastian places the ball in the tweezers and then pinches it closed. He moves it over to the plastic cup and drops it inside. He then grabs another fuzzy ball and places it in the tweezers. Again, he pinches it tightly and transfers it to the cup. Sebastian engages in the same method until all the fuzzy balls on his plate are now inside his cup. Once he is done, he empties out the cup onto the plate and starts all over. After successfully completing the process again, he holds out his full cup toward his caregiver, Maria. She sees him, smiles, and gives two thumbs up. Sebastian grabs his cup and walks

over to her. He hands Maria the cup and walks away from the table.

THIS EXAMPLE HIGHLIGHTS how children use physical trial and error to solve problems. Sebastian is not successful in his initial attempts to pick up the small objects with his tweezers. However, he pauses to think about possible ways to work on this problem, and then changes his process. Instead of pinching the tweezers to grab the ball, he places the ball in between the tweezers and then pinches it closed. This is easier for him, as he is still developing the fine motor skills necessary to be able to complete this task. Once he realizes he is successful in accomplishing his goal, he engages in this task until he has finished placing every ball on his plate into the cup. He then repeats the activity all over again. Sebastian's ability to successfully problem solve builds his self-confidence. Maria's positive acknowledgment of his accomplishment further supports his social and emotional development. A positive self-concept and increasing self-confidence is very important for Sebastian's future learning and overall healthy development.

This story also relates to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Self-Concept, p. 43

domain 3: Physical

Fine Motor, p. 61
Perceptual, p. 65

domain 4: Cognitive

Logic & Reasoning, p. 113



APPROACHES TO LEARNING

Confidence & Risk-Taking

Children build their confidence through their relationships with nurturing and responsive caregivers. Caregivers who are attuned to children's needs and respond consistently and promptly, nurture feelings of self-worth in children. Children learn to feel that they are

important, and they learn to trust. This builds the self-confidence that is needed for them to take on developmentally appropriate risks. These risks include developmental tasks such as crawling, walking, playing, trying new experiences, and building relationships with peers.

At first, children use their confidence to take on physical risks. Between nine and 12 months of age, children experiment with moving objects in different ways, such as pushing and throwing. They also master skills such as crawling and walking. They attempt and work on these skills in the context of secure relationships. Once children accomplish skills, caregivers can share in children's excitement, further building their confidence and sense of mastery for new skills to come. Around 18 to 24 months

of age, they begin to take on emotional risks. They begin to play farther and farther away from their caregivers, but will still check in as needed. Between 24 and 36 months, children initiate interaction with peers, and attempt to tackle challenges on their own before reaching out to caregivers.

Caregivers play an important role in fostering confidence in children. They need to be sensitive to children's temperament and comfort levels in new situations. Children can become overwhelmed with their growing abilities and may display frustration or fear at times. When caregivers are sensitive to children's temperament, feelings, and comfort level, children feel safe and supported, and confidently engage in new experiences at their own pace.

Standard: Children demonstrate a willingness to participate in new experiences and confidently engage in risk-taking.

Discover how Confidence & Risk-Taking is related to:

self-regulation

Emotional Regulation, p. 17
Behavior Regulation, p. 25

domain 1: Social & Emotional

Attachment Relationships, p. 31
Self-Concept, p. 43

domain 2: Physical

Gross Motor, p. 57
Fine Motor, p. 61

domain 3: Cognitive

Spatial Relationships, p. 101
Safety & Well-Being, p. 125

Standard: Children demonstrate a willingness to participate in new experiences and confidently engage in risk-taking.

During this age period:

Birth to 9 months: Children begin to build confidence through the everyday interactions they experience with their caregivers. These interactions form special relationships, which in turn build the “secure base” for children to take risks and try new experiences.

7 months to 18 months: Children begin to use their developing confidence to engage in simple risk-taking behavior as they physically explore their environment in the context of a secure relationship.

Secure base behavior is described as children’s ability to use their primary caregiver(s), as both a physical and emotional base while exploring their environment. This behavior emerges between seven and 18 months of age.

Indicators for children include:

- Cries and/or uses body language to signal and get needs met, e.g., averts gaze, arches back
- Explores new objects with eagerness, e.g., squeals and/or squeezes a toy
- Uses different approaches for accomplishing a simple task, e.g., reaching, kicking, vocalizing
- Attempts new skills on his or her own while “checking in” with a familiar adult, e.g., a new crawler begins to move, then turns toward the caregiver for reassurance before crawling away

Indicators for children include:

- Begins to take great risks with little regard for danger, e.g., lunging off a couch to reach for an object
- Becomes more intentional and confident when playing and interacting, e.g., grabs, pushes, throws
- Uses trial and error to solve a problem, e.g., tries different angles when attempting to place a shape in a shape sorter

Strategies for interaction:

- Provide nurturing and consistent care in order to build the child’s self-confidence
- Create an environment where the child has access to age-appropriate toys
- Use nonverbal and verbal cues to encourage and support the child as he or she engages in a new activity, e.g., smile, nod, clap
- Provide support in new situations, while allowing the child room to explore new objects

Strategies for interaction:

- Provide an interesting and safe environment for the child to explore; remain watchful and intervene when needed to keep the child safe
- Recognize that the child needs time to adjust to new skills, e.g., the child can suddenly become frightened by his or her expanding capabilities
- Encourage the child to try new ways of doing things

Standard: Children demonstrate a willingness to participate in new experiences and confidently engage in risk-taking.

16 months to 24 months: Children increase their confidence in the context of a secure relationship, and begin to engage in more complex tasks and seek out new situations.

21 months to 36 months: Children use their confidence to begin taking emotional risks in addition to physical risks, with support from their caregiver(s).

During this age period:

Indicators for children include:

- Plays and explores farther away from attachment figure; continues to “check in” for reassurance, e.g., plays across the room and glances toward caregiver, then re-engages in playing
- Seeks out assistance and reassurance from familiar others
- Demonstrates confidence in abilities and achievements, e.g., cheers or claps when accomplishing a goal such as completing a simple puzzle
- Joins in a new activity after cautiously observing at first

Indicators for children include:

- Attempts to independently resolve social conflicts without automatically running to the caregiver, e.g., tries to retrieve an object that was taken away by a peer
- Demonstrates eagerness and determination when problem-solving during new tasks, e.g., the child who pushes the caregiver’s hand away and refuses help until he or she is ready to ask for it

Strategies for interaction:

- Remain available for the child during play; use reassuring cues to encourage the child to explore, e.g., smile, nod, and clap
- Provide materials and activities that are challenging but not frustrating, e.g., large blocks, a simple puzzle
- Be sensitive to the child’s temperament; recognize that the child may need some time to engage in a new experience; allow the child to observe until he or she is ready to take part

Strategies for interaction:

- Validate the emotions the child is feeling, e.g., “I can see you are upset that your toy was taken away from you.”
- Model thoughtful and polite behavior through everyday interactions
- Provide the child with opportunities to problem-solve on their own, intervening only when the child appears to become frustrated and/or asks for help



A Perspective on Risk-Taking

The term “risk-taking” can be a bit unsettling for caregivers. Caregivers work hard to ensure that children always remain safe and secure. However, developmentally appropriate risk-taking is a positive and natural behavior in children. When children feel trust in their caregivers and feel confident in their own abilities, they take on the necessary risks to learn new skills. With caregivers’ support and encouragement, children attempt to master new skills and, when they are successful, build feelings of pride and self-worth. Risk-taking refers not only to physical risks such as crawling and walking. Risk-taking also refers to the emotional risks that children take through their relationships with others. For example, a 12-month-old takes on an emotional risk when he or she relies on another person, different from their caregiver, to provide care. These are important risks children need to take to develop healthy social relationships in the future.

APPROACHES TO LEARNING

Persistence, Effort, & Attentiveness

Children use sensory exploration and social interaction to learn about their world. While young children do not have the capacity to attend to objects or people for very long periods of time, they are building this skill with early experiences. Children demonstrate an

initial interest in their world by simply observing. They focus on faces, high-contrast patterns, sounds, and eventually, specific objects. As they get older, children start to physically explore their environment. They use their hands to twist, shake, and move objects. They find delight in repeating actions that they enjoy, such as shaking a rattle or banging a toy drum. Engagement in these experiences promotes the development of persistence, effort, and attentiveness.

After 12 months of age, children become increasingly focused on completing simple tasks. For example, they may sit for brief periods of time, drop objects into a bucket, dump

them out, and then repeat the entire process over and over again. Children also start to become very persistent when trying to accomplish a goal. They do not have the language or the regulatory capacity to control their emotions and will act out in frustration when they encounter challenges. Caregivers are there to support children through this process and encourage them to keep trying, while helping them problem-solve along the way. While children's ability to remain focused is increasing, they are still easily distracted. Caregivers can support children's learning by setting up an enriching learning environment that promotes interaction and minimizes disruptions.

Standard: Children demonstrate the ability to remain engaged in experiences and develop a sense of purpose and follow-through.

Discover how Persistence, Effort, & Attentiveness is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Relationship with Adults, p. 39

Self-Concept, p. 43

domain 4: Cognitive

Logic & Reasoning, p. 113

Quantity & Numbers, p. 117

approaches to learning | Persistence, Effort, & Attentiveness

Standard: Children demonstrate the ability to remain engaged in experiences and develop a sense of purpose and follow-through.

During this age period:

Birth to 9 months: Children observe, explore, attend and interact with the world around them.

7 months to 18 months: Children begin to become more persistent in interacting with people, exploring objects, and accomplishing tasks. While their ability to sustain attention increases, they are still easily distracted by other objects and events in the environment.

Persistence is the ability to see a process through in order to accomplish a particular goal. Children demonstrate persistence when they work through challenges to complete tasks and/or actions.

Indicators for children include:

- Establishes and sustains eye contact with caregiver(s)
- Focuses attention on sounds, people, and objects
- Repeats interesting actions over and over
- Indicates preferences by using nonverbal cues, e.g., turning head, kicking feet

Indicators for children include:

- Participates in back-and-forth interactions, e.g., plays peek-a-boo with an adult
- Repeats activities over and over, e.g., successfully inserts all the shape sorter's pieces, dumps them out, and starts again
- Begins to attempt assisting in self-help activities, e.g., feeding, grooming
- Demonstrates preferences, e.g., gestures to the bean bag and says "no" when presented with something else

Strategies for interaction:

- Engage and play with the child often
- Provide interesting and age-appropriate toys and objects for exploration without overstimulating the child; limit the number of toys, colors, and sounds found in the environment
- Acknowledge and respond thoughtfully to the child's communication efforts

Strategies for interaction:

- Share in the accomplishments of the child; encourage him or her throughout the process of working through tasks
- Engage and play with the child on a daily basis
- Follow the child's lead when engaging in activities
- Allow the child to help in self-help activities when he or she demonstrates an interest
- Acknowledge when the child demonstrates a preference, e.g., "You want the blue cup, here it is." Or "I can see that you want to read a book, but now it is time to eat."

Standard: Children demonstrate the ability to remain engaged in experiences and develop a sense of purpose and follow-through.

16 months to 24 months: Children increase their ability to remain focused on goal-oriented tasks. At this stage, persistence is evidenced by the process the child engages in to discover how to accomplish the goal, instead of by the end result.

21 months to 36 months: Children can attend to tasks for longer periods of time, and their ability to persist in increasingly difficult tasks increases. In addition, children are now able to attend to more than one event in their environment; this skill enables them to stay focused even when there are distractions.

During this age period:

Indicators for children include:

- Focuses for longer periods of time on activities
- Engages for longer periods of time when trying to work through tasks, e.g., fits puzzle pieces together
- Repeats experiences he or she enjoys, e.g., says “more” after reading his or her favorite book
- Demonstrates preferences for activities, e.g., reads with a caregiver, plays at the sand table, prefers to sit by certain caregivers

Indicators for children include:

- Makes choices based on preferences, and at times, in opposition to adult choices, e.g., “No milk, want juice”
- Attempts to try a difficult task for an increasing amount of time
- Practices an activity many times in order to master it, even if setbacks occur
- Shows interest in completing routine tasks independently, e.g., zips up coat, puts on shoes

Strategies for interaction:

- Provide the child with different manipulatives that he or she can explore independently, e.g., puzzles, peg boards, books
- Celebrate the child’s accomplishment in a genuine manner
- Offer support and guidance if the child becomes frustrated when playing; respond promptly if the child calls for assistance
- Recognize the child’s favorite activities and use them to identify other toys and materials that he or she will be interested in

Strategies for interaction:

- Allow the child to make certain choices throughout the day
- Provide the child with blocks of uninterrupted time to work on activities
- Support the child in building attention by extending interactions, e.g., adding a new experience to the current interaction
- Assess how to best support the child in completing complex tasks; take into account varying abilities of each child
- Provide the child with a small amount of responsibility, e.g., setting the cups out for snack time or holding the door for peers

Real World Story

Ava is 13 months old. She is sitting in her play room, placing blocks, one by one, back into a basket. She remains engaged in this particular activity until she puts all of the blocks back in where they belong. After she is done, she walks over to the corner of the playroom and attempts to move her push toy away from the wall. Her mom, Liz, is sitting on the floor, observing her. Ava pushes the cart forward; unfortunately, this action just moves the cart into the wall. She tries the same action and gets the same result. Ava stops, kneels down, and looks at the buttons on the cart. She stands up and again attempts to move the cart by pushing it forward. After hitting the wall once again, Ava shakes the cart and grunts. She looks at her mom and points at the cart. Liz moves close to Ava and says, “Let’s try moving it this way.” Liz places her hands over Ava’s and guides her in moving the cart backward. Ava is not yet steady on her feet, so walking backward is extremely challenging. Ava falls. Liz stops and says, “Mommy is going to turn it around for you.” Liz turns the cart around, and Ava stands up. Ava walks

behind the cart and places herself in the correct position to push the cart forward. She moves the cart and smiles. Liz claps her hands and says, “You did it, my big girl!” Ava continues to walk forward, successfully pushing the cart as she moves.

IN THIS EXAMPLE Ava demonstrates her ability to accomplish two tasks. As Ava places all the blocks back in the basket, she shows how she is able to attend for a brief period of time by putting all of the blocks away. Ava demonstrates the beginning of number concept and quantity as she reaches back each time for another block until there are no more. The second task that Ava engages in highlights how she attempts to solve a challenge repeatedly to achieve her goal. While she is not able to turn the push cart on her own, she tries a few times before communicating for help. Liz supports Ava’s emerging abilities by placing her hands over Ava’s to guide her. However, she recognizes that Ava is not quite ready, and moves the cart around so Ava can push it successfully. Once Ava is successful, Liz shares in her accomplishment.

This story also relates to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Attachment Relationships, p. 31
Self-Concept, p. 43

domain 3: Physical

Gross Motor, p. 57
Fine Motor, p. 61
Perceptual, p. 65

domain 4: Cognitive

Quantity & Numbers, p. 117



APPROACHES TO LEARNING

Creativity, Inventiveness, & Imagination

Children are active learners when exploring their environment. They first observe the world around them. They pay attention to sounds, colors, movement, and engage in interactions with their caregivers.

As they grow, children become more purposeful when engaging with their environment. They mouth and manipulate objects in order to learn about them. Children repeat actions in order to produce outcomes they enjoy, such as smiling at a caregiver to get a smile in return. Around one year of age, children become more creative in how they interact with people and objects. They start to experiment with new ways of doing things, and expand how they interact with objects and people. For example, at six months, children will hold a toy car in their hands and play by mouthing the object. At 13 months, children will hold the car and push it around the floor. This demonstrates growth in children's cognitive development, as they use objects the way they are intended to be used.

While this knowledge is not translated into innovative actions, it does set the stage for the development of creativity in the future.

Once children develop symbolic thought, their play becomes increasingly creative and inventive. Children will use objects in new and unexpected ways. They might place a basket on their head, or use their feet to move an object. Children begin to imitate adult actions and use objects to represent things they are familiar with. For example, children may pretend to drink milk out of a cup, or pretend to brush their hair with their hands. Children's developing language abilities also provide new ways to explore creativity. Children use language to pretend play, engage others in playful interaction, and express feelings and inventive ideas.

Standard: Children demonstrate the ability to use creativity, inventiveness, and imagination to increase their understanding and knowledge of the world.

Discover how Creativity, Inventiveness, & Imagination is related to:

self-regulation

Attention Regulation, p. 21

domain 1: Social & Emotional

Emotional Expression, p. 35
Relationship with Adults, p. 39

domain 3: Language

Social Communication, p. 75
Expressive Communication, p. 83

domain 4: Cognitive

Symbolic Thought, p. 105
Creative Expression, p. 109

approaches to learning | Creativity, Inventiveness, & Imagination

Standard: Children demonstrate the ability to use creativity, inventiveness, and imagination to increase their understanding and knowledge of the world.

During this age period:

Birth to 9 months: Children observe and interact with their surrounding environment, and begin to build the skills needed to manipulate objects and materials in different ways.

7 months to 18 months: Children first begin using most objects and materials for their intended use. As they develop, children begin to experiment with using these objects and materials in new and unexpected ways.

Symbolic representation refers to children's understanding of how an image or different objects can represent familiar objects.

Indicators for children include:

- Observes materials, objects, and people with curiosity
- Actively explores new objects found in the environment by touching, patting, and mouthing
- Reaches for objects in close proximity
- Imitates sounds, movements, and facial expressions, e.g., moves body up and down after caregiver initially moves in that manner

Indicators for children include:

- Imitates a peer's actions, e.g., bangs on table with cup
- Uses objects as they're intended to be used, e.g., rolls a toy car
- Spends increasing amounts of time exploring and learning about objects, e.g., will attend to a new toy for longer periods of time in order to make sense of it
- Begins to use objects in new and unexpected ways, e.g., places a basket on head
- Imitates actions of other people in a playful manner, e.g., wags finger at baby doll and says, "no, no, no"

Strategies for interaction:

- Create an inviting environment for the child to explore; change materials and toys in the child's environment on a regular basis
- Follow the child's lead during play
- Engage with the child while he or she is exploring, e.g. demonstrate what the object or toy does
- Provide toys and experiences that have a variety of colors, textures, sounds, and smells

Strategies for interaction:

- Respond enthusiastically when the child demonstrates new uses for objects he or she has discovered
- Provide materials that can be used in more than one way
- Change objects and toys frequently for the child
- Play with the child often and encourage creativity
- Imitate the child in a genuine manner during play

Standard: Children demonstrate the ability to use creativity, inventiveness, and imagination to increase their understanding and knowledge of the world.

16 months to 24 months: Children begin to expand how they use creativity, imagination, and inventiveness through the use of symbolic representation in play.

21 months to 36 months: Children incorporate their use of creativity, inventiveness, and imagination in a more complex manner while they play, communicate, and problem-solve.

During this age period:

Indicators for children include:

- Pretends one object is really another by using substitution, e.g., using a toy car to brush hair
- Engages in pretend play with familiar objects and experiences, e.g., places baby doll in stroller and pushes the stroller
- Engages familiar adults in pretend play, e.g., hands the adult a play cup and pretends to pour “tea” into it
- Communicates in creative ways, e.g., plays with words by rhyming, chanting, or making up songs; uses movement and dance

Indicators for children include:

- Expands use of objects and toys in new and unexpected ways; makes a road out of a few blocks; or substitutes an object for another to solve a problem
- Takes on familiar roles during play, e.g., cooks in the pretend kitchen
- Expresses inventive ideas to peers while playing; becomes directive, e.g., “You will be the police officer and you have to wear this.”
- Creates an art project and creates a simple story to accompany the artwork

Strategies for interaction:

- Play with the child; follow the child’s lead
- Narrate the child’s play, e.g., “Are you taking the baby for a walk to the store?”
- Encourage the child’s creative and inventive attempts
- Actively engage with the child while playing; demonstrate enthusiasm and delight

Strategies for interaction:

- Interact with the child during pretend play and follow his or her lead
- Ask open-ended questions while playing with the child in order to expand on thoughts and language
- Encourage the child to think of new ideas, e.g., “What do you think happens after the butterfly flies away?”



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Horizontal Alignment

Where do the Illinois Early Learning Guidelines fit into the Fabric of Birth-to-Three Programs and Service Systems?

Horizontal alignment demonstrates how developmental guidelines are interconnected with the implementation of program components across a multitude of service systems. The Early Learning Guidelines are intended to support and enhance the ability of professionals to implement program curriculum, program standards, and child assessment. This implementation should be appropriate to the given service delivery type, model, or mechanism, through programs such as home visiting, child care, early intervention, and others. Rather than replace any of the essential components for implementing high-quality programs for infants and toddlers, which include curriculum, program standards, and assessments, the Guidelines fit into a coherent framework and are aligned with these essential components. All the elements are nested in a system of professional development. These guidelines were designed to support infant-toddler practitioners regardless of program setting. The developmental progression of what children should know and be able to do within stages outlined in this document are the same for all children, taking into consideration individual developmental needs and trajectory, and apply irrespective of the settings

in which children are being cared for. When all practitioners responsible for this care are operating from the same base of knowledge and speaking from the same “play book,” we will be able to create a more unified language amongst those practitioners. This will help practitioners engage with the parents and each other around developmentally appropriate expectations for learning and growth in children.

How Supports for Quality Programming Fit Together:

Early Learning Guidelines describe **what** children should know and be able to do along a continuum, including indicators to help show how development can be seen in everyday behavior. Guidelines, age descriptors, and indicators are based in the extensive child development research literature. The Illinois Early Learning Guidelines provide practitioners with a “line of sight” for development in the first three years of life, describing how children progress along the developmental trajectory.

Curriculum helps outline **how** practitioners go about teaching young children and supporting their development in their practices.

Curriculum is usually designed for the specific setting or program type (e.g., home visiting, center-based early care and education, etc.). Research-based curricula are rooted in the same developmental science underlying the growth and learning expectations described in these guidelines.

Child Assessments are a way to measure and understand **where** children are along a developmental continuum and can help to identify where developmental learning needs to be further supported. Assessments are also rooted in the same science describing what children should know and be able to do that informs this document. Specific assessments tie into some curricula, while other assessments can be used independently across curricula.

Program Standards describe required structural elements of specific programs that need to be in place to achieve stated program goals. These are frequently determined by program funders or models, and can include requirements such as specific ratios and/or group sizes, teacher/practitioner qualifications and/or training, and the use of a research-based curriculum. The Illinois Early Learning Guidelines can be

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implemented in conjunction with program standards through requirements such as specific trainings on the guidelines.

How Implementation Happens:

Implementation of the Illinois Early Learning Guidelines happens as practitioners become better acquainted with the knowledge of development in the first three years of life, using it as they do the work of program implementation, and ultimately interacting with young children and their families. To this end, **professional preparation and pre- and in-service training and technical assistance systems** play a critical role in quality implementation of these Guidelines. Training on the Guidelines must be tailored to professionals based on the context of the setting in which they are delivering services. The Guidelines must also be integrated into ongoing professional development and coaching at all levels, so that program leaders can support staff in embedding developmentally appropriate practices throughout all their work.



Vertical Alignment

Illinois Early Learning Guidelines: The Foundation for Later Learning

Ensuring “vertical” alignment was a priority throughout the development of these Guidelines. This was done through content configuration and the careful consideration of age appropriate indicators. The content of the Early Learning Guidelines outlines growth and development from birth to age three and is the essential building block upon which all other development progresses.

The growth that happens in the first three years of life lays the foundation for later learning; therefore it is important to consider the alignment of the Early Learning Guidelines with the learning standards and guidelines for children in older age groups. Vertical alignment refers to the process of ensuring guidelines for one age period are in sync with guidelines from the age periods that come before it and/or those periods that follow after. An understanding of the learning and growth from birth to three is fundamental to understanding and supporting the growth and development expected in all future age periods. In general, while the Standards and Guidelines for the younger ages are more oriented toward a developmental approach to learning and growth, standards for the K–12 period become more oriented toward academic or subject matter content.

In Illinois, the guidelines and standards in place for children from three to four years old

| Set of Standards | Includes: | |
|---|---|---|
| Illinois Learning Standards including new Common Core Standards <i>(Early Elementary through High School)</i> | Fine Arts Foreign Language Language Arts (Common Core K–12) Mathematics (Common Core K–12) | Physical Development and Health Science Social Science Social Emotional Learning |
| Illinois Early Learning Standards for Kindergarten <i>(Age 5 to 6)</i> | Fine Arts Foreign Language Language Arts Mathematics | Physical Development and Health Science Social/Emotional Development Social Science |
| Head Start Child Outcome Framework <i>(Age 3 to 5)</i> | Approaches to Learning Creative Arts Language Development Literacy | Mathematics Physical Health and Development Science Social and Emotional Development |
| Illinois Early Learning Standards for 3- to 4-Year-Olds <i>(Age 3 to 4)</i> | Fine Arts Foreign Language Language Arts Mathematics | Physical Development and Health Science Social/Emotional Development Social Science |
| Illinois Early Learning Guidelines for Children Birth to Age 3 <i>(Birth to age 3)</i> | Approaches to Learning Cognitive Development Language Development, Communication, & Literacy | Physical Development & Health Self-Regulation Social & Emotional Development |



include the Illinois Early Learning Standards and the Head Start Child Outcomes Framework. Next, vertical alignment considers the Illinois Early Learning Standards for Kindergarten and the content areas covered by these standards, which are designed for children age five and six. Following these standards are the Illinois Learning Standards that cover elementary through high school and include Social Emotional Learning, and the Common Core Standards (for Math and English Language Arts). While some areas of the Common Core Standards are currently under development, the current Illinois Learning Standards cover additional content areas.

Just as the domains of development cannot be fully detangled from one another, the learning that happens within a specific domain of the early learning guidelines for children birth to three informs learning and development beyond any one other specific domain in the learning standards for later ages. For example, while there is a direct correlation between language development happening from birth to three years and the fulfillment of the Language Arts benchmarks outlined in the Illinois State Board of Education’s standards for Kindergarteners, the acquisition of language that happens in the first three years of life allows for all learning that happens subsequently far beyond those specific benchmarks for Language Arts—including, at minimum, Math, Science, Social Studies, Fine Arts, and Foreign Language.

Glossary

Alignment refers to how these early learning standards relate to the sets of standards in place for older children. It also illustrates the interconnectedness of these standards within state systems and early childhood programs, producing healthy outcomes.

Attachment figures refer to a few, select caregivers, with whom children have an attachment relationship. Attachment figures can include parents, grandparents, relatives, and childcare providers.

Attachment refers to the bond between a child and their primary caregiver(s). The **secure attachment relationship** provides emotional and physical security for the child, and is the foundation for development and learning.

Attending refers to children's ability to remain focused on objects and people for brief periods of time. As they get older, children can attend, or remain engaged, for longer periods of time.

Attention is the ability to focus and concentrate on something in the environment.

Attributes are characteristics or properties of objects, such as shape, color, or size.

Bio-behavioral shifts are changes in behavior triggered by biological changes in the brain. These shifts allow children to grow and gain new skills.

Biological rhythms are patterns that occur within people's bodies. These include sleeping, waking, eliminating, and maintaining normal body temperature.

Caregivers are those who are primarily responsible for the care of the child. Caregivers include parents, grandparents, other relatives, and childcare providers.

Causation refers to the relationship between cause and effect. Children understand that specific actions and words affect objects and people in their environment.

Code-switching is the practice of moving back and forth between two languages within the same dialogue or conversation.

Concept refers to a general notion or an abstract idea formed in the mind, derived from specific occurrences. Early experiences form schemes, which form into concepts.

Co-regulator refers to the child's primary caregiver(s) who assist the child in achieving regulation through responses, interactions, and communication.

Cultural variations refer to the differences in beliefs, practices, and attitudes within the same cultural group.

Culture consists of the beliefs, behaviors, objects, and other characteristics common to the members of a particular group or society.

Curiosity is an instinctive drive to learn about the world.

Delayed imitation occurs when a child imitates an action after a significant amount of time has passed.

Early literacy encompasses the foundation for reading and writing.

External states refer to what the environment demands, such as sounds, actions, touch, or objects.

Familiar others are people who are a common presence in the life of the child. These may

include family members, additional childcare providers, family friends, occasional caregivers, and neighbors.

Fine motor refers to the movement and coordination of small muscles, such as those in the hands, wrists, and fingers.

Gaze aversion is the child's purposefully looking away and avoiding eye contact.

Gross motor refers to the control and movement of large muscle groups such as the torso, head, legs, and arms.

Habituation refers to becoming accustomed to and not distracted by stimuli occurring in the environment.

Homeostasis refers to the infant's ability to remain regulated and form basic cycles of sleep, wakefulness, feeding, and eliminating.

Intentional or goal-directed behaviors are purposeful and deliberate. Intentional behaviors become increasingly complex as children grow.

Internal states refer to bodily conditions, such as hunger, discomfort, or tiredness.

Joint attention is the shared experience of looking at an object, person, or event, established by pointing, gesturing, or the use of language and/or vocalizations.

Large muscles refer to the muscles found in the arms and legs. Large muscle movements include crawling, kicking, walking, running, and throwing.

Linguistic variations are slight differences within a language and/or dialect.

Object permanence refers to children's understanding that objects continue to exist even though they can no longer be seen or heard.

Object properties are observable characteristics that define objects. Examples of object properties include: size, weight, shape, color, and temperature.

