

Infant/Toddler Curriculum and Individualization



National Infant & Toddler Child Care Initiative



U.S. Department of
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Office of Child Care
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PREFACE

Infant/Toddler Curriculum and Individualization is one of three infant/toddler modules created to support consultants working in child care settings, especially consultants who have not had education or training specific to infants and toddlers in group care. These modules were designed to complement training offered to early childhood consultants through the National Training Institute at the Department of Maternal and Child Health, University of North Carolina at Chapel Hill.

The infant/toddler modules, which also include *Relationships: The Heart of Development and Learning* and *Infant/Toddler Development, Screening, and Assessment*, provide content on early development and quality child care policies and practices for consultants working in child care settings serving children ages birth to 3 years. As the modules do not focus on developing consultation skills, they are not intended to be used as stand-alone trainings. They should be incorporated into training that addresses the critical skills and process of consultation.

Information about the National Training Institute for Child Care Health Consultants can be found at <http://nti.unc.edu/> or by contacting the program at the following address:

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Infant/Toddler Curriculum and Individualization

LEARNING OBJECTIVES

Upon completion of this module, child care consultants will be able to:

- Explain what is meant by “curriculum” for infants and toddlers.
- Describe distinctions between curriculum for infants and toddlers and curriculum for older children.
- Describe the aspects of early care and education that are a part of an infant/toddler curriculum.
- Define what is meant by developmentally appropriate curricula for infants and toddlers.
- Describe the development and implementation of individualized curriculum for an infant or toddler.
- Describe infant/toddler Early Learning Guidelines and their connection to developmentally appropriate curricula for infants and toddlers.
- Describe strategies for engaging families in developing and implementing individualized curriculum for infants and toddlers.
- Describe how Individualized Family Service Plans can support individualized curriculum and inclusion of infants and toddlers with special needs.
- Identify resources for caregivers and families working with infants and toddlers.

Infant/Toddler Curriculum and Individualization

INTRODUCTION

“Curriculum for babies?” The answer is “Yes.” The development that occurs from birth to 3 years lays the foundation for all later learning (National Research Council and Institute of Medicine, 2000). To ensure an effective foundation for later development and success, infant/toddler experiences should be designed to meet the individual needs of each child.

Infant/toddler learning is also largely relationship and context dependent: the support and interactions of adult caregivers are critical to the growth and learning of these youngest children. Many infants and toddlers spend this important period nurtured in the context of their families. However, the National Household Education Survey conducted in 2005 found that 42 percent of children under 1 year of age and more than 50 percent of 1- and 2-year-olds spent a portion of each week in nonparental care (Iruka & Carver, 2006).

Because the developmental foundation built during this period has lifelong implications, the responsibility for children’s learning while in out-of-home care is too significant to be left to chance. An individualized curriculum provides a way for teacher-caregivers to be intentional about the way they support development and learning in children under 3 and ensures that all aspects of development are being monitored and appropriately supported in a variety of ways.

The implementation of a well-planned, individualized curriculum is a hallmark of high-quality programs for infants and toddlers. But the question often surfaces: “Just what is an infant/toddler curriculum?” According to Frede and Ackerman (2007), “At its simplest, curriculum is defined as what to teach and how to teach it.” (p.2) For most educators this concept is self-evident, especially in discussions of school-aged or even preschool children. When the teacher-caregiver is working with infants or toddlers, however, the idea of curriculum becomes more difficult to conceptualize.

The purpose of this module is to familiarize consultants with the concepts of curriculum and individualization as means of promoting infant/toddler development through intentionally designed early learning experiences, and to prepare them for consultation that will support quality in infant/toddler care environments.



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Curriculum for Infants and Toddlers

WHAT THE CHILD CARE CONSULTANT SHOULD KNOW

Curriculum for Infants and Toddlers: A Look at Definitions

The topic of curriculum for infants and toddlers is frequently as perplexing to professionals from related fields as to many working directly in the field of infant/toddler development. The word curriculum typically brings to mind such images as teachers at the front of a room and student desks cluttered with social studies, math, or science textbooks. Even reframing the concept from school-based references routinely defined as the required courses, subjects, or topics taught to early childhood (what to teach and how to teach it) does not bring a clear picture to mind of how a curriculum applies to infants and toddlers.

The concept of curriculum begins to gain clarity if it is reframed as what infants and toddlers experience, and what and how they learn from those experiences. At this more fundamental level, a curriculum for infants and toddlers begins to make sense. This simple shift in language, from teach to experience and “learn,” also implies a different role for the adult who implements curriculum for the very youngest children. The adult’s role is not to teach, but to observe and reflect on what infants/toddlers are experiencing and how they learn — and then to support the process through interactions, their relationship with the child, and provision of experiences in an environment that contributes to the child’s success. “In high-quality infant/toddler programs, the interests of the child and *the belief that each child has a curriculum* are what drive practice” (Lally, 2000, p.6). The adult role is to discover the infant’s curriculum and support its implementation. The role of the consultant is to assist program directors and teacher-caregivers in understanding this concept.

Distinctions between Infant/Toddler and Preschool Curricula

In consulting with infant/toddler programs, the consultant should be able to articulate distinctions between infant/toddler and preschool curricula (sometimes referred to as “I/T” and “pre-k” in educational literature). These distinctions are directly linked to qualitative differences between the learning and development that occur in infancy and toddlerhood and learning and development during the preschool years.

The first difference is in the learning tools children have at different ages. Infants come into the world wired to communicate, relate, and learn. Nurtured by sensitive and knowledgeable caregivers, these capacities emerge into effective learning tools throughout infancy and toddlerhood. Preschoolers build on these tools, adding the benefits of more years of experience, established relationships

(adult/child and peer), a sense of self, language that others readily understand, a framework for memory and concepts, and an emerging set of problem-solving skills.

A second critical difference relates to the centrality of emotional development in infancy. Emotional development is important throughout early childhood, but its primacy in infancy and toddlerhood calls for a clear emphasis on relationships in an appropriate, effective infant/toddler curriculum. A range of emotions — such as happiness, sadness, anger, and fear — emerge early in infancy, with the development of emotional responses occurring in the context of relationships. As Lloyd-Jones (2002, p. 10) notes, “experts agree that the primary need of infants and toddlers is emotional connection. Relationships are the key and emotional development is the critical domain.”

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(Lloyd-Jones, 2002, p. 10)

A fundamental aspect of emotional development is the infant’s emerging ability to self-regulate. Beginning with mutual or co-regulation with the adult caregiver, infants begin to learn to self-soothe their own distress by first being soothed when their needs are met by another. These interactions lay the foundation for self-regulation, further refined in toddlerhood — for example, when a toddler begins to regulate his responses (sometimes) when a peer commandeers the toy he’s been playing with and, by default, considers his own property. The growth of self-regulation is the cornerstone of early childhood development and is visible in all areas of behavior (National Research Council and Institute of Medicine, 2000). A consultant can assist a caregiver by sharing research and information about self-regulation that will deepen her understanding of an important area of infant and toddler development.

Another difference between the two age groups is related to the extent to which learning and development are integrated across domains in infants and toddlers. This integration is also present in preschoolers but may be less evident in the face of the emerging preferences and fascinations of 3–5-year-olds (e.g., dinosaurs, blocks, trucks). For example, a 6-week-old child’s cognitive development is dependent on sensory-motor input, a 15-month-old’s engagement with an adult model (from which much learning evolves) is linked to the child’s level of trust and all early learning emerges through relationships with primary caregivers (Norman-Murch, 1996). For infants and toddlers, there is no substantive separation of motor, cognitive, communication, or social/emotional development. It happens all at once, all of the time — and the neurons are firing at a greater rate than at any other time in the lifespan (see Shore, 1997, for infant brain development).

For these reasons and others beyond the scope of this document, it is critical that the development of infants and toddlers in out-of-home care is supported with an individualized, responsive curriculum that meets the unique needs of each child.

One role of consultants to infant/toddler child care programs is to observe and review the program’s approach to curriculum, and to support the implementation of effective, developmentally appropriate curriculum.

