EXPLORING EARLY CHILDHOOD



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Exploring Early Childhood (Carter and Tankersly)

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About this Book- From the Authors

The goal of this OER textbook is to support students who wish to work in the early childhood field and increase their knowledge of the profession.

Much of this content was adapted from other Open Education Resources publications, but there is also a lot of original content. References, including where adapted content originated from, has been included on each page rather than as a section at the end of the chapter. We chose to format our text this way to make it easier for future adapters, remixers, and authors to utilize our content.

If you see any errors, or have questions, please do not hesitate to reach out to us:



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I am excited for students to have access to a "textbook" that fits the needs of our introductory early childhood course so beautifully!

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CHAPTER OVERVIEW

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1.1: Introduction to the Profession

Learning Objectives

By the end of this section, you should be able to:

- Define the early childhood profession and program.
- Identify individuals who are considered early childhood professionals.

Early childhood is defined as the period of life from infancy through age eight, where as **early childhood education** refers to the group settings intended to effect developmental changes in young children (Gordon & Browne, 2007).

Early childhood programs are the group settings which learning and development take place. Programs can be targeted for age ranges from infancy through third grade.

Early childhood professionals are individuals play a crucial role in providing a nurturing and stimulating environment for young children to learn and grow during their formative years. Types of professionals may include:

- teachers,
- caregivers,
- administrators,
- social workers,
- occupational, physical, and speech therapists,
- home visitor,
- child life specialists,
- early intervention specialists,
- nanny, au pair, or governess,
- and many others.

References

Gordon, A.M. & Browne, K.W. (2007). *Beginning essentials in early childhood education.* Thomson Delmar Learning.

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1.2: Themes in Child Development

Learning Objectives

By the end of this section, you should be able to:

- Identify and describe the major themes in child development, including physical, cognitive, social, and emotional growth.

There are several underlying themes and principles of development to keep in mind:

Development is *lifelong* and change occurs across the lifespan. Early experiences affect later development.

Development is *multi-directional*. At times, gains will be made in some areas, while others remain stagnant or experience loss.

Development is *multi-dimensional*. Children's growth and learning occur across five general domains:

1. social and emotional,
2. cognitive,
3. creative,
4. communication, and
5. physical.

Development is also *inter-connected*. Changes in one domain may influence and prompt changes in other domains due to two reasons:

1. plasticity, or our ability to change, and
2. context, which includes our genetic make-up as well as our environment.

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1.3: Historical Roots

Learning Objectives

By the end of this section, you should be able to:

- Summarize the historical roots of the early childhood profession, including key movements and pioneers that influenced its development.

Many of our current ideas in educational philosophy are built on ideas and theories of the past. The roots of early childhood education go as far back Plato (428-348 BC) who was a Greek philosopher that believed that the teacher's role was to direct children through play towards "their final aim in life". Dr. David Elkind believes that the field of early childhood education is "the most holistic and least differentiated of any level of education" due to the solid grounding in philosophy, theory, and research. What theorists most noted in the field have in common is that what makes early childhood education unique is that it starts with the child, and not with the subject matter (Elkind, 2010).

The Origins of Early Childhood Education

The philosophical foundations of early education includes the early work of many individuals including Czech philosopher John Amos Comenius (1592-1670), British philosopher John Locke (1632-1704) and Swiss philosopher Jean Jacques Rousseau (1712-1778) in addition to many other European and American philosophers that will be discussed in chapter 3. Alongside these philosophical applications, the field is grounded in research through education figures such as Swiss psychologist Jean Piaget (1896-1980), German American psychologist Erik Erikson (1902-1994) and German educator Friedrich Froebel (1782-1852) as well as European theorists and educators all of whom have contributed to Western approaches in early learning.

It wasn't until after World War II that early childhood education came to be seen as an important foundation to every child's educational pathway, the roots of which are based in **humanism**. This thought process has the concern for the well-being of all humans which eventually contributed to what we know now as developmentally appropriate practice, a concept discussed in chapter 4 of this text.

The infographic in figure 1.3 illustrates the progression of thought from some notable theorists that have contributed to the field of early childhood education from Ancient Greece to the first Kindergarten funded in the United States. As you look at the timeline, think about how the philosophies of each time period have influenced current thinking.

FIGURE 1.3 NOTABLE HISTORICAL THOUGHTS ABOUT EARLY CHILDHOOD EDUCATION

428 BC Plato: the early years shape a child's future
1546 Martin Luther: boys and girls should be taught to read
1778 Jean Jacques Rousseau: the child is inherently good
1670 Johann Amos Comenius believed education helped to shape society
1704 John Locke: the child is born a blank slate
1827 Johann Pestalozzi: all children have the right to an education
1858 Robert Owen: the environment should be one of mutual consideration
1873 Publicly funded Kindergarten arrives in the United States

The Origins of Child Care in the United States

In the United States today, most women with young children are employed outside of the home. The necessity (or choice) to work outside of the home has created a need for care for young children during working hours. The term "day care" was used historically to refer to the working hours teachers were in classrooms. Today, professionals prefer the term childcare as it is more inclusive and reflects the important work of nurturing the child.

Childcare can be traced to starting in New York in 1893 when the National Federation of Day Nurseries, the first nationwide organization devoted to childcare, began. The care at that time was hardly labeled “quality” and so a set of progressive women began the U.S. Children’s Bureau in 1912 to set policy for quality childcare (Michaels, 2019).

The Depression had an impact on childcare as unemployment rose. During Roosevelt’s New Deal, a program of Emergency Nursery Schools (ENS) grew but were open for only part of the day. By the end of the 1930s high staff turnover rates forced the closure of many of the ENS. With the approach of World War II, the unemployment crisis dropped, and many women went to work for the government to support war efforts. However, it was not until 1943 that support for childcare financially entered into government conversations and Congress allocated $6 million to reopen ENS (Michaels, 2019). In 1944, only 3,000 childcare centers were operating, yet the capacity for 130,000 children was needed. This lack of care during the day began the spread of the “latchkey child” and often children were found sleeping in locked cars in company parking lots while mothers worked (Michaels, 2019).

In 1954, The childcare tax deduction allowed low to moderate-income families to deduct expenses for childcare from their income taxes, and a program entitled New York Women (led by Elinor Guggenheimer) helped to establish a licensing system for childcare in that city that eventually grew across the U.S.

In the 60s, federal support for childcare was tied to policies designed to encourage poor and low-income women to enter the workforce until a group of labor leaders, civil rights leaders, and early childhood advocates worked with Congress to legislate universal childcare policy. These efforts failed under President Nixon and as a result, direct federal support for childcare was limited to low-income families.



Image 1.8 A Historical Moment is licensed under CC by 1.0

In the 80s President Reagan shifted funding and the passage of the Child Care and Development Block Grant allocated funds to support individual states. The issue with this was that even though there were increased funds for childcare, problems with supply and quality for lower-income families became difficult, and middle-income families faced childcare centers with high turnover rates of childcare employees due to low pay and poor benefits.

In the late 1990s, funding through welfare reform initiatives such as the Family Medical Leave Act provided some childcare relief dollars for families, but existing federal childcare policies have gone largely unchanged since the 50s and do not meet the needs of the working families of today.

There are hundreds of private advocacy groups in the United States that are interested in early childhood education and the policies that support quality and equity for all families today, but most research agrees that the system of childcare is fragmented. In the next section of this chapter, we will explore how the government has supported early learning.

References

This page is sourced from 1.5 Historical Roots by Julian & Truman, S. in Julian, G., Boyd, B., Blums, A., Moon, C., Sharpe-Haygood, D., Karshna, J., Leek, S., Neimer, A., & Gill, N. (2024). (1.1 Eds). *Introduction to Early Childhood Education*. Libretexts.

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1.4: Today's Trends Bound to History

Learning Objectives

By the end of this section, you should be able to:

- Analyze how historical events and societal changes have shaped the evolution of early childhood programs and policies.

Some of the historical trends discussed in this chapter apply to early learning today: the field still believes in the importance of play (Plato), that early learning is the foundation for all education moving forward, and that children grow best in environments that are nurturing and supportive. In some cases, the financial aspects that impact the field are yet to be known. New governmental regulations will most likely come into play as society shifts in 2021 after surviving a global pandemic.

Looking back historically can also help us to predict what lies ahead. The remainder of this chapter will focus on trends of the past influencing the field today.



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Educational Trends that Have Influenced Early Childhood Education

In the 2013 State of the Union address, President Barack Obama stated “in states that make it a priority to educate our youngest children . . . studies show students grow up more likely to read and do math at grade level, graduate high school, hold a job, form more stable families of their own. We know this works. So, let’s do what works and make sure none of our children start the race of life already behind” (Obama, 2013). This public address started a conversation about what the United States values in terms of early learning initiatives as it was the first time that early learning was specifically called out in a presidential address.

If you were to do an internet search for “trends in early learning”, the results would be long and varied with a variety of opinions from an assortment of resources both inside and outside of the field of early learning. In addition, it is likely that you would see lists of initiatives that will shape the future of early learning, as well as trends that impact children directly and those that are in place to support families. Keeping that in mind, it becomes a difficult task to sort out how today’s decisions will impact tomorrow’s children. When looking at trends, however, two things become very clear: it is necessary that a unifying message that includes all children is essential, and that advocacy for this movement is critical.

One way that the United States has moved toward improving consistency and trying to create quality in childcare is through a quality rating improvement system, also called QRIS. This state-by-state initiative attempts to address the priorities that former President Obama spoke about in his State of the Union address. The QRIS national learning network has reported this state-by-state map current as of January 2017.

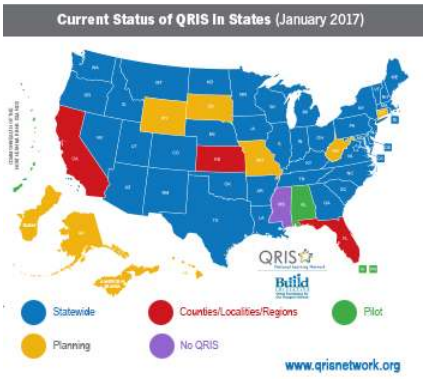


Figure 1.4.1 Current Status of QRIS in the States as of January 2017

Power to the Profession

Turning to the professional organization NAEYC, the document *Unifying the Framework for the Early Childhood Education Profession* provides insight to the difficult current realities of the field and the pathway to unification by taking steps to professionalize the field. Within the document, a clear message about the need to align professional preparation for students studying early childhood education, compensation for teachers working in classrooms, and making the clear distinction that advocating for "the good of our country's children, families, educators, businesses, and economy" is the message that so many in the field believe will lead to public investment in early learning.

The goal of the Power to the Profession initiative is clear: to establish unity and clarity around the career pathways, knowledge and competencies, qualifications, standards, accountability, supports, and compensation to define the early childhood profession across all states and settings.

Societal Changes

As society changes and as we learn more, so do the issues and trends being discussed within the field of early childhood education. Often, the concerns professionals have in the field historically have been reflective mirrors of those societal changes and sometimes these changes have positive or negative impacts. For example, in response to rapidly growing global awareness and the increase of culturally responsive and anti-bias curriculum, teachers are becoming more aware of how their classrooms must reflect the communities in which they work. Certainly, the historical nod to play-based learning will again become a focus of our work as more and more young children are exposed to technology at an early age. We certainly have yet to see the impact of the current global pandemic and the impact it will have on children and families as we move to a nation that becomes healthy and safe again.

But the largest focus for the past few years in the field has been the diverse communities in which we work and live and how those communities need to be supported. NAEYC released an equity position statement in 2019 that clearly communicates that all children have the right to equitable learning opportunities. Many people within the field agree that we must respond to the changing societal landscape and the funding for early learning should support this work.

Reflection

What societal changes have occurred over the past 10 or 15 years that you feel have influenced the field of early childhood education?

References

This page is adapted from 1.7 Today's Trends Bound to History by Julian & Truman, S. in Julian, G., Boyd, B., Blums, A., Moon, C., Sharpe-Haygood, D., Karshna, J., Leek, S., Neimer, A., & Gill, N. (2024). (1.1 Eds). *Introduction to Early Childhood Education*. Libretexts.

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1.5: Current Topics in Child Development

Learning Objectives

By the end of this section, you should be able to:

- Discuss the impact of contemporary issues on children's development, learning, and well-being.

Quality

Childcare in the U.S. used to be primarily custodial, or providing basic care to meet health and physical needs (Gordon & Browne, 2007). Today, about 60% of children under the age of five are cared for at least once a week by someone other than a parent (U.S.DoE, 2021), and half of working parents, with at least one child under the age of six, utilize a child care program or preschool (Pew Research Center, 2015).

The term quality refers to specific features in early childhood programs that contribute to the healthy, cognitive, social, emotional, physical, and creative development of children. There are many organizations aimed at defining and promoting quality care.

Sometimes, these programs are federal or state-funded initiatives, such as Head Start or state quality rating systems.

Other times, organizations' missions are aimed at promoting quality care through education and training, resources, additional program accreditation credentials, and/or community outreach. The most notable organization is the National Association for the Education of Young Children, or NAEYC.

Other organizations include:

- The Council for Exceptional Children
- Zero to Three
- National Association for Family Child Care
- Child Care Aware

According to NAEYC, features of quality early childhood programs focus on the following principles:

1. Creating a caring, equitable community of learners.
2. Developing reciprocal relationships with families and fostering community connections.
3. Observing, documenting, and assessment of children's developmental learning.
4. Teaching to enhance development and learning.
5. Planning and implementing an engaging curriculum to achieve meaningful goals.
6. Demonstrating professionalism as an early childhood professional.

Throughout our course, we will uncover more about what each of these means and what it looks like in action.

Diversity

Diversity, equity, and inclusion are three different concepts.

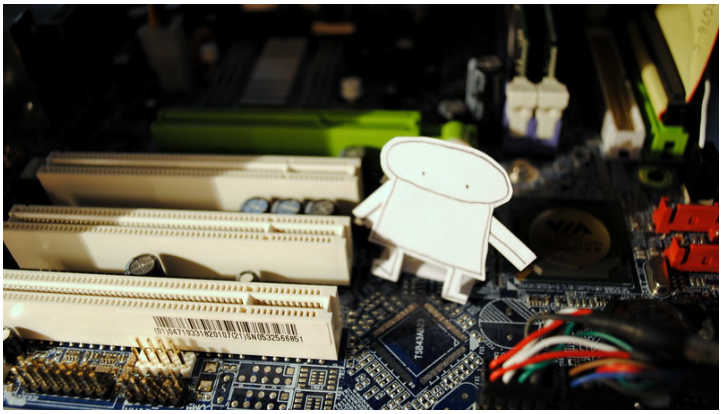
- **Diversity** is defined as the variation among individuals, as well as within and across groups of individuals, in terms of their backgrounds and lived experiences (NAEYC, 2019).
- **Equity** is defined as the state that would be achieved if individuals faired the same way in society regardless of race, gender, class, language, disability, or any other social or cultural characteristic (NAEYC, 2019). *Equity is not the same as equality.* Instead of equal treatment, early childhood programs should aim for equal opportunity.
- **Inclusion** is embodied by the values, policies, and practices that support the right of every infant, young child, and their family regardless of ability to participate in a broad range of activities and context as full members of families, communities, and society (NAEYC, 2019).

In early childhood programs, professionals need to be intentional in providing equitable access to early care and educational experiences.

Technology

In today's world, technology plays an increasingly significant role in early childhood programs, offering both opportunities and challenges. Current events highlight the rapid advancement of technology and its impact on young children's lives. With the COVID-19 pandemic accelerating the adoption of remote learning and digital tools, educators and caregivers are navigating new territory in integrating technology into early childhood education.

While technology can provide access to educational resources, facilitate communication, and enhance learning experiences, it also raises concerns about screen time, privacy, and digital equity. With children spending more time online for learning and socializing, there's a growing need for guidance on balancing screen time with other activities and ensuring that technology enriches rather than replaces human interactions.



"Sad Cartoon versus Technology." by Sean Loyless is licensed under CC BY 2.0.

Furthermore, the digital divide exacerbates disparities in access to technology and internet connectivity, highlighting the importance of addressing equity issues in early childhood education. Professionals must be mindful of creating inclusive learning environments that accommodate children from diverse socioeconomic backgrounds.

In navigating the role of technology in early childhood programs, it's essential to prioritize intentional use, promote digital literacy skills, and foster healthy relationships with technology. By leveraging technology thoughtfully, professionals can enhance learning experiences, empower children to become critical consumers of media, and prepare them for the digital world they will inherit.

Social & Emotional Wellness

Social and emotional learning is the process by which individuals acquire and apply knowledge, skills, and attitudes to develop

- healthy identities,
- manage emotions,
- achieve personal and collective goals,
- establish and maintain supportive relationships,
- make responsible decisions, and
- show empathy.

In today's context, social and emotional wellness in early childhood programs is more critical than ever due to various factors shaping the world around us. Current events such as the ongoing global pandemic, socio-political unrest, and environmental challenges have brought about significant stressors that can impact young children's social and emotional development. As professionals and caregivers, it's crucial to create supportive and inclusive environments that prioritize the well-being of children.



"Young child after Tetanus vaccination." by hdptcar. is licensed under CC BY 2.0.

The pandemic, for instance, has disrupted normal routines, increased isolation, and heightened anxiety levels for many families. Early childhood programs must address these challenges by fostering a sense of safety, stability, and connection within the learning environment. Teaching children coping strategies, promoting empathy, and providing opportunities for social interaction, even in virtual settings, are essential aspects of supporting their social and emotional development.

Moreover, issues such as racial injustice, economic disparities, and climate change can also influence children's sense of security and belonging. Early childhood professionals need to be equipped with culturally responsive practices and anti-bias education to create environments where all children feel valued and respected.

By emphasizing social and emotional wellness in early childhood programs, educators can help children build resilience, develop positive relationships, and acquire essential skills for navigating life's challenges both now and in the future. It's about fostering a foundation of emotional intelligence and empathy that will serve children well throughout their lives.

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1.6: Government Funding that Supports Early Learning

Learning Objectives

By the end of this section, you should be able to:

- Identify key government funding sources that support early learning, including programs like Head Start and state-funded preschool initiatives.
- Explain the purpose and goals of government-funded early learning programs in promoting access to quality education for children and families.

For more than 80 years, the federal government has invested in childcare and early childhood education programs to support parents and children and help them to succeed. Over time, as society has changed, so has the amount of funding and the names of the funding programs. There is no doubt that as our society continues to change, so will the need for funding children and families across the United States.

From a historical point of view, the United States is in the middle of a childcare revolution of sorts, as more and more children under the age of six are cared for by someone other than their parents. Historians have known for at least two centuries that the well-being of all children depends on the quality of care received in the early years. Some people believe that as a system, we have failed to act boldly on that knowledge within the government arena and money to support all children is inequitable.

During the 19th (and early 20th) centuries, a two-tiered system of early childhood education types of programs evolved in the United States. One tier had roots in social welfare systems while other was rooted in the education system providing “preschool” education for middle- and upper-class children (Cahan, 1989). During the last century, the federal government has vastly expanded its role in early childhood education (Yarrow, 2009). In this chapter, we will focus on government involvement in terms of funding.

As previously mentioned, in 1933 the first federal investment in childcare was made in response to the Great Depression. The Emergency Nursery School program provided childcare for the children of people working government paid jobs and by 1935, the Aid to Dependent Children program was included in part of the President Roosevelt’s New Deal. During this time, many childcare centers were open seven days a week for 12 months a year and even provided infirmaries for sick children and hot meals for families to take home after work. This all sounds wonderful, but one must remember that it took two wars and demands on the workforce for the government to make such meaningful resources for working families.



Image 1.6.1 Mrs. Schroeder goes to work is licensed under CC by 1.0

After World War II, the expansion of public kindergarten began, and the government-funded programs for low-income children through Head Start funding and federal childcare subsidies. The goal for the funding was to prepare children living in low-income

households for elementary school, and now Head Start offers a range of comprehensive services to strengthen families. In 1994, Early Head Start was created to support pregnant women, infants, and toddlers through age three.

In 1974, Federal dollars helped to create the Social Services Block Grant, to support parents in the workforce by supporting childcare services, and in 1990 this program was extended to families with incomes that did not qualify under previous income guidelines. President Bill Clinton signed a law that brought welfare reform to working families in 1996 under a program called Temporary Assistance for Needy Families (TANF) program.

Over the past two decades, as we learn more about children's brain development and research into quality early learning experiences filter into the government scene, Congress is increasing funding for already existing programs. Head Start has had an increase from 6.8 to 10.6 billion dollars to serve over 1 million children from birth to age 5 and the Child Care and Development Fund (CCDF) program saw an increase to 8.1 billion dollars to serve 1.3 million children and 769,000 families each month (bipartisanpolicy.org).

The role that an individual state plays in childcare comes from state involvement in both federally funded and state-initiated programs. For example, not all states match federal funds allocated to some federally funded programs and states can determine the eligibility criteria for participation in federally funded programs.

Every state regulates childcare in some form and all states license childcare centers, but the department name will vary.

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CHAPTER OVERVIEW

2: Who the Young Child Is

2.1: Defining the Young Child
2.2: Rights and Responsiblities of the Child
2.3: What is a Theory?
2.4: How Development Unfolds
2.5: Observation
2.6: Typical and Atypical Development
2.7: References

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2.1: Defining the Young Child

Learning Objectives

By the end of this section, you should be able to:

- Define the term "young child" and describe the age range and developmental characteristics associated with this stage.

Who is the Young Child?

Historical Perspectives

The idea of childhood, as we understand it today, did not exist until the late 19th century (Mintz, 2022). Historical views of childhood focused primarily on survival and the child's ability to contribute to this goal. It had been widely accepted that children were to be "treated indifferently, dealt with harshly, and regarded as miniature adults" (Budzyna & Buckley, 2023).

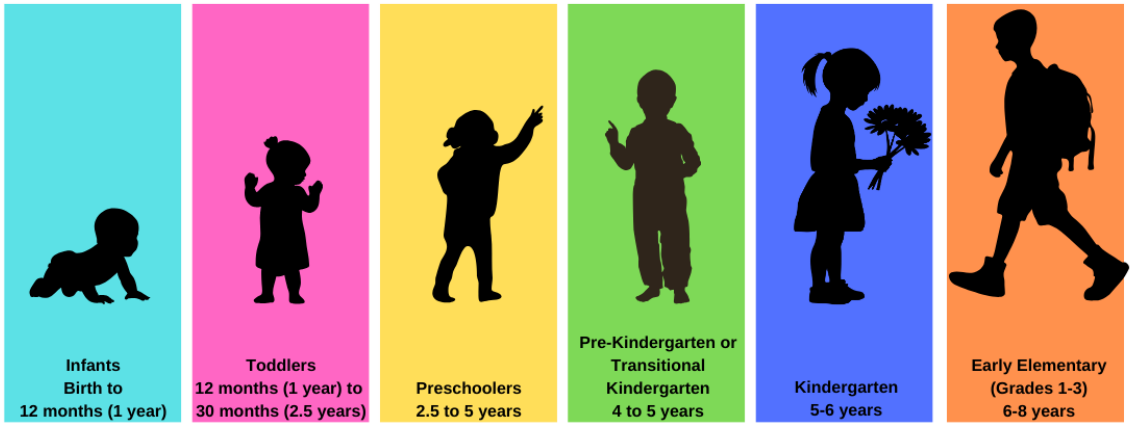
Even in the last 130 years, every aspect of childhood has changed from schooling, to entertainment, and how children spend their time (Mintz, 2022).

What is Childhood?

Childhood is a life stage defined by biology, physiology, social status, and developmental domains. How children think, act, perceive, and understand the world around them is what distinctly sets them apart from adults. In very basic ways, children are all alike, as evidenced by three common characteristics (Gordon & Browne, 2007):

1. Children all have basic needs,
2. Children experience the same developmental stages, and
3. Children have the same developmental goals.

The children you will work with are as diverse as the people who work with them. Many programs are divided by age groups, so that is one way to define “who are the children” (Stephens et. al, 2023):



"Ages and Stages". by Amber Tankersley is licensed CC BY-SA. Accessible version.

Each Child is Unique

How and when these variables intersect (genetics, physiology, social status, development, and needs), is what makes each child unique. The concept of the **whole child** is based on the principle that all areas of growth and development across the lifespan are interrelated.

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2.2: Rights and Responsiblities of the Child

Learning Objectives

By the end of this section, you should be able to:

- Describe the fundamental rights of young children, including the right to safety, education, and respectful treatment.
- Explain the responsibilities of society and caregivers in upholding the rights of young children and fostering their well-being.

Children's rights and responsibilities are intertwined elements that play a fundamental role in their upbringing and development. Recognizing and upholding children's rights is essential to ensuring their well-being, dignity, and opportunities for growth. Every child has the inherent right to (United Nations, 1989):

- life,
- education,
- play,
- health,
- protection,
- identity, and
- expression.

These rights provide the foundation for a nurturing and supportive environment that fosters children's physical, cognitive, creative, emotional, and social development. By respecting children's rights, society acknowledges their unique needs, perspectives, and potential, promoting a culture of inclusivity, equity, and justice.

Moreover, along with rights, children also have responsibilities that contribute to their personal development and social integration. Teaching children about respect for others, self-care, adherence to rules, active learning, community participation, and effective communication instills important values and skills. These responsibilities empower children to become responsible, empathetic, and proactive individuals who can contribute positively to their families, communities, and the world at large. By balancing rights with responsibilities, children learn the importance of mutual respect, cooperation, and accountability, laying a strong foundation for their future as engaged and compassionate citizens.

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2.3: What is a Theory?

Learning Objectives

By the end of this section, you should be able to:

- Define what a theory is and explain its purpose in understanding child development and guiding early childhood practices.
- Differentiate between various types of theories used in early childhood education, such as developmental, behavioral, and constructivist theories.

As with the historical perspectives that were discussed in Chapter 1, theories provide varied and in-depth perspectives that can be used to explain the complexity of human development.

What is a Theory?

A **theory** is a principle, or body of interrelated thoughts, to explain or predict a number of phenomena. In general, a theory is an abstract, or speculative thought, as opposed to practice (American Psychological Association, 2024).

Several questions have been pondered by developmental theorists, such as:

- The ongoing debate regarding **nature versus nurture**. This discussion centers on whether development primarily arises from genetic predispositions (nature) or environmental influences (nurture).
- The level of involvement and participation in an individual's development and learning process is another lens by which theorists view development. **Active learning** involves hands-on experiences, exploration, and interaction with the environment, materials, and other individuals. **Passive learning** involves receiving information through observation, reading, or verbal direction.
- Additionally, theorists have explored the concept of **continuous versus discontinuous** development, questioning whether growth occurs gradually over time or if individuals undergo distinct transformations during specific stages of development.

These debates contribute to a deeper understanding of how individuals evolve and shape their identities over time.

Why are Theories Important?

Theories play a crucial role in:

- helping us understand behaviors,
- identifying developmental milestones,
- devising strategies to support each child's unique needs,
- creating engaging environments,
- establishing realistic expectations.

By *leveraging this knowledge, we can develop and implement activities and experiences tailored to a child's developmental stage*, a concept known as **developmentally appropriate practice**, which we will delve into further later in the text. "The best early childhood programs are informed by sound theory. This ensures that the aims of the program are effective and the practices have a positive impact on every child" (Blums & Kirchhofer, 2023).

Major Theories

The theories discussed in this text serve as foundational principles that inform our decision-making processes regarding the children under our care. They offer valuable insights into how we can best nurture children as they navigate the journey of learning, growth, and development. These theories each present unique hypotheses aimed at understanding and explaining various aspects of development through systematic observation and experimentation. Some theories seek to elucidate the underlying reasons behind human behavior, while others explore the timing of skill acquisition.

Let's take a look at the theories.

Foundational Theories

The following information was adapted from *ECD Principles and Practices* by Stephens, et. al (2023). Per Sharon Eyrich, the information was used with permission and should not be altered.

Table 2.3.1 Points and Applications by Foundational Theory

Theory	Key Points	Application
Maturational Theory Arnold Gesell 1880-1961	• All children move through stages as they grow and mature • On average, most children of the same age are in the same stage • There are stages in all areas of development (physical, cognitive, language, affective) • You can't rush stages	• There are "typical" ages and stages • Understand the current stage as well as what comes before and after • Give many experiences that meet the children at their current stage of development • When a child is ready they move to the next stage
Ecological "Systems" Theory Urie Bronfenbrenner 1917 – 2005	• There is broad outside influence on development • (Family, school, community, culture, friends ….) • There "environmental" influences impact development significantly	• Be aware of all systems that affect child • Learning environment have impact on the developing child • Home, school, community are important • Supporting families supports children

Topical Theories

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Table 2.3.2 Points and Applications by Topical Theory

Psycho-Analytic Sigmund Freud 1856 – 1939	• Father of Psychology • Medical doctor trying to heal illness • We have an unconscious • Early experiences guide later behavior • Young children seek pleasure (id) • Ego is visible; when wounded can get defensive • Early stages of development are critical to healthy development	• Understand unconscious motivations • Create happy and healthy early experiences for later life behaviors • Know children are all about “ME” • Expect ego defenses • Keep small items out of toddlers' reach • Treat toileting lightly
Psycho-Social Erik Erikson 1902 – 1994	• Relationships are crucial and form the social context of personality • Early experiences shape our later relationships and sense of self • Trust, autonomy, and initiative – are the early stages of development • Humans like to feel competent and valued	• Provide basic trust (follow through on promises, provide stability and consistency, …) • Create a sense of “belongingness” • Support autonomy and exploration • Help children feel confident • Encourage trying things and taking safe risks • See mistakes as learning opportunities
Humanistic Abraham Maslow 1908-1970	• We have basic and growth needs • Basic needs must be met first • We move up the pyramid toward self-actualization	• Make sure basic needs like nutrition, sleep, and safety are taken care of • Understand movement between needs • Know needs may be individual or as a group
Ethology/Attachment John Bowlby 1907-1990 Mary Ainsworth 1913 - 1999	• Biological basis for development • Serve evolutionary function for humankind • There are sensitive periods • Attachment is crucial for survival • Dominance hierarchies can serve as a survival function	• Understand evolutionary functions • Offer positive and appropriate opportunities during sensitive periods • Facilitate healthy attachments

Cognitive Theories

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Table 2.3.3 Points and Applications by Cognitive Theory

Theory	Key Points	Application
Constructivist Jean Piaget 1896 – 1980	• We construct knowledge from within • Active learning and exploration • Brains organize and adapt • Need time and repetition • Distinct stages (not mini-adults) • Sensory-motor, pre-operational	• Provide exploration and active learning • Ask open ended questions/promote thinking • Repeat often • Don't rush • Allow large blocks of time • Value each unique stage • Provide sensory and motor experiences • Provide problem solving experience
Socio-cultural Lev Vygotsky 1896 – 1934	• Learning occurs within a social context • Scaffolding – providing appropriate support to increase learning • "Zone of proximal development" = "readiness to learn" something	• Provide appropriate adult-child interactions • Encourage peer interactions • Provide a little help, then step back • Understand when a child is ready; don't push them or do it for them
Information Processing (Computational Theory) 1970 -	• Brain is like a computer • Input, process, store, retrieve • Early experiences create learning pathways • Cortisol – stress hormone shuts down thinking • Endorphins – "happy" hormone, increases learning	• Develop healthy brains (nutrition, sleep, exercise) • Decrease stress, increase happiness • Know sensory input (visual, auditory ….) • Understand individual differences • Allow time to process
Multiple Intelligences Howard Gardner 1943 -	• Once information enters the brain, each brain processes information differently	• Provide learning experiences to meet a wide range of learning styles • Help learners learn how they learn best • Offer many experiences in a variety of ways

Behaviorist Theories

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Table 2.3.4 Points and Applications by Behaviorist Theory

Theory	Key Points	Application
Classical Conditioning Ivan Pavlov 1849 - 1936	• We respond automatically to some stimuli • When we pair a neutral stimulus with the one that elicits a response we can train the subject to respond to it • Over time we can “un-pair” stimulus and response	• Be aware of conditioning • Pair stimuli to elicit desired responses • Look for pairings in undesirable behaviors
Operant Conditioning B. F. Skinner 1904 – 1990	• Behavior is related to consequences • Reinforcement/Rewards/Punishment • Goals of behavior (motivators)	• Understand what is motivating behavior • Reinforce behavior we want • Don’t reinforce behavior we don’t want • Consider small increments
Social Learning Albert Bandura 1925 - 2021	• Children (and adults) learn through observation • Children (and adults) model what they see	• Know what children are watching • Model what you want children to do

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2.4: How Development Unfolds

Learning Objectives

By the end of this section, you should be able to:

- Identify the domains of development for young children from birth through age eight.
- Explain how individual differences and the environment influences development.

Child Development

Have you ever watched a toddler exploring their world and wondered – What are they thinking? How are they learning? What will they do next? How can I help them grow? The science of how children learn, grow, and relate to others is called developmental science, or child development. **Child development** is defined as the pattern of change that begins at conception and continues through adolescence.

Humans have probably thought about how children learn, grow, and relate to others since mothers started having babies, but formal scientific inquiry about child development has only been around for about 100 years, making it a fairly new science. Knowledge gained from child development science is helpful in building strong interactions with children to help them grow to their full potential.



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How Development Unfolds

The young child is a fascinating growing being. Anyone who has spent time with a newborn notices how they smile at a familiar caregiver or figure out how to pick up a rattle and shake it to make a delightful sound. Adults are often captivated the first time a toddler figures out how to stack blocks to form a tower or when a preschooler hugs a friend who is feeling sad. Likewise, families often treasure such milestones as when a child takes her first steps or learns to ride a bike. These small moments in a child's life provide adults with glimpses into human behavior and help us to understand what particular aspects are developing within a child.

These areas of development are referred to as developmental domains. **Developmental domains** are specific areas in which growth occurs. There are five main developmental domains in child development:

1. social and emotional,
2. cognitive,

3. creative,
4. communication, and
5. physical.

Bi-Directional Effects

These domains are not stand-alone categories of development. They interact and overlap in important ways. Development unfolds through interactions between the child, the people around them, and their environment. The child's environment is the context of the home, school, place of worship, neighborhood, and all the interactions a child has with people on a regular basis. Children require certain triggers from their caregivers and their environment in order to develop. For instance, to develop language, a child needs to be listened to and spoken to by an adult. To learn how to walk, a child needs space, safety, and freedom of movement. Development unfolds both naturally and with a thoughtfully planned environment designed by adults.

Role of Environment on Development

The way that children are cared for impacts how they develop. An environment filled with loving, responsive caregivers works wonders on a child's physical, cognitive, social, and emotional development. Conversely, an environment filled with **toxic stress** will slow down the healthy development of children and those adults caring for them. Signs of toxic stress include physical or emotional abuse, neglect, or witnessing physical or emotional abuse of another person. Toxic stress, sometimes referred to as childhood trauma, can be detrimental to the early childhood stage of development. It can also impact social, emotional, and cognitive development, lower academic achievement, and lead to long-term health-related issues such as cardiovascular problems. It is important to create an environment for the child that includes safe, sensitive, and supportive care.

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2.5: Observation

Learning Objectives

By the end of this section, you should be able to:

- Define observation.
- Explain its importance in understanding and supporting young children's development.

Observation is an essential practice for early childhood professionals. Through observation, professionals can make note of a child's developmental milestones, possible developmental delays, interests, or challenging behaviors which may aid in tracking a child's growth and development. Professionals can use this observational data to help plan appropriate experiences for children based on their needs. Observations of children's interactions and involvement with the program's environment and curriculum may also help professionals determine program and teaching effectiveness.

An observation begins by watching and listening to the child and noting contextual elements that influence the child's behavior. Observations are recorded through notes, photos, or videos that help document the behavior. The documentation of the observation is then analyzed by the professional. The analysis might include linking the child's behavior to developmental milestones, theories, or learning standards. Information gathered through observation may be used to complete developmental checklists, share with families, or create portfolios highlighting a child's growth, development, and learning.

There are many methods for recording observations, two common methods are anecdotal notes and frequency counts. Anecdotal notes are written records of children's behavior. Anecdotal notes should include a description of the child's behavior and notes about the context. Anecdotal notes can be used to complete developmental checklists or can be compared to previous observations. Frequency counts are used in tracking how often a child's behavior is occurring. A professional may use a frequency count to count how often a child enters play situations, interacts with peers, or chooses particular activities.

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2.6: Typical and Atypical Development

Learning Objectives

By the end of this section, you should be able to:

- Explain how individual differences and diverse contexts influence the development of young children.



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Most children develop in a similar way. Even when cultural backgrounds, geographic locations, and personal characteristics vary, child development is generalizable. That does not mean, however, that all children are the same. Some children develop more quickly in cognitive areas, but more slowly in social areas. Some children develop more quickly in general than others, some more slowly. Children are living, breathing beings, and some variation is normal. When a child develops in the way that we expect, we refer to this as **typical development**. There is room for a good deal of variance in typical development. For instance, babies can speak their first words anywhere from 9 to 13 months, and children can write their own names anywhere from 3 to 5 years. This variance is healthy and normal.

Some variance is unusual, and that is referred to as **atypical development**. Atypical development can slow down growth in other areas of a child's life. If a child cannot speak any words by 15 or 16 months, it is considered atypical development. The ways and speed in which children grow is measured by tools called developmental assessments. The caring adults in a child's life benefit from knowing how the child is developing, where they are struggling, and what to expect next. Despite the name, developmental assessments are not complicated standardized tests that a child must complete. Instead, they are carried out by the teacher through observing the child at play or by playing small games and activities with the child. The teacher records the child's developmental milestones on the assessment and later shares it with the parents. If development is not on track, teachers should speak with parents and connect them with specialists who can help. Specialists will administer another type of assessment that is specially designed to diagnose developmental disabilities. Atypically developing children benefit from early intervention programs that can help them get back on track.

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2.7: References

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CHAPTER OVERVIEW

3: Play is Learning

3.1: Developmental Domains
3.2: What is Play?
3.3: Types and Stages of Play
3.4: Play in the Early Childhood Classroom
3.5: What Children Learn Through Play
3.6: References

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3.1: Developmental Domains

Learning Objectives

By the end of this section, you should be able to:

- Explain the relationship between play and learning for all developmental domains.

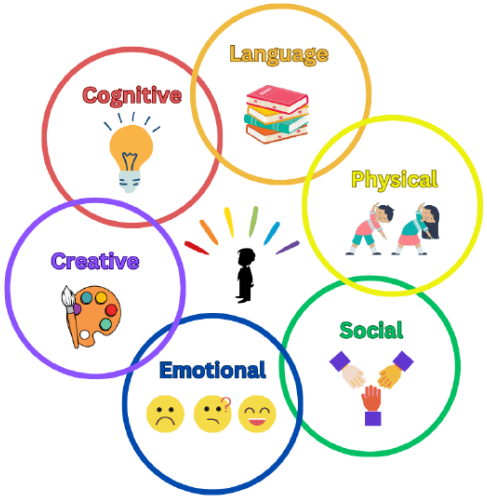


Figure 3.1.1 "Developmental Domains" by Heather Carter is licensed under CC BY-SA 4.0. Accessible version.

While development is complex, five domains have been identified: physical, cognitive, creative, social, and emotional. This section will introduce each of these developmental domains and explain some important features of each domain, but further information will be presented in Chapter 11. Keep in mind that developmental domains are interrelated, so consider as you read the next sections how one aspect of development could affect another.

Physical Development

Physical development includes all things related to the body and refers to both physical, or biological, growth, as well as motor development.

Brain Development

Brain development is an important part of physical and cognitive development and will be more thoroughly covered later in the text. To begin, an infant's brain starts to develop while still in utero. Because of this, it is important to support fetal brain development through proper nutrition and care of the mother. Once born, infant brains develop rapidly. Brain connections, called synapses, develop rapidly during the first few months to the first 3 years of life, making this period critical for healthy brain development. During infancy, babies require responsive interactions with trusted caregivers that include verbal, expressive, and face-to-face engagement. Additionally, and above all, they require a safe and secure home environment for healthy brain development.

Motor Skills

Children’s bodies are designed to wiggle and move. Motor skills refer to a child’s ability to move and coordinate motion using their bodies. Motor skills are generally organized into two categories: gross motor skills and fine motor skills. **Gross motor skills** are related to the large muscle groups in the body: walking, running, climbing, balancing, and jumping are examples of gross motor skills. **Fine motor skills** are related to small muscle groups in the body. Grasping a spoon, holding a pencil, stringing beads, and stacking blocks are examples of fine motor skills.



Image 3.1.1 Gross Motor Skills is licensed under CC by 1.0

In order for gross motor skills to develop successfully, infants and children must be given opportunities to move their bodies freely, safely, and without restriction, starting from birth. This is why most pediatric physical therapists recommend against the use of so-called “baby containers” – chairs, bouncy seats, swings, and jumpers that place an infant in an upright position before their body is ready to do so on its own. These devices can hinder development. Instead, babies should play on a blanket or mat and have a few minutes of “tummy time” each day starting at birth. This helps to strengthen neck and shoulder muscles that will later be used in crawling. As children begin to crawl and walk, soft climbers can help to develop gross motor skills.

Once solid on their feet, children need opportunities to practice running, jumping, balancing, and climbing. This is why daily outdoor play is vital. Playgrounds can be great places for children to experiment with gross motor skills. Playing outdoors on playgrounds and in nature provides children with opportunities to take risks. When children climb, they not only build muscle and coordination but also learn to overcome fears. This can lead to greater self-confidence that carries over into other areas as well. This is one way in which outdoor activity supports not only physical but also emotional development.

Fine motor skills begin to develop in infancy when the child first learns to grasp a toy such as a rattle or a cloth. Later, they learn to throw a ball, hold a crayon, and use scissors. Children can be given opportunities to use their hands in a variety of ways using age-appropriate materials. Young children love to practice fine motor skills using real-life items, such as bucking the clasp of a highchair strap or zipping a zipper. This has the added benefit of fostering independence which supports emotional development. Children can coordinate their finger movements while learning a zipper and they can also feel proud when they can zip their own jacket to go outside. Opportunities for fine motor development are everywhere and can be as simple as picking up a leaf and ripping it into tiny pieces. Teachers can foster fine motor skills by making sure to create challenging activities based on each child’s developmental level.

Cognitive Development

Cognitive development includes all things related to thinking and learning. In the early childhood stage, the focus is on problem-solving, memory, and language acquisition.



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Executive Function

One key area of cognitive development is called **executive function**. Executive function is the collection of processes that encompasses attention, working memory, and inhibition, and it develops between the ages of about 3 and 6 years. Attention is the ability of a child to focus on something, like carefully concentrating on a picture in a book. Working memory refers to the ability of a child to maintain several pieces of information in the mind for a short period of time. This could be recalling some items present in the picture in the book, like a tree, a bird, and a house. Inhibition is the ability to block out distractions, such as other background designs on the book or even the sounds of other children playing in the classroom. Development of executive function is key to building social relationships, acquiring, and maintaining learning, and eventual academic success. For example, if a child is going to learn how to add using blocks, she might have to first pay attention to the blocks in front of her, remember that she had three blocks on one side and one block on the other side, and inhibit the distraction of other toys on the table. All of these components come together with executive function. It is important to remember that because executive function is developing between the ages of about 3 and 5 years, young children do not have the ability to pay attention to things for long periods of time. Nor do they have the ability to remember multiple pieces of information or block out distractions. This is important when planning activities for young children. Setting the expectation that young children should sit at a table and focus on one activity will result in frustration for both children and teachers, as children will communicate their lack of executive function with a lot of wiggles and movement! This is healthy, and teachers should keep this in mind when planning activities that require concentration.