Overstimulation refers to excessive sounds, textures, temperatures, and sights that impede children's ability to make a meaningful connection with others or objects.

Perceptual development refers to taking in and interpreting sensory stimuli; it is through these stimuli that children learn about and interact with their environment.

Persistence is the ability to see a process through in order to accomplish a particular goal. Children demonstrate persistence when they work through challenges to complete tasks and/or actions.

Pincer grasp refers to grasping small objects with the index finger and thumb.

Play is integral in how children learn about and make sense of their world. Play is enjoyable and spontaneous, and children use play to discover, pretend, and problem-solve.

Private speech is children's use of self-directed language to guide, communicate, and regulate their behavior and emotions. While this self-directed language can be heard, it is not intended for others.

Proximity-seeking behaviors are those that the child uses to remain physically and emotionally connected to a caregiver, e.g., crawling over, making eye contact.

Schemes are early frameworks that organize information and help infants make sense of their environment.

Secure base behavior is described as the child's ability to use their primary caregiver(s)

as both a physical and emotional base while exploring their environment. This behavior emerges between seven and 18 months of age.

Self-concept refers to the child's developing ability in realizing that one's body, mind, and actions are separate from those of others.

Self-regulation is the ability to regulate or control attention, thoughts, emotions, and behaviors.

Sensory stimuli are sounds, textures, tastes, sights, and temperatures found in children's environments.

Separation anxiety begins to occur between nine and 14 months and is expressed in tears, sadness, or anger when a child is physically separated from his or her primary caregiver(s).

Small muscles refer to the muscles found in the hands, fingers, feet, and toes.

Social referencing is the term for the way young children take their cues from familiar others in deciding what emotions and actions are appropriate.

Soothe is the action of providing comfort and reassurance.

Spatial relationships refer to where objects and people are located in space in relation to other objects and people, and how they move in relation to each other.

Spontaneous refers to an action that is not preplanned.

Stimulation refers to any number of sounds, textures, temperatures, tastes, and sights that impact a child's senses or development.

Stimuli are sounds, textures, tastes, sights, and temperatures found in children's environments.

Stranger anxiety is a normal part of development where children may cling to a familiar adult, cry, or look frightened when an unfamiliar person appears too soon or too close.

Symbolic representation refers to children's understanding of how an image or different objects can represent familiar objects.

Telegraphic speech is known as the "two-word" stage and is the use of combining two words to convey meaning, e.g., "Daddy go."

Temperament refers to the unique personality traits that children are born with and that influence how they interact with their environment and with others.

Textures refer to the different feel, appearance, and/or consistency of objects, surfaces, or substances.

Toxic stress is detrimental to the developing child and includes exposure to physical or emotional abuse, chronic neglect, extreme poverty, constant parental substance abuse, and family and community violence.

Transitions are changes in children's activities or locations. Transitions are hard for young children, as they may feel out of control. Therefore, it is essential caregivers prepare children for transitions.

Trial and error refers to a child's use of different strategies while attempting to solve a problem.

Tummy time is the time babies spend lying and playing on their stomachs while awake. This time is important for the development of head control and neck strength.

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Early Head Start National Resource Center – <http://www.ehsnrc.org/>

The Ounce of Prevention – <http://www.ounceofprevention.org>

PBS Child Development – <http://www.pbs.org/parents/child-development/>

Positive Parenting DuPage – Educational Materials and Information <http://positiveparentingdupage.org/educational.php>



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Appendix (D)(1)-1
PDAC Membership List

Professional Development Advisory Council

The following organizations and/or agencies are represented on PDAC.

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| American Institute of Research |
| Illinois Department of Human Services |
| Illinois Department of Children and Family Services |
| Illinois State Board of Education |
| Illinois Head Start Collaboration Office |
| Illinois Head Start Association |
| Illinois Department of Human Services/Migrant Head Start |
| Illinois Early Learning Project: Clearinghouse on Early Education and Parenting at University of Illinois |
| Illinois Action for Children |
| Illinois Afterschool Network |
| Illinois AEYC |
| Illinois Association of Community Action Agencies |
| Illinois Early Childhood Asset Map (IECAM) |
| Illinois Early Intervention Training Program |
| Illinois STARnet |
| Illinois Welfare Society of Evanston |
| Illinois Resource Center |
| Infant Mental Health Credential Endorsement Committee |
| Higher Education Institutions - Higher Education faculty representing 30 two-and four-year institutions from all geographic regions of the state |
| Baby TALK, Inc |
| Best Practices, Inc |
| Caregiver Connections |
| Carole Robertson Center for Learning |
| CCR&R's-5 different agencies from around the state have member representation |
| Chicago Public Schools-Community Partnership Program (CPS) |
| Chicago Department of Children and Youth Services |
| Christopher House |
| Childcare Network of Evanston |
| Childcare Center Directors/Owners -6 Programs represented |
| City of Chicago |
| City of Rockford Human Services |
| Collaboration for Early Childhood |
| Early Intervention |
| Embarras River Basin Agency, Inc Headstart |
| Erikson Institute |
| Family Child Care-7 programs represented |
| Healthy Families Chicago |
| Hamilton County Resource Center |

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| Latino Policy Forum |
| McLean County Health Department |
| McLean County Family Child Care Association |
| McCormick Center for Early Childhood Leadership |
| Montessori Education Center |
| Ounce of Prevention |
| PACT |
| Regional Office of Education |
| SEIUnion |
| Strengthening Families |
| STGI International |
| Springfield Urban League |
| Tazewell County Health Department |
| Wabash Area Development Headstart |
| Women's Treatment Center |

ECE Credential

ECE Content Areas

The seven content areas below encompass the depth of knowledge and skills of the ECE Credential.

Human Growth and Development (HGD)

Early childhood practitioners use current and emerging principles, theories, and knowledge of developmental milestones as a foundation for all aspects of their work with young children, birth through age 8, and their families. Practitioners have a curiosity about how children develop and learn, and understand the mutual influences among different domains of development, and between the child and the contexts within which s/he develops. They view child development knowledge as the core of their professional practice, and engage in ongoing learning and reflection about developmental knowledge and theory. They use their understanding as they plan and implement observations and teaching/learning interactions, and as a context for collaboration with families and other team members on behalf of children.

Health, Safety, and Well-Being (HSW)

Early childhood practitioners understand that children's physical health, mental health, and safety are the foundations for development and learning in children, birth through age 8. They acknowledge the value of creating a healthful environment to foster children's physical, cognitive, language, and social-emotional development. They collaborate with families and health professionals to provide safe, healthful environments and to adjust health, nutrition, and safety routines to children's individual needs and abilities. They take responsibility for providing multiple opportunities for children to learn habits that will ensure their health and safety.

Observation and Assessment (OA)

Knowledge of individual children's development and learning provides the framework for curriculum and teaching/learning interactions. Early childhood practitioners are curious about how children develop and learn, and value the roles of informal and formal observation and assessment. They understand the purposes, benefits, and uses of observation and assessment information in early childhood settings. They view observation and assessment as ways to understand children, not only as means for evaluation and accountability. They take responsibility for using a variety of age, developmentally, linguistically, and culturally appropriate formal and informal assessments to gather and share information on each child's skills, abilities, interests, and needs birth through age 8; to monitor children's progress, and to continually evaluate and reflect on and modify their own roles and practices.

Curriculum or Program Design (CPD)

Early childhood practitioners have broad knowledge of appropriate curriculum for young children from birth through age 8. They understand the central concepts, tools of inquiry, and structures of the content disciplines, as well as the interrelationships between and among content disciplines, and developmental domains. They recognize and value the interdependence between children's relationships with others and their construction of knowledge. They view curriculum development as a collaborative, dynamic, and ever-changing professional endeavor. They take responsibility for planning and providing an emerging, anti-bias, integrated curriculum to build on each child's current abilities and interests to expand competence in all content areas and developmental domains.

ECE Credential

ECE Content Areas *(con't)*

Interactions, Relationships, and Environments (IRE)

Early childhood practitioners use their understanding of developmentally appropriate interactions and environments to provide integrated learning opportunities to young children from birth through age 8. They use interpersonal interactions that guide each child toward desired developmental and learning outcomes. They recognize the important teaching roles of the physical and social environments, and provide and support environments that are nurturing, pleasing, and intellectually stimulating. Environments and teaching/learning interactions reflect values about young children and families, and are sensitive to bias and to individual differences. Environments and interactions are responsive to each child's abilities, interests, and needs, and reflect appreciation of family and community contexts and resources.

Family and Community Relationships (FCR)

Early childhood practitioners understand and value the critical role of positive, collaborative partnerships with families, colleagues, and community service agencies. They respect multiple perspectives and demonstrate integrity in conveying their own personal and professional perspectives and values. They use their knowledge of family and social systems to create reciprocal, productive interpersonal relationships that recognize and enhance the contributions of family, program, and community participants to the development, learning, and well-being of young children, birth through age 8, and their families.

Personal and Professional Development (PPD)

Early childhood practitioners identify themselves as professionals and conduct themselves as members of a significant, expanding, and changing profession. Their professional attitudes evolve with experience, professional development, and advances in the profession. They honor diversity in cultures, beliefs, and practices. They know and value the history and contributions of their profession and its related fields. They are committed to ongoing professional development, and continually reflect on and take responsibility for their own values, choices, and actions. They advocate for young children, birth through age 8, and their families, and exemplify the ethical standards of their discipline in their profession in their personal and professional interactions and activities.

Illinois Director Credential

Early Childhood/School-Age Content Areas

Administrators need a strong foundation in the fundamentals of early childhood and school-age development in order to guide the instructional practices of teachers and support staff. Administrators should have an understanding of theory and practice for children from birth through age 12, and their families. The seven content areas described below encompass the breadth of knowledge and skill needed. Examples of demonstrated competencies follow each content area.

Human Growth and Development (HGD)

Administrators use current and emerging principles, theories, and knowledge of developmental milestones as a foundation for all aspects of their work with children and their families. Administrators need to know and understand how children develop and learn through play and across all domains of development. They use their knowledge and understanding as they plan and implement observations, teaching/learning interactions, and collaborations with staff, families, and other team members.

- Demonstrate knowledge of stages and defining characteristics of children’s development across all domains.
- Demonstrate knowledge of the role of teachers and families in promoting and supporting healthy development.
- Demonstrate knowledge of the contributions of important developmental theorists (e.g., Piaget, Vygotsky, Skinner, Montessori, etc.).
- Demonstrate knowledge of the role and function of play in children’s development.

Health, Safety, and Well-Being (HSW)

Administrators understand that children’s physical health, mental health, emotional health, and safety are the foundations for development and learning in children. They acknowledge the value of creating a healthful environment to foster children’s physical, cognitive, language, and social-emotional development in collaboration with staff, families, and health professionals. Administrators take responsibility for providing multiple opportunities for children to learn habits that will ensure their health, safety, and well-being.

- Develop and/or implement a plan to prevent disease transmission through proper hygiene, universal precautions, daily health checks, and immunizations.
- Develop and/or implement a plan to prevent child abuse and neglect by promoting an understanding of child development, appropriate child rearing and care-giving practices, and the need for regular prevention trainings regarding child abuse and neglect.
- Demonstrate competency in infant, child and adult CPR and first aid.
- Develop and/or implement a nutrition program that includes physical activities, nutritional education and healthy food choices.

Illinois Director Credential

Early Childhood/School-Age Content Areas *(con't)*

Observation and Assessment (OA)

Administrators need to understand and value the role of informal and formal observation and assessment. They take responsibility for using a variety of developmentally, linguistically, socio-economically, and culturally appropriate assessments to gather and share information on each child's skills, abilities, interests, and needs. Administrators use assessment to monitor children's progress and to continually evaluate and adapt teaching practices and learning environments.

- Evaluate the appropriateness of different assessment tools for children of varying ages, ability levels, culture, and linguistic backgrounds.
- Document a child's growth using anecdotal observations, time sampling journals, developmental checklists, child self-assessment, and portfolios.
- Interpret data generated from formal, standardized instruments.
- Develop and/or implement a plan that maintains confidentiality and reflects ethical standards in assessment practice.

Curriculum or Program Design (CPD)

Administrators have broad knowledge of appropriate curriculum and program design for children. They view curriculum or program design development as a collaborative and dynamic professional endeavor. They take responsibility for planning and providing an emerging, anti-bias, integrated curriculum or program design to build on each child's current abilities and interests to expand competence in all content areas and developmental domains.

- Articulate the rationale and distinguishing features of different curricular or program design approaches (e.g., Developmentally Appropriate Practice, Montessori, Reggio Emilia, High/Scope, Project Approach, etc.).
- Develop and/or implement curriculum or program design goals that build on the interests of children.
- Develop and/or implement instructional plans that accommodate individual children's needs and varying developmental levels.
- Evaluate the appropriateness and effectiveness of different curricula or program designs.
- Demonstrate knowledge of Individual Education Plans (IEP) and Individual Family Service Plans (IFSP) and how to collaborate in their implementation.
- Develop and/or implement appropriate intervention/enrichment plans and strategies for diverse children.

Illinois Director Credential

Early Childhood/School-Age Content Areas *(con't)*

Interactions, Relationships, and Environments (IRE)

Administrators use their understanding of developmentally appropriate interactions and environments to provide integrated learning opportunities to children. They support staff in the utilization of personal interactions that guide each child toward positive developmental and learning outcomes. Administrators provide and support physical and social environments that are nurturing, aesthetically pleasing, and intellectually stimulating. They also support environments and teaching/learning interactions that are responsive to each child's abilities, interests, and needs, and reflect appreciation of family and community.

- Demonstrate how spatial environments and instructional strategies are modified to accommodate ability diverse children.
- Demonstrate knowledge of how to implement learning centers that promote active engagement in learning.
- Demonstrate knowledge of effective strategies for promoting oral and written language development for all children, including English Language Learners (ELL).
- Develop and/or implement a plan for setting developmentally appropriate expectations for child behavior.
- Evaluate individual and group management strategies to address behavioral challenges.
- Use effective communication strategies to foster active inquiry, collaboration, and supportive interaction in the classroom.
- Demonstrate knowledge of effective strategies such as redirection, positive reinforcement, modeling, conflict resolution, problem-solving, encouragement, and natural consequences as appropriate to the situation.
- Develop and/or implement a plan for an environment that encourages children's social-emotional development, self-discipline, and acceptable expressions of emotion.

Family and Community Relationships (FCR)

Administrators understand and value positive, collaborative partnerships with staff, families, colleagues, and the community. They respect varied perspectives and demonstrate integrity in conveying their own personal and professional values. Administrators use their knowledge of family and social systems to create reciprocal, productive relationships that recognize and enhance the contributions of family, program staff, and community representatives in the development and well-being of children.

- Develop and/or implement a plan to create and sustain family partnerships, including a family involvement program.
- Develop and/or implement intake procedures for soliciting parents' choices and goals for their children and their families.
- Develop and/or implement a plan to communicate with families using a variety of methods (e.g., notes, newsletters, bulletin boards, phone calls, conferences, photos, portfolios, and electronic media).
- Develop and/or implement a plan that respects family beliefs, cultures, and languages and makes appropriate accommodations to promote consistency between home and program.
- Develop and/or implement a plan to identify supportive services for all families, including those of diverse ability.

Illinois Director Credential

Early Childhood/School-Age Content Areas *(con't)*

Personal and Professional Development (PPD)

Administrators identify themselves as professionals and conduct themselves as members of a significant, expanding, and evolving profession. They respect diversity in cultures, beliefs, and practices. Administrators know and value the history and contributions of their profession and its related fields. They advocate for children and their families, and exemplify the ethical standards of their profession in their personal and professional interactions and activities.

- Demonstrate knowledge of how research influences early childhood and/or school-age policy and practice.
- Articulate how investments in early childhood and/or school-age education can provide the foundation for societal change.
- Participate in professional organizations.
- Work with other early childhood and school-age professionals to improve the status of the professions.
- Formulate a personal philosophy of early childhood/school-age care and education.

Illinois Director Credential

Administrative Content Areas

Administrators of early childhood and school-age programs need a strong foundation in the fundamentals of business and management as demonstrated in the ten content areas below. Examples of demonstrated competencies follow each content area.

Personal and Professional Self-Awareness (PPS)

Knowledge and application of adult and career development, personality typologies, dispositions, and learning styles. Committed to ongoing reflection and professional development, and recognizes the influence of their own values on their choices and actions. The ability to evaluate ethical and moral dilemmas based on NAEYC Professional Code of Ethics for Administrators and/or National AfterSchool Association Code of Ethics. The ability to be a reflective practitioner and apply a repertoire of techniques to improve the level of personal fulfillment and professional job satisfaction.

- Develop and/or implement personal goals to reduce stress and avoid burnout.
- Conceptualize and articulate a management philosophy.
- Implement reflective and intentional administrative practice.
- Seek out professional resources to improve leadership effectiveness.
- Develop and/or implement strategies to achieve balance between personal and professional obligations.
- Use effective communication skills to interact with staff, families, and community.
- Develop and/or implement cultural competence and an understanding of differing beliefs and values among linguistic, cultural, ethnic, socio-economic, and ability diverse children and families.

Legal and Fiscal Management (LFM)

Knowledge and application of the advantages and disadvantages of different legal structures. Knowledge of different laws, codes, and regulations including: knowledge of Child Abuse and Neglect Reporting Act, Americans with Disabilities Act, Illinois Department of Children and Family Services Licensing Standards, and building, zoning, fire, occupational, safety, health, and sanitation regulations as they relate to the delivery of services to children and families. Knowledge of child custody and guardianship, child abuse prevention, special education, confidentiality, family violence, anti-discrimination, insurance liability, contract, and labor laws pertaining to program administration. Knowledge of various federal, state, and local revenue sources. Knowledge of bookkeeping methods and accounting terminology. Skill in budgeting, cash flow management, grant writing, and fundraising.

- Develop and/or implement an operating budget that reflects the true cost of quality.
- Develop and/or implement an accounting policy that protects against mismanagement of funds.
- Develop and/or implement an equitable salary scale based on the following criteria: (1) role, (2) level of generalized education, (3) specialized education, and (4) experience.
- Develop and/or implement short-and long-range fundraising goals that support a program's mission.
- Write a grant proposal that includes all components required in request for proposal (RFP) or funder guidelines.
- Evaluate the cost effectiveness and appropriateness of different fundraising options.
- Identify legal resources to support effective program administration.

Illinois Director Credential

Administrative Content Areas *(con't)*

Human Resources Development (HRD)

Knowledge and application of group dynamics, communication styles, and techniques for conflict resolution. Knowledge of different supervisory and group facilitation styles. Skilled in relating to staff and board members of diverse ability, racial, ethnic, cultural, linguistic, and socio-economic backgrounds. The ability to hire, orient, supervise, and motivate staff to high levels of performance. Skill in consensus building, team development, and staff performance appraisal.

- Develop and/or implement a plan for interviewing and hiring staff.
- Develop and/or implement an orientation plan for board members including information on program practices, policy, and procedures.
- Develop and/or implement a phased orientation plan for new staff including information on program practices, policy, and procedures.
- Develop and/or implement staffing patterns that are based on accreditation standards and support continuity of care.
- Conduct staff meetings that promote active involvement of staff and shared decision making.
- Develop and/or implement staff performance appraisal forms that differ by role and are tied to specific responsibilities of job descriptions.
- Demonstrate knowledge of appropriate roles and responsibilities of administration and board members.
- Develop and/or implement an individualized model of staff development that includes coaching/reflective supervision.
- Demonstrate knowledge of training strategies responsive to adult development and learning styles.
- Demonstrate and/or have knowledge of effective communication with linguistically, culturally, ethnically, socio-economically, and ability diverse children and families.

Educational Programming (EP)

Knowledge and application of different research-based curriculum models, standards for high quality programming, and child assessment practices. The ability to develop and implement a program to meet the needs of children at different ages and development levels, appropriate transitions between programs, and support the inclusion. Knowledge of administrative practices that promote the inclusion of children that who are linguistically, culturally, ethnically, and ability diverse.

- Develop and/or assure implementation of developmentally appropriate curriculum and practices.
- Plan and/or implement practices that promote continuity and stability for children.
- Demonstrate knowledge of research-based developmental screening tools and available resources.
- Develop and/or assure implementation of child assessment practice that assures children's learning.
- Design instructional practices to meet the needs of all children, including those with exceptional needs.
- Demonstrate knowledge of anti-bias curriculum that empowers children.

Illinois Director Credential

Administrative Content Areas *(con't)*

Program Operation and Facilities Management (POFM)

Knowledge and application of policies and procedures that meet state/local regulations and professional standards pertaining to the health and safety of children. Knowledge of nutritional and health requirements for food service. The ability to design and plan the effective use of space based on current principles of environmental psychology and child development. Knowledge of playground safety design and practice.

- Design, arrange, and equip space to meet children's needs at different ages/varying abilities.
- Design and arrange space to meet adult needs (staff and family).
- Develop and/or implement a system to maintain accurate and confidential staff, student, and family records.
- Develop and/or implement a system for routine maintenance, repair, and replacement.
- Develop and/or implement inventory control system.
- Develop and/or implement a nutritious food service plan with adaptation for children of differing needs and cultural practices.
- Develop and/or implement a risk management plan that includes clear procedures to follow in case of an emergency; guidelines to reduce the risk of child abuse and neglect allegations; procedures to maintain the safety of people, facilities, equipment, and materials.

Family Partnership (FP)

Knowledge and application of family systems and various parenting styles. Knowledge of community resources to support family wellness. Develop and implement program practices that support children and families of diverse ability, and varying cultural, ethnic, linguistic, and socio-economic backgrounds. The ability to support families as valued partners in the educational processes of their child(ren).

- Develop and/or implement a plan for family participation in program activities and governance/advisement.
- Engage in a family friendly assessment of program practices and materials.
- Plan educational experiences that meet the needs of linguistically, culturally, ethnically, and ability diverse children and families.
- Develop and/or maintain a system of communication that builds relationships with families.
- Develop and/or implement a system of family involvement beginning with an orientation process including information on program policy and procedures.
- Demonstrate knowledge of, or strategies to, connect families to community resources that provide support services and facilitate transitions between programs including local schools.

Illinois Director Credential

Administrative Content Areas *(con't)*

Marketing and Public Relations (MPR)

Knowledge and/or application of the fundamentals of effective marketing, public relations, and community outreach. The ability to evaluate the cost-benefit of different marketing and promotional strategies. The ability to communicate the program's philosophy and promote a positive public image to families, business leaders, policy makers, and prospective funders. The ability to promote linkages with local programs and schools to promote effective transitioning of children. Skill in developing a business plan and effective use of electronic media, promotional literature, handbooks, newsletters, and press releases.

- Develop and/or implement a tool to assess community needs in support of program development.
- Develop and/or implement short-and long-range business or strategic plan to sustain a high quality program.
- Design marketing materials that project a professional image.
- Give a media interview.
- Write a press release about a newsworthy event.

Leadership and Advocacy (LA)

Knowledge of organizational theory and leadership styles as they relate to early childhood/school-age work environments. Knowledge of the legislative process, social issues, and public policies affecting young children and their families. The ability to articulate a vision, clarify and affirm values, and create a culture built on norms of continuous improvement and ethical conduct. The ability to evaluate program effectiveness. The ability to define organizational problems, gather data to generate alternative solutions and effectively apply analytical skills in its solution. The ability to advocate on behalf of linguistically, ethnically, culturally, socio-economically, and ability diverse children and families. The ability to advocate on behalf of the profession.

- Involve multiple stakeholders (including board, families, and staff) in developing and routinely reviewing the center's philosophy and mission statement.
- Conduct organizational climate assessment to improve the quality of work life for staff.
- Implement a program improvement plan based on a program quality assessment using a valid and reliable tool (e.g., PAS, BAS, ECERS-R, ITERS-R, FCCERS, CLASS, SACERS, etc.).
- Pursue a professionally recognized program accreditation.
- Mobilize others to advocate for high-quality, inclusive services for children and families.
- Initiate and/or participate in community collaborations for more efficient, inclusive, and cost-effective services for children and families.
- Advocate for alignment of standards and services for children across the learning continuum.

Illinois Director Credential

Administrative Content Areas *(con't)*

Oral and Written Communication (OWC)

Knowledge and application of the mechanics of writing including organizing ideas, grammar, punctuation, and spelling. The ability to use written communication to effectively express one's thoughts. Knowledge and/or application of oral communication techniques including establishing rapport, managing conflict, active listening, and voice control. The ability to communicate ideas effectively in a formal presentation (e.g., thesis, dissertation, formal presentation, etc.).

- Write informal and formal business correspondence.
- Make a formal presentation at a board meeting, community forum or legislative hearing.
- Present a workshop at a professional conference or training for families or staff.
- Demonstrate advanced written communication skills (e.g., accepted thesis, dissertation, etc.).
- Demonstrate interpersonal skills, one-on-one and in a small groups.
- Develop and/or implement a conflict resolution policy to promote professional, honest and open communication.

Technology (T)

Current knowledge of how to utilize and maximize technology in managing child care administrative functions, to support social networking as a tool and resource. The ability to support staff in using technology in the classroom.

- Compose and edit documents, newsletters, or brochures using word processing or publishing applications.
- Access and utilize graphics to design and edit marketing materials.
- Use a spreadsheet to construct a budget, and/or collect/summarize data.
- Demonstrate knowledge of appropriate electronic etiquette and communication techniques.
- Demonstrate ability to access early childhood resources via the Web (e.g., utilize social networking sites, identify Web sites, identify search engines as appropriate to subject, use technology to conduct research, etc.).
- Utilize Web to link to advocacy and professional development resources.
- Demonstrate ability to develop or support construction of a Web site.
- Support teachers in appropriate use of technology to improve children's learning in the classroom.
- Develop and/or implement a technology policy that addresses protection of children and staff.

Infant Toddler Credential

Infant Toddler Content Areas

The seven content areas below encompass the depth of knowledge and skills of the Infant Toddler Credential.

Human Growth and Development (HGD)

Infant-toddler practitioners use current and emerging principles, theories, and knowledge of developmental milestones as a foundation for all aspects of their work with young children, birth to age 3, and their families. Practitioners have a curiosity about how children develop and learn, and understand the mutual influences among different domains of development, including those related to special needs. They recognize the power and influence of the social, emotional, cultural, community, and physical contexts within which children develop, and of the interactions between the child, family, and other primary caregivers as the foundation for future development and learning in all domains. They view child development knowledge and its application with individual children as the of their practitioner practice, and engage in ongoing learning and reflection about developmental knowledge and theory. They use their understanding as they plan and implement observations, assessments, and teaching/learning interactions, and as a context for collaborating with families and other practitioners on behalf of children.

Health, Safety, and Well-Being (HSW)

Infant-toddler practitioners understand that children's mental health, physical health, and safety are the foundations for development and learning in children, birth to age 3. They acknowledge the value of creating and fostering healthy social and physical environments that promote children's adaptive behavior and emotional, social, physical, cognitive, and language development. They collaborate with families and other practitioners to understand their perspectives on health, nutrition, and safety. They provide and promote health, nutrition, and safety practices and routines that recognize individual children's needs and abilities and are congruent with individual families' cultures, values and preferences. They take responsibility for providing and promoting multiple opportunities for children to learn habits that will ensure their health and safety.

Observation and Assessment (OA)

Infant-toddler practitioners recognize that knowledge of each infant's or toddler's development and learning provides the framework for what infant-toddler practitioners do with each child, birth to age 3, and family. Infant-toddler practitioners are curious about how children develop and learn, and value the roles of informal and formal observation and assessment in understanding what and how each child is developing and learning. They understand and value the purposes, benefits, and uses of observation and assessment information for obtaining a holistic view of each child. They view observation and assessment as ways to understand children and their interactions and relationships with their families and other caregivers, peers, and physical environments, within the context of culture and community. They understand that families have important information to share about their children. They use a variety of age, developmentally, linguistically, and culturally appropriate formal and informal assessments to gather and share information on each child's skills, abilities, interests, and needs, birth to age 3; to promote their own and the family's understanding of the child; to monitor developmental progress; to identify developmental concerns; and continually to reflect on and modify their own roles and practices.

Infant Toddler Credential

Infant Toddler Content Areas *(con't)*

Curriculum or Program Design (CPD)

Infant-toddler practitioners take their cues for curriculum from the child and family. Infant-toddler practitioners use child development knowledge, knowledge of developmentally appropriate practices, and content knowledge to design, provide, promote, and evaluate opportunities and experiences that support optimal development and learning in children, birth to age 3. With each individual child, this complex process is embedded in relationships that support observations, scaffolding, and joint construction of meanings about self, others, and the world. Knowledge of each child's approaches to interaction and engagement, as well as family preferences, become the basis for what and how development and learning are supported and promoted in center and home environments, in collaboration with the family, other caregivers, and practitioners. The observations and interactions that provide curriculum information are grounded in a thorough understanding of children, families, cultures, and communities. Practitioners encourage young children's social-emotional competence, problem solving, critical thinking, and academic competence within a nurturing, supportive, challenging learning environment that emphasizes relationships, interactions, routines, and play.