Two definitions of curriculum created for preschool programs can be used to reflect on the distinctions between preschool and infant/toddler curricula:

- The Head Start Performance Standards (Title 45 of the Code of ***Federal Regulations*** 1304.3(a)(5)) define curriculum as “a written plan that includes: (I) the goals for children’s development and learning; (II) the experiences through which they will achieve these goals; (III) what staff and families do to help children achieve these goals; and (IV) the materials needed to support the implementation of the curriculum.”
- In ***Reaching Potentials: Transforming Early Childhood Curriculum and Assessment*** (Vol. 2), Bredekamp and Rosegrant (1995) define an early childhood curriculum as “an organized framework that delineates the content that children are to learn, the processes through which children achieve the identified curricular goals, what teachers do to help children achieve these goals, and the context in which teaching and learning occur” (p.16).

Although these definitions offer a solid framework for understanding curriculum for preschool-aged children, they do not provide as tight a fit for working with infants and toddlers. Some of the key distinctions between developmentally appropriate curricula for infant/toddler and preschool classrooms are addressed in Table 1.



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TABLE 1: DISTICTIONS BETWEEN CURRICULA FOR INFANTS/TODDLERS AND PRESCHOOL CHILDREN

ASPECT OF CURRICULUM	INFANT/TODDLER	PRESCHOOL
Focus of Curriculum	<p>Process — learning evolves through relationships and responsive caregiving.</p> <p>The basic processes of learning emerge in this period, including engagement, gathering and making sense of sensory input, developing security, exploration, and an emerging sense of identity.</p>	<p>Content — learning emerges through exposure to concepts, play, and activities.</p> <p>The learning processes established in the infant/toddler period are applied to specific tasks, skills, and content.</p>
Content	<p>Defined by the infant’s focus and interests; can be informed by appropriate Early Learning Guidelines.</p>	<p>Defined by state pre-k standards and preparation for kindergarten entry. Typically includes a focus on traditional academic subjects (e.g., math, science, literacy, social learning).</p>
Goals	<p>“Goals” are generally developmental and provide the framework for planning individualized experiences that will support each child’s development.</p> <p>Flexible interactions that are responsive to the child’s agenda are primary over preset goals.</p>	<p>Specific identification of content/skills to be learned or achieved.</p>
Family involvement in curriculum development	<p>Critical to the development of an effective and individualized plan, based on infant/toddler need for consistency in routines across settings.</p>	<p>Less critical to the development of curriculum; typically takes the form of parent advisory council participation in selection of program’s curriculum.</p>
Implementation of curriculum	<p>Relationships are the context for curriculum implementation and learning; responsive caregiving and use of individual caregiving routines (e.g., diapering, meals) provide the frame for curriculum implementation.</p>	<p>Developmentally appropriate activities and play, including a mix of small- and large-group activities, and teacher-directed or child-selected options.</p>
Role of Teacher-Caregiver	<p>Facilitator/Primary Caregiver Observes and reads cues of infants and toddlers; provides responsive caregiving (follows baby’s lead with personal attention and response based on the child’s interest and need).</p> <p>Assures that the environment supports the engagement of infants and toddlers through experiences based on each child’s developmental level and interest.</p>	<p>Teacher/Facilitator Utilizing observation and knowledge of enrolled children and guidance from state pre-k standards, plans schedule and activities for the day; assures learning centers available and prepped for appropriate content; may utilize a “project” approach that supports learning across subject areas within a focus topic of interest to the children.</p> <p>Directly and indirectly engages children in learning concepts across developmental domains, including social and emotional development.</p>
Context/ Environment	<p>Sets the tone for intimacy, and provides infants a safe, healthy, secure space for consistent routines, exploration, and learning. The routines of infant caregiving (e.g., meals, feeding, naps, diapering, toileting) provide the context for much of their learning.</p>	<p>Promotes exploration and engagement.</p> <p>The environment is typically arranged in learning centers that stimulate learning within or across domains and content areas.</p> <p>Group size is larger, with more formal structure and parameters in place as a preparation for the kindergarten experience.</p>

The adult role of facilitating infant/toddler curriculum requires knowledge of infant/toddler development and skills in close observation to identify what the child is focused on, and how the child is learning. The application of this awareness — through interactions and experiences that allow infants to follow their own agenda within a context designed to support their development — is the implementation of individualized curricula. This implementation is complicated because, regardless of what a caregiver might intend or “plan,” the baby may be focusing on something else entirely. The caregiver must be a studious observer and modifier of plans.

For example, a caregiver may have read in the State’s Infant/Toddler Early Learning Guidelines that 2-month-old babies should be able to track an object. So she puts her 2-month-old baby on her tummy and proceeds to shake and move a rattle across her line of vision. The baby notices and follows the rattle but then hears something else on the other side of the room and begins to attend to that sound and action. The astute caregiver stops moving the rattle and starts looking at and describing what the baby is hearing and seeing. This action is the essence of curriculum for infants and toddlers. Later, the caregiver may update her plans with notes about this particular interaction, leading to planning an activity for this infant that has to do with sound recognition. Again, she will observe and follow the infant’s lead. In other words, adults provide the context and experience; the child controls his interest and response.

Unlike preschool curricula, which may have more prescribed topics and content, the learning that occurs in the first 3 years of life is less content-specific and more fundamental to all learning processes. Because babies self-select their object of attention and arena of practice, the planning and implementation of experiences that will support a child’s agenda must be carried out through a process of close observation, documentation, reflection, and individualized planning. Therefore, rather than a curriculum that is designed for an age group or a classroom, infant/toddler curricula are documented in individual plans (the “written plan” referenced in the Head Start Performance Standards).

Consultants are in a unique position to help teacher-caregivers understand and recognize the importance of their role in observing and facilitating the experiences of infants and toddlers. Teachable moments are ever-present in an infant/toddler setting, either as affirmation of effective observation and response or as reflection on practices that can be improved.

For example, a consultant present in a mixed-age room observes a teacher-caregiver rocking and bottle-feeding an infant while scaffolding concepts for a toddler playing nearby:

Teacher-caregiver: Brooklyn, you are making your car go fast. Can you also make it go slow?



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Consultant: *That was a very nice moment. You were meeting the needs of the infant, and still able to observe the toddler’s interest in the car and introduce the concepts of “fast and slow.”*

Alternatively, consultants may also be called upon to help teacher-caregivers step back and reflect on their practice. For example, a consultant observes an infant room where schedules remain a priority over infant needs:

Consultant: *I noticed that the baby was crying while you were feeding the other little one. What do you think he was crying about?*

Teacher-caregiver: *He just always wants to be held. It was time for this one’s bottle. He’ll get his turn.*

Consultant: *Hmmm...It can be difficult to meet the needs of each infant, I wonder if he might feel better if he was closer to you while you are feeding this baby? Maybe if you sat close to him you could touch him and talk with him while feeding this one. What do you think about that?*

Developmentally Appropriate Practices and Infant/Toddler Curriculum

A flagship concept in the field of early care and education is that practices are most effective and offer the best outcomes for children when they are developmentally appropriate. This concept is defined as practices that result from the process of professionals making decisions about the well-being and education of children based on at least three important kinds of information or knowledge:

1. What is known about child development and learning...
2. What is known about the strengths, interests, and needs of each individual child in the group...
3. Knowledge of the social and cultural contexts in which children live (Bredekamp & Copple, 1997, pp. 8–9)

The concept of developmental appropriateness applies to all aspects of early childhood practices, including individualizing infant/toddler curriculum. In this instance, the critical assumption is that the experiences planned for children are uniquely tied to each child’s developmental profile. For this to occur, teacher-caregivers must be continually observant and aware of the child’s development across domains.

From birth through toddlerhood, more than at any other age, the needs of children vary greatly and change constantly. According to Lally and colleagues, “Developmentally appropriate practice with infants and toddlers requires the [teacher’s] ability to adapt a pattern of care quickly to meet children’s rapidly changing needs” (2003, p. 8). An individualized infant/toddler curriculum will be developmentally appropriate by default, if the curriculum is guided by observation of and response to the individual child.

THE ROLE OF THE CHILD CARE CONSULTANT

The child care consultant should:

- Determine if the program is using a curriculum.
- Review the curriculum plan. Check especially for references to individualizing for infants and toddlers.
- Using Table 1, review the curriculum with the program director to determine the appropriateness of the program's curriculum for infants and toddlers.
- Look for evidence of relationship-based practices in curriculum implementation.