Children with Attention Deficit Hyperactivity Disorder (ADHD) need extra support to develop executive function, as concentration and inhibition are particularly difficult. Children who are in chaotic environments or those who have experienced toxic stress and trauma may struggle with the development of healthy executive function. Strategies that have been successful in promoting executive function are games and activities that practice concentration and task-switching. Such games need to be fun, not tied to punishment or reward. Deep breathing and meditation have also been shown to aid in the development of executive function for children who are struggling.

Problem-Solving

When children encounter a challenge, they learn to practice problem-solving. Problem solving involves assessing the problem, devising a plan, carrying out the plan, and reflecting on the outcome. Children may do this without actively knowing that they are carrying out these four steps. For instance, if a child is building a block tower on a soft carpet, it might be unstable and fall down. The child might think of a solution: get a tray or a large book to set on the carpet to create a flat surface. The child then gets the tray, builds the block tower, and then checks to see if it is wobbly or stable. Problem solved! Children solve many such problems each day during play. It is helpful for teachers to facilitate problem-solving by asking **open-ended questions**, or questions that do not have a yes or no answer. This type of question helps the child see the main features and problems in the situation, encourages thinking about solutions, and suggests solutions, all without giving the answer. An exchange might look like the following:

> Teacher: “It looks like your block tower is falling down a lot. I wonder why?”
>
> Child “Because the carpet is bumpy and soft”
>
> Teacher: “How can you make a more stable base for your tower?”
>
> Child: “I could put a tray underneath it!”
>
> Teacher: “Want to try that and see what happens?”

This exchange of open-ended questions helps the child learn to problem solve on their own. The use of the phrase “see what happens” encourages the child to engage in the fourth step of problem-solving, assessing the outcome. After all, a problem-solving strategy may not succeed, and the child might have to try something else. This is all part of the process of learning.

Theory of Mind

As young as 2 ½ healthy children start to figure out how other people are thinking and feeling. The study of this ability is referred to as theory of mind, a cognitive ability supporting social development. One of the hallmarks of theory of mind is the ability to pick up cues and understand the mental states of others. For example, if a child sees a friend crying, he might infer that the friend is sad. It is difficult for a young child to get out of their own head. Children see things from their own perspective and have a difficult time

understanding the perspectives of others. So, if a child is happily playing and sees another child crying, it takes some time before they can understand that what they are thinking and feeling is not the same as what others are thinking and feeling. It is clear to see the connection between this cognitive ability and building social relationships. Children with Autism have difficulty with theory of mind, and many children with Autism do not develop it at all. For this reason, Autism interventions include instruction on how to read the mental states of others.

Self-reflection

Self-reflection is the ability to think about one's own thoughts. This is sometimes referred to as **meta-cognition**, which develops between middle childhood and adolescence. However, during early childhood, there are signs of self-reflection, or thinking back on one's thoughts, Self-reflection is helpful in problem-solving and emotional development. If a child has solved a problem such as mixing the colors just right for a painting, the teacher might ask "Why did you decide to do it this way?" or "Tell me about why you chose to mix those colors?". This helps children to think through their process and helps them remember the strategy for next time. Self-reflection in early childhood is best facilitated by teachers using probing questions such as the examples above, but older children can engage in self-reflection through journaling or planned exchanges with peers.

Language

Language development is a very broad and rich area of development that encompasses much more than the scope of this section. Nevertheless, this section will highlight the key points of language development in early childhood.

Children learn to understand language in infancy through responsive interactions with adults. Adults should speak with and listen to infants starting at birth, making eye contact and using a gentle tone. When infants begin to babble, adults can take turns talking and letting the baby babble. This sets up the format for later turn-taking in conversation. Throughout childhood, children will usually understand more words than they can speak. As children begin to understand language, they can answer simple questions with a yes or no response by shaking their heads or using simple sign language. It has become a common practice to teach hearing infants a few common signs to facilitate communication earlier than when they begin speaking. Infants with hearing impairments can be taught sign language as soon as challenges are detected.

Books should be read and stories told to children starting in infancy, as this helps develop new vocabulary and creates a connection to literature that will later be important for learning. It also helps strengthen the relationship between the child and the adult. **Joint attention** is the action of a child and a caregiver focusing on the same object or concept at the same time. This shared experience helps to form new vocabulary. Children learn new words much more quickly and efficiently with joint attention than they ever could by viewing a video. In fact, there is evidence that suggests that television can actually hinder language development rather than help. Here is an example of joint attention in action.

> **Setting:** Teacher Tanisha and 18-month-old Sofia are looking out the window. Teacher Tanisha sees some autumn leaves falling from the tree.
>
> Teacher Tanisha: "Look Sofia, leaves are falling from the tree."
>
> [Sofia looks at the leaves]
>
> [Teacher Tanisha and Sofia look at each other and make eye contact]
>
> Sofia: Smiles and says "leaves!"
>
> This action has three steps: adult and child focus on the same object, adult and child make eye contact, and adult names the object. In this way, children add many new words to their vocabulary, the words are presented in a real-life context, and they strengthen social relationships with their caregivers.

Once children begin to speak, language use should be encouraged through open-ended questions and topics that interest the child. Songs, rhymes, and books are all effective and fun ways to encourage language, but everyday conversation is also helpful. Children like to be involved in the real-life daily activities of adults, so engaging a child while doing tasks around the classroom is a good way to support language. Mealtimes are another opportunity for language development, as eye contact is easy while sitting at a table.

When learning to speak, children will inevitably make errors with grammar and syntax. The best way to support language development is to model the correct grammar and word order rather than correcting the child. This avoids the embarrassment that might come with being called out on making a mistake, and language modeling is simply a better way for the brain to remember how to use grammar. An exchange might look something like this:

> Child: “After breakfast, I goed outside.”
>
> Teacher: “After breakfast, you went outside? How fun! What did you do outside?”
>
> Child: “I played with Weihua out there”

By using language modeling, the teacher provides an example of when and how to use the word in a certain situation, thus helping the child remember it the next time.



Image 3.1.3 Playing in Water is licensed under CC by 1.0

Social Development

Social development includes all things related to interacting with others. Parents, family, teachers, and peers all have special relationships with children, and those relationships are also related to one another. Teachers form relationships with parents, which benefits the child, and adults can facilitate communication between children. At the center of this is the child, who is driven to form relationships with adults and children alike.

Relationships with Caregivers

Infants begin to form relationships with caregivers at birth. Forming a strong relationship with a primary caregiver gives a baby a feeling of safety and security. The primary caregiver is typically the mother, but can also be the father, relative, or other main person in the infant’s life. Eventually, infants form relationships with secondary caregivers like relatives and teachers. Healthy relationships are characterized by things like reciprocal interactions, sensitivity to emotions, a warm, calm, voice, and lots of positive language. These are good ways to interact with children of all ages but are particularly important with infants as toddlers. Children may form preferences for particular caregivers and be upset when one is not available. Similarly, children around from about 9 to 18 months of age may go through **separation anxiety**, or a fear of being separated from their primary caregiver. This is normal, and children’s emotions should be respected during this time. They do not understand that their mother will return later, which can be upsetting. Teachers can provide support by recognizing the child’s emotions and providing physical comfort (if the child wants it). Using phrases like “I see you are sad that mommy has left” and “You are feeling upset right now” are helpful in supporting the child through the tough time.

Temperament

Temperament is a developmental characteristic that intersects social, emotional, and physical development, and because it has genetic underpinnings, it is thought to be “inborn”. When most people think of genetics, they think of physical traits such as eye

color or hair texture. While these are genetically inherited characteristics, genetics are also involved in a child's disposition, which can later become a key part of their personality. **Temperament** is an infant's regular way of reacting to their environment, and is categorized as either easy, difficult, or slow to warm up. This is measured by several factors including: smiling and laughter; regularity in eating and sleep habits; approach or withdrawal; adaptability to new situations; the intensity of responsiveness; general cheerfulness or unpleasantness; distractibility or persistence, and soothe-ability. Parents of multiple children often report how their first child's temperament differed from their second: "Jorge was so quiet and peaceful as a baby. He slept all day and never cried! Carlo on the other hand, fussed and cried all day. We thought he might never grow out of it!" It is important to know that babies of all temperaments can grow up to be happy, healthy, and balanced individuals.

Children's temperament does indeed impact their behavior as an infant and this is a good example of how children's genetic disposition can interact with their environment to help them develop. This is also an example of how different developmental domains can overlap. What is biological can also be social and emotional. The relationship between a child's temperament and a caregiver's personality is sometimes referred to as goodness of fit**.** If an infant has a difficult temperament, she may have frequent periods of intense crying, be difficult to soothe, and may not fall asleep easily. If she has a primary caregiver who is ready for a challenge and sees this baby as an individual who needs love and understanding, then they have a good "goodness of fit". On the other hand, if an infant has an easy temperament and a caregiver who does not share her sunny disposition, they may not have a "goodness of fit".

That is why it is important for caregivers of multiple children to be adaptable to multiple infant temperaments. Each child is an individual, and no child is better or worse than another. Further, there is no perfect temperament. Children are who they are, and it is up to the important adults in their lives to respect that and treat all children with love and care.

Relationships with Peers

As children grow and mature, they begin to show interest in other children. At first, it may be just a 10-month-old watching other children playing on a playground. This may not seem like much but observing older children at play lays the groundwork for later social interactions. Later, children will play with toys alongside one another, but not yet interact. Adults may be eager for children to form friendships with others, but this time of play is important for children to experience before they move into play involving rules and negotiation.

A great deal of peer relationship building is in the context of play. Play is, after all, the work of childhood, and this is what children spend most of their waking time doing. During play, children learn the rules of games, how to read a peer's emotions, and how to engage in social problem-solving. If a group of 5-year-old children are playing a game of hide and seek, younger children who are new to the game will quickly learn the rules from the others. If two children are playing with crayons and one takes the crayon from the other, the ensuing frustration will be evident. In this way, children learn to read the emotions of peers.

Perhaps the most interesting development is social problem-solving. When children encounter a conflict, it can disrupt their play, and if there is one thing, we know to be true about children, it is that they do not care for their play to be interrupted. This motivates both children to solve the conflict as quickly as possible in order to continue play. Take an example of two children playing in the kitchen dramatic play area. Both children want to cook, but there are only enough materials for one to stir the soup. A conflict arises, and in order to navigate this, the children decide that one will stir the soup and the other will chop the vegetables. This is an example of sophisticated negotiations and problem-solving. Both children need to regulate their emotions, come up with alternative activities, and decide who will do which activity. If they give up at any time during the process, then the game is over. This type of problem-solving behavior in the context of play is highly complex and takes a lot of practice. Teachers can facilitate this by stepping in to help regulate emotions, brainstorm alternative activities, or help decide who will do which activity, but only if it seems that the children need help.



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Emotional Development

Emotional development includes the development of emotions, emotion regulation, and a sense self. Emotional development is closely related to social development. They are so closely related, in fact, that some frameworks of child development refer to them as socio-emotional development or social-emotional development. In this section we will discuss some main areas of development that lean more toward the emotional side of things.

The Development of Emotions

When babies are born, they experience basic emotions such as contentment, interest, and distress. After a few months, they begin to experience fear, anger, happiness, and surprise. Later, when a sense of self develops, more emotions come along such as guilt, pride, and embarrassment. It is important for caregivers to allow children to express emotions freely and teach them to express them in socially appropriate ways. One good way to do this is through modeling. Teachers can express mild frustration and model strategies to overcome it. For example, a teacher may demonstrate frustration with difficulty opening a jar, and then take some deep breaths before asking another teacher for help. This is an effective way to teach children how to manage emotions. Another way is to read books that depict children overcoming difficult emotions so that children have a benchmark that they can relate to. Yet another approach is to encourage the expression of emotions through dance and art. Children may also act out emotions through pretend play. Providing children space and time to work through feelings in a pretend setting can be very helpful for the development of emotions.

Emotion Regulation

Emotion regulation refers to a child's ability to control or modify one's own emotions. It is closely tied to brain development. The underpinnings for emotion regulation begin in infancy with the infant's primary caregiver. When a baby cries for attention and is soothed by the caregiver, it sends signals to the brain which help it to calm down. With this repeated action of crying and receiving comfort from a caregiver, the baby's brain slowly learns the process of how to regulate emotions. This process takes a very long time, and more sophisticated emotion regulation occurs alongside executive function. This means that between the ages of 3 and 5 years, children are able to shake off frustrations in a socially acceptable way.

Children with ADHD can have persistent difficulty with emotion regulation, making it hard to succeed in school environments designed for typically developing children. These children need special support and understanding in order to work toward developing emotion coping strategies.

Creative Development

Creativity involves generating ideas in alternative ways. The **creative domain**, also referred to as the aesthetic domain, enables young children to explore and make artistic creations in various types of beauty and **includes the visual arts, music, and dramatic arts**. It encourages and engages curiosity, risk-taking, and imagination. In order to be creative, we, and children, need to feel that it is okay to make mistakes. Therefore, children need an environment that allows them to feel safe in taking risks and making mistakes along the way.

The creative domain equally contributes to young children's growth and development through each of the other domains. Art is a window to children's feelings and emotions- it allows them to express joy, sadness, fear, etc. They build self-esteem when they learn new skills or how to use a new medium.

The arts carry their own vocabulary- collage, stabile, assemblage, gallop, kazoo, monologue, etc.

Art contributes to the development of both large and small muscle skills in natural ways that children enjoy. When children are painting a large mural, at the easel, dancing, marching with instruments, waving a scarf, or performing a skit, they are using their gross motor skills. Fine motor development is strongly rooted in painting, coloring, gluing, cutting, playing instruments, and manipulating dramatic play accessories.

Finally, the arts require children to use symbolization to represent their thoughts, feelings, and opinions. Symbolism is a foundational skill to learning to read and write- to know that symbols have meaning and are a form of communication. It also requires children to:

- make decisions,
- problem solve,
- understand cause and effect,
- seriation,
- one-to-one correspondence,
- science,
- social social studies and culture,
- technology.

Open-Ended Art

How do open-ended art experiences offer so many opportunities for learning? Consider the difference between open and closed-ended questions. Close-ended questions tend to result in one-word answers and limit children's thinking. However, open-ended questions and prompts challenge children to use creative and critical thinking skills.



"Fall art and pinecones". is licensed by Heather Carter CC-BY-SA

This same concept applies to closed vs. opened ended art. Closed ended projects such as coloring in a coloring book or gluing pre-cut pieces to make a craft may support fine motor skills, but open ended art builds these skills *while* challenging children's creativity and critical thinking.

Reflection

What are some activities that you could create to support child development? On which developmental domains will your activities focus?

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3.2: What is Play?

Learning Objectives

By the end of this section, you should be able to:

- Define play and explain its key characteristics, including voluntary, enjoyable, and intrinsically motivating behavior.

Play is common in childhood, especially for young children, yet it is difficult to describe (Mardel, 2019; Piaget, 1962; Sutton-Smith, 1997). Nevertheless, the presence of play for young children and as part of early childhood education (ECE) has persisted over time (Piaget, 1973; Smilansky & Shefatay, 1990; Sutton-Smith, 1997). Play is also considered an aspect of developmentally appropriate practice (DAP) (National Association for the Education of Young Children, [NAEYC], 2020). Before you read further, take a moment to write down your description of play. In a few sentences or bullet points, how would you describe play? Save your notes so you can compare them with what is described in this chapter.

One reason play is difficult to describe is that it is creative and fluid. As they are playing children try things out and develop ideas. It is not planned. The children act, talk, and do. Play is also personal—the player engages based on their own knowledge, understanding, and experiences. Play is a series or set of behaviors and actions (Piaget, 1962). It involves all domains of development, social/emotional, cognitive, and physical. Play is also **extrinsic**—outside of and external to a person and observable and it is **intrinsic**—within and inside a person and not observable. This means there are aspects that are external and can be seen and some that are internal and difficult to see (Parton, 1932; Smilansky & Shefatya, 1990; Sutton-Smith, 1997; Vygostky, 1978).

Children make choices about what to play with, how to use the materials (toys), and whether or not there will be others involved. They make these decisions based on who and what is in the environment. For example, when he arrives and enters the classroom, four-year-old Joey plays with puzzles every day. When he gets to the program on Wednesday, he goes directly to the puzzle shelf and pulls down a puzzle. He glances over at three peers who are building a boat with blocks. Joey looks back and forth at the puzzle and the block building several times. Hesitantly, he sets the puzzle back on the shelf and goes over to the block area and says, “I am going to build a very big ship” and starts to build next to his peers’ boat. In this example, Joey is originally interested in working a puzzle, but the boat building also captured his attention. He pauses before he starts the puzzle and seems to think about what he wants to do. The behavior, of playing with puzzles or blocks, is observable and extrinsic. The decision-making is intrinsic, an internal cognitive and social/emotional process of making a decision about what he will do. A careful observer who has a relationship with Joey and knows him well could comment on Joey's motivation (Erikson, 1963), interests (Dewey, 1913, and thinking (Piaget, 1962; Vygotsky, 1978), however, these comments are only a hypothesis and Joey’s actions may change at any moment. This is the creative and fluid part of play—a young child's actions change due to shifts in interests, developmental levels, and various other reasons that are unseen. Play is complex and when you think about these things, you can see how it is difficult to describe.

Description of Play

Although play is complex, there are key components that can be used to describe it. Three words that have been used to describe play are: choice, wonder, and delight (Mardell, 2019). Play, even for infants and toddlers, includes choices such as deciding what to play, how to play it, and for how long they want to play. It also includes imagination and making up things that may be different from reality (Luckenbill, Subramaniam, & Thompson, 2019).

Joey, from the example in the previous section, makes his own decision about what to play. Wonder relates to curiosity—Joey is curious about what his peers are doing. The story of Joey’s play continues: Joey starts building his big ship and while doing so talks with his peers. They discuss how they are using blocks to build their ships and begin to discuss trips. Joey says, “If we are going on a long trip, we will need food!” He runs to the dramatic play area and brings back plastic food. Two more children join the play, and the ships are redesigned and enlarged so that the children can get on the ship, take a trip, and eat food. One person says, “Let’s go to dinosaur land!” The other children agree, and the journey begins. The children are focused, talking, and laughing at different ideas. The second part of the story shows delight. In this example, laughter is an obvious sign of delight, however, enjoyment and joy can be experienced in many ways and it is not always with laughter. The example also shows that the children are using their imaginations and making up ideas.

Reflection

Review your description of play and consider the three components of choice, wonder, and delight.

How does your description include (or not) these components?

Think of a time you saw child(ren) playing. How did you see choice, wonder, and delight?

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3.3: Types and Stages of Play

Learning Objectives

By the end of this section, you should be able to:

- Identify various types of play and describe their role in child development.



Figure **3.3.1**: Play [71]

Types of Play

As we think about play, it is important to remember that there are different **types of play** that children engage in. Quality teachers incorporate plans for each of these types of play throughout the day. They set up activities and plan experiences that will allow children to make sense of their world through each of these play modalities. While teachers keep all in mind, they often combine some of them to narrow down the areas and experiences they provide. A common framework used by teachers as they define areas and activities is as follows:

- **Socio-Dramatic Play**: Acting out experiences and taking on roles they are familiar with. Often incorporates Symbolic Play where children use materials and actions to represent something else.
- **Creative Play**: Trying out new ideas and using imagination, with a focus on the process rather than the product.
- **Exploratory Play**: Using senses to explore and discover the properties and function of things.
- **Constructive Play**: Using materials to build, construct, and create.
- **Loco-motor Play**: Moving for movement's sake, just because it is fun (Hughes, 2002).



Figure **3.3.2**: Constructive Play



Figure **3.3.3**: Creative Play



Figure **3.3.4**: Exploratory Play



Figure **3.3.5**: Socio-Dramatic Play



Figure **3.3.6**: Locomotor Play

Stages of Play

As with most things, the way that children play will go through developmental stages. As teachers plan, they keep in mind the stages of play relevant to the children they are planning for. Originally described by Parten (1932), this list, explains how children's play changes by age as they grow and develop social skills.

- **Unoccupied Play (Birth-3 Months)**: At this stage, a baby is making many movements with their arms, legs, hands, feet, etc. They are learning about and discovering how their bodies move.
- **Solitary Play (Birth-2 Years)**: This is the stage when a child plays alone. They are not interested in playing with others quite yet.
- **Spectator/Onlooker Behavior (2 Years)**: During this stage, a child begins to watch other children playing but does not play with them.
- **Parallel Play (2+ Years)**: When a child plays alongside or near others but does not play with them.
- **Associate Play (3-4 Years)**: When a child starts to interact with others during play, but there is not a large amount of interaction at this stage.
- **Cooperative Play (4+ years)**: When a child plays together with others and has interest in both the activity and other children involved in playing (Parten, 1932).



Pause to Reflect
Why might these stages be important to consider? How would you use this information in your planning?

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3.4: Play in the Early Childhood Classroom

Learning Objectives

By the end of this section, you should be able to:

- Explain the role of play in the early childhood classroom and how it supports both structured and unstructured learning experiences.

Play in the Early Childhood Classroom

Thus far in this chapter, play and its value for children have been described. Developmentally appropriate classrooms contain physical spaces with daily schedules that incorporate blocks of time for play (NAEYC, 2020). This includes time for indoor and outdoor play. Chapter 8 will address the environment but a few key aspects that relate to play are described in this section.

Indoors, children need time to get involved and fully engage in play, a minimum of 45 minutes. In a well-run classroom, children can engage in free play for up to one and a half hours. This gives children time to choose what they want to do and fully engage in play. It also allows for the opportunity for children to create through constructive play and use the creation in dramatic play. Imagine how disappointing it would be to create an elaborate castle but not have time to dress up and play in it! Additionally, children need the materials and space to create the castle. Lack of open-ended materials and not enough space can result in missed opportunities for creative play, which also means they are not benefiting from such experiences.

As previously mentioned, the OLE provides opportunities for differing types of play, especially vigorous physical activity (Engelen et al., 2018) and risky play (Keeler, 2020; Storli & Sandseter, 2015. Outside time is typically not considered recess and a “break” because young children are learning all the time. Instead of recess, play and engagement in the OLE can be considered additional opportunities and enhancement of indoor learning (Mustapa, et al., 2015).



Image 3.4.1 Outdoor Play is licensed under CC by 1.0

Weather is often given as a reason for not playing outdoors. Not going outside when it is raining or snowing can contribute to missed opportunities, similar to what happened with the castle example above. Although at first, it can appear as a daunting task to get children to put on outdoor gear such as raincoats, hats, mittens, and boots, it becomes part of the routine as well as presents opportunities for practicing fine motor and self-help skills. The rain that is often present in the Pacific Northwest is a wonderful resource for play! Water makes mud which can be used in making pies and soups, and especially for children who enjoy sensory and pretend play.

Allowing children to use the environment, especially outdoors, is also a challenge for teachers. This can relate to weather, such as playing in puddles, as well as with using items from the environment. Loose parts such as sticks, rocks, and wood chips can be

added to soups and pies (perhaps made with water and mud) and can be used in other ways. Children use items in the environment for dramatic play. One teacher described the children using wood chips as food for playing restaurant, specifically Happy Meals at the McDonald's drive-through. The outdoor playhouse was the building; children served the wood chips to other children (and teachers) as they walked or rode bikes to the drive-through (M. Naw, personal communication, January 15, 2021). Another teacher described how the children would organize themselves to re-enact the story of the Three Billy Goats Gruff using a log as a bridge for the troll (T. Sy, personal communication, December 28, 2020). Both teachers said the children played these storylines many times and each time the play included more than one child and was done outdoors, but not indoors. Additionally, stationary items such as large rocks and logs can be used for physical and risky play.

The early childhood classroom, indoors and out, should be an environment that is rich with opportunities for play. Chapter 8 will address the environment. As you read the chapter you can think about how environmental design creates opportunities for the different types of play.

Issues & Challenges with Play

Although children all over the world play (Carlsson-Paige, 2013), some face challenges in doing so. Take a moment to think about what play involves, especially constructive and dramatic/socio-dramatic play. To construct, children need to know about the materials and how to put them together, have the physical development to work with the materials, use creative thinking, and stay on task. To engage in dramatic play, they need to have a topic to play (cooking, airplane, boat, family, etc.), use creative thinking, and if socio-dramatic they need to be able to follow the storyline, self-regulate, and sometimes the skills need to enter a group. An additional type of play that has been gaining attention is risky play involves understanding one's own skills and the emotional willingness to try something challenging (Keeler, 2020). This list of skills and abilities is a general list, and it is lengthy! You can imagine what it takes to engage in play and that some children face challenges.

Some of the common challenges and issues children face with play can be grouped into three categories: materials, language, and other. These categories were created as a way of explaining the challenges. The descriptions in each category are not comprehensive. The purpose is to give the reader a general idea of reasons children may struggle with play, especially in an early childhood classroom.



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Often children use materials and toys when they play. As you have read about in this chapter, during exploratory play children explore and gain an understanding of materials, and in constructive play, the materials are used purposefully. As infants and toddlers, they look at, move around, and try to work with the materials. One issue that can arise is when infants and toddlers do not take initiative and explore with materials.

Sometimes older children have difficulty using materials. This may be because they have limited experience with the materials, therefore they need time to engage in exploratory play. It also could be that a child needs support to learn to use the materials purposefully. Most children gain a sense of using materials through exploratory play, but some do not. An example is a four-year-old who would touch pieces together, but never connect or build. He did this with Duplos and any other type of toy that connected

together. His “play” with the materials lasted about two minutes and then he’d throw the toys. This frustrated his peers. Often, this child would engage in inappropriate behaviors to gain attention. The situation was resolved when the teachers took the time to play with him and show him how to work with the materials. Once he knew what to do with the materials, he could purposefully engage. He needed the support of the teachers to gain an understanding of the skills needed for using the materials.

Language, the second category listed above, may not be as easy to see as the challenges with materials. When children play with peers, in constructive or socio-dramatic play, they communicate and most often do so through words. Children need to be able to talk to and understand what peers are saying. **Expressive language** is talking so a person knows what is said and saying it in a manner that makes sense. **Receptive language** is understanding what is being said. Both expressive and receptive language are a part of play with others, especially socio-dramatic play.

Children usually start to engage in cooperative play (Parten, 1932) at about three years and have the speech and language to communicate effectively. Some children do not have this level of speech and language. If a child struggles with saying words, doing so in a way that others can understand, and/or following what is being said, it makes it difficult and frustrating for the child. Children can be very accepting of one another, but the child who is struggling knows that peers do not understand what is being said or feels confused by what is going on. This area is one of the more challenging areas for teachers because it can be difficult to intervene. When adults enter, children’s play often changes. There is a fine line between interrupting and changing the play versus supporting it and a child who may be struggling. It is not within the scope of this chapter to address interventions, rather the point is to bring awareness that children can struggle with play and that adult support is needed.



Image 4.3.3 Cooperative Play is licensed under CC by 1.0

In addition to materials and language, there is the “other” category. This category is broad and includes physical challenges, such as sitting in a wheelchair with limited access to the play area, not being able to see or hear, or other motor challenges that get in the way of playing. A child may not fit into an area or may have coordination difficulties and knock over what is being built. Some interventions for physical challenges can be addressed with environmental design. As you read Chapter 8 you can keep physical challenges in play in your mind. You may start to see the significance of intentionally designed environments and the complexities teachers face in doing so.

The other category also includes not playing for various reasons such as: wandering, flitting about rather than sustaining play, staying in the onlooker stage (Parten, 1932) rather than eventually joining, and being rejected from play. This is a list of common challenges and it is not comprehensive. For each of these reasons, teacher support targeted to help the child gain the needed skills, is beneficial. Once again, it is beyond the scope of this chapter to fully address challenges in play and how to foster and support children, rather this chapter will give the reader an idea of play in an early childhood classroom.

Rejection is worth a special mention because it happens and it can be overlooked in a busy early childhood classroom, especially in a full-day program in which children are there for eight or more hours. In kindergarten through third-grade classrooms where children go outside for recess and often play with peers, it can easily go unnoticed. Play, especially cooperative play (Parten, 1932), takes a lot of work. It can be quite difficult when there are more players, which means more roles and more ideas. It also means more personalities and more negotiation. A well-known author, Vivian Gussin Paley, regarding children’s play pondered inclusion and specifically wrote “…the rejected children know who they are, whether or not they tell us” (p. 15). From years of experience, I have to agree. I have a vivid memory, from 17 years ago, of a mother reporting that her child was upset about a peer moving to a new school. Her child rarely interacted with the one who moved, so she asked why he was so concerned. His reply “Because he is

the mean kid, just like me. We both have no friends to play with." I think this underscores the importance of teacher observation, assessment, and support during children's play.

Rejection and the other challenges children face with play are a concern. Not only is it sad to hear about rejection, but the result is also—as with any other reason a child does not play—that a child is not fully participating in the classroom. Play is a part of the curriculum (NAEYC, 2020) and all children need classrooms that allow for full participation and engagement.

Reflection

Think about a time you observed or heard about that indicated a child was struggling with play. What do you think was happening—what were the challenges the child was facing?

Final Thoughts

Play is a key aspect of the early years. There are differing types of play, some of which are very complex such as cooperative play. Many children progress through differing stages and types of play, including as exploratory to constructive, but some need support because they face challenges. Children's play may be entertaining and amusing, but an understanding of it allows teachers to see the value and role of it in the early childhood classroom. A well-designed environment allows for play and is the topic of the next chapter.

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3.5: What Children Learn Through Play

Learning Objectives

By the end of this section, you should be able to:

- Explain what children learn through play, including cognitive, social, emotional, and physical skills.

Just like the “whole child” is often broken down into developmental domains for studying, so too is learning. Many aspects of learning occur simultaneously; it is integrated and connected. To define learning we often break it into categories. Because the connection between play and learning is so important, the way it is broken down exists in many forms, including assessments, planning resources, and the frameworks and foundations mentioned above. Figure 3.5.1 is a compilation of such skills, compiled by Eyrich (2016) tying development into learning.

Figure 3.5.1: What Children Learn Through Play

Domain	How it is tied to learning
Physical	• Personal care (hygiene, feeding, dressing,) • Nutrition • Safety • Motor (Movement) Skills ◦ Active physical play ◦ Perceptual-motor (senses, effort, direction,) ◦ Gross (large) motor (running, throwing, …) ◦ Fine (small) motor (hands, fingers, feet, toes)
Cognitive	• Cognitive approaches to learning and self-regulation ◦ Maintain attention ◦ Self-comfort ◦ Curiosity and initiative ◦ Self-control of feelings and behavior ◦ Engagement and persistence • Skills of inquiry ◦ Observe, investigate, document, communicate • Knowledge of the natural/physical world ◦ Understanding properties and events • Cause and effect ◦ Understanding the relationship between cause/effect • Classification ◦ Learning the attributes of objects by exploring ◦ Compare, match, sort, categorize ◦ Finding similarities and differences ◦ Symbol • Number ◦ Understanding quantity (amount, degree) ◦ Assigning a numerical symbol to quantity ◦ Counting • Measurement ◦ Awareness of difference in properties ◦ (size, length, weight, capacity, volume) ◦ Seriation (order 3 or more by comparison) ◦ (small/medium/large, loud/louder/loudest) ◦ Time (sequence of events, rhythm, yesterday/ tomorrow) • Patterning ◦ Recognize, reproduce, repeating sequences • Spatial relationships Experiences an object’s position in relation to others
Language	• Symbol/symbolic reasoning ◦ Sounds and letters are put together to represent things • Receptive language ◦ Listening, understanding, responding • Expressive language ◦ Speaking, communicating, conversation • Graphic (written) language/literacy ◦ Interest in print & books, phonology, pre-reading, reading ◦ Symbol, letter, print knowledge, pre-writing, writing

Social	• Skills learning with adults ◦ Can stay at school without parent ◦ Can respond/enjoy adults other than parents ◦ Adults will help in times of need ◦ Adult will not always solve problems • Skills learned with peers ◦ Different approaches work for different peers ◦ Cooperation and turn taking ◦ Lead and follow ◦ Sustain relationships and helping peers ◦ Share materials, equipment, people, ideas ◦ Asserting rights and self defense ◦ Negotiating skills and solving conflicts ◦ Anticipate and avoid problems ◦ Realistic expectations and valuing differences • Skills learning in a group ◦ Respect ◦ Responsibility ◦ Compassion ◦ Tolerance ◦ Group identity ◦ Follow and adapt to routines and expectations ◦ How to enter and exit situations ◦ Deal with delay of gratification (patience) • Skills learned as an individual ◦ Self-help and self-care ◦ Make choices and initiate own activities ◦ Cope with rejection, hurt feelings, disappointment ◦ Take responsibility
Emotional	• Ability to deal with feelings ◦ Notice, label, and accept feelings ◦ Express feelings in appropriate ways ◦ Deal with feelings of others ◦ Resolve inner fears, conflicts • Ability to exercise judgment ◦ Notice, label, and make choices ◦ Think through consequences ◦ Evaluate effectiveness of choices ◦ Learn to take another viewpoint • Enjoying one’s self and one’s power ◦ Acquire a sense of self ◦ Develop self-confidence and self-esteem ◦ Build trust in self and others ◦ Reveal own personality ◦ Learn to take risks & learn from mistakes ◦ Become competent in several areas
Creative	• Flexibility (shifting from one idea to another) • Fluency (producing many ideas) • Sensitivity (awareness of moods, textures, senses) • Imagination / Originality • Risk Taking / Elaboration (pushing boundaries)

	• Self as a resource (awareness, confidence in ability) • Experience (to build mastery to build upon) • Visual and Performing Arts

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CHAPTER OVERVIEW

4: Early Childhood Professionals

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4.1: Defining terms - A vocabulary for discussing professionalism

Learning Objectives

By the end of this section, you should be able to:

- Define key terms related to professionalism in the early childhood education field and explain their relevance to professional practice.

Understanding terminology is a helpful way to start an investigation of professionalism in ECE. The terms *profession* and *professional* are used frequently in our everyday conversations. But our common usage of the term does not ensure that we understand what these terms mean as we apply them to our work as educators.

In our work life, we may use the term *professional* to refer to the fact that we are committed to doing our jobs well, that we are good employees (punctual, respectful to colleagues, dress appropriately), that we provide reliable and competent service, or it may simply mean that we get paid for what we do (Feeney, 2012). You might use the term *professional* as a compliment, indicating that you see that person as being good at their job.

While we may use the term professional as a verb to describe how we behave at our jobs, it is important to note that a body of scholarly literature exists in which academics from various disciplines have discussed the meaning of these terms.

In this section, we will further define terms that assist in understanding the conversation about ECE becoming a profession.

Field

You have likely heard a reference to the "field of ECE". Calling ECE a field allows us to create a boundary around what we mean by ECE; it allows for defining what fits into this category. Similarly, you have probably heard mention of those who work in the business field, the medical field, etc. As Goffin and Washington (2019) suggest, the term **ECE field** describes all of the programs, services, and occupations that currently reside within the boundary of what we call ECE—childcare, either in centers or family childcare homes; preschool; and care for infants and toddlers, for example.

Field of Practice

A **field of practice** refers to a specialization or a defined scope of work undertaken by an identified group of practitioners. It is a term often used in defining specialties in medicine or social work. Stacie Goffin has also applied the term "field of practice" to ECE (Goffin & Washington, 2019; Goffin, 2015). A field of practice, according to Goffin, indicates the roles that directly focus on the learning and development of children. In other words, the ECE field of practice refers to those who do the work of educating and facilitating development. Calling ECE a field of practice allows for defining the focus—the learning and development of young children. Naming it as a field of practice also highlights that the field's main objective is competent practice and suggests that we understand what it means to competently educate young children. In sum, the ECE field of practice is populated by those who do the work of direct service to children, which also assumes a level of competent practice to be successful.

Profession

The term **profession** is commonly accepted to mean an "occupation that serves the public welfare and that requires specialized educational training in some branch of learning or science" (Feeney, 2012, p. 6). Thus, a profession requires specialized education not held by others**,** and serves a public good, as opposed to serving one's self-interest alone (i.e., simply getting a paycheck).

Professionals

If a profession is an occupation that serves a public good and requires education, a **professional** is the inhabitant of a role in that occupation—the person who does the work of the profession. Applying the definition of profession just shared, a professional is a person who has made a commitment to serve the public good related to that field and has achieved the educational requirement necessary to play that role. In the field of ECE, it is common to hear about efforts to *professionalize* the field. This often refers to incremental efforts to improve the practice of individuals, rather than being about system-wide efforts to meet the full definition of a profession.

A large body of academic literature has identified the defining features of a profession. Although there is not complete agreement on these features, some appear frequently and are accepted as critical markers. Feeney (2012) identifies 8 criteria that are common in the literature about professions. Table 1 describes them.

Table 4.1.1 Criteria for Defining a Profession

Criteria	Details of Criteria
Specialized body of knowledge and expertise	• Evidence-based knowledge (grounded in research and scholarship) • Skillful application of knowledge • Obligation to stay informed about new information
Prolonged training	• Acquisition of evidence-based knowledge through training/education that occurs over time • Includes study and practical experience
Rigorous requirements for entry to training and eligibility to practice	• Admission to training programs is competitive • Graduation from training may be followed by an exam • Go through the background screening required for licensure
Standards of practice	• Follow standards to ensure competent practice • Make decisions on the basis of standards (practice is not "cookie cutter")
Commitment to serving a significant social value	• Dedicated to public interest • Altruistic and service-oriented
Recognition as the only group in the society who can perform a function	• No other group can perform this function • Only those with credentials, training, and licensure can play this role
Autonomy	• Self-governed • Internal control over the quality of services provided—national organization provides
Code of ethics	• Obligations to society spelled out • Moral behavior for practice codified • Instills confidence that public good will be prioritized

Reflection

How do you use the terms *profession* and *professional*? Do they mean different things to you? Do you see yourself as a professional in your work with young children? Why is that?

Reviewing the list of criteria, consider if ECE meets enough of these criteria to be labeled a profession. If you are not sure if ECE meets enough of them, imagine what ECE would look like if it met all or many of these criteria.

ECE as a Profession

In recent years, many have questioned whether ECE meets the definition of a profession (e.g., Feeney, 2012; Goffin, 2013, 2015). There seems to be a consensus that it currently does not, and a review of the list in Table 1 provides evidence that this conclusion is accurate. While ECE has developed some of the characteristics above, not all are currently in place. For example, a Code of **Ethical Conduct**, put forth by the National Association for the Education of Young Children (NAEYC, 2011), has been in existence for several years, though there is no universal requirement that ECE practitioners are aware of or abide by this code. Similarly, in terms of standards of practice, many states have adopted a set of guidelines defining the skills and knowledge necessary to provide quality childcare. However, each state can define these guidelines as they see fit, and a wide variety of

licensing requirements can be found across the US. As guidelines, they carry no authority over the continued practice of a practitioner who chooses not to follow them.

Moreover, these competencies are often set by the state legislature and defined by the state agency responsible for childcare licensing, rather than being defined and agreed to by the profession. This fact points to the absence of autonomy. Having autonomy is another marker of a profession. Licensed childcare, a central mode of delivery in ECE, is heavily regulated by the state, rather than by the profession, providing notable evidence for the lack of autonomy in ECE, another critical feature in a profession.

Further, prolonged training with rigorous entry requirements is not required for entry into ECE with any consistency. Similarly, too many in the general public still view childcare as "glorified babysitting". All this to say, ECE is recognized as being based on specialized knowledge, or that there exists a particular set of practitioners who alone can do the work of ECE.

This analysis should make it clear that ECE has work to do before it can claim the title of **profession** and before those engaged in this work can claim to be **professionals**. Identifying this reality has not, however, made it easy for ECE to move toward the status of a profession. While numerous efforts have aimed to solve the problem, no large-scale success has been achieved. Early childhood educators remain unrecognized for the significance of their work, remain under-compensated, the field of early childhood education remains fragmented and siloed with no clear definition of its boundaries, and little specialized knowledge is required for entry (Institute of Medicine and National Research Council, 2015).

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4.2: Who Are The Professionals?

Learning Objectives

By the end of this section, you should be able to:

- Identify the diverse roles and responsibilities of professionals in the field of early childhood education.

Who are the teachers?

As can be imagined, the people that are called to teaching are diverse indeed. Each brings their own set of strengths, interests, beliefs, and experiences. There is no “one right way” to teach; no magical guide you can refer to that will tell you exactly what to do in every situation. Every teacher will approach circumstances differently and this is both the joy and the trial of teaching. Your “why” will determine much of what you do. This will blend with your knowledge, experiences, and dispositional traits to guide you on your teaching journey.



Figure 4.2.1 A teacher in action

Keep in mind that “teaching” may look very different with different age groups. While the forming of relationships will lie at the core of all quality teaching, the interactions, roles, and duties will vary tremendously. We encourage you to spend some time with different age levels to get a feel for your best “fit”.

Who are the other professionals supporting children?

Some of you may think you want to work in some way with children and families, but may not be sure that “teaching” is the right fit for you. Many experts will recommend starting as a teacher assistant or teacher, regardless of your later plans. That is because this experience will prove a valuable addition to whatever career you pursue in the field. However, there are many professionals supporting children (Stephens et. al, 2023).

Table 4.2.1 Other Professionals in the Early Childhood Field

Area	Careers
Child Development Focus	• Teacher Aide • Assistant Teacher • Associate Teacher • Teacher** • Master Teacher • Site Supervisor • Program/Center Director • Early Childhood Special Education Teacher** • Curriculum Coordinator** • Infant Specialist • School Age Specialist • Owner/Operator of an Early Childhood Program • Licensed Family Child Care Provider
Elementary Settings	• Instructional Aide • Credentialed Teacher** • Transitional Kindergarten Teacher** • Early Childhood Special Education Teacher** • Afterschool Program Staff • Afterschool Program Coordinator
Adult Education and Training	• Child Development Trainer** • Community College Instructor** • Infant/Toddler Certified Trainer** • Parent Educator** • Vocational Educational Instructor**
Community and Social Services	• Parks and Recreation Aide • Parks and Recreation Program Supervisor • School-age Enrichment Program Staff/Leader • Child Life Specialist** • Community Care Licensing Analyst • Family Services Advocate • Resource and Referral Specialist • Early Intervention Specialist** • Home Visitor • Project/Program Administrator in Child Related Agencies** • Early Childhood Mental Health Specialist** • City/County Child Care Coordinator**

Other Related Work Options	• Child Development Researcher** • Child Care and Development Consultant • Playground Designer • Sales/Marketing for Early Education Materials • Child and Family Public Policy Specialist • Pediatric Nurse** • Pediatrician** • Family Therapist**

**These positions usually require a bachelor's degree and additional training

Who will be with me?