Interactions, Relationships, and Environments (IRE)

Infant-toddler practitioners use their understanding of early development to support and provide healthy early relationships, both in their own work with children and as they collaborate with families on behalf of children. They provide and promote developmentally, culturally, and individually appropriate environments and seek to engage young children, ages birth to age 3, in social, play, and caregiving interactions that support and promote their development and learning. Relationships established with children and their families in support of development and learning recognize and promote the primacy of the parent-child relationship as well as foster emerging relationships with other adults and with peers. Environments and interactions reflect knowledge of the ways in which infants and toddlers develop and learn and are responsive to each child's emerging abilities, interests, and needs within the context of family, culture, and community.

Family and Community Relationships (FCR)

Infant-toddler practitioners understand the roles that culture, community, and family play in the growth and development of infants and toddlers, knowing that parenting styles, ethnicity, cultural expectations, household make-up, and community influence all domains of development. They understand and value the critical role of positive, collaborative partnerships with families, colleagues, and community service agencies. They respect multiple perspectives and demonstrate integrity in conveying their own personal and practitioner perspectives and values. They use their knowledge of family and social systems to create reciprocal, productive interpersonal relationships that recognize and enhance the contributions of family, program, and community participants to the development, learning, and well-being of young children, birth to age 3, and their families.

Personal and Professional Development (PPD)

Infant-toddler practitioners demonstrate respect for children, families, and colleagues. They identify themselves as practitioners and conduct themselves as members of a significant, expanding, changing profession. Their practitioner attitudes evolve with experience, practitioner development, and advances in the profession. They honor diversity in cultures, beliefs, and practices. They know and value the history and contributions of their profession and its related fields. They are committed to ongoing practitioner development. They continually reflect on and take responsibility for their own values, choices, and actions, including the judgments they make as they work with children and families. They advocate for young children, birth to age 3, and their families, and exemplify the ethical standards of their profession in their personal and practitioner interactions and activities.

Gateways to Opportunity ECE Credential Levels 2–5

<http://www.ilgateways.com/en/gateways-ece-credentials>

The ECE Credential is a voluntary credential that defines what a person working with children birth to age 8 should know and be able to demonstrate at various levels of training, education, and experience within the early care and education field. The ECE Credential was developed from the seven Gateways Content Areas. The ECE Credential, awarded through Gateways to Opportunity, is recognized by the State of Illinois.

The seven Gateways Content Areas are:

1. Human Growth and Development
2. Health, Safety, and Well-Being
3. Observation and Assessment
4. Curriculum or Program Design
5. Interactions, Relationships, and Environments
6. Family and Community Relationships
7. Personal and Professional Development

Three areas are woven throughout the seven content areas listed above: (1) Children with Special Needs, (2) Culture and Diversity, and (3) Individual and Group Guidance.

A person applying for an ECE Credential Levels 2–5 will need to show competency in four areas as stated in the [Framework](#):

1. General Education
2. Education and Training in Early Care and Education
3. Work and Practical Experience in Early Care and Education
4. Professional Contributions in Early Care and Education

How to receive the ECE Credential:

- [Registry Membership Form and Credential Supplement](#)
- [Routes, Fees, and Submission Dates](#)
- [Components](#) and [Framework](#)

Gateways ECE Credential Components

The Gateways ECE Credential is earned through validation of accomplishments in the four components listed below (please view the ECE framework for more details). The ECE Credential has six levels. Each level has four components, and each component has specific requirements. The **ECE Credential Level 1** is based on a defined program of 48-clock hours of training. The ECE Credential Levels 2–4 typically include coursework taken at the community college level. The ECE Credential Level 5 requires higher level coursework as related to a bachelor or graduate degree. An ECE Level 6 Credential will require

graduate degree coursework and is currently being piloted. (Please note certain degrees and/or statewide certifications may provide the foundation to earn the ECE Credential.)

Component 1: General Education

Rationale: An individual's general level of education has been shown to be a strong predictor for high-quality educational practices demonstrated by ECE practitioners.

- **ECE Framework**

Component 2: Education and Training in Early Care and Education

Rationale: In order to be effective early care and education practitioners, a strong foundation in the fundamentals of child development and early care and education is needed.

ECE Content Areas:

- Human Growth and Development
- Health, Safety, and Well-Being
- Observation and Assessment
- Curriculum or Program Design
- Interactions, Relationships, and Environments
- Family and Community Relationships
- Personal and Professional Development

To learn more about credential approved trainings, [click here](#). Three areas are woven throughout the seven content areas listed above: (1) Children with Special Needs, (2) Culture and Diversity, and (3) Individual and Group Guidance. For more information, please see the **ECE Content Areas**.

Component 3: Work and Practical Experience in Early Care and Education

Rationale: In order to effectively work with children, practitioners need work and practical experience in the field of early care and education. On-the-job experience provides a basis for evaluating effective and ineffective practices. The worksite is a powerful laboratory for learning.

Component 4: Professional Contributions in Early Care and Education

Rationale: Effective ECE practitioners demonstrate leadership through active engagement in professional endeavors beyond the scope of their position.

Areas of Professional Contributions:

- Program Improvement
- Service in a Professional Organization
- Presentations/Training
- Advocacy
- Writing and Publication
- Research/Grants Writing

Click [here](#) to view the Career Lattice.

Please **contact us** for more information.

Gateways to Opportunity ECE Credential Framework

| ECE Levels | General Education Requirements | Education and Training in Early Care & Education | Work and Practical Experience in Early Care & Education | Professional Contributions in Early Care & Education |
|------------|--|---|--|--|
| Level 6 | Graduate Degree | In Development | | |
| Level 5 | Bachelor's Degree | 30 points in the ECE Content Areas <i>(of level 5 benchmarks)</i> – of which a maximum of 6 points may be from credential approved training, and 3 of those 6 points may come from assessment of prior learning | Minimum of 200 hours of ECE supervised experience or 1200 total hours of documented ECE work experience | Four professional contributions in three different areas within the last five years – one contribution must be in the area of program improvement. |
| Level 4 | Associate's Degree or 60+ semester hours (including the nine semester hours listed at level 3) | 24 points in the ECE Content Areas <i>(of level 2-4 benchmarks)</i> – of which a maximum of 3 points may be from credential approved training, and 1 of those 3 points may come from assessment of prior learning <i>(must include 20 clock hours of ECE observation)</i> | 100 total hours of ECE supervised experience or 600 total hours of documented ECE work experience | Two professional contributions in two different areas within the last five years – one contribution must be in the area of program improvement. |
| Level 3 | Three semester hours: Math Three semester hours: English Three semester hours: General Education elective (Psychology, Sociology, etc) <i>(These 9 credits must be transferable)</i> | 18 points in the ECE Content Areas <i>(of level 2-4 benchmarks)</i> – of which a maximum of 3 points may be from credential approved training, and 1 of those 3 points may come from assessment of prior learning <i>(must include 20 clock hours of ECE observation)</i> | 10 hours of ECE supervised experience or 400 total hours of documented ECE work experience | One professional contribution in any area within the last five years |
| Level 2 | High School Diploma or GED | 12 points in the ECE Content Areas <i>(of level 2-4 benchmarks)</i> – 3 points in Human Growth and Development, 3 points in Health Safety and Well-Being, and 6 points from ECE electives or 6 points in ECE electives and a CDA, CCP, or Montessori Credential through AMS* 3 points may be from credential approved training, and 1 of those 3 points may come from assessment of prior learning | 10 hours of ECE observation or 200 hours of documented ECE work experience | Membership in a related professional organization |
| Level 1 | Level 1 ECE Credential is awarded through completion of a 48 clock hour training available through local Child Care Resource & Referral Agencies statewide | | | |

Guide: A point is equivalent to one semester hour of college credit.

*American Montessori Society (AMS) Early Childhood and Infant Toddler Credentials count for a maximum of 6 points of credential approved training for the ECE, Infant Toddler Credential, or Illinois Director Credential.

Gateways to Opportunity Illinois Director Credential (IDC)

The Illinois Director Credential (IDC) is a voluntary credential that validates the education, knowledge, and experience of early childhood/school-age education administrators. The IDC is recognized by the State of Illinois and is also recognized as the statewide standard of management and leadership capabilities by the National Association for the Education of Young Children (NAEYC). By achieving the IDC, the administrator is enhancing his or her commitment to positive social, emotional, cognitive, and physical outcomes for children.

The IDC was developed to:

- Acknowledge personal and professional development.
- Increase classroom quality by improving management skills and program management.
- Benefit directors, staff, children, and families through more effective and higher-quality programs with increased family support and community resources.

A person applying for an IDC will need to show competency in six areas as stated in the [Framework](#):

1. General Education Requirements
2. Education and Training in Early Childhood/School-Age Administration
3. Education and Training in Early Childhood/School-Age
4. Work and Practical Experience in Early Childhood/School-Age
5. Work and Practical Experience in Early Childhood/School-Age Administration
6. Professional Contributions in Early Childhood/School-Age

The Illinois Director Credential (IDC) is earned through validation of accomplishments in five components listed below. There are three levels at which the IDC may be awarded. Each level has five components, and each component has specific requirements. (Please note certain degrees and/or statewide certifications may provide the foundation to earn the IDC.)

Component 1: General Education

Rationale: An individual's general level of education has been shown to be a strong predictor for high-quality educational practices both in teaching and in administration.

- **IDC Framework**

Component 2: Education and Training in Early Childhood/School-Age

Rationale: In order to be an effective administrator, a strong foundation in the fundamentals of child development and early childhood/school-age education is necessary.

- **ECE Content**

Three areas are woven throughout the seven content areas: (1) Children with Special Needs, (2) Culture and Diversity, and (3) Individual and Group Guidance.

Component 3: Education and Training in Early Childhood/School-Age Administration

Rationale: Effective administration of an early childhood/school-age education program requires knowledge and application of basic business and management practices.

- Personal and Professional Self-Awareness
- Legal and Fiscal Management
- Human Resources Development
- Educational Programming
- Program Operations and Facilities Management
- Family Partnership
- Marketing and Public Relations
- Leadership and Advocacy
- Oral and Written Communication
- Technology

Component 4: Work and Practical Experience in Early Childhood/School-Age

Rationale: Direct care experiences (with children birth through age 12) provide a basis for evaluating effective and ineffective practices. The worksite is a powerful laboratory for learning.

Component 5: Work and Practical Experience in Early Childhood/School-Age Administration

Rationale: Administrative experiences (with children birth through age 12) provide a basis for evaluating effective and ineffective practices. The worksite is a powerful laboratory for learning.

Component 6: Professional Contributions in Early Childhood/School-Age

Rationale: An effective administrator demonstrates leadership through active engagement in professional endeavors beyond the scope of the daily management of a program.

Areas of Professional Contributions:

- Program Improvement
- Service in a Leadership Role in a Professional Organization
- Presentations/Training
- Advocacy
- Writing and Publication
- Research/Grants Writing

Please **contact us** for more information.

Illinois Director Credential (IDC) Framework

| Illinois Director Credential Levels | General Education Requirements | Education and Training in Early Childhood/School-Age Administration | Education and Training in Early Childhood/School-Age | Work and Practical Experience in Early Childhood/School-Age | Work and Practical Experience in Early Childhood/School-Age-Administration | Professional Contributions in Early Childhood/School-Age |
|-------------------------------------|--------------------------------|--|--|---|---|--|
| Level III | Graduate Degree | 21 points in the Administrative Content Areas <div style="border: 1px solid black; padding: 2px; font-size: small;">Maximum of 6 points may be from credential approved training and/or assessment of prior learning. Points may be split between the Education and Training in Early Childhood/School-Age and Administration content areas</div> | 30 points in the Gateways to Opportunity Content Areas | None | 6000 hours of documented Early Childhood/School-Age administrative experience | Six professional contributions with a minimum of one in at least four different areas completed within the last five years. Must include documentation of specialized expertise. |
| Level II | Bachelor's Degree | 15 points in the Administrative Content Areas <div style="border: 1px solid black; padding: 2px; font-size: small;">Maximum of 6 points may be from credential approved training and/or assessment of prior learning. Points may be split between the Education and Training in Early Childhood/School-Age and Administration content areas</div> | 24 points in the Gateways to Opportunity Content Areas | 100 hours of Early Childhood/School-Age teaching experience | 300 hours of a supervised Early Childhood/School-Age administrative practicum <i>or</i> 3600 hours of documented Early Childhood/School-Age administrative experience | Four professional contributions with a minimum of one in at least three different areas completed within the last five years |
| Level I | Associate Degree | 9 points in the Administrative Content Areas <div style="border: 1px solid black; padding: 2px; font-size: small;">Maximum of 3 points may be from credential approved training and/or assessment of prior learning. Points may be split between the Education and Training in Early Childhood/School-Age and Administration content areas</div> | 21 points in the Gateways to Opportunity Content Areas | 100 hours of Early Childhood/School-Age teaching experience | 300 hours of a supervised Early Childhood/School-Age administrative practicum <i>or</i> 1200 hours of documented Early Childhood/School-Age administrative experience | Two professional contributions with a minimum of one in at least two different areas completed within the last five years |

Guide: A point is equivalent to one semester hour of college credit.

*American Montessori Society (AMS) Early Childhood and Infant Toddler Credentials count for a maximum of 6 points of credential approved training for the ECE, Infant Toddler Credential, or Illinois Director Credential.

Gateways to Opportunity Infant Toddler Credential (ITC)

<http://www.ilgateways.com/en/infant-toddler-credential>

The Infant Toddler Credential (ITC) is a voluntary credential for practitioners who work with children birth to age 3. It validates the specialized knowledge, skills, and experience needed to work with infants and toddlers. The credential is recognized by the State of Illinois. Practitioners applying for the ITC must also meet the requirements to attain the [Gateways ECE Credential](#). (Please note certain degrees and/or statewide certifications may provide the foundation to earn the ITC.)

The ITC was developed to:

- Recognize the specialized knowledge of those working with children birth to age 3.
- Enhance the quality of services.
- Increase positive outcomes for infants and toddlers.
- Acknowledge the dedication of those who pursue the credential.
- Advance the availability of infant toddler coursework and training.

A person applying for an ITC Levels 2–5 will need to show competency as stated in the [Framework](#).

1. Meets Gateways ECE Credential component requirements
2. Education and Training in Infant Toddler Care and Education
3. Work and Practical Experience in Infant Toddler Care and Education

How to receive the ITC:

- [Registry Membership Form and Credential Supplement](#)
- [Routes, Fees, and Submission Dates](#)
- [Components](#) and [Framework](#)

Gateways Infant Toddler Credential (ITC) Components

The Infant Toddler Credential (ITC) is earned through validation of accomplishments in the two components listed below (please view the [ITC Framework](#) for more details). Each component has specific requirements. Practitioners applying for the ITC must also meet the requirements to attain the [Gateways ECE Credential](#). (Please note certain degrees and/or statewide certifications may provide the foundation to earn the ITC.)

Component 1: Education and Training in Infants and Toddlers

Rationale: Practitioners with education and training specific to birth to age 3 increase their understanding of the needs of very young children, resulting in higher quality care for infants and toddlers.

- **ITC Framework**

The following Content Areas are included in both the ECE and ITC:

- Human Growth and Development
- Health, Safety, and Well-being
- Observation and Assessment
- Curriculum or Program Design
- Interactions, Relationships, and Environments
- Family and Community Relationships
- Personal and Professional Development

To learn more about credential approved trainings, [click here](#).

Component 2: Work and Practical Experience with Infants and Toddlers

Rationale: Direct learning through supervised experience and/or work experiences with children birth to age 3 provide practical application of knowledge. Hands-on opportunities are a powerful tool towards becoming a quality provider of care for infants and toddlers.

- Supervised Classroom Experience
- Classroom Observation
- Reflection
- Work Experiences

Please **contact us** for additional information. Click [here](#) to view the Career Lattice.

Gateways to Opportunity **Infant Toddler Credential** Framework

| ECE Levels | General Education Requirements | Education and Training in Early Care & Education | Work and Practical Experience in Early Care & Education | Professional Contributions in Early Care & Education | ITC Levels | Education and Training in Infants & Toddlers | Work and Practical Experience in Infants & Toddlers |
|------------|---|---|--|--|------------|--|--|
| Level 6 | Graduate Degree | In Development | | | Level 6 | In Development | |
| Level 5 | Bachelor's Degree | 30 points in the ECE Content Areas <i>(of level 5 benchmarks)</i> – of which a maximum of 6 points may be from credential approved training, and 3 of those 6 points may come from assessment of prior learning For the ITC only, the Type 04 Certificate meets these requirements | Minimum of 200 hours of ECE supervised experience or 1200 total hours of documented ECE work experience | Four professional contributions in three different areas within the last five years – one contribution must be in the area of program improvement. | Level 5 | 12 points in Infant and Toddler education and approved training, of which a maximum of 6 points may be from credential approved training | 100 hours of supervised experience in Infants and Toddlers or 1800 hours of documented IT work experience |
| Level 4 | Associate's Degree or 60+ semester hours (including the nine semester hours listed at level 3) | 24 points in the ECE Content Areas <i>(of level 2-4 benchmarks)</i> – of which a maximum of 3 points may be from credential approved training, and 1 of those 3 points may come from assessment of prior learning <i>(must include 20 clock hours of ECE observation)</i> | 100 total hours of ECE supervised experience or 600 total hours of documented ECE work experience | Two professional contributions in two different areas within the last five years – one contribution must be in the area of program improvement. | Level 4 | 6 points in Infant and Toddler education and approved training, of which a maximum of 3 points may be from credential approved training | 50 hours of supervised experience in Infants and Toddlers or 900 hours of documented IT work experience |
| Level 3 | Three semester hours: Math Three semester hours: English Three semester hours: General Education elective (Psychology, Sociology, etc) <i>(These 9 credits must be transferable)</i> | 18 points in the ECE Content Areas <i>(of level 2-4 benchmarks)</i> – of which a maximum of 3 points may be from credential approved training, and 1 of those 3 points may come from assessment of prior learning <i>(must include 20 clock hours of ECE observation)</i> | 10 hours of ECE supervised experience or 400 total hours of documented ECE work experience | One professional contribution in any area within the last five years | Level 3 | 6 points in Infant and Toddler education and approved training, of which a maximum of 3 points may be from credential approved training | 10 hours of supervised experience in Infants and Toddlers or 450 hours of documented IT work experience |
| Level 2 | High School Diploma or GED | 12 points in the ECE Content Areas <i>(of level 2-4 benchmarks)</i> – 3 points in Human Growth and Development, 3 points in Health Safety and Well-Being, and 6 points from ECE electives or 6 points in ECE electives and a CDA, CCP, or Montessori Credential through AMS* 3 points may be from credential approved training, and 1 of those 3 points may come from assessment of prior learning | 10 hours of ECE observation or 200 hours of documented ECE work experience | Membership in a related professional organization | Level 2 | 3 points in Infant and Toddler education and approved training, of which all 3 points may be from credential approved training | 5 hours of supervised experience in Infants and Toddlers or 200 hours of documented IT work experience |

Guide: A point is equivalent to one semester hour of college credit.

*American Montessori Society (AMS) Early Childhood and Infant Toddler Credentials count for a maximum of 6 points of credential approved training for the ECE, Infant Toddler Credential, or Illinois Director Credential.

Please note: the ECE Credential is the required foundation for the Infant Toddler Credential. The ECE Credential level must be equal to or higher than the Infant Toddler Credential level attained.

Benchmarks for Levels 2-4 of the ECE Credential

Content Area A: HUMAN GROWTH AND DEVELOPMENT

Early childhood practitioners use current and emerging principles, theories, and knowledge of developmental milestones as a foundation for all aspects of their work with young children, prenatal through age 8*, and their families. Practitioners have a curiosity about how children develop and learn, and understand the mutual influences among different domains of development, and between the child and the contexts within which s/he develops. They view child development knowledge as the core of their professional practice, and engage in ongoing learning and reflection about developmental knowledge and theory. They use their understanding as they plan and implement observations and teaching/learning interactions, and as a context for collaboration with families and other team members on behalf of children.

| Performance Area A1 | | | |
|--|--------------------------------|--|-----------------------|
| <i>Employs knowledge of concepts, principles, and theories of child development and learning, prenatal-age 8, to develop and provide a cohesive teaching/learning environment that is appropriate developmentally, culturally, and individually</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Levels 2-4 Benchmarks | IPTS** Matches |
| A1.1 Concepts and principles of human development and of major theories and theorists that guide study and practice related to young children from the prenatal period-age 8, across and within developmental domains, including stage theories and the role of social and object play in early development and learning | Application | <p>(Levels 2-4: A1) Articulates the relationship between theories of typical and atypical growth, development, and learning and early education practices, birth-age 8</p> <p>(Levels 2-4: A2) Provides examples of ways concepts and principles influence program planning and implementation</p> | 2A 9A 9P |
| A1.2 Holistic, developmental systems perspective on early development and learning, including interrelationships among domains of development and learning (e.g., language and learning, mental health and cognition, language and cognition) and between children's development and its cultural, neighborhood, and social contexts | Comprehension | <p>(Levels 2-4: A3) Explains the inter-relatedness of physical/motor, social/emotional, language/cognitive, and adaptive/living skills based on understanding of the children's development in context</p> <p>(Levels 2-4: A4) Gives examples of ways that developmental domains are interdependent and work together to influence the growth, development, and learning of young children</p> | 1C 2A 1C |
| A1.3 Continuity of early development, including continuity related to early central nervous system development and to early emotional well-being, prenatal period-age 8 | Knowledge | (Levels 2-4: A5) Articulates the continuity of central nervous system development and typical ranges of individual variations in emotional development of young children. | 3C |

| | | | |
|--|---------------------------------|--|--------------------------|
| A1.4 Characteristics of social and physical environments that influence early development and learning, including those related to culture, language, and socioeconomic factors in family, community, and programs | Application | <p>(Levels 2-4: A6) Demonstrates knowledge of how developmental variations and family culture, language, and environment influence a child's growth and development</p> <p>(Levels 2-4: A7) Demonstrates an appreciation of the impact of family, culture, heredity, and environment on each child's development pre, peri, and postnatal growth and development.</p> | 1A 1E 4L 1A |
| A1.5 Basic health, nutrition, illness, and safety needs of children, prenatal period-8, in relation to other aspects of development and learning | Application | (Levels 2-4: A8) Articulates the interrelationship between children's physical well-being (health, nutrition, illness, and safety needs) and the developmental domains (cognitive, social, emotional, language, and physical) | 1A |
| Performance Area A2 | | | |
| <i>Recognizes and interprets behavioral signals that provide information about typical and atypical development and learning in children prenatal period-age 8</i> | | | |
| Knowledge, Skills, and Disposition | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| A2.1 Developmental sequences in the physical/motor, emotional, cognitive, language, and social domains | Application | (Levels 2-4: A9) Charts the milestones that indicate different stages in all developmental domains | 2A 2D |
| A2.2 Developmental sequences and processes that may be unique to children acquiring English as a non-primary language | Awareness | <p>(Levels 2-4: A10) Identifies how children develop within the context of family, community, and culture</p> <p>(Levels 2-4: A11) Describes the relationship between children's language development and social, cognitive, and emotional development</p> | 1C 1E 2H |
| A2.3 Physical and social environmental risk and protective factors that influence development and learning from the prenatal period-age 8 | Knowledge | <p>(Levels 2-4: A12) Recognizes developmental consequences of stress and trauma, and the role of protective factors and resilience in children's development and learning, especially social and emotional well-being</p> <p>(Levels 2-4: A13) Defines the critical role of early experiences and the importance of early childhood education and care to children's healthy development</p> | 2E 1C |
| A2.4 Biological, health, and medical risk and protective factors that influence development and learning from the prenatal period-8 | Knowledge | (Levels 2-4: A14) Identifies ways in which biological, maturational, and environmental factors interact to influence the growth and development of young children | 1C |

| | | | |
|---|---------------|---|--------------|
| A2.5 Individual differences in personality and temperament and their influence on children's needs in interpersonal and instructional settings and interactions | Comprehension | <p>(Levels 2-4: A15) Gives examples of ways individual differences in ability, attitudes, interests, values, etc. impact children's growth and development</p> <p>(Levels 2-4: A16) Describes strategies for getting to know each child as an individual, including strengths, needs, interests, families, and life situation</p> | 1C 1H |
| A2.6 Characteristics and etiologies of common disabilities and their potential influences on sequences, characteristics, and processes of development and learning (e.g., development of guided reach in children with visual impairment) | Awareness | <p>(Levels 2-4: A17) Identifies the characteristics associated with developmental delays, developmental disabilities, and risk factors that influence growth and development</p> <p>(Levels 2-4: A18) Identifies the unique patterns which distinguish typical from atypical development</p> | 1D 1G |
| A2.7 Delays and developmental differences that may indicate a need for special services | Knowledge | (Levels 2-4: A19) Recognizes how knowledge of children's growth, development, and learning can be used to identify children in need of evaluation | 7A |

* Also may apply to those working in out-of-school settings for children 5-12

Content Area B: HEALTH, SAFETY, AND WELL-BEING

Early childhood practitioners understand that children's physical health, mental health, and safety are the foundations for development and learning in children, birth-age 8*. They acknowledge the value of creating a healthful environment to foster children's physical, cognitive, language, and social-emotional development. They collaborate with families and health professionals to provide safe, healthful environments and to adjust health, nutrition, and safety routines to children's individual needs and abilities. They take responsibility for providing multiple opportunities for children to learn habits that will ensure their health and safety.

| Performance Area B1 | | | |
|---|---------------------------------|--|------------------------|
| <i>Complies with safety and health regulations and provides and evaluates environments and curriculum that meet the emotional and physical health needs of young children, birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| B1.1. Personal and professional commitment to infusing health and fitness principles throughout the curriculum and the learning environment | Application | (Levels 2-4: B1) Demonstrates skills for implementing basic health, safety, and nutritional practices on a daily basis | 4I |
| B1.2. Basic health needs, and interrelationships among health, physical ability, and emotional well-being, including the effects of conflict, stress, and trauma on health and the diversity of cultural practices surrounding nutrition, health, and health care | Application | (Levels 2-4: B2) Demonstrates knowledge of individual physical health, mental health, nutritional, and safety needs of young children and how those needs influence children's growth and development | 1L |
| B1.3. Standards and procedures for cleanliness and sanitation, including universal precautions related to health care monitoring, hand washing, surface cleanliness, and toileting and diapering | Analysis | (Levels 2-4: B3) Explains ways to maintain an environment that is safe and free from potential physical dangers by identifying hazards, assessing risks, and taking appropriate corrective action | 4I |
| B1.4. Procedures for monitoring physical and emotional well-being and health, including signs of communicable diseases, emotional distress, abuse, and neglect | Application | (Levels 2-4: B4) Demonstrates ability to recognize signs and symptoms of childhood diseases and physical, sexual, and psychological abuse or neglect | 9R |
| B1.5. Approaches to teaching children about dental health, disease prevention, and fitness, including modeling behaviors, using daily routines to provide skill instruction, (e.g., mealtime, cooking experiences, toileting) and sharing resources with families | Application | (Levels 2-4: B5) Demonstrates knowledge of ways to assist young children and their families in making decisions that lead to healthy choices, health-promoting behaviors, and personal safety | 8P 9F |
| B1.6. Regulations including required immunizations and procedures for providing first aid and CPR, and for responding to medical emergencies | Application | (Levels 2-4: B6) Establishes procedures for addressing health and safety regulations (Levels 2-4: B7) Demonstrates knowledge of ways to maintain children's health and immunization records (Levels 2-4: B8) Demonstrates knowledge of emergency medical and first aid procedures | 4I 9J 9C |