Where to Find More Information

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Web Sites

The Program for Infant/Toddler Care (PITC), <http://www.pitc.org>

ZERO TO THREE: National Center for Infants, Toddlers, and Families, <http://www.zerotothree.org>

Development and Implementation of Infant/Toddler Curriculum

WHAT THE CHILD CARE CONSULTANT SHOULD KNOW

As a rule, human development occurs in a fairly predictable sequence. Babies crawl before they walk, babble before they talk, and master the ability to grasp an object and intentionally release it before they draw with a marker. There is little mystery to the sequence. However, considerable variation can occur in the timing of skill acquisition. The purpose of individualizing a curriculum for infants and toddlers is to ensure that planned activities and experiences appropriately support the unfolding development of each child at his or her unique pace.

Consultants should be aware that one assumption of the processes described in this section is that they are best implemented in the context of primary caregiving. With the assignment of a primary caregiver, one teacher-caregiver has the principal responsibility to care for specific children within the group — to the extent possible and practical in a group care setting. When a program uses a primary caregiving approach, teacher-caregivers have the opportunity to know fewer children more intimately, facilitating their ability to interact in a manner that is responsive to each child's needs. (See Module 1 of this series, *Relationships: The Heart of Development and Learning*, for a more complete discussion of primary caregiving.)

Because the curriculum for infants and toddlers is developmental rather than content-driven, the process of determining what is involved in each child's individual plan is necessarily more fluid than curriculum planning for older children and students. A particular twist on the concept that babies have their own curriculum is the reality that they can't tell caregivers their plan for the day (or the moment). Therefore, developing an individualized curriculum for infants and toddlers involves an ongoing, responsive process of observation and documentation, reflection, planning, and implementation (WestEd, n.d.). Although described separately below, the processes involved in curriculum development for infants and toddlers form an integrated whole rather than distinct events (figure 1).

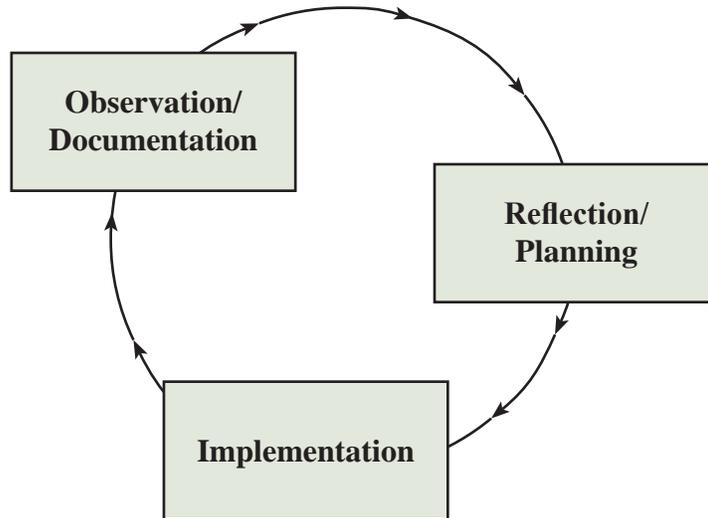


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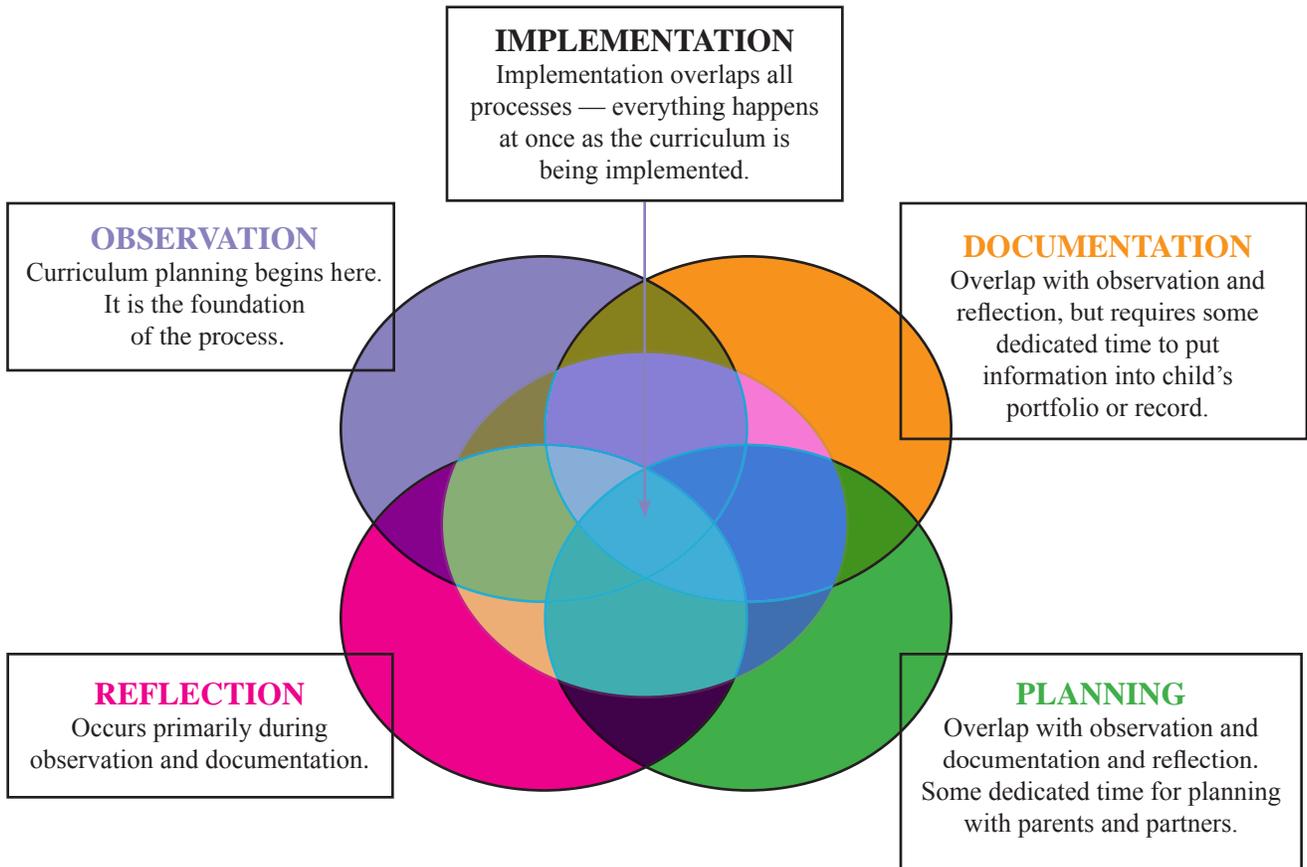
FIGURE 1

CURRICULUM PLANNING PROCESS: SIMPLISTIC VS. REALISTIC

The Simplistic View



The Realistic View



Observation and Documentation

To develop an individualized curriculum for infants and toddlers, the teacher-caregiver must have a working knowledge of child development in general and knowledge of each individual child's development in particular. During this period of incredible developmental strides and regularly occurring changes, adults learn about a child's development through daily, thoughtful, and intentional observation. This type of observation is a deliberate process of attending closely to the child's interactions, activities, behaviors, and interests, taking care to notice all aspects of development and to focus on what is actually seen and heard, rather than on subjective interpretations.

Observation

Consultants working with programs new to the process of observation can assist by asking teacher-caregivers to think across domains, paying attention to these questions:

- What skills has this child mastered in:
 - Communication or language?
 - Cognition?
 - Motor development?
 - Social skills?
 - Emotional development/self regulation?
- What skills or activities appear to lead to frustration or challenge?
- What interactions, objects, or activities engage his attention?
- How does she react to objects and others around her?

Because accurate observation is fundamental to the development of an effective individualized curriculum for a child, observations must be factual. Assumptions may cloud the teacher-caregiver's understanding of what a particular action or interaction implies about a child's development. A discussion of key aspects of observation and documentation can be found in Module 2 of this series, *Infant/Toddler Development, Screening, and Assessment*.