One of the wonderful aspects of our field is that you are rarely alone. In addition to the children and families, you will have colleagues who can support your journey. You may find yourself working with any or all of the following (Stephens et. al, 2023):

Table 4.2.2 Who Professionals May Work With

Role	Description
Director / Manager / Principal	Usually runs the day to day operations, oversees teaching staff, involved in hiring, provides resources and support, budgeting.
Office Staff	Keep records, handle paperwork, phone calls, administrative support.
Team Teacher / Assistant/Aide	Additional person you will collaborate with in your classroom. It's common practice to provide support for each other, offer a variety of role models for children and families, offer different strengths.
Specialists	Sometimes a specialist works in the classroom with individual children or the group. Usually providing specialized services in Occupational Therapy (OT) (life skills), Physical Therapy (PT), Speech and Language, or Behavioral Intervention they may be part of the teaching team all day or for brief segments throughout the week.
Other Staff Members	From time to time, you may work with custodians, food service providers, health specialists, and others performing duties related to the classroom.
Volunteers	Family or other community members working in a variety of capacities as part of the teaching team.
College Students	From time to time college students may work in the classroom as part of their training.

In addition to the above list, we encourage you to find a mentor or coach, someone you can turn to with questions or when you need support. In the field of early childhood, many of us "pay it forward". Someone provided support for us when we were new to the field with the understanding that we would do the same when our time came. Most early childhood teachers are kind, caring professionals who want to see you succeed. Each time you succeed, our field succeeds and the children and families we work with receive the quality experiences they deserve. Ask your instructor or another resource if they know of any formal or informal mentor programs in your area.

References

Stephens, C., Peterson, G., Eyrich, S., & Paris, J. (2023). *ECD Principles and Practices*. LibreTexts. Retreived March 26, 2024: https://socialsci.libretexts.org/Cou...er/2.03%3A_Who

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4.3: Skills, Responsibilities, and Qualities

Learning Objectives

By the end of this section, you should be able to:

- Describe the essential skills, responsibilities, and personal qualities that contribute to effective practice as an early childhood professional.

Introduction

In the realm of early childhood education, professionals are tasked with a multitude of responsibilities that require a unique blend of qualities and skills. From fostering a nurturing environment to promoting cognitive and emotional development, early childhood educators play a pivotal role in shaping the foundation of a child's lifelong learning journey. In this section, we delve into the essential qualities, skills, and responsibilities that define a successful early childhood professional, highlighting the crucial role they play in supporting the holistic development of young children.

Qualities

In the dynamic landscape of early childhood education, the role of the professional should embody a diverse array of qualities that go beyond mere expertise.

Self-awareness

Self-awareness refers to the *ability to understand one's own thoughts, values, emotions, behaviors and feelings* (Sutton, Williams & Allinson, 2015). In the context of early childhood professionals, self-awareness plays a crucial role in recognizing, understanding, and responding to:

- attitudes, biases, and beliefs that may influence their interactions with children, families, and colleagues;
- their personal and professional strengths and areas for growth to seek ongoing training, mentorship and professional development opportunities to enhance skills and effectiveness in supporting young children's development;
- a developed sense of empathy and emotional intelligence to connect with children on a deeper level, understand their perspectives, and respond to their needs with sensitivity and compassion.

Knowledge and skills

Knowledge *provides the foundation upon which skills are built.* Early childhood professionals need a deep understanding of child development theories, early learning principles, curriculum frameworks, and best practices in working with young children. This knowledge equips them with the understanding of children's needs, the ability to plan developmentally appropriate activities and environments, and the insight to recognize and address developmental milestones and challenges.

Skills *encompass the practical abilities and competencies required to implement this knowledge effectively.* Many of the professional skills early childhood professionals must possess are shared earlier in this section.

Professional Code of Ethics and Conduct

A **professional code of ethics and conduct** *provides guidelines for how early childhood professionals should behave, including resolving ethical and morale dilemmas encountered in the field* (NAEYC, 2011). It emphasizes honesty, respect, and putting children's well-being first. This code covers things like treating everyone fairly, keeping information private, and being aware of different cultures. Having and following a professional code helps create safe and caring environments for children to learn and grow.

More information will be covered on this topic later in the chapter.

Life Long Learner

Being a **lifelong learner** *means continually seeking new knowledge, skills, and experiences throughout one's life*. In the context of early childhood, embracing a mindset of lifelong learning is essential for staying up-to-date on the latest research, trends, and best

practices in the field. Lifelong learners are curious, open-minded, and proactive in seeking out opportunities for professional development, whether through formal education, workshops, conferences, or self-directed learning. By remaining curious and adaptable, early childhood professionals can continuously improve their practice, better meet the evolving needs of children and families, and enrich their own personal and professional growth journey.

Professional Affiliations

Professional affiliations refer to *organizations or associations that early childhood professionals join to connect with peers, access resources, and stay informed about developments in their field.* These affiliations offer professionals opportunities to enhance their skills, stay current with industry trends, collaborate with others to promote and advocate for high-quality care and education for young children. Some notable organizations include:

- The National Association for the Education of Young Children (NAEYC)
- Division for Early Childhood of the Council for Exceptional Children
- Childhood Educational International
- Resources for Infant Educarers (RIE)
- National Head Start Association
- Society for Research and Child Development
- National Association for Family Child Care

Professional Skills

Effective Communication: Being able to communicate clearly and effectively with children, parents, colleagues, and other stakeholders is essential for building strong relationships and ensuring productive interactions.

Patience and Empathy: Patience is key when working with young children, as they may require time and repetition to grasp new concepts. Empathy allows professionals to understand and respond to children's emotions and needs in a supportive manner.

Collaboration and Teamwork: Early childhood professionals often work as part of a team, including other educators, administrators, and support staff. Collaborative skills are essential for effective teamwork, planning, and problem-solving.

Creativity and Adaptability: Being creative in designing engaging learning experiences and activities, as well as being adaptable to changing circumstances or individual differences, are vital skills for fostering a dynamic and inclusive learning environment.

Cultural Competence: Understanding and respecting cultural diversity, including children's backgrounds, languages, traditions, and family structures, is essential for creating inclusive and culturally responsive learning experiences.

Problem-Solving Skills: Early childhood professionals encounter various challenges and obstacles in their work. Strong problem-solving skills enable them to identify issues, analyze root causes, and implement effective solutions to support children's learning and well-being.

Organization: Keeping track of lesson plans, schedules, assessments, and other administrative tasks requires strong organizational skills. Being well-organized helps professionals manage their workload efficiently and maintain a structured and effective learning environment for children.

Responsibilities

Table 4.3.1 Responsibilities and Professional Skills in the ECE Field

Responsibility	Defining in the ECE Field	Primary Professional Skills Needed
Interactions	Being able to work and communicate with children and/or their families. Interactions occur both in and out of the classroom.	• Communication • Empathy • Understanding • Cultural Competence • Knowledge
Managing Different Temperaments	Managing different temperaments refers to the ability to understand, accommodate, and respond effectively to the diverse personalities, behaviors, and emotional tendencies exhibited by children in an educational setting. Children have varying temperaments that influence how they interact, communicate, and respond to different situations.	• Observation and Assessment • Understanding • Knowledge
Setting the Tone	Establishing the overall atmosphere and approach that shapes the learning environment and interactions among children and professionals. This involves creating a positive, nurturing, and engaging space where children feel safe, supported, and motivated to explore, learn, and interact with others. It It includes aspects such as: • creating clear expectations for behavior, • using positive language and reinforcement, • fostering a sense of curiosity and discovery, • promoting respectful interactions among children and adults, and • creating a structured yet flexible environment that caters to children's individual needs, interests, and developmental stages.	• Communication and Active Listening • Cultural Competence • Flexibility • Knowledge • Collaboration • Creativity
Planning and Executing Activities and Experiences	As professionals progress through the day, their interactions, management, and sensing of the tone inform both a conscious and unconscious (Gordon & Browne, 2007) evaluation of what is happening and what to do. The process by which professionals plan and execute activities and experiences is rooted in these evaluations.	• Knowledge • Observation and Assessment • Collaboration • Problem-Solving • Adaptability
Keeping Records	including observations and assessments on children's development	

References

National Association for the Education of Young Children. (2011). *Code of Ethical Conduct and Statement of Commitment*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/Ethics%20Position%20Statement2011_09202013update.pdf

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4.4: National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct (May 2011)

Learning Objectives

By the end of this section, you should be able to:

- Summarize the key principles and core values outlined in the NAEYC Code of Ethical Conduct.
- Explain how the NAEYC Code of Ethical Conduct guides decision-making and professional behavior in early childhood education.

NAEYC Code of Ethical Conduct

The following information is adapted from Julian et.al's *Introduction to Early Childhood Education* (2023).

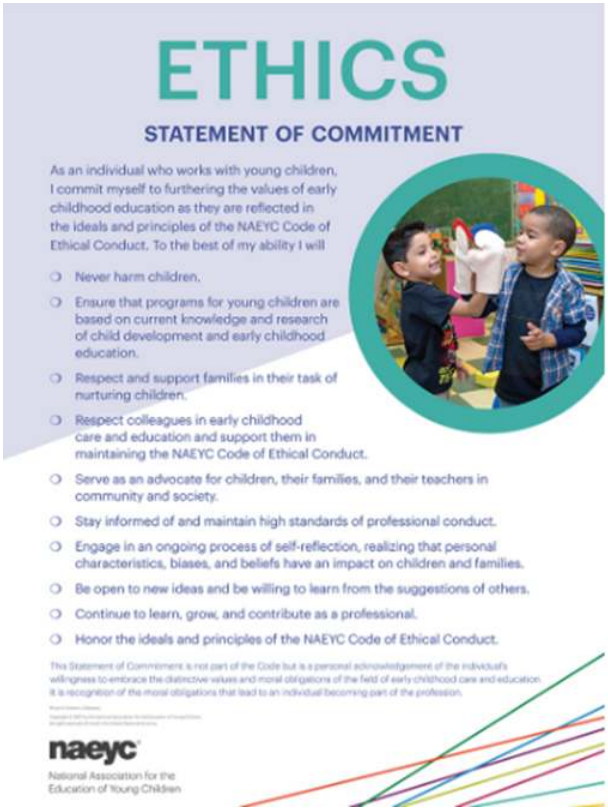


Image 4.4.1 Code of Ethics Statement of Commitment NAEYC

A common characteristic of professions is that they have a document spelling out the moral responsibilities to society and guiding principles for professional behavior. Because a profession is viewed as a group that can uniquely perform an important social need, and because often the service is provided to a vulnerable population, it is critical that there is a clear statement about how ethical behavior is defined. Without that, the power that resides with the professional role has the potential for exploitation of the population being served.

Although the field of early childhood education is still striving to be viewed as a profession, it has had a code of ethics since 1989, but began the work to develop a code at least 10 years prior to that (Feeney & Freeman, 2018). Beginning in the mid-70s, **NAEYC** leadership was advancing efforts to develop a code, with a code of **ethical conduct** adopted in 1989. The code was updated in 2005 and most recently reaffirmed and updated in 2011. The code exists as one of several *position statements* that NAEYC has adopted as guides to assist early childhood educators in making informed decisions on issues facing the field/profession and promote dialogue on the issues using a common language provided by the statement. All NAEYC position statements, including the Code of **Ethical Conduct** in its entirety, are available on the association's website, naeyc.org. The code is focused on early childhood

educators—those working directly with children and families. Supplements have been written to apply the code to the work of Early Childhood Program Administrators and Early Childhood Adult Educators as well. Multiple articles in NAEYC's publication *Young Children* have addressed the use of the code, providing professionals with numerous opportunities to practice applying the code to real situations faced in the work of early childhood education.

Structure of the Code of Ethical Conduct

- The NAEYC Code is organized by several components:
  - Core Values
  - Appreciate childhood as a unique and valuable state of the human life cycle
  - Base our work on knowledge of how children develop and learn
  - Appreciate and support the bond between the child and family
  - Recognize that children are best understood and supported in the context of family, culture, community, and society
  - Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
  - Respect diversity in children, families, and colleagues
  - Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect
- Conceptual Framework
  - The framework is an organizing structure for the code. It is divided into four sections that address an area of professional relationships: with children, with families, among colleagues, and with the community and society. Each section includes an introduction to the primary responsibilities of the professional in that setting. Each section also lists a set of ideals and principles.
  - **Ideals** are aspirational. They represent what we strive for as we do our work with children and families; they are our goals. **Principles** are more concrete—they could be considered the objectives that allow us to achieve our goals or aspirations (ideals). The principles guide conduct and help professionals resolve **ethical dilemmas**. **Ethical dilemmas** are "moral conflicts that involve determining how to act when an individual faces conflicting professional values and responsibilities" (Feeney & Freeman, 2018, p. 19).
- The four professional relationship areas:
  - Ethical Responsibilities to Children
    - The first section focuses on the profession's beliefs about the unique and valuable nature of childhood and the vulnerability of this stage of development. Consequently, early childhood educators have the responsibility to ensure the safety, health, and emotional well-being of children. Moreover, this section of the code addresses the profession's commitment to respecting individual differences, to helping children learn to cooperate with peers, and to the promotion of children's self-awareness, competence, self-worth resiliency, and physical well-being.
    - The first section contains 12 ideals and 11 principles (note there is not a 1 to 1 correspondence of ideals to principles). The first principle is identified as taking precedence over all the others in the Code:
    - "Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitive, or intimidating to children" (NAEYC, 2011).
  - Ethical Responsibilities to Families
    - The second section addresses the responsibility to the families served by early childhood educators. Given the belief that the family is of primary importance, and that the family and the teacher have a common interest in the child's well-being, educators have a responsibility to communicate, cooperate, and collaborate with the child's family. The second section contains 9 ideals and 15 principles.
  - Ethical Responsibilities to Colleagues
    - The third section of the code addresses responsibilities to colleagues. This section is divided into two subsections, one focused on responsibilities to co-workers and one related to responsibilities to employers. The responsibility to colleagues is to establish and maintain relationships that support productive work and professional needs. The focus here is on trust, confidentiality, collaboration, and respect for the dignity of each human. It also includes responsibility for

holding co-workers and employers accountable for their own professional **ethical conduct**. The first subsection contains 3 ideas and 4 principles and the second contains 2 ideals and 5 principles.

- Ethical responsibility to Community and Society
  - The final section of the code recognizes the responsibility of the educator to provide programs that meet the diverse needs of families, to assist families in getting access to needed services, to work together with other agencies and professionals, and to help with developing programs needed, but not available. This section contains 7 ideals and 11 principles.

Using the Code of Ethical Conduct

The Code of Ethical Conduct provides a tool to use in a variety of ways to ensure **ethical conduct** and to resolve **ethical dilemmas** that arise as a part of the complexity of early childhood education. While the code of ethics is a guide, it is not a recipe for specific behaviors to be enacted in any particular situation. However, the Code does identify a number of specific responsibilities. These **ethical responsibilities** are either things we should not do, or things that we are required to do. Some of the responsibilities are presented as ideals, (I) some as principles (P) and include the following:

> I 1.1 To be familiar with the knowledge base of early childhood care and education and to keep current through continuing education an in-service training.
>
> P 2.9 [To]…maintain confidentiality and…[to] respect the family's right to privacy…
>
> I 3 A.1 To establish and maintain relationships of respect, trust, and cooperation with co-workers
>
> I 4.1 To provide the community with high-quality (age and individually appropriate, and culturally and socially sensitive) education/care programs
>
> P 4.7 [To]… be familiar with laws and regulations that serve to protect the children in our programs.
>
> P 1.1 [To] not harm children. [To]…not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children.
>
> P 2.1 [To]…not deny family members access to their child's classroom or program setting.
>
> P 3C.8 In hiring, promotion, and provision of training…[to] not participate in any form of discrimination based on race, ethnicity, religion, gender, national origin, culture, disability, age, or sexual preference….

These ethical responsibilities are clear-cut. They communicate what must and must not be done. So, one way the code serves your work is to provide clear-cut guidelines for how to behave. In addition, the code is meant to help in navigating **ethical dilemmas**. In this case, the professional is faced with two equally justifiable actions but often includes a conflict between the interests of two involved parties. For example, it may require placing the needs of the child above that of the parents or of a group over an individual. The code can help sort out the best course of action in a situation, but the process requires thoughtful consideration of the various interests, needs, and priorities of one person or group over the interests, needs, and priorities of another.

Reflection

Consider this ethical dilemma (from Feeney & Freeman, 2018, pg. 52). Think about how you might resolve this ethical dilemma, considering your professional obligations and conflicting needs.

Kali, the mother of 4-year-old Chase, has asked his teacher, Sondra to keep him from napping in the afternoon. She tells Sondra, "Whenever Chase naps during the day, he stays up until past 10:00 at night. I have to get up at 5:00 in the morning to go to work, and I am not getting enough sleep." Along with all the other children, Chase takes a one-hour nap almost every day. Sondra feels that he needs it to engage in activities and stay in good spirits through the afternoon.

Application

The authors of the Code suggest a process for applying the code to ethical issues and dilemmas (Feeney & Freeman, 2018). As you consider the steps, think about the situation described in the reflection above. The steps they suggest are described here:

1. Determine if your issue/problem even involves ethics. Does it involve concerns about right and wrong, rights and responsibilities, human welfare, or an individual's best interests? If so, it is an ethical issue.
2. Determine if your issue involves legal responsibility. If so, you must follow the law. Issues involving child abuse are examples involving legal responsibilities.
3. Next determine if the issue involves an **ethical responsibility**. Recall that ethical responsibilities are clear-cut expectations about how a professional early childhood educator behaves. There is no question about what must be done (or not done).
4. Determine if your issue is a true ethical dilemma requiring hard choices between conflicting moral obligations. Consider the needs of all involved and your professional obligations to each. Are there conflicting obligations requiring you to prioritize one over another? Are core values in conflict? If so, you have an ethical dilemma to resolve. Here are some steps to decision-making about an ethical dilemma:
    a. **Identify the conflicting responsibilities**. Consider the people involved and determine their needs and your obligations to them. Then turn to the Code for guidance. Review the Core Values and Ideals in the related section of the Code. You may need to get more information if you decide you do not have the full picture. It may also be helpful to refer to program policies or community laws.
    b. **Brainstorm possible resolutions**. Now that you fully understand the issue and the conflicting values, needs, and obligations you can think about how to solve the problem. Do not yet reject any ideas but generate as many ideas as possible. Then go back and consider the equity and feasibility of your ideas.
    c. **Consider ethical finesse.** In some situations, it may be possible to solve the problem without having to choose between two options. This approach is known as **ethical finesse** and is characterized by the ability to amicably resolve the situation, delicately maneuvering without anyone feeling like they did not have their needs addressed. For example, in the scenario in the reflection box above, is it possible to resolve the dilemma in a way that both the needs of the child and the parent could be addressed? Could the teacher work with the parent to develop more effective bedtime routines, or could they experiment with having the child go down for a nap a little later, sleeping less time in the afternoon to see if this made a difference? **Ethical finesse** should be used sparingly (Kipnis, 1987). If we rely too often on **ethical finesse**, it is possible we are avoiding **ethical responsibility** and not meeting our obligations.
    d. **Look for guidance in the NAEYC Code.** If **ethical finesse** does not result in a satisfactory resolution, utilize the Code to determine the action you can defend morally and prepare to act. Look to the Core values for guidance. Then review the Ideals and Principles to clarify your responsibilities. Make sure you feel you have all the necessary information. It may also be helpful to review your program's policies or discuss the issue with a trusted colleague.
    e. **Decide on a justifiable course of action.** The next step is to make the choice between the alternatives, basing your decision on the ethics presented in the Code. In the previous nap-time example, if the attempts to help the parent with bedtime routines and/or a shorter nap did not solve the problem (i.e. the child became sleepy at nap time and was grumpy in the afternoon without a full nap) then the decision to reinstitute the nap procedure for this child is necessary. The responsibility to meet the physical needs of the child outweighs the need of the parent to get more sleep. It can be difficult to take such a stand, but having the Code, and your knowledge of child development on your side of the decision can be reassuring and affirming.
    f. **Implement your resolution and reflect**. After making the decision and putting it into play, it is important to reflect on the process to determine what you have learned. Did you learn something about how you communicate with families? Did you learn something about how program policies are set and shared with parents? Or did you mostly learn about your own comfort level with these kinds of decisions?

Concluding Remarks

Clearly, the process of applying the NAEYC Code of Ethical Conduct is not an easy one. Nonetheless, this important marker of a profession is critical in the work of early childhood education. Given the vulnerability of our "clients" and the inherent power we wield in that relationship, it is incumbent upon us to be aware of our ethical obligations and become proficient in the use of tools to assist with carrying out our **ethical responsibilities**. Numerous resources for practicing the use of the Code are available from NAEYC.

References

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4.5: Other Standards Defining Professional Performance

Learning Objectives

By the end of this section, you should be able to:

- Identify various professional standards that influence early childhood education practice.

The work of the Power to the Profession Task Force is impressive and would dramatically change the face of ECE if the Unifying Framework is adopted across the country. This audacious vision would serve to address many, perhaps even all, of the defining issues that the field has grappled with, especially in recent years. However, the aspirational nature of the Framework should not lead you to believe that early childhood education as it we know it today has no established standards which could nudge it in the direction of professionalizing. In this section of the chapter, you will be introduced to systems of standards that define and regulate the work of early childhood educators in the US and specifically in the state of Kansas (Julian et. al, 2023).

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Julian, G., Boyd, B., Blums, A., Moon, C., Sharpe-Haygood, D., Karshna, J., Leek, S., Neimer, N., & Gill, N. (2023). *Introduction to early childhood education.* LibreTexts. https://socialsci.libretexts.org/Boo..._1.1e_(Julian)

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4.6: Kansas Department of Health and Environment- Child Care Licensing

Learning Objectives

By the end of this section, you should be able to:

- Identify the key child care licensing regulations established by the Kansas Department of Health and Environment (KDHE) and their role in ensuring quality care.

Childcare facilities represent a large number of programs offering early care and education for young children in the United States. There are many types of childcare programs. A licensed childcare facility is regulated or licensed to operate by a state agency (Julian, et. al, 2023). The **Kansas Department of Health and Environment (KDHE)** is the agency that oversees the licensing and regulation of childcare programs in Kansas. In 1919, Kansas passed a law that required the licensing of childcare programs to protect the well-being of children who were cared for outside of their homes. Regulations represent the minimal level required for program operation (KDHE, 2024).

There are General KDHE regulations for childcare programs address the following:

- facility and equipment requirements
- specific requirements based on age groups
- supervision and ratios
- emergency procedures
- behavior management and discipline practices
- programming
- outdoor play
- health and safety practices
- diapering and toileting practices
- sleeping practices
- nutrition and food preparation
- transportation
- child records and confidentiality
- provider qualifications and training

Since this chapter focuses on professionals, here is an overview of the minimum staff qualifications for childcare programs in Kansas:

- must be 18 years old
- complete an orientation
- health and safety training (first aid/CPR, child abuse/neglect, medication administration, emergency preparedness, safe sleep practices)
- pass a background check
- have a health assessment and negative tuberculin (TB) test
- minimum education requirements vary by position and size of the program
- annual professional development training (16 hours for directors and staff counted in the staff-child ratio)

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4.7: Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri)

Learning Objectives

By the end of this section, you should be able to:

- Identify the core competencies required for early childhood and youth development professionals in Kansas and Missouri.
- Explain how these competencies serve as a framework for professional development and promote high-quality practices in working with children and youth.

The Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri) defines and outlines expectations for those working with young children. The competencies help early professionals be able to include all children and youth in their programs regardless of ethnic, linguistic, abilities, and socio-economic backgrounds (Child Care Aware of Kansas et al., 2011).

The competencies are divided into 8 content areas:

1. Child and Youth Growth and Development
2. Learning Environment and Curriculum
3. Observation and Assessment
4. Families and Communities
5. Health & Safety
6. Interactions with Children and Youth
7. Program Planning and Development
8. Professional Development and Leadership

Each content area is divided into five levels of skills, each representing knowledge and skills deemed essential for providing quality early care and education. The levels progress from entry-level to advanced.

- Level 1--entry-level knowledge and skills, specialized training or education required
- Level 2--Level 1, plus knowledge and skills that are comparable to a Child Development Associate (CDA) credential, or the equivalent training and education
- Level 3--Levels 1 and 2, plus knowledge and skills equal to an associate's degree in early childhood, child development, or related fields
- Level 4--Levels 1, 2, and 3, plus knowledge and skills equal to a bachelor's degree in early childhood, child development, or related fields
- Level 5--Levels 1, 2, 3, and 4, plus knowledge and skills equal to an advanced degree in early childhood, child development, or related fields

References

Child Care Aware of Kansas, OPEN Initiative, Missouri AfterSchool Network, & Kansas Enrichment Network. (2011). Core Competencies for Early Childhood and Youth Development Professionals.

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4.8: Child Development Associate (CDA) Credential

Learning Objectives

By the end of this section, you should be able to:

- Outline the requirements and process for obtaining the Child Development Associate (CDA) Credential.
- Discuss the significance of the CDA Credential in enhancing professional competencies and career opportunities in early childhood education.

Many early childhood professionals pursue the Child Development Associate (CDA) Credential as a way of demonstrating their knowledge and expertise in working with children ages birth through five years of age. The CDA credential was first awarded in 1975 and has been administered by the Council for Professional Preparation since 1985 (Council for Professional Recognition, n.d.).

To be eligible to apply for a CDA Credential a candidate must (Council for Professional Recognition, n.d.):

- have a high school diploma or be a junior/senior in early education/child development Career and Technical Program
- complete 120 clock hours of professional education in the eight CDA Subject Areas
- document 480 hours of experience working with young children
- prepare a CDA Professional Portfolio according to the requirements outlined in the CDA Competency Standards book

To obtain the CDA Credential, an early childhood professional is observed, compiles evidence in a portfolio, and takes an exam. The CDA Credential is tailored to the following types of programs: infant-toddler, preschool, family child care, and home visitors. The EC professional must renew their CDA Credential every three years.

The CDA Credential targets the following subject areas:

1. Safe and healthy learning environments
2. Children's physical and intellectual development
3. Children's social and emotional development
4. Relationships with Families
5. Managing effective programs
6. Professionalism
7. Observation and recording of children's behavior
8. Principles of child development and learning

References

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4.9: NAEYC Professional Standards and Competencies

Learning Objectives

By the end of this section, you should be able to:

- Describe the key components of the NAEYC Professional Standards and Competencies for Early Childhood Educators.
- Analyze how these standards guide the preparation, performance, and ongoing development of early childhood professionals.

> A new set of professional standards (Professional Standards and Competencies for Early Childhood Educators; NAEYC, 2020) have been adopted by **NAEYC** and are proposed as the unifying standards of practice in the profession of childhood education. This newly adopted position statement represents the core body of knowledge, skills, dispositions, and values that early childhood educators must demonstrate to be effective teachers of young children. The previous professional standards set by **NAEYC** were written as expectations for higher education programs—what they must teach to successfully prepare early childhood educators. The revised Professional Standards and Competencies are written as expectations for the individual professional—what he/she/they must know and be able to do as an effective educator.

The standards are organized into 6 core standards:

1. Child Development and Learning in Context
2. Family-Teacher Partnerships and Community Connections
3. Child Observation, Documentation and Assessment
4. Developmentally, Culturally, and Linguistically Appropriate Teaching Practices
5. Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum
6. Professionalism

Each standard contains 3 to 5 key competencies that clarify the core with a total of 22 key competencies.

Each of the standards has also been "leveled" to correspond with the three ECE designations described in the Unifying Frame (ECE I, II & III). The leveling documentation is presented as a first attempt to identify the differences in the breadth and depth of content in the programs that prepare professionals with differing scopes of practice. A sampling of the leveling descriptions for one of the key competencies (1a—Understand the developmental period of early childhood from birth through age eight across physical, cognitive, social/emotional, and linguistic domains including bilingual/multilingual development) is presented in Table 4.9.1.

Table 4.9.1- Leveling of Key Concept 1a (Understand the developmental period of early childhood from birth through age eight across physical, cognitive, social, emotional, and linguistic domains including bilingual/multilingual development) by 3 levels of ECE Scope of Practice

ECE I	ECE II	ECE III
Identify critical aspects of brain development including executive function, learning motivation, and life skills	Describe brain development in young children including executive function, learning motivation, and life skills	Describe brain development in young children including executive function, learning motivation, and life skills
	Describe ways to learn about children (e.g. through observation, play, etc.)	Evaluate, make decisions about, and communicate effective ways to learn about children (e.g. through observation, play, etc.)

References

National Association for the Education of Young Children. (2020). *Professional standards and competencies for early childhood educators.* https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/professional_standards_and_competencies_for_early_childhood_educators.pdf

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4.10: Advocacy

Learning Objectives

By the end of this section, you should be able to:

- Define advocacy in the context of early childhood education and explain its importance in promoting the well-being of children, families, and the profession.
- Identify strategies early childhood professionals can use to advocate for policies, resources, and practices that support high-quality education and care.



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The role of advocate, both for the clientele professionals serve, and for the profession itself, was not included in the list of commonly accepted criteria of a profession presented at the beginning of this chapter. Nonetheless, **advocacy** is identified as an important obligation for many professions, including early childhood education. Note that both the NAEYC Professional Standards and Competencies and many public and private state early learning agencies include professionalism as a core standard area, and both include **advocacy** as a competency area.

Advocacy is generally defined as any action that supports or defends a specific cause or issue. The goal of advocacy is to cause change and can be accomplished through a variety of activities. Often those of us in the early childhood education field feel uncomfortable with the idea of advocacy. It may feel too political, too aggressive, or require one to be able to speak eloquently about an issue. None of those characterizations need be true about advocacy. There are many ways for an early childhood educator to become engaged in advocacy without experiencing any of this discomfort.

Advocating for Children and Families

Part of the advocacy obligation for early childhood educators is standing up for the rights of those we serve—young children and their families. As members of a profession, we have access to evidence-based information and have acquired first-hand knowledge about what children and their families need to successfully grow and develop. It is our professional responsibility to speak out against initiatives that are counter to this knowledge and are not good for children or families.

Advocating for the Profession

Speaking out on behalf of the workforce that does the work of early childhood education is another form of advocacy that early childhood educators are called to. Advocating for recognition, for compensation that is comparable to similar professions, and for regulation that is not in opposition to what we know to be good for children and families are all ways of advocating for the profession. When advocating for the profession, it is important to recognize the difference between one's personal interest and the best interest of the entire profession. Sometimes what is important for the profession may result in the imposition of requirements that may create a hardship for the individual professional. For example, advocating that inclusion in the early childhood education profession should require a certain level of educational preparation may mean that one will need to pursue additional education. As a part of the profession, one is called to advocate for what is best for the profession, rather than what one wants to do as an individual.

Methods of Advocacy

One way of organizing the myriad methods of advocating is to divide it into personal and public advocacy (Feeney, 2012).

Personal Advocacy

Personal advocacy happens during your workday and includes speaking up about what you know to be best practices for young children. When you share information with parents, co-workers, or agencies you cooperate with, you are advocating for children's rights. When you refer your families to reliable agencies within your community or provide them with written resources, you are advocating. Too often early childhood educators feel reluctant to respond to calls for advocacy. Advocacy does not have to involve a public event; it can occur through the relationships you have already built as an educator.

Public Advocacy

Public advocacy takes place when you speak out to address issues of concern in the larger community. It might surprise you how compelling it can be to hear the story of those working directly in the field. Policymakers need data and statistics, but even more, they need to hear how real people are affected by the policies they set. They want to hear from the front-line workers about the reality of their days spent caring for and educating young children.

However, even public advocacy does not require a public display; it can include voting with early childhood education in mind or writing to your congressional representatives at the state or federal level. Public advocacy can, however, involve engagement that is more visible to others:

- Testifying at a legislative hearing
- Attending a public rally for an early childhood issue or during the state legislative session
- Participating in a community awareness event, such as Week of the Young Child
- Writing a letter to the editor of your local paper on some specific early childhood issue
- Visiting your state or federal representative or senator to share your perspective on the importance of early childhood education.

As early childhood practitioners, we can feel isolated and consequently limited in our ability to influence policymakers or the public at large. Luckily, at both the state and national level, advocacy groups exist to provide support to individuals in their advocacy efforts. A list of such groups is listed below. Many of these agencies maintain email lists for individual professionals to stay informed of current issues.

- Children's Alliance https://childrensalliance.org/
  - Develops a legislative agenda each session with issues specifically related to early childhood education
  - Holds an annual advocacy camp to learn how to effectively engage in advocacy
- League of Education Voters https://educationvoters.org/
  - Convenes informational events, advocacy days, and sponsors fundraising events
- Individual state associations for Head Start and ECEAP
  - Advocates on behalf of Head Start and ECEAP programs
  - Provides information about current issues on web page
  - Supports professionals in advocacy efforts
- MomsRising https://www.momsrising.org/
  - Campaigns for early care and education
  - Provides information about current issues on web page
- Childcare Aware of America https://www.childcareaware.org/
  - Advocates on behalf of childcare providers
  - Presents data to support advocacy efforts
  - Presents action plans for individuals
- National Association for the Education of Young Children https://www.naeyc.org/our-work/public-policy-advocacy

- Mobilizes members and other early childhood educators and allies to advocate on behalf of professionals and the children they serve
  - Presents legislative agendas
  - Holds training events to empower educators to advocate on behalf of the profession
  - Gathers professionals annually to visit federal representatives and senators
- Local state affiliates of the National Association for the Education of Young Children
  - Disseminates advocacy information from the NAEYC to membership and others
  - Sponsors advocacy training

Advocating on behalf of the profession and the children and families it serves is part of the role of the professional early childhood educator. There are numerous ways to become involved in advocacy efforts and opportunities abound for both the new professional and those with more experience. It is important to explore these opportunities and consider how you can begin or expand your advocacy engagement.

Reflection

Think about the way in which advocacy is described here. Were you surprised to discover that you have been engaged in advocacy without really calling it that? What were those advocacy efforts? Do you feel encouraged to investigate new ways you can engage in advocacy? What might more engagement look like for you?

Final Thoughts

The current field of early childhood education has a long history of striving for recognition as a profession. Your involvement in that ongoing effort requires you to understand what is necessary to meet the definition of a profession and what that label means for your practice. Recognize that recent efforts involve some of the most assertive and comprehensive steps ever taken to claim the title of profession for the field of ECE. You can be a part of this effort, that when realized, will provide a bright future for the profession of early childhood education. This future offers new and exciting opportunities to change how the world understands the importance of early childhood and those that support the development and learning of all young children. We sincerely hope you want to be a part of that future.

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CHAPTER OVERVIEW

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5.1: The Structure of the Field of Early Learning

Learning Objectives

By the end of this section, you should be able to:

- Describe the various components and organizational structures within the field of early learning, including different types of early childhood programs and their functions.

When looking at an overview of the field of early learning, it can be overwhelming to consider the huge variety of program approaches, settings, and models found within the field. This chapter will focus on the more common programs for children pre-birth to age 8 found currently in the United States that might be interesting to students beginning the journey to become a teacher of young children. In future sections of this text, program philosophies (sometimes called approaches or curriculum approaches) will be addressed.

NAEYC has also presented a document from the Power to the Profession work entitled *Unifying Framework for the Early Childhood Education Profession.* This document recognized that the field in general includes a very diverse range of individuals and settings that contribute to the field. The document attempts to unify the field and discusses how the United States can make significant and sustained investments in high-quality early learning programs. Consideration of this document is the foundation for the discussion regarding how the field is structured.

Programs for Children Ages Birth to Age 8

Drop-in Programs

This is short-term care provided for a few hours at a time. It is usually offered in shopping malls or community centers (Parent Aware, 2022).

Family Child Care

Family childcare centers (located in the operator's home) are the least visible, yet most prevalent form of childcare in many communities. Family childcare providers may care for infants, toddlers, preschoolers, and school-age children in their homes. Some family childcare programs are also provided in commercial spaces, such as hospitals or churches. Many family childcare professionals offer planned play and scheduled activities that help children learn (Parent Aware, 2022).

Family childcare programs may be licensed through a state, county, or tribal licensing agency. While many states have licensing and/or regulations for family child care centers, some providers can operate without establishing as a provider because of program size. For example, the state of Missouri allows providers caring for six or fewer children, including a maximum of three children under the age of two, at the same physical address to not be licensed and not have to report child care is being provided (MDoESE, 2024), whereas California requires a license if one is caring for up to three children from another family besides your own (CDSS, 2024).

Family, Friends, or Neighbors

Family, Friends, and Neighbor care (FFN) differs from family childcare in that this type of care might include unlicensed grandparents, aunts/uncles, elders, older siblings, friends, or neighbors who support families by providing childcare. FFN is the most common type of childcare for infants, toddlers, and school-age children before and after school hours. This type of care is not regulated by the state, although some FFN providers can receive childcare subsidies for childcare if they are willing to follow Department of Youth and Family guidelines.



Image 5.1.1 FFN provider is licensed under CC by 1.0

Childcare Centers and Preschools

The majority of programs caring for children birth to age 5 are small private, tuition-based childcare centers that offer either part-day or full-day programs. Licensed childcare centers obtain their license from the state's child care division regulating body. The number of children that a center can be licensed for depends on the space and ages of the children they serve. Families can use tools found on the regulating body's website to search for care in their community as well as review any licensing infractions or concerns the department has about a center.

Preschools (usually part-day programs and can also include cooperative preschools or nursery schools) are programs that generally offer a curriculum to support children as they prepare to enter kindergarten. Preschool programs typically enroll children between two and five years of age. In many communities, preschools may be housed in community centers, churches, or even outdoors! These programs may or may not be licensed and/or monitored by regulatory agencies.

Other types of childcare available in many states include:

- crisis nurseries that provide care for families in crisis such as domestic violence, homelessness, employment, or other crises,
- developmental preschools available to some children with special needs are often housed in local school districts.

Public School Pre-Kindergarten Programs

Public schools, including charter schools, may offer many program options, including early childhood education, extended day, family literacy, and school readiness programs. In-school or school readiness programs are administered by a state's department of education. Depending on a state's regulations, some may be license-exempt, meaning they can provide care without having a childcare license (Parent Aware, 2022).

Head Start and Early Head Start

Early Head Start (pre-birth to age three) and Head Start (three to five-year-olds) and their childcare partners serve young children from families with low income. Programs may be based in centers, schools, or family childcare homes. These programs have comprehensive services that support the mental, social, and emotional development of children from prenatal to age five. In addition, programs provide early childhood classes and health and social services. Program services are responsive to each child and family's ethnic, cultural, and linguistic heritage. Early Head Start and Head Start encourage the role of parents as their child’s first and most important teachers. Programs build relationships with families that support positive parent-child relationships, family well-being, and connections to peers and the community (Parent Aware, 2022).

Programs for Children Ages 5 to 8

There are several types of program options for children ages 5 to 8 including kindergarten (found in both public and private schools), elementary or homeschool, or school-age childcare.

Most children will enroll in kindergarten at age 5, or shortly after their fifth birthday, depending on the community school district calendar for the community in which the family lives. Historically, kindergarten (a German word translation for “a child’s garden”) was meant to be a bridge between the home and elementary school environment and most kindergartens were housed in local

elementary schools. The first public kindergarten in the United States was housed in a St. Louis Missouri elementary school and over the 20th century, kindergarten has changed and been innovated into full-day programs with rigorous testing and curriculum. Today, kindergarten looks startlingly like what first grade used to be, and the need for high-quality early childhood education prior to kindergarten has been the focus of several studies and summarized by the Alliance for Childhood's report entitled "Crisis in Kindergarten" (Miller & Almon, 2009).

First through third-grade children can enroll in either their local community public school that is funded by federal tax dollars or a private school in which parents pay tuition for their children to attend. In addition to both of those programs, children can be homeschooled. The number of children being homeschooled grew 28.9% between 1999 and 2003, 37.6% between 2003 and 2007, 17.4% between 2007 and 2012. As of 2015-16, around 1,690,000 children were being homeschooled (Coalition for Responsible Homeschooling, 2020).

School-Age Care

School-age care refers to programs that operate before and after school and during the summer and holiday breaks. School-age programs often include a structured routine and allow children a space to complete homework and build relationships with children who attend schools different than their own. School-age programs may be offered through community groups, private homes, the YMCA, or other parks and recreation programs. Not all school-age programs require a childcare license.



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Reflection

What type of program do you see yourself working in, or are currently working in? What are the benefits for you?

Is there a type of program that you would not be comfortable working in?

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5.2: Types of Programs

Learning Objectives

By the end of this section, you should be able to:

- Identify and describe the different types of early childhood education programs, including center-based, home-based, and school-based settings.

Many high-quality programs using the tenets of developmentally appropriate practices exist today. Most have integrated this information into an eclectic format, providing active learning, quality interactions and environments, and activities based on their observations of children's interests and abilities. They include families as partners and extend to value the communities and cultures of which they are a part. Below is a list of program and curriculum names that encompass the above tenants. They are all similar at their core, but if you would like to research them further you may find some unique components of interest to you. They are listed alphabetically for convenience:

- **Culturally Appropriate Curriculum** – a curriculum that helps children understand how they are similar to, yet different than each other based on individual histories, families, and cultures.
- **Emergent Curriculum** – curriculum planning based on teacher observations of children's interests. Usually, a spontaneous approach where experiences evolve and change as the process unfolds.
- **Faith Based** – programs that include the teaching of the religious beliefs of the sponsoring organization.
- **Family Child Care** – a program that takes place in a home setting.
- **Head Start** – A comprehensive program, that provides learning programs; nutrition; medical, dental, and mental health care, and parent education and vocational training.
- **High-Scope** – named for a program High in Quality, and Broad in Scope, this curriculum emphasizes active learning and higher-level thinking. It includes a Plan-Do-Review cycle where children learn to make plans, carry them out, and then evaluate those plans; important life-skills.
- **Inclusion** – programs designed to include children with a wide variety of abilities and needs.
- **Inclusive Curriculum** – the aspect of a program that reflects sensitivity to culture, home language, gender, religion, and abilities.
- **Intergenerational Programs** – programs designed for both young children and the elderly, where the two populations interact throughout the day in similar activities.
- **Laboratory Schools** – early childhood programs taking place on college campuses, usually with a supervised training component for college students learning to work with young children.
- **Looping** – the practice of keeping a group of children and their teacher together for more than one year.
- **Montessori** – True Montessori schools are based on the works of Maria Montessori including self-correcting materials, independent learning experiences, and an emphasis on life skills. Because her name was not trademarked, many programs that have Montessori in the title do not meet all of the criteria of a true Montessori program, which can be very confusing indeed.
- **Mixed Age Grouping** – also called "family grouping"' placing children of different ages in the same classroom.
- **Outdoor Classroom** – outdoor spaces created to enhance the quantity, quality, and benefit of outdoor experiences. Often brings the inside classroom outside, incorporating interest centers and materials usually found indoors.
- **Parent Cooperative (Co-op)** – a program designed and run by a group of parents for their young children. Parents will usually hire a teacher to facilitate learning and perform all other duties themselves. More recently called "Learning Pods".
- **Play-based** – focuses on the value of play in fostering development in young children, planning interactions and experiences focused on the many types of play.
- **Reggio-Emilia** – this approach is a student-centered and constructive self-guided curriculum that uses self-directed, experiential learning in relationship-driven environments, often through a "project approach".