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|---|--------------------------------|--|---|
| B1.7. Procedures for meeting individual health care needs related to medication and limitations on physical ability, as well as needs of children with seizure disorders and technology dependency, with consultation from parents and health professionals | Application | <p>(Levels 2-4: B9) Demonstrates knowledge of appropriate resources for referral for a variety of conditions and situations</p> <p>(Levels 2-4: B10) Identifies appropriate health screenings and checklists and assessment for recording growth and development</p> <p>(Levels 2-4: B11) Demonstrates knowledge of health conditions of children and the role of the caregiver</p> | <p>1D 8L 8O</p> <p>7A</p> <p>4I</p> |
| Performance Area B2 | | | |
| <i>Promotes and provides safe emotional and indoor and outdoor physical environments for young children, birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Levels 2-4 Benchmarks | IPTS Matches |
| B2.1. Basic physical and emotional needs of children and adults, and personal and professional commitment to creating safe, healthy early childhood environments | Application | (Levels 2-4: B12) Develops strategies to meet each child's and adult's physical, emotional, and health needs through environmental and curricular policies and procedures | 4E |
| B2.2. Signs of emotional distress, child abuse, and neglect in children, and responsibilities and procedures for reporting | Application | (Levels 2-4: B13) Articulates to families, administrators, and colleagues the importance and responsibility of recognizing and reporting signs of emotional distress, child abuse, and neglect | 9R 14B |
| B2.3. Principles and procedures for evaluating space, materials, and equipment for use by children of different ages and abilities | Application | (Levels 2-4: B14) Demonstrates strategies for conducting regular health and safety assessments of the environment, consistent with regulations and quality standards | 4E |
| B2.4. Current regulations, standards, and guidelines related to safe environments for young children (e.g., recommendations for sleeping; procedures for safe transportation; responds to accidents and common emergencies and to disaster-related emergencies such as evacuations; release to authorized persons; and responsibilities as a mandated reporter) | Application | (Levels 2-4: B15) Demonstrates knowledge of essential components of safe and hygienic indoor and outdoor physical environments, including regulations, standards, and guidelines | 4I |
| B2.5. Approaches for teaching young children about safety (e.g., setting and enforcing behavioral expectations; modeling, discussing and providing skill instruction within daily routines; using pictures and diagrams of safety procedures; and sharing resources with families) | Application | (Levels 2-4: B16) Articulates strategies for providing opportunities for children, families and staff to practice safe behaviors through daily routines and activities | 2N |
| B2.6. Procedures for achieving maximum independence in children with special needs (e.g., techniques for positioning and handling, and use of adaptive equipment and prosthetic devices) with consultation from parents and health professional | Awareness | <p>(Levels 2-4: B17) Identifies strategies for collaborating with families and health personnel to identify each child's needs and ways of learning</p> <p>(Levels 2-4: B18) Identifies procedures for planning strategies to accommodate all children, based on knowledge of children's needs and ways of learning</p> | <p>8A</p> <p>7G 7I</p> |

| Performance Area B3 | | | |
|---|---------------------------------|---|---------------------------------|
| <i>Promotes good nutrition and healthy eating habits in young children, birth-age 8</i> | | | |
| Knowledge, Skills, and Disposition | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| B3.1. Nutritional needs of children, birth-age 8, and the interrelationships among nutrition, physical health development (including Central Nervous System development), fitness, emotional well-being, and learning | Application | (Levels 2-4: B19) Articulates individual physical fitness, health, mental health, nutritional, and safety needs of young children, such as allergies, special diets, medications, differing abilities, and specific medical conditions | 1D |
| B3.2. Current regulations, standards, and guidelines related to healthy food preparation for young children, including procedures for safe food handling | Application | (Levels 2-4: B20) Demonstrates knowledge of appropriate procedures related to healthy food preparation and safe food handling (Levels 2-4: B21) Identifies state and local regulations for meal preparation | 4I 2N 2H 5D 11C |
| B3.3. Health hazards in food, including choking and allergies, and appropriate selection and preparation of food for young children | Analysis | (Levels 2-4: B22) Explains procedures related to responding to health needs of children related to emergency situations and food preparation | 9C |
| B3.4. Approaches for teaching nutrition as a part of the ongoing curriculum and daily routine, incorporating foods from diverse cultures and providing opportunities to model and encourage healthy food choices, and sharing resources with families | Application | (Levels 2-4: B23) Develops ways to provide health and nutrition activities that are appropriate for all children and reflect diverse backgrounds and cultures of children and families | 2A |
| B3.5 Individual nutritional needs of children with allergies or disabilities, with consultation from parents and health professionals | Application | (Levels 2-4: B24) Develops procedures for involving families and health professionals and using community resources in decision-making processes regarding the nutritional needs of children | 8K |

* Also may apply to those working in out-of-school settings for children 5-12

Content Area C: OBSERVATION AND ASSESSMENT

Knowledge of individual children's development and learning provides the framework for curriculum and teaching/learning interactions. Early childhood practitioners are curious about how children develop and learn, and value the roles of informal and formal observation and assessment. They understand the purposes, benefits, and uses of observation and assessment information in early childhood settings. They view observation and assessment as ways to understand children, not only as means for evaluation and accountability. They take responsibility for using a variety of age, developmentally, linguistically, and culturally appropriate formal and informal assessments to gather and share information on each child's skills, abilities, interests, and needs, birth-age 8*, to monitor children's progress; and to continually evaluate and reflect on and modify their own roles and practices.

| Performance Area C1 | | | |
|--|--------------------------------|---|---------------------|
| <i>Implements, interprets, summarizes, and communicates information from a variety of age and developmentally appropriate, informal and formal observation and assessment tools and approaches, to inform decisions about curriculum and teaching/learning interactions, to support communication with others, and to inform programmatic decisions important in early childhood settings for children, birth-age 8</i> | | | |
| <i>Knowledge, Skills, and Disposition</i> | Achievement Expectation | Levels 2-4 Benchmarks | IPTS Matches |
| C1.1. Ongoing observation (e.g., anecdotal records, in-time records, time sampling) and other authentic assessment and documentation methods (e.g., pictures, portfolios, journals, work sampling) used to understand children's development and learning, to determine children's interests and needs, to inform initial and ongoing decisions about curriculum and teaching/ learning interactions, and to support communication with others | Comprehension | <p>(Levels 2-4: C1) Describes the importance of using developmentally appropriate assessment procedures</p> <p>(Levels 2-4: C2) Describes various observational procedures used in program evaluation and to understand children's development and learning</p> | 7F 7K 7K |
| C1.2. Published early childhood assessments, including commonly used norm-referenced measures; curriculum-referenced measures; behavioral checklists; environmental checklists; and child-child and child-adult observations | Knowledge | <p>(Levels 2-4: C3) Names the various types of assessment procedures that are used for various purposes</p> <p>(Levels 2-4: C4) Selects appropriate types of assessment to meet specific purposes</p> | 7A 7A 7Q |
| C1.3. Variety of screening tools commonly used in early childhood settings and in the community to monitor young children's development and learning in multiple developmental domains and curriculum content areas, including development in home language whenever possible | Knowledge | <p>(Levels 2-4: C5) Names reasons for using multiple measures when screening young children</p> <p>(Levels 2-4: C6) Describes a wide range of screening tools used to monitor children's development and learning</p> | 7A 7A |
| C1.4 Adaptations in observation and assessment approaches and instruments to obtain valid, reliable information about learning and development of children with special needs | None | None | 8E 8F |

| | | | |
|--|---------------------------------|---|---------------------|
| C1.5 Formats for summarizing observation and assessment information into individual and group profiles for use in initial and ongoing planning of curriculum and instruction, and to contribute to IEP and IFSP development | Knowledge | (Levels 2-4: C7) Identifies formats according to appropriate uses and benefits (Levels 2-4: C8) States ways information can be used to inform planning, instruction, and development of IEPs and IFSPs | 7E 7G |
| C1.6 Methods to organize and maintain paper, product, and technology-based documentation and records of children's progress in relation to individual goals, including those on the IEP and IFSP, and in relation to relevant national, state, and local standards such as the Illinois Early Learning Standards, the Head Start Outcomes Framework, the Illinois Learning Standards, and program developed assessment tools | Knowledge | (Levels 2-4: C9) Names specific documentation procedures currently in use at local, state, and national levels (Levels 2-4: C10) Describes ways to organize information about each child | 7N 7M |
| C1.7 Written, oral, and technology-based formats for sharing observation and assessment information with children, families, other professionals, and appropriate local and state agencies | Knowledge | (Levels 2-4: C11) Identifies various technology-based formats used to share assessment information and states the benefits and limitations of each | 7O |
| Performance Area C2 | | | |
| <i>Applies measurement concepts and principles in evaluating and selecting observation and assessment approaches and instruments that are age and developmentally appropriate for early childhood settings, birth-age 8</i> | | | |
| Knowledge, Skills, and Disposition | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| C2.1. Potential influences of culture, primary language, age, and special needs on instrument selection, implementation, and interpretation of approaches, methods and instruments, and modifications and approaches to interpretation that take these influences into consideration | Knowledge | (Levels 2-4: C12) Describes assessment procedures that are responsive to cultural, linguistic, and environmental influences and unique characteristics of each child and family (Levels 2-4: C13) Identifies ways to reduce and/or eliminate influences that bias the assessment process and results | 7R 7C |
| C2.2. Assessment and observation methods, approaches and instruments that are appropriate for the purposes for which they are used with children from birth-age 8 (e.g., observing children's daily interactions; screening for special needs; planning curriculum for individual and group activities; monitoring children's progress; evaluating programs) | Knowledge | (Levels 2-4: C14) Describes differences in the purposes of different assessment and observation methods and approaches (Levels 2-4: C15) Identifies appropriate and inappropriate uses of assessment methods | 7A 7Q |
| C2.3 Holistic approach to observation and assessment that reflects understanding of multiple, interrelated developmental domains and contexts, including implications for assessing the abilities and needs of children with special needs | Knowledge | (Levels 2-4: C16) Recognizes the implications of multiple, interrelated developmental domains and contexts of observation and assessment | 7A |
| C2.4 Measurement concepts (e.g. validity, reliability, usefulness) and the benefits and limitations of a variety of authentic and standardized approaches and instruments used in early childhood assessment | NONE | NONE | 8B 8C 8J |

| Performance Area C3 | | | |
|---|---------------------------------|---|---------------------------------|
| <i>Establishes assessment partnerships with families as a basis for understanding child characteristics and progress and for making decisions about curriculum and instruction for young children, birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| C3.1. Potential influences of the assessment process on family involvement | Comprehension | (Levels 2-4: C17) Explains possible considerations for and/or barriers to involving families in the assessment process (Levels 2-4: C18) Describes ways to overcome barriers to family involvement in the assessment process | 7P 7R 8D |
| C3.2. Roles and contributions of families and of different professional team members to the assessment process | Knowledge | (Levels 2-4: C19) Identifies the roles of different multi-disciplinary team members and family members who contribute to goal-setting and assessment processes | 8K 8O 8Q 9N |
| C3.3 Strategies for collaborating with families to acquire an understanding of children's and families' lives outside of the program (e.g., home language, priorities for child's education) | Application | (Levels 2-4: C20) Establishes methods for gathering information about children and families, including their home lives and priorities | 7F |
| C3.4 Models and strategies for collaborating with families and other team members in planning, conducting, and evaluating the assessment process, including assessment related to development, learning, and development and revision of IEPs and IFSPs | Knowledge | (Levels 2-4: C21) Identifies ways to work collaboratively with multi-disciplinary teams and family members (Levels 2-4: C22) Describes ways to foster family involvement in the assessment and goal-setting process | 8B 8D C21 8Q 9L |
| Performance Area C4 | | | |
| <i>Maintains legal and ethical standards and requirements for confidentiality and privacy of assessment information, and for ensuring due process for children birth-age 8 and their families</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| C4.1 Personal and professional commitment to maintaining legal and ethical requirements and responsibilities related to data collection and sharing of information with children, parents, school, and community, including those pertaining to children with special needs | Application | (Levels 2-4: C23) Articulates reasons for safeguarding confidentiality and privacy when keeping records related to children (Levels 2-4: C24) Informs others about importance of and procedures for following legal and ethical requirements related to gathering and sharing information about children | 9J 9Q |
| C4.2 Techniques and resources to maintain accurate, ethical records of children's development and learning | Comprehension | (Levels 2-4: C25) Gives examples of ways to maintain accuracy, current information, and integrity of children's records | 9J |
| C4.3 Reasons, procedures and resources for referral of children for further assessment | Awareness | (Levels 2-4: C26) Describes conditions under which children may need further assessment, based on knowledge of child development and learning | 7I |

| Performance Area C5 | | | |
|---|--------------------------------|--|----------------------------|
| <i>Designs and implements evaluation of program for young children, birth-age 8, in relation to child and family responses to the program and to program standards</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Levels 2-4 Benchmarks | <i>IPTS</i> Matches |
| C5.1. Personal and professional commitment to active, ongoing participation in program evaluation | Application | (Levels 2-4: C27) Establishes strategies for active involvement in data collection and interpretation for program evaluation | 7N |
| C5.2 Models and instruments for collecting, summarizing, and interpreting information on program implementation in relation to quality standards | Knowledge | (Levels 2-4: C28) Identifies appropriate models for conducting regular program evaluations in relation to standards for quality for early care and education settings | 7D |
| C5.3 Strategies for collecting, summarizing, and interpreting children's and families' responses to the program, including children's progress in relation to learning standards and other goals, for use in judging program value and as a guide to continuous improvement | Knowledge | (Levels 2-4: C29) Identifies ways to involve children and families in ongoing program evaluations that lead to improvements in the program and that reflect program goals | 8L |

* Also may apply to those working in out-of-school settings with children 5-12

Content Area D: CURRICULUM OR PROGRAM DESIGN

Early childhood practitioners have broad knowledge of appropriate curriculum for young children from birth-age 8*. They understand the central concepts, tools of inquiry, and structures of the content disciplines, as well as the interrelationships between and among content disciplines, and developmental domains. They recognize and value the interdependence between children's relationships with others and their construction of knowledge. They view curriculum development as a collaborative, dynamic, and ever-changing professional endeavor. They take responsibility for planning and providing an emerging, bias-sensitive, integrated curriculum to build on each child's current abilities and interests to expand competence in all content areas and developmental domains.

| Performance Area D1 | | | |
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| <i>Provides a comprehensive, holistic curriculum that includes curriculum content from the range of sources that influence, guide and support the development and learning of young children, birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| D1.1. Critical developmental goals for children, birth-age 8, based on knowledge of children's development in the domains of emotions and relationships, social roles and interactions, language and communication, cognition, and physical development and health | Comprehension | (Levels 2-4: D1) Describes the unique developmental and learning needs of children in different age groups and with diverse abilities | 1A |
| | | (Levels 2-4: D2) Describes the relationship between developmental and learning goals | 1C |
| D1.2 Key learning outcomes in the content disciplines, as appropriate for children from birth-age 8 | Awareness | (Levels 2-4: D3) Identifies curriculum content for different age groups and the relationship to developmental practices | 3Q |
| D1.3 Goals that reflect knowledge, skills, and dispositions valued by families, communities, and society | Comprehension | (Levels 2-4: D4) Demonstrates knowledge of ways to involve families and others in assessing children's developmental strengths and needs in developing individual and program goals | 7P |
| D1.4 Goals that emerge from observations of children's interactions, interests, and relationships with ideas | Knowledge | (Levels 2-4: D5) Identifies ways that developmental needs/interests, language, and home experiences of all children can be used to inform program goals | 4E |
| D1.5 Learning standards that govern or guide curriculum content in Illinois, birth-age 8, including the Illinois Early Learning Standards, the Head Start Outcomes Framework, and the Illinois Learning Standards | Awareness | (Levels 2-4: D6) Names relevant types of standards that guide curriculum content in Illinois, for different early care and education programs | 7B |
| | | (Levels 2-4: D7) Describes how standards influence curriculum content choices in early care and education programs | 3A |

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| D1.6 Common theoretical frameworks, curricular approaches, and published curricula used with young children, birth-age 8, including (a) their assumptions, rationales, research support, and distinguishing features, and (b) advantages and disadvantages for children of different ages, genders, interests, linguistic and cultural backgrounds, and needs | Awareness | (Levels 2-4: D8) Describes various approaches used to design curriculum and identifies advantages and disadvantages | 2J |
| Performance Area D2 | | | |
| <i>Provides a curriculum that addresses the central concepts, goals, tools of inquiry, structures and significant resources of the content disciplines, birth-age 8, and enables children to develop active, engaged relationships with the content of each discipline</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| D2.1. Components and sequences of emergent literacy, genres and authors of children's literature, and age appropriate, active strategies for engaging children in listening, speaking, reading, writing, and thinking | Comprehension | (Levels 2-4: D9) Gives examples of relevant and appropriate content for literacy for young children, birth-age 8 (Levels 2-4: D10) Describes appropriate methods for engaging children in literacy-rich experiences that support their development and learning | 6A 6Q 2Q 6B 6E 6J |
| D2.2 Major concepts, procedures, and reasoning processes of mathematics, and active, age-appropriate approaches for engaging children in everyday, concrete opportunities to construct a dynamic understanding of numbers, concepts of chance, and mathematical processes such as estimation, pattern recognition, spatial reasoning, and measurement and analysis of physical properties | Comprehension | (Levels 2-4: D11) Describes appropriate methods for engaging children in mathematical experiences that support their development and their learning of mathematical concepts and skills | 5A 5S |
| D2.3 Principles of scientific inquiry and concepts in the physical, earth/space, and life sciences, and their interconnectedness in everyday environments, and dynamic, age-appropriate opportunities for children to explore and apply the scientific process | Comprehension | (Levels 2-4: D12) Gives examples of relevant and appropriate content for science for young children, birth-age 8 (Levels 2-4: D13) Describes appropriate methods for engaging children in scientific experiences that support their inquiry and development of scientific concepts and skills | 2I 3A 2B 5A 5S |
| D2.4 Concepts and interrelationships among the social sciences (historical, geographical, economic, civic, political) in everyday life, and strategies to enhance children's understanding and use of concepts, through actively exploring cultural artifacts such as maps, differences among families and cultures, interrelationships among people, and roles of individuals and groups | Comprehension | (Levels 2-4: D14) Gives examples of relevant and appropriate content for the social sciences for young children, birth-age 8 (Levels 2-4: D15) Describes appropriate methods for engaging children in social science experiences that promote their development as participants in a democratic society and global world | 2D 3A 2D 5S |

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| D2.5 Types and functions of technologies appropriate for young children, birth-age 8, and approaches for teaching children to use technology (e.g., writing tools, digital cameras, computer programs) to gain knowledge, for creative appreciation and expression, and for recreation | Comprehension | <p>(Levels 2-4: D16) Gives examples of a variety of relevant and appropriate technologies and software appropriate for young children, birth-age 8</p> <p>(Levels 2-4: D17) Describes ways to incorporate appropriate technologies as a learning tool to support children’s learning and development in all areas, including those with diverse abilities and needs</p> | 2L 5N 5O 3E 3N |
| D2.6 Content, function, and achievements of the fine and creative arts (dance, music, drama, visual arts) as media for communication, inquiry, and insight, the interrelationships among the arts and development of society, and active approaches to enhancing children’s enjoyment, understanding, appreciation, participation, and expression of the arts | Comprehension | <p>(Levels 2-4: D18) Gives examples of relevant and appropriate content for the fine and creative arts for young children, birth-age 8</p> <p>(Levels 2-4: D19) Describes appropriate methods for engaging children in creative and fine arts experiences that support their abilities to express their ideas and emotions through artistic expression</p> | 3A 3A 5S |
| D2.7 Principles of movement, fitness, and activity as elements central to physical and emotional well-being, and for providing engaging environments and activities that promote children’s development of skills, dispositions, and habits that contribute to good health and safety | Comprehension | <p>(Levels 2-4: D20) Gives examples of relevant and appropriate content for physical development and health for young children, birth-age 8</p> <p>(Levels 2-4: D21) Describes appropriate methods for engaging children in experiences that support their physical, emotional, and healthy well-being</p> | 2D 2N |
| Performance Area D3 | | | |
| <i>Combines and integrates developmental and learning curriculum goals from multiple sources into integrated, dynamic, ongoing curriculum experiences that reflect the interests, abilities, backgrounds and needs of children, birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| D3.1 Short-term and long-term planning approaches for organizing curriculum content and experiences | Application | (Levels 2-4: D22) Demonstrates knowledge of evidence-based, research-based, and recommended practices for supporting children’s development of skills and knowledge, by integrating curriculum content and incorporating children’s experiences, interests, and abilities | 1L 3L |
| D3.2 Potential influences of age, ability, gender, culture, language, and socio-economic status on children’s understanding of curriculum | Comprehension | <p>(Levels 2-4: D23) Discuss the effects of bias on children, families, and communities</p> <p>(Levels 2-4: D24) Discusses ways to implement a curriculum that differentiates instruction that is a reflection of children’s cultures, diverse abilities, and special needs</p> | 9H 1F 5E |
| D3.3 Approaches for incorporating families’ priorities and concerns into curriculum | Comprehension | (Levels 2-4: D25) Describes ways to foster partnerships between families and staff in order to inform curriculum planning | 8D |

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| D3.4 Approaches for involving children in building a curriculum that is embedded within the broader array of desired curriculum goals | Knowledge | (Levels 2-4: D26) Identifies strategies for using ongoing assessments and observations of children's interests and abilities to inform curriculum planning for differentiated instruction (Levels 2-4: D27) Identifies ways for children to participate in planning and designing experiences and making choices about areas of study | 5J 5P 7G 5F 5J |
| D3.5 Strategies for evaluating and modifying curriculum based on ongoing assessment of children's interests and on the progress of group and individual goals in developmental domains and content areas, in collaboration with families and with professionals from other disciplines | Knowledge | (Levels 2-4: D28) Identifies types of assessment and describes how assessment results are used to inform decision making and curriculum planning | 5H 7J |
| Performance Area D4 | | | |
| <i>Modifies and adapts curriculum to incorporate individual curriculum goals that stem from individual differences in children's interests, family priorities and concerns, as well as individual needs related to factors such as English language learning, biological or environmental risk factors, and developmental delay or disability in children</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Levels 2-4 Benchmarks | IPTS Matches |
| D4.1 Approaches for collaborating with families and with professionals from other disciplines to develop comprehensive, integrated curriculum plans that accommodate and address individual needs and ensure that all children have access to the goals of the general curriculum | Knowledge | (Levels 2-4: D29) Describes ways to work with team members to plan curriculum that is adapted to meet the needs of children with diverse abilities | 4E 8K |
| D4.2 Legal and ethical responsibilities for developing and implementing the IEP, IFSP, and other individualized curriculum plans | Knowledge | (Levels 2-4: D30) Identifies appropriate team members, and their roles, who might participate in the development of the IEP, IFSP, and other individualized curriculum plans | 8I 8S |

* Also may apply to those working in out-of-school settings with children 5-12

Content Area E: INTERACTIONS, RELATIONSHIPS, AND ENVIRONMENTS

Early childhood practitioners use their understanding of developmentally appropriate interactions and environments to provide integrated learning opportunities to young children from birth-age 8*. They use interpersonal interactions that guide each child toward desired developmental and learning outcomes. They recognize the important teaching roles of the physical and social environments, and provide and support environments that are nurturing, pleasing, and intellectually stimulating. Environments and teaching/learning interactions reflect values about young children and families, and are sensitive to bias and to individual differences. Environments and interactions are responsive to each child's abilities, interests, and needs, and reflect appreciation of family and community contexts and resources.

| Performance Area E1 | | | |
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| <i>Employs observation, guidance and communication techniques that assist children to develop a positive sense of self and others, productive interactions with peers and adults, and healthy interactions with their environments, birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| E1.1 Influence of culture, socioeconomic status, and individual differences such as age, ability, gender, temperament, and second language acquisition, on communication among children and between children and adults | Comprehension | <p>(Levels 2-4: E1) Explains the multiple factors that impact and influence children’s skills for interacting with others</p> <p>(Levels 2-4: E2) Cites ways for developing community within the classroom by involving families, enhancing cultural awareness, valuing cultural diversity, and appreciating different abilities and learning styles</p> | 4C 1A 1K 1L |
| E1.2 Characteristics of interpersonal relationships and interactions that provide a solid foundation for work with young children and families and for supporting children's motivation to develop and learn | Knowledge | <p>(Levels 2-4: E3) States ways that positive relationships in early care and education settings help support children’s development and learning</p> <p>(Levels 2-4: E4) Names ways to build trusting relationships with children and families</p> | 4D 8P |
| E1.3 Consistent, predictable use of social groups, space, time, materials, transitions, rules, and routines to guide positive behavior and interactions, to promote emotional resilience and social skills, and to respond to behavioral needs | Comprehension | <p>(Levels 2-4: E5) Gives examples of ways that the physical setting, schedule, routines, and transitions can be used to promote children’s development and learning</p> <p>(Levels 2-4: E6) Describes ways that adult behaviors, attitudes, and interactions can promote children’s positive social emotional development</p> | 4M 4P 4A 4G |
| E1.4 Guidance strategies that reflect the professional understanding and belief that children need healthy, affirming support for developing their social-emotional identity | Comprehension | (Levels 2-4: E7) Describes and discusses guidance techniques and opportunities for social interaction that lead to young children’s healthy concept of self, self-regulation, and ability to interact appropriately with others | 4D 4K |

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| E1.5 Multiple developmentally and individually appropriate opportunities for children to express emotions and ideas in positive ways, to cooperate, and to resolve conflicts through listening, group discussion, and conflict resolution strategies | Application | (Levels 2-4: E8) Articulates ways to assist children in learning to express emotions in positive ways, solve problems, and make decisions | 1B |
| E1.6 Variety of strategies to teach behavioral skills appropriate to specific contexts and to children of different ages, including use of techniques such as functional analysis and individual guidance plans | Knowledge | (Levels 2-4: E9) Enumerates strategies in compliance with laws, policies, and ethical principles to teach appropriate behavioral skills (Levels 2-4: E10) Outlines specific strategies and techniques for addressing problem behaviors, including functional assessment and individual guidance plans | 4A 4G 4H 4O 4Q |
| E1.7 Cooperative home-program approaches that promote positive self-concept and help children learn productive behavior | Knowledge | (Levels 2-4: E11) Describes ways to collaborate with families to develop individually appropriate expectations for children's behaviors (Levels 2-4: E12) Identifies strategies to communicate with families regarding areas of concern, developing cooperative strategies to address potential difficulties | 4H 9L |
| Performance Area E2 | | | |
| <i>Creates indoor and outdoor physical and social environments that encourage active participation, exploration, responsibility, initiative, and independence in children from birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| E2.1 Personal and professional commitment to maintaining a safe, interactive, individualized, exploratory early childhood setting for all children | Application | (Levels 2-4: E13) Articulates developmentally appropriate ways to organize space into identifiable areas that encourage children's active involvement, initiative, responsibility, creativity, and growing sense of autonomy (Levels 2-4: E14) Articulates one's own professional philosophy in relation to program quality | 4L 4M 9P |
| E2.2 Characteristics of indoor and outdoor environments that promote development and learning within and across developmental domains and curriculum areas, birth-age 8, including use of time, space, and activities (e.g., activities in which children employ skills from multiple domains, predictable routines and safety strategies, and use of developmentally and culturally appropriate materials) | Application | (Levels 2-4: E15) Articulates ways to plan and implement curriculum that includes a variety of methods for developing children's curiosity, problem-solving skills, and decision-making abilities | 4K |
| E2.3 Varied strategies, including those associated with English language acquisition, to assist children to understand, acquire, and use verbal and nonverbal means of communicating ideas and feelings | Knowledge | (Levels 2-4: E16) Identifies ways to show respect for variations in communication styles and home language (Levels 2-4: E17) Describes ways to provide multiple opportunities for children to communicate, based on knowledge of children and families | 1C 6C 6C |

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| E2.4 Varied strategies to assist young children to develop skills in problem solving, inquiry, critical thinking, and creativity (e.g., listening, posing questions, providing resources) | Knowledge | (Levels 2-4: E18) Describes appropriate methods for developing children’s intellectual curiosity and problem solving and decision making skills | 2C |
| E2.5 Multiple ways to provide opportunities for young children to explore and play creatively with space, materials, images, sounds, language, and ideas | Comprehension | (Levels 2-4: E19) Describes how children learn through their active interaction and exploration of their environment | 5F 5I |
| E2.6 Developmentally appropriate ways of using technology to enhance development and learning | Knowledge | (Levels 2-4: E20) Discusses a variety of assistive devices used with children with special needs (Levels 2-4: E21) Describes how technology is integrated to enhance development and learning | 2O 3E |
| E2.7 Sources of current research and professional standards related to physical and social environments for teaching and learning | Comprehension | (Levels 2-4: E22) Gives examples of sources that provide information about standards | 9A |
| Performance Area E3 | | | |
| <i>Provides multiple, varied developmentally, culturally, and individually appropriate learning opportunities for children to acquire knowledge, skills, and dispositions that are integrated across curriculum and developmental domains, birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Levels 2-4 Benchmarks | IPTS Matches |
| E3.1 Major theories of teaching and learning related to content areas, as appropriate to children, birth-age 8, including how children differ in their approaches to learning | Application | (Levels 2-4: E23) Determines ways to use research, developmental theories, and observational data to make decisions about children’s learning and development (Levels 2-4: E24) Identifies developmentally appropriate concepts and related skills that children can develop in each content area | 2A 2F 3D 3G 2I 2J 2P |
| E3.2 Developmentally, culturally, and individually appropriate activities, materials, and family and community resources that support exploration and acquisition of knowledge, skills, and dispositions within and across content areas, birth-age 8 (e.g., use of an emergent curriculum, individual and group projects, and learning centers) | Knowledge | (Levels 2-4: E25) Identifies ways to use the interests, abilities, and goals of children and families to plan appropriate learning experiences | 1L |
| E3.3 Array of effective, developmentally, culturally, and individually appropriate interaction strategies that enable children to gain conceptual and practical knowledge, as appropriate to the content being taught and to the child, birth-age 8 (e.g., describing, questioning, identifying and clarifying misunderstanding, establishing bridges to prior experiences and knowledge, modeling, and using explicit instruction) | Comprehension | (Levels 2-4: E26) Gives examples of interaction strategies that enable children to initiate the development of new skills, to build on existing knowledge and skills, and to practice newly acquired skills (Levels 2-4: E27) Distinguishes between learning content and acquiring related skills in specific content areas | 2G 2C |