Consultants should be aware that the importance of observing and documenting a child's development elevates the role of the teacher-caregiver considerably beyond the tasks of assuring safety and meeting basic needs. An approach that focuses on observing and responding to the cues of an infant may alter how the responsible adult interacts with the infant. There will be less directive behavior on the part of the teacher-caregiver, and more time spent in observation. In an appropriate twist on an old saying, Pawl suggests, "Don't just do something, stand there and pay



attention” (Pawl & St. John, 1998, p. 7). According to the Program for Infant/Toddler Care, the goal for adults is to “discover how infants are making sense of the world around them” (WestEd, n.d.). Close, informed observation will tell the adult how and what the baby is learning, supporting the process of planning experiences and activities that are appropriate to the child’s developmental level and process.

With practice, program staff will become more confident in their ability to observe the development of infants and toddlers. The consultant can be instrumental in this process by co-observing with caregivers and engaging them in dialogue about what they are seeing. For caregivers new at observing, it may be useful to focus first on the act of observing before they begin to interpret or make guesses about the meaning of what they see.

Documentation

To remain accurate and helpful to individualizing curriculum, observations must be documented as a record of the child’s process and progress. “Documentation is the intentional recording of daily experiences in the infant/toddler environment in order to capture and communicate children’s learning and development” (WestEd, n.d.). Given the fact that observation is an ongoing process for the adult, including both spontaneous as well as planned observations, effective documentation can take many forms.

Because infants and toddlers cannot be relied upon to demonstrate their prowess “on demand” (e.g., when adults are prepared to notice and record), it falls to the teacher-caregiver to be ever-ready to capture and record an observation. A strategy that has been found useful is to place sticky pads and pens around the room strategically (plexiglass wall pockets work well for this) so that, no matter where the child is, a notable action can be easily recorded without the disruption of the teacher-caregiver needing to locate the tools for writing. Anecdotal notes can be jotted frequently throughout the day as they occur, then placed in the child’s folder or portfolio when time allows. Digital cameras have also become effective and useful tools for documenting young children and their work.

Once recorded and dated, these notes and observations can be collected in a portfolio that will become a record of the child’s developmental progress. The portfolio, which can be organized in a three-ring binder, a pizza box, or a child’s file, should contain representative examples of the child’s work and progress. All entries into the portfolio should be dated and filed chronologically. Over time, the accumulated notes, digital photographs, or work samples will serve as a record of the child’s progress.

One critical role of the consultant is to assist teacher-caregivers in understanding

“Documentation is the intentional recording of daily experiences in the infant/toddler environment in order to capture and communicate children’s learning and development”
(WestEd, n.d.)

the distinction between objective and subjective statements. A common pitfall of the documentation process is the temptation to incorporate subjective assumptions as fact. The consultant can review a sample of documentation notes and coach teacher-caregivers or program directors on this important skill.

Reflection

Adults working with infants and toddlers must decipher the actions and interactions of very young children to understand what they are working on developmentally, as well as the processes they use to construct knowledge. Once the observations have been documented, the teacher-caregiver must reflect on this information to prepare for planning the child's experiences. Child care consultants may coach teacher-caregivers to consider such questions as:

- What developmental skill or activity does she appear to be working on?
- What activities or objects hold his interest? Which ones do not?
- What is she trying to do with that object?
- What strategies is he using to play with that toy?
- Is she engaging with (objects or people) differently than she did a month ago? What is different? What has not changed?
- How did my action affect the outcome of the child's experience?
- What else do I need to know?
- What questions do I have for the family about this?

Child care consultants also play an important role in helping teacher-caregivers understand that reflection or interpretation is subjective by nature. Although an adult cannot know for certain what a child is taking away from any given experience, the quality of the child's engagement can be observed and is an indicator of whether or not a particular experience is capturing the child's focus and attention. For example, a toddler playing with a board book is "working on" fine motor skills (if he is focused on turning the pages), visual discrimination (if he is pointing at pictures), and emergent literacy and socialization (if he is "reading" the book to a peer or a favorite stuffed animal). Accordingly, a teacher-caregiver may document a toddler's play with a book under each of these domains. If the observation reveals that his interaction with the book was only focused on turning pages, rather than on attending to pictures or text, then the documentation and the plan would reveal this. Reflection on the specifics of a child's experience contributes to a deeper understanding of her developmental

process, leading to a more customized, individualized curriculum.

The process of reflection should also be a part of the teacher-caregiver’s regular communication with the child’s family. Reflecting with families on observations of a child’s development is best done in a format that lends to frequency and regularity, rather than a more formal, infrequent conference. A brief but meaningful exchange at arrival or departure can serve as a means of strengthening communication and assisting with accuracy of interpretation. Reflective conversations with families could include such notes as:

- “This morning you told me she started pulling up to a standing position over the weekend. Today, I saw her pull up to a standing position and stay there for several minutes. What does she like to do while in a standing position?”
- “I noticed today that he was trying to hold the spoon himself during his feeding. How are feedings going at home? What do you think about letting him feed himself for part of the meal now?”

The consultant should note that it is rare for reflection to be far removed from observation. In fact, observation, documentation, and reflection are usually concurrent processes. As a trio, they flow directly into planning.

Planning

The purpose of observation, documentation, and reflection is to know each child uniquely so that curriculum planning can be individually tailored to his or her developmental profile, preferences, curiosities, or needs. The next phase in the process is to use this information to plan experiences, activities, materials, and interactions that will support the child’s development. Consultants should be prepared to coach program staff to place their observations on a developmental continuum (such as Infant/Toddler Early Learning Guidelines — see next page) to support effective planning, and to understand that the infant’s or toddler’s daily routines offer prime opportunities to incorporate experiences and interactions that will support development.

An important consideration in this step is to ensure that the experiences planned for the infant or toddler provide opportunities for growth and development across domains. Although it is true that infants and toddlers do not isolate an experience to a single domain of development, it is also true that some activities offer more opportunity in a given domain than others. For example, a young infant has more opportunity to develop head control if offered “tummy time” during an awake/alert state than if he is held or placed on his back for most of the day.

As with reflection, it is important for teacher-caregivers to work with families



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during the planning of a child’s curriculum. Conversations at arrival and departure or a dialogue notebook that stays with the child can offer informal venues for communication around both routine and exceptional events of the day. These conversations can include information on developmental progress, developmental milestones that might emerge soon, and how both the teacher-caregiver and the parent might support future development.

BOX 1

Flexibility is the Key to Responsive Caregiving

An important consideration in the development of an individualized infant/toddler curriculum is that the entire process must remain fluid and responsive to the child. The range of development and the sheer scope of learning that takes place during the first 3 years ensure that the pace of change will be rapid. Planning and implementing a responsive curriculum can become a dance of adaptation as the child masters skills, encounters new tasks, practices, practices, practices, and emerges from a newborn state of dependence into an inquiring, exploring toddler.

Rigid, inflexible curriculum plans that are not linked to ongoing observation of the child may be out of sync with the child’s developmental agenda and miss opportunities to support the child’s growth and learning.

Infant/Toddler Early Learning Guidelines

The processes of observation, documentation, and reflection provide rich information about a particular child. To use this information effectively, caregivers must consider it in the context of general knowledge of child development — so that they can plan for what might be happening now and what might be expected to occur next. Infant/Toddler Early Learning Guidelines (I/T ELGs) is one tool that can provide this context and help guide the process of curriculum planning.

By describing what infants and toddlers should know and be able to do within an age range (National Infant & Toddler Child Care Initiative, 2007), I/T ELGs can help a teacher-caregiver understand what might be expected as a next developmental step once a child’s current status is known. For example, after observing that an infant was able to intentionally release objects in her grasp, the teacher-caregiver might turn to available I/T ELGs to understand what might come next in the area of fine motor development, and how she could support development through appropriate activities. I/T ELGs can also provide a starting point for teacher-caregiver conversations with families about development. Some states include families as a target audience of their I/T ELGs.

Not all states have I/T ELGs in place. But many do, and others are in the process

of developing them. States have implemented different approaches in the development of I/T ELGs, with variations in age groupings, domains, and content. A Web search of “I/T Early Learning Guidelines” will yield many state examples and resources, enabling teacher-caregivers in any state to access multiple resources. Child care consultants should familiarize themselves with the existing I/T ELGs in their state or review other states’ I/T ELGs to identify guidelines to share with programs.