- **RIE (Resources for Infant Educarers)** – based on Magda Gerber's work with babies, emphasizes the unique stage of infants and toddlers. The curriculum for this age is caring for them, with the belief that caring educates infants about themselves. [80]



Pause to Reflect
Which of the programs just mentioned spark your interest? Why?

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5.3: Program Approaches

Learning Objectives

By the end of this section, you should be able to:

- Describe various early childhood program approaches and their educational philosophies.



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Early childhood programs use child development theories to inform their practice. High-quality programs know that grounding program practices in sound theory leads to better outcomes for children. When programs use real, hands-on experiences to teach children about their world, it is due to the influence of the cognitive-developmental model. Likewise, when programs include family involvement or community connections, we can thank the influence of the ecological systems theory. The next section will take a look at some programmatic approaches which are combinations of theory and practice that create specific curriculum choices.

High Scope

High scope is a program model that is child-centered and provides children with hands-on experiences. Its roots are unique – it originated from a research-based preschool program in Michigan in the 1960s called the Perry Preschool Project. The goal of the Perry Preschool Project was to enroll low-income children in high-quality preschool experiences to see if it would improve their life outcomes. The researcher David Weikart followed the children's progress for decades to measure the results. Weikart chose to include low-income children because, in comparison to middle-income children, children in low-income households are at greater risk for lowered academic achievement, have lower rates of high school graduation, higher rates of crime, and a higher likelihood of poverty later in life. The goal of the Perry Preschool project was to counter the effects of poverty early in life. This was one of the first and most published pieces of scientific research to investigate how economic investments in early childhood education could have long-term benefits to the child, the family, and to society. The idea was that if you give a child a strong start early on, it will pay off when they become adolescents and adults. What the researchers hoped for came true. Children who participated in the Perry Preschool Project had greater academic achievement, greater high school graduation rates, lower rates of crime, and higher adult earnings than their low-income peers who were not in the preschool project. This study showed that access to high-quality preschool programs in the first few years of life can have long-term benefits for the child. This research highlighted the importance of the early years of a child's life in influencing the course of their future.

So, what was the magic formula of the Perry Preschool Project? There were several components, but two main pieces stand out. The classroom system of plan-do-review and family involvement. **Plan-Do-Review** is a system that helps children organize their play activities. Children gather in a circle and the teacher asks them what activity center they plan to play in during the morning free play time. The choices range from blocks and art to dramatic play or puzzles. Children make their choice to the group, such as "I plan to play with Jakeem in the blocks area. We are going to build a really big bridge!". After the children make their plans, they

go and do the activity of their choice. It is okay if kids switch activities or change their plans during this time. After free play, the children return to the circle and report back on how their plans went. Did Jakeem and his friend build a successful bridge? What went well? Did anything unexpected happen? The teacher will ask these types of probing questions to get the children to think about their activities. This method supports cognitive development because it involves planning. Children are able to explore their world and engage in hands-on activities. The plan-do-review helps to support their memory development and helps them to develop concentration, attention, and focus, all skills which are related to the academics they will engage in when they enter elementary school.

The second main component of the Perry Preschool Project was family involvement. Families were visited in their homes by teachers to create connections between what was happening in the classroom and at home. When a child learns a concept in class, it should not stay in class. Having families participate in learning at home can help create layers of learning for the child. It also provides an opportunity for parent support and education. This approach aligns with the ecological model in that the family and community are integrated into a child's early childhood education setting, supporting development using the multiple contexts involved in a child's life.

The High Scope model follows the findings from the Perry Preschool Project. It has taken those evidence-based strategies and created a program model to serve children in early learning settings. It is the embodiment of the philosophy that family income need not be the sole determining factor in children's academic and life outcomes.

A similar program to the Perry Preschool Project is Head Start. Head Start is a preschool program that also has its roots in researching ways to improve the lives of children in poverty. Head Start research has found similar results to the Perry Preschool Project, and with comparable methods. Head Start has become a long-term, nationwide program that still exists today. Indeed, many Head Start programs even follow the High Scope method. These programs demonstrate the need and effectiveness of high-quality preschool programs.

Developmental Interaction

The Developmental Interaction approach was founded by Lucy Sprague Mitchell, an education reformer who developed innovative ideas for educating children and helped to professionalize teaching for women. Mitchell also founded the Bank Street College of Education in New York. The developmental interaction approach, sometimes called the Bank Street approach, focuses on developing the child in all areas – physical, intellectual, social, and emotional. Teachers in the Developmental Interaction approach see learning as a holistic process and consider developmental domains (physical, intellectual, social, and emotional) as inherently interconnected. It emphasizes meeting children where they are and providing opportunities for making choices. It is play-based, so children have lots of free time to explore on their own terms. It also emphasizes the child's role in society – another nod to the ecological model of child development.

Montessori

The Montessori approach to education was developed by Maria Montessori, an Italian physician and educator who was interested in reforming the way children learn in group settings. The Montessori method has distinct key features that make it stand out from other approaches. One such feature is mixed-age groups in a single class. Children in Montessori classrooms can range from 2.5 to 5 years old. This means that there is a great deal of peer learning happening. Older children can model behavior for younger children, which can help facilitate learning better than direct instruction from a teacher.

Another feature of a Montessori classroom is the concept of constructivism. Montessori classrooms rely on a carefully structured classroom with materials that children can use to discover new concepts on their own using real-life materials. Items are often made from natural materials to give the child a realistic concept of the weight of an object based on its size. In order to deeply engage with materials, children are given a large block of free play time – usually about 2.5 to 3 hours. During this time, teachers will help children on an individual or small group level with materials. The materials have an emphasis on child development. Some may involve fine motor skills, like threading beads on a string, and some may promote problem-solving, a part of cognitive development, such as ordering pegs into holes by size and shape. Many activities are related to practical life: washing dishes, placing flowers in a vase, and cleaning up after oneself. Materials for practical life are always child-sized so that the child can feel that she can master the activity without unnecessary impediments. There is a strong emphasis on completion. Children will not be interrupted by a teacher when they are in the middle of a task, as this is thought to disrupt learning. Independence is also

emphasized. Children are encouraged to learn how to use buttons and zippers in order to dress themselves at an early age. Teachers without a Montessori background are often surprised to see the abilities of a two-and-a-half-year-old getting a jacket on and zipping it alone.

Mealtimes in Montessori centers can often differ from those in traditional classrooms. When a meal is served, children will be invited to the table and asked to join when they are ready. There is no large-scale, formal transition from playtime to lunchtime. If a child is still working on an activity, then he may complete it in as much time as he wishes. Typically, children gather around the table more or less at the same time, but it happens organically. Children are drawn to the smell of food and a chance to visit with playmates at the table. Children serve themselves and pour their own milk using child-sized utensils and milk pitchers. At the end of the meal, children clear their own dishes and place them on a cart after removing unfinished food.

With such a free environment, how do teachers encourage classroom harmony in a Montessori classroom? Teachers use guidance strategies that are similar to other approaches, but children often learn from observing older peers. If a 3-year-old is approaching the art easel for the first time, she may watch a 5-year-old first. She may observe her peer carefully dipping the brush into the cup, keeping paint on the paper, and wiping up any spills with a cloth. Sometimes, this way of learning how to use and respect classroom materials can resonate more with a young child than when a teacher outlines strict rules for how to properly use paint.

Waldorf

Waldorf schools originated in Germany and were developed by Rudolf Steiner in the 1920s. Waldorf programs have a strong emphasis on everyday practical activities and centers are designed to resemble a home in order to facilitate this. Cooking, cleaning, sewing, and building are all activities that children engage in in a Waldorf program. There is a strong emphasis on oral storytelling, creative arts, and music. Historically, Waldorf programs included mystical and religious elements, but most modern programs typically do not. Children are encouraged to engage in free play using toys and activities made of natural materials. Like in Montessori programs, the belief is that children are more connected to toys and tools that are made of wood rather than plastic, as it is more aesthetically pleasing and facilitates a connection to nature. In that spirit, Waldorf classrooms include organic materials such as acorns, shells, and wool that are used for counting games, art, and storytelling. Academic subjects are integrated with one another – math is taught through storytelling, combining mathematical problem-solving with language development. This helps promote cognitive development in a holistic way. Teachers facilitate early math activities using small wool dolls and other natural, tangible materials. However, formal learning of letters and numbers is not pushed upon young children in Waldorf schools. It is the belief that children will come around to letter and number identification when they are ready, and that is usually not until the age of 6 or 7 years, which is when it is formally introduced in Waldorf schools. Interestingly, this coincides with most modern European educational systems as well. Preschools in the United States on the other hand, typically begin letter and number identification well before age 5 (although this is beginning to change). This variation is a valuable lesson in cultural differences in developmentally appropriate practice.

Another key feature of a Waldorf program is the daily rhythm. While many preschools follow a daily schedule with specific hour or minute intervals, Waldorf programs follow a rhythm instead. What matters here is the order of the day, not how long each activity takes. So daily activities always follow the same sequence but may not be at the same time every day. In the morning, for example, the teacher may invite the children to help bake bread or make soup for lunch. Children gather around kneading dough or chopping vegetables (children are encouraged to learn knife safety at an early age), and as they finish, they may disperse into other activities like sewing, building with blocks, or dancing with scarves. Another teacher might gather a group of students to invite them to hear a story that she is telling using puppets and props to act out the plot. Children may naturally come and go from the story based on what they are interested in playing with at that time. When the lunch is ready, the teacher will invite the children to the table with a song and, oftentimes, by lighting a candle (children are also taught safety around the candle). There is no set time, but meals are typically served at about the same time each day. Children rely on the order of events to help them predict their environment. A difference of 15 or 20 minutes makes no difference to them, however. This focus on rhythm is also reflected in the practice of honoring the changing of seasons. Waldorf programs also include rituals that celebrate the rhythms of nature. This gives the children a connection to the larger system of which they are a part.

Reggio Emilia



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The Reggio Emilia approach takes its name from the Italian city where it originated. A constructivist approach, the Reggio method provides encouragement for children should explore their world using hands-on methods that are child-directed. The approach was developed by Loris Malaguzzi following WWII. It was his belief that children should be able to freely express themselves. In that vein, Reggio programs encourage arts and music. One core belief in the Reggio approach is the **Hundred Languages of Children**, or the ability of children to express their thoughts and feelings through arts such as painting, sculpting, and drawing. Indeed, Reggio programs are known for their emphasis on beautiful artwork. Children's art is displayed on the wall at the child's eye level, often with a description of the work written by the teacher in the child's own words. This honors the child's creative spirit and helps promote healthy emotional development. Another feature of the original Reggio school in Italy is the connection to the community. The children there learn directly from members of the community, and the community members feel responsible for taking part in children's education. American programs emulate this goal with strong parental involvement. US programs are referred to as "Reggio inspired" because the true Reggio schools in Italy have a connection to the community that is unique to that location. The Reggio approach believes that children learn from adults, peers, and the environment. The environment is thought to be the "third teacher" and is set up so that children can explore independently as their interests guide them. Spaces are set up with natural light, living plants, and materials that encourage creativity.

Forest Schools

Forest schools originated in Sweden and other European countries and their popularity has spread to the United States in recent years. The concept of forest schools is that children spend their whole day outdoors, in all weather. All activities take place outside – stories, art, construction, and even meals. Children are dressed in appropriate clothing for all weather so that they are comfortable and safe while outside. Many of the same activities that take place in indoor preschools also happen in forest preschools. Children create art, often using natural materials, but also use paint, clay, and crayons. Science activities are well-suited to a forest environment, as children can collect leaves and rocks to sort and categorize or examine bugs using a microscope. An outdoor environment lends itself well to construction projects, which may include building a tower with blocks or building a giant fort out of sticks, branches, and rope. Forest schools often have a covered shelter or area where materials are kept in bins and teachers can take out the materials at the start of each day so that children have access to all the things they need for free play. Teachers do circle time, read books, and sing songs, the same as in a typical preschool. Mealtimes take place at outdoor tables and children wash their hands using an outdoor hand-washing station. Usually, children do not sleep outdoors, so forest schools are typically either half-day programs or include only children who are old enough to not need naptime. Children in forest schools have a strong connection to nature and it is believed to provide many health and developmental benefits.

On a related note, in July 2021 Washington State became the first state to permanently license outdoor, nature-based childcare for preschool and school-age children under a new Senate Bill 5151. This comes after a four-year outdoor preschool pilot program and gave DCYF the ability to set the precedent as the first state in the nation to develop licensing requirements for outdoor education.

Reflection

How can a child's culture be reflected in program approaches?

Final Thoughts

Theories give us insight about how children develop. There are seven major theories on child development, and each one is useful in understanding children's needs at a given age. It is important that teachers have a deep knowledge of children in order to create learning experiences that support development. High-quality early childhood programs must be informed by theory. There are a variety of approaches and philosophies in early childhood program models, and each has its own unique benefits. One thing that all program models have in common is the connection to theory that supports children's optimal development.

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CHAPTER OVERVIEW

6: How Quality is Defined

6.1: What is Quality and Why is it Important?

6.2: Components of Quality Programs

6.3: Measurements of Quality

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6.1: What is Quality and Why is it Important?

Learning Objectives

By the end of this section, you should be able to:

- Define quality in the context of early childhood education and explain its significance in promoting positive child development and learning outcomes.

A high-quality early childhood program provides a safe and nurturing environment while promoting the physical, social, emotional, and intellectual development of young children (U.S. Department of State, 2001, Section 2 p. 1). The term "high quality" refers to excellence, understanding that it represents more than the minimum standards and has value exceeding the ordinary (Kostelnick, et. al, 2019).

On the contrary, poor quality programs suggest an "image of substandard conditions and negative outcomes" (Kostelnick, et. al, 2019, p. 12) that lend to questionable program practices in subjecting children to health and safety concerns, as well as impacts to long-term development and learning. For example, poor-quality experiences lead to increased behavioral problems, poor academic progress, and an increased likelihood of poorer social skills (Carter & Welner, 2013; von Suchodoletz, et. al, 2023).

The experiences and interactions children have in their early years greatly impact brain development, establishing a foundation for future learning (Harvard, 2007). Children, whose education and care have been described as high quality, demonstrate higher levels of language development, greater social competence, a better ability to regulate behaviors, and better academic performance as compared to their peers in poor-quality programs (Heckman, et. al, 2012; Weschler, et. al, 2016).

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6.2: Components of Quality Programs

Learning Objectives

By the end of this section, you should be able to:

- Identify the key components that contribute to a high-quality early childhood education program, including curriculum, environment, staffing, and family engagement.

The importance of high-quality early childhood education is more crucial than ever. In today's society, many families have two working parents, either because they have to or because they want to. Studies consistently show that kids who attend high-quality early learning programs benefit in the short and long term. But parents face significant obstacles when trying to find quality care:

- wait lists are long,
- employers aren't flexible,
- quality programs are expensive, and
- parents often don't know how to judge quality,
- and some areas have few or no childcare options, where quality may not be well-regulated or supported by local, state, or federal policy.

But, what components comprise a high-quality program?

Practitioners are Well Prepared and Compensated

It's crucial for practitioners in early childhood programs to be well-prepared and compensated for several reasons.

1. They play a vital role in shaping young minds during a crucial developmental stage, laying the foundation for future learning and success. Well-prepared practitioners are equipped with the **knowledge and skills needed** to provide high-quality care and education, ensuring that children receive the best possible start in life.
2. Fair compensation **recognizes the value** of their work and helps attract and retain talented individuals in the field, *leading to greater stability and continuity* in early childhood programs.
3. Adequate compensation reflects the **importance society places** on early childhood education and supports practitioners in maintaining their own well-being and professional growth, ultimately benefiting both children and communities as a whole.

Ratios, Group Sizes, and Nurturing Relationships

Small group sizes and low adult-to-child ratios are crucial in nurturing relationships with young children because they **allow for individualized attention and meaningful interactions**. In smaller groups, children feel more secure and supported, fostering a sense of belonging and trust with their caregivers. With fewer children to supervise, teachers can devote more time and energy to each child, understanding their unique needs, interests, and developmental stages. This personalized approach enables educators to build strong, responsive relationships that form the foundation for learning and social-emotional development. Additionally, lower ratios contribute to a safer and more inclusive environment, where children can explore, learn, and engage with peers under the guidance of attentive and supportive adults.

Teaching and Curriculum

Developmentally appropriate curricula and teaching practices are essential for supporting the holistic development of young children. By tailoring educational experiences to match children's individual needs, interests, and abilities, professionals can create engaging and meaningful learning opportunities. This approach recognizes that children progress through various stages of development at their own pace and in unique ways. Developmentally appropriate practices align instructional strategies, materials, and activities with children's cognitive, social, emotional, creative, and physical development, ensuring that learning experiences are both accessible and challenging. Moreover, such practices foster a positive and supportive learning environment where children feel valued, empowered, and motivated to explore and discover.

Safe, Healthy, and Stimulating Environments

Safe, healthy, and stimulating learning environments are paramount for fostering optimal growth, development, and well-being in children. A conducive learning environment provides a sense of security, stability, and predictability, allowing children to feel comfortable and confident in exploring and engaging with their surroundings. Safety measures ensure physical well-being, reducing the risk of accidents or harm, and allowing children to focus on learning and social interactions without fear or distraction. A healthy environment encompasses nutritious meals and snacks, opportunities for physical activity and outdoor play, and practices that support emotional and social wellness.

Additionally, a high-quality environment is designed to support children's diverse needs and interests, offering a range of materials, resources, and experiences that promote curiosity, creativity, and critical thinking. Positive relationships and interactions between children and caregivers are cultivated in safe and supportive environments, fostering a sense of belonging, trust, and emotional security.

When environments are safe, healthy, and stimulating, children can flourish physically, emotionally, socially, creatively, and cognitively, laying the groundwork for lifelong success and well-being.

Assessments

Program and child assessments are vital tools in ensuring the effectiveness and quality of early childhood care and education. Through program assessments, professionals can evaluate the curriculum, teaching practices, and overall environment to identify strengths and areas for improvement. Likewise, child assessments provide valuable insights into individual development, allowing for tailored instruction and support to meet each child's unique needs. By systematically assessing both programs and children, early childhood professionals can make informed decisions, track progress, and continuously enhance the quality of education and care provided, ultimately promoting positive outcomes for all children.

Family Engagement

Family engagement is essential in early childhood education as it plays a fundamental role in supporting children's learning and development. When families are actively involved in their children's education, they become partners in the learning process, fostering a sense of collaboration and mutual respect between home and school environments. Engaged families can provide valuable insights into their children's interests, strengths, and challenges, helping professionals meet individual needs effectively. Moreover, strong family-program partnerships contribute to a supportive and inclusive learning community, where families feel valued, empowered, and connected to their children's educational journey.

Community Relationships

Community relationships extend the support network beyond the classroom, enriching children's learning experiences and overall development. Collaborating with community organizations, businesses, and individuals allows professionals to access a wealth of resources, expertise, and opportunities that enhance the quality of education or care provided. Strong community connections foster a sense of belonging and interconnectedness, instilling in children a broader understanding of the world around them and promoting social responsibility and empathy. By actively engaging with the community, early childhood programs create inclusive learning environments that reflect and celebrate the diverse cultures, backgrounds, and experiences of their students, ultimately preparing them to become active and engaged citizens in society.

Leadership and Management

Leadership and management are important for guiding the direction and operation of educational programs. Strong leadership sets the vision and goals for the organization, inspiring and motivating staff to work towards a shared mission of providing high-quality care and education for young children. Effective management ensures that resources are allocated efficiently, policies and procedures are implemented effectively, and day-to-day operations run smoothly so that all children, families, and staff have high-quality experiences.

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6.3: Measurements of Quality

Learning Objectives

By the end of this section, you should be able to:

- Identify the various tools and methods used to measure the quality of early childhood education programs, such as assessments, ratings, and accreditation systems.

Since there is no single definition of quality, there is also no single measurement tool to determine and compare early childhood program quality across the United States. However, there are a number of tools that are widely used to assess and report the quality of early childhood programs.

Environment Rating Scales

The Early Childhood Environment Rating Scale (ECERS), for children ages 3–5, the Infant/Toddler Environment Rating Scale (ITERS), and the Family Child Care Environment Rating Scale (FCCERS) are standardized tools used to measure process quality at the classroom level. The measures contain multiple items on which programs are rated and are organized into seven sub-scales. These sub-scales include ratings of:

- space and furnishings, personal care routines,
- the activities and interactions that take place in the classroom, and
- how the program engages with families.

Ultimately, these tools are designed to assess the various interactions that occur in the learning environment—for example, between staff and children and among children themselves, the interactions children have with materials and activities, and the structures that support these interactions such as the space and the schedule.

CLASS

The Classroom Assessment Scoring System, or CLASS, is an observation tool that assesses the interactions between teachers and children that affect learning and development. CLASS has separate scales for different age groups, reflecting the differences in how infants, toddlers, and preschoolers learn. The infant observation has just one domain while the pre-K observation has three domains. The observation assesses:

- the quality of relationships,
- routines,
- organization of the physical environment, and
- interactions with care-givers and children, including how language is used to promote critical thinking.

National Accreditation

Accreditation is a voluntary process that programs can use to help improve their level of quality and demonstrate to, current and prospective, families that the program has gone above and beyond what is required by state regulation. To achieve these accreditations, programs need to engage in extensive self-study and go through an external validation process. While these accreditations do differ, most contain a number of common standards. For example, they generally include standards related to:

- the learning environment,
- teacher and child interactions,
- staff qualifications,
- classroom sizes and/or adult:child ratios,
- professional development, and
- family engagement,
- program management, etc.

QRIS

QRIS, or quality rating and improvement system, is a systemic approach to assess, improve, and communicate the level of quality in early, and school-age, care and education programs. The development of QRIS began in the late 1990s as a way to direct higher childcare subsidy reimbursement rates to higher-quality programs. The first state QRIS was implemented by Oklahoma in 1998 (NCECQA, n.d.).

QRIS awards quality ratings to programs that meet a set of defined program standards (NCECQA, n.d.). Not all states have a QRIS, but many do (Child Care Aware, 2024). Programs are assessed on multiple elements and receive a rating reflecting their level of quality—usually on a scale of 1 to 3 or 1 to 5. Each state has a unique QRIS, reflecting its own priorities and context. However, many QRIS do include environmental observations such as ECERS or CLASS as part of their assessment activities, and these scores factor into the overall QRIS rating. Other elements of the rating might include family engagement activities, child assessments, and program management. Many QRIS also waive some requirements for programs with national accreditation, or automatically grant programs a certain QRIS rating as a result of their national accreditation (Workman & Ullrich, 2017).

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CHAPTER OVERVIEW

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7.1: Developmentally Appropriate Practices

7.2: Commonality

7.3: Individuality

7.4: Context

7.5: NAEYC Guidelines for DAP

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7.1: Developmentally Appropriate Practices

Learning Objectives

By the end of this section, you should be able to:

- Define developmentally appropriate practices (DAP) in early childhood education and explain their role in fostering healthy child development and learning.

Early childhood professionals have a wealth of resources to draw from as they plan ways to meet the developmental needs of each of the children in their care. The National Association for the Education of Young Children (NAEYC) is the main professional organization for Early Childhood Educators. NAEYC defines **developmentally appropriate practice** as "methods that promote each child's optimal development and learning through a strengths-based, play-based approach to joyful, engaged learning". It is the job of early childhood professionals to make sure that our practice meets children's developmental needs. For example, there has been an unfortunate trend for modern preschools to include formal academic content taught at a level meant for older children. These practices are not developmentally appropriate. Developmentally appropriate practice dictates that any academic content should meet children's developmental needs first. That means that children are given opportunities to learn academic content that are in keeping with their developmental level – such as learning through play.

For a practice to be developmentally appropriate, it must consider *commonality* (how a practice pertains to developmental domains and a child's age), *individuality* (how a practice considers a child's interests and needs), and *context* (how a practice addresses a child's social and cultural background).

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7.2: Commonality

Learning Objectives

By the end of this section, you should be able to:

- Identify key elements of commonality in developmentally appropriate practices, including the universal principles of child development and learning.
- Explain how commonality in child development and learning applies to all children, emphasizing the role of social, cultural, linguistic, and historical contexts.

Commonality is representative of the *current research and understandings of processes of child development and learning that apply to all children, including the understanding that all development and learning occur within specific social, cultural, linguistic, and historical contexts* (NAEYC, 2020).

Considerations of Development and Theory

When professionals consider development in planning curriculum, it means understanding what is appropriate at a given age or stage of development. Developmental milestone charts can help with this. It is vital to know what children should be capable of at a given age of development and plan activities accordingly. For instance, we know that young children are concrete thinkers who learn best by using real, tangible items rather than representations of items. If we want a group of 3-year-old children to learn about apples, we will give them real apples to smell, touch, see, and taste. In this way, they can develop a long-lasting, deeper understanding of apples. This is developmentally appropriate. Offering a child a book about apples may be a useful support and vital for language development, but the book alone will never give them a conceptual understanding of apples.

Likewise, well-meaning families often expect early childhood professionals to have children complete worksheets in preschool. From what we know about child development, young children do not have the **executive function** (mental skills including memory, flexible thinking, and self-control) to allow them to sit in a chair for long periods of time to learn from worksheets. Further, their bodies are designed to wiggle and move. Sitting at a desk will not help preschoolers learn. That is why many high-quality early childhood programs focus on play-based learning (Blums & Holloway in Julien et.al, 2023).

Principles of Child Development and Learning

NAEYC has put forth nine principles and their implications for early childhood education professional practice.

1. Development and learning are dynamic processes that reflect the complex interplay between a child's biological characteristics and the environment, each shaping the other as well as future patterns of growth.
2. All domains of child development are important; there is a bi-directional influence in that each domain both supports and is supported by the others.
3. Play promotes joyful learning that fosters learning in all developmental domains, as well as content knowledge across disciplines. Play is essential for all children, from birth through age 8.
4. Although general progressions of development and learning can be identified, variations due to cultural contexts, experiences, and individual differences must also be considered.
5. Children are active learners from birth, they are constantly taking in and organizing information to create meaning through their relationships, their interactions with their environment, and their overall experiences.
6. Children's motivation to learn is increased when their learning environment fosters their sense of belonging, purpose, and agency. Curricula and teaching methods build on each child's assets by connecting their experiences in the school or learning environment to their home and community settings.
7. Children learn in an integrated fashion that cuts across academic disciplines or subject areas. Because the foundations of subject-area knowledge are established in early childhood, educators need subject-area knowledge, an understanding of the learning progressions within each subject area, and pedagogical knowledge about teaching each subject area's content effectively.
8. Development and learning advance when children are challenged to achieve at a level just beyond their current mastery and when they have many opportunities to reflect on and practice newly acquired skills.

9. Used responsibly and intentionally, technology and interactive media can be valuable tools for supporting children's development and learning.

Social and Cultural Learning

Social and cultural learning also influences how children grow and learn, such as the uniqueness of their family and where the family lives. As social and cultural settings change, the ways children grow and learn change too. "Social and cultural aspects are not simply ingredients of development and learning" (NAEYC)—these shape how it happens. For instance, play is something all children engage in, but how they play can vary depending on where they're from. So, teachers need to recognize both what all children share in their development and how those similarities can look different because of where they live and their culture.

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7.3: Individuality

Learning Objectives

By the end of this section, you should be able to:

- Describe the importance of recognizing and respecting individual differences in children when applying developmentally appropriate practices (DAP).

Individuality is defined as *the characteristics and experiences unique to each child, within the context of their family and community, which have implications for how best to support their development and learning* (NAEYC, 2020). Considering an individual child's needs means knowing what is appropriate for a given child. Early childhood professionals must take time to get to know the child as an individual and as a family and community member. The way this is determined is through a variety of methods:

- Reflection on the professional's knowledge of the community;
- Seeking information from the family through formal (conferences, family events, requesting parents also complete assessment tools, etc.) and informal means (daily communication, child information sheets upon enrollment, etc.);
- Observing the child;
- Examining the child's work;
- Using authentic, reliable, and valid individual child assessments.

The curriculum should be tailored to each child's different developmental needs. Perhaps there is an art activity in the classroom in which children cut paper with scissors and glue it onto a larger sheet. If some children do not have strong scissor skills, they may rip paper instead and use glue sticks to glue it down. In this way, children's individual developmental needs are met. They still can practice fine motor skills with art, but it is not designed to limit children by ability level. This type of planning is one of the hallmarks of early childhood professionals – the thoughtful practice of tailoring activities to meet children's individual needs. This practice is also referred to as **differentiation,** where the teacher understands and implements the idea that "one size does not fit all" (Blums & Holloway in Julien et.al, 2023)

Diversity Beyond Skills Alone

Early childhood professionals must also understand that each child's knowledge, skills, abilities, interests, and needs contribute to the overall diversity among the group, and that these differences extend to:

- How children see themselves and their social identity within their community/culture;
- Interests, preferences, and strengths that children, and others, acknowledge and/or express;
- Children's temperament, personalities, motivations, and approaches to learning;
- Cultural knowledge, including all facets of language.

Recognizing this diversity, and the opportunities it offers to support all children's learning, exemplifies a model for appreciating each child's unique strengths and talents.

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7.4: Context

Learning Objectives

By the end of this section, you should be able to:

- Explain how the context, including cultural, social, and environmental factors, supports the creation of more effective and meaningful learning experiences.

Context refers to *everything discernable about the social and cultural contexts for each child, each professional, and the program as a whole* (NAEYC, 2020)

To consider culture in developmentally appropriate practice is to keep in mind the context in which the child is raised. Each family's set of rules, way of communicating, neighborhood, history, status, and environment is unique. While there are some universals, what is considered developmentally appropriate for one culture may not be for another culture. For instance, the ways adults talk with children can vary widely depending on the culture. Some cultures rely heavily on verbal communication while others rely more on non-verbal communication. Cultures can also vary in their norms around children's freedom to move freely around a space. Some cultures allow children to move freely while others expect that children ask permission from an adult. Differences in these norms may mistakenly be seen as behavior issues by professionals (Blums & Holloway in Julien et.al, 2023).

Culturally relevant pedagogy is the practice of including ideas and artifacts that refer to a child's individual culture. This concept also extends to assessments. When measuring development using assessments, it is important to consider the cultural relevancy of the assessment. Does the assessment allow for children who speak multiple languages or those who do not have a familiarity with classroom materials? Imagine, for instance, that your assessment references American football. What happens when you have a child in your class who has just moved from India? Will her assessment be meaningful if she doesn't understand the rules of American football? Teachers can be mindful of such differences when assessing children. The best way to stay informed about cultural practices is to develop reciprocal communication and strong relationships with the children's families (Blums & Holloway in Julien et.al, 2023).

With regard to context, and developmentally appropriate practice, in general, it is important for early childhood professionals to recognize and fight against their own biases and the biases in society that could undermine a child's growth and well-being. Part of working towards this goal is committing to the professional responsibility of being a life-long learner and fostering life-long learning in children. This means staying up-to-date on research, as well as listening and learning from the families and communities they work with (NAEYC, 2020)

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7.5: NAEYC Guidelines for DAP

Learning Objectives

By the end of this section, you should be able to:

- Outline the NAEYC guidelines for developmentally appropriate practices (DAP) and explain their role in shaping high-quality early childhood education.

NAEYC has outlined guidelines that help ECE professionals engage in developmentally appropriate practice. These guidelines are summarized below, but for a deeper look please refer to the Developmentally Appropriate Practice Position Statement from the National Association for the Education of Young Children.

The guidelines are as follows:

1. Creating a caring community of learners
2. Engaging in reciprocal partnerships with families and fostering community connections
3. Observing, documenting, and assessing children's development and learning
4. Teaching to enhance each child's development and learning
5. Planning and implementing an engaging curriculum to achieve meaningful goals
6. Demonstrating professionalism as an early childhood educator

These guidelines go beyond child development and reach the larger context of teaching and learning in early childhood settings. Each of the six guidelines plays a role in creating a developmentally appropriate learning experience for children.

Creating a caring community of learners refers to how teachers create respectful interactions, positive relationships, and a supportive environment that focuses on the strengths that each child and family brings.

Engaging in reciprocal partnerships with families and fostering community connections refers to how teachers establish two-way communication with families that respects varying communication styles, create multiple types of opportunities for family participation, and use families as a source of information for each child. It is important to also consider the community to which the program belongs and develop practices that honor and respect the community.

Observing, documenting, and assessing children's development and learning is how teachers measure how children are progressing in their development. This refers to watching and systematically observing children at play, keeping track of these observations using some type of system or tool, and later using that information to draw conclusions about how a child is meeting developmental goals.

Teaching to enhance each child's development and learning means that teachers use child development principles to foster learning. One main way to achieve this is through play-based learning. It also means that teachers use direct instruction in effective ways that meet children's needs and create learning experiences that are varied in format and complexity.

Planning and implementing an engaging curriculum to achieve meaningful goals refers to taking time to reflect and consider children's individual developmental goals and create learning experiences around those goals. These goals come from the observations and assessments that have been previously carried out. Curriculum should also include all developmental domains (physical, cognitive, emotional, and social) and learning content areas (art, music, math, science, and language/literacy).

Demonstrating professionalism as an early childhood educator is achieved in many ways. One way to demonstrate professionalism is to follow the Professional Standards and Competencies for Early Childhood Educators from NAEYC.

Final Thoughts

Understanding child development is a vital skill for all early childhood teachers. Knowing the key features of the developmental domains- physical, cognitive, social, and emotional is a good start. Making sure that both typically developing and atypically developing children's needs are met is a requirement of good early childhood education. Implementing developmentally appropriate practice is critical to quality teaching. As with all things, understanding child development and its connection to

developmentally appropriate practice takes time. It means seeking new knowledge and staying connected to the children in your care (Blums & Holloway in Julian, et.al, 2023).

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CHAPTER OVERVIEW

8: Relationships and Guidance

8.1: Behavior Defined

8.2: The Role of Relationships

8.3: Interactions

8.4: Social and Emotional Connections to Behavior

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8.1: Behavior Defined

Learning Objectives

By the end of this section, you should be able to:

- Define behavior in the context of early childhood education and explain its significance in understanding children's development and interactions.
- Explain how behaviors can be influenced by various factors, including environment, culture, and developmental stage, in shaping children's learning experiences.

Defining Behavior

According to the dictionary published *by* Merriam-Webster (2024), ***behavior*** is a noun and used to describe the way in which someone conducts oneself or behaves, the manner of conducting oneself, as in anything that a child does involving action and response to stimulation, the response of an individual, group, to its environment, and finally, the way in which something functions or operates.

It is important to note that behavior includes not only the way in which one acts or conducts oneself, but especially how one acts or interacts toward others. Likewise, behavior is the way a person acts in response to a particular situation. Behavior has two purposes:

1. to get something or
2. to avoid something.

The What and How...

Children learn all behavior. They learn from watching others and we learn from the reactions we get in response to behavior. As behavior is learned, it can also be unlearned. When we stop and ask the question “Why is this behavior occurring?” we can identify the opportunity to teach new, more appropriate behaviors as replacements.

All behavior is communication. This communication happens every moment of every day. This important function is a signal that a child may not have the words or skills to tell you what they need, so they communicate with behavior. It can also be that a child does not even know what they need! When we understand and acknowledge this communication that is the basis of unwanted behavior or “misbehavior”, we can work to change that communication into a form that is socially acceptable, safe, and healthy.

Behavior is observable. It is what we see and what we can hear, such as a child throwing a block, standing up, speaking, whispering, yelling, or arguing with a classmate. On the reverse side, behavior is how a feeling is expressed, not what the child is feeling. An example of expressing a feeling is that a child may show anger by rolling her eyes, making a face, yelling, or crossing his arms, and turning away from the adult. These are observable actions and are more descriptive than just stating that the child looks anxious.

Behavior is measurable. This means that the early care and education professional can define and describe the behavior in objective, concrete, fact-based terms. The adult can easily identify the behavior when it occurs, including when the behavior begins and ends, and how often it occurs. An example of this is taken from circle time and the child who is “interrupting all the time”. This behavior is not measurable because it is not specific. However, stating that “Holly yells, ‘teacher!’ 4 times during circle time” is specific and we can measure and track the data each day at circle time. Using this operational definition of objective data, anyone observing in the classroom would be able to identify specifically which behavior the teacher is working to change.

Behavior does not occur in isolation. The process of behavior has three parts:

1. The action or event that comes first (the trigger)
2. The resulting behavior(s)
3. The consequences of or reaction to the behavior.

Behaviors are visible. This visibility is in terms of desired and undesired behaviors. Think for a moment in terms of behavior being like a tree and its root system. Above the ground, we see and observe the behavior. What we do not see is the part of the tree

and its root system that is below the ground. It is the same with behavior. We see the actions and manifestations of the behavior. We do not see the underlying characteristics of feelings, thinking, and attitude(s).

Behavior falls under the domain of social and emotional development. Children are born with the want and need to connect with those around them. When parents and teachers along with other caregivers create positive relationships with children beginning at birth through the early years, they value their diverse cultures and languages, children feel safe and secure. This creates a base for strong social and emotional development. This also affects how children experience the world, express themselves, manage their emotions, and establish positive relationships with others.



Image 8.1 A deciduous tree with roots exposed is licensed under CC by 1.0 Above ground (the leaves and branches) represent what is seen/observable behavior(s). Below ground (the roots) represent what is unseen/unobservable.

Behaviors are outcomes (or results) that can be observed. Above the ground the behaviors we see children say and do might include indicators adapted from Mona Delahooke's work:

• Saying nice things to others or nothing at all • Working quietly while others finish their work • Keeping hands and feet to self • Raising hand and waiting quietly • Respecting others • Being agreeable • Calling other students bad names • Taking other students' belongings without asking	• Asking the person to borrow their belonging before using it • Follow directions the first time • Arguing or refusing to comply with adult requests or directions • Disturbing others while they are working • Punching or kicking others • Blurting out answers • Bullying others • Arguing

A child's behavior may not be communicating what it seems outwardly. Every behavior has a motivation or purpose. While we cannot assume that we know the motivation for the behavior, we can observe the results of the motivations. Those observations must be objective, factual, and descriptive to assist in the identification of the motivation. Any of these motivations can be the reason for behavior:

I feel angry. I feel frustrated. I feel scared. I feel happy. I feel loved. I feel proud. I feel lonely. I feel worried.	I feel embarrassed. I feel sad. I feel sick. I am tired. I am hungry. I do not feel safe. I do not belong. I am not respected.	I am not understood. I am not accepted. I do not matter. I do not feel loved. I cannot do things by myself.

Look again at the photo of the tree. The roots are underground, therefore not observed. Here are some behaviors that are typically "under the surface" and are not seen are:

• social skills • basic needs • physical safety • need to belong • security • hunger	• thoughts • executive functioning • environmental stressors • attention	• sleep • attachment • need for connection • need for attention

Here are some needs that are an underlying cause of behavior in children:

• sensory needs • emotions • self-esteem	• developmental level • fear	• anger • power • sadness

The theory behind the tree and root model of childhood behavior is that there are many things that influence the way that children act and react, including skills, knowledge, experience, social roles or values, self-image, traits, and motives. Under the surface in the root system, however, are the unseen forces that can shape their behaviors.

As adults, we need to take the time to understand behavior and the motivations or causes of behavior. True behavior "problems" or challenges are those that are continuous and that get in the child's way of social relationships, communication, and learning. These misunderstood behaviors can potentially cause harm to the child, the family, other children, and other adults.

Reflection

Behaviors are communication and are both seen and unseen. Think in terms of the tree presented above. The leaves and branches are seen, just like in behavior where we can observe changes and growth. The photo shows that the roots are below ground, hidden, and not easy to see or observe. The roots, even though not observable, are a vital part of the whole tree.

- The same can be said for behavior, we only see part.
- Some aspects of behavior are easily seen or observed (above ground), while the "invisible" characteristics seen in the photo as underground, are equally important to determining motivation and change.

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This page is adapted from 10.2 Behavior Defined by Niemer, A. & Romppanen, S. in Julian, G., Boyd, B., Blums, A., Moon, C., Sharpe-Haygood, D., Karshna, J., Leek, S., Neimer, A., & Gill, N. (2024). (1.1 Eds). *Introduction to Early Childhood Education*. Libretexts.

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8.2: The Role of Relationships

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of positive relationships in early childhood education and how they influence children's social and emotional development.



Image 8.2.1 "Young boy stacking Jenga blocks" is licensed under CC by 1.0

Now that we have a shared understanding of how behavior is defined, this section of the chapter will support you in exploring and reflecting on the connection between relationships, social development, emotional development, and behavior. Did you know that relationships with others may influence behavior either positively or negatively?

Reflect for a moment on this photo of the young boy playing Jenga. As he moves and/or removes the blocks the structure becomes unbalanced and even unpredictable. A child's behavior and the relationships in his or her life can mirror this game of Jenga. Social and emotional development are also important to the foundation as they help to inform how the child manages feelings and emotions and how he/she can socialize and cooperate with others within a relationship.

What the Research Says

According to the National Scientific Council on the Developing Child, young children experience their world as an environment of relationships, and these relationships affect practically every aspect of their development. Simply put, relationships are the "active ingredients" of the environment's influence on healthy human development. They incorporate the qualities that best promote competence and well-being – individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being such as a parent, peer, grandparent, aunt, uncle, neighbor, teacher, coach, or any other person who has an important impact on the child's early development. Relationships engage children in the human community in ways that help them define who they are, what they can become, and how and why they are important to other people (NSCDC, 2004).

When children have secure and stable relationships with caring adults, they are more able to develop warm and positive relationships with others. These children are more excited about learning, more positive about coming to school, more self-confident, and have stronger social skills. (NSCDC, 2004). When relationships are secure and stable the child's social skills to support interactions are strengthened, along with the ability to express and manage feelings and emotions.

Peer to Peer Relationships

It is also important to understand that the relationships children have with other children also inform and influence their behavior. Young children learn from each other how to share, how to participate in shared interactions such as, taking turns, the reciprocal acts of giving, and receiving, how to respect and accept the needs and wants of others, and how to manage their impulses.

Simply being around other children, however, is not enough to build the skills for positive behaviors. The development of friendships is critical, as children learn and play more competently in the bond created with friends rather than when they are dealing with the social challenges of interacting with casual acquaintances or unfamiliar peers. Positive relationships and positive

behaviors all add to healthy brain development and depend upon the relationships with individuals in the child's close community as well as in the family. (Harvard, 2006).

Environments

It is within that context of family that we must remember that everything we think, say, and do is processed through our lens and our unique cultural backgrounds. For teachers, it is essential to see and understand your own culture to see and understand how the cultures of children and their families influence children's behavior. Only then can you give every child a fair chance to succeed (Kaiser & Raminsky, 2020).

According to Kaiser and Raminsky (2020), your culture and the children's cultures are not the only cultures at work in your classroom. Every school and early childhood education program has a culture too. The cultures of most American schools are based on White European American values. As the makeup of the US population becomes more diverse, there is more cultural dissonance —which impacts children's behavior.