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| E3.4 Variety of approaches for fostering learning within and across developmental domains and curriculum areas and for matching content and strategies to individual children's abilities, interests, and needs | Comprehension | <p>(Levels 2-4: E28) Gives examples of methods that allow children to construct their own knowledge that include play, open-ended questioning, cooperative learning, and inquiry experiences</p> <p>(Levels 2-4: E29) Gives examples of ways to connect identified skills and concepts with activities that are developmentally appropriate</p> | 5I 2O |
| E3.5 Short- and long-term planning formats that reflect potential influences of age, ability, culture, gender, and socio-economic status on the instructional process (e.g., interactions and relationships between children and between children and adults, learning activities and opportunities that reflect the cultures represented in the program and in the community) | Knowledge | (Levels 2-4: E30) Identifies and discusses planning methods through which early childhood programs and environments can reduce the effect of bias on young children, families, and communities through use of anti-bias materials, literature, and appropriate experiences | 1E 1F 4L |
| E3.6 Variations in teaching/learning opportunities and strategies that address preferences in learning mode and build strengths across learning and performance modes | Comprehension | <p>(Levels 2-4: E31) Discusses how different teaching/learning opportunities meet the individual needs of specific children, including children with special needs and talents, and diverse learning abilities</p> <p>(Levels 2-4: E32) Distinguishes ways to differentiate instruction so as to allow each child to participate at his or her own level of interest and ability</p> | 3C 1A 1K 1L |
| E3.7 Approaches for evaluation and modification of teaching/learning interactions and environments to ensure that all children are engaged, productive, and learning | Knowledge | <p>(Levels 2-4: E33) Identifies developmentally appropriate ways to use input from children in designing the curriculum when developmentally appropriate</p> <p>(Levels 2-4: E34) Describes a variety of techniques and procedures to evaluate and modify program goals for young children and families</p> | 3D 4E |

| Performance Area E4 | | | |
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| <i>Designs, modifies, and adapts teaching/learning interactions and environments to incorporate individually-designed strategies for children with diverse learning approaches, needs, and abilities, birth-age 8, in order to address individual goals and outcomes and to ensure that all children have access to the early childhood curriculum</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| E4.1 Short-term and long-term planning formats that support collaboration with families and with professionals from different disciplines to develop comprehensive, integrated instructional plans that accommodate and address individual priorities and needs within the context of typical early childhood environments, routines, and activities (e.g., matrix planning) | Knowledge | (Levels 2-4: E35) Identifies the contributions to the learning environment that can be made by family and community members | 8Q 8T |
| E4.2 Teaching and environmental accommodations that promote participation in ongoing activities by children with diverse needs and abilities (e.g., modification of schedule, physical environment, activities, expected response mode) | Knowledge | (Levels 2-4: E36) Selects and identifies ways to use materials that stimulate each child and are suitable to individual learning styles, varying development levels, special needs, and language and cultures of children and families (Levels 2-4: E37) Discusses ways in which early childhood professionals and programs can adopt the principles of universal design to adapt learning environment to meet the needs of all children (Levels 2-4: E38) Matches specific adaptations to children’s needs and abilities | 3C 4E 4P 3D 3J |
| E4.3 Common types of assistive technology used to enhance teaching and learning in children with disabilities, and to expand children's options for demonstrating learning | Knowledge | (Levels 2-4: E39) Identifies various types of assistive devices appropriate for use with young children (Levels 2-4: E40) Identifies specific assistive technology that could be used to support specific children’s learning and development | 2O 2O 3E |
| E4.4 Primary sources of information and assistance with the teaching/learning process in individual children who have diverse needs and abilities (e.g., children learning English as a second language, those living in crisis situations, and those with delays or disabilities) | Knowledge | (Levels 2-4: E41) Selects various sources of information that will provide assistance with planning for the teaching and learning environment of children with diverse needs and abilities (Levels 2-4: E42) Use teacher-scaffolded and initiated instruction to complement child initiated learning | 3P 8C 8F 3P 5E 5H 5K |

* Also may apply to those working in out-of-school settings with children 5-12

Content Area F: FAMILY AND COMMUNITY RELATIONSHIPS

Early childhood practitioners understand and value the critical role of positive, collaborative partnerships with families, colleagues, and community service agencies. They respect multiple perspectives and demonstrate integrity in conveying their own personal and professional perspectives and values. They use their knowledge of family and social systems to create reciprocal, productive interpersonal relationships that recognize and enhance the contributions of family, program, and community participants to the development, learning, and wellbeing of young children, birth-age 8*, and their families.

| Performance Area F1 | | | |
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| <i>Employs communication approaches and skills that form the basis of collaborative relationships on behalf of young children, birth-age 8, and their families.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| F1.1 Skills for-effective oral communication including active listening, establishing lines of communication, and matching communication style and level to the listener | Comprehension | (Levels 2-4: F1) Gives examples of effective verbal communication skills with children and adults, including adjusting to diverse communication styles and situations | 1E 9L |
| F1.2 Skills for effective use and interpretation of different forms of written communication common in early childhood settings (e.g., program-home exchanges, newsletters, reports), including knowledge of formats, accurate portrayal of events, correct grammatical usage, and matching style to listener and to purpose of communication | Comprehension | (Levels 2-4: F2) Describes the benefits and limitations of a variety of communication formats, including verbal, non-verbal, and written formats to engage families in effective and meaningful dialogue | 1E 8D 9L |
| F1.3 Skills to work collaboratively with others in gaining perspectives, making decisions, solving problems, and resolving conflicts | Application | (Levels 2-4: F3) Demonstrates effective verbal, non-verbal, and written communication skills that are responsive to children, families, and community members who are culturally, linguistically, economically, and ability diverse | 3F 9M |
| Performance Area F2 | | | |
| <i>Collaborates with families and provides multiple opportunities for program-family interaction and partnership, as appropriate to the age of the child and to the priorities and choices of families of young children, birth- age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| F2.1 Family systems theory, including family dynamics, roles and relationships, and theories and characteristics of family development | Knowledge | (Levels 2-4: F4) Describes how family context, including language, influences children’s development and family priorities (Levels 2-4: F5) Describes how a child’s identity is developed within the family and community setting (Levels 2-4: F6) Describes the importance of family interaction patterns and their impact on a child’s development and learning | 1C 1A 1C 1E |

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| F2.2 Sources of diversity that influence families' approaches to parenting and preferences for program-home collaboration, including differences that may be related to family structures, social, cultural, linguistic, or religious backgrounds, or to individual characteristics of the child or family | Comprehension | <p>(Levels 2-4: F7) Discusses variations across cultures in terms of family strengths, expectations, values, and childrearing practices</p> <p>(Levels 2-4: F8) Gives examples of ways to show respect for life's diversities and influences on family's involvement in programs</p> | 1A 3F 9L 9Q |
| F2.3 Roles and contributions of families at different steps of the program process (e.g., entry into the program, assessment, curriculum planning and implementation, and transition from program to next setting) | Comprehension | (Levels 2-4: F9) Respects the legitimacy of family goals and priorities for their children and the implications for early childhood programs | 9Q |
| F2.4 Skills for collaborating with families to identify their priorities, concerns, and resources and to make decisions about their child's development and learning, including skills to demonstrate sensitivity to differences in family structures, backgrounds, and preferences for involvement, and to respect and support family decisions | Comprehension | (Levels 2-4: F10) Describes family priorities and strengths in setting goals for individual children and the program | 3F |
| F2.5 Variety of opportunities for home-program collaboration and participation in family-oriented services and opportunities, to address families priorities and concerns for their child and for themselves (e.g., observation of and assistance with program activities, decision making about program's structure, program evaluation, newsletters, home visits, and parenting classes that provide knowledge and skills to enhance their child's development and learning) | Comprehension | <p>(Levels 2-4: F11) Gives examples of ways to engage in frequent contact and to collaborate with parents through a variety of communication strategies</p> <p>(Levels 2-4: F12) Describes ways to incorporate families' desires and goals for their children into the early care and education setting</p> | 3F 8B 8D 8D 8P |
| F2.6. Strategies for establishing communication and partnership with family members for whom English is not the home language | Knowledge | <p>(Levels 2-4: F13) Enumerates ways to involve families in their children's care and education, including communication in the home language of the child when possible</p> <p>(Levels 2-4: F14) Identifies resources for communicating with families in their home language</p> | 1G 1G |
| F2.7 Issues faced by families, including those of children with disabilities or developmental delays, and strategies for establishing partnerships that are responsive to families' unique priorities and concerns and to children's individual characteristics and needs | Knowledge | <p>(Levels 2-4: F15) Recognizes challenges faced by families caring for children with diverse abilities</p> <p>(Levels 2-4: F16) Identifies ways to collaborate with families to involve them in their children's care and education</p> | 8Q 8Q |
| F2.8 Roles of children, families, teachers, other professional staff, and personnel from other community agencies and programs in developing, implementing, and evaluating individualized program such as the IFSP, IEP, or behavioral plan | Awareness | (Levels 2-4: F17) Identifies the general procedures for and participants involved in the development of the IFSP, IEP, or behavioral plan, including the particular role of the early childhood professional | 8S |

| Performance Area F3 | | | |
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| <i>Establishes and maintains positive team relationships with program, school, and agency personnel in order to support the development, learning, and well-being of children, birth-age 8, and their families</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| F3.1 Roles, responsibilities, and referral procedures for typical members of early childhood teams (e.g., teacher, speech therapist, social worker, service coordinator), including those defined by law and policy, and the resources and skills that each discipline brings to the team | Knowledge | (Levels 2-4: F18) Defines the role of family members, community agencies, and other professionals as part of the early childhood team | 8E |
| | | (Levels 2-4: F19) Describes the diverse resources and skills that various disciplines bring to the early childhood team | 8F |
| F3.2 Models of team interaction (e.g., interdisciplinary, transdisciplinary) useful for accomplishing different program functions including assessment, planning, and implementation, and those related to inclusion of children with disabilities in school and community programs | Awareness | (Levels 2-4: F20) Describes the general procedures, advantages, and problems of working with a multi-disciplinary team for different purposes | 8F |
| F3.3 Skills for contributing to the team process, including those related to different team roles (e.g., team leadership, consultation with other team members) and functions (e.g., decision making, conflict resolution) | Knowledge | (Levels 2-4: F21) Describes skills essential for working effectively with a variety of teams, including interdisciplinary and transdisciplinary, for different purposes | 8E 8J |
| F3.4 Skills for managing roles of personnel and volunteers, including role definition and organization, training, and supervision, using principles of adult learning and collaborative consultation | Awareness | (Levels 2-4: F22) Describes key skills for working effectively with colleagues, volunteers, and supervisors in a supervisory role | 8J |
| F3.5 Skills to reflect on oneself as a team member and on team process in relation to team functioning and to achieving goals for children, families, staff, and programs | Application | (Levels 2-4: F23) Articulates to others the importance of acquiring knowledge about, and being responsive to, the diversity and complexity of dynamic family systems | 9E 9L |
| | | (Levels 2-4: F24) Articulates team functioning and its relationship to goal achievement for children, families, staff, and programs | 8N |
| Performance Area F4 | | | |
| <i>Collaborates across agency lines to enhance the wellbeing of children, birth-age 8, and their families, and builds relationships within the community to assess and address community-wide issues and needs, share experiences, and generate new ideas</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Levels 2-4 Benchmarks | IPTS Matches |
| F4.1 Structures, roles, and resources of early childhood programs, schools, and other agencies related to young children and families within the larger community context | Knowledge | (Levels 2-4: F25) Outlines ways the family and community members contribute to early care and education programs | 8T |
| | | (Levels 2-4: F26) Identifies resources that support early childhood programs, schools, and agencies | 8T |

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| F4.2 Models and procedures for interagency collaboration, including using policies and procedures for referral, accessing resources, and forming partnerships on behalf of children and families (e.g., interagency agreements, interagency councils) | Awareness | (Levels 2-4: F27) Identifies strategies for developing collaborative relationships with agencies and other personnel working with children for maintaining high quality programs and services for young children | 8E |
| F4.3 Legal issues and guidelines in education, including those related to children who have disabilities or who are at risk for learning or development, based on income or other child, family, or community factors | Knowledge | (Levels 2-4: F28) Identifies rationales for policies, regulations, and safeguards to children with and without exceptional needs and their families (Levels 2-4: F29) Identifies strategies for implementing program policies and procedures and applicable local, state, and federal regulations including those related to special education | 9B 1D 3A 9B 9R |
| F4.4 Array of local interagency committees, agency boards, and community groups concerned with the availability of education, health, and social services related to young children and their families, including young children who have disabilities or other factors that put them at risk for learning or development (e.g., Early Intervention) | Knowledge | (Levels 2-4: F30) Identifies appropriate community resources for information and referral (Levels 2-4: F31) Selects appropriate community resources for specific needs of families and children (Levels 2-4: F32) States one's professional role and identifies strategies for making referrals when necessary and appropriate | 1G 1G 6D 6H 9A 9J 9H 9K |
| F4.5 Strategies for using the larger community as a resource for teaching and learning, including acquiring knowledge about resources in the community (e.g., people, places) and building reciprocal relationships that benefit community entities as well as the program | Comprehension | (Levels 2-4: F33) Describes the roles of family members, community agencies, and other community sources that can work together to create quality care and education programs | 8B |
| F4.6 Short- and long-term planning formats that support collaboration with families and with professionals from different disciplines to develop comprehensive, integrated instructional plans that accommodate and address individual priorities and needs within the context of typical early childhood environments, routines, and activities (e.g., matrix planning) | | (Levels 2-4: F34) Describe strategies to gather feedback from community members and families, and involve them to enhance the learning environment | 3F 8Q 8T |
| F4.7 Views of human and family development and diversity that respect the interdependence among children, their families, their communities, and the larger society | | (Levels 2-4: F35) Describes the various influences on families in relation to children, communities, and the larger society | 1C |
| F4.8 Potential influences of differences in family structure and in social, cultural and linguistic backgrounds on what people value and what they do | | (Levels 2-4: F36) Cites examples of ways family structure and social, cultural, and linguistic backgrounds influence families in their interactions with each other and in their goals for their children | 1A 1C |

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| F4.9 Strategies to recognize, learn about, and demonstrate respect and sensitivity for the varied, individual talents and strengths of children, families, and team members, as well as for the multiple perspectives and actions that reflect differences in socioeconomic, ethnic, cultural and linguistic heritages, and contexts. | | (Levels 2-4: F37) Demonstrates respect for individual families relative to differences in family strengths, challenges, perspectives, and actions | 9I |
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* Also may apply to those working in out-of-school settings with children 5-12

Content Area G: PERSONAL AND PROFESSIONAL DEVELOPMENT

Early childhood practitioners identify themselves as professionals and conduct themselves as members of a significant, expanding, changing profession. Their professional attitudes evolve with experience, professional development, and advances in the profession. They honor diversity in cultures, beliefs, and practices. They know and value the history and contributions of their profession and its related fields. They are committed to ongoing professional development, and continually reflect on and take responsibility for their own values, choices and actions. They advocate for young children, birth-age 8*, and their families, and exemplify the ethical standards of their discipline in their profession in their personal and professional interactions and activities.

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| Performance Area G1 | | | |
| <i>Articulates, continually refines, and puts into practice a personal, professional philosophy consistent with values about human diversity that are contained in early childhood and family policy and in early childhood professional guidelines, birth-age 8</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| G1.1 Strategies to examine and understand one's own values and actions from a socio-cultural perspective, including potential influences of one's own family, social, cultural, and linguistic background on interactions with others | Comprehension | (Levels 2-4: G1) Discusses one's own philosophy of appropriate general and special early care and education | 1F |
| | | (Levels 2-4: G2) Explains cultural, linguistic, and individual influences on one's own philosophy and cultural competence | 1F |

| Performance Area G2 | | | |
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| <i>Employs knowledge of the early childhood field in everyday interactions with children, families, other early childhood practitioners, and agencies and entities that govern, serve, and advocate for young children, birth-age 8, and their families</i> | | | |
| Knowledge, Skills, and Disposition | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| G2.1 Field of early care and education, birth-age 8, including the multitude of historical, philosophical, and social foundations that influence current thought and practice | Knowledge | (Levels 2-4: G3) Identifies historical, philosophical, theoretical, and social foundations that have influenced the early childhood, early childhood special education, and early intervention fields and identifies their influences on current thought and practice | 9A |
| G2.2 Issues and trends in early education and care, including those related to children who are at risk for learning or development based on individual, family, or community factors | Knowledge | (Levels 2-4: G4) Describes current issues and trends related to young children and families, professionals, and the field of early care and education, early childhood special education, and early intervention | 9A 9G |
| G2.3 Laws, regulations, and policies that govern services at different ages, birth-age 8, including those related to licensing and approval by governing bodies | Comprehension | (Levels 2-4: G5) Explains legislation and public policies that affect children with and without exceptional needs, their families, and programs for young children and the early childhood profession (Levels 2-4: G6) Discusses applicable state and federal regulations and procedural safeguards for children and families who are culturally, linguistically, and ability diverse (Levels 2-4: G7) Explains the rationales for policies, regulations, and safeguards for children and families who are culturally, linguistically, and ability diverse | 9B 11C 11D 11F 11H 11C 11D 11F 11H |
| G2.4 Professional standards and guidelines that govern and guide professional dispositions, behavior, thinking, and practice, including those of state and local agencies and of international, national, state, and local professional organizations | Comprehension | (Levels 2-4: G8) Explains the applicable standards and guidelines at all levels as they relate to the delivery of inclusive quality care and education programs | 1.1C 11A 11H |
| G2.5 Basic principles of administration, organization, and operation of a variety of early childhood programs and agencies, including how these entities function in the community and how to utilize them as resources | Comprehension | (Levels 2-4: G9) Identifies programs and agencies within the community that can serve as resources for young children and families | 1G |

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| | | (Levels 2-4: G10) Describes the organizational structures for the full range of early childhood programs, settings, and legal auspice | 1C 9A 11B 11J 11L |
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| Performance Area G3 | | | |
| <i>Employs a variety of strategies to grow as a professional through reflection on the effects of one's own choices and actions on children, birth-age 8, their families, other team members, and one's own professional goals, and commits to lifelong learning and advancement of the profession</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| G3.1 Self-assessment and problem-solving strategies for reflecting on practice, including classroom observation, consideration of responses of children, families, and other team members to one's own actions, and evaluation of one's own beliefs and actions against professional standards | Comprehension | (Levels 2-4: G11) Explains ways to use self-reflection and feedback from others to improve practice (Levels 2-4: G12) Describes one's own beliefs about appropriate practices in relation to professional standards | 9K 9J 10A 10B 10D 10H 10I |
| G3.2 Opportunities for engaging in service and advocacy efforts on behalf of children, families, early childhood practitioners, and the early childhood profession | Comprehension | (Levels 2-4: G13) Describes the role of the professional as an advocate for inclusive quality early childhood programs | 9F 9Q |
| G3.3 Opportunities for participating in development of the profession and the early childhood field, including opportunities at the program, local, state, and national levels and those available through professional organizations and through collegial activities in the school, program, or community | Comprehension | (Levels 2-4: G14) Identifies professional organizations and explains the roles of professionals and their contributions to the field and to the community | 9O |
| G3.4 Opportunities and resources for training and professional development, including those available through professional literature; organizations; program, local, state, and national agencies or entities, and colleges and universities | Comprehension | (Levels 2-4: G15) Describes the purpose of, and identifies options for, professional growth activities | 9D |
| G3.5 Opportunities for increasing resources available to the program or school, including those available through grant proposals or community partnerships and alliances | Awareness | (Levels 2-4: G16) Identifies resources for supporting financial needs of programs | 9K |
| G3.6 Opportunities and strategies for initiating new projects or programs, and for contributing knowledge and expertise about teaching and learning to the profession | Awareness | (Levels 2-4: G17) Identifies strategies to apply professional knowledge in the field to seek new projects or programs | 9P |

| Performance Area G4 | | | |
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| <i>Demonstrates professional conduct consistent with codes of ethics and standards outlined by legal entities and by the early childhood profession in relation to young children, birth-age 8, their families, and early childhood programs and services</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Levels 2-4 Benchmarks | IPTS Matches |
| G4.1 Communication strategies that demonstrate honesty, integrity and positive regard for others and their contributions, and respond to situations in a professionally appropriate, emotionally mature manner | Application | (Levels 2-4: G18) Demonstrates communication strategies with children, colleagues, and families that reflect knowledge of professional skills and ethical conduct | 9I |
| G4.2 Standards of professional conduct for education as a profession and for early childhood education as a field, including those contained in the Illinois School Code and those outlined by professional organizations such as NAEYC | Knowledge | (Levels 2-4: G19) Describes the key components of the codes of ethics for the early childhood and early childhood special education fields and ways the codes of ethics can be used to guide professional practices | 9I |
| G4.3 Policies and procedures related to confidentiality and impartiality | Application | (Levels 2-4: G20) Articulates rationale for maintaining confidentiality and impartiality, including legal and ethical considerations | 9J |
| G4.4 Professional dispositions and program standards related to personal appearance, hygiene, and work habits | Application | (Levels 2-4: G21) Demonstrates professional work habits including dependability, time management, independence, teamwork, and responsibility | 9I |
| G4.5 Boundaries of professional responsibilities when working with children, families, and colleagues, as contained in or implied by program or school policy and procedures, professional standards, and law | Comprehension | (Levels 2-4: G22) Describes strategies to make program decisions based on professional standards | 9K |
| G4.6 Planning and self-regulation strategies to accomplish personal and professional goals in a timely, intentional manner | Application | (Levels 2-4: G23) Develops and carries out a professional development plan that evaluate own performance and set goals to advance knowledge in the field | 9D 9O |
| G4.7 Role of personal and professional perspective or bias in interpreting and applying child development theory to interactions with children and families and to program planning. | | (Levels 2-4: G22) Identifies personal and professional perspectives | 1F |
| | | (Levels 2-4: G23) Recognizes how personal bias and perspective influence professional practices | 1F |

* Also may apply to those working in out-of-school settings with children 5-12

** Illinois Professional Teaching Standards

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Benchmarks for Level 5 of the ECE Content Areas

Content Area A: HUMAN GROWTH AND DEVELOPMENT

Early childhood practitioners use current and emerging principles, theories, and knowledge of developmental milestones as a foundation for all aspects of their work with young children, prenatal through age 8, and their families. Practitioners have a curiosity about how children develop and learn, and understand the mutual influences among different domains of development, and between the child and the contexts within which s/he develops. They view child development knowledge as the core of their professional practice, and engage in ongoing learning and reflection about developmental knowledge and theory. They use their understanding as they plan and implement observations and teaching/learning interactions, and as a context for collaboration with families and other team members on behalf of children.

| Performance Area A1 | | | |
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| <i>Employs knowledge of concepts, principles, and theories of child development and learning, prenatal through age 8, to develop and provide a cohesive teaching/learning environment that is appropriate developmentally, culturally, and individually.</i> | | | |
| Knowledge Skills and Dispositions | Achievement Expectation | Level 5 Benchmarks | IPTS Matches |
| A.1.1 Concepts and principles of human development and of major theories and theorists that guide study and practice related to young children from the prenatal period through age 8, across and within developmental domains, including stage theories and the role of social and object play in early development and learning | Synthesis | <p>(Level 5: A1) Compares and contrasts the concepts and principles of major typical and atypical human growth and development theories</p> <p>(Level 5: A2) Communicates the most appropriate concepts and principles to apply at each developmental level for the young child</p> | 8A |
| A.1.2 Holistic, developmental systems perspective on early development and learning, including interrelationships among domains of development and learning, (e.g., language and learning, mental health and cognition, language and cognition) and between children's development and its cultural, neighborhood, and social contexts | Analysis | <p>(Level 5: A3) Compares and contrasts anecdotes of young children representative of various developmental levels and social contexts</p> <p>(Level 5: A4) Designs a learning environment appropriate to accommodate the heterogeneous population of young children</p> | 8A 9B |
| A.1.3 Continuity of early development, including continuity related to early central nervous system development and to early emotional well-being, prenatal period through age 8 | Synthesis | (Level 5: A5) Incorporates bonding and attachment theories and related research as it relates to continuity of care and emotional well-being during the early years with knowledge of central nervous system development | 8C |
| A.1.4 Characteristics of social and physical environments that influence early development and learning, including those related to culture, language, and socioeconomic factors in family, community, and programs | Synthesis | (Level 5: A6) Designs a learning environment to accommodate expectations based on the knowledge of the children's culture, language, and socioeconomic factors | 8J 8K |

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| A.1.5 Basic health, nutrition, illness, and safety needs of children, prenatal period through age 8, in relation to other aspects of development and learning | Synthesis | (Level 5: A7) Compares and contrasts observations of children’s development and learning as related to basic health, nutrition, illness, and safety needs and applies to the learning environment | 8I |
| Performance Area A2 | | | |
| <i>Recognizes and interprets behavioral signals that provide information about typical and atypical development and learning in children prenatal period through age 8.</i> | | | |
| Knowledge, Skills, and Disposition | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| A.2.1 Developmental sequences in the physical/motor, emotional, cognitive, language, and social domains | Evaluate | (Level 5: A8) Interprets normative development and identifies deviations of the normative sequence in all areas of development | 8A 8D |
| A.2.2 Developmental sequences and processes that may be unique to children acquiring English as a non-primary language | Synthesis | (Level 5: A9) Compares and contrasts developmental milestones and processes of children acquiring English as a non-primary language with those for whom English is a primary language | 9D 13A |
| A.2.3 Physical and social environmental risk and protective factors that influence development and learning from the prenatal period through age 8 | Analysis | (Level 5: A10) Recognizes the physical and social environmental risks and protective factors that potentially exist within communities and influence development and learning | 8F 8L |
| | Synthesis | (Level 5: A11) Anticipates the interaction between physical and social environmental risks and biological factors | |
| A.2.4 Biological, health, and medical risk and protective factors that influence development and learning from the prenatal period through age 8 | Analysis | (Level 5: A12) Recognizes biological, health, and medical risk and protective factors that potentially exist within communities and influence development and learning | 8D |
| | Synthesis | (Level 5: A13) Anticipates the interaction between biological, health, and medical risks and physical and social factors | |
| A.2.5 Individual differences in personality and temperament and their influence on children's needs in interpersonal and instructional settings and interactions | Analysis | (Level 5: A14) Recognizes young children’s uniqueness in ability, attitudes, interests, values, etc. | 8D |
| | Synthesis | (Level 5: A15) Structures a learning environment with flexibility so as to adapt with respect to the individual needs, personality, and temperament of all young children | |

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| <p>A.2.6 Characteristics and etiologies of common disabilities and their potential influences on sequences, characteristics, and processes of development and learning (e.g., development of guided reach in children with visual impairment)</p> | <p>Synthesis</p> | <p>(Level 5: A16) Incorporates the learning environment and strategies to meet the special needs of all young children</p> <p>(Level 5: A17) Recognizes the etiologies and characteristics of common disabilities that influence growth and development</p> | <p>9A</p> |
| <p>A.2.7 Delays and developmental differences that may indicate a need for special services</p> | <p>Synthesis</p> | <p>(Level 5: A18) Generates, according to law, steps for further assessment and teaming to determine and seek special services</p> | <p>8D</p> |

Content Area B: HEALTH, SAFETY, AND WELL-BEING

Early childhood practitioners understand that children's physical health, mental health, and safety are the foundations for development and learning in children, birth through age 8. They acknowledge the value of creating a healthful environment to foster children's physical, cognitive, language, and social-emotional development. They collaborate with families and health professionals to provide safe, healthful environments and to adjust health, nutrition, and safety routines to children's individual needs and abilities. They take responsibility for providing multiple opportunities for children to learn habits that will ensure their health and safety.

| Performance Area B1 | | | |
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| <i>Complies with safety and health regulations, and provides and evaluates environments and curriculum that meet the emotional and physical health needs of young children, birth through age 8.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| B.1.1. Personal and professional commitment to infusing health and fitness principles throughout the curriculum and the learning environment | Synthesis | (Level 5: B1) Incorporates health and fitness opportunities that support children’s need for physical activity throughout the day | 8H |
| B.1.2. Basic health needs and interrelationships among health, physical ability, and emotional well-being, including the effects of conflict, stress, and trauma on health and the diversity of cultural practices surrounding nutrition, health, and health care | Analysis | (Level 5: B2) Outlines methods for assisting children in developing culturally appropriate decision-making and interpersonal skills that enable them to make healthy choices, establish health-promoting behaviors, and establish personal safety | 8G 8H 8M |
| B.1.3. Standards and procedures for cleanliness and sanitation, including universal precautions related to health care monitoring, hand washing, surface cleanliness, and toileting and diapering | Synthesis | (Level 5: B3) Structures program policies and develops practices to create a sanitary environment that reduces the spread of infectious diseases | 8H 8I 11D |
| B.1.4. Procedures for monitoring physical and emotional well-being and health, including signs of communicable diseases, emotional distress, abuse, and neglect | Synthesis | (Level 5: B4) Communicates daily with children to identify possible changes in behaviors or other signs of change | 17K |
| B.1.5. Approaches to teaching children about dental health, disease prevention, and fitness, including modeling behaviors, using daily routines to provide skill instruction, (e.g., mealtime, cooking experiences, toileting) and sharing resources with families | Synthesis | (Level 5: B5) Designs and implements learning opportunities emphasizing healthy bodies, healthy lifestyles, and a healthy environment (Level 5: B6) Creates a list of health-based community resources to be shared with colleagues and families | 6H 15D 15K |
| B.1.6. Regulations including required immunizations and procedures for providing first aid and CPR, and for responding to medical emergencies | Analysis | (Level 5: B7) Diagrams steps to be followed when responding to children’s injuries or other emergencies (Level 5: B8) Creates methods for documenting responses to children’s medical needs and for informing parents | 8H |