If a consultant finds that her State’s I/T Early Learning Guidelines are nonexistent or not appropriate, many other publications can provide appropriate developmental sequences. The key point is that the consultant’s chosen materials should accurately describe the growth and development of children ages birth to 3 years in a variety of domains, including — at a minimum — physical, cognitive, social/emotional, and language/communication domains. (Links to state I/T ELGs available as of 2007 can be found in the appendix to *Early Learning Guidelines for Infants and Toddlers: Recommendations for States* in “Where to Find Additional Information” at the end of this section. A developmental continuum excerpted from *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice* (Lally et al., 2003) can be found in the appendix to Module 2 of this series: *Infant/Toddler Development, Screening, and Assessment*.)

Implementation

The final component of the individualized curriculum process is to implement the plan. When implementing an individualized curriculum plan, consultants and caregivers should keep in mind that children in the first 3 years hit the ground running — already primed for learning — and that honing their fundamental skills will require much repetition and practice. In building knowledge and skills out of relationships and experience, the learning of infants and toddlers is very different from how older children add a new concept into a known framework. For example, an older child may understand the concept of “shape.” To add “rectangle” to her existing repertoire of circle, square, and triangle, a teacher-caregiver simply asks her to add one more shape to her list of known shapes. An infant is discovering the concept of shapes. Through repeated exposure and practice, the infant begins to build and internalize the very concepts of form and shape that underlie later understanding of round, square, and eventually three-dimensional figures. Repeated exposure to familiar opportunities gives them the chance to make sense of their experiences and build the foundation that will support later learning.

Three key considerations are central to implementation of a developmentally appropriate, individualized curriculum for infants and toddlers:

Three key considerations:

- Relationships
 - Routines
 - Environment
-

Relationships

Infants and toddlers develop in the context of relationships. All experiences and activities planned to support their development should be considered within the context of the caregiver/child relationship. (See Module 1, *Relationships: The Heart of Development and Learning*, for a full discussion.)

Routines

Caregiving routines — such as arrival and departure, feeding, meals and snacks, toileting or diapering, and napping — provide a framework for the infant/toddler day and are a major part of the curriculum. These routines are the basis for a significant part of the learning and development that occurs from birth to 3 years and provide opportunities for observing and supporting development across all domains.

Consultants should be prepared to coach teacher-caregivers in maximizing the opportunities provided by daily routines. Establishing routines for infants and toddlers in child care settings accomplishes two important functions:

- Over time, routines offer predictability and security to the infant. This is critical to the child’s emerging sense of security and affects her willingness to explore and engage with her world.
- Routines can offer a venue for establishing continuity across the two major care settings of home and child care.

Communication with families during the planning process can yield information about how routines are handled at home. This information can be included in planning to maximize the familiarity of the experience for the child.

Not only do infant/toddler routines establish a framework for the day and continuity across settings, they are also prime opportunities for teacher-caregivers to embed planned activities. For example, diapering is not merely a caregiving routine. It can also be an ideal time for one-on-one interactions to support a wide range of development, including language, knowledge of body parts, reinforcing the caregiver-child relationship, and playing peek-a-boo.

Environment

Within the circle of safety provided by a secure emotional base, infants and toddlers learn by exploring the world around them. The care environment, then, is a critical aspect of an infant/toddler curriculum. From a perspective focused more on the physical than relational aspects of curriculum, Greenman and Stonehouse have even used environment to define it: “Curriculum is the term used for the way



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the learning environment is planned and organized” (1996 p. 193).

WestEd’s Program for Infant/Toddler Care recommends that group settings for infants and toddlers:

1. Ensure safety
2. Promote health
3. Provide comfort
4. Be convenient
5. Be child-sized
6. Maximize flexibility
7. Encourage movement
8. Allow for choice (WestEd, 2000, p. 37)

These eight concepts embedded into the design of an infant/toddler environment allow the environment to support the safe exploration, growth, and development of babies in care.

A tool used by many center-based programs to evaluate infant/toddler environments is the Infant/Toddler Environment Rating Scale — Revised (ITERS-R; Harms, Cryer, & Clifford, 2006). This scale employs an expansive definition of “environment,” with seven subscales to evaluate:

- Space and furnishings
- Personal care routines
- Listening and talking
- Activities
- Interaction
- Program structure
- Parents and staff

Using the ITERS-R to rate the caregiving environment addresses the broad scope of contextual environmental influences — physical, relationship, and structural — that can affect infant/toddler development. The ITERS-R is used widely in child care centers. It can be used by individual programs to monitor aspects of quality. It is also often used more formally as a tool to measure quality in various accreditation systems, as well as by emerging state Quality Rating and Improvement Systems.

Because of the widespread use of the ITERS-R, consultants should be familiar with the subscales, the structure of the tool, and the items measured. It can also be a convenient tool to use in training teacher-caregivers or program directors about aspects of quality.

ACTIVITY I: The Infant/Toddler Environment as a Part of the Curriculum

Working with a partner, reflect on the eight aspects of the environment identified by the Program for Infant/Toddler Care as key for an infant/toddler caregiving environment. Record how these aspects correlate with items on the ITERS-R, and how they contribute to or support the curriculum for infants and toddlers.

KEY ASPECT OF ENVIRONMENT	ITERS-R ITEMS CORRELATING WITH THIS ASPECT	HOW DOES THIS ASPECT CONTRIBUTE TO OR SUPPORT THE CURRICULUM FOR INFANTS AND TODDLERS?
Safety	1.1.3 Space in poor repair; 1.1.4 poorly maintained; 2.1.3 furniture could result in injury; 4.1.2 room arrangement could result in inadequate supervision, etc.	Infants and toddlers learn by exploring their environment. However, their exuberant approach to the world, along with their level of awareness and ability for self-control, makes them especially vulnerable to harm. Therefore, assuring a safe environment is essential to implementing an effective curriculum for infants and toddlers.
Health		
Comfort		
Convenience		
Child-sized		
Flexibility		
Movement		
Choice		

Curriculum Planning for Infants and Toddlers: Pulling It All Together

Although the curriculum planning process described may have implied a cyclical sequence, in reality the process is integrated rather than cyclical. With the first introduction of an infant or toddler into the care setting, the process of curriculum planning begins with observation. Once the teacher-caregiver begins observing the child, documentation, reflection, and planning become interrelated functions in the process.



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Implementation is the culmination of these functions. With effective observation, reflection, and planning, a teacher-caregiver is prepared to understand a particular child's developmental stage and is ready to offer support for further development. A key concept underlying this process is intentionality. As teacher-caregivers become more intentional in their practice of observation and reflection, the natural course of the day offers a fruitful context for planning possibilities and purposeful choices.

A take-home message the consultant can share with infant/toddler programs is that the process of implementing individualized curriculum with babies and toddlers is an ongoing, multifaceted process that requires teacher-caregivers to be “on,” observant, reflective, and responsive

throughout their day. The good news is this: When experiences are planned and tailored to the developmental needs of infants and toddlers, they become engaged, active learners. For example:

Sally is 9 months old. Her caregiver Avery has observed that she likes to hold objects and transfer them from hand to hand. Avery plans an activity that will allow Sally to pick up various objects and transfer them from one hand to another. Avery has also read that, at this stage, when babies are holding two objects and you offer them a third they will intentionally drop one of the objects to reach for the new object. Avery wants to see if Sally will not only transfer objects from hand to hand, but also reach for an additional object. She has a plan! She brings Sally over to the play area and brings a container with many different objects for Sally to explore. Sally picks up one object and transfers it from one hand to another. Avery shakes the container to encourage Sally to pick up another object. Sally looks at the container but also looks at a ball across the room. She pushes the container out of the way and crawls toward the ball. Avery is disappointed, but realizes that

something else has caught Sally's eye and watches as Sally retrieves the ball. She sits across from Sally and Sally pushes the ball toward Avery (a game they have played before). Avery pushes the ball back to Sally and a new plan of exchanging the ball has emerged.

When Avery goes to document this time with Sally she will make a note that Sally enjoyed exchanging the ball back and forth and will find another time to observe Sally's play with various objects and watch for new skills.

This is the reality of infant/toddler curriculum and planning!

ACTIVITY II: Reviewing Individualized Child Development Plans

Individualized child development plans should incorporate goals aimed at developmental progress for each child across domains and should contain the following key elements:

- The experiences designed to support the child's next developmental steps.
- How the environment is designed to support the child's progress.
- Evidence that each child's curriculum (or plan) is individualized to that child's interests, needs, and current developmental status.

Individually or in small groups, have participants review sample Child Development Plans and discuss how these key elements are met.