White European American culture has an individual orientation that teaches children to function independently, stand out, talk about themselves, and view property as personal. In contrast, many other cultures value interdependence, fitting in, helping others, being helped, modesty, and sharing property. In fact, some languages have no words for *I*, *me*, or *mine*.

Children who find themselves in an unfamiliar environment—such as a classroom that reflects a culture different from their home culture—are likely to feel confused, isolated, alienated, conflicted, and less competent because what they have learned so far in their home culture simply does not apply. They may not understand the rules, or they may be unable to communicate their needs in the school's language. (Kaiser & Rasminsky, 2020)

Because the way you respond to children's behavior and conflict is bound to your own culture, it is common to get the wrong idea about a child's words or behaviors. When you observe a child's behavior that appears to be noncompliant, ask yourself if that behavior could be culturally influenced. Honest and open conversations with the family will help you understand and respect their cultural beliefs and practices regarding education and child development.

> *Affirm the Child, Not the Behavior*
>
> *Dan Gartrell, 2020*

Building Relationships as a Professional

In terms of relationships, when you as the professional are responsive to the children's culture you are better able to form genuine and caring relationships with the children and their families. You can scaffold this to build on what the child already knows and can do and identify their next steps for learning. This information will help you choose and implement appropriate activities and strategies that honor children's cultures as well as life experiences and teach children what they need to know and do to be successful in the world today. (Kaiser & Rasminsky, 2020).

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) outlines the fundamental importance of positive relationships in an article by Drs. Gail Joseph and Phillip Strain. When adults invest time and effort in teaching proactively prior to behavior "events" children are more successful in achieving improved behavior change, even in situations that might lead to escalating challenging behavior. The key is communicating non-contingent affection and unquestioned valuing of children. The bottom line is that success is dependent on building a positive relationship first. Adults need to invest time and attention with children as a precedent to the optimum use of sound behavior change strategies (CSEFEL).

The first step is to invest time in relationship building, and the second is to understand that as your relationships with the child become stronger, so does your potential influence on their behavior. Children will "cue in" on the presence of you as a meaningful and caring adult and will attend differentially and selectively to what you say and do, continuing to seek out ways to ensure even more positive attention from the adult (Lally et.al, 1988).

Review these strategies as you work to build relationships with children (adapted from work by Drs. Joseph and Strain (CSEFEL):

- Offer children a choice as much as possible vs. asking for compliance. Instead of saying "It's time to clean up", ask the child if she would like to put the blocks in the basket or the cars on the shelf.

- Take time to reflect to determine if you might ignore some forms of challenging behavior (for example a child's loud voice), which is simply a decision about where and when to intervene. Note that this is different than "planned ignoring" for behavior designed to elicit attention.
- Be aware of your behaviors and expectations. Set appropriate goals for behavior and determine a way (possibly a counter or visual reminder) to make and track multiple and ongoing relationship deposits.

There will be times when you should and will need to give feedback to children that are in the form of corrections and reminders. This will not hinder your relationship building. The important takeaway is that your positive interactions need to happen in a greater number and frequency. As you learn to do this you can begin to keep a tally of how many times you remind a child about an unwanted behavior. The goal is for you to find at least twice the number of positive things to comment on and tally those also (CSEFEL).

When children do not receive positive feedback, they are less likely to enter the positive cycle of motivation and learning. The conclusion here is that when children have positive interactions with teachers and other adults, they have fewer instances of challenging behavior. When children feel safe and understood they can use those positive interactions to help build positive relationships. This will build motivation and stimulate within the brain a cycle of repetition focused on motivation and learning.

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8.3: Interactions

Learning Objectives

By the end of this section, you should be able to:

- Describe the role of positive interactions in shaping children's behavior, learning, and development.
- Identify strategies that teachers can use to foster a growth mindset and extend learning through open-ended statements and conversations.

Introduction



Figure 8.3.1: Teachers will interact with groups of children [75]



Figure 8.3.2: And teachers will interact with children one-on-one [76]

It cannot be repeated enough that human beings are social creatures that thrive on relationships. In order to maximize a child's interests, willingness to take risks, try again when initial attempts have not gone as planned, and learn to their fullest, we must establish and maintain relationships with children that foster trust and encourage autonomy and initiative.

Interactions should be as much of what we plan for as the materials and experiences themselves. Built into every curriculum plan should be thoughts about how the teacher will:

Reflect back on the professional's role and the importance of establishing and maintaining relationships to foster brain development. The concept of relationships will be present in the curriculum that we plan for young children.

Quality Interactions

Quality interactions will include:



Pause to Reflect
What other characteristics of quality interactions come to mind? Which will be easiest for you? Most difficult? Why?

Communication

Communication goes hand in hand with interaction. Being aware of what we are saying and how we are saying it is crucial in establishing and maintaining relationships. Positive communication includes:

Nonverbal:

Verbal:

The type of questions you ask will elicit different responses. Sometimes we want a direct answer while most of the time we want to generate deeper thinking to promote learning. Consider each of the questions below regarding the color blue:

Each will point out that the child's pants are blue but in very different ways.

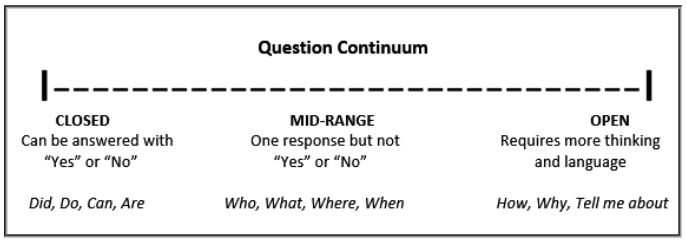


Figure **8.3.3**: The question continuum [77]

Considering what **type of thinking** we want to promote enables us to create questions and statements that spark that knowledge. Thinking is often broken down into two types:

Convergent thinking – emphasizes coming up with one correct response; "converging" on the "right" answer.

Divergent thinking – emphasized generating multiple responses, brainstorming, and "thinking outside the box"; "diverging" into different ways of thinking and answering.

Both can be valuable as children develop and learn. Often starting with divergent questions and then following up with convergent questions allows for broad thinking that can then be narrowed down.



Vignette

Teacher Odom sets up a play dough table with ingredients to make dough and materials to use after it is made. He lets the children know that he will be there if anyone wants to join him. Three children hurry over and he greets each of them and says, "I'm so happy you decided to join. Let's get started". He shows them the recipe and encourages them to decide how to proceed. They take turns adding the ingredients and he shows patience and interest as they take the lead, asking open-ended questions along the way, "What will we do next?" "What do you think will happen?" and facilitating conversations. He points out each of their contributions along the way and focuses on the processes they are using rather than the finished product. He encourages them to interact with each other, "Wow, look at how B did that" and "Isn't it interesting how you both added flour but you did it so differently". Other children come to join and he encourages the original three to find ways to include them. When the dough is complete, the children use a variety of rolling pins, cookie cutters, and dull plastic knives to play with it. He continues expressing his interest, by commenting on how each child is using the materials and asks open-ended questions to foster deeper learning.



Pause to Reflect

What are some ways the teacher fostered interactions with children to enhance their trust, encourage their autonomy and initiative, and foster thinking and learning?

It is important to use our observational skills to get to know the individual children we are planning for. The "cycle of reflection" begins with observing, documenting, and interpreting so that you can plan, implement, and evaluate appropriate interactions and experiences that make sense and meet the needs of the particular children we are working with. Below we will take a deeper look at the ways we use our observational data and interpretations.

Create a sense of safety and trust

- Acknowledge children's autonomy
- Foster a growth mindset
- Extend learning through open-ended statements and conversations
- Valuing each child for who they are
- Finding something special and positive about each child
- Maintaining a positive attitude
- Finding time each day to interact and make a connection with every child
- Respecting children's opinions and ideas
- Being present for children
- Reflecting back on what they say and do
- Listening to hear rather than respond
- Creating a warm and welcoming environment
- Being consistent as a means of establishing trust
- Focusing on the process
- Focusing on what children CAN do rather than what they can't do YET
- Including families as valuable team members (for more information refer to Chapter 16 – Partnering with Families)
- Understanding and respecting each child's individual and group culture
- Get down to children's level
- Observe
- Be present
- Listen
- Understand
- Use positive facial expressions
- Look interested
- Smile
- Be aware of the tone and volume of your voice
- Speak slowly and clearly
- Use facial expressions and body movements that match your words
- Give choices and share control
- Focus on the positive
- Describe what you are doing as children are watching
- Model appropriate language
- Reflect on what children are saying
- Have conversations with multiple exchanges
- Consider close vs. open-ended questions and statements
- "Are you wearing blue today"?
- "What color are your pants"?
- "Tell me all the things you see that are blue"

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8.4: Social and Emotional Connections to Behavior

Learning Objectives

By the end of this section, you should be able to:

- Explain the link between social and emotional development and behavior in young children.



Two girls standing close together. Image 8.4.1 is licensed under CC by 1.0

Introduction

As children grow and learn to be in the world, they learn the skills needed to take turns, help their friends, play together, and cooperate with others. Generally, around the same time, children are learning about their own feelings and emotions.

Children are born with the need and desire to connect with those around them (social development). When professionals establish positive relationships with children from birth through the early years, and value their diverse cultures and languages, children feel safe and secure, laying the foundation for healthy social and emotional development.

This process affects how children experience the world, express themselves, manage their emotions, and establish positive relationships with others (emotional development). Emotional awareness is the ability to recognize and identify our own feelings and actions along with the feelings and actions of other people and understand how our own feelings and actions affect ourselves and others. Review this example of how a Venn Diagram can be used to show some of the discreet social development milestones and emotional development milestones, as well as the intersection (overlap) between the two:

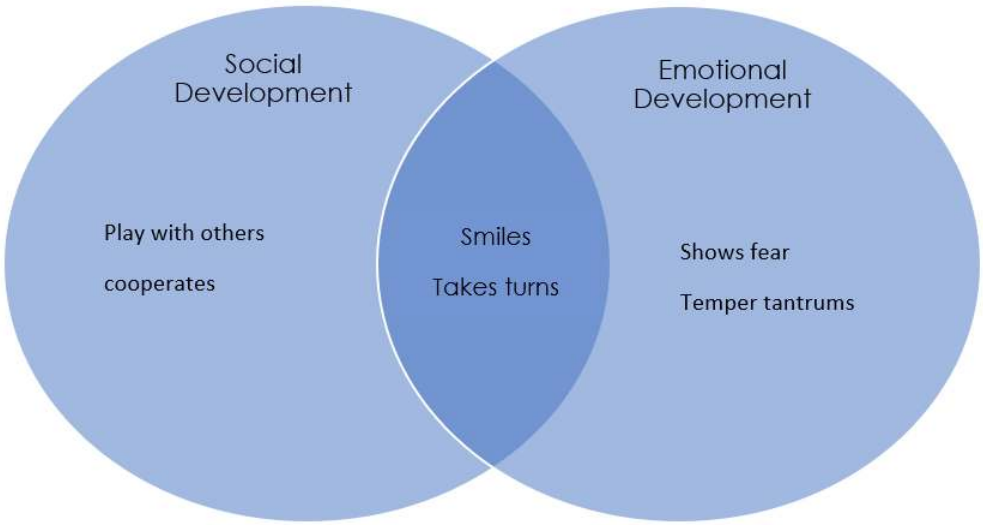


Figure 8.4.1 Venn Diagram of Social and Emotional Development

Milestones Related to Behavior

Here are some examples of social and emotional developmental milestones as they relate to behavior:

Table 8.4.1 Social and Emotional Developmental Milestones by Age

Age	Examples of social and emotional developmental milestones
Birth to 2 Months	May briefly calm himself (may bring hands to mouth and suck on hand). Tries to make eye contact with caregiver. Begins to smile at people.
4 Months	May smile spontaneously, especially at people. Likes interacting with people and might cry when the interaction stops. Copies some movements and facial expressions, like smiling or frowning.
6 Months	Reacts positively to familiar faces and begins to be wary of strangers. Likes to play with others, especially parents and other caregivers. Responds to own name.
9 Months	May show early signs of separation anxiety and may cry more often when separated from a caregiver and be clingy with familiar adults. May become attached to specific toys or other comfort items. Understands “no.” Copies sounds and gestures of others.
Age	**Examples of social and emotional milestones**
12 Months	May show fear in new situations. Repeats sounds or actions to get attention. May show signs of independence and resist a caregiver’s attempt to help. Begins to follow simple directions.
18 Months	May need help coping with temper tantrums. May begin to explore alone but with a parent close by. Engages in simple pretend or modeling behavior, such as feeding a doll or talking on the phone. Demonstrates joint attention; for example, the child points to an airplane in the sky and looks at the caregiver to make sure the caregiver sees it too.
2 Years	Copies others, especially adults and older children. Shows more and more independence and may show defiant behavior. Mainly plays alongside other children (parallel play) but is beginning to include other children in play. Follows simple instructions.
3 Years	May start to understand the idea of “mine” and “his” or “hers.” May feel uneasy or anxious with major changes in routine. May begin to learn how to take turns in games and follow directions with 2-3 steps. Names a friend and may show concern for a friend who is sad or upset.
4 Years	Cooperates with other children and may prefer to play with other children than by herself. Often cannot tell what is real and what is make-believe. Enjoys new things and activities.
5 Years	May want to please caregivers and peers. Is aware of gender. May start recognizing what is real and what is make-believe.
6-7 Years	Measure his performance against others. Continue to develop her social skills by playing with other children in a variety of situations. Be able to communicate with others without adult help. Starts to feel sensitive about how other children feel about him.

How Development and Behavior Are Interrelated

Social and emotional development involves several interrelated areas of development, including social interaction, emotional awareness, and self-regulation. Below are examples of important aspects of social and emotional development for young children.

Social interaction focuses on the relationships we share with others, including relationships with adults and peers. As children develop socially, they learn to take turns, help their friends, play together, and cooperate with others. **Emotional awareness** includes the ability to recognize and understand our own feelings and actions and those of other people, and how our own feelings and actions affect ourselves and others. **Self-regulation** is the ability to express thoughts, feelings, and behaviors in socially appropriate ways. Learning to calm down when angry or excited and persisting at difficult tasks are examples of self-regulation.

Children who are socially and emotionally healthy tend to demonstrate and continue to develop, several important behaviors and skills (adapted from McClellan & Katz, 2001; Bilmes, 2012). According to these authors, children

- Are usually in a positive mood
- Listen and follow directions
- Have close relationships with caregivers and peers
- Recognize, label, and manage their own emotions
- Understand others' emotions and show empathy
- Express wishes and preferences clearly
- Gain access to ongoing play and group activities
- Ability to play, negotiate, and compromise with others

Social and emotional development are both related to behavior, and include the areas of social interaction, emotional awareness, and self-regulation. Social interaction spotlights the relationships children share with others and includes relationships with adults and other children. As children develop socially, they learn the skills needed to take turns, help their classmates, play together, and cooperate with others.

Connecting to Behavior in the Classroom and Real-Life Supports

With behavior at the core of this chapter, we will use this section to look at teaching social and emotional skills intentionally to support positive behaviors. When we teach intentionally, we have a plan and a purpose, and our outcome (result) will be observable. We are approaching this from a teaching perspective, as that matches our strengths-based focus and moves away from a negative or punishing approach.

Review and reflect on these intentional teaching strategies. This work is adapted from NAEYC (The Intentional Teacher):

1. **Coaching on the spot:** This practice will help you to describe behaviors and actions as they are happening in the classroom and help children recognize what they are doing in real-time. This helps the children to understand the effect of their actions on others and helps them select a different and appropriate replacement action (Riley et al. 2008). For example, when Taylor grabs a toy from Nicole, you would kneel at the child's level and calmly interject, "Nicole is using that right now. Next time, if you want to use this toy please ask if you can have a turn when she's finished." You can then provide positive feedback to Taylor when you observe her desirable behavior.
2. **Effective praise.** Effective praise is meaningful feedback to the child that is related to what the child is doing at the moment. Giving effective praise is a powerful strategy for fostering children's social and emotional development (Kostelnik et al., 2015). An example of making praise effective would include you describing exactly and specifically what you see. This must be in objective terms and without generalizing, evaluating, or comparing. An example of this is related to a child painting at the easel. In giving effective praise you would share that "I see a very colorful rainbow. You used red, orange, yellow, green, blue, and purple. Just like in our rainbow song at circle time." This example provides detailed and positive comments. Effective praise can also be used with the first coaching example as desirable behavior is observed. You could say "Taylor, you used the magic word "please" when you waited for Nicole to finish with the toy. Great job working together!
3. **Modeling appropriate behavior.** We know that all children learn by observing other people. They learn from their observations and find ideas about behaviors and use these new ideas to manage their actions (Bandura, 1977).

When we implement non-invasive strategies in the classroom we are promoting socially and emotionally healthy behaviors.

Here are some points to remember:

- A gentle touch to a child's hand can be used to redirect attention or behavior.
- Acknowledge "in the moment" when you observe acts of kindness between children, or a group effort for working together to finish a job.
- Model appropriate warm and respectful behavior throughout the day with children and with your colleagues. Add modeling at specific times when a child needs a gentle reminder of the desired behavior or action.
- Move closer to a child and provide a non-verbal cue to redirect unwanted behavior.
- Use nonverbal gestures and cues (such as a nod of your head, a thumbs-up, or a gentle touch to the shoulder) to send a reminder message and acknowledge that you are there and aware.
- Use simple language like "walking feet", "hands to self", or "inside voice" to give reminders of expectations.

When children see teachers and other adults model these strategies that are non-threatening and do not invade their space, the child's response is typically a smile, they in turn use their gentle hands, say please and thank you, give hugs and high fives, and use appropriate words to label their feelings.

As adults, we are not only role models for the children, but we also use the child's appropriate behaviors to model social and emotional skills for them. You might choose to use puppets during circle time to demonstrate children's appropriate behaviors to help them use those skills in a meaningful way. You might also use a strategy called "social stories" to teach important social and emotional skills. Social stories are a tool created to help children learn routines, expectations, and appropriate behaviors, and presented in a story format. These stories help children learn in another way while at the same time reinforcing the behaviors that we as adults want to see.

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CHAPTER OVERVIEW

9: Safety

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9.1: Active Supervision

Learning Objectives

By the end of this section, you should be able to:

- Define active supervision in the context of early childhood education and explain its importance for ensuring children's safety and well-being.
- Describe the strategies and practices that educators can use to implement active supervision effectively in early childhood settings.

Introduction

Keeping children safe must be a top priority for all early care and education programs. Active supervision is the most effective strategy for creating a safe environment and preventing injuries in young children. It transforms supervision from a passive approach to an active skill. Staff use this strategy to make sure that children of all ages explore their environments safely. Each program can keep children safe by teaching all staff how to look, listen, and engage.

What is Active Supervision?

Active supervision requires focused attention and intentional observation of children at all times. Staff position themselves so that they can observe all of the children: watching, counting, and listening at all times. During transitions, staff account for all children with name-to-face recognition by visually identifying each child. They also use their knowledge of each child's development and abilities to anticipate what they will do, then get involved and redirect them when necessary. This constant vigilance helps children learn safely.

Strategies to Put Active Supervision in Place

The following strategies allow children to explore their environments safely. Infants, toddlers, and preschoolers must be directly supervised at all times. This includes daily routines such as sleeping, eating, and diapering or bathroom use. Programs that use active supervision take advantage of all available learning opportunities and never leave children unattended.

Set Up the Environment

Staff set up the environment so that they can supervise children and be accessible at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear the children. Small spaces are kept clutter-free and big spaces are set up so that children have clear play spaces that staff can observe.



Figure 9.1.1 – Open shelving can make supervision easier. Community Playthings (2020).

Position Staff

Staff carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Staff stay close to children who may need additional support. Their location helps them provide support, if necessary.

Scan and Count

Staff are always able to account for the children in their care. They continuously scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions when children are moving from one location to another.

Listen

Specific sounds or the absence of them may signify a reason for concern. Staff who are listening closely to children immediately identify signs of potential danger. Programs that think systematically implement additional strategies to safeguard children. For example, bells added to doors help alert staff when a child leaves or enters the room.

Anticipate Children's Behavior

Staff use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But, they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs staff's observations and helps them anticipate children's behavior. Staff who know what to expect are better able to protect children from harm.

Engage and Redirect

Staff use what they know about each child's individual needs and development to offer support. Staff wait until children are unable to problem-solve on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs (Office of Head Start, 2024).



Figure 9.1.2 – This teacher is nearby and carefully watching the children. California Department of Education.

What Does Active Supervision Look Like?

To understand what active supervision might look like in your program, consider the following example:

Maria and Yasmin have taken their three-year-old classroom out to the playground for outdoor playtime. The 15-foot square playground has a plastic climber, a water/sand table and a swing set. Maria and Yasmin stand at opposite corners of the playground to be able to move quickly to a child who might need assistance. The children scatter through the playground to various areas. Some prefer the climber, while others like the swings. Many of the children play with the sand table because it is new. Maria and Yasmin have agreed on a supervision plan for which children they will observe and are always counting the children in the areas closest to them, occasionally raising their fingers to show each other how many children are close to them. This helps them keep track of where the children are, and to make sure no one is missing. If one child moves to a different area of the playground, they signal each other so that they are both aware of the child's change in location.

Maria has noticed that Felicity loves to play in the sand table. She hears children scolding each other and notices that Felicity throws the toys without looking. As Maria sees Felicity and Ahmed playing at the sand table, Maria stands behind Felicity and suggests she put the toy back in the basket when she is done with it. By remaining close, she is also able to redirect Ahmed who has never seen a sand table before and throws sand at his classmates.

Kellan has been experimenting with some of the climbing equipment and is trying to jump off of the third step onto the ground. While he is able to do this, some of the other children whose motor skills are not as advanced also try to do this. To help them build these skills, Yasmin stands close to the steps on the climbing structure. She offers a hand or suggests a lower step to those who are not developmentally ready.

Maria and Yasmin signal to each other five minutes before playtime is over, then tell the children they have 5 minutes left to play. When the children have one minute left, Maria begins to hand out colors that match the colored squares they have painted on the ground. She asks Beto, a child who has trouble coming inside from playtime, to help her. When the children are handed a colored circle, they move to stand on the colored spot on the playground. As the children move to the line, Maria guides them to the right spot. When all the children are in line, both Maria and Yasmin count the children again. They scan the playground to

make sure everyone is in place, then move the children back into the classroom. They also listen to be sure that they do not hear any of the children still on the playground. Yasmin heads the line and Maria takes the back end, holding Beto's hand. When they return to the classroom, there are spots on the floor with the same colors that were on the playground. The children move to stand on their matching colors in the classroom. Maria and Yasmin take a final count, then collect the circles and begin the next activity.

Both Yasmin and Maria are actively engaged with the children and each other, supporting the children's learning and growth while ensuring their safety. They use systems and strategies to make sure they know where children are at all times, and that support developmentally appropriate child risk-taking and learning (Office of Head Start, 2024).



Pause to Reflect

Go back through the example and list the active supervision strategies that Yasmin and Maria used.

Active Supervision for Infants and Toddlers

Infant/toddler care is responsive, individualized care and it's important to think about infants and toddlers that are cared for in small groups with a primary-caregiver system of care and also to think about the flow of the day as being responsive to the individualized needs of the children. Staff work very closely with children throughout the day guiding them through individual or small-group routines and experiences. Staff are providing responsive, individualized care, and they will know each child well. That's an important piece of both individualized care and active and responsive supervision. They have a good sense of how each child gets through the day, what their abilities are, and what their temperament is. Even as they grow and change from day to day, they're able to follow each child in their care with an understanding of how it is that they're growing.



Figure 9.1.3 – Knowing children well is the basis of responsive care and active supervision. California Department of Education.

In center-based programs or larger family child care homes, more than one caregiver is working together in a team. Another thing that's important to remember is the kind of communication that develops between the two teachers in a classroom or a family-childcare provider and an assistant -- a communication that supports a child's safe movement throughout the day as well as their ability to explore and grow in a nurturing environment.

Adults provide support to each other, particularly at key times of the day, like transitions. All of those important, individualized routines require both adults to work together, such as individual sleeping times, going indoors and outdoors, changing times, feeding and eating times for infants and toddlers, and other times during the day when there may be a particular child that needs individualized care. It's so important that the staff working with them are working together to support continuity of care.

The environment itself can be a partner in caring for infants and toddlers, particularly when it comes to keeping children safe. We want to create environments that provide places for children to play and be both together and apart but always in full view and within easy reach of a caring and attentive adult (DHHS, n.d.).

Creating an Environment of Yes!

An environment of "yes" means that everything infants and toddlers can get their hands on is safe and acceptable for them to use. One way to ensure this is for adults to do ongoing safety checks in group care spaces and provide families with information about doing safety checks of their own. The teacher, home visitor, and the child's family play a vital role in making sure everything is safe, then stepping back to allow exploration.

Sometimes infants and toddlers will use materials in creative ways that surprise us! When teachers feel uncomfortable about an activity, they should stop and ask themselves two questions:

- Is it dangerous?
- What are the children learning from this experience?

If it is decided that the activity is safe with supervision, they should stay nearby. They should be thoughtful and open to what the children might be learning. If the activity is not safe, they need to consider what else might address the infants' and toddlers' curiosity in the same way. For example, if young toddlers are delighted to discover that by shaking their sippy cups, liquid comes out; a teacher may be worried that this water on the floor will lead to a slippery accident. Instead, they might provide squeeze bottles outside or at the water table. The adult is responsible for keeping children safe *and* encouraging learning through curiosity.

Saying "no" to infants and toddlers or asking them to "share" is a strategy that rarely works. One way to prevent conflict is to reflect on, and then set up, the space where children play in ways that promote "yes!"

- What areas generate the most "no's" or require the most adult guidance?
- What do the children need and enjoy the most when it comes to playtime?
- Do you have multiples of favorite toys?
- Do you have enough places where toddlers can play alone or with a few friends?
- Do you have adequate space for active play?
- Is the room appropriately child-proofed? (Office of Head Start, 2024)



Figure 9.1.4 – How might a teacher respond to this toddler pushing the stroller up here? Is this safe? What might he be curious about? California Department of Education.

Active Supervision for Preschoolers

It's important not to become complacent with safety practices. Teachers need to keep it fresh, thoughtful, and intentional. This begins with setting up the environment. Classrooms will have unique factors to consider. However, some general considerations include making sure that there is a teacher responsible for every part of the space children are in, which may be referred to as zoning, and for every part of the day (including transitions).

How teachers position their bodies is really important. They should see all of the children in their care from any position in the room. And when in playing areas, their back should not be to the center of the room, but towards the wall. It is also important to move closer to children as needed (rather than staying in one place and potentially missing out on problems that may arise).

Teachers also need to talk to each other, using back-and-forth communication, so that safety information is easily spread through the room. It may seem strange at first, sometimes, for teachers to talk to each other; but, it's incredibly helpful for active

supervision – when there are either changes in staff or children's routines, changes in roles, or changes during transitions.

One of the main purposes of zoning was to help all children be engaged and to minimize unnecessary wait times. When all staff know their roles in the classroom with zoning and tasks are getting handled, children are engaged and the unsupervised wait time is really minimized.

During transitions or routine changes, teachers need to have a heightened awareness. Transitions are challenging times for both children and their teachers, so the risk to safety increases. One thing that teachers can think about is how they can minimize the number of changes so that there aren't as many transitions happening in the classroom. There should be plans for what adults will do, before, during, and after transition times (DHHS, n.d.).

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9.2: Creating a Culture of Safety

Learning Objectives

By the end of this section, you should be able to:

- Explain the concept of creating a culture of safety in early childhood education settings and its role in promoting a safe learning environment for children.
- Identify strategies for fostering a culture of safety, including staff training, clear policies, and engaging families in safety practices.

Creating a Culture of Safety

The topic of keeping children safe is only partly about policies, rules, and oversight. Those things are important. But most important of all, this is about staff, the people who work directly with children and families. Those people must be supported with opportunities for reflection, professional development, and chances to think about the work they do and why that work is so important. What is challenging in that work, and what comes to them easily? It's the ability of programs to recognize and analyze challenging conditions and be able to make improvements.

Programs must make sure that staff have that sense of commitment and responsibility, and that they have the ability to ensure children are thriving is critical. They have to help make sure staff remember why we do the work, to be curious about children's interests, needs, and ideas, to have the opportunity to be creative, to enjoy children and each other's humor every day. These things, in addition to the policies and procedures, will allow staff to be fully present with children. Adults who can be fully present will keep children physically and emotionally safe and thriving.



Figure 9.2.1 – Being fully present with children protects their safety. California Department of Education.

The first step to doing this is to create a culture of safety. In this context, culture means the set of shared attitudes, values, goals, and practices that characterize a program; the way things work in that program and in that community. Experts and researchers have demonstrated that the culture of an organization plays a key role in all successful safety initiatives.

This is done by involving every staff member and committing to safety at all levels. Programs shouldn’t assume that nothing will ever go wrong. In fact, they should plan that something is going to go wrong. The goal is to create environments where there is zero harm, making it as hard as possible for things to go wrong.

Directors, managers, staff, and families must all embrace the belief that children have a right to be safe. All the adults in the program, the program leaders and staff, know that they are responsible for every child, all day, every day. People understand their roles and responsibilities in keeping children safe and embrace each of the 10 actions outlined in Table 2.1, that together support a culture of safety. This approach is holistic. It's integrated and community-centered. It isn't an add-on. It's not a burden. It's a way of doing business so children don't get hurt (DHHS, 2018).

Table 9.2.1

10 Actions for a Culture of Safety by the National Center on Childhood Health and Wellness is in the public domain.
1. **Use Data to Make Decisions**: Program and incident data serve as an important resource to help managers and staff evaluate children's safety.
2. **Actively Supervise**: Children are never alone or unsupervised. Staff position themselves so that they can observe, count, and listen at all times.
3. **Keep Environments Safe and Secure**: Programs create, monitor, and maintain hazard-free spaces.
4. **Make Playgrounds Safe**: Regularly inspected, well-maintained, age-appropriate and actively supervised outdoor play spaces allow children to engage in active play, explore the outdoors, and develop healthy habits.
5. **Transport Children Safely**: Programs implement and enforce policies and procedures for drivers, monitors, children, and families using school buses, driving to and from the program, or walking.
6. **Transport Children Safely**: Programs implement and enforce policies and procedures for drivers, monitors, children, and families using school buses, driving to and from the program, or walking.
7. **Be Aware of Changes that Impact Safety**: Staff anticipate and prepare for children's reactions to transitions and changes in daily routine, within and outside of the program.
8. **Model Safe Behaviors**: Staff establish nurturing, positive relationships by demonstrating safe behaviors and encouraging other adults and children to try them.
9. **Teach Families about Safety**: Staff engage families about safety issues and partner with them about how to reduce risks to prevent injuries that occur in the home.
10. **Know Your Children and Families**: Staff plan activities with an understanding of each child's developmental level and abilities, and the preferences, culture, and traditions of their families. This includes everything from maintaining current emergency contact information to understanding families' perceptions about safety and injury prevention.

Specific Risks for Injury

Child injuries are preventable, yet 8,110 children (from 0-19 years) died from injuries in the US in 2017.[52] Car crashes, suffocation, drowning, poisoning, fires, and falls are some of the most common ways children are hurt or killed. The number of children dying from injury dropped nearly 30% over the last decade. However, injury is still the number 1 cause of death among children.[53]

Children during early childhood are more at risk for certain injuries. Using data from 2000-2006, the CDC determined that:

- For children less than 1 year of age, two–thirds of injury deaths were due to suffocation.
- Drowning was the leading cause of injury death between 1 and 4 years of age.
- Falls were the leading cause of nonfatal injury for all age groups of less than 15 years of age.
- For children ages 0 to 9, the next two leading causes were being struck by or against an object and animal bites or insect stings.
- Rates for fires or burns and drowning were highest for children 4 years and younger.[54]

Injury in Early Care and Education/Child Care

Families "are naturally concerned for their child's safety, particularly when cared for outside of the home. However, children who spend more time in nonparental child care have a reduced risk of (unintentional) injury. This may be because child care centers and family day homes provide more supervision and/or safer play equipment. Nevertheless, injuries in child care settings remain a serious, but preventable, health care issue" (Lang et. al, 2009).

Table 9.2.2 – Preventing Injuries

Type of Injury	Prevention Tips
Sudden Infant Death	• Always put infants to sleep on their backs • Cribs, bassinets, and play yards should conform to safety standards and be covered with a tight-fitting sheet • There should be no fluffy blankets, pillows, toys, or soft objects in the sleeping area • Don't allow children to overheat (California Department of Public Health MCAH, 2019)
Choking	• Keeping objects smaller than 1½ inches out of reach of infants, toddlers, and young children. • Have children stay seated while eating • Cut food into small bites • Ensure children only have access to age-appropriate toys and materials (American Academy of Pediatrics, 2020; Anderson, 2020)
Drowning	• Make sure caregivers are trained in CPR • Fence off pools; gates should be self-closing and self-latching • Supervise children in or near water[59] • Inspect for any standing water indoors or outdoors that is an inch or deeper. • Teach children water safety behaviors. (California Childcare Health Program, n.d.)
Burns	• Have working smoke alarms • Practice fire drills • Never leave food cooking on the stove unattended; supervise any use of microwave • Make sure the water heater is set to 120 degrees or lower[61] • Keep chemicals, cleaners, lighters, and matches securely locked and out of reach of children. • Use child-proof plugs in outlets and supervise all electrical appliance usage. (McLain et.al, 2016)
Falls	• Make sure playground surfaces are safe, soft, and made of impact-absorbing material (such as wood chips or sand) at an appropriate depth and are well-maintained • Use safety devices (such as gates to block stairways and window guards) • Make sure children are wearing protective gear during sports and recreation (such as bicycle helmets) • Supervise children around fall hazards at all times[63] • Use straps and harnesses on infant equipment. (Mayo Clinic, 2020)
Poisoning	• Lock up all medications and toxic products (such as cleaning solutions and detergents) in original packaging out of sight and reach of children • Know the number to poison control (1-800-222-1222) • Read and follow labels of all medications • Safely dispose of unused, unneeded, or expired prescription drugs and over-the-counter drugs, vitamins, and supplements[65]

	• Use safe food practices.
Pedestrian	• Do not allow children under 10 to walk near traffic without an adult • Increase the number of supervising adults when walking near traffic • Teach children about safety including: • Walking on the sidewalk • Not assuming vehicles see you or will stop • Crossing only in crosswalks • Looking both ways before crossing • Never playing in the road • Not crossing a road without an adult • Supervise children near all roadways and model safe behavior[66]
Motor-vehicle	• Children should still be safely restrained in a five-point harnessed car seat • Children should be in back seat • Children should not be seated in front of an airbag[67]

Creating a Safety Plan

Early care and education programs have an obligation to ensure that children in their care are in healthy and safe environments and that policies and procedures that protect children are in place. Using a screening tool, programs can identify where they need to make changes and improvements to ensure children are healthy and safe while in their care. A checklist such as the one modified from Head Start's Health and Safety Screener in Appendix C can be used for this purpose.[68]



Figure 9.2.2 – Early childhood programs can make a safety plan.[69]

Programs must become familiar with the hazards to children that are specific to their population and location. Considerations for this plan include the type of early education program, ages of the children served, surrounding community, and family environments.

If any hazards are found upon screening, programs can make modifications to remove hazards or use safety devices to protect children from hazards. Care should be taken to ensure that the modifications include children with disabilities and special needs.

It will also be important to use positive guidance to help modify behaviors that put children's safety at risk. Professionals can use role modeling and communication to teach children how to respond to situations, including emergencies, that put their safety at risk.

Early childhood programs must continue to monitor for safety. This includes regular screening for safety and analysis of data surrounding injuries. Professionals must continuously monitor for conditions that may lead to children being injured and examine both the behaviors of children and adults in the environment (Robertson, 2013).

Documenting Injuries & Injury Prevention

When a child is injured, it is important to document the injury. This documentation is provided to families, typically in the form of an injury or incident report. These should document:

- Who was involved in each injury? (child/children; staff, volunteers, family members)
- Where did the injury occur?
- What happened? (What was the cause?)
- What was the severity of each injury?
- When did each injury occur?
- Who – e.g., what staff were present and where were they at the time of each injury?
- What treatment was provided? How was the incident handled by staff?
- How could each injury have been prevented? What will be done in the future to prevent similar injuries?
- Who was notified in the child's family? When? How?

It is important to keep these reports to analyze them to:

- identify location(s) for high risk of injury.
- pinpoint systems and services that need to be strengthened.
- develop corrective action plans
- incorporate safety and injury prevention into ongoing monitoring activities.[71]

Hazard Mapping

One such process to do this is hazard mapping, which is an approach to prevent injuries by studying patterns of incidents.

Step One – Identify High-Risk Injury Locations

1. Create a map of the classroom, center, or playground area. Label the various places and/or equipment in the location(s) that is being mapped. Make the map as accurate as possible.
2. Place a "dot" or "marker" on the map to indicate where each specific incident and/or injury occurred over the past 3-6 months (or sooner, if concerns arise).
3. Look at the severity of the injuries.
4. Identify where most incidents occur.

Step Two – Identify Systems and Services that Need to be Strengthened

1. Review the information on the injury/incident reports for areas with multiple dots.
2. Consider what policies and practices are contributing to injuries/incidents.

Step Three – Develop a Corrective Action Plan

1. Prioritize and select specific activities/strategies to resolve problem areas.
2. Develop an action plan to correct the problem areas you identified. Include each of the activities/strategies selected in this corrective action plan. Identify the steps, the individuals responsible, and the dates for completion.
3. Create a plan for sharing the corrective action plan with staff and families.

Step Four – Incorporate Hazard Mapping into Ongoing Monitoring

1. Determine if any additional questions should be added to injury/incident report forms to obtain this missing information.
2. When developing corrective action plans, consider prioritizing more serious injuries, even if they have occurred less often.
3. Make sure there reduction in injuries and/or incidents and the severity of the injuries with a corrective plan.[72]

Teaching Children about Safety

While it is the adult's responsibility to keep children safe and children should not be expected to actively protect themselves, teachers should help children develop safety awareness and the realization that they can control some aspects of their safety through certain actions. The earlier children learn about safety, the more naturally they will develop the attitudes and respect that lead to lifelong patterns of safe behavior.

Safety education involves teaching safe actions while helping children understand the possible consequences of unsafe behavior. Preschoolers learn through routines and daily practice and by engaging in language scripts and following simple rules. These scripts and rules may be communicated through voice, pictures, or signs. Children learn concepts and develop skills through repetition, then build upon these as concepts and skills become more complex.

Preschoolers need help to recognize that safe play may prevent injury. Teachers can promote independence and decision-making skills as children learn safe behaviors. Teachers can explain that children can make choices to stay safe, just as they wash their hands to prevent disease, brush their teeth to prevent cavities, and eat a variety of foods to help them grow strong and healthy.

Preschoolers can learn to apply a few simple and consistent rules, such as riding in a car seat and wearing seat belts, even though they are too young to understand the reasons for such rules. For example, four-year-old Morgan says, “Buckle up!” as she gets into a vehicle. Although Morgan lacks the skill needed to buckle the car seat buckle and does not understand the consequences of not being safely buckled into her car seat, she is developing a positive habit. Safety education in preschool focuses on behaviors the children can do to stay safe. It involves simple, concrete practices that children can understand.



Young children can develop habits that keep them safe. "Buckle Up: Car Seat Safety" by Nathan L. Hanks, Jr. in the public domain.

The purpose of safety rules and guidance is to promote awareness and encourage developmentally appropriate behavior to prevent injury. Teachers may include separate rules for the classroom, playground, hallways, buses, or emergency drills. Limit the number of rules or guidelines, but foster consistency (e.g., three indoor rules, three playground rules) and base them upon the greatest hazards, threats, and needs in your preschool program and community.

Safety guidance is most effective when teachers have appropriate expectations and safety rules are stated in a positive manner. For example, an appropriate indoor safety rule might be stated, “We walk indoors,” rather than the negative, “Do not run indoors.” On the playground, a rule might state, “Go down the slide on your bottom, feet first.” As children follow these rules, acknowledge them for specific actions with descriptive praise (e.g., “Kevin, you sat on the slide and went down really fast! That looked like fun!”).

State rules clearly, in simple terms, and in children’s home languages; include pictures or icons with posted rules to assist all children’s understanding. Children often are more willing to accept a rule when they are given a brief explanation of why it is necessary. Gently remind children during real situations; with positive reinforcement, they will begin to follow safety rules more consistently. As children develop a greater understanding of safety rules, they begin to develop self-control and feel more secure.

Adults are fully responsible for children’s safety and compliance with safety rules and emergency procedures. Safety education for children, which includes rules and reinforcement of verbal and picture scripts in children’s home languages (including sign language), is essential for handling emergency situations. Through practice and routines, children are better able to follow the

teacher's instructions and guidance. It is essential that teachers evaluate each child's knowledge and skill in this area, and provide additional learning activities as needed to ensure that all children can follow emergency routines.

Here are some strategies that teachers can use to help children learn about safety:

- Incorporate safety into the daily routine.
- Involve children in creating rules
- Provide coaching and gentle reminders to help children follow safety rules.
- Acknowledge children's self-initiated actions to keep themselves and others safe (such as pushing chairs in and wiping up spills)
- Provide time for children to practice safety skills (such as buckling seat belts)
- Introduce safety concepts and behaviors in simple steps.
- Role-play safety-helpers.
- Define emergency and practice what children should do in emergency situations.
- Introduce safety signs.
- Incorporate musical activities and safety songs.

Because of their level of cognitive development, many young children cannot consistently identify dangerous situations. They may understand some safety consequences and can learn some scripts. But adults must be responsible for their safety. Children often act

impulsively, without stopping to consider the danger. By learning and following simple safety rules (e.g., take turns, wear a helmet) and practicing verbal, visual, or sign-language scripts, children establish a foundation of lifelong safety habits.[74]



Engaging Families

- Share written and visual safety messages with families through newsletters, brochures, bulletin boards, Web pages, and take-home activities in the home languages of the families in the program. Emphasize safety issues that relate to your preschool program and community.
- Integrate parent information with children's learning about topics such as poisoning prevention and traffic safety.
- Provide safety information through workshops and during parent meetings; include information on a variety of topics, especially those that involve higher risk in specific communities, such as water safety, gun safety, or lead poisoning.
- Invite community safety personnel to participate in workshops and share resources and information about how to access community services.
- Address specific safety issues, such as vehicle safety and pedestrian safety, through one-on-one guidance during pickup and drop-off times.
- During family conferences, find out what messages family members would like teachers to reinforce at school.
- During home visits, offer to help families identify potential hazards in their family environment and ways to reduce possible injury.
- Post emergency plans on family bulletin boards and provide families with a written copy of the preschool program's emergency plan. Include responses to different scenarios (e.g., evacuation, shelters), the location of the designated evacuation shelter, and a number to call if family members cannot reach the preschool.
- Routinely update families' emergency contact information.
- Encourage families to plan and practice emergency drills for fires, earthquakes, floods, violent encounters, or other situations that could occur in their home or community. Provide families with resources to develop a home evacuation plan and drill.
- Invite family members to attend the preschool or to serve as guest speakers as children learn about people who can help in emergency situations. Invited guests may include safety or medical personnel (e.g., firefighters, paramedics) or workers in related professions (e.g., construction workers, electricians, meteorologists, cleaning businesses).[75]

Summary

Active supervision is critical to keep young children safe. When programs create a culture of safety, they go beyond following regulations and policies, by making a commitment to protecting safety so that children don't get hurt. There are some common risks to safety that educators should be aware or (and that will be covered in more depth in the next two chapters). When early care

and education programs create a safety plan using data they have gathered by documenting and analyzing the injuries children get, they can make changes to help protect children's safety.