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| B.1.7. Procedures for meeting individual health care needs related to medication and limitations on physical ability, as well as needs of children with seizure disorders and technology dependency, with consultation from parents and health professionals | Application | (Level 5: B9) Develops methods for documenting specific needs of children, and for recording treatments received by children (Level 5: B10) Follows instructions of administration of medicine and approved medical treatments, including related documentation | 12H |
| Performance Area B2 | | | |
| <i>Promotes and provides safe emotional and indoor and outdoor physical environments for young children, birth through age 8.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Level 5 Benchmarks | IPTS Matches |
| B.2.1. Basic physical and emotional needs of children and adults, and personal and professional commitment to creating safe, healthy early childhood environments | Synthesis | (Level 5: B11) Communicates the components for what makes a safe and healthy environment for children and adults | 8H 11D |
| B.2.2. Signs of emotional distress, child abuse, and neglect in children, and responsibilities and procedures for reporting | Analysis | (Level 5: B12) Explains a variety of health appraisals that are appropriate for assessing children’s emotional and physical health status (Level 5: B13) Outlines steps to take for recognizing, documenting, and reporting suspected abuse | 17C 17K |
| B.2.3. Principles and procedures for evaluating space, materials, and equipment for use by children of different ages and abilities | Synthesis | (Level 5: B14) Designs an environment that is safe and free from potential physical dangers by identifying hazards, assessing risks, and taking appropriate action | 6G 11J |
| B.2.4. Current regulations, standards, and guidelines related to safe environments for young children (e.g., recommendations for sleeping; procedures for safe transportation; responds to accidents and common emergencies, and to disaster-related emergencies such as evacuations; release to authorized persons; and responsibilities as a mandated reporter) | Synthesis | (Level 5: B15) Communicates with local and state health professionals to align program practices with regulations, standards, and guidelines (Level 5: B16) Develops and communicates plans for responding to a variety of health and safety issues | 8N 11D 11J |
| B.2.5. Approaches for teaching young children about safety (e.g., setting and enforcing behavioral expectations; modeling, discussing, and providing skill instruction within daily routines; using pictures and diagrams of safety procedures; and sharing resources with families) | Synthesis | (Level 5: B17) Designs health, safety, and nutrition learning opportunities to match children’s developmental abilities and individual needs | 8N |
| B.2.6. Procedures for achieving maximum independence in children with special needs (e.g., techniques for positioning and handling, and use of adaptive equipment and prosthetic devices) with consultation from parents and health professional | Application | (Level 5: B18) Adapts indoor and outdoor environments, in consultation with parents and health professionals, to maximize participation of children with special needs in activities | 9E |

| Performance Area B3 | | | |
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| <i>Promotes good nutrition and healthy eating habits in young children, birth through age 8.</i> | | | |
| Knowledge, Skills, and Disposition | Achievement Expectations | Level 5 Benchmarks | <i>IPTS</i> Matches |
| B.3.1. Nutritional needs of children, birth through age 8, and the interrelationships among nutrition, physical health development (including Central Nervous System development), fitness, emotional well-being, and learning | Analysis | (Level 5: B19) Analyzes a program’s health and nutrition plans and adapts practices to assure the needs of all children are met | 8N 11D |
| B.3.2. Current regulations, standards, and guidelines related to healthy food preparation for young children, including procedures for safe food handling | Analysis | (Level 5: B20) Outlines steps to be followed when preparing and handling food | 8N 11D |
| B.3.3. Health hazards in food, including choking and allergies, and appropriate selection and preparation of food for young children | Analysis | (Level 5: B21) Diagrams plans for responding to food related emergencies (Level 5: B22) Explains plans to colleagues and families | 8N 11D |
| B.3.4. Approaches for teaching nutrition as a part of the ongoing curriculum and daily routine, incorporating foods from diverse cultures and providing opportunities to model and encourage healthy food choices, and sharing resources with families | Application | (Level 5: B23) Utilizes families and community organizations as resources to plan active learning opportunities that are sensitive to food preferences and practices of individual families | 8H 8N |
| B.3.5 Individual nutritional needs of children with allergies or disabilities, with consultation from parents and health professionals | Application | (Level 5: B24) Develops procedures to gather information from families about children’s nutritional and health needs | 8N |

Content Area C: OBSERVATION AND ASSESSMENT

Knowledge of individual children's development and learning provides the framework for curriculum and teaching/learning interactions. Early childhood practitioners are curious about how children develop and learn, and value the roles of informal and formal observation and assessment. They understand the purposes, benefits, and uses of observation and assessment information in early childhood settings. They view observation and assessment as ways to understand children, not only as means for evaluation and accountability. They take responsibility for using a variety of age, developmentally, linguistically, and culturally appropriate formal and informal assessments to gather and share information on each child's skills, abilities, interests, and needs, birth through age 8; to monitor children's progress; and to continually evaluate, reflect on, and modify their own roles and practices.

| Performance Area C1 | | | |
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| <i>Implements, interprets, summarizes, and communicates information from a variety of age and developmentally appropriate, informal and formal observation and assessment tools and approaches, to inform decisions about curriculum and teaching/learning interactions, to support communication with others, and to inform programmatic decisions important in early childhood settings for children, birth through age 8.</i> | | | |
| <i>Knowledge, Skills, and Disposition</i> | Achievement Expectation | Level 5 Benchmarks | IPTS Matches |
| C1.1. Ongoing observation (e.g., anecdotal records, in-time records, time sampling) and other authentic assessment and documentation methods (e.g., pictures, portfolios, journals, work sampling) used to understand children's development and learning, to determine children's interests and needs, to inform initial and ongoing decisions about curriculum and teaching/ learning interactions, and to support communication with others | Synthesis | (Level 5: C1) Incorporates various observation, assessment, and documentation procedures to gather information, evaluate, and assess children's development and learning | 14F 14H |
| C1.2. Published early childhood assessments, including commonly used norm-referenced measures, curriculum-referenced measures, behavioral checklists, environmental checklists, and child-child and child-adult observations | Evaluation | (Level 5: C2) Evaluates the various types of assessment procedures that are used for various assessment procedures | 14B 14E |
| C1.3. Variety of screening tools commonly used in early childhood settings and in the community to monitor young children's development and learning in multiple developmental domains and curriculum content areas, including development in home language whenever possible | Application | (Level 5: C3) Administers a range of screening tools used to monitor children's development and learning (Level 5: C4) Utilizes multiple measures when screening young children | 14F 14H |
| C1.4 Adaptations in observation and assessment approaches and instruments to obtain valid, reliable information about learning and development of children with special needs | Application | (Level 5: C5) Adapts observation and assessment approaches and instruments used to obtain valid, reliable information about learning and development of children with special needs | 14J |

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| C1.5 Formats for summarizing observation and assessment information into individual and group profiles for use in initial and ongoing planning of curriculum and instruction, and to contribute to IEP and IFSP development | Application | (Level 5: C6) Utilizes reporting formats according to appropriate uses and benefits (Level 5: C7) Utilizes assessment information to inform planning, instruction, and development of IEPs and IFSPs | 14D 14F 14H |
| C1.6 Methods to organize and maintain paper, product, and technology-based documentation and records of children's progress in relation to individual goals, including those on the IEP and IFSP, and in relation to relevant national, state, and local standards such as the Illinois Early Learning Standards, the Head Start Outcomes Framework, the Illinois Learning Standards, and program developed assessment tools | Application | (Level 5: C8) Demonstrates ways to document procedures in use at local, state, and national levels (Level 5: C9) Demonstrates ways to organize information about each child | 14F |
| C1.7 Written, oral, and technology-based formats for sharing observation and assessment information with children, families, other professionals, and appropriate local and state agencies | Analysis | (Level 5: C10) Implements written, oral, and technology based formats used to share assessment information | 14G 14M |
| Performance Area C2 | | | |
| <i>Applies measurement concepts and principles in evaluating and selecting observation and assessment approaches and instruments that are age and developmentally appropriate for early childhood settings, birth through age 8.</i> | | | |
| Knowledge, Skills, and Disposition | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| C2.1. Potential influences of culture, primary language, age, and special needs on instrument selection, implementation, and interpretation of approaches, methods and instruments, and modifications and approaches to interpretation that take these influences into consideration | Application | (Level 5: C11) Recognizes potential assessment procedures that are responsive to cultural, linguistic, and environmental influences and unique characteristics of each child and family | 14A 14E |
| C2.2. Assessment and observation methods, approaches, and instruments that are appropriate for the purposes for which they are used with children from birth through age 8 (e.g., observing children's daily interactions, screening for special needs, planning curriculum for individual and group activities, monitoring children's progress, evaluating programs) | Application | (Level 5: C12) Demonstrates knowledge of appropriate and valid uses of assessment and observation methods, approaches, and instruments | 14B |
| C2.3 Holistic approach to observation and assessment that reflects understanding of multiple, interrelated developmental domains and contexts, including implications for assessing the abilities and needs of children with special needs | Application | (Level 5: C13) Utilizes a holistic approach to observation and assessment that reflects understanding of multiple, interrelated domains and contexts, including implications for assessing the needs of children with special needs | 12D 12H |
| C2.4 Measurement concepts (e.g. validity, reliability, usefulness) and the benefits and limitations of a variety of authentic and standardized approaches and instruments used in early childhood assessment | Evaluates | (Level 5: C14) Reviews measurement instruments to evaluate benefits and limitations of a variety of authentic and standardized approaches and instruments used in early childhood assessment | 14B 14C |

| Performance Area C3 | | | |
|---|---------------------------------|--|---------------------|
| <i>Establishes assessment partnerships with families as a basis for understanding child characteristics and progress and for making decisions about curriculum and instruction for young children, birth through age 8.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| C3.1. Potential influences of the assessment process on family involvement | Synthesis | (Level 5: C15) Composes policies and procedures to facilitate family participation in the assessment process | 14C |
| C3.2. Roles and contributions of families and different professional team members to the assessment process | Analysis | (Level 5: C16) Differentiates the roles and contributions of families and other team members who contribute to goal setting and the assessment process | 14I 15E 15J |
| C3.3 Strategies for collaborating with families to acquire an understanding of children's and families' lives outside of the program (e.g., home language, priorities for child's education) | Synthesis | (Level 5: C17) Formulates strategies for collaboration with families and recognizes how that information informs the assessment process | 15E |
| C3.4 Models and strategies for collaborating with families and other team members in planning, conducting, and evaluating the assessment process, including assessment related to development, learning, and development and revision of IEPs and IFSPs | Synthesis | (Level 5: C18) Facilitates collaborative approaches with families and other team members | 14K 14L |
| Performance Area C4 | | | |
| <i>Maintains legal and ethical standards and requirements for confidentiality and privacy of assessment information, and for ensuring due process for children birth through age 8 and their families.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| C4.1 Personal and professional commitment to maintaining legal and ethical requirements and responsibilities related to data collection and sharing of information with children, parents, school, and community, including those pertaining to children with special needs | Synthesis | (Level 5: C19) Formulates methods for maintaining legal and ethical regulations and responsibilities when keeping records related to children | 14G |
| C4.2 Techniques and resources to maintain accurate, ethical records of children's development and learning | Synthesis | (Level 5: C20) Formulates ways to maintain accurate, current information, and integrity of children's records | 14G |
| C4.3 Reasons, procedures, and resources for referral of children for further assessment | Application | (Level 5: C21) Follows legal and ethical procedures that inform the process for making recommendations for further assessment of child development and learning | 14G |

| Performance Area C5 | | | |
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| <i>Designs and implements evaluation of program for young children, birth through age 8, in relation to child and family responses to the program and to program standards.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Level 5 Benchmarks | <i>IPTS</i> Matches |
| C5.1. Personal and professional commitment to active, ongoing participation in program evaluation | Analysis | (Level 5: C22) Utilizes information obtained through data collection to analyze where program improvements are needed | 11L 14H |
| C5.2 Models and instruments for collecting, summarizing, and interpreting information on program implementation in relation to quality standards | Application | (Level 5: C23) Analyzes information gained from program evaluation to determine if standards are being met | 11F 11L |
| C5.3 Strategies for collecting, summarizing, and interpreting children's and families' responses to the program, including children's progress in relation to learning standards and other goals, for use in judging program value, and as a guide to continuous improvement | Application | (Level 5: C24) Implements program evaluations that produce outcome information used to inform program improvement that reflect program goals | 11L |

Content Area D: CURRICULUM OR PROGRAM DESIGN

Early childhood practitioners have broad knowledge of appropriate curriculum for young children from birth through age 8. They understand the central concepts, tools of inquiry, and structures of the content disciplines, as well as the interrelationships between and among content disciplines and developmental domains. They recognize and value the interdependence between children's relationships with others and their construction of knowledge. They view curriculum development as a collaborative, dynamic, and ever-changing professional endeavor. They take responsibility for planning and providing an emerging, bias-sensitive, integrated curriculum to build on each child's current abilities and interests to expand competence in all content areas and developmental domains.

| Performance Area D1 | | | |
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| <i>Provides a comprehensive, holistic curriculum that includes curriculum content from the range of sources that influence, guide, and support the development and learning of young children, birth through age 8.</i> | | | |
| Knowledge, Skills, Dispositions | Achievement Expectation | Level 5 Benchmarks | IPTS matches |
| D.1.1. Critical developmental goals for children, birth through age 8, based on knowledge of children's development in the domains of emotions and relationships, social roles and interactions, language and communication, cognition, and physical development and health | Evaluation | <p>(Level 5: D1)Evaluates and supports the unique developmental and learning needs of children in different age groups and with diverse abilities</p> <p>(Level 5: D2)Analyzes and interprets the relationship between developmental and learning goals</p> | 8J 10B |
| D.1.2 Key learning outcomes in the content disciplines, as appropriate for children from birth through age 8 | Evaluation | (Level 5: D3) Selects curriculum content for different age groups and interprets relationship to developmental practices | 1B 10A 10E |
| D.1.3 Goals that reflect knowledge, skills, and dispositions valued by families, communities, and society | Synthesis | (Level 5: D4) Collaborates with families and others in assessing children's developmental strengths and needs in developing individual and program goals | 10E 10G |
| D.1.4 Goals that emerge from observations of children's interactions, interests, and relationships with ideas | Synthesis | (Level 5: D5) Facilitates the process so that the developmental needs/interests, language, and home experiences of all children can be used to inform program goals | 10E 10G |
| D.1.5 Learning standards that govern or guide curriculum content in Illinois, birth through age 8, including the Illinois Early Learning Standards, the Head Start Outcomes Framework, and the Illinois Learning Standards | Application | <p>(Level 5: D6)Identifies and implements standards that guide curriculum content in Illinois for different early care and education programs</p> <p>(Level 5: D7)Justifies and integrates standards to influence curriculum content choices in early care and education programs</p> | 1C |

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| D.1.6 Common theoretical frameworks, curricular approaches, and published curricula used with young children, birth through age 8, including (a) their assumptions, rationales, research support, and distinguishing features, and (b) advantages and disadvantages for children of different ages, genders, interests, linguistic and cultural backgrounds, and needs | Synthesis | (Level 5: D8) Incorporates and integrates various approaches to design curriculum and identifies advantages and disadvantages | 1D 10G |
| Performance Area D2 | | | |
| <i>Provides a curriculum that addresses the central concepts, goals, tools of inquiry, structures, and significant resources of the content disciplines, birth through age 8, and enables children to develop active, engaged relationships with the content of each discipline.</i> | | | |
| Knowledge, Skills, Dispositions | Achievement Expectation | Level 5 Benchmarks | IPTS matches |
| D.2.1. Components and sequences of emergent literacy, genres and authors of children's literature, and age appropriate, active strategies for engaging children in listening, speaking, reading, writing, and thinking | Evaluation | (Level 5: D9) Selects appropriate strategies to engage children in literacy rich experiences that support development and learning | 2A-R |
| D.2.2 Major concepts, procedures and reasoning processes of mathematics, and active, age-appropriate approaches for engaging children in everyday, concrete opportunities to construct a dynamic understanding of numbers, concepts of chance, and mathematical processes such as estimation, pattern recognition, spatial reasoning, and measurement and analysis of physical properties | Comprehension | (Level 5: D10) Gives examples of relevant and appropriate content for math for young children, birth through age 8 (Level 5: D11) Describes appropriate methods for engaging children in mathematical experiences that support their development and learning of mathematical concepts and skills | 3A-P |
| D.2.3 Principles of scientific inquiry and concepts in the physical, earth/space, and life sciences and their interconnectedness in everyday environments, and dynamic, age-appropriate opportunities for children to explore and apply the scientific process | Evaluation | (Level 5: D12) Selects relevant and appropriate content for science for young children, birth through age 8 (Level 5: D13) Selects and uses appropriate strategies to engage children in scientific experiences that support their inquiry and development of scientific concepts and skills | 4A-P |
| D.2.4 Concepts and interrelationships among the social sciences (historical, geographical, economic, civic, political) in everyday life, and strategies to enhance children's understanding and use of concepts, through actively exploring cultural artifacts such as maps, differences among families and cultures, interrelationships among people, and roles of individuals and groups | Evaluation | (Level 5: D14) Selects relevant and appropriate content for the social sciences for young children, birth through age 8 (Level 5: D15) Selects and uses appropriate methods for engaging children in social science experiences that promote their development as participants in a democratic society and global world | 5A-K |
| D.2.5 Types and functions of technologies appropriate for young children, birth through age 8, and approaches for teaching children to use technology (e.g., writing tools, digital cameras, computer programs) to gain knowledge, for creative appreciation and expression, and for recreation | Evaluation | (Level 5: D16) Identifies and uses variety of relevant and appropriate technologies and software appropriate for young children, birth through age 8 (Level 5: D17) Selects and uses appropriate technologies as a learning tool to support children's learning and development in all areas, including those with diverse abilities and needs | 10D 10I |

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| D.2.6 Content, function, and achievements of the fine and creative arts (dance, music, drama, visual arts) as media for communication, inquiry, and insight, the interrelationships among the arts and development of society, and active approaches to enhancing children's enjoyment, understanding, appreciation, participation, and expression of the arts | Evaluation | (Level 5: D18)Selects and uses relevant and appropriate content for the fine and creative arts for young children, birth through age 8 (Level 5: D19)Selects and uses appropriate methods for engaging children in creative and fine arts experiences that support their abilities to express their ideas and emotions through artistic expression | 7A-K |
| D.2.7 Principles of movement, fitness, and activity as elements central to physical and emotional well-being, and for providing engaging environments and activities that promote children's development of skills, dispositions, and habits that contribute to good health and safety | Evaluation | (Level 5: D20)Identifies and uses relevant and appropriate content for physical development and health for young children, birth through age 8 (Level 5: D21)Selects and uses appropriate methods for engaging children in experiences that support their physical, emotional, and healthy well-being | 6A-K |
| <i>Performance Area D3</i> | | | |
| <i>Combines and integrates developmental and learning curriculum goals from multiple sources into integrated, dynamic, ongoing curriculum experiences that reflect the interests, abilities, backgrounds, and needs of children, birth through age 8.</i> | | | |
| Knowledge, Skills, Dispositions | Achievement Expectation | Level 5 Benchmarks | IPTS matches |
| D.3.1 Short- and long-term planning approaches for organizing curriculum content and experiences | Evaluation | (Level 5: D22)Plans and implements learning experiences using evidence-based, research-based, and recommended practices for supporting children's development of skills and knowledge by integrating curriculum content and incorporating children's experiences, interests, and abilities | 1E |
| D.3.2 Potential influences of age, ability, gender, culture, language, and socio-economic status on children's understanding of curriculum | Evaluation | (Level 5: D23)Plans and implements curriculum that differentiates instruction that is a reflection of children's cultures, diverse abilities, and special needs | 10A |
| D.3.3 Approaches for incorporating families' priorities and concerns into curriculum | Application | (Level 5: D24)Collaborates with families in planning and implementing curriculum | 10E |
| D.3.4 Approaches for involving children in building a curriculum that is embedded within the broader array of desired curriculum goals | Evaluation | (Level 5: D25)Uses ongoing assessments and observations of children's interests and abilities to inform curriculum planning for differentiated instruction (Level 5: D26)Involves children in planning and designing experiences and making choices about areas of study | 10E |
| D.3.5 Strategies for evaluating and modifying curriculum based on ongoing assessment of children's interests and on progress on group and individual goals in developmental domains and content areas, in collaboration with families and with professionals from other disciplines | Evaluation | (Level 5: D27)Uses informal and formal assessment of children's performance and interests to inform decision-making and curriculum planning for individuals and groups; collaborates with families and professionals from other disciplines to plan for individual children | 10E 14A |

| Performance Area D4 | | | |
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| <i>Modifies and adapts curriculum to incorporate individual curriculum goals that stem from individual differences in children's interests, family priorities and concerns, as well as individual needs related to factors such as English language learning, biological or environmental risk factors, and developmental delay or disability in children.</i> | | | |
| Knowledge, Skills, Dispositions | Achievement Expectation | Level 5 Benchmarks | IPTS matches |
| D.4.1 Approaches for collaborating with families and with professionals from other disciplines to develop comprehensive, integrated curriculum plans that accommodate and address individual needs and ensure that all children have access to the goals of the general curriculum | Application | (Level 5: D28) Collaborates with families and professionals from other fields to plan curriculum that is responsive to diverse needs of children | 14L |
| D.4.2 Legal and ethical responsibilities for developing and implementing the IEP, IFSP, and other individualized curriculum | Application | (Level 5: D29) Collaborates with other professionals and families in developing and implementing the IEP, IFSP, and other individualized curriculum | 10E, 12D, 14K |

Content Area E: INTERACTIONS, RELATIONSHIPS, AND ENVIRONMENTS

Early childhood practitioners use their understanding of developmentally appropriate interactions and environments to provide integrated learning opportunities to young children from birth through age 8. They use interpersonal interactions that guide each child toward desired developmental and learning outcomes. They recognize the important teaching roles of the physical and social environments, and provide and support environments that are nurturing, pleasing, and intellectually stimulating. Environments and teaching/learning interactions reflect values about young children and families, and are sensitive to bias and to individual differences. Environments and interactions are responsive to each child's abilities, interests, and needs, and reflect appreciation of family and community contexts and resources.

| Performance Area E1 | | | |
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| <i>Employs observation, guidance, and communication techniques that assist children to develop a positive sense of self and others, productive interactions with peers and adults, and healthy interactions with their environments, birth through age 8.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| E.1.1 Influence of culture, socioeconomic status, and individual differences such as age, ability, gender, temperament, and second language acquisition, on communication among children and between children and adults | Application | (Level 5: E1) Develops services that respect and embrace differences in families and within the community | 9E 13B 13C |
| E.1.2 Characteristics of interpersonal relationships and interactions that provide a solid foundation for work with young children and families and for supporting children's motivation to develop and learn | Application | (Level 5: E2) Demonstrates positive and respectful interaction skills with children, families, and colleagues | 1J 15E 15J |
| E.1.3 Consistent, predictable use of social groups, space, time, materials, transitions, rules, and routines to guide positive behavior and interactions, to promote emotional resilience and social skills, and to respond to behavioral needs | Analysis | (Level 5: E3) Explains the rationale for planning, implementing, and evaluating daily activities to support children's positive behaviors and interactions | 8L 11E 11J 11K 13L |
| E.1.4 Guidance strategies that reflect the professional understanding and belief that children need healthy, affirming support for developing their social-emotional identity | Analysis | (Level 5: E4) Outlines daily activities and explains how they support the development of children's sense of self as an individual and as a member of a group | 11I 13L |
| E.1.5 Multiple developmentally and individually appropriate opportunities for children to express emotions and ideas in positive ways, to cooperate, and to resolve conflicts through listening, group discussion, and conflict resolution strategies | Analysis | (Level 5: E5) Analyzes children's responses to different situations in the early education and care setting, and adjusts the setting as appropriate to support children's development | 11I |
| E.1.6 Variety of strategies to teach behavioral skills appropriate to specific contexts and to children of different ages, including use of techniques such as functional analysis and individual guidance plans | Application | (Level 5: E6) Implements different strategies in compliance with laws, policies, and ethical principles to teach behavioral skills appropriate to specific contexts and to children of different ages | 11I 13K 13L |

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| E.1.7 Cooperative home/ program approaches that promote positive self-concept and help children learn productive behavior | Application | (Level 5: E7) Articulates effectiveness of different approaches designed to support collaborations between home and program | 15E 15J |
| Performance Area E2 | | | |
| <i>Creates indoor and outdoor physical and social environments that encourage active participation, exploration, responsibility, initiative, and independence in children from birth through age 8.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| E.2.1 Personal and professional commitment to maintaining a safe, interactive, individualized, exploratory early childhood setting for all children | Analysis | (Level 5: E8) Explains how one’s philosophy guides development and implementation of early education and care settings for children | 16D 16I |
| E.2.2 Characteristics of indoor and outdoor environments that promote development and learning within and across developmental domains and curriculum areas, birth through age 8, including use of time, space, and activities (e.g., activities in which children employ skills from multiple domains, predictable routines and safety strategies, and use of developmentally and culturally appropriate materials) | Analysis | (Level 5: E9) Analyzes different indoor and outdoor environments and explains how they support children’s learning and development in all areas | 11C 11E 11K |
| E.2.3 Varied strategies, including those associated with English language acquisition, to assist children to understand, acquire, and use verbal and nonverbal means of communicating ideas and feelings | Application | (Level 5: E10) Applies current strategies to ensure that all children have opportunities to communicate their ideas and skills | 13DM 13F 13G 13H |
| E.2.4 Varied strategies to assist young children to develop skills in problem solving, inquiry, critical thinking, and creativity (e.g., listening, posing questions, providing resources) | Analysis | (Level 5: E11) Explains ways different interaction and instructional strategies can be used to actively engage children’s thinking | 12A 12B 12E 12F 13D |
| E.2.5 Multiple ways to provide opportunities for young children to explore and play creatively with space, materials, images, sounds, language, and ideas | Analysis | (Level 5: E12) Explains how learning environments provide for child choice, interaction with materials and others, and play | 11H 12A 12E |
| E.2.6 Sources of current research and professional standards related to physical and social environments for teaching and learning | Analysis | (Level 5: E13) Explains the relationships between research on appropriate environments for children and standards that influence the development of those environments | 11C 16C |
| Performance Area E3 | | | |
| <i>Provides multiple, varied developmentally, culturally, and individually appropriate learning opportunities for children to acquire knowledge, skills, and dispositions that are integrated across curriculum and developmental domains, birth through age 8.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Level 5 Benchmarks | IPTS Matches |
| E.3.1 Major theories of teaching and learning related to content areas, as appropriate to children, birth through age 8, including how children differ in their approaches to learning | Analysis | (Level 5: E14) Explains the relationships between specific content knowledge and appropriate teaching strategies for young children | 1A 8E 11D |

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| E.3.2 Developmentally, culturally, and individually appropriate activities, materials, and family and community resources that support exploration and acquisition of knowledge, skills, and dispositions within and across content areas, birth through age 8 (e.g., use of an emergent curriculum, individual and group projects, and learning centers) | Application | (Level 5: E15) Creates learning experiences that utilize a variety of resources, incorporate knowledge about children’s abilities and experiences, and reflect knowledge about appropriate content and learning experiences for children | 8I 10E 10G 10H 11A |
| E.3.3 Array of effective, developmentally, culturally, and individually appropriate interaction strategies that enable children to gain conceptual and practical knowledge, as appropriate to the content being taught and to the child, birth through age 8 (e.g., describing, questioning, identifying and clarifying misunderstanding, establishing bridges to prior experiences and knowledge, modeling, and using explicit instruction) | Application | (Level 5: E16) Creates learning experiences that utilize a variety of interaction strategies to support children’s abilities to ask questions, make connections with prior knowledge, and think critically | 10F 13E 13F 13H 13I |
| E.3.4 Variety of approaches for fostering learning within and across developmental domains and curriculum areas, and for matching content and strategies to individual children’s abilities, interests, and needs | Application | (Level 5: E17) Develops learning experiences that address multiple learning outcomes (Level 5: E18) Plans learning experiences using knowledge of individual children’s abilities, interests, and needs | 8B |
| E.3.5 Short- and long-term planning formats that reflect potential influences of age, ability, culture, gender, and socio-economic status on the instructional process (e.g., interactions and relationships between children and between children and adults, learning activities and opportunities that reflect the cultures represented in the program and in the community) | Application | (Level 5: E19) Assesses various planning formats to determine their effectiveness and appropriateness to ensure the learning experiences are responsive to the needs and abilities of all children and families | 10C |
| E.3.6 Variations in teaching/learning opportunities and strategies that address preferences in learning mode and build strengths across learning and performance modes | Application | (Level 5: E20) Adapts learning experiences based on children’s abilities to participate and individual learning styles to ensure differentiated instruction so that all children can be successful | 8K |
| E.3.7 Approaches for evaluation and modification of teaching/learning interactions and environments to ensure that all children are engaged, productive, and learning | Application | (Level 5: E21) Utilizes a variety of approaches to evaluate the effectiveness and appropriateness of interactions and of the environment (Level 5: E22) Uses information to modify the teaching/learning process and the environment | 11F |

| Performance Area E4 | | | |
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| <i>Designs, modifies, and adapts teaching/learning interactions and environments to incorporate individually-designed strategies for children with diverse learning approaches, needs, and abilities, birth through age 8, in order to address individual goals and outcomes and to ensure that all children have access to the early childhood curriculum.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| E.4.1 Short- and long-term planning formats that support collaboration with families and with professionals from different disciplines to develop comprehensive, integrated instructional plans that accommodate and address individual priorities and needs within the context of typical early childhood environments, routines, and activities (e.g., matrix planning) | Application | (Level 5: E23) Determines which formats can be used to effectively involve families and professionals in planning appropriate environments for children that support development and learning | 10E 10G |
| E.4.2 Teaching and environmental accommodations that promote participation in ongoing activities by children with diverse needs and abilities (e.g., modification of schedule, physical environment, activities, expected response mode) | Application | (Level 5: E24) Assesses the effectiveness and appropriateness of a variety of strategies designed to meet the individual and specific needs of children, and to involve them in learning experiences | 8E 9E 11A 11F 12H |
| E.4.3 Common types of assistive technology used to enhance teaching and learning in children with disabilities, and to expand children's options for demonstrating learning | Application | (Level 5: E25) Uses tools best suited to meet individual children's needs and abilities and to allow children to engage in and demonstrate their learning | 10D 10I 11G 12G |
| E.4.4 Primary sources of information and assistance with the teaching/learning process in individual children who have diverse needs and abilities (e.g., children learning English as a second language, those living in crisis situations, and those with delays or disabilities) | Application | (Level 5: E26) Collects and organizes information about potential resources, agencies, and organizations that can provide assistance for addressing the needs of children with diverse abilities and experiences | 9E 12D 12H 17L |