On the following page is one example of how to use an Observation and Curriculum Planning Form to individualize curriculum. Additional resources for examples can be found in "Where to Find More Information" on pages 15-16.

EXAMPLE: OBSERVATION AND CURRICULUM PLANNING FORM

Child's Name: Allie Pearson **Date:** 02/10/2010 **Time:** 10 am

Domain/s: Fine motor, language, cognitive

Observation: Allie has just gotten up from her nap and I am just beginning to change her diaper. I hand her a plastic cube to play with as I change her diaper. She holds the cube in both hands and brings it to her mouth. She then moves the cube from her right hand to her left. I say, "Allie, look at you, you can move that cube from one hand to the other."

When I finish changing her and wash my hands I sit on the floor and hand her another object — while still holding the first object she reaches for the second one — then bangs both objects together.

Reflection: This is the first time I noticed Allie moving an object from one hand to the other. I think I will offer her a variety of objects and see if when I offer her one she will let go of the other one.

Goals and Objectives

Goal: To assist Allie in furthering her fine motor skills of holding and letting go.

Objective: To observe Allie with a variety of objects and see how she manipulates them using two hands.

Individualized Curriculum Plan for Next Week: Be sure to incorporate these strategies into Allie's routines, like feeding and diapering. Offer Allie a variety of objects to manipulate. Interact with her by offering her different shapes and asking her to hand them back to me. Also to observe how else she uses these objects.

Changes to the Environment: Make available space for Allie to sit with objects she can pick up and manipulate.

Please note: This is just one example of an individualized plan for infants and toddlers. Many others formats exist and are appropriate.

OBSERVATION AND CURRICULUM PLANNING FORM

Child's Name: _____ Date: _____ Time: _____

Domain/s: _____

Observation: _____

Reflection: _____

Goals and Objectives

Goal: _____

Objective: _____

Individualized Curriculum Plan for Next Week: _____

Changes to the Environment: _____

THE ROLE OF THE CHILD CARE CONSULTANT

The child care consultant should:

- Review child files or portfolios for ongoing documentation of child progress.
- Review program procedures and policies for references to systematic connection between ongoing observation, assessment, and curriculum.
- Review program policies and procedures related to working with families to design and implement effective curriculum.
- Review individualized child development plans. Is there evidence of:
 - A focus on relationships as the context for children’s learning?
 - Attention to a child’s routines?
 - Provision for coordination among the teacher-caregivers present in the room?
 - Attention to the effects of staff transitions (end of shift, breaks) on children?
- In the absence of any identifiable curriculum process in a program, introduce the importance of curriculum to infant/toddler development and support the program’s process in selecting a curriculum to implement.
- Observe the environment for appropriateness.
- Be familiar with the ITERS-R and other tools as a way to assess the environment of a program.

Where to Find More Information *(See also the resources listed on pages 15-16)*

Harms, T., Cryer, D. R., & Clifford, R. M. (2006). *Infant/Toddler Environment Rating Scale — Revised Edition*. New York: Teachers College Press.

National Infant & Toddler Child Care Initiative. (2007). *Infant/Toddler Early Learning Guidelines*. Retrieved November 10, 2008, from <http://nccic.org/itcc/PDFdocs/itelg.pdf>

Petersen, S., Jones, L., & McGinley, K. A. (2008). *Early Learning Guidelines for infants and toddlers: Recommendations to states*. Washington, DC: ZERO TO THREE. Retrieved November 16, 2008, from http://www.zerotothree.org/site/DocServer/Early_Learning_Guidelines_for_Infants_and_Toddlers.pdf?docID=4961

Key Partners and Resources Supporting Infant/Toddler Curriculum

WHAT THE CHILD CARE CONSULTANT SHOULD KNOW

For infants and toddlers, there is no distinction between home, care settings, or other environments regarding when and where learning occurs — they learn in all settings, at all times. Although infants will readily distinguish home from a center setting, their learning is best supported through consistent routines and interactions. An effective infant/toddler curriculum will be planned and implemented consistently across the settings in which the child lives and plays. Key partners in supporting this consistency are parents, other family members, and Part C/Early Intervention providers if the child is eligible for and receiving such services. Child care consultants play an important role in assisting teacher-caregivers or programs to consider the full scope of partners for each child in care.

Partnering with Families

Parents and home environments have the greatest impact on a child's developmental outcomes — parents are the child's "first teachers." Consistency in caregiving routines is also a critical factor in supporting a child's development. For these reasons, working closely with families is an important element of effective, individualized curriculum for infants and toddlers. Multiple rationales inform this key aspect of infant/toddler curriculum.

- The child care setting and the teacher-caregivers within that setting are, and will always be, a temporary presence in a child's developmental context compared to the permanency of the home and family. Teacher-caregivers are guests invited into the developmental context of children through families' selection of that particular program. To design learning experiences for an infant or toddler without communicating closely with the child's parent(s) is to dissociate the child from his core context. Collaboration with families is fundamental to the design and implementation of an appropriate curriculum for infants and toddlers. For example, programs should learn from families how to help a child to transition to sleep, how and what they feed a child, and any traditions that comfort the child.
- According to Erikson (1965), a primary task of infancy is establishing a sense of security and trust. Predictable and consistent routines serve as the foundation for young children to develop security and trust. For infants and toddlers in out-of-home care, the routines of caregiving (feeding, sleeping, diapering/toileting) provide a frame for the child's time in care. Continuity of routines across care settings (home and center) provides some predictability

for an infant beginning to make sense of the world. This continuity is not possible without parent participation in curriculum development.

- Attending to the home culture of the child’s family is important to gain knowledge of the child’s social and cultural context. This knowledge can then be factored into the individual child plan. Additionally it shows the family that you respect them, nurtures the child’s self-concept, and promotes communication.

The primary means of achieving consistency of adult-child interactions and routines across settings is through co-implementation of the curriculum by teacher-caregivers and families. Although it is neither necessary — nor desirable — to reframe the daily interactions of families and their babies as curriculum, it is important to acknowledge the impact of these interactions on the child’s development. The child’s familiar routines must become a part of the curriculum as implemented in the child care setting.

Co-implementation of the curriculum will flow naturally from the planning process if teacher-caregivers and families communicate regularly about the child’s activities and development. Daily oral or written communication about the child’s interests, accomplishments, or challenges will invite collaboration in both planning and implementation of curriculum. The communication does not need to be extensive, but regularity will underscore the importance of inputs from both settings and help build a partnership between the family and the program. Meaningful conversations may occur during the daily arrival and departure of children, or in more relaxed, planned opportunities on a weekly or monthly

BOX 2

A Note on Home Visits — Benefits and Barriers

The implementation of home visits is a hallmark of high quality in an infant/toddler care setting. From even occasional visits to the child’s home, the teacher-caregiver can gain a sense of the family’s culture, parent-child interactions in their natural environment, and a more complete understanding of the context contributing to the child’s development.

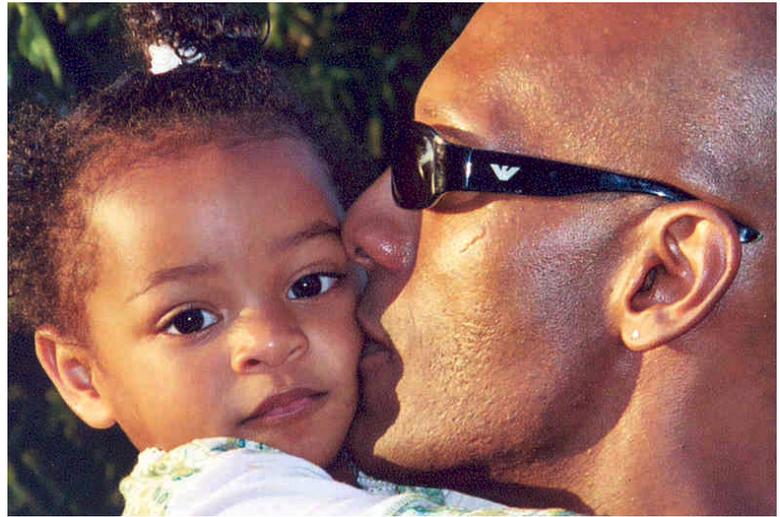
The reality remains, however, that this practice is quite costly and difficult to achieve in programs operating on a typical early childhood budget. That said, consultants may support quality by reflecting with program directors or staff on what may be gained by implementing — or missed if not conducting — home visits. What might programs do to overcome the barriers? What strategies might help programs connect with the child’s home when home visits are not possible? In what circumstances might a home visit be worth the cost, even if it cannot be budgeted as a standard program practice?

basis. If possible, an occasional home visit can reinforce the relationship between the family and the program and can provide an ideal opportunity for curriculum reflection and planning.