While adults have the ultimate responsibility for safety, children can be taught about and families can be engaged in protecting children's safety. Teachers must also consider the value of risk play when making decisions about what action to take to keep children safe.



Resources for Further Exploration

- Caring for Our Children: National Health and Safety Performance Standards - Guidelines for Early Care and Education Programs
- Head Start's Safety Practices in the Early Childhood Learning and Knowledge Center
- Program Administrator Guide to Evaluating Child Supervision Practices
- Supervising Children in Child Care Centers (Licensing video)
- CDC: National Center for Injury Prevention and Control
- Safe States Alliance

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Infant/Toddler Learning and Development Program Guidelines by the California Department of Education is used with permission.

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[71, 72] Hazard Mapping for Early Care and Education Programs by the National Center on Early Childhood Health and Wellness is in the public domain.

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9.3: Program Safety- Indoor Environments

Learning Objectives

By the end of this section, you should be able to:

- Describe how teachers can ensure the toys and materials they offer children do not present injury risks and are non-toxic.
- Explain ways adults can support safe and developmentally appropriate use of technology.
- Lists ways to protect children from choking, poisoning, drowning, and falls.
- Identify how to implement safe sleep practices to protect against Sudden Infant Death Syndrome.

Introduction

Designing an effective and engaging classroom environment takes careful thought and planning, but it's important. A well-organized classroom that is interesting, orderly, and attractive contributes to children's participation and engagement with the learning materials and activities. This engagement, in turn, contributes to children's learning.

Let's look at it from a child's perspective. We want children to feel safe and comfortable in the classroom. We want them to be interested in the learning activities and to take full advantage of being at school and take full advantage of the activities you've planned and the materials you've selected. It can be helpful to get down at a child's level and take a look at the classroom. Does it feel welcoming and inviting? Is there enough room to move, make choices, and stay involved with a toy, activity, or project? And does the room help the child know what to do and what's expected?



Figure 9.3.1 – This reading area is set up so it’s clear what children should do in this space.[78]

Safe Toys, Materials, and Equipment

Play is a natural activity for every young child. Play provides many opportunities for children to learn and grow – physically, mentally, and socially. If play is the child’s work, then the toys, materials, and equipment in the environment are what will enable children to do their work well and safely.[96]

Safe Toys and Materials

Early childhood professionals must keep in mind the ages of the children they are choosing toys for, including their typical interests and skill levels. The manufacturer’s age recommendation is a good starting place to ensure that toys are age-appropriate. Warnings such as “Not recommended for children under 3” should be followed.[104]

Protecting children from unsafe toys is the responsibility of everyone. Careful toy selection and proper supervision of children at play are still—and always will be—the best ways to protect children from toy-related injuries.[97]

EC professionals must consider both safety and durability when choosing toys for children. Toys should be constructed to withstand the uses and abuses of children in the age range for which the toy is appropriate.

The U.S. Consumer Product Safety Commission (CPSC) has safety regulations for certain toys. Manufacturers must design and manufacture their products to meet these regulations so that hazardous products are not sold. In addition to the mandatory standards, many toy manufacturers also adhere to the toy industry's voluntary safety standards.[99]

Toys should be chosen with care. Teachers should look for quality design and construction. Safety labels to look for include "flame retardant/flame resistant" on fabric products and "washable/hygienic materials" on stuffed toys and dolls. Check all toys periodically for breakage and potential hazards. A damaged or dangerous toy should be thrown away or repaired immediately.

Safety Risks from Art Materials

While it is not recommended to use potentially toxic art materials, certain items may be used with older children, such as acrylic paints, oil pastels, permanent markers, ceramic glazes, etc., because of what is being studied or taught. These should be planned for and used with the utmost care and supervision as children's behaviors and cognitive abilities may also influence their risk of exposure. For example, children under the age of 12 are less able to remember and follow complex steps for safety procedures, and are more impulsive, making them more likely to ignore safety precautions. Children have a much higher chance of toxic exposure than adults because they are unaware of the dangers, are not as concerned with cleanliness and safety precautions as adults, and are often more curious and attracted to novel smells, sights, or sounds. Children need regular and consistent reminders of safety rules, and there is no substitute for direct supervision.

Guidelines for Selecting Art Materials

Here are some helpful reminders about choosing art materials for children:

- Read the labels and only purchase art materials intended for children and are labeled with the statement "Conforms to ASTM D-4236."
- Note that even products labeled 'non-toxic' when used in an unintended manner can have harmful effects.
- Products with cautionary/warning labels should not be used with children under age 12.
- Avoid solvents and solvent-based supplies, which include turpentine, paint thinner, shellac, and some glues, inks, and a few solvent-containing permanent markers.
- Avoid products or processes that produce airborne dust that can be inhaled (including powdered tempera paint).
- Avoid old supplies, unlabeled supplies, and be wary of donated supplies with cautionary/warning labels and that do not contain the statement "Conforms to ASTM D4236."
- Look for products that are clearly labeled with information about intended uses.
- Give special attention to students with asthma or allergies, which may elevate the students' sensitivities to fumes, dust, or products that come into contact with the skin.[118]
- Gather your supplies beforehand so that you can continue to supervise their use without needing to step away.
- Instruct children on safety practices before you begin (such as modeling how to cut safely with scissors).
- Do activities in well-ventilated areas.
- Use protective equipment (such as smocks).
- Assume that anything you use should be safe enough that it won't harm children if it gets on their skin or in their mouths and/or eyes.[119]

Preventing Injuries Indoors

Some injuries that early childhood educators should be aware of and intentionally act to prevent in the last chapter were presented in the previous chapter and earlier in this chapter during the discussion about safe toys and art materials. Here is some further information about injuries that are more likely to happen indoors.

Choking

Choking occurs when an object blocks the airway, preventing breathing.[131] Infants have the highest rates of choking (140 per 100,000). That risk decreases as they get older and their airway increases in size, with 90% of fatal choking happening in children less than 4 years of age.[132]

Reducing the Risks of Choking

The main way to prevent choking is to recognize that objects that are 1½ inches or less in diameter are a higher risk. [133] Foods are the most common cause of choking. Having children sit during snacks and meals at an unhurried pace, allowing time for children to properly chew their food helps prevent choking on food. Food is safest when cut into small pieces or served in small amounts. Toys, and other items that children may play with, are another common source of choking hazards. Ensuring children only have access to age-appropriate toys is an important step. Early childhood professionals can use a small parts tester, a commercial product commonly known as a choke tube, to test whether or not an object is a choking hazard.



Figure 9.3.2 – This is a small parts tester (or choke tube). If an item/toy fits inside, it's a choking hazard.[136]

Poisoning

There are many hazards that put children at risk for accidental poisoning, both indoors and outdoors. Poisoning can occur at any time a harmful substance is intentionally or unintentionally ingested. Poisons come in many forms including plants, cleaning supplies, spoiled food, and medications. Children, who are naturally curious and like to explore, are in particular at risk for poisoning.

Guidelines to Prevent Poisoning

- Keep all cleaning supplies and chemicals locked.
- All medications should be kept in a locked storage area, out of reach.
- Check medications periodically for expiration dates and properly dispose of expired medications. Some medications become toxic when they are past their expiration date.
- Do not tell children that medication is "candy" as this makes it look more attractive to them.
- Ensure all medications and chemicals are properly labeled. Childproof caps should be on medicine bottles.
- Use safe food practices.
- Never use cans that have bulges or deep dents in them.
- Keep poisonous plants out of reach of children and pets.
- Keep the number for Poison Control near a telephone.[138]



Poison Control
1-800-222-1222

Safe Sleeping

Sudden Infant Death Syndrome (SIDS) is identified when the death of a healthy infant occurs suddenly and unexpectedly, and medical and forensic investigation findings (including an autopsy) are inconclusive. SIDS is the leading cause of death in infants 1 to 12 months old, and approximately 1,500 infants died of SIDS in 2013 (CDC, 2015). Because SIDS is diagnosed when no other cause of death can be determined, possible causes of SIDS are regularly researched. One leading hypothesis suggests that infants who die from SIDS have abnormalities in the area of the brainstem responsible for regulating breathing (Weekes-Shackelford & Shackelford, 2005).[148]

This is a very important topic for early childhood educators as one study found that while data suggests that only 7% of incidents of SIDS should occur while children are in childcare, 20.4% actually did.[149]



Figure 9.3.3– A baby sleeping safely.[150]

Babies are at higher risk for SIDS if they:

- Sleep on their stomachs
- Sleep on soft surfaces, such as an adult mattress, couch, chair, or under soft coverings
- Sleep on or under soft or loose bedding
- Get too hot during sleep
- Are exposed to cigarette smoke in the womb or in their environment, such as at home, in the car, in the bedroom, or other areas
- Sleep in an adult bed with parents/caregivers, other children, or pets; this situation is especially dangerous if:
    - The adult smokes, has recently had alcohol, or is tired.
    - The baby is covered by a blanket or quilt.
    - The baby sleeps with more than one bed-sharer.
    - The baby is younger than 11 to 14 weeks of age.

Important Facts About SIDS:

- SIDS happens in families of all social, economic, and ethnic groups.
- Most SIDS deaths occur between one and four months of age.
- SIDS occurs in boys more than girls.
- The death is sudden and unexpected, often occurring during sleep. In most cases, the baby seems healthy.
- Although it is not known exactly what causes SIDS, researchers know that it is not caused by suffocation, choking, spitting up, vomiting, or immunizations.
- SIDS is not contagious.[151]

Reducing the Risks

Although the sudden and unexpected death of an infant cannot be predicted or prevented, research shows that certain infant care practices can help reduce the risk of a baby dying suddenly and unexpectedly. Early childhood educators can help lower the risk of SIDS for infants less than one year of age by following these risk reduction guidelines.

Sleeping Position

The chance of an infant dying suddenly and unexpectedly in childcare is higher when a baby first starts the transition from home to care. Research shows if a baby has been placed on his/her back by their family, and the childcare provider places the baby to sleep on his/her stomach, there is a higher risk of death in the first weeks of childcare. One of the most important things you can do to reduce the risk of sudden unexpected death is to place babies to sleep on their backs.

Healthy babies do not choke when placed to sleep on their backs. By reflex, babies swallow or cough up fluids to keep the airway clear. Since the windpipe (trachea) is positioned on top of the esophagus, fluids are not likely to enter the airway. (See Figure 3.21)

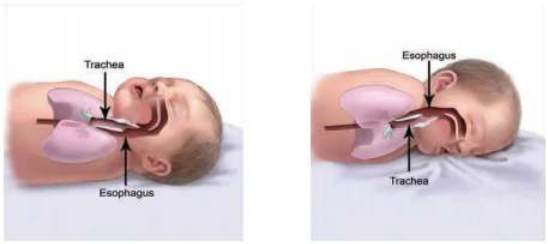


Figure 9.3.4 – Airway positioning when infants sleep on their backs (left) and on their stomachs (right)[152]

Babies who are able to roll back and forth between their back and tummy should be placed on their backs for sleep and allowed to assume their sleep position of choice. When infants fall asleep while playing on their tummies, move the baby to a crib onto his/her back to continue sleeping.

Cribs, Sleep Surface, and Bedding

Infants should sleep in a crib, bassinet, portable crib, or play yard that conforms to the safety standards of the Consumer Product Safety Commission (CPSC). The mattress should be firm, fit tightly, and be covered with a tight fitted sheet. Babies should not sleep on adult beds, waterbeds, couches, beanbag chairs, or other soft surfaces. Do not use fluffy blankets or comforters under the baby, or put the baby to sleep on a sheepskin, pillow, or other soft materials. Keep stuffed toys, bumper pads, loose bedding, and other toys and soft objects out of the crib.

Temperature

Babies should be kept warm, not hot. Babies should be dressed with only one additional layer than you are wearing for warmth. In areas where babies sleep, keep the temperature so that it feels comfortable to you. If needed, infants can be dressed in blanket sleepers for warmth. This ensures that the baby's head will be uncovered during sleep.

Smoke-Free

No one should smoke around children. Childcare licensing regulations prohibit smoking in childcare centers. Smoke in the infants' environment is a major risk factor for SIDS.

Pacifiers

If the family provides a pacifier, it should be offered to the infant. If a pacifier is used, it should never be attached to a string. Infants should not be forced to take a pacifier and if it falls out during sleep it doesn't need to be given back to the infant.

Breastfeeding

Breastfeeding has many health benefits for mother and baby, including a reduced risk of SIDS. Childcare programs should be breastfeeding-friendly. [153]



Other Things Caregivers and Teachers Can Do To Reduce the Risks

- Families should be asked about their infant's usual sleep position.
- Professionals should discuss the recommended back sleeping position with families and share the program's policy to place infants on their backs to sleep.
- Policies should be developed to address sleep position. If a family insists their baby sleep on the side or stomach, they should be referred to their health care provider for further information.
- Programs should request that a medical care professional provide a signed statement for infants who have a medical reason for not being placed to sleep on their backs.
- Teachers can attend education programs to learn more about sudden unexpected infant deaths. Training and education for childcare providers may be available through the local public health Resource and Referral agency or Public Health Department at no cost.
- Programs should be aware of resources for additional support and make them available to families as appropriate. It is vital to stay up-to-date with the latest recommendations for safe infant sleep.

Indoor Falls

While most falls occur outdoors, they can also happen indoors. Professionals (and adults at home) can prevent falls indoors by:

- Installing stops on windows that prevent them from being opened more than four inches or installing window guards on lower parts of windows. Removing furniture from near windows. Screens should not be relied on to prevent a fall.
- Installing safety gates at the top and bottom of staircases. Installing lower rails on stairs that children can reach and use. Make sure the surface of the stairs stays clear.
- Using safety straps and harnesses on baby equipment and furniture. Children should not be left unattended in high chairs or on changing tables.
- Baby walkers should not be used (licensing prohibits these).
- Teaching children to walk where surfaces may be slick. Preventing these surfaces as much as possible, such as wiping up spills.[155]

Indoor Water Safety

Small children are top-heavy; they tend to fall forward and headfirst when they lose their balance. They do not have enough muscle development in their upper body to pull themselves up out of a bucket, toilet, bathtub, or for that matter, any body of water. Even a bucket containing only a few inches of water can be dangerous for a small child.

When engaging in water play both indoors and outdoors, keep children under active supervision, and be very aware of all containers of water.[156]



Pause to Reflect

What are your top five tips for protecting children from safety hazards indoors? These can relate to toy safety, safe art materials, preventing poisoning, preventing choking, preventing burns, safe sleep, protection from indoor falls, water safety, or any other hazard/area of safety.



Resources for Further Exploration

- U.S. Consumer Product Safety Commission
- Center on the Social and Emotional Foundations for Early Learning
- Technical Assistance Center on Social Emotional Intervention for Young Children
- Common Sense Media
- Child Injury Prevention
- What Child Care Providers and Other Caregivers Should Know: Sudden Unexpected Infant Deaths
- Sudden Infant Death Syndrome (SIDS) Program

References

This page was adapted from 3: Creating Safe Indoor Environments by Paris. in Paris, J. (2021). *Health, safety, and nutrition.* LibreTexts.

For references according to subscript, please see pages 51-89 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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9.4: Program Safety- Outdoor Environments

Learning Objectives

By the end of this section you should be able to:

- Illustrate why outdoor play is essential to health and well-being.
- Describe elements of a safe outdoor play space.
- Recognize the importance of impact-absorbing surfacing under equipment.
- Explain what use zones are.
- List age-appropriate outdoor play equipment for each age group.
- Identify hazards on outdoor play equipment
- Outline ways to protect children from the weather, the sun, insects, drowning, and poisoning.
- Discuss how to keep children safe as pedestrians, in motor vehicles, and while on field trips.

Introduction

There are countless benefits to outdoor play for children. Research shows that children who play outside regularly have healthier body weight, improved vision, and immune function, reduced stress, better sleep, and improved motor skills. There are substantial immediate and long-term health consequences for children who aren't able to play outside or get enough physical activity such as increased obesity and chronic diseases. The research also shows us that kids who play outdoors have increased school readiness because outdoor play contributes to better social skills such as cooperation, increased attention span, improved school attendance, and improved brain development and cognition. Physical activity plays a critical role in supporting health and learning.

Being aware of the benefits of outdoor learning as they relate to overall health and school readiness is important so that teachers remember that the outdoor environment is an essential extension of the indoor environment. All the learning that takes place indoors can also take place outdoors. Anything programs do indoors can have an outdoor component.

Consider for just a moment how a program can increase the benefits of outdoor play while also minimizing injury. Reducing risk does not mean limiting play equipment or enforcing rules that restrict children's ability to move and explore their environment. An ideal playground is one that encourages children to challenge themselves while also preventing little risk of injury. In fact, studies show that playgrounds that are high challenge but low risk are the very best at promoting the goals of outdoor learning. Children get more physical activity, develop better physically, enhance cognitive skills, practice more social skills, and are happier and more resilient when their outdoor play environment is challenging *and* safe.[157]



Figure 9.4.1 – Safe outdoor play is very beneficial to children.[158]

Playground Safety

When designing an outdoor space for children, it is critical to reduce the risk of injury while increasing the challenge. The first step is knowing what aspects of the actual learning environment are most likely to cause injuries.

Falls from, into, or on equipment are the most common cause of injury. Falls are most likely to occur on equipment that is not appropriate for the age and development of the children. Injuries are most likely to occur when the surface on which a child falls is not sufficiently shock-absorbing. The equipment pieces that are associated with the most injuries include climbers, such as monkey bars or overhead ladders, swings, and slides. About 85% of all playground injuries occur on these three pieces of equipment. The most common cause of death on playgrounds is strangulation, which is an injury that chokes the child.

It's important to understand that injuries are not accidents. Most injuries are predictable and preventable. Programs can take steps to prevent serious injuries by

- choosing developmentally-appropriate play equipment to ensure children do not fall from a high level and the challenges on the playground are matched with their ability.
- installing proper surfacing to minimize the severity of an injury if a child does fall.
- providing intentional and active supervision by maintaining close proximity to children, especially in places that are high risk for injury from a fall such as the slide or monkey bars).
- encouraging safe behaviors by introducing safety habits to children.

Reinforcing these safe behaviors in an early care and education program provides lifelong lessons about safety and injury prevention. As consultants, you can work with your program and teachers to predict and prevent many injuries and allow children to play.

Designing for Safety

Safe outdoor play space starts with selecting and correctly installing safe and age and developmentally-appropriate structures. The play space design should not be a hazard and should separate active play areas such as swings and slides from quieter activities such as the sandbox, nature-based learning, and dramatic play areas. Only equipment that is manufactured for public playgrounds or childcare facilities should be used. So, home playground equipment like Little Tykes brand or plastic sets that home use at local stores are not appropriate.

To assess whether play equipment is safe, you should look for these labels. Equipment must meet Consumer Product Safety Commission or CPSC recommendations and the American Society for Testing and Materials, or ASTM, standards. These are two organizations that set standards for design and manufacturing that ensure the equipment is safe. These logos can give you some peace of mind and knowing the equipment has been developed with the highest safety standards. And of course, it also needs to be installed according to the manufacturer's instructions and properly maintained.



Figure 9.4.2 – Logos that denote playground equipment complies with safety standards.

Once playgrounds are installed, they should be inspected at least once each year by an inspector or local regulatory agency and whenever changes are made to the equipment or the intended users change. The inspection will identify hazards, check for proper equipment, installation, and maintenance, and provide a report that identifies and prioritizes corrective actions to take to address any concerns. Together with a program, the consultant can review, discuss, and make a plan to address the inspector's concerns that are immediate right now as well as how to plan to prevent any issues in the future. [159]

Importance of Impact Absorbing Surfaces

The playground surface is the material that lies under and around playground equipment. The surface material under the equipment should be able to cushion a child's fall. Injuries from falls occur not because children fall, but because the surface on which they fall isn't able to adequately absorb the impact of their fall. Proper surfacing is essential in the prevention of injuries due to falls.

There isn't a single *best* surface to use on playgrounds. The best surface is the one that:

- the program can afford
- the program is able to appropriately maintain
- meets the needs of the children based on their age
- is workable given the climate where the program is located
- consistently meets the standard for depth that is based on the height of the equipment on the playground.

Surfaces such as asphalt, cement, dirt, and grass, however, are not acceptable surfaces. Grass is not an impact-absorbing surface. If a child falls onto grass, they are far more likely to get hurt than they are if they fall onto an appropriate impact-absorbing surface.

There are two types of appropriate, impact-absorbing playground surfaces, unitary (tiles, mats, or a rubber surface is engineered to be sufficiently shock-absorbing[160]) and loose-fill (sand, pea gravel, shredded rubber, or engineered wood fiber and mulch).

Programs need to consider how data can help inform a decision about which surfacing is best for a particular playground. It's important to think about who will be using the space and for what.

- Some surfaces like pea gravel are not an appropriate choice for infants and toddlers who might put it in their mouths since it can be a choking hazard.
- Few of the loose fill materials are accessible for wheelchair users without significant accommodation, such as a special wheelchair. Engineered wood fibers provide a little bit better access, but solid or unitary materials are best if you have children on the playground with mobility impairments.
- Will the staff be able to maintain the playground surface? All loose fill surfacing required daily raking to maintain depth.
- Consider how tall the equipment is because sand and pea gravel can't be used at fall heights that are greater than four to five feet.
- The climate is also an important consideration. Factor in temperature, wind conditions, and precipitation, because they all impact the surface materials you choose.
- Sand can harden when frozen.
- Artificial surfaces can get really hot, in fact, hot enough to cause burns when they're exposed to direct sunlight.
- Loose fill material, with the exception of rubber mulch, compresses about 25 percent over time due to use and weathering.

The protective surfacing has to extend to the full-use zone, which is the area under and around equipment where children might fall as a playground surface can't protect a child who falls onto a hard object such as a tricycle instead of onto the protective surface.[170]



Pause to Reflect

Think of a local playground or playgrounds you played on as a child. What type of surface was underneath the equipment? Was it well maintained? Did it protect children from injuries due to falls? Did the materials used cause any other hazards (such as overflowing sand that caused slipping or a surface that got too hot to safely touch the skin)?

Use Zones

The use zone is the space that encompasses the activity/piece of equipment and the area around that activity/equipment that will keep children from colliding and provides enough separation between different pieces of equipment and types of play. It is also sometimes referred to as a fall zone. The use zone should be free of movable hazards like trikes and toys, rocks, and groups of children who might cluster and fixed hazards such as benches.

Use zones vary depending on the size and the type of equipment. For most stationary equipment on the playground, the use zone should extend six feet in all directions (see Figure 9.4.3).[171] Equipment that is taller than 30 inches should be at least nine feet from other pieces of equipment. The use zone for swings should extend from the front and rear of the swings twice the height of the swing (see Figure 9.4.4). [172]

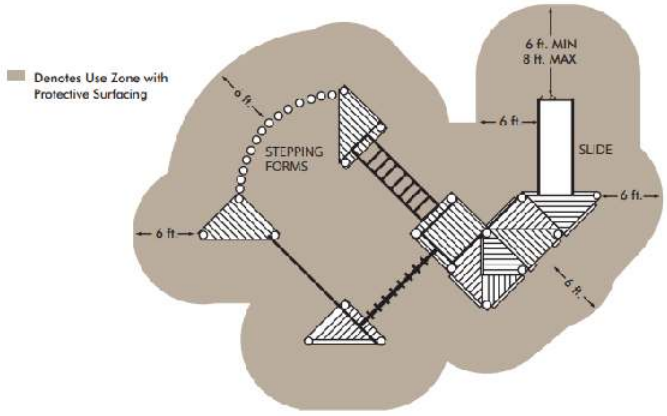


Figure 9.4.3 - The use zone around a playground structure.[173]

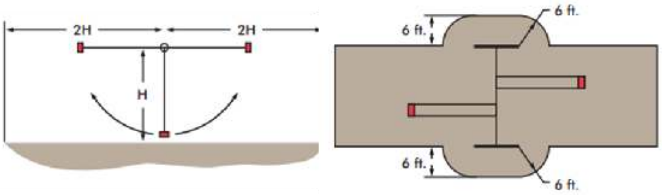


Figure 9.4.4 – the use zone around swings.[174]

Age Appropriateness

Age-appropriate equipment provides children with opportunities to safely practice gross motor skills without putting them at risk for unnecessary injury. This takes us back to the notion of creating playgrounds that are high challenge but low risk.

Children are less likely to fall when equipment is only used with the age group for which it is designed. Equipment that is made according to the ASPM or CPSC standards will clearly be marked with the age group for which it is intended. And that's usually either 6 to 23 months of age, 2 to 5 years of age, and 5 to 12 years of age. So, any equipment that is marked for 5 to 12 years of age is not acceptable on a preschool playground.[175]

Table 9.4.1 – Age-Appropriate Equipment[176]

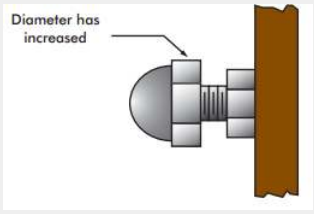
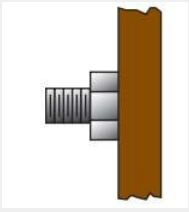
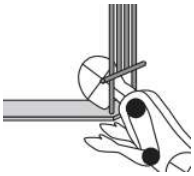
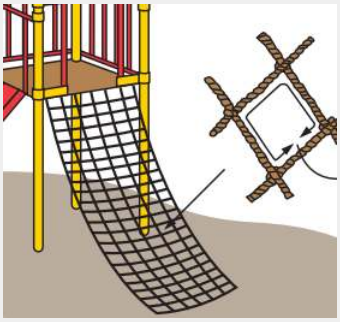
	Age	Age Appropriate Equipment
	6 to 23 months	• equipment under 32 inches high • ramps • single-file stepladders • spring rockers • slides • bucket swings
	2 to 5 years	• climbers up to 60 inches in height • rung ladders • belt and tire swings • balance beams
	5 to 12 years	• arch climbers • flexible climbers • overhead rings and ladders • poles
	Not appropriate for any age	• trampolines • swinging gates • climbing ropes that are not secured at both ends • animal figure swings • multiple occupancy swings • rope swings • trapeze bars

Hazards on Playgrounds

Gaps in equipment such as the space between the platform and the top of the slide or hooks can entangle clothing or entrap body parts, causing trips, falls, or strangulation. Head entrapment into gaps that are large enough for a child's body to pass through (bigger than 3.5 inches) but too small for a child's head to pass through (smaller than 9 inches) can injure a child's neck or choke a child.

Equipment that spins and moves such as steering wheels or springs on rockers can pinch, cut, or crush fingers or other body parts. So, you want to make sure that any equipment that spins or moves is not accessible for little fingers. Broken parts or improperly installed equipment can cause injuries if the equipment tips over, breaks during use, or has sharp or loose parts that can cut or entrap a child. And railings to prevent falls can break if bolts are loose. See Table 4.5 for examples of dangers to watch for on playgrounds.

Table 9.4.2 – Playground Hazards[177]

Playground Hazards[178]	
 Example of a hazardous projection that increases in diameter from plane of initial surface and forms an entanglement hazard and may also be an impalement hazard.	 Example of a hazardous projection that extends more than 2 threads beyond the nut and forms an impalement/laceration hazard and may also be an entanglement hazard.
 If the distance between the platform and bottom of the railing is between 3.5 and 9 inches, it is an entrapment hazard.	 If the distance between an opening (such as this railing) is between 3.5 and 9 inches, it is an entrapment hazard.
 Entrapment hazard: when the perimeter of the net openings is between 17 inches and 28 inches	 Strings on children's clothing can create entanglement hazards and hood drawstrings can create strangulation hazards.



Pause to Reflect

Think of that playground again. Did it offer adequate use zones around the different pieces of equipment? Was the equipment used by the appropriate age groups (or did older children play on equipment designed for young children or vice versa)? How well did it protect children from the hazards mentioned (trips and falls, entrapment, impalement, entanglement, or strangulation)?

Riding Toys

All children older than age 1 should wear properly fitted and approved helmets when they are riding toys with wheels or using any wheeled equipment. Helmets should be removed as soon as children stop riding the wheeled toys or using the equipment. Approved helmets should meet the standards of the U.S. Consumer Product Safety Commission (CPSC)[179] and should pass the three-point check for a proper fit as shown in Table 4.6.

Table 9.4.3 – Three Point Check for Proper Helmet Fit

1. Helmet is level on the head, 1 to 2 finger-widths about eyebrows. 2. Straps are even and create a “Y” under each ear with straps laying flat against the head. 3. Chinstrap is buckled loose enough to fit one finger between the buckle and chin, but tight enough the opening the mouth should pull the helmet downward.	

Figure 9.4.5 – Helmet positioning is important.[180]

“Helmets provide the best protection against head and brain injury, whether [the] child is riding a bike, scooter or skateboard, or using skates. However, a helmet will only protect when it fits well.”[181]

Keeping Children Safe by Monitoring

Early care and education programs need to develop a routine inspection process to identify and prevent hazards. Outdoor play spaces are subject to a lot of wear and tear from use, sometimes misuse, from weather conditions. So, even if a program has correctly installed safe and age and developmentally-appropriate equipment, it still requires regular inspections and maintenance.

It should also be inspected on a daily basis to identify hazards that may have appeared suddenly. It will also alert staff to any pieces of equipment that may have broken or become worn since last being used. Some general items to include in a daily inspection may include ensuring that

- any broken equipment is removed from children’s access or repaired
- the playground is free from
  - glass, needles, cigarette butts, animal feces, and trash
  - standing water
  - trip hazards
- the use zones are free from obstacles that may have been moved into them, such as tricycles or movable benches
- displaced loose fill surfacing is raked
- platforms and pads are free of sand and surfacing debris and any tripping hazards
- the area is scanned for
  - insects or insect nests
  - broken equipment
  - weather-related hazards such as hot surface or equipment, ice, or other damage from weather

A monthly inspection would include:

- checking for loose or missing hardware, checking
- inspecting equipment for broken parts, splinters, rust, or sharp edges,
- replenishing loose fill surfacing if needed, and
- examining vegetation for hazardous or poisonous plants.

There has to be a system in place to conduct inspections and promptly timely manner when something is identified. It's too common for someone to notice a hazard but to forget to report it or for somebody to report a hazard but then people forget to follow through to correct it. Many checklists include space for writing down a corrective action plan. Once the hazard is identified the

person completing the form will write down what steps should be taken to correct the problem, including identifying who will fix it, what needs to be done, and when it will be done. The process should also include a system to check that the problem was fixed in a timely manner.

A record of any injury reported to have occurred on the playground should also trigger an additional inspection of that piece of equipment. This will help identify potential hazards or dangerous design features that should be corrected.

Active Supervision

The most important tool for reducing playground injuries is active supervision. Early childhood educators should be actively supervising children at all times. Active supervision is a specific child supervision technique that requires focused attention and intentional observation of children at all times. Active supervision includes six basic strategies.

1. Plan and set up the environment to ensure clear sightlines and easy access to the children and the equipment at all times while they're out on the playground.
2. Teachers are positioned among the children in their care, changing positions as needed so that they can keep an eye on the children.
3. They are communicating about which children they're observing and any issues that divert their attention so that they know other teachers are taking up the slack and watching the other children.
4. Teachers are watching, counting, and listening to children at all times
5. They also use their knowledge of each child's development and abilities to anticipate what a child might do or to anticipate areas on the playground where a child might need some additional support.
6. And if needed, they get involved and redirect children when necessary or they provide that additional support if needed.[183]



Figure 9.4.6: If this teacher is engaging with these two children, she would communicate this so the other teachers could make sure they are effectively supervising the other children outside.

Other Safety Considerations for the Outdoors

In addition to designing and maintaining a safe playground for children, you also need to monitor environmental factors such as weather, the sun, insects, animals, poisonous plants or materials, and water. [184]

Sun Safety

Children need protection from the sun’s harmful ultraviolet (UV) rays whenever they’re outdoors. Shade and sunscreen protect children from sun exposure and can help reduce the risk of some skin cancers.

According to the Centers for Disease Control and Prevention (CDC), even a few major sunburns can increase the risk of skin cancer later in life. The American Academy of Pediatrics recommends the following guidelines regarding sun safety and the selection and application of sunscreen:

- If possible, use play areas that provide some shade to help children stay cool.
- Protect infants under 6 months from direct sunlight by keeping them in a shady spot under a tree, umbrella, or stroller canopy.
- Limit children’s sun exposure between 10 a.m. and 4 p.m. when UV rays are the strongest.

- Encourage families to dress children in cool clothing such as lightweight cotton pants and long-sleeved shirts. A hat will protect their face, ears, and the back of their neck.
- Obtain written permission from children's parents/ guardians to use sunscreen with an SPF (sun protection factor) of at least 15. That is a "broad-spectrum" sunscreen to screen out both UVB and UVA rays.
- Apply sunscreen at least 30 minutes before going outdoors so it is absorbed into the skin. It will need to be reapplied every two hours if children are outside for more than an hour, and more frequently if they are playing in water.
- Each child should have their own labeled bottle of sunscreen.
- For children older than 6 months, apply sunscreen to all exposed areas, including children's ears if they are wearing a cap instead of a hat.
- For children younger than 6 months, use sunscreen on small areas of the body, such as the face and the backs of the hands if protective clothing and shade are not available



Figure 9.4.7 – Shade over climbing structures helps protect children from the sun and the heat when the temperature is high.

Hydration

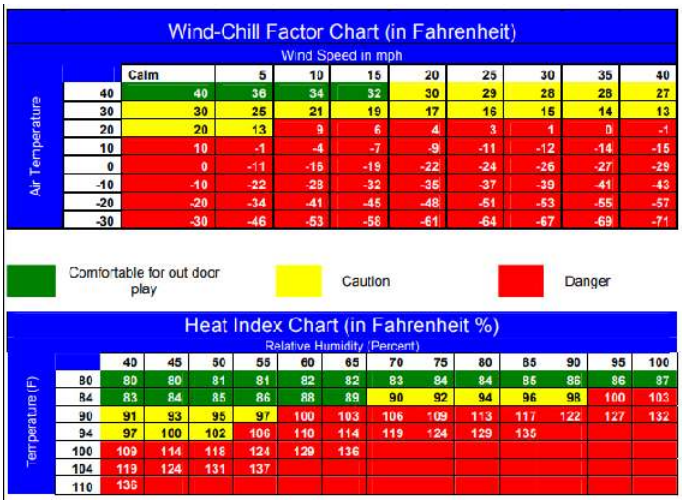
Toddlers and preschool children cannot regulate their body temperatures well and need additional water when the weather is hot. Provide regularly scheduled water breaks to encourage all children to drink during active play, even if they don't feel thirsty. Fluoridated water (bottled or from the faucet) can reduce the risk of early childhood caries, and is the best drink choice for young children in between meals. Each child should be provided their own cup or bottle. Staff may offer additional breast milk or formula to infants as water is not recommended, especially for infants younger than six months of age.[185]

Weather

Teachers should be aware of local weather conditions and monitor the temperature, humidity, and air quality. To stay up to date on current conditions:

- Check the Air Quality Index and limit play outdoors when there is poor air quality.
- Check the forecast for the UV Index to limit exposure to the sun on days when the Index is high.
- Check current and forecasted weather to be aware of the temperature and other weather conditions that may make the outdoors hazardous to children's health.

The charts in Figure 9.4.8 are from the Child Care Weather Watch, which will help you protect children from extreme temperatures.



Wind-Chill Factor Chart (in Fahrenheit)

Wind Speed in mph

Air Temperature	Calm	5	10	15	20	25	30	35	40
40	40	36	34	32	30	29	28	28	27
30	30	25	21	19	17	16	15	14	13
20	20	13	9	6	4	3	1	0	-1
10	10	-1	-4	-7	-9	-11	-12	-14	-15
0	0	-11	-15	-19	-22	-24	-26	-27	-29
-10	-10	-22	-28	-32	-35	-37	-39	-41	-43
-20	-20	-34	-41	-45	-48	-51	-53	-55	-57
-30	-30	-46	-53	-58	-61	-64	-67	-69	-71

Comfortable for out door play | Caution | Danger

Heat Index Chart (in Fahrenheit %)

Relative Humidity (Percent)

Temperature (F)	40	45	50	55	60	65	70	75	80	85	90	95	100
80	80	80	81	81	82	82	83	84	84	85	85	86	87
84	83	84	85	86	88	89	90	92	94	96	98	100	103
90	91	93	95	97	100	103	106	109	113	117	122	127	132
94	97	100	102	106	110	114	119	124	129	136			
100	109	114	118	124	129	136							
104	119	124	131	137									
110	136												

Figure 9.4.8 Wind-Chill Factor and Heat Index Charts[186]

Protecting Children from Heat-Related Illness

Children's bodies heat up three to five times faster than adults.[187] It's important to help children during hot weather. Here are some tips from the American Academy of Pediatrics.

- Air conditioning should be provided when temperatures are high.
- Children need to stay hydrated.
- Children sweat less than adults, so they should wear light clothes in no more than one layer.
- Extra downtime to rest and recover from the heat should be provided
- Activities that will help children cool off (such as water play) can be planned.[188]

Protecting Children from Cold Weather

There is no set time that is safe for children to play safely when the weather is cold. Teachers will have to use their best judgment. Use the chart in Figure 4.8 to ensure it is safe to go outside.

When playing outdoors in the cold it is important for children to bundle up. They are at greater risk for frostbite than adults. They should dress in layers. Wet clothing should be removed. Scarves must be tucked into coats to avoid becoming a strangulation hazard. Gloves/mittens and socks must stay dry to protect fingers and toes from frostbite. Children should come in periodically to warm up. And even though it's cold, sunscreen and hydration are still important.[189]

Protecting Children from Insects

Children and adults can be protected from insect bites by

- Checking for and removing insect nests and spiders under slides, in bushes, and in the ground.
- Making sure there is no standing water near play areas for mosquitoes to lay their eggs.
- Checking for ticks after outdoor play. The Center for Disease Control provides instructions about Tick Removal (see Figure 4.10).
- Consulting with the local health department, Health Services Advisory Committee, or a child care health consultant about whether to use insect repellent when local insects are likely to carry diseases.

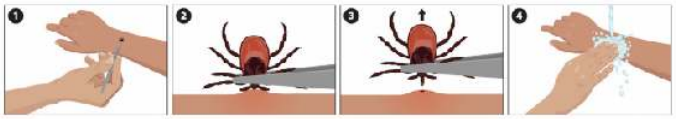


Figure 9.4.9 – Remove a tick by gripping it with tweezers as close to the skin as possible, pulling upward with steady pressure. After removal, clean the bite area and your hands with sanitizer or soap and water and dispose of the tick by putting it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet.[190]

Water Safety

Children between the ages of 1 and 4 years are at greatest risk from drowning. These children are just learning to walk and explore. They excel at getting out from under the watchful eye of the provider. Drowning is a major cause of death among children under 5 years of age. Water safety presents a particular challenge to childcare providers. Most drownings in this age group occur in home swimming pools. Water-filled bathtubs, wading pools, toilets, buckets, or other containers are also places where top-heavy young children can drown. Water safety presents its own set of challenges to the childcare environment.

Wading in bodies of freshwater may carry the additional risk of injury from cuts, puncture wounds, and infections. Standing bodies of water such as swimming pools, wading pools, and hot tubs also have the potential for spreading disease, so they are not recommended for use with young children. Instead, the use of sprinklers is recommended.



Figure 9.4.10 Children love playing in the water.[191]

Reducing the Risk of Drowning

Minimize Water Hazards and Control Access to Water

- Ensure all water sources in childcare settings are as safe as possible.
- Any body of water, including very shallow ones, can be dangerous for young children.
- Regularly inspect both indoor and outdoor areas to identify and eliminate drowning hazards.

Encourage Safe Water Behaviors

- Always supervise children near water, as they are quick, curious, and unaware of their physical limitations.
- Never leave a child unattended around water, even for a moment.
- Plan water activities when children are most alert, and constantly reinforce water safety rules.
- Teach children safe swimming and water play practices.
- Keep a phone easily accessible for emergencies.

Be Prepared for Water Emergencies

- If a child is pulled from the water, place them on their back, check for breathing, and clear their airway.
- Call for emergency assistance immediately.

Pedestrian Safety

Each year for more than a decade, more than 700 children have died from injuries sustained while walking, over 500 of these in traffic. Although the fatality rate has declined somewhat during this period, it could be attributable to improvements in pre-hospital and emergency medical care or to a decline in walking as a mode of transportation. As we want children (and their educators and families) to get out and walk for both health reasons and for opportunities to explore and learn about their communities, we must make sure that they have a safe environment in which to do so. Children under 10 should always have adult supervision.[193]



Figure 9.4.11 – If these children were younger, would they need additional safety considerations?[194]

Teaching Children about Pedestrian Safety

Before going on a walk, teachers should talk to children about the safety practices that they will be using (see Table 4.7). Children need close adult supervision and proximity while walking because they may do the unexpected (like suddenly dart off the sidewalk).[195]

Table 9.4.4 – Safety Practices While Walking[196,197]

Always walk on the sidewalk (if there is one).
If there is no sidewalk, walk facing traffic.
Be safe and be seen (bright clothing during the day, lights and reflectors at night).
Walk safely. Don't run, don't push, or roughhouse. Be aware and don't let toys distract you.
Watch for vehicles pulling in and out of driveways. Make sure drivers make eye contact with you.

When it is time to cross the street, show children a good place to safely cross the street. Explain how to safely cross the street. If there is a button at the crosswalk, have them push it.[200]

Motor Vehicle Safety

Motor vehicle injuries are a leading cause of death among children in the United States. But many of these deaths can be prevented.

- In the United States, 723 children ages 12 years and younger died as occupants in motor vehicle crashes in 2016, and more than 128,000 were injured in 2016.
- One CDC study found that, in one year, more than 618,000 children ages 0-12 rode in vehicles without the use of a child safety seat, booster seat, or a seat belt at least some of the time.
- Of the children ages 12 years and younger who died in a crash in 2016 (for which restraint use was known), 35% were not buckled up.[202]

Safely Transporting Children

Any licensed driver transporting children should be trained in safety practices and if alone, have CPR and first aid training. They should have a safe driving record and their license should authorize them to drive the type of vehicle being driven.[203]



Figure 9.4.12 – Drivers must be licensed, trained, and have a clean driving record.[204]

The interior of vehicles used to transport children for field trips and out-of-program activities should be maintained at a temperature comfortable for children. All vehicles should be locked when not in use, headcounts of children should be taken before and after transporting to prevent a child from being left in a vehicle, and children should never be left in a vehicle unattended.[205]



Hot Car Warning!
"Never leave children in a car or in another closed motor vehicle. The temperature inside the car can quickly become much higher than the outside temperature—a car can heat up about 19 degrees in as little as 10 minutes and continue rising to temperatures that cause death." [206]

Passenger Safety in Motor Vehicles

When children are driven in a motor vehicle other than a bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. The child should be securely fastened, according to the manufacturer's instructions. The child passenger restraint system should meet the federal motor vehicle safety standards and carry notice of compliance. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only.