Content Area F: FAMILY AND COMMUNITY RELATIONSHIPS

Early childhood practitioners understand and value the critical role of positive, collaborative partnerships with families, colleagues, and community service agencies. They respect multiple perspectives and demonstrate integrity in conveying their own personal and professional perspectives and values. They use their knowledge of family and social systems to create reciprocal, productive interpersonal relationships that recognize and enhance the contributions of family, program, and community participants to the development, learning, and well-being of young children, birth through age 8, and their families.

| Performance Area F1 | | | |
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| <i>Employs communication approaches and skills that form the basis of collaborative relationships on behalf of young children, birth through age 8, and their families.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| F.1.1 Skills for effective oral communication including active listening, establishing lines of communication, and matching communication style and level to the listener | Application | (Level 5: F1) Demonstrates effective oral communication skills with children, and with adults, that are responsive to diverse communication styles, abilities, and situations | 13J 13K |
| F.1.2 Skills for effective use and interpretation of different forms of written communication common in early childhood settings (e.g., program-home exchanges, newsletters, reports), including knowledge of formats, accurate portrayal of events, correct grammatical usage, and matching style to listener and to purpose of communication | Synthesis | (Level 5: F2) Develops a variety of effective written communication products that can be used to communicate with children, family members, and other adults | 13I |
| F1.3 Skills to work collaboratively with others in gaining perspectives, making decisions, solving problems, and resolving conflicts | Synthesis | (Level 5: F3) Models effective written, verbal, and non-verbal communication skills when collaborating with children, families, and community members who are culturally, linguistically, economically, and ability diverse | 13I 13J |
| Performance Area F2 | | | |
| <i>Collaborates with families and provides multiple opportunities for program-family interaction and partnership as appropriate to the age of the child and to the priorities and choices of families of young children, birth through age 8.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| F.2.1 Family systems theory, including family dynamics, roles and relationships, and theories and characteristics of family development | Application | (Level 5: F4) Develops a family profile based on family systems theory (Level 5: F5) Integrates information about the family system to develop goals for the child and/or family | 15H |

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| F.2.2 Sources of diversity that influence families' approaches to parenting and preferences for program-home collaboration, including differences that may be related to family structures, social, cultural, linguistic, or religious backgrounds, or to individual characteristics of the child or family | Application | <p>(Level 5: F6) Demonstrates sensitivity when interacting with a diversity of children, family members, and other adults</p> <p>(Level 5: F7) Adapts communication style and practices to reflect diversity among children, family members, and other adults</p> | 9F 9H 15G |
| F.2.3 Roles and contributions of families at different steps of the program process (e.g., entry into the program, assessment, curriculum planning and implementation, and transition from program to next setting) | Synthesis | <p>(Level 5: F8) Individualizes and facilitates the family's participation at each step of the program process</p> <p>(Level 5: F9) Formulates plans to capitalize on the family's importance as part of the team</p> | 15E 15K |
| F.2.4 Skills for collaborating with families to identify their priorities, concerns and resources, and to make decisions about their child's development and learning, including skills to demonstrate sensitivity to differences in family structures, backgrounds, and preferences for involvement, and to respect and support family decisions | Application | (Level 5: F10) Articulates strategies to promote effective collaboration with families, including assessment of family concerns and priorities, values, beliefs, and practices and for supporting family decisions | 15B 15E 15F 15G |
| F.2.5 Variety of opportunities for home-program collaboration and participation in family-oriented services and opportunities, to address families priorities and concerns for their child and for themselves (e.g., observation of and assistance with program activities, decision making about program's structure, program evaluation, newsletters, home visits and parenting classes that provide knowledge and skills to enhance their child's development and learning) | Analysis | <p>(Level 5: F11) Explains family options for participation in their child's program and other community-based opportunities</p> <p>(Level 5: F12) Illustrates different ways that family priorities, desires for participation, and goals for children can be addressed in early care and education settings</p> <p>(Level 5: F13) Differentiates the elements of various family-oriented services</p> | 15B 15E |
| F.2.6. Strategies for establishing communication and partnership with family members for whom English is not the home language | Application | <p>(Level 5: F14) Articulates strategies for using resources such as interpreters</p> <p>(Level 5: F15) Develops strategies for communicating with families and other individuals for whom English is not the home language</p> | 9D 9F 9G |
| F.2.7 Issues faced by families, including those of children with disabilities or developmental delays, and strategies for establishing partnerships that are responsive to families' unique priorities and concerns and to children's individual characteristics and needs | Application | (Level 5: F16) Implements a variety of strategies for identifying family concerns and priorities related to their child and family | 9A 14L |
| F.2.8 Roles of children, families, teachers, other professional staff, and personnel from other community agencies and programs in developing, implementing, and evaluating individualized programs such as the IFSP, IEP, or behavioral plan | Application | <p>(Level 5: F17) Participates in individualized program planning meetings to develop IEPs, IFSPs, and behavior plans</p> <p>(Level 5: F18) Develops IEPs, IFSPs, or behavior</p> | 14I 14L |

| | | plans for children and families | |
|--|---------------------------------|--|--------------------------|
| Performance Area F3 | | | |
| <i>Establishes and maintains positive team relationships with program, school, and agency personnel in order to support the development, learning, and well-being of children, birth through age 8, and their families.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| F.3.1 Roles, responsibilities, and referral procedures for typical members of early childhood teams (e.g., teacher, speech therapist, social worker, service coordinator), including those defined by law and policy, and the resources and skills that each discipline brings to the team | Application | <p>(Level 5: F19) Articulates federal and state laws related to referral for early intervention, early childhood special education, and early elementary special education</p> <p>(Level 5: F20) Summarizes and compares the roles and diverse resources and skills that various disciplines bring to the early childhood team</p> | 17D |
| F.3.2 Models of team interaction (e.g., interdisciplinary, transdisciplinary) useful for accomplishing different program functions including assessment, planning, and implementation, and those related to inclusion of children with disabilities in school and community programs | Application | <p>(Level 5: F21) Participates as a member of an early childhood team</p> <p>(Level 5: F22) Explains the different models of teaming including the roles and responsibilities of team members and the benefits of each model</p> | 12D 12H 15C |
| F.3.3 Skills for contributing to the team process, including those related to different team roles (e.g., team leadership, consultation with other team members) and functions (e.g., decision making, conflict resolution) | Application | (Level 5: F23) Demonstrates effective collaboration skills when working with team members | 15C 15E |
| F.3.4 Skills for managing roles of personnel and volunteers, including role definition and organization, training, and supervision, using principles of adult learning and collaborative consultation | Application | <p>(Level 5: F24) Articulates principles of adult learning</p> <p>(Level 5: F25) Evaluates examples of effective and non-effective teams and articulate skills employed by effective teams</p> | 15J 15K 17J 17L |
| F.3.5 Skills to reflect on oneself as a team member and on team process in relation to team functioning and to achieving goals for children, families, staff, and program | Analysis | (Level 5: F26) Analyzes own role as a team member and the effectiveness of team functioning; points out strengths as well as difficulties and strategies for improvement | 16A |

| Performance Area F4 | | | |
|---|--------------------------------|--|--|
| <i>Collaborates across agency lines to enhance the well-being of children, birth through age 8, and their families, and builds relationships within the community to assess and address community-wide issues and needs, share experiences, and generate new ideas.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectation | Level 5 Benchmarks | IPTS Matches |
| F.4.1 Structures, roles, and resources of early childhood programs, schools, and other agencies related to young children and families within the larger community context | Application | (Level 5: F27) Produces a visual and/or written description of the structure, roles, and resources of early childhood programs, schools, and support agencies within the local community | 17B 17C |
| F.4.2 Models and procedures for interagency collaboration, including using policies and procedures for referral, accessing resources, and forming partnerships on behalf of children and families (e.g., interagency agreements, interagency councils) | Comprehension | (Level 5: F28) Gives examples of effective models of interagency collaboration (Level 5: F29) Describes strategies for effective interagency collaboration | 15D 15H 15K 17H |
| F.4.3 Legal issues and guidelines in education, including those related to children who have disabilities or who are at-risk for learning or development, based on income or other child, family, or community factors | Comprehension | (Level 5: F30) Describes major components of federal and state laws related to young children with and without exceptional needs, or identified as at-risk, and their families (Level 5: F31) Defends the rights of children with and without exceptional needs or identified as at-risk, and their families, as provided by federal and state laws | 12D 12H 17D |
| F.4.4 Array of local interagency committees, agency boards, and community groups concerned with the availability of education, health, and social services related to young children and their families, including young children who have disabilities or other factors that put them at-risk for learning or development (e.g., Early Intervention) | Comprehension | (Level 5: F32) Provides information about community organizations, agencies, and individuals that serve young children and families, including young children with disabilities and who are at-risk | 12H 15A 15D 15I 15J 15K |
| F.4.5 Strategies for using the larger community as a resource for teaching and learning, including acquiring knowledge about resources in the community (e.g., people, places) and building reciprocal relationships that benefit community entities as well as the program | Application | (Level 5: F33) Establishes sample interagency agreements (Level 5: F34) Demonstrates effective strategies for communicating and collaborating with community agencies, organizations, and individuals | 15J 15K |
| F.4.6 Views of human and family development and diversity that respect the interdependence among children, their families, their communities, and the larger society | Application | (Level 5: F35) Modifies approaches to interactions with children based on an understanding of the context in which children and families live | 9F 9H 13G 13I |

| | | | |
|---|----------|---|----------------------|
| F.4.7 Potential influences of differences in family structure and in social, cultural, and linguistic backgrounds on what people value and what they do | Analysis | (Level 5: F36) Explains potential influence of differences among families and cultures on practices within early care and education settings | 9B 9C 9F 9H |
| F.4.8 Strategies to recognize, learn about, and demonstrate respect and sensitivity for the varied, individual talents and strengths of children, families, and team members, as well as for the multiple perspectives and actions that reflect differences in socioeconomic, ethnic, cultural, and linguistic heritages and contexts | Analysis | (Level 5: F37) Articulates strategies to gain knowledge about children and families in early care and education settings (Level 5: F38) Applies knowledge gained about children and families to practices within early care and education settings | 9B 9F 9H |

Content Area G: PERSONAL AND PROFESSIONAL DEVELOPMENT

Early childhood practitioners identify themselves as professionals and conduct themselves as members of a significant, expanding, changing profession. Their professional attitudes evolve with experience, professional development, and advances in the profession. They honor diversity in cultures, beliefs, and practices. They know and value the history and contributions of their profession and its related fields. They are committed to ongoing professional development, and continually reflect on and take responsibility for their own values, choices, and actions. They advocate for young children, birth through age 8, and their families, and exemplify the ethical standards of their discipline in their profession in their personal and professional interactions and activities.

| Performance Area G1 | | | |
|---|---------------------------------|--|---------------------|
| <i>Articulates, continually refines, and puts into practice a personal, professional philosophy consistent with values about human diversity that are contained in early childhood and family policy and in early childhood professional guidelines, birth through age 8.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| G.1.1 Strategies to examine and understand one's own values and actions from a socio-cultural perspective, including potential influences of own family, social, cultural, and linguistic background on interactions with others | Application | <p>(Level 5: G1) Articulates the impact of own values, actions, background, and experiences on general and special early childhood practices</p> <p>(Level 5: G2) Responds to feedback from others in a professional manner</p> | 16D |
| Performance Area G2 | | | |
| <i>Employs knowledge of the early childhood field in everyday interactions with children, families, other early childhood practitioners, and agencies and entities that govern, serve, and advocate for young children, birth through age 8, and their families.</i> | | | |
| Knowledge, Skills, and Disposition | Achievement Expectations | Level 5 Benchmarks | IPTS Matches |
| G.2.1 Field of early care and education, birth through age 8, including the multitude of historical, philosophical, and social foundations that influence current thought and practice | Application | (Level 5: G3) Demonstrates knowledge of ways the historical, philosophical, and social foundations of early care and education, early childhood special education, and early intervention fields influence current thought and practice | 17G |
| G.2.2 Issues and trends in early education and care, including those related to children who are at-risk for learning or development based on individual, family, or community factors | Application | (Level 5: G4) Predicts ways current early care and education, early childhood special education, and early intervention trends will impact children and families | 9B 9C 17F |
| G.2.3 Laws, regulations, and policies that govern services at different ages, birth through age 8, including those related to licensing and approval by governing bodies | Application | (Level 5: G5) Explains how laws, regulations, and policies affect early care and education practices, practitioners, and children with and without exceptional needs, and those identified as at-risk, and their families | 17C 17D 17H |

| | | | |
|---|---------------------------------|---|---------------------------------|
| G.2.4 Professional standards and guidelines that govern and guide professional dispositions, behavior, thinking, and practice, including those of state and local agencies and of international, national, state, and local professional organizations | Application | (Level 5: G6) Assesses own professional practices in reference to applicable standards and guidelines | 1C 17A 17H |
| G.2.5 Basic principles of administration, organization, and operation of a variety of early childhood programs and agencies, including how these entities function in the community and how to utilize them as resources | Application | (Level 5: G7) Determines types of early care and education settings that best meet specific needs of children and families (Level 5: G8) Prepares resource list of support agencies within the community as a reference for families | 15A 17J 17L |
| Performance Area G3 | | | |
| <i>Employs a variety of strategies to grow as a professional through reflection on the effects of one's own choices and actions on children, birth through age 8, their families, other team members, and one's own professional goals, and commits to lifelong learning and advancement of the profession.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS matches |
| G.3.1 Self-assessment and problem-solving strategies for reflecting on practice, including classroom observation, consideration of responses of children, families, and other team members to one's own actions, and evaluation of one's own beliefs and actions against professional standards | Application | (Level 5: G9) Demonstrates ability to reflect on professional practices with children, families, and colleagues (Level 5: G10) Explains ways to improve professional practices (Level 5: G11) Modifies professional practices based on self-evaluation | 16A 16B 16D 16H 16I |
| G.3.2 Opportunities for engaging in service and advocacy efforts on behalf of children, families, early childhood practitioners, and the early childhood profession | Application | (Level 5: G12) Utilizes resources to inform self and others about opportunities to act as an advocate for children and families | 17E 17I |
| G.3.3 Opportunities for participating in development of the profession and the early childhood field, including opportunities at the program, local, state, and national levels and those available through professional organizations and through collegial activities in the school, program, or community | Application | (Level 5: G13) Participates in professional development opportunities at the local, state, or national levels | 17E 17F |
| G.3.4 Opportunities and resources for training and professional development, including those available through professional literature, organizations, program, local, state, and national agencies or entities, and colleges and universities | Application | (Level 5: G14) Assesses the usefulness of different types of training and resources available for professional development | 16C 16E |
| G.3.5 Opportunities for increasing resources available to the program or school, including those available through grant proposals or community partnerships and alliances | Comprehension | (Level 5: G15) Gives examples of a variety of local, state, and national opportunities that can be accessed to provide resources for programs or schools | 15K |

| | | | |
|--|---------------------------------|--|--------------------------|
| G.3.6 Opportunities and strategies for initiating new projects or programs, and for contributing knowledge and expertise about teaching and learning to the profession | Synthesis | (Level 5: G16) Develops a professional development plan | 16E 17E 17F |
| Performance Area G4 | | | |
| <i>Demonstrates professional conduct consistent with codes of ethics and standards outlined by legal entities and by the early childhood profession in relation to young children, birth through age 8, their families, and early childhood programs and services.</i> | | | |
| Knowledge, Skills, and Dispositions | Achievement Expectations | Level 5 Benchmarks | IPTS matches |
| G.4.1 Communication strategies that demonstrate honesty, integrity and positive regard for others and their contributions, and respond to situations in a professionally appropriate, emotionally mature manner | Application | (Level 5: G17) Demonstrates ability to interact with others in a professional manner and to treat others with respect | 15E 15J 17L |
| G.4.2 Standards of professional conduct for education as a profession and for early childhood education as a field, including those contained in the Illinois School Code and those outlined by professional organizations such as NAEYC | Analysis | (Level 5: G18) Distinguishes between personal preference and professional practice in situations or interactions dealing with colleagues, children, families, and community members | 17M |
| G.4.3 Policies and procedures related to confidentiality and impartiality | Analysis | (Level 5: G19) Explains guidelines to ensure confidentiality, privacy, and impartiality when sharing information with others | 17A 17C 17H 17M |
| G.4.4 Professional dispositions and program standards related to personal appearance, hygiene, and work habits | Analysis | (Level 5: G20) Models professional dispositions and program standards related to personal appearance, hygiene, and work habits | 16G |
| G.4.5 Boundaries of professional responsibilities when working with children, families, and colleagues, as contained in, or implied by, program or school policy and procedures, professional standards, and law | Application | (Level 5: G21) Utilizes professional guidelines for interacting with children, families, and colleagues | 17M |
| G.4.6 Planning and self-regulation strategies to accomplish personal and professional goals in a timely, intentional manner | Analysis | (Level 5: G22) Analyzes progress toward meeting goals, on an ongoing basis (Level 5: G23) Prioritizes areas for seeking professional development | 16B |
| G.4.7 Role of personal and professional perspective or bias in interpreting and applying child development theory to interactions with children and families and to program planning | Evaluation | (Level 5: G24) Reflects on and analyzes one's personal and professional perspectives and assesses how those beliefs might bias interpretations of behavior and interactions with children and their families and program planning | 16D |

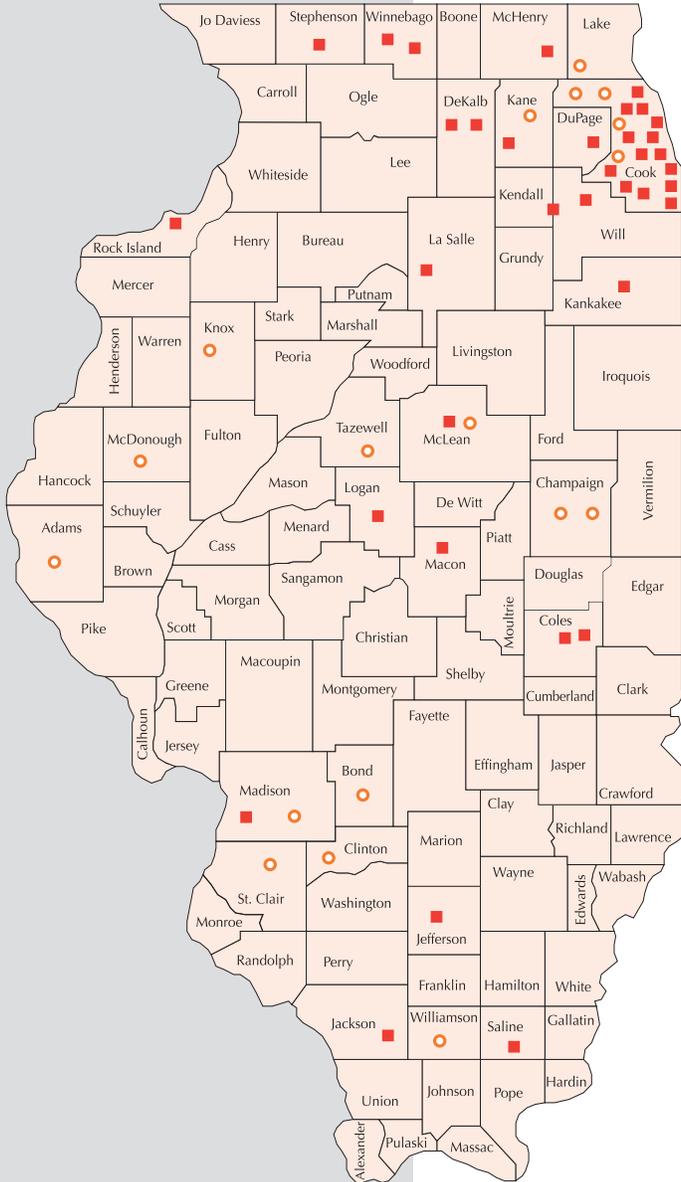
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Appendix (D)(1)-8
Map of Entitled Institutions



ECE Credential Entitled Institutions



■ ECE Credential Entitled Institutions

| College | City, State |
|-----------------------------------|---------------------|
| Black Hawk College | Moline, IL |
| Chicago State University | Chicago, IL |
| College of DuPage | Glen Ellyn, IL |
| DePaul University | Chicago, IL |
| Eastern Illinois University | Charleston, IL |
| Governors State University | University Park, IL |
| Harold Washington College | Chicago, IL |
| Harper College | Palatine, IL |
| Heartland Community College | Normal, IL |
| Highland Community College | Freeport, IL |
| Illinois Valley Community College | Oglesby, IL |
| Joliet Junior College | Joliet, IL |
| Kankakee Community College | Kankakee, IL |
| Kendall College | Chicago, IL |
| Kishwaukee College | Malta, IL |
| Lakeland Community College | Mattoon, IL |
| Lewis and Clark Community College | Godfrey, IL |
| Lincoln Christian College | Lincoln, IL |
| McHenry County College | Crystal Lake, IL |
| Millikin University | Decatur, IL |
| Moraine Valley Community College | Palos Hills, IL |
| National Louis University | Skokie, IL |
| Northern Illinois University | DeKalb, IL |
| Oakton Community College | Des Plaines, IL |
| Olive Harvey College | Chicago, IL |
| Prairie State College | Chicago Heights, IL |
| Rend Lake College | Ina, IL |
| Rockford College | Rockford, IL |
| Rock Valley College | Rockford, IL |
| Roosevelt University | Chicago, IL |
| Saint Augustine College | Chicago, IL |
| Southeastern Illinois College | Harrisburg, IL |
| Southern Illinois University | Carbondale, IL |
| Triton College | River Grove, IL |
| University of Illinois at Chicago | Chicago, IL |
| Waubonsee Community College | Aurora, IL |

○ Interested Institutions*

| College | City, State |
|--|------------------|
| Carl Sandburg College | Galesburg, IL |
| College of Lake County | Grayslake, IL |
| Columbia College | Chicago, IL |
| Elgin Community College | Elgin, IL |
| Greenville College | Greenville, IL |
| Illinois Central College | East Peoria, IL |
| Illinois State University | Normal, IL |
| John A. Logan College | Carterville, IL |
| John Wood Community College | Quincy, IL |
| Kaskaskia College | Centralia, IL |
| Malcolm X College | Chicago, IL |
| Morton College | Cicero, IL |
| Parkland College | Champaign, IL |
| Richard J. Daley College | Chicago, IL |
| Southern Illinois University | Edwardsville, IL |
| Southwestern Illinois College | Belleville, IL |
| University of Illinois at Urbana Champaign | Urbana, IL |
| Western Illinois University | Macomb, IL |

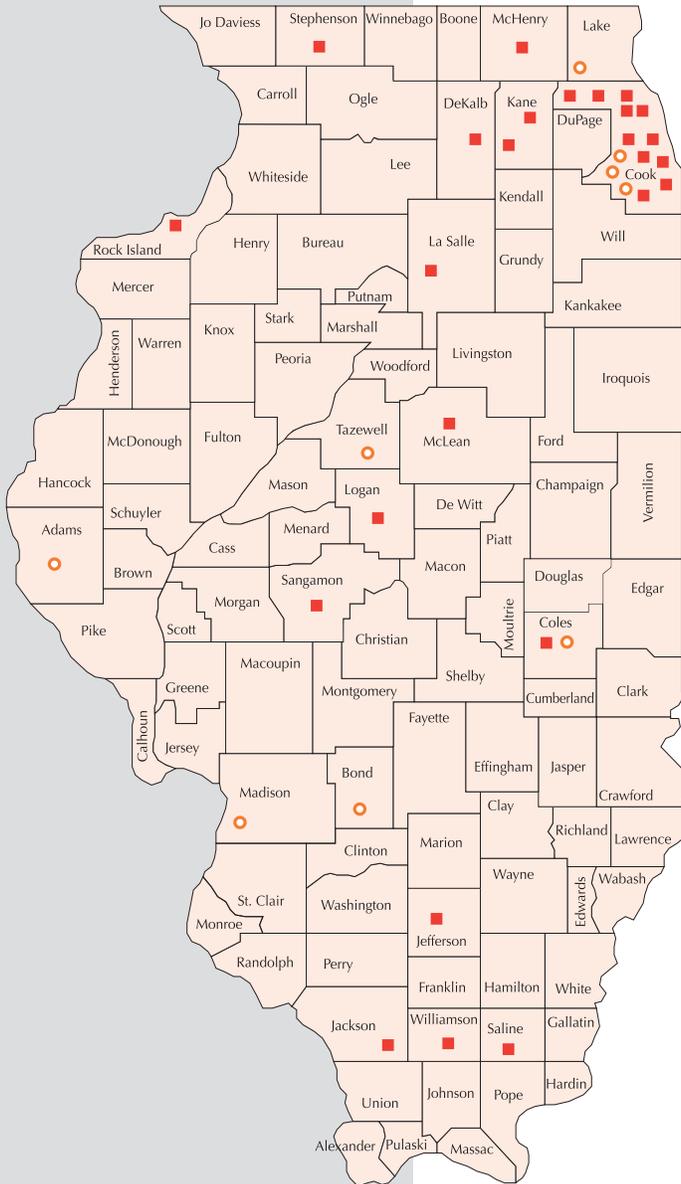
* Institutions are included in this listing who have expressed interest in the process of becoming entitled. This process can take from 3 months to more than a year to complete.
Please note: Institutions may elect to not complete this process or may not be granted entitlement.