It is possible that staffing patterns or the typical confusion of arrival and departure times will not allow even brief conversations with families. In such cases, the program can implement the practice of brief, to-the-point written communication that offers substantive details of the child's day in care. Easy-to-complete forms can be designed that inform families of feeding/meals/snacks, toileting, play activities, and developmental highlights. (*See Appendix A for a sample form.*) A consultant may be able to offer insight into changes that could eliminate confusion so that some brief conversations can become part of the arrival and departure process.

In a more challenging scenario, ongoing communication with the family may reveal an absence of routines, or family interaction styles or practices that do not support development. In this situation, daily conversations become opportunities to offer families individually relevant information about ways to support child development. Without being judgmental, a teacher-caregiver can reinforce the importance of consistent routines, opportunities, and experiences in both the child care setting and at home. Comments or written notes about how the child has responded to a particular activity may both inform and encourage families to try similar experiences. Consultants can reflect objectively with program directors and staff on how to maintain an approach with families that is supportive rather than critical in tone. How does the teacher-caregiver talk about her interactions with the family? How does she feel about the family's practices? Is her relationship with the families one that offers space to work together to support the child's development?

The consultant should be aware that interactions between teacher-caregivers and families are critical components of quality in a child care program—and some of the most challenging aspects to implement well. Many factors contribute to this dilemma, including teacher-caregiver education level, lack of training in interpersonal communication, and often conflicting values. Modules 1 and 2 of this series (*Relationships: The Heart of Development and Learning* and *Infant/Toddler Development, Screening, and Assessment*) offer more detailed discussions of the importance of teacher-caregiver/family relationships and interactions. These modules include discussion of how consultants might coach program staff to support effective relationships with families.



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ACTIVITY III: Coaching Teacher-Caregivers to Encourage Co-Implementation of Infant/Toddler Curriculum Activities with Families

Involving Families in Curriculum Development and Implementation: Helping Melissa Build Relationships with and Involve Her Families

Melissa has been working in an infant/toddler room for 3 years and is excited about her recent training in curriculum. She has worked diligently and is proud of her growing knowledge of infant development, and of having completed individualized plans for each of the four children for whom she is the primary caregiver. As Talesa's mother arrived to pick her up that evening she handed her Talesa's plan, saying, "I've been to some really great training in curriculum, and have developed a plan for Talesa. It's really important that we work together on this, so I have highlighted the activities that you need to do at home to support Talesa's curriculum, and her development. I'm really excited about this. I've included activities that will be easy to do at home, and they will really help her reach her goals. If you'll just work on these things, I'll check in with you next week to see how it's going." As Melissa turned to greet the next parent, Talesa's mom rolled her eyes and muttered, "What's a curriculum?" as she bent to put Talesa's coat on and bundle her out to the car.

Using this extreme example as a springboard, have participants discuss how they might coach Melissa toward a more effective and fruitful process of involving families in the development and implementation of their child's curriculum plan.

- What strengths does Melissa exhibit?

- What opportunities for growth are evident in this brief example?

- What are the key points a consultant might address with Melissa?

- What might a consultant say to Melissa?

- Discuss challenges and barriers, as well as suggestions for overcoming them.

Partnering with Part C/Early Intervention Services

If an infant or toddler has special needs and is eligible for the State's Part C/Early Intervention program, effective implementation of the child's curriculum will also involve partnering with this program. Part C of the Individuals with Disabilities Education Act (IDEA) is the federal law that governs the delivery of early intervention services to infants and toddlers with disabilities. Child care consultants and teacher-caregivers should know these key facts about Part C:

- A primary provision of Part C is that early intervention services are to be delivered in the child's "natural environment." Natural environments are defined as including community settings in which children without disabilities participate (20 U.S.C. 1400 Sec. 632 (4)(g)). Thus, the child care setting is a natural environment for the delivery of Part C services as defined in the law.
- The promotion of natural environments is related to a goal of Part C that the capacity of caregivers to support the child's development is enhanced through participation in Early Intervention. The implication is that caregivers (parents or teacher-caregivers) will learn to embed intervention strategies into a child's daily routines, with the support of the early intervention team.

According to IDEA, parents of infants and toddlers enrolled in Part C work with their service coordinator to identify members of the team who will implement the Individualized Family Service Plan (IFSP). IFSP team members are those individuals who will work regularly with the child to implement the activities and strategies designed to support that child's development. The individualized plan written by the IFSP team will include identification of the outcomes to be achieved, as well as the settings and activities designed to support those outcomes.

Given that the child care setting is a "natural environment" for Part C services as defined by the law, and that teacher-caregivers have significant responsibility for the daily activities and interactions supporting a child's development, teacher-caregivers' participation in an IFSP team offers a prime opportunity to truly individualize a child's curriculum and further implement consistent strategies across settings. A fundamental benefit of their participation in the IFSP team is that teacher-caregivers will have the opportunity to learn strategies from families and the Part C team to enhance their interactions supporting the development of a child whose unique needs offer challenges. With the consultation of the Part C team, the teacher-caregiver may be able to incorporate intervention strategies into daily interactions with the infant or toddler, thus supporting development beyond the time the Part C provider is scheduled to be with the child.

Of particular note are any adaptations to the environment or play activities that

can be implemented to support the child's development. With the specialized expertise that early interventionists have in their particular field (physical, occupational, or speech therapy, for example), they will be able to work with the teacher-caregiver to observe the child in the care setting and suggest adaptations to daily routines that may enhance the experiences of the child and the teacher-caregiver.

An additional benefit to the teacher-caregiver's participation in an IFSP team is the depth of information she or he can contribute to the Part C process.

When the teacher-caregiver participates, the IFSP team is better informed of the range of possible activities, materials, and resources available in the daily environment. Using the context of daily, routine interactions with the child, the teacher-caregiver may offer adaptations to suggested activities that can reinforce and support development throughout the child's time in care. The structure of many state Part C systems makes it difficult for an early interventionist to make regular observations of a child in her natural environments. The documentation that a teacher-caregiver makes in the ongoing course of curriculum development and implementation offers valuable insight into how the infant or toddler is progressing in routine activities.

It is important for consultants to be aware of children receiving Part C services and to be available to partner with early intervention consultants, specialists, and teacher-caregivers to ensure integration of all aspects of an individualized curriculum. Consultants can ensure that caregivers are knowledgeable about the IFSP process and its relationship to curriculum planning and implementation

in child care. Consultants can ensure that teacher-caregivers understand the important role they can play as a member of an IFSP team: providing critical information, integrating IFSP goals into daily routines, and supporting families. Caregivers and families can work together day-by-day to achieve consistency for the child across settings that reinforce IFSP goals. Caregivers can support families who may have questions or concerns about their child's special needs and be watchful of changes that may occur. In other words, consultants can help teacher-caregivers optimize the benefits of early care as a natural environment for the child.

Additional Partners and Resources

Teacher-caregivers may find opportunities to work with other partners to align support for babies and their families. For families engaged with programs such as Parents as Teachers, the curricula suggest activities for families to use at home to strengthen relationships and stimulate learning. For states participating in a



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Strengthening Families Initiative, programs are offered resources to support and connect to families and improve their resilience in stressful times. These program curricula can inform curriculum development in the child care setting as well as at home. Collaborating with partners can ensure that families have coordinated and consistent recommendations from multiple sources of support. Consultants can help caregivers be aware of the various programs in the community — in addition to Part C — that support babies and their families and can help programs develop policies for sharing information and working together.

Additionally, an increasing number of training and other materials are available to address specific aspects of healthy growth and development that can be integrated into curriculum in child care. Caregivers may become involved in the promotion of such initiatives through direct training experiences. Consultants can help caregivers integrate these materials both in child care and with families. For example, the *Devereux Early Childhood Assessment (Infant/Toddler) (DECA-IT)* includes a strategies guide that can be useful in planning for individual children. Other resources may promote early literacy or prevent childhood obesity. Consultants should become familiar with these resources and be available to work with directors to assess their usefulness for a particular child care program and to support implementation of the materials with caregivers and families.