Car safety seats should be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash.[207]

Buckling children in age- and size-appropriate car seats, booster seats, and seat belts reduces the risk of serious and fatal injuries:

- Car seat use reduces the risk of injury in a crash by 71-82% for children when compared to seat belt use alone.
- Booster seat use reduces the risk for serious injury by 45% for children aged 4–8 years when compared with seat belt use alone.
- For older children and adults, seat belt use reduces the risk of death and serious injury by approximately half.[208]

Tips for Safe Field Trips

Early care and education programs can be enriched through carefully planned field trips. It is important that the destination be appropriate for the age and developmental level of each child that will be attending. Any special arrangements needed to make sure that all children can safely be included should be made ahead of time.

All staff and background-checked volunteers who will be attending should be made familiar with the travel plans, the field trip location, the rules, and their responsibilities. The children should also be prepared for the trip. Teachers can review and practice safety precautions and emergency procedures.

Families should be made aware of the field trip and provide consent for their child to attend. Emergency information for every child should be kept with staff off-site at all times. An accurate list of all children in attendance must be kept as well (at the field trip destination and at the school/center).

Adults should be assigned small groups of children. All adults should be made aware of the chosen regrouping location and checkpoints. Information is also provided in Chapter 6 about preventing lost children on field trips.[210]

Summary

Safe, outdoor play is vital to children's health and well-being. Environments that are well designed, with age-appropriate, hazard-free equipment, impact-absorbing surfaces, and use zones around equipment will protect children from many injuries. Supervising children and actively monitoring the outdoor space are also key to preventing injuries. Having knowledge about the weather, implementing sun safety practices, protecting children from insects, following safe practices around water play, and storing toys safely are also important for children's safety. When going off-site (and during drop-off and pick-up times), it's important to remember pedestrian safety and how to safely transport children in motor vehicles.



Resources for Further Exploration

- Safe Kids Worldwide
- National Recreation and Park Association
- National Program for Playground Safety
- Public Playground Safety Handbook by the Consumer Product Safety Commission: https://www.cpsc.gov/s3fs-public/325.pdf
- Child Care Weather Watch
- Sun Safety for Schools
- Shade Planning for America's Schools
- Child Passenger Safety

References

For references according to subscript, please see pages 117-141 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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9.5: First Aid

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of first aid knowledge and skills in early childhood education settings for responding to emergencies and ensuring the safety of children.
- Identify key first aid procedures that early childhood educators should be trained in to effectively address common injuries and health emergencies.

Introduction

An emergency is a situation that poses an immediate risk to health, life, property, or environment. Most emergencies require urgent intervention to prevent a worsening of the situation. Some emergencies will be obvious (such as natural disasters), but others will require early childhood educators to decide if it truly is an emergency.[211]

Once an emergency has been identified, it's important to know what to do. This chapter introduces different first aid and emergency medical responses, the phases of a disaster, and more information about a few different types of emergencies.

Basic First Aid

"Minor accidents and unintentional childhood injuries are not unusual in the childcare setting. Even with careful supervision, children frequently sustain scrapes, bruises, cuts, bites, and falls in the normal course of their day. Less frequently, medical emergencies…may require immediate intervention and treatment."[212]



First Aid Kits

Here is a recommended list of supplies for the first aid kit (modified from the Emergency First Aid Guidelines for California Schools):

- Current National American Red Cross First Aid Manual or equivalent.
- American Academy of Pediatrics First Aid Chart.
- Pocket mask/face shield for CPR
- Disposable gloves (including latex-free gloves for persons with a latex allergy)
- Soap (plain)
- Cotton-tipped applicators, individually packaged
- Assorted Band-Aids (1"x3")
- Gauze squares (2"x2"'; 4"x4"), individually packaged
- Adhesive tape (1" width)
- Gauze bandage (2" and 4" widths) rolls
- Ace bandage (2" and 4" widths)
- Splints (long and short)
- Cold packs
- Triangular bandages for sling & Safety pins
- Tongue blades
- Disposable facial tissues
- Paper towels
- Sanitary napkins[213]

Lifesaving First Aid

Sometimes children will experience incidents or injuries that are a threat to their life. It's important that early childhood educators know how to respond to these situations. It is recommended that every person working with children become certified in emergency response through an agency such as the Red Cross (licensing requires one staff member who is certified to be on-site at all times).

Situations such as the following are considered medical emergencies and early childhood educators should contact emergency medical services (911) if a child exhibits these symptoms:

- Bleeding that will not stop
- Breathing problems (difficulty breathing, shortness of breath)
- Change in mental status (such as unusual behavior, confusion, difficulty arousing)
- Choking
- Coughing up or vomiting blood
- Loss of consciousness
- Sudden dizziness, weakness, or change in vision
- Swallowing a poisonous substance[235]

While waiting for paramedics, early childhood educators will need to follow appropriate lifesaving procedures. As a professional in the field, you will be required to take a formal First Aid and CPR certification course, which will explore how to respond to each of these scenarios appropriately.

References

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9.6: Preparing for and Managing Emergencies

Learning Objectives

By the end of this section, you should be able to:

- Explain the key components of an emergency preparedness plan for early childhood programs.

Disasters and Emergencies

Early care and education programs should consider how to prepare for and respond to emergencies or natural disasters that may require evacuation, lock-down, or shelter-in-place and have written plans, accordingly. Written plans should be posted in each classroom and areas used by children. The following topics should be addressed, including but not limited to regularly scheduled practice drills, procedures for notifying and updating families, and the use of the daily class roster(s) to check the attendance of children and staff during an emergency or drill when gathered in a safe space after exit and upon return to the program. All drills/exercises should be recorded.[263]

Emergencies often happen suddenly and can be devastating to programs and communities. Emergency preparedness is the process of taking steps to ensure your early care and education program is safe before, during, and after an emergency. Whether a natural disaster such as a tornado hits or a man-made emergency such as the appearance of a violent intruder occurs, early childhood educators need to know how to respond quickly and appropriately to situations that could happen in their program, center, or home. It's important for every program to create an emergency preparedness plan specific to its location, building, and grounds.

Early care and education programs play an important role in supporting children and families in their local communities before, during, and after an emergency through three phases of emergency management:

- **Preparedness**—This takes place before an emergency. It includes being informed about any likely emergencies in your area; mitigating any existing concerns at your facility that could make an emergency worse; making plans to respond to emergencies before they happen; and building, maintaining, and updating supply kits you will take or keep with you during an emergency.
- **Response**—This begins the moment you are alerted to an impending emergency and continues as the emergency occurs.
- **Recovery**—This happens as soon as the emergency is over, when efforts are focused on food, water, shelter, safety, and the emotional needs of those affected. Recovery is also the process of rebuilding your program and returning to normalcy after an emergency, which is why it can last hours, weeks, months, or even years in the most extreme cases.



Figure 9.6.1 – Programs need to make a plan.[264]

Type of Disasters and Emergencies to Consider

You will also need to consider the types of emergencies your program could experience. What types of emergencies have previously occurred in your area? Is your program in a flood zone or an area commonly threatened by wildfire? Do you experience severe weather events? Is there a history of violence in your community? Here are some possible emergencies to consider:

- Fire
- Wildfire
- Severe Thunderstorm
- Tornado
- Flooding
- Earthquake
- Hurricane, Tsunami
- Extreme Heat
- Winter Storm/Extreme Cold
- Landslide/Mudslide
- Volcanic Eruption
- Missing Child
- Intruder/Active Shooter/Lockdown
- Utility Failure
- Chemical Release
- Nuclear Emergency
- Terrorism



Figure 9.6.2 – One threat to consider is wildfires[265]

Your emergency plan should address all aspects of your early childcare education program, including the number and ages of enrolled children and any special health care needs or concerns of children and staff. While developing your emergency plan, use community resources for different perspectives and recommendations on preparedness, response, and recovery efforts. These resources can include but are not limited to:

- Childcare health consultants
- Mental health consultants
- Child care resource and referral agencies (CCR&Rs)
- First responders, such as fire, law enforcement, and emergency medical personnel
- State/territory child care licensing agency
- Public health departments
- School district personnel, if your program is located within a school
- Community physicians who are disaster experts

Making Your Emergency Response Plan

Working together and communicating what to do during an event is essential. Understanding everyone's role during an emergency before the emergency occurs helps make the response procedure quicker and more efficient. Establishing responsibilities can be addressed during training sessions and planning meetings before an emergency or drill, to ensure staff are comfortable with the procedures.

Types of Emergency Responses

There are many types of emergencies. The key to remember is that each is a method to put effective barriers between you and a threat. The difference is in the types of threats and what kind of barrier is called for.

- Evacuating is a means to leave a dangerous situation or area (e.g., because of a fire).
- Sheltering in place is the use of a structure and its indoor atmosphere to temporarily separate you from a hazardous outdoor atmosphere (e.g., tornadoes, earthquakes, severe weather, landslides, or debris flow). It entails closing all doors,

windows, and vents and taking immediate shelter in a readily accessible location.

- A lockdown is a shelter-in-place procedure that is used in situations with intruders or emergencies that involve potential violence. Lockdown requires children and adults to shelter in a safe room, lock doors, and remain quiet until the event is over.



Figure 9.6.3 – These school-aged children are taking part in an earthquake drill.[266]

Practice Your Plan

Practicing your emergency plan in advance helps everyone respond quickly and appropriately when an emergency arises. You won't know if the plan works unless you try it out, so practice with all children and adults. If you have enrolled children or staff with special health care needs or disabilities, address these specific needs with community partners during practice.



Figure 9.6.4 – Practicing an evacuation drill.[267]

Regular emergency drills, both announced and unannounced, help everyone become familiar with emergency procedures and activities. This can reduce panic and fear during an actual emergency, freeing participants to focus on how to evacuate, shelter in place, or lockdown.

References

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SECTION OVERVIEW

9.7: Child Maltreatment



Warning: This chapter contains information about child abuse which may be triggering for some readers.

Learning Objectives

By the end of this chapter, you should be able to:

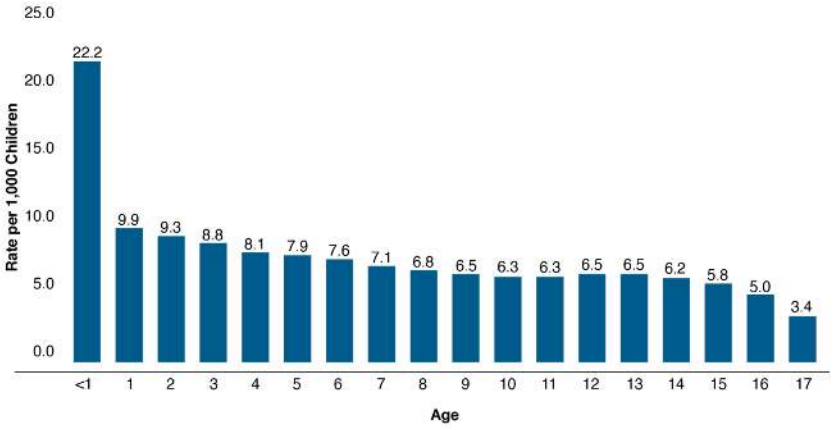
- Define the four types of child maltreatment (physical abuse, emotional abuse, sexual abuse, and neglect).
- Identify risk factors for child maltreatment.
- Discuss protective factors and prevention strategies.
- List signs of each type of maltreatment.
- Explain what mandated reporting is and who it applies to.

Introduction

One more responsibility of early childhood professionals in protecting children's safety is understanding what child maltreatment is, the risk factors for child maltreatment, signs of different forms of child maltreatment, and what they should do to support children and families and what they must legally do if they suspect child maltreatment.

Looking at the Data

In 2022, there were 558,899 substantiated victims of child abuse and neglect across the U.S. The youngest children are the most vulnerable to maltreatment. Nationally, states report that more than one-quarter (27.3%) of victims are younger than 3 years old. The victimization rate is highest for children younger than 1 year old at 22.2 per 1,000 children.



Victims of child maltreatment by age in 2022. (U.S Department of Health & Human Services, 2024). Image is in the public domain.

The percentages of child victims are similar for both boys (47.2%) and girls (52.5%). Eighty-nine percent of victims are maltreated by one or both parents. Whether that's a mother, either acting alone (37.4%), a father acting alone (24.5%), or victims maltreated by both parents (19.2%). More than 15% of victims are maltreated by a perpetrator who was not the child's parent. The largest categories in the nonparent group are relative (5.8%), partner of parent (3.7%), and "other" (3.4%).

The effects of child abuse and neglect are serious, and child fatality is the most tragic consequence. In 2022, a national estimate of 1,609 children died from abuse and neglect (U.S. Department of Health & Human Services, 2024).

9.7.1: Definitions

9.7.2: Signs of Maltreatment

9.7.3: Risk and Protective Factors

9.7.4: Mandated Reporting

References

This page was from 6: Child Maltreatment by Paris. in Paris, J. (2021). *Health, safety and nutrition.* LibreTexts.

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9.7.1: Definitions



Warning: This chapter contains information about child abuse which may be triggering for some readers.

Learning Objectives

By the end of this section, you should be able to:

- Define child maltreatment and explain the different types, including physical abuse, emotional abuse, sexual abuse, and neglect.
- Discuss the significance of understanding these definitions for early childhood educators in identifying and responding to potential signs of maltreatment.

Definitions

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (such as clergy, a coach, or a teacher) that results in harm, potential for harm, or threat of harm to a child. There are four common types of abuse and neglect: physical abuse, sexual abuse, emotional abuse, and neglect.[277]

Physical Abuse

Physical abuse is a non-accidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise causing physical harm. Physical discipline, such as spanking or paddling, is not considered abuse as

long as it is reasonable and causes no bodily injury to the child. Injuries from physical abuse could range from minor bruises to severe fractures or death.

Abusive Head Trauma

Abusive head trauma (AHT), which includes shaken baby syndrome, is a preventable and severe form of physical child abuse that results in an injury to the brain of a child. AHT is most common in children under age five, with children under one year of age at most risk. It is caused by violent shaking and/or with blunt impact. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes.

Nearly all victims of AHT suffer serious, long-term health consequences such as vision problems, developmental delays, physical disabilities, and hearing loss. At least one of every four babies who experience AHT dies from this form of child abuse.



Long-term damage or death are the consequence of almost all victims of AHT. "Medical Team Transports Newborn from Puerto Rico" by US Air Force in the public domain.

AHT often happens when a parent or caregiver becomes angry or frustrated because of a child's crying. The caregiver then shakes the child and/or hits or slams the child's head into something in an effort to stop the crying.

Crying, including long bouts of inconsolable crying, is normal behavior in infants. Shaking, throwing, hitting, or hurting a baby is never the right response to crying.

How Can Abusive Head Trauma Be Prevented?

Anyone can play a role in preventing AHT by understanding the dangers of violently shaking or hitting a baby's head into something, knowing the risk factors and the triggers for abuse, and finding ways to support families and caregivers in their community.[279]

The Bottom Line

Shaking a baby can cause death or permanent brain damage. It can result in life-long disability.

Healthy strategies for dealing with a crying baby include:

- finding the reason for the crying
- checking for signs of illness or discomfort, such as diaper rash, teething, or tight clothing;

	• feeding or burping; • soothing the baby by rubbing its back; gently rocking; offering a pacifier; singing or talking; • taking a walk using a stroller or a drive in a properly-secured car seat; • or calling the doctor if sickness is suspected All babies cry. Caregivers often feel overwhelmed by a crying baby. Calling a friend, relative, or neighbor for support or assistance lets the caregiver take a break from the situation. If immediate support is not available, the caregiver could place the baby in a crib (making sure the baby is safe), close the door, and check on the baby every five minutes.[280] If an early childhood educator is growing frustrated with a child's crying or other behaviors, it's important that they follow the same advice they would give a parent/caregiver or find a co-worker to relieve them while they calm down.

Sexual Abuse

Child sexual abuse is a significant but preventable adverse childhood experience and public health problem. Sexual abuse includes activities by a parent or other caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials. Sexual abuse is defined by the Federal Child Abuse Prevention and Treatment Act as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of a caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other forms of sexual exploitation of children, or incest with children"[281]

About 1 in 4 girls and 1 in 13 boys experience child sexual abuse at some point in childhood. And 90% of child sexual abuse is perpetrated by someone the child or child's family knows.[282]

Emotional Abuse

Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and, therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child (Prevent Child Abuse America, 2016). [283]

Neglect

Neglect is the failure of a parent or other caregiver to provide for a child's basic needs. Neglect generally includes the following categories:

- Physical (e.g., failure to provide necessary food or shelter, lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment, withholding medically indicated treatment from children with life-threatening conditions)
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, permitting a child to use alcohol or other drugs)

Sometimes cultural values, the standards of care in the community, and poverty may contribute to what is perceived as maltreatment, indicating the family may need information or assistance. It is important to note that living in poverty is not considered child abuse or neglect. However, a family's failure to use available information and resources to care for their child may put the child's health or safety at risk, and child welfare intervention could be required. In addition, many states provide an exception to the definition of neglect for parents/caregivers who choose not to seek medical care for their children due to religious beliefs.

Abandonment is considered in many states as a form of neglect. In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, the child has been deserted with no regard for his or her health or safety, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time. Some states have enacted laws—often called safe haven laws—that provide safe places for parents to relinquish newborn infants.



Figure 9.7.1.1 – This is a Safe Surrender Site sign on a San Francisco firehouse.[284]

Domestic Violence

Given the magnitude of the problem of children's exposure to violence, including the co-occurrence of domestic violence and child maltreatment, early care and education programs are serving children and families impacted by violence. Here are some key facts about domestic violence and intimate partner violence:

1. Intimate partner violence describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. Intimate partner violence can vary in frequency and severity. It occurs on a continuum ranging from one hit that may or may not impact the victim to chronic, severe beating.
2. Domestic violence is the second leading cause of death for pregnant women, and some 25 to 50 percent of adolescent mothers experience partner violence before, during, or just after their pregnancy.
3. Witnessing family assault is among the most common victimization experienced by toddlers (ages 2 to 5). Other common forms of victimization are assault by a sibling and physical bullying.
4. In 30 to 60 percent of families where either child abuse or domestic violence is present, child abuse and domestic violence co-occur.

Children may very well experience the violence themselves; however, even when they are not directly injured, exposure to traumatic events can cause social, emotional, and behavioral difficulties. Children exposed to domestic violence have often been found to develop a wide range of problems, including externalizing behavior problems, interpersonal skill deficits, and psychological and emotional problems such as depression and post-traumatic stress disorder (PTSD). In addition, a Michigan study

of preschool-aged children found that those exposed to domestic violence at home are more likely to have health problems, including allergies, asthma, frequent headaches and stomachaches, and generalized lethargy.



What Early Care and Education Programs Should Do to Help

It is critical that early childhood educators be prepared to work with and guide these children and families to needed services. Teachers and administrators can support the child and family during times of stress by making hotlines and other domestic violence information available to families.

The early childhood workforce is currently comprised of about 1 million center-based teachers and caregivers, 1 million home-based teachers and caregivers, and an additional 2.7 million unpaid home-based teachers and caregivers. This workforce consists largely of women, and women are disproportionately affected by domestic violence. Therefore, information about appropriate services and programs should be made available for both staff and families.[291]

References

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9.7.2: Signs of Maltreatment



Warning: This chapter contains information about child abuse which may be triggering for some readers.

Learning Objectives

By the end of this section, you should be able to:

- Identify the common signs and symptoms of different types of child maltreatment, including physical, emotional, and sexual abuse, as well as neglect.
- Explain how early childhood educators can recognize these signs and respond appropriately to protect the well-being of children in their care.

Signs of Child Maltreatment

It is important to recognize high-risk situations and the signs and symptoms of maltreatment. If you suspect a child is being harmed or the child directly discloses that they have experienced abuse or neglect, reporting suspicions may protect him or her and help the family receive assistance. Any concerned person can report suspicions of child abuse or neglect. Reporting your concerns is not making an accusation; rather, it is a request for an investigation and assessment to determine if help is needed.

Table 9.7.2.1 – Signs of General Maltreatment

Child	• Shows sudden changes in behavior or school performance • Has not received help for physical or medical problems brought to the families' attention • Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes • Is always watchful, as though preparing for something bad to happen • Lacks adult supervision • Is overly compliant, passive, or withdrawn • Comes to school or other activities early, stays late, and does not want to go home • Is reluctant to be around a particular person • Discloses maltreatment
Parent/caregiver	• Denies the existence of—or blames the child for—the child's problems in school or at home • Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves • Sees the child as entirely bad, worthless, or burdensome • Demands a level of physical or academic performance the child cannot achieve • Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs • Shows little concern for the child
Parent/caregiver and child	• Touch or look at each other rarely • Consider their relationship entirely negative • State consistently that they do not like each other

It is important to pay attention to other behaviors that may seem unusual or concerning. Additionally, the presence of these signs does not necessarily mean that a child is being maltreated; there may be other causes. They are, however, indicators that others should be concerned about the child's welfare, particularly when multiple signs are present or they occur repeatedly.

Signs of Specific Forms of Child Maltreatment

Physical Abuse

Table 9.7.2.2 – Signs of Physical Abuse[293]

Scenario	Characteristics
A child who exhibits the following signs may be a victim of physical abuse:	• Has unexplained injuries, such as burns, bites, bruises, broken bones, or black eyes • Has fading bruises or other noticeable marks after an absence from school • Seems scared, anxious, depressed, withdrawn, or aggressive • Seems frightened of his or her parents/caregivers and protests or cries when it is time to go home • Shrinks at the approach of adults • Shows changes in eating and sleeping habits • Reports injury by a parent or another adult caregiver • Abuses animals or pets
Consider the possibility of physical abuse when a parent or other adult caregiver exhibits the following	• Offers conflicting, unconvincing, or no explanation for the child's injury or provides an explanation that is not consistent with the injury • Shows little concern for the child • Sees the child as entirely bad, burdensome, or worthless • Uses harsh physical discipline with the child • Has a history of abusing animals or pets



Figure 6.6 – Not all forms of abuse leave visible marks.[294]

Sexual Abuse

Table 9.7.2.3 – Signs of Sexual Abuse [295]

Scenario	Characteristics
A child who exhibits the following signs may be a victim of sexual abuse:	• Has difficulty walking or sitting • Experiences bleeding, bruising, or swelling in their private parts • Suddenly refuses to go to school • Reports nightmares or bedwetting • Experiences a sudden change in appetite • Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior • Becomes pregnant or contracts a sexually transmitted disease, particularly if under the age of 14 • Runs away • Reports sexual abuse by a parent or another adult caregiver • Attaches very quickly to strangers or new adults in their environment
Consider the possibility of sexual abuse when a parent or other adult caregiver exhibits the following	• Tries to be the child's friend rather than assume an adult role • Makes up excuses to be alone with the child • Talks with the child about the adult's personal problems or relationships

Emotional Abuse

Table 9.7.2.4 – Signs of Emotional Abuse[296]

Scenario	Characteristics
A child who exhibits the following signs may be a victim of emotional abuse:	• Shows extremes in behavior, such as being overly compliant or demanding, extremely passive, or aggressive • Is either inappropriately adult (e.g., parenting other children) or inappropriately infantile (e.g., frequently rocking or head-banging) • Is delayed in physical or emotional development • Shows signs of depression or suicidal thoughts • Reports an inability to develop emotional bonds with others
Consider the possibility of emotional abuse when a parent or other adult caregiver exhibits the following	• Constantly blames, belittles, or berates the child • Describes the child negatively • Overtly rejects the child

Neglect

Table 9.7.2.5 – Signs of Neglect[297]

Scenario	Characteristics
A child who exhibits the following signs may be a victim of neglect:	• Is frequently absent from school • Begs or steals food or money • Lacks needed medical care (including immunizations), dental care, or glasses • Is consistently dirty and has severe body odor • Lacks sufficient clothing for the weather • Abuses alcohol or other drugs • States that there is no one at home to provide care
Consider the possibility of neglect when a parent or other adult caregiver exhibits the following	• Appears to be indifferent to the child • Seems apathetic or depressed • Behaves irrationally or in a bizarre manner • Abuses alcohol or other drugs



Pause to Reflect

What signs might a professional notice for each of these?

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9.7.3: Risk and Protective Factors



Warning: This chapter contains information about child abuse which may be triggering for some readers.

Learning Objectives

By the end of this section, you should be able to:

- Identify the risk and protective factors that influence the likelihood of child maltreatment, including family, environmental, and societal factors.
- Explain how early childhood educators can use knowledge of these factors to create a safer and more supportive environment for children, minimizing the risk of maltreatment.

Risk Factors

Risk factors are those characteristics linked with child abuse and neglect—they may or may not be direct causes. A combination of individual, relational, community, and societal factors contribute to the risk of child abuse and neglect. Although children are not responsible for the harm inflicted upon them, certain characteristics have been found to increase their risk of being abused and or neglected.

Individual Risk Factors for Victimization

- Children younger than 4 years of age
- Special needs that may increase caregiver burden (e.g., disabilities, mental health issues, and chronic physical illnesses)

Risk Factors for Perpetration

There are different levels of risk factors for the perpetrators of child maltreatment

Individual Risk Factors

- Families' lack of understanding of children's needs, child development and parenting skills
- Parental history of child abuse and or neglect
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, a large number of dependent children, and low income
- Nonbiological, transient caregivers in the home (e.g., mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors

Family Risk Factors

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions



Figure 9.7.3.1 – Intimate partner violence is a family risk factor for child maltreatment.[285]

Community Risk Factors

- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.[286]

Protective Factors

Protective factors may lessen the likelihood of children being abused or neglected. Protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors are equally as important as researching risk factors.

Family Protective Factors

- Supportive family environment and social networks
- Concrete support for basic needs
- Nurturing parenting skills
- Stable family relationships
- Household rules and child monitoring
- Parental employment
- Parental education
- Adequate housing
- Access to health care and social services
- Caring adults outside the family who can serve as role models or mentors

Community Protective Factors

- Communities that support families and take responsibility for preventing abuse[287]

Preventative Strategies

Child abuse and neglect are serious problems that can have lasting harmful effects on its victims. The goal of preventing child abuse and neglect is to stop this violence from happening in the first place.

Child abuse and neglect are complex problems rooted in unhealthy relationships and environments. Preventing child abuse and neglect requires addressing factors at all levels of the social ecology–the individual, relational, community, and societal levels.[288] Early care and education programs have a direct role to play in supporting families. Families who have access to quality childcare, increase the likelihood that children will experience safe, stable, nurturing relationships and environments. Access to affordable childcare also reduces parental stress and maternal depression, which are risk factors for child abuse and neglect.[289]

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9.7.4: Mandated Reporting



Warning: This chapter contains information about child abuse which may be triggering for some readers.

Learning Objectives

By the end of this section, you should be able to:

- Explain the legal and ethical responsibilities of early childhood educators as mandated reporters of child maltreatment.
- Describe the steps involved in reporting suspected child maltreatment, including who to contact and what information is required.

Mandated Reporting of Child Maltreatment in Kansas

A list of persons whose profession qualifies them as “mandated reporters” of child abuse or neglect is found in the Kansas Department for Children and Families, Prevention and Protection services under statute 39-1431. The list is extensive and continues to grow. It includes all school/district employees, administrators, and athletic coaches. All persons hired into positions included on the list of mandated reporters are required, upon employment, to be provided with a statement, informing them that they are a mandated reporter and their obligations to report suspected cases of abuse and neglect pursuant to statute 39-1431.

All persons who are mandated reporters are required, by law, to report all known or suspected cases of child abuse or neglect. It is not the job of the mandated reporter to determine whether the allegations are valid. If child abuse or neglect is reasonably suspected or if the child shares information with a mandated reporter leading him/her to believe abuse or neglect has taken place, the report must be made. No supervisor or administrator can impede or inhibit a report or subject the reporting person to any sanction.

To make a report, an employee must contact the appropriate local law enforcement or county child welfare agency, listed below, or by calling the Kansas Protection Report Center at 1-800-922-5330. This legal obligation is not satisfied by making a report of the incident to a supervisor or to the school. An appropriate law enforcement agency may be one of the following:

- A Police or Sheriff’s Department (not including a school district police department or school security department).
- A County Probation Department, if designated by the county to receive child abuse reports.
- A County Welfare Department/County Child Protective Services.

The report should be made immediately over the telephone and should be followed up in writing. The law enforcement agency has special forms for this purpose that they will ask you to complete. If a report cannot be made immediately over the telephone, then an initial report may be made via e-mail or fax.



When an early childhood professional suspects abuse, it should be reported immediately. "Woman calling on telephone" by Petr Kratochvil is in the public domain.

Rights to Confidentiality and Immunity

Mandated reporters are required to give their names when making a report. However, the reporter's identity is kept confidential. Reports of suspected child abuse are also confidential. Mandated reporters have immunity from state criminal or civil liability for reporting as required. This is true even if the mandated reporter acquired the knowledge, or suspicion of abuse or neglect, outside his/her professional capacity or scope of employment.

Consequences of Failing to Report

A person who fails to make a required report is guilty of a class B misdemeanor (Kansas Statute 38-2223(e)).

After the Report is Made

The local law enforcement agency is required to investigate all reports. Cases may also be investigated by Child Welfare Services when allegations involve abuse or neglect within families.

Child Protective Services

Child Protective Services (CPS) is the major organization to intervene in child abuse and neglect cases in Kansas. Existing law provides services to abused and neglected children and their families. More information can be found at Child Protective Services.[299]



The Impact of Childhood Trauma on Well-Being

Child abuse and neglect can have lifelong implications for victims, including their well-being. While the physical wounds may heal, there are many long-term consequences of experiencing the trauma of abuse or neglect. A child or youth's ability to cope and thrive after trauma is called "resilience." With help, many of these children can work through and overcome their past experiences.

Children who are maltreated may be at risk of experiencing cognitive delays and emotional difficulties, among other issues, which can affect many aspects of their lives, including their academic outcomes and social skills development (Bick & Nelson, 2016). Experiencing childhood maltreatment also is a risk factor for depression, anxiety, and other psychiatric disorders (Fuller-Thomson et. al, 2016).

Working with Children Who Have Been Abused

Children who have experienced abuse or neglect need support from caring adults who understand the impact of trauma and how to help. Early childhood professionals should consider the following suggestions:

- Help children feel safe. Support them in expressing and managing intense emotions. Help children understand their trauma history and current experiences (for example, by helping them understand that what happened was not their fault, or helping them see how their current emotions might be related to past trauma).
- Assess the impact of trauma on the child, and address any trauma-related challenges in the child's behavior, development, and relationships.
- Support and promote safe and stable relationships in the child's life, including supporting the child's family and caregivers if appropriate. Often parents and caregivers have also experienced trauma.
- Manage your own stress. Providers who have histories of trauma themselves may be at particular risk of experiencing secondary trauma symptoms.
- Refer the child to trauma-informed services, which may be more effective than generic services that do not address trauma.[301]

Summary

Child maltreatment results from the interaction of a number of individual, family, societal, and environmental factors. Child abuse and neglect are not inevitable—safe, stable, and nurturing relationships and environments are key for prevention. Preventing child abuse and neglect can also prevent other forms of violence, as various types of violence are interrelated and share many risk and protective factors, consequences, and effective prevention tactics.[302] When there is suspicion that maltreatment has occurred, it's

critical that early childhood educators report that. And being educated on trauma-informed care can help you support children who have been the victims of child maltreatment.



Resources for Further Exploration

- What is Child Abuse and Neglect?
- Children's Bureau
- Children's Bureau's Office on Child Abuse and Neglect Prevention Guide
- CDC
- National Center on Shaken Baby Syndrome
- American Professional Society on the Abuse of Children
- Child Welfare League of America (CWLA)
- Prevent Child Abuse America

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Fuller-Thomson, E., Baird, S. L., Dhrodia, R., & Brennenstuhl, S. (2016). The association between adverse childhood experiences (ACEs) and suicide attempts in a population-based study. *Child: care, health and development*, *42*(5), 725–734. https://doi.org/10.1111/cch.12351

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CHAPTER OVERVIEW

10: Health

10.1: Promoting Good Health and Wellness
10.2: Promoting Health During Routines
10.3: Prevention of Illness
10.4: Supportive Health Care
10.5: Children with Special Health Care Needs
10.6: Children’s Mental Health

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10.1: Promoting Good Health and Wellness

Learning Objectives

By the end of this section, you should be able to:

- Describe the key principles of promoting good health and wellness in early childhood education settings, including nutrition, physical activity, and emotional well-being.
- Identify strategies early childhood educators can use to encourage healthy habits and create an environment that supports the overall well-being of children.

Introduction

Healthy development continues to support learning throughout childhood and later life. “Health in the earliest years…lays the groundwork for a lifetime of well-being…”[303] To promote the health of children in early care and education programs, it’s important to keep records of both children's and staff’s health. Programs can support children’s oral health and healthy sleep habits. And they can help identify developmental and health concerns with screening.



Figure 10.1.1 – Healthy children thrive![304]

Daily Health Checks

Every day an informal, observation-based quick health check should be performed on every child (before the parent/caregiver leaves). Early childhood educators should use their knowledge about what is normal for a child to identify any concerns about the child’s well-being (but not as an attempt to formally diagnose illness). It is not a process that formally excludes children from illness, but following up concerns noticed at a health check may find reasons to exclude children.

“In a childcare setting where lots of people are coming at the same time, it is hard to take a moment with each child. However, this welcoming routine can establish many things and is a good child development policy. This contact will help [teachers] better understand each child, help the children feel comfortable and good about themselves, reduce the spread of illness by excluding children with obvious signs of illness, and foster better communications with [families].”[313]



Figure 10.1.2 – Teachers should do a health check when each child is dropped off.[314]

Conducting Daily Health Checks

Teachers should use all of their senses to check for signs of illness. This includes:

- Listening to what families tell you about how their child is feeling and what the child sounds like (hoarse voice, coughing, wheezing, etc.)
- Looking at the child from head to toe (with a quick scan) to see if the child looks flushed, pale, has a rash, has a runny nose or mucus in the eyes
- Feeling the child's cheek or neck (as part of a greeting) for warmth or clamminess
- Smelling the child for unusual-smelling breath or a bowel movement.

Here are the signs to observe:

- General mood and atypical behavior
- Fever (elevated temperature)
- Rashes or unusual spots, itching, swelling, and bruising
- Complaints of not feeling well
- Symptoms of illness (coughing, sneezing, runny nose, eye or ear discharge, diarrhea, vomiting, etc.)
- Reported illness in child or family members[315,316]

Children's Health Records

"The health and safety of individual children requires that information regarding each child in care be kept and available when needed. Children's records consist of various documentation such as a child's medical and immunization history, emergency medical care information, and parental permission to participate in specific activities…Each child care facility must keep accurate records on each child receiving care in child care."[305]

Health records can help early care and education programs identify preventative health measures, develop care plans for children with special needs, and determine whether or not a child should be excluded from care due to illness.

Most child care licensing requirements list the following health-related and other items to include in the child's records:

- Contact information for parents, guardians, and at least two emergency contacts that can be reached at all times.
- Medical assessment and the following health information:
  - Dietary restrictions and allergies.
  - Instructions for action to be taken in case the child's authorized representative, or the physician designated by the authorized representative, cannot be reached in an emergency.
  - A signed consent form for emergency medical treatment
- Record of any illness or injury requiring treatment by a physician or dentist and for which the center provided assistance to the child in meeting his/her necessary medical or dental needs.
- Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications.
- Current and updated immunization records[306]

The National Health and Safety Standards recommends that the following also be included in the child's records:

- A health history completed by the family at admission
- The ch's health insurance information[307]



Figure 10.1.3 – Keeping health records for children and staff is important.[308]

Staff Health Records

It is also important for records to be kept to document the health of all staff in an early care and education program. Licensing requires the following health-related items to be in staff records:

- Health screening report

- TB clearance[309]



The Importance of Keeping Staff Healthy

A culture of wellness is a working environment where an employee's health and safety is valued, supported, and promoted through worksite, health and wellness programs, policies, benefits, and environmental supports. A culture of wellness for staff is really going to be the foundation for creating a culture of health and safety for children.

Staff have health problems such as obesity and depression at rates above the national average. Early care and education salaries are often low, creating personal financial stress. Staff turnover rates are high. In general, early childhood educators are undervalued for the important and high-demand work they do.

Staff wellness and stability will affect the quality of services a program is able to deliver to families and children. Children need consistent, sensitive, caring, and stable relationships with adults. Adults who are well, physically and mentally, are more likely to engage in positive relationships. When we support staff well-being, we strengthen early care and education.

Programs can use the CDC's Workplace Health Model to support the health of their staff.[311] It is outlined in this image.

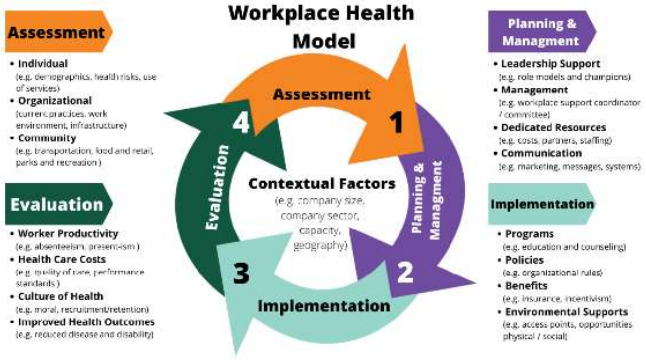


Figure 10.1.4 – The CDC's Workplace Health Model of assessment, planning and management, implementation, and evaluation.[312]



Pause to Reflect

What does staying healthy mean to you? What do you do (or could you do) to manage your stress, reinforce your resilience, and keep yourself physically healthy (nutrition, activity, etc.)? How could your employer help you stay healthy?

Lead Screening

Lead screening measures the level of lead in the blood. Lead is a poison that is very dangerous for young children because of their small size and rapid growth and development. It can cause anemia, learning difficulties, and other medical problems.

Children can inhale or swallow lead through exposure to:

- Home or childcare environments, including those:
  - Built before 1960 with peeling paint or renovation
  - Located near a highway or lead industry
- Family members who work with lead or have been treated for lead poisoning
- Imported ceramic pottery for cooking, storing, or serving food
- Home remedies with lead ingredients
- Certain candies, may contain high levels of lead in the wrapper or stick. Be cautious when providing imported candies to children.
- Eating paint chips or dirt
- Water pumped through lead-based pipes

Lead screening involves a blood lead test, from a finger stick or a venous blood draw. It is recommended at 12 months and 24 months of age. Children from 3 to 6 years of age should have their blood tested if they have not been tested.

Immunizations

Prevention of infectious diseases starts with immunizations (or vaccines). Immunizations are considered the number one public health intervention of the 20th century and one of the top 10 interventions of the first decade of the 21st century.[357]

On-time vaccination throughout childhood is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases. Vaccines are tested to ensure that they are safe and effective for children to receive at the recommended ages.[358] See Figure 10.1.5 for the current schedule of immunizations.

Fully vaccinated children in the U.S. are protected against sixteen potentially harmful diseases (see Figure 10.1.5). Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly — especially in infants and young children.[359]

Here is the schedule from the CDC to ensure a child is fully vaccinated:

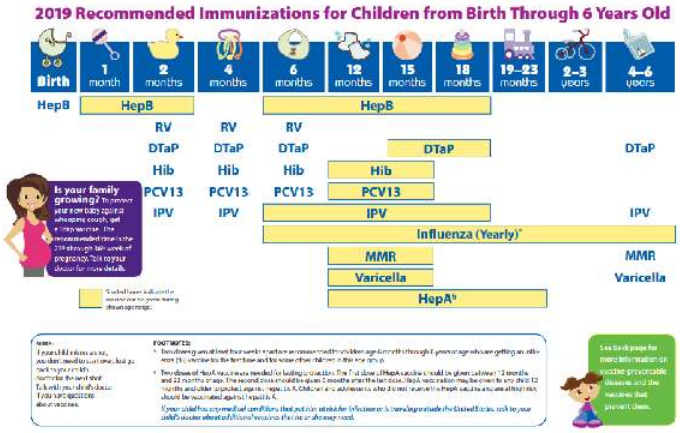


Figure 10.1.5 – "Immunization schedule" by the Centers for Disease Control and Prevention in the Public Domain.

How Vaccines Work

The immune system helps the human body fight germs by producing substances to combat them. Once it does, the immune system "remembers" the germ and can fight it again. Vaccines contain germs that have been killed or weakened. When given to a healthy person, the vaccine triggers the immune system to respond and thus build immunity.

Before vaccines, people became immune only by actually getting a disease and surviving it. Immunizations are an easier and less risky way to become immune.

Vaccines are the best defense we have against serious, preventable, and sometimes deadly contagious diseases. Vaccines are some of the safest medical products available, but like any other medical product, there may be risks. Accurate information about the value of vaccines as well as their possible side effects helps people to make informed decisions about vaccination.

Potential Side Effects

Vaccines, like all medical products, may cause side effects in some people. Most of these side effects are minor, such as redness or swelling at the injection site. Read further to learn about possible side effects of vaccines.

Any vaccine can cause side effects. For the most part, these are minor (for example, a sore arm or low-grade fever) and go away within a few days.[362] Serious side effects after vaccination, such as severe allergic reaction, are very rare.[363]

Remember, vaccines are continually monitored for safety, and like any medication, vaccines can cause side effects. However, a decision not to immunize a child also involves risk and could put the child and others who come into contact with him or her at risk of contracting a potentially deadly disease.

How Well Do Vaccines Work?

Vaccines work really well. No medicine is perfect, of course, but most childhood vaccines produce immunity about 90–100% of the time.

What about the argument made by some people that vaccines don't work that well and that diseases would be going away on their own because of better hygiene or sanitation, even if there were no vaccines?

That simply isn't true. Certainly better hygiene and sanitation can help prevent the spread of disease, but the germs that cause disease will still be around, and as long as they are they will continue to make people sick.

All vaccines must be licensed (approved) by the Food and Drug Administration (FDA) before being used in the United States, and a vaccine must go through extensive testing to show that it works and that it is safe before the FDA will approve it. Among these tests are clinical trials, which compare groups of people who get a vaccine with groups of people who get a control. A vaccine is approved only if FDA makes the determination that it is safe and effective for its intended use.

If you look at the history of any vaccine-preventable disease, you will virtually always see that the number of cases of disease starts to drop when a vaccine is licensed. Vaccines are the most effective tool we have to prevent infectious diseases.

Opposition to Vaccines

In 2010, a pertussis (whooping cough) outbreak in California sickened 9,143 people and resulted in 10 infant deaths: the worst outbreak in 63 years (Centers for Disease Control, 2011b). Researchers, suspecting that the primary cause of the outbreak was the waning strength of pertussis vaccines in older children, recommended a booster vaccination for 11–12-year-olds and also for pregnant women (Zacharyczuk, 2011). Pertussis is most serious for babies; one in five needs to be hospitalized, and since they are too young for the vaccine themselves, it is crucial that people around them be immunized (Centers for Disease Control, 2011b). Several states, including California, have been requiring the pertussis booster for older children in recent years with the hope of staving off another outbreak.

But what about people who do not want their children to have this vaccine, or any other? That question is at the heart of a debate that has been simmering for years. Vaccines are biological preparations that improve immunity against a certain disease. Vaccines have contributed to the eradication and weakening of numerous infectious diseases, including smallpox, polio, mumps, chickenpox, and meningitis.



Figure 8.7 – These two young children contracted polio.[364]

However, many people express concern about the potential negative side effects of vaccines. These concerns range from fears about overloading the child's immune system to controversial reports about the devastating side effects of the vaccines.[365]

Although children continue to get several vaccines up to their second birthday, these vaccines do not overload the immune system. Every day, an infant's healthy immune system successfully fights off thousands of antigens – the parts of germs that cause their immune system to respond. Even if your child receives several vaccines in one day, vaccines contain only a tiny amount of antigens compared to the antigens your baby encounters every day.

This is the case even if your child receives combination vaccines. Combination vaccines take two or more vaccines that could be given individually and put them into one shot. Children get the same protection as they do from individual vaccines given separately—but with fewer shots.[366]

One misapprehension is that the vaccine itself might cause the disease it is supposed to be immunizing against.[367] Vaccines help develop immunity by imitating an infection, but this "imitation" infection does not cause illness. Instead, it causes the immune system to develop the same response as it does to a real infection so the body can recognize and fight the vaccine-preventable disease in the future. Sometimes, after getting a vaccine, the imitation infection can cause minor symptoms, such as fever. Such minor symptoms are normal and should be expected as the body builds immunity.[368]

Another commonly circulated concern is that vaccinations, specifically the MMR vaccine (MMR stands for measles, mumps, and rubella), are linked to autism. The autism connection has been particularly controversial. In 1998, a British physician named Andrew Wakefield published a study in Great Britain's Lancet magazine that linked the MMR vaccine to autism. The report received a lot of media attention, resulting in British immunization rates decreasing from 91 percent in 1997 to almost 80 percent by 2003, accompanied by a subsequent rise in measles cases (Devlin, 2008). A prolonged investigation by the British Medical Journal proved that not only was the link in the study nonexistent but that Dr. Wakefield had falsified data in order to support his claims (CNN, 2011). Dr. Wakefield was discredited and stripped of his license, but the doubt still lingers in many parents' minds.

In the United States, many parents still believe in the now-discredited MMR-autism link and refuse to vaccinate their children. Other parents choose not to vaccinate for various reasons like religious or health beliefs. Many states offer religious and or personal vaccine exemptions through the state's public health agency, where parents are required to submit a notarized document in return for an official state waiver in order to enroll in school.



Figure 8.8 – An infant with measles[369]



Pause to Reflect

Using the information that has been provided about immunizations, think of ways you could respond to the following:

1. "I don't believe in giving all of the vaccines, like chicken pox. It's better for children to just get the disease like we all did when we were kids."
2. "Why do they have to give vaccines so early? It seems like it's too much, too quickly."
3. "I have heard that vaccines give some kids autism. And even if they don't, the side effects are just too scary."

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10.2: Promoting Health During Routines

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of incorporating health-promoting practices into daily routines in early childhood education settings, such as handwashing, mealtime, and sleep time.
- Identify strategies for early childhood educators to effectively model and encourage healthy behaviors during everyday routines to support children's well-being.

Handwashing

Regular handwashing is an important step in minimizing the spread of germs. Hands pick up germs from all of the things they touch and then spread them from one place to another. Germs that are on hands can also enter the body when a person eats or when they touch their eyes, nose, mouth, or any area on the body where the skin is broken (because of a cut, rash, etc.).

All that is needed for handwashing is soap and clean, running water. Handwashing with soap and water removes visible dirt and hidden germs. Studies have demonstrated that handwashing reduced the number of diarrheal illnesses by 31 percent and respiratory illnesses by 21 percent.

The Centers for Disease Control recommends the following handwashing steps:

1. “Wet your hands with clean, running water (warm or cold) and apply soap.”
2. “Rub your hands together to make a lather and scrub your hands well; be sure to scrub the backs of your hands, between your fingers, and under your nails.”
3. “Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.”
4. “Rinse your hands well under running water.”
5. “Dry your hands using a clean towel or air dry them.”



Figure 10.2.1 – Illustrations of the 5 steps of handwashing.[374]

Infants and young children will need help with handwashing. *Caring for Our Children* recommends that caregivers:

- Safely cradle an infant in one arm to wash their hands at a sink.
- Provide assistance with handwashing for young children who cannot yet wash their hands independently.
- Offer a stepping stool to young children so they may safely reach the sink.[375]

Diaper Changing

Diaper changing areas should be smooth and nonporous (such as a plastic-covered pad), have a raised edge to prevent children from falling, be near a sink, be out of reach from children, and be away from food preparation areas.[386]

The following diaper-changing procedure should be posted in the changing area and followed to protect the health and safety of children and staff:

Step 1: Before bringing the child to the diaper changing area, perform hand hygiene (including putting on gloves, if using), bring supplies to the diaper changing area, and place a disposable liner on the changing area.

Step 2: Carry/bring the child to the changing table/surface, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change. Always keep a hand on the child.

Step 3: Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine. Put soiled diapers in a covered waste container. Put any soiled clothing in a plastic bag that is securely closed to give to the family.

Step 4: Clean the child's diaper area with disposable wipes and place soiled wipes into a covered waste container.

Step 5: Removed the disposable liner and gloves and place them in a waste container

Step 6: Use facial tissue to apply any creams or ointments. Slide a clean diaper under the child, fasten it, and dress the child.

Step 6: Wash the child's hands and return the child to a supervised area.

Step 7: Clean and disinfect the diaper-changing surface and any equipment or supplies that were touched (and any other area the child soiled before changed).

Step 8: Perform hand hygiene and record the diaper change, diaper contents, and/or any problems.

Caregivers/teachers should never leave a child unattended on a table or countertop. A safety strap or harness should not be used on the diaper changing table/surface.[387]



If Using Potty Chairs

Due to being hard to clean and disinfect, potty chairs are not ideal in a childcare environment. If they are used, they should be used in the bathroom only. After each use:

- Empty contents immediately into the toilet
- Rinse with water and dump water into the toilet
- Wash with soap and water (with a paper towel) and empty soapy water into the toilet
- Rinse again and empty into the toilet
- Spray with bleach solution
- Air dry
- Wash and disinfect sink
- Wash hands (child and adult)[388]

Toilet Learning

Toilet learning typically occurs between ages 2-3, but this can vary as children need to be developmentally ready in the cognitive, social, emotional, physical, and language domains first. Therefore, it is not unusual for children older than 3 years to still wear diapers or pull-ups. When a child is ready to engage in the toilet learning process, it is essential that professionals and families work together to determine the best timing and method. It can be helpful to put these plans into writing and have it translated to a family's home language if necessary.

Never rush, shame, punish, or tease children during the learning process. Instead, be encouraging. As children demonstrate signs of readiness and a desire to use the toilet, be supportive. With toddlers, accidents are going to happen- you can help children recover from these accidents by remaining calm and respectful. Accidents are common and will become less frequent as children get older. With preschoolers, make sure children feel comfortable going to the bathroom whenever they need to (Council for Professional Recognition, 2023).



Pause to Reflect

You are at a job interview to become a teacher in an infant room and the director asks you what you would do to prevent the spread of illness in your classroom. What might you want to mention?

Dental Hygiene

Dental hygiene is important to prevent early childhood caries (ECC), which is a term used to describe tooth decay, including filled or extracted teeth due to decay, in the primary teeth (baby teeth). It is important to rethink the way we "treat" dental caries. Traditionally, we would wait until a child had a cavity and "treat" the cavity with a filling. In order to prevent ECC, we must intervene before the first cavity develops.[317] Early care and education programs can teach children and families about dental hygiene and oral care as well as implement good dental hygiene practices. Here are some ideas:

- Use teaching practices that engage children and promote thinking critically. Consider asking questions such as:
    - How do you brush your teeth?
    - Why do you brush your teeth?
    - What else can you do to keep your mouth and teeth healthy?
    - What happens if you don't brush your teeth?
    - Tell me about your last visit to the dentist.
- Integrate oral health into activities (in addition to tooth brushing). Some possibilities include:
    - Have children separate pictures of foods that are good for oral health from pictures of foods that are high in sugar.
    - Reading books with positive oral health messages to children.
    - Having children pretend they are visiting a dental office.
    - Singing songs about oral health
- Engage families in promoting oral health at home. Some ways to do this include:
    - Working with families to find the best ways to position their child for tooth brushing. Remind families that young children cannot brush their teeth well until age 7 to 8. It is also important for a parent to brush their child's teeth or help them with brushing.
    - Asking families to take photographs of their child brushing his teeth and helping the child write stories about his experience.
    - Helping families choose and prepare foods that promote good oral health.
    - Encouraging families to ask their child what she learned about oral health in school that day.
    - Offering families suggestions for at-home activities that support what children are learning about oral health at school.[318]

Classroom Tooth Brushing Steps

1. Sitting at a table in a circle, children brush teeth as a group activity every day.
2. Give each child a small paper cup, a paper towel, and a soft-bristled, child-sized toothbrush.
3. Put a small (pea-sized) dab of fluoride toothpaste on the inside rim of each cup, and have children use their toothbrushes to pick up the dabs of toothpaste.
4. Brush together for two minutes, using an egg timer or a song that lasts for about two minutes.
5. Brush your teeth with the children to set an example, and remind them to brush all of their teeth, on all sides.
6. When the two minutes are up, have the children spit any extra toothpaste into their cups, wipe their mouths, and throw the cups and paper towels away.
7. Children can go to the sink in groups to rinse their toothbrushes and put the toothbrushes in holders to dry.[319]



Figure 10.2.2 – Group tooth brushing in early care and education.[320]

Sleep Hygiene

It's important to get enough sleep. Sleep supports mind and body health. Getting enough sleep isn't only about total hours of sleep. It's also important to get good quality sleep on a regular schedule to feel rested upon waking.

Sleep is an important part of life! Young children spend around half of their time asleep.[321]

- Babies need to sleep between 12 and 16 hours a day (including naps).
- Toddlers need to sleep between 11 and 14 hours a day (including naps).
- Preschoolers need to sleep between 10 and 13 hours a day (including naps).
- School-aged children need 9 to 12 hours of sleep each night.[322]

We know how busy they are when they are awake, but what are they doing during all of those restful hours? Actually, sleep has many purposes.

- Growth: Growth hormone is released when children sleep (Berk 2002, 302). Young children are growing in their sleep, and since they have a lot of growing to do, they need all the sleep they can get.
- Restoration: Some sleep researchers have found that sleep is important for letting the brain relax and restore some of the hormones and nutrients it needs (Jenni & O'Conner 1995, 205).
- Memory: Sleep is also a time when the brain is figuring out what experiences from the day are important to remember (Jenni & O'Conner 1995, 205).
- Health: One study found that infants and toddlers need at least 12 hours of sleep in a 24-hour day. When infants and toddlers had less than 12 hours they were more likely to be obese by the age of 3 (Taveras et. al. 2008, 305).[323]

The Culture of Sleep and Child Care

Across the world, people sleep in different ways. Some people sleep inside, some sleep outside. Some people sleep in beds, others in hammocks or on mats on the floor. Some people sleep alone, some sleep with a spouse or children or both. Some people sleep only at night, while others value a nap during the day. How, when, and where people choose to sleep has a lot to do with their culture, traditions, and customs. This can include where they live, how their family sleeps, and even how many bedrooms are in their home. Teachers have a role in providing a sleep environment that is comfortable and safe for the children in their care while honoring families' cultural beliefs.

What can teachers do to help young children feel more "at home" when it is time for them to rest?

- Think of sleep and sleep routines as part of the child's individualized curriculum.
- Classroom teachers should meet with a family before a child enters your care. This is an opportunity to find out about a child's sleep habits before they join the classroom. When you know how a baby sleeps at home, you can use that information to plan for how they might sleep best in your care.
- Brainstorm ways to adapt your classroom to help a child feel "at home" during rest times. For example, a baby who is used to sleeping in a busy environment might nap better if you roll a crib into the classroom. Some mobile infants and toddlers might have a hard time sleeping in childcare because they think they will miss something fun! These children

benefit from having a very quiet place to fall asleep. When you have a positive relationship with a baby it will be easier to know what will help them relax into sleep.

- Encourage families to bring in "a little bit of home" to the program – like a stuffed animal or special blanket. A comfort item from home can help children feel connected to their families. They might want that comfort all day. The comfort item from home can also help children make the transition to sleep while in your care. Make sure that infants under one year of age do not have any extra toys or blankets in the crib with them.
- Share with families what you learn about their child. Use pick-up and drop-off times to ask questions about sleep at home. Families can share information that could make their child more comfortable in your care. You can be a resource for families about sleep and their child. Remember that families are the experts on their children.

Napping and Individual Differences

Have you noticed that some children will fall asleep every day at the same time no matter what else is going on? These kids could fall asleep on their lunch if it is served too late! Have you known children who seem to fall asleep easily some days and other times just can't settle into sleep? These children might need a very stable routine. Some toddlers nap less and sleep more at night while others need to have a long sleep during the day.

Temperament and Sleep

Some of the different patterns in children's sleep has to do with their temperament (Jenni & O'Connor 2005, p. 204). Temperament is like the personality we are born with. Some children are naturally easy-going and adapt to new situations while others really need a routine that is the same every day. One child might fall asleep easily just by putting her in her crib or cot when she is drifting off to sleep. Another child might fall asleep in your arms but startle awake the moment he realizes he has been laid down alone.

Circadian Rhythms and Sleep

Something else that can make nap time easy or difficult for young children has to do with their natural sleep cycles. Everyone has a kind of "clock" inside of their bodies that tells them when they are hungry or sleepy. The cycle of this clock is called circadian rhythms. Circadian rhythms are the patterns of sleeping, waking, eating, body temperature, and even hormone releases in your body over a twenty-four-hour period. How much children need to sleep, when they feel tired, and how easily they can fall asleep are all related to their circadian rhythms (Ferber, 2006, p. 31).

Meeting Each Individual Child's Sleep Needs

Thinking about the circadian rhythms and temperament reminds us how each child is different. That is why it is important to have nap times that meet the needs of all children in your care. Helping young children to learn to recognize their bodies' needs and find ways to meet those needs is a very important skill of self-regulation.[324]



Figure 7.6 – Children may get tired at times other than nap/rest time.[325]

Individualizing Nap Schedules

Creating a space for sleepy children can allow them to relax or nap when their body tells them they are tired. It can take some creativity to figure out how to let a young child nap or rest when they are tired.

What do you do if a child won't nap when others are? How does one child rest quietly in a busy classroom?

Two-and-a-half-year-old Henry is new to your classroom. His mother has shared with you that he does not nap during the day with her. When nap time comes around you can tell that Henry does not seem very tired.

What can you do for Henry, or other children like him, while the rest of the class sleeps?

- Do you have a "cozy corner" that could also be a one- child nap area?
- Are there soft places to sit and relax with a book or stuffed animal?
- Are books or other quiet activities provided if a child isn't able to rest or settle when other children are?
- Are children provided techniques and strategies for calming their bodies e.g. deep breathing, tensing and relaxing their bodies, feeling their heartbeat, etc?[326]

Engaging Families

Professionals can use the following strategies to help families to develop their children's health habits:

- Provide families with concise, accurate information about ways to promote and develop good health habits in children; information should be presented in English and the families' home languages. Capture their interest by addressing topics related to their children's age and development, as well as topics related to common health risks for children, such as childhood obesity, asthma, and dental caries. Injury prevention and first-aid topics, such as treating burns, bleeding, and choking, are also relevant. Provide written informational materials that are brief and easy to read.
- Provide individualized information, as well as general health information, to all families through daily contact, workshops, and parent meetings. All information should be presented in English and in the families' home languages. Accommodate family schedules by providing workshops and meetings at various times (e.g., morning, afternoon, and evening), and arrange for child care during meetings.

- Show family members what the children are learning by sending home examples of work, encouraging families to visit the preschool and observe children in action, and sharing children's portfolios during home visits. Reinforce children's learning about health habits through take-home activities, lending libraries of read-aloud books in the languages of the families in the group, and displays of children's work.
- As you introduce health routines (e.g., handwashing, tooth brushing), invite family members to participate and model. Encourage families to contribute ideas or materials to interest areas that reflect diverse health habits at home.
- Identify community resources related to health habits (e.g., handwashing, tooth brushing) and invite community personnel to participate in and bring resources to family workshops or parent meetings. Emphasize the role of home and family members in helping children to develop health habits, and inform all parents of the availability of free and low-cost community resources.
- Be sensitive to and respectful of different values or beliefs, as well as varying levels of access to health products and services. Gather information on available and accessible resources in the community, including those for children with special needs, and provide this information to all families, translated into their home languages.

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10.3: Prevention of Illness

Learning Objectives

By the end of this section, you should be able to:

- Identify five ways illness is transmitted.
- Identify standard precautions to prevent illness.
- Discuss practices to protect children from environmental hazards.

Introduction

Science and experience tell us that infectious diseases, especially gastrointestinal disease, which means vomiting, diarrhea, and respiratory disease are increased among children who are cared for in out-of-home group settings. In addition, such children may be at increased risk for certain other infections that may be transmitted by insects or by body fluids. It's also true that children who are cared for in group out-of-home settings are more likely to experience infectious illnesses that are more severe and more prolonged (although 90% of those infections are mild and self-limited, requiring no special treatment).

But there's good news, too. Infectious illnesses such as pneumonia and influenza, which together were the leading causes of death among U.S. children in the early 20th century, have declined by 99.7 percent. Common childhood illnesses such as diphtheria, whooping cough, measles, mumps, and rubella are rare except in communities where immunization rates are low, and polio is unheard of in our country today.

Although younger children are more susceptible to infectious illness because their immune systems are immature, as they grow older, the incidence of infectious disease decreases as their immune systems mature. Furthermore, children who experience more infectious diseases at an early age in group out-of-home care have a decreasing incidence of infectious diseases as they grow older. In fact, they have fewer infectious illnesses in kindergarten than children who were taken care of exclusively at home. Illness also decreases with years of attendance in out-of-home early care and education settings.

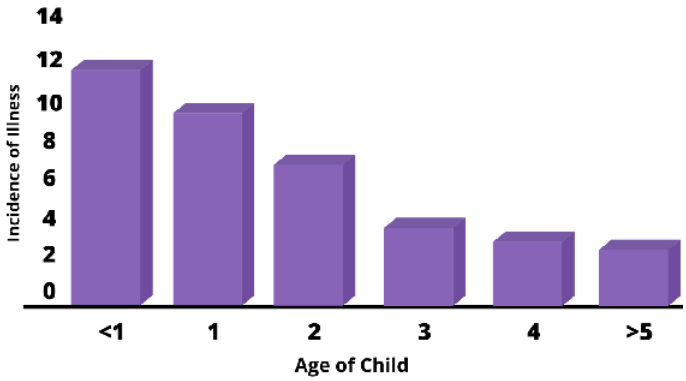


Figure 8.1 – As children get older, they get sick less often.[353]

There are negative consequences of childhood illness, including:

- It’s unpleasant to be sick (for children or adults who may also become infected).
- Illnesses that are minor in children can be much more serious for adults and pregnant women.
- Some illnesses have severe effects (and can even be life-threatening).
- There may also be additional childcare costs or lost wages for parents/caregivers of children who must be excluded from group care.
- Overuse of antibiotics in an effort to get children well contributes to antibiotic resistance among common bacteria.

To prevent illness we need to understand the different ways illness is spread, how immunizations protect children, and what universal precautions early care and education program staff can take to prevent the spread of illness.

How Illnesses are Transmitted

Bacteria, viruses, fungi, and parasites that cause illness can be transmitted in five ways, including through:

1. the respiratory route (nose, sinuses, mouth, throat, and possibly middle ear)
2. the fecal-oral route (organisms that live in our intestines get into our mouths)
3. the direct contact route (with another person's skin (or hair))
4. the bodily fluid route (including blood, urine, vomit, and saliva)
5. the vector-borne route (a living thing, such as fleas, ticks, mosquitos, etc. that can transmit disease)



Figure 8.4 – What it might look like if we could see what a child coughs or sneezes.[354] The germs that are in this contaminated cloud of exhalation can wind up on surfaces and hands and be transmitted to others. Staff and children who are able to are encouraged to cough into their sleeves. Covering your mouth with your hand only transfers these germs to your hand.



Pause to Reflect

Why is it important to understand how illnesses and diseases are spread?

Universal Precautions to Prevent the Spread of Illness

There are standard practices that prevent, or reduce the risk of, the spread of illness in early care and education programs. These are modeled after practices in health care, where everyone is treated as being potentially infected with something that is contagious. Many illnesses are actually contagious before the infected person is symptomatic, so waiting until you see signs of illness is an ineffective way of preventing its spread. Childcare providers can practice these four things to help control the spread of illness.

1. Regular hand washing
   - Before eating, feeding, or preparing food.
   - After touching saliva, mucus, bodily fluids, food, or animals.
   - When visibly dirty, after touching garbage, or after cleaning.
2. Use of disposable nonporous gloves when working with bodily fluids
3. Disinfecting potentially contaminated surfaces
4. Proper disposal of potentially contaminated waste[373]



Resources for Further Exploration

- Health and Safety in the Child Care Setting: Prevention of Infectious Disease A Curriculum for the Training of Child Care Providers (3rd edition)
- Safe and Healthy Child Care Centers
- Handwashing
- Vaccines
- Environmental Health in Child Care
- Air Quality
- Mold Remediation in Schools
- Integrated Pest Management in Child Care Centers
- EPA's 3TsWater Quality Tool Kit

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10.4: Supportive Health Care

Learning Objectives

By the end of this section, you should be able to:

- Identify some infectious diseases that are common during early childhood.
- Outline criteria for exclusion from care for ill children and staff.
- Describe considerations programs must make regarding caring for children who are mildly ill.
- Recall licensing requirements for handling medication in early care and education programs.
- Explain the communication about illness that should happen between families and early care and education programs.

Illness in Early Care and Education Programs

The most frequent infectious disease symptoms that are reported by early care and education settings are sore throat, runny nose, shortness of breath or cough, fever, vomiting and diarrhea (gastroenteritis), earaches, and rashes.

However, these are not the symptoms that necessarily lead to absences. Although respiratory symptoms are most common, it's rashes and gastrointestinal diseases that more often keep children from attending their early education programs. This is more a reflection of exclusion policies than a real risk of serious illness.[408]

It’s important for early childhood programs to identify illness accurately and respond in ways that protect all children and staff's health (whether it be to allow them to stay in care or to exclude them from care).

Identifying Infectious Disease

When you are familiar with different infectious diseases, it’s easier to identify them in children and know whether or not children (and staff) who are affected should be excluded from the early care and education program. Here is a list of the most common infectious diseases in early childhood.

- Common cold
- Flu
- Sinus infection
- Sore throat
- Ear infection
- Head lice

Other Illnesses

- Bronchitis
- Chickenpox
- Conjunctivitis (Pink Eye)
- Fifth Disease (Slapped Cheek)
- Hand, Foot, and Mouth Disease
- Hepatitis A
- Impetigo
- Measles
- Meningitis
- Molluscum Contagiosum
- Mumps
- Norovirus
- Pertussis
- Pinworms
- Respiratory Syncytial Virus (RSV)
- Ringworm

- Roseola
- Rotavirus
- Rubella (German Measles)
- Shigella
- Tuberculosis (TB)



Danger of Infectious Disease for Adults

Because early care professionals are around children who are at higher risk of infectious diseases and have a limited understanding of hygiene practices, those employees are also at greater risk of getting sick.

While most illnesses that are spread in early care and education programs are not serious, some can be very dangerous. Knowledge about illness and how to prevent its spread helps. Being fully immunized (from childhood illness and or vaccines) protects adult health as well.

Employees who are or could become pregnant want to be especially careful because first-time exposure to chickenpox, cytomegalovirus (CMV), Fifths disease, and Rubella can cause major damage to fetal health, birth defects, and even fetal death.[431]

Reportable Diseases

Some diseases are enough of a threat to the community that it is required that diagnosed cases are reported to the local health department. Check with your local health department for a list of which diseases must be reported, how, and how quickly.

Exclusion Policies

Most children with mild illnesses can safely attend childcare. “Many health policies concerning the care of ill children [including exclusion policies] have been based upon common misunderstandings about contagion, risks to ill children, and risks to other children and staff. Current research clearly shows that certain ill children do not pose a health threat. Also, the research shows that keeping certain other mildly ill children at home or isolated in the childcare setting will not prevent other children from becoming ill.”[433]

But there are times when exclusion is the right answer. Licensing states that a child may be too sick to attend if:

- The child does not feel well enough to participate comfortably in the program's activities.
- The staff cannot adequately care for the sick child without compromising the care of the other children.
- The child has any of the following symptoms unless a health provider determines that the child is well enough to attend and that the illness is not contagious:
    - Fever (above 100° F. axillary or above 101° F. orally) accompanied by behavior change and other signs or symptoms of illness (i.e., the child looks and acts sick)
    - Signs or symptoms of possibly severe illness (e.g., persistent crying, extreme irritability, uncontrolled coughing, difficulty breathing, wheezing, lethargy)
    - Diarrhea: Changes from the child's usual stool pattern--increased frequency of stools, looser/watery stools, stool runs out of the diaper, or child can't get to the bathroom in time.
    - Vomiting more than once in the previous 24 hours
    - Mouth sores with drooling
    - Rash with a fever or behavior change

If there is an outbreak of any reportable illness a child or staff member may be readmitted when the health department official or that health care provider decides that the risk of transmission is no longer present.[435]

What to do When a Child Requires Exclusion

When a child becomes ill enough to be excluded, they should be immediately isolated from other children. Early care and education programs are required to be equipped to isolate and care for any child who becomes ill during the day. The isolation area shall be located to afford easy supervision of children by center staff and equipped with a mat, cot, couch, or bed for each ill child (or a crib if caring for infants).

The child's authorized representative shall be notified immediately when the child becomes ill enough to require isolation and shall be asked to have the child picked up from the center as soon as possible.[436]

See Table 9.2 for a list of illnesses that require exclusion and when children who are diagnosed with those illnesses can return to care.

Table 9.2 – Conditions that Require Exclusion[437]

Condition	Exclusion Criteria
Chickenpox	Until 6 days after the beginning of the rash or once the sores have dried or crusted over.
Shingles	Only sores is cannot be covered with bandages or clothing. If not, until the sores are dry and have crusted over.
Rash with fever or joint pain	Until 6 days after the beginning of the rash.
Measles and Rubella	Until diagnosed not be measles or rubella.
Pertussis	If two or more episodes in 24 hours or if accompanied by a fever, until the vomiting resolves or is determined not to be caused by contagious illness.
Mumps	Until 9 days after the glands begin to swell.
Diarrheal Illness	It three or more episodes in the past 24 hours or if accompanied by a fever, until the diarrhea resolves.
Hepatitis A	As directed by the health department.
Impetigo	Until 24 hours after treatment begins and lesions are not draining.
Active Tuberculosis	Until the local health department approves the return to care.
Strep Throat, Scarlet Fever, and other streptococcal infections	Until 24 hours after treatment and the fever is gone.
Head lice	Until after the first treatment
Scabies	Until treatment is completed
Haemophilus Influenza Type b (Hib)	Until antibiotic treatment has begun.
Respiratory Illness	If the child is not well enough to participate and/or caring for the child limits the provider from caring for the other children or if it compromises the health and safety of the other children.
Herpes cold sores	Only if sores are not able to be covered (or kept from being touched).
Infectious conjunctivitis/pink-eye (with eye discharge)	Until 24 hours after treatment is started.
Other conditions mandated by state public health law	As required by the local health department.



Pause to Reflect

Consider the following situations. Should each child be excluded from care or not? If so, why and when should the child return? If not, what should the professional do?

1. Mario's dad drops him off and lets Ms. Michelle know that he is a little under the weather. He is not running a fever, but has a mild cough and a runny nose. But he ate a good breakfast and has a pretty typical level of energy.
2. About an hour into the day, Li vomits. Mr. Abraham checks and she has a fever of 101.3°. She looks a little pale and just wants to lie down. As he goes to call Li's family, she vomits again.
3. When Latanya goes to change Daniel's diaper she notices a rash on his stomach. She checks his temperature and he is not

	running a fever. He is not scratching at it or seemingly in any discomfort. She remembers that he has a history of eczema and contact dermatitis. 4. Bethany wakes up from naptime with discharge coming from a slightly swollen and bloodshot right eye. She tells Ms. Maria that her eye hurts and is “kind of itchy.”

Caring for Mildly Ill Children

Because young in early care and education programs have a high incidence of illness and may have conditions (such as eczema and asthma), providers should be prepared to care for mildly ill children, at least temporarily. And since we know that excluding most mildly ill children doesn’t prevent the spread of illness and can have negative effects on families, programs should consider whether they can care for children with mild symptoms (not meeting the exclusion policy). In determining whether your program is equipped to care for mildly ill children, consider the following questions:

- Are there sufficient staff (including volunteers) to provide minor modifications that a child might need (such as quiet activities or extra fluids)?
- Are staff willing and able to care for the child’s symptoms (such as wiping a runny nose and checking a fever) without neglecting the care of other children in the group?
- Is there a space where the mildly ill child can rest if needed?
- Are families able or willing to pay extra for sick care if other resources are not available, so that you can hire extra staff as needed?
- Have families made alternative arrangements for someone to pick up and care for their ill children if they cannot?”

It’s important that programs recognize the families have to weigh many things when trying to decide whether or not to send a child to child care. They must consider how the child feels (physically and emotionally), whether or not the program can provide care for

the specific needs of the child, what alternative care arrangements are available, as well as the income they may lose if they have to stay home.[438]



Responding to Illness that Requires Medical Care

"Some conditions, require immediate medical help. If the parents can be reached, tell them to come right away and notify their medical provider.

Call Emergency Medical services (9-1-1) immediately and also notify parents if any of the following things happen:

- You believe a child needs immediate medical assessment and treatment that cannot wait for parents to take the child for care.
- A child has a stiff neck (that limits his ability to put his chin to his chest) or severe headache and fever.
- A child has a seizure for the first time.
- A child who has a fever as well as difficulty breathing.
- A child looks or acts very ill, or seems to be getting worse quickly.
- A child has skin or lips that look blue, purple, or gray.
- A child is having difficulty breathing or is breathing so fast or hard that he or she cannot play, talk, cry, or drink.
- A child who is vomiting blood.
- A child complains of a headache or feeling nauseous, or is less alert or more confused, after a hard blow to the head.
- Multiple children have injuries or serious illnesses at the same time.
- A child has a large volume of blood in the stools.
- A child has a suddenly spreading blood-red or purple rash.
- A child acts unusually confused.
- A child is unresponsive or [has] decreasing responsiveness.

Tell the parent to come right away, and get medical help immediately, when any of the following things happen. If the parent or the child's medical provider is not immediately available, call 9-1-1 (EMS) for immediate help:

- A fever in any child who appears more than mildly ill.
- An infant under 2 months of age has an axillary ("armpit") temperature above 100.4º F.
- An infant under four months of age has two or more forceful vomiting episodes (not the simple return of swallowed milk or spit-up) after eating.
- A child has neck pain when the head is moved or touched.
- A child has a severe stomach ache that causes the child to double up and scream.
- A child has a stomach ache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall.
- A child has stools that are black or have blood mixed through them.
- A child has not urinated in more than eight hours, and the mouth and tongue look dry.
- A child has continuous, clear drainage from the nose after a hard blow to the head.
- A child has a medical condition outlined in his special care plan as requiring medical attention.

- [A child has a]n injury that may require medical treatment such as a cut that does not hold together after it is cleaned."[439]

Administering Medications

Some children in your early care and education setting may need to take medications during the hours you provide care for them. Early care and education programs must have a written policy for the administration of prescription and nonprescription medication.[440]



Figure 9.11 – Medication must be given according to the label.[441]

Valid reasons for an early care and education program to consider administering medication.

- Some medication dosing cannot be adjusted to be taken before and after care (and keeping them out of care when otherwise well enough to attend, would be a hardship for families.
- Some children may have chronic conditions that may require urgent administration of medication (such as asthma and diabetes).[442]

Steps in Administering Medication

Many childcare licensing agencies require program staff to be trained in the proper administration of medication. Programs must obtain written consent from a child's parent/guardian for any medication to be administered by program staff. Prescription medication should be in its original container and labeled with the child's name, prescribing information, dosage, physician's name, pharmacy name and phone number, and the dates the prescription is valid. All medications should be in child-resistant packages, stored away from food, stored at the proper temperature, and be inaccessible to children. Refer to the policies of your program for specific requirements. The following are the basic steps for administering medication as outlined by the American Academy of Pediatrics (2024):

1. Right child--ensure you are giving medication to the child it is intended for
2. Right medication--read the medication label to make sure you have the correct medication
3. Right dose--check the dosage amount on the label with the consent form
4. Right route--confirm how the medication is administered (oral, inhaled, eye, ear, etc.)
5. Right time--match the time with the medication label and instructions
6. Right documentation--keep consent forms and logs of medication administered

Communication with Families

When children are excluded from care, it's important to provide documentation for families of how the child meets the guidelines in your exclusion policy and what needs to happen before the child can return to care.

Programs are also required to inform families when children are exposed to a communicable disease.



Pause to Reflect

Why is it important for early care and education programs to communicate clearly with families regarding communicable illness?

Summary

Becoming familiar with infectious diseases that are common in early childhood enables early care and education program staff to identify illness and respond appropriately. This included knowing when children (and staff) should be excluded from care and what needs to happen before they should come back.

Programs must create policies on how they will handle children who are mildly ill (those who need care before they can be picked up from care and those who do not require exclusion) and children who have an illness that requires medical care. Programs that choose to administer medication, must be familiar with the licensing regulations that guide their practice.

Open communication with families is important when a child becomes ill or is potentially exposed to an illness. Helping families understand and follow policies regarding exclusion is vital to keeping everyone in the program as healthy as possible.



Resources for Further Exploration

- Health and Safety in the Child Care Setting: Prevention of Infectious Disease A Curriculum for the Training of Child Care Providers
- Common Childhood Infections - A Guide for Principals, Teachers and Child Care Providers
- Diseases & Conditions A-Z Index
- Childhood Infectious Illnesses
- Appropriate Antibiotic Use
- When to Keep Your Child Home from Child Care

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10.5: Children with Special Health Care Needs

Learning Objectives

By the end of this section, you should be able to:

- Relate family-centered care and individualized planning and care.
- Explain what individualized health planning is and who it is appropriate for.
- Describe some chronic health conditions that children in early care and education programs may have.
- Discuss what inclusion is and why it is beneficial.

Introduction

Children with special health care needs are defined as ". . . those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (McPherson, 1998).

Any child who meets these criteria in an early care and education setting should have an up-to-date care plan, completed by their primary health care provider with input from parents/guardians, included in their on-site health record and readily accessible to those caring for the child.[444]

Individualized Planning for Health

What does it take to care for children with chronic conditions in an early care and education program? There's no single recipe for all situations. What it takes—more than any policy, list of services, or staffing plan—is a commitment to communication, collaboration, creative problem-solving, and a determination to make it work. The essential principles that should guide the care of children with chronic conditions in early childhood education are: care should be family-centered, individualized, safe, and legal.

Family-Centered Care

Over the last 15 years, children's health care and the relationship between families and health professionals have changed significantly. The role of parents/caregivers has shifted from being patients to partners with the health care provider; and the "good patient" has changed from unquestioningly following advice to being a good partner who actively participates in decisions and advocates for services for their child.

"Family-centered care" involves providing the family health care and other services based on the family's needs, priorities, and convenience rather than those of the service providers or the child alone. Family-centered services are evidence of a program's commitment to family partnerships and supporting child and family development.



10.5.1 – Family-centered care relies on respect and collaboration.[445]

Services are family-centered when:

- The family is recognized as the child's most constant and important caregiver.
- The family and professionals collaborate as partners.
- Communication is open and honest, in both directions, between the family and professionals.
- Individual strengths and differences are respected among families.

- Services are flexible and responsive to the family's needs.
- Family-to-family support is encouraged.
- Children with chronic conditions and their families are treated like other children and families, and not defined by their condition.

Individualizing Care

Individualizing means recognizing the characteristics that make each child unique and planning a program that responds to these differences. Individualizing allows families and staff to respond to each child's built-in time clock for development, as well as culture, family, home language, life experiences, strengths, needs, skills, and abilities.

Early care and education programs can best meet the needs of children with chronic conditions by following a systematic process of Individualized Health Planning. For children who are eligible for an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP), the IEP or IFSP may or may not include planning for the child's health care needs. In addition, many children with special health needs who are not eligible for an IEP or IFSP would, in fact, benefit from individualized health planning.

Individualized health planning for children with chronic conditions involves close communication and collaboration among families, the early care and education program staff, and health care and service providers. It is a process of collecting all the necessary information from screening and evaluations, developing plans for the child's routine and emergency care, conducting ongoing assessments, and revising the plans as needed. The plan should be documented in writing to serve as a clear guide for staff, families, and healthcare providers on meeting the child's health needs.

Who Should Have an Individualized Health Plan?

Children who would benefit from an Individualized Health Plan include any child who:

- Requires adaptations in daily activities because of a medical condition; daily activities to be considered include feeding, playing, sleeping, toileting
- Needs medication regularly
- Requires a specialized emergency plan

The decision to develop an Individualized Health Plan for a child should be made collaboratively by the family, health specialists, and classroom teacher.

What are the Benefits of an Individualized Health Plan?

- Health Promotion and Prevention of Complications: Children with chronic conditions remain healthiest when all possible measures are taken to promote their general health and manage the chronic condition closely.
- Communication and Collaboration: Optimal health care for children with chronic conditions requires close communication and coordination among families, Head Start, and health care providers.
- Training and Skills: An Individualized Health Plan identifies the specific procedures needed to care for a child with chronic conditions.
- Confidence: With an Individualized Health Plan, families, and program staff can feel confident that they are doing everything possible to keep the child healthy on a routine and daily basis. Also, if health problems or emergencies occur, they can feel confident that they are prepared to manage them in the best way possible. Children with special medical needs feel more secure and able to learn when their caregivers know what to do.



Figure 10.5.2 – Families, health care and service providers, and early care and education programs

can work together to make sure children with special health needs get the care they need.[446]

What should be Included in an Individualized Health Plan?

Caring for children with chronic conditions is a serious responsibility. Staff are commonly concerned about meeting the child's daily care needs: "How can I be sure to give him his medicine at the right time? Do we have enough staff to do his tracheostomy care while also supervising the other children? Will I have all his asthma supplies on the field trip?" Staff are also commonly concerned about emergencies: "What if I give her the wrong amount of medicine? What if she stops breathing? What if I can't reach her father on the phone?" The Individualized Health Plan should include the information necessary to respond to the most likely "what-ifs."

Many people are afraid to care for children with chronic conditions. It can raise anxiety to discuss and plan for the "what-if" situations. It is important to remember that anticipating and planning for a situation doesn't make it happen; it just allows you to be prepared if it does.

At a minimum, an Individualized Health Plan should be a guide to:

- What accommodations in daily programming are needed, including meals and snacks, playing, sleeping, and toileting
- When and how to give medication, and who may give it
- When and how to perform any required medical procedures, and who may perform them
- What procedures to follow in the event of a medical emergency

The Individualized Health Plan should be developed with the participation of families, medical professionals, classroom staff, and any other program that may be involved in providing care. All parties should sign the form as an indication of agreement with and commitment to plan.[447]

Who are Children with Special Needs?

According to the Data Resource Center for Child and Adolescent Health and shown in Figure 10.5.3, in 2017 over 20% of children 0-5 years, and over 40% of children 6-11 years, have one or more of the following current or lifelong health conditions:

- allergies (food, drug, insect or other)
- arthritis
- asthma
- blood disorders (such as sickle cell disease, thalassemia, or hemophilia)
- brain injury/concussion/head injury
- cerebral palsy
- cystic fibrosis
- diabetes
- Down Syndrome

- epilepsy or seizure disorder
- genetic or inherited condition
- heart condition
- frequent or severe headaches including migraine (3-17 years)
- Tourette Syndrome (3-17 years)
- anxiety problems (3-17 years)
- depression (3-17 years)
- behavioral and conduct problems (3-17 years)
- substance use disorder (6-17 years)
- developmental delay (3-17 years)
- intellectual disability (3-17 years)
- speech or other language disorders (3-17 years)
- learning disability (also known as mental retardation) (3-17 years)
- other mental health conditions (3-17 years)
- Autism or Autism Spectrum Disorder (ASD) (3-17 years)
- Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder (ADD or ADHD) (3-17 years)
- hearing problems
- vision problems.[448]

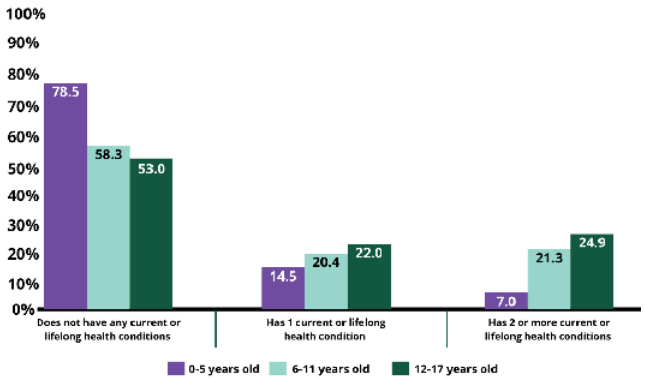


Figure 10.5.3 – Prevalence of current or lifelong health conditions in children 0-17 years in U.S.[449]

Children with Special Needs

Children in early care and education programs may have special needs that are not directly related to their health. This may include:

- Intellectual disability
- Hard of hearing
- Deaf
- Speech or language impairment
- Visual impairment
- Emotional disturbance
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Deaf-blindness
- Multiple disability
- Autism Spectrum Disorders
- Traumatic brain injury

These children and their families need a partnership with early care and education staff and other service providers as early as possible because it creates a solid foundation to support optimal development and can reduce the prevalence of ongoing and future challenges.[495]

The Individuals with Disabilities Education Act (IDEA) is the federal law that makes available free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities.[496]

For children birth to 3 years, Part C of IDEA Provides early intervention services to children from birth to three with special needs. And Individualized Family Service Plan (IFSP) is a written document outlining:

- The early intervention services a child and family will receive
- The child's needs; the family's strengths and choices; and the Early Intervention team's recommendations

Once children turn 3 years old, Part B of IDEA (Section 619), provides special education services through the public school system. An Individualized Education Program (IEP) is a written plan that describes:

- The child's educational goals
- Services