1226 Towanda Plaza | Bloomington, Illinois 61701 | Telephone: (866) 697-8278 | www.ilgateways.com



Gateways to Opportunity is administered through INCCRRA and funded by the Illinois Department of Human Services Bureau of Child Care and Development, the McCormick Foundation and Grand Victoria Foundation. PD15a © 2009 INCCRRA
Revised 5/2012

Illinois Director Credential Entitled Institutions



Illinois Director Credential Entitled Institutions

| College | City, State |
|-----------------------------------|------------------|
| Black Hawk College | Moline, IL |
| Chicago State University | Chicago, IL |
| Columbia College | Chicago, IL |
| Eastern Illinois University | Charleston, IL |
| Elgin Community College | Elgin, IL |
| Erikson Institute | Chicago, IL |
| Harold Washington College | Chicago, IL |
| Harper College | Palatine, IL |
| Highland Community College | Freeport, IL |
| Illinois State University | Normal, IL |
| Illinois Valley Community College | Oglesby, IL |
| John A. Logan College | Carterville, IL |
| Lincoln Christian College | Lincoln, IL |
| Lincoln Land Community College | Springfield, IL |
| McHenry County College | Crystal Lake, IL |
| Moraine Valley Community College | Palos Hills, IL |
| National Louis University | Skokie, IL |
| Northern Illinois University | Dekalb, IL |
| Oakton Community College | Des Plaines, IL |
| Rend Lake College | Ina, IL |
| Richard J. Daley College | Chicago, IL |
| Southeastern Illinois College | Harrisburg, IL |
| Southern Illinois University | Carbondale, IL |
| Triton College | River Grove, IL |
| University of Illinois at Chicago | Chicago, IL |
| Waubensee Community College | Aurora, IL |

Interested Institutions*

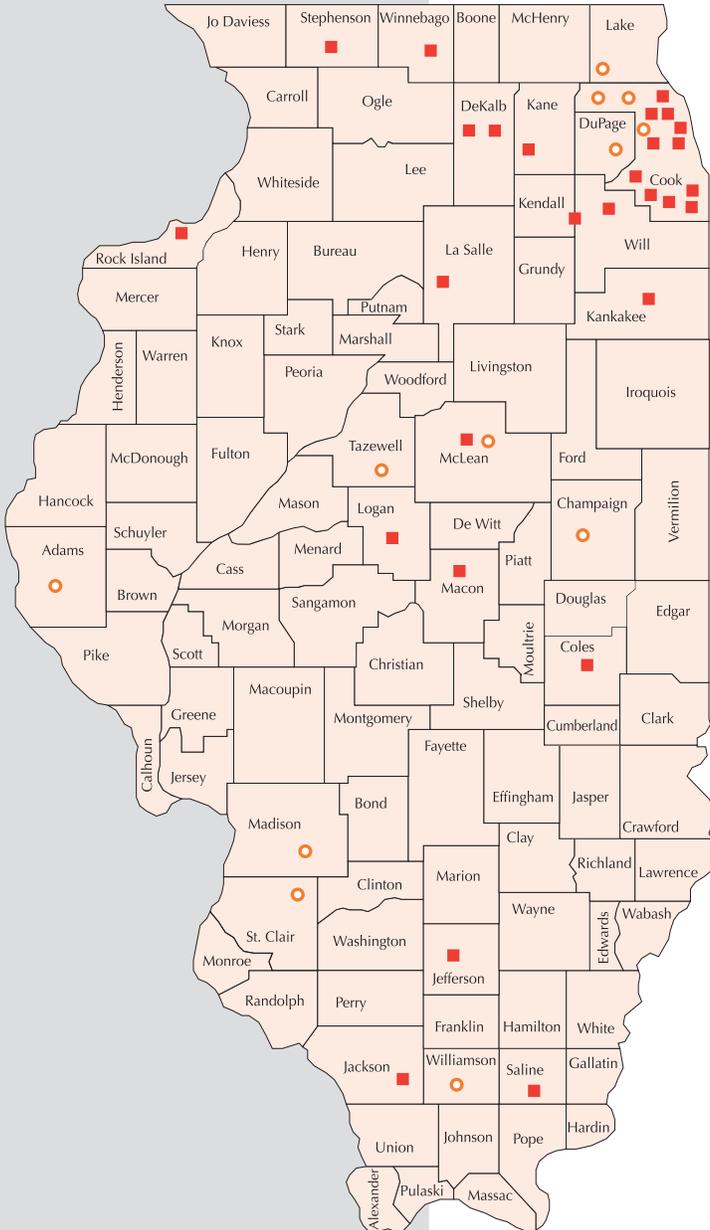
| College | City, State |
|-----------------------------------|---------------------|
| College of Lake County | Grayslake, IL |
| Illinois Central College | East Peoria, IL |
| Greenville College | Greenville, IL |
| John Wood Community College | Quincy, IL |
| Kennedy-King College | Chicago, IL |
| Lakeland Community College | Mattoon, IL |
| Lewis and Clark Community College | Godfrey, IL |
| Prairie State College | Chicago Heights, IL |
| Saint Augustine College | Chicago, IL |

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Please note: Institutions may elect to not complete this process or may not be granted entitlement.

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Infant Toddler Credential Entitled Institutions



■ Infant Toddler Credential Entitled Institutions

| College | City, State |
|-----------------------------------|---------------------|
| Black Hawk College | Moline, IL |
| Chicago State University | Chicago, IL |
| DePaul University | Chicago, IL |
| Governors State University | University Park, IL |
| Harold Washington College | Chicago, IL |
| Harper College | Palatine, IL |
| Heartland Community College | Normal, IL |
| Highland Community College | Freeport, IL |
| Illinois Valley Community College | Oglesby, IL |
| Joliet Junior College | Joliet, IL |
| Kankakee Community College | Kankakee, IL |
| Kendall College | Chicago, IL |
| Kishwaukee College | Malta, IL |
| Lakeland Community College | Mattoon, IL |
| Lincoln Christian College | Lincoln, IL |
| Millikin University | Decatur, IL |
| Moraine Valley Community College | Palos Hills, IL |
| National Louis University | Skokie, IL |
| Northern Illinois University | DeKalb, IL |
| Oakton Community College | Des Plaines, IL |
| Prairie State College | Chicago Heights, IL |
| Rend Lake College | Ina, IL |
| Rockford College | Rockford, IL |
| Saint Augustine College | Chicago, IL |
| Southeastern Illinois College | Harrisburg, IL |
| Southern Illinois University | Carbondale, IL |
| Triton College | River Grove, IL |
| Waubonsee Community College | Aurora, IL |

○ Interested Institutions*

| College | City, State |
|-------------------------------|------------------|
| College of DuPage | Glen Ellyn, IL |
| College of Lake County | Grayslake, IL |
| Illinois Central College | East Peoria, IL |
| Illinois State University | Normal, IL |
| John A. Logan College | Carterville, IL |
| John Wood Community College | Quincy, IL |
| Malcolm X College | Chicago, IL |
| Morton College | Cicero, IL |
| Olive Harvey College | Chicago, IL |
| Parkland College | Champaign, IL |
| Southern Illinois University | Edwardsville, IL |
| Southwestern Illinois College | Belleville, IL |

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Appendix (D)(2)-1
Sample Training Calendar

Excerpts from Statewide Online Training Calendar – 10/15/12

Page 1

Search Results

- RA** - Gateways to Opportunity Registry-approved Training
RV - Gateways to Opportunity Registry Verified
GC - May Meet Requirements for Gateways Credential(s)
QRS - Approved for QRS

Page: | 1 | 2 | 3 | 4 | 5

July 1, 2012
to June 30, 2013
6:00 PM - 7:00 PM

Small Talk: Learn and Play Group

Presented by: Andrea Bieman

We will discuss a topic each month related to the care of infants and toddlers. Great networking opportunity, sharing of resources, curriculum ideas, and you will have the opportunity to create an activity for your classroom or program.

July 11, 2012
to December 13, 2012
6:30 PM - 8:30 PM
Waukegan, IL

Protege Spanish

Presented by: Lila Jimenez, Edgar Paredes, Dianira Ulin, Carla Rubalcava, Yolanda Manjarres, Zoe Dones, Lilian Pelletier, Alicia Ponce de Leon, Marcela Ruiz, Sandra Salvatierra, Liliam Perez, Damaris Lorta, Cesar Pinzon, Gilda Figueroa
CDA Prep training series

September 5, 2012
to October 10, 2012
6:00 PM - 9:00 PM
Quincy, IL

RA

School-Age and Youth Development Credential Level 1 Training - Tier 1 (Canc...

Presented by: Lisa Sams

The School-Age and Youth Development Credential Level 1 Training (SAYD Level 1) series is an interactive training for practitioners who work within school-age and youth programs in Illinois. It has been designed to build practitioner awareness regarding various topics specific to children and youth between the ages of 5 to 21. SAYD Tier 1 trainings include an Introduction to Child and Youth Development, as well as sessions specific to development from birth to age 21. Participants must register for an entire tier.

September 5, 2012
to October 10, 2012
6:30 PM - 9:00 PM

RA

Foundations of Family Child Care (Cancelled)

Presented by: Clara Recknagel

This training is great for newer or potential providers to learn about licensing, setting up as a business, parent communication, health and safety, nutrition, discipline, and developmental activities.

September 8, 2012
to April 1, 2013
6:00 PM - 9:00 PM
Casey, IL

GC **RA**

ECE Credential Level 1 - Tier 3

Presented by: Vicky Foster

Level 1 modules 7A, 7B, 7C, 8A, 8B, 8C, 8D, 9. Level 1 ECE Credential Training is designed to introduce you to general child development, health and safety, school age care, observation, environments for children, and the importance of relationships with children and their families. In this hands-on, practical training you will meet others who are new to the Early Childhood field or are considering a career working with children.

September 10, 2012
to December 5, 2012
6:30 PM - 8:30 PM
Springfield, IL

A Deeper Look at the Early Childhood Environment Rating Scales

Presented by: Christy Allen, Jean Jackson, Christy Allen

The ERS helps to measure the quality of a program. All programs have strengths and weaknesses. In this series participants will take an in depth look at the subscales and their items. Ways to make desired improvement will be explored.

September 11, 2012
to December 10, 2012
6:30 PM - 8:30 PM
Springfield, IL

Infant Toddler Cohort

Presented by: Jean Jackson, Erica Romines, Jade Utsler

Every month the infant toddler cohort group meets to discuss issues relating to the care giving of children from infancy to two years of age.

- September 12, 2012
to October 23, 2012
6:30 PM - 8:30 PM
Peoria, IL
GC RA
- Program for Infant Toddler Care - Module 1
Presented by: Brooke Schmidgall
Program for Infant Toddler Care (PITC) is designed to help child care directors and infant/toddler care teachers become sensitive to infants' cues, connect with their family and culture, and develop responsive, relationship-based care. This training takes an in-depth look at cognitive and social-emotional development, encouraging growth within daily routines and tips on setting up appropriate environments for experienced infant and toddler professionals
- September 15, 2012
to October 13, 2012
9:00 AM - 3:30 PM
GC RA
- Level 1-Tier 2
Presented by: YWCA Child Care Resource & Referral
Level 1 modules 3, 4, 5 and 6. Level 1 ECE Credential Training is designed to introduce you to general child development, health and safety, school age care, observation, environments for children, and the importance of relationships with children and their families. In this hands-on, practical training you will meet others who are new to the Early Childhood field or are considering a career working with children.
- September 18, 2012
to October 23, 2012
9:00 AM - 12:00 PM
Danville, IL
RA
- School-Age and Youth Development Credential Level 1 Training - Tier 1
Presented by: Alice Kirby
The School-Age and Youth Development Credential Level 1 Training (SAYD Level 1) series is an interactive training for practitioners who work within school-age and youth programs in Illinois. It has been designed to build practitioner awareness regarding various topics specific to children and youth between the ages of 5 to 21. SAYD Tier 1 trainings include an Introduction to Child and Youth Development, as well as sessions specific to development from birth to age 21. Participants must register for an entire tier.

Page 3

Page: | 1 | 2 | 3 | 4 | 5

- October 6, 2012
to December 1, 2012
8:30 AM - 3:30 PM
Urbana, IL
RA
- School-Age and Youth Development Credential Level 1 Training - Tier 1
Presented by: Meldy Bhatti
The School-Age and Youth Development Credential Level 1 Training (SAYD Level 1) series is an interactive training for practitioners who work within school-age and youth programs in Illinois. It has been designed to build practitioner awareness regarding various topics specific to children and youth between the ages of 5 to 21. SAYD Tier 1 trainings include an Introduction to Child and Youth Development, as well as sessions specific to development from birth to age 21. Participants must register for an entire tier.
- October 6, 2012
8:00 AM - 10:00 AM
Onarga, IL
- Separation Anxiety
Presented by: Barb Schuldt
PLEASE DON'T GO! Children can have a difficult time when their parent or loved one leaves them with a caregiver. Learn about separation anxiety and ways to help the transition from parent to caregiver easier.
- October 6, 2012
10:15 AM - 12:15 PM
Onarga, IL
- Transitions Made Easy
Presented by: Barb Schuldt
This presentation will teach child care providers how to make transitions easier on the children and themselves. We will discuss general guidelines for making transitions easier, and then we will discuss how to handle the various transitions throughout the day.
- October 6, 2012
to October 27, 2012
9:00 AM - 3:30 PM
Moline, IL
GC RA
- ECE Credential Level 1 - Tier 1
Presented by: Stephanie Witt, Ginny Hayes Manske
Level 1 modules 1, 2A, 2B, 2C. Level 1 ECE Credential Training is designed to introduce you to general child development, health and safety, school age care, observation, environments for children, and the importance of relationships with children and their families. In this hands-on, practical training you will meet others who are new to the Early Childhood field or are considering a career working with children.

| | |
|---|--|
| <p>October 8, 2012 9:00 AM - 1:30 AM Schiller Park, IL QRS RA</p> | <p>An Introduction to the Environment Rating Scales <i>Presented by: Francisca Contreras</i> This training is for family child care and center based programs and provides an overview of the Environment Rating Scales (ERS). ERS are user-friendly assessment tools that measure the quality of the learning environment for infants through school-age. After completing this training, participants will be able to use the tool(s) for program self-assessment and improvement planning.</p> |
| <p>October 8, 2012 9:30 AM - 1:30 PM Chicago, IL RA</p> | <p>Una Introduccion al Ambiente Familiar de la Guarderia que Valora Escala-Rev... <i>Presented by: Gilda Figueroa</i> Introduccion a las Escalas de Clasificacion del Entorno es para la familia y los proveedores de Cuidado de Ninos Centro. Despues de completar esta formacion, los profesionales de cuidado de ninos tendran conocimiento de la ERS, ser capaz de utilizar herramientas para la autoevaluacion del programa y contratar a un consultor para el uso de herramientas para la evaluacion, podra usar ERS resultados para planear mejoras del programa; tener en cuenta de los vinculos de a la Una Introduccion al Ambiente Familiar de la Guarderia que Valora Escala-Revisado a los procesos nacionales de acreditacion, Estandares de Aprendizaje Temprano de Illinois y el Departamento de Servicios Humanos de Illinois (IDHS) Calidad del sistema.</p> |
| <p>October 8, 2012 8:30 AM - 3:45 PM Bloomington, IL RA</p> | <p>Taking Care of Business: The Nuts & Bolts of Family Child Care <i>Presented by: Tom Copeland</i> Participants will learn how to protect the children in their care, their property, and themselves from the increased risks of running a business. Content includes: Self protection checklist, Insurance, Legal issues, how to find and use a lawyer. Participants will learn how to take advantage of the more complex tax laws affecting their business and protect themselves in case of an IRS audit.</p> |
| <p>October 8, 2012 8:00 AM - 1:00 PM Palos Hills, IL RV</p> | <p>Early Childhood Conference <i>Presented by: Moraine Valley Community College</i> Rock, Rhyme, Write, and Read! Clap your hands, stomp your feet, and catch the reading beat! Join Dr. Jean Feldman and discover how to have fun as you nurture literacy skills in children. Dr. Jean will demonstrate how to develop language skills through songs, music, poems, movement, talking, and reading to children.</p> |
| <p>October 8, 2012 to October 27, 2012 9:00 AM - 3:30 PM Quincy, IL GC RA</p> | <p>ECE Credential Level 1 - Tier 3 (Cancelled) <i>Presented by: Glenna Mount</i> Level 1 modules 7A, 7B, 7C, 8A, 8B, 8C, 8D, 9. Level 1 ECE Credential Training is designed to introduce you to general child development, health and safety, school age care, observation, environments for children, and the importance of relationships with children and their families. In this hands-on, practical training you will meet others who are new to the Early Childhood field or are considering a career working with children.</p> |
| <p>October 8, 2012 9:30 AM - 11:30 AM Elizabeth, IL RA</p> | <p>Healthy Lifestyles: Addressing Obesity in Early Childhood <i>Presented by: Joyce Bass</i> This training will address the increasingly worsening problem of obesity in young children. By providing practical information from reliable sources, the overall aim is to improve the nutritional and physical activity choices made for and by children both at home and in childcare. The presentation can be tailored to suit an audience of providers, parents, or a mixed group.</p> |

Gateways to Opportunity

Professional Development Record

Record for: Jane Q Smith (N12345)
Registry Member Since: 07/01/2009
Current Membership Dates: 07/01/2012 - 07/01/2013

Report for: 7/1/2005 – 8/31/2012

Section One: Summary of Education, Credentials, Certifications, and Training

All attainments listed below have been verified by the Registry except for those denoted with an asterisk (). Those with an asterisk have been self-reported by the Registry Member and no official documentation has been received by the Registry.*

Educational Degrees Obtained

| Type of Degree | Awarding Institution | Major | Date Awarded |
|------------------|---------------------------|-------------------|--------------|
| *High School | River Ridge High School | N/A | 05/1995 |
| Bachelor of Arts | Illinois State University | Child Development | 05/1998 |

Official Transcripts have been reviewed and college credits have been assessed by the Registry as follows. Please note: credit hours are reflected in terms of semester hours (quarter hours have been converted if needed).

| Total Credit Hours | ECE/CD | ECE-Related | SAYD | Business/Admin |
|--------------------|--------|-------------|------|----------------|
| 128.00 | 18.00 | 6.00 | 9.00 | 9.00 |

Current Valid Credentials

| Type of Credential | Awarding Institution | Date Awarded | Expiration Date |
|---------------------------------|---------------------------------------|--------------|-----------------|
| *Child Development Associate | Council for Professional Recognition | 3/1/2010 | 2/28/2015 |
| Illinois Director Credential II | Illinois Department of Human Services | 6/1/2011 | 5/31/2016 |

Current Certifications

| Type of Certification | Awarding Institution | Area | Date Awarded | Expiration Date |
|-------------------------------|--|-------------------------------|--------------|-----------------|
| Illinois Teaching Certificate | Illinois State Teacher Certification Board | Early Childhood Teaching (04) | 6/1/2005 | 5/31/2015 |
| *Montessori Credential (AMS) | American Montessori Society | Early Childhood | 9/1/2009 | 8/31/2014 |

Training Summary

| Total Contact Hours | Registry-Approved (Section 3) | Registry-Verified (Section 4 & 5) | Self-Reported* (Section 6) |
|---------------------|----------------------------------|--------------------------------------|-------------------------------|
| 93.00 | 32.00 | 37.00 | 24.00 |

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Section Two: Detailed Course Listing

All courses listed below have been verified by the Registry and categorized as ECE/CD, ECE-Related, School-Age and Youth Development, or Business/Administration coursework. General education coursework or other coursework not categorized as ECE/CD, ECE-Related, School-Age and Youth Development, or Business/Administration are not listed below.

ECE/CD Coursework

| Semester | Year | Course Prefix | Course Name | Credit Hours |
|----------------------------------|------|---------------|--|--------------|
| Illinois State University | | | | |
| Fall | 1994 | ECE 101 | Introduction to Early Childhood Education | 3.00 |
| Fall | 1994 | ECE 104 | Stages of Child Development | 3.00 |
| Spring | 1995 | ECE 215 | Marketing and Public Relations for the Early Childhood Program | 3.00 |
| Spring | 1995 | ECE 282 | Creative Activities for the Young Child | 3.00 |
| Fall | 1995 | ECE 230 | Art, Music, and Movement for the Young Child | 3.00 |
| Spring | 2012 | FCS 314 | Early Childhood Nutrition Education | 3.00 |
| | | | | 18.00 |

ECE-Related Coursework

| Semester | Year | Course Prefix | Course Name | Credit Hours |
|----------------------------------|------|---------------|---------------------------|--------------|
| Illinois State University | | | | |
| Fall | 1995 | PSY 225 | Child Behavior | 3.00 |
| Spring | 1996 | HRO 150 | Fundamentals of Nutrition | 3.00 |
| | | | | 6.00 |

School-Age and Youth Development Coursework

| Semester | Year | Course Prefix | Course Name | Credit Hours |
|----------------------------------|------|---------------|--|--------------|
| Illinois State University | | | | |
| Spring | 1995 | ELED 111 | Curriculum & Instruction – Elementary School | 3.00 |
| Fall | 1995 | ECEC 228 | Activities for School-Age Children | 3.00 |
| Spring | 1996 | MATH 201 | Foundations of Elementary School Mathematics | 3.00 |
| | | | | 9.00 |

Business/Administration Coursework

| Semester | Year | Course Prefix | Course Name | Credit Hours |
|----------------------------------|------|---------------|----------------------------|--------------|
| Illinois State University | | | | |
| Spring | 1996 | MGMT 102 | Business Mathematics | 3.00 |
| Fall | 1996 | BUS 110 | Introduction to Business | 3.00 |
| Fall | 1996 | MGMT 450 | Business Strategy & Policy | 3.00 |
| | | | | 9.00 |

Section Three: Completed Registry-Approved Training

All trainings listed below are Registry-approved trainings that have been completed and attendance has been verified by the Registry. Below the listing, contact hours are summarized by Gateways to Opportunity Content Areas and CDA Subject Areas.

| Date | Title of Training | Trainer Name | Contact Hours |
|-----------------------------|--|--------------|---------------|
| 9/24/2011 | Are You Lost in the Missing Zone? | Marty Dean | 2.00 |
| 4/10/2011 | Music and Movement | Jane Smith | 4.00 |
| 4/3/2010 | First Aid / CPR | Marty Dean | 4.00 |
| 2/3/2010 | SpecialCare | Jane Smith | 6.00 |
| 1/17/2010 | Creative Curriculum for Infants/Toddlers | Jane Smith | 16.00 |
| Total Contact Hours: | | | 32.00 |

| Gateways to Opportunity Content Area | |
|--|--------------|
| Human Growth and Development | 20.00 |
| Health, Safety and Well-Being | 10.00 |
| Observation and Assessment | - |
| Curriculum or Program Design | - |
| Interactions, Relationships and Environments | - |
| Family and Community Relationships | - |
| Personal and Professional Development | 2.00 |
| Total Hours in Gateways Areas: | 32.00 |

| CDA Subject Area | |
|----------------------------------|--------------|
| Health & Safety | 12.00 |
| Physical/Intellectual | 14.00 |
| Social/Emotional | 2.00 |
| Parent Relationships | - |
| Program Management | - |
| Professionalism | 2.00 |
| Observing/Recording Behavior | - |
| Child Development | 2.00 |
| Total Hours in CDA Areas: | 32.00 |

Section Four: Registry-Verified Conferences

Registry-verified conferences have undergone a review of the conference workshop selection process to ensure quality training standards are met and attendance has been verified by the Registry. Please note: conference sessions denoted with two asterisks (**) are also Registry-approved trainings and listed in Section Three. Conference sessions that are also Registry-approved trainings are only reflected under the contact hours for Registry-approved trainings in the summary in Section One and are not double counted.

| Date | Title of Training | Trainer Name | Contact Hours |
|-----------------------------|--|-------------------|---------------|
| 9/25/2011 | Growing Futures Conference (Illinois AEYC) | | 15.00 |
| 9/23/2011 | <i>Adaptive Leadership and Succession Planning</i> | <i>Marty Dean</i> | 8.00 |
| 9/24/2011 | <i>Using Social Networking in Your Program</i> | <i>Jane Smith</i> | 2.00 |
| 9/24/2011 | ** <i>Are You Lost in the Missing Zone?</i> | <i>Marty Dean</i> | 2.00 |
| 9/25/2011 | <i>Mentoring for Success</i> | <i>Kay Lovell</i> | 3.00 |
| Total Contact Hours: | | | 15.00 |

Section Five: Attendance-Verified Conferences and Trainings

Attendance at all of the conferences and trainings listed below has been verified by the Registry, but they have not been reviewed by the Registry.

| Date | Title of Training | Trainer Name | Contact Hours |
|-----------------------------|---|--------------|---------------|
| 3/8/2010 | Creative Curriculum for Preschool (INCOMPLETE SERIES) | Jane Smith | 8.00 |
| 3/1/2008 | Spring Provider Conference | Multiple | 10.00 |
| 2/15/2007 | Dollars and Cents | Molly Martin | 2.00 |
| 5/3/2006 | Making the Most of Transitions | Jane Smith | 4.00 |
| Total Contact Hours: | | | 24.00 |

Section Six: Self-Reported Conferences and Trainings

The following trainings and conferences are self-reported by the individual Registry Member. Attendance at these trainings has not been verified by the Registry and the Registry makes no claim as to the accuracy of the information below.

| Date | Title of Training | Trainer Name | Contact Hours |
|-----------------------------|--|---------------|---------------|
| 8/3/2011 | Recognizing and Reporting Child Abuse: Training for Mandated Reporters | DCFS | 1.00 |
| 3/17/2008 | "Leader" is Not a Title | Matt Springer | 1.00 |
| 12/12/2006 | Block Play! | Marty Dean | 2.00 |
| 10/15/2006 | NAEYC National Conference | Multiple | 20.00 |
| Total Contact Hours: | | | 24.00 |

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OVERVIEW

The Kindergarten Readiness Assessment Stakeholder Committee was convened by State Superintendent Christopher Koch in March 2010 to examine the feasibility of adopting a uniform statewide kindergarten readiness process. The committee developed a report which was submitted to the Illinois State Board of Education (ISBE) in April 2011. This report entitled, *A New Beginning: The Illinois Kindergarten Individual Development Survey* (http://www.isbe.net/KIDS/pdf/KIDS_report.pdf), provides a philosophical framework and recommendations for adopting a statewide kindergarten process.

Priorities as outlined in the KIDS Report

1. Promote alignment, learning expectations and smooth transitions from a variety of early childhood program environments to kindergarten, as well as from kindergarten to early elementary grades
2. Strengthen collaborations between families, early childhood programs, elementary schools and broader communities and support transitions to foster children's development
3. Provide ongoing professional development for teachers and school administrators;
4. Measure child development across multiple domains of growth
5. Assess children's development utilizing observational assessments repeated over time in natural, comfortable settings (such as the child's classroom) to yield the most valid, authentic information about young children and their development
6. Employ valid and reliable assessment methods
7. Address the needs of children of varied cultural and linguistic backgrounds
8. Incorporate strategies for children with varying special needs, including developmental delays, disabilities or traumas

In October 2011, ISBE established a Kindergarten Individual Development Survey (KIDS) Advisory Committee to advise on the selection and development of an instrument, and to support implementation including professional development, research, communications, and evaluation. Through a competitive process, ISBE then selected the WestEd Center for Child and Family Studies (CCFS) as the contractor to provide services related to the development and administration of the Illinois Kindergarten Individual Development Survey (KIDS). WestEd is subcontracting with the Berkley Evaluation and Assessment Research Center, Graduate School of Education, University of California Berkeley (BEAR Center) and together they are working in collaboration with the ISBE to develop KIDS. The instrument selected for adaptation to Illinois KIDS is the DRDP-SR - Desired Results for Children and Families – School Readiness (<http://www.wested.org/desiredresults/training/>).

KIDS Process

What It is

Observation-based authentic assessment, three times during kindergarten
Within context of typically occurring activities in the classroom
Across multiple developmental domains

What It is NOT

Not a one-time “readiness” snapshot of children as they enter kindergarten
Not a test - NOT used to keep children from entering kindergarten
Not an assessment that teachers have to stop for 2 weeks to administer

Key Features

- Individual child assessment
- An observation-based assessment tool
- Completed by each child’s teacher
- Based on developmental research and theory
- Includes developmental sequences of behaviors along a continuum
- Span the development trajectories of children in kindergarten
- Looks at children’s development in **key domains of school readiness**
 - English Language Development (ELD)
 - Self & Social Development (SSD)
 - Self-regulation (REG)
 - Language and Literacy Development (LLD)
 - Mathematical Development (MATH)
 - *Physical Development (PD) - in process*
- Evidence can be provided in child’s home language or English

Implementation Timelines

SY 2012-2013 – 5000 Kindergarten Students

SY 2013-2014 – 10,000 Kindergarten Students

SY 2014-2015 – 30,000 Kindergarten Students

SY 2015-2016 – Statewide Implementation

Building the Capacity for Professional Development and Technical Assistance at each step

Alignment Timelines

SY 2012-2013 – Pilot Alignment Study with Adapted DRDP-SR

SY 2013-2014 – Field Study with Adapted DRDP-SR

SY 2014-2015 – Calibration Study with Final Draft KIDS

SY 2015-2016 – Illinois KIDS instrument completed – valid, reliable, accurate, aligned
Expert Input and Psychometric Analysis at each step



Appendix (E)(1)-1
KIDS Consultant Overview

KIDS Implementation Consultant (1)

Scope of Work:

- Recruiting pilot sites and teachers representing a cross section of the state for participation in KIDS implementation during year 2 and year 3
- Communicating with teachers, school administrators, parents and other stakeholders regarding KIDS
- Collaborating with the Student Information System and the Longitudinal Data System project to incorporate KIDS data
- Collaborating with West Ed on developing and reviewing reports templates for KIDStech
- Participating in training to become a KIDS certified coach trainer
- Providing presentations/workshops to inform parents, teachers, principals and the public about KIDS
- Providing staffing support and participating in regularly scheduled KIDS Advisory Committee meetings
- Providing regular progress updates to ISBE, KIDS Advisory Committee, private funders and other stakeholders as needed
- Participating, as appropriate, in committees or workgroups of the Early Learning Council, and other state-level advisory groups
- Participating, as appropriate, in multi-state policy development workgroups

KIDS Professional Development Consultant (2)

Scope of Work:

- Recruiting pilot sites and teachers representing a cross section of the state for participation in KIDS implementation during year 2 and year 3
- Communicating with teachers, school administrators, parents and other stakeholders regarding KIDS
- Coordinating with WestEd in creating a training schedule and the logistics for training
- Reviewing training materials and online modules; identifying need for additional materials and coordinating the development
- Participating in training to become a KIDS certified coach trainer
- Developing a plan for sustainability of training and technical assistance and coordinating the implementation
- Convening teacher focus groups and gathering feedback
- Providing presentations/workshops to inform parents, teachers, principals and the public about KIDS
- Planning and coordinating the implementation of the communication plan to inform parents, teachers, principals and the public about KIDS
- Providing regular progress updates to ISBE, KIDS Advisory Committee, private funders and other stakeholders as needed

- Participating, as appropriate, in committees or workgroups of the Early Learning Council, and other state-level advisory groups
- Participating, as appropriate, in multi-state policy development workgroups

Kids Implementation Committee

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