ACTIVITY IV:

Coaching Teacher-Caregivers to Integrate IFSP Activities into the Child’s Curriculum

As a natural environment defined by Part C of IDEA, child care is an ideal setting to implement strategies and activities defined in an eligible child’s IFSP. Depending on the level of involvement and collaboration between Part C and child care at the state or local level, coaching teacher-caregivers to integrate IFSP activities into daily routines may require a flexible approach on the part of the consultant.

In small or large groups, ask participants to describe how consultants might support the integration of IFSP activities into the child’s curriculum, depending on the child care program’s current level of involvement with Part C.

LEVEL OF INVOLVEMENT	DESCRIPTION	CONSULTANT APPROACH
None	Program is aware child is in Part C (Early Intervention) program but has no connection with Part C or IFSP team or process.	
Minimal	Child care program has a copy of the IFSP. Some communication with families about child’s plan. No other connection.	
Some	Program receives copies of IFSP; Part C providers occasionally deliver services at child care program; communication is one way (Part C suggests activities or tells teacher-caregiver what to do).	
Moderate	Part C provider regularly delivers services at child care setting; works with teacher-caregiver to implement activities into natural routines.	
Fully Involved	Parents or service coordinator invite teacher-caregiver (T-C) to be on IFSP team; T-C perspective and documentation is sought and valued in IFSP planning; T-C regularly implements IFSP activities and strategies while caring for the child; ongoing, two-way communication with Part C provider.	

THE ROLE OF THE CHILD CARE CONSULTANT

The child care consultant should:

- Review policies and procedures related to inclusion of children with special needs.
- Review policies and procedures related to collaboration with Part C to design an effective curriculum for infants and toddlers with special needs.
- Review daily or individualized plans. Is there evidence of:
 - Parent involvement in curriculum development?
 - Involvement with Part C for eligible children?
- Determine if processes are in place for the program to collaborate with other consultants involved with any children with special needs to ensure there is no health concern.
- Determine if the program has access to resources supporting parent engagement and education (e.g., Parents as Teachers).
- Support an ecological approach to care by encouraging teacher-caregivers or programs to connect with the array of other consultants, families, or community programs that may be involved with the care and development of individual children.

Where to Find More Information

Web Sites

National Early Childhood Technical Assistance Center (NECTAC),
<http://www.nectac.org/>

Parents as Teachers (PAT), <http://www.parentsasteachers.org>

Strengthening Families, <http://www.strengtheningfamilies.net/>

Devereux Early Childhood Initiative (I/T) (DECA I/T), http://www.devereux.org/site/PageServer?pagename=deci_index

Evaluating Curriculum — Key Considerations

WHAT THE CHILD CARE CONSULTANT SHOULD KNOW

“Do not select a curriculum or planning format that is simply a prescribed sequence of adult-initiated and -directed activities that leaves the child out of the process of selecting what is focused on and pursued”
(2000, p.7)

Several infant/toddler curricula are available commercially and can be used to support individualization for children in care settings. Within the context of observation, reflection, and planning, these curricula can be effective tools in individualized curriculum development for infants and toddlers. Lally offers a note of caution: “Do not select a curriculum or planning format that is simply a prescribed sequence of adult-initiated and -directed activities that leaves the child out of the process of selecting what is focused on and pursued” (2000, p.7). A primary role of the child care consultant may be to help a program evaluate either an existing or proposed curriculum for use in the program.

Deciding on a Curriculum

Periodically, consultants may wish to review and discuss curriculum choices with directors. Published curricula are available and new resources become available that may better meet the needs of individual programs.

Key considerations for evaluating a curriculum for infants and toddlers include the following questions.

Does the curriculum:

- Focus on the relationship between child and caregiver?
- Promote the establishment of primary caregiving relationships?
- Address development across domains, acknowledging the integration of infant/toddler development across domains?
- Address the stages of infancy in some form, such as young infants, mobile infants, and toddlers?
- Promote individualization for each child, based on his or her unique culture, developmental profile, and needs (including children with special needs)?
- Promote feelings of safety, security, and belonging?
- Focus on process over content?
- Focus on an environment that promotes engagement over planned activities?
- Include a focus on inclusion of families in planning for each child?
- Derive from theory and research?
- Complement appropriate I/T Early Learning Guidelines?

If the program is already using a curriculum, the review of a few individualized plans may provide the answer to these questions. If the focus of consultation is on the selection of a new curriculum, the consultant may provide these questions to the program director to facilitate the decision-making process.

THE ROLE OF THE CHILD CARE CONSULTANT

The child care consultant should:

- Using the criteria above, work with the program director to evaluate the program's existing curriculum.
- Using the list of criteria, assist the program in evaluating proposed curricula for programs during the process of selection.

Where to Find More Information

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Web Site

The Program for Infant/Toddler Care (PITC), <http://www.pitc.org>

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APPENDICES

APPENDIX A: Sample Infant/Toddler Daily Care Communication

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Date: _____</p> <p>Child's Name: _____</p> <p>Special Instructions: _____</p> <p>_____</p> <p>_____</p> <p>Medication: Y/N <i>(See Medical Authorization)</i></p> <p>Health Concerns: Y/N</p> <p>Nap: _____ AM _____ PM</p> <p>Bottles: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Meals:</p> <p>Breakfast: _____</p> <p>Lunch: _____</p> <p>Snack: _____</p> <p>Diapering/Potty Training</p> <p>Time: w / bm / d / pt</p> <p>Need Clothes: Y/N</p> <p>Activities/Developmental Information: _____</p> <p>_____</p>	<p>Date: _____</p> <p>Child's Name: _____</p> <p>Special Instructions: _____</p> <p>_____</p> <p>_____</p> <p>Medication: Y/N <i>(See Medical Authorization)</i></p> <p>Health Concerns: Y/N</p> <p>Nap: _____ AM _____ PM</p> <p>Bottles: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Meals:</p> <p>Breakfast: _____</p> <p>Lunch: _____</p> <p>Snack: _____</p> <p>Diapering/Potty Training</p> <p>Time: w / bm / d / pt</p> <p>Need Clothes: Y/N</p> <p>Activities/Developmental Information: _____</p> <p>_____</p>	<p>Date: _____</p> <p>Child's Name: _____</p> <p>Special Instructions: _____</p> <p>_____</p> <p>_____</p> <p>Medication: Y/N <i>(See Medical Authorization)</i></p> <p>Health Concerns: Y/N</p> <p>Nap: _____ AM _____ PM</p> <p>Bottles: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Meals:</p> <p>Breakfast: _____</p> <p>Lunch: _____</p> <p>Snack: _____</p> <p>Diapering/Potty Training</p> <p>Time: w / bm / d / pt</p> <p>Need Clothes: Y/N</p> <p>Activities/Developmental Information: _____</p> <p>_____</p>	<p>Date: _____</p> <p>Child's Name: _____</p> <p>Special Instructions: _____</p> <p>_____</p> <p>_____</p> <p>Medication: Y/N <i>(See Medical Authorization)</i></p> <p>Health Concerns: Y/N</p> <p>Nap: _____ AM _____ PM</p> <p>Bottles: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Meals:</p> <p>Breakfast: _____</p> <p>Lunch: _____</p> <p>Snack: _____</p> <p>Diapering/Potty Training</p> <p>Time: w / bm / d / pt</p> <p>Need Clothes: Y/N</p> <p>Activities/Developmental Information: _____</p> <p>_____</p>	<p>Date: _____</p> <p>Child's Name: _____</p> <p>Special Instructions: _____</p> <p>_____</p> <p>_____</p> <p>Medication: Y/N <i>(See Medical Authorization)</i></p> <p>Health Concerns: Y/N</p> <p>Nap: _____ AM _____ PM</p> <p>Bottles: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Time: _____ Amount: _____</p> <p>Meals:</p> <p>Breakfast: _____</p> <p>Lunch: _____</p> <p>Snack: _____</p> <p>Diapering/Potty Training</p> <p>Time: w / bm / d / pt</p> <p>Need Clothes: Y/N</p> <p>Activities/Developmental Information: _____</p> <p>_____</p>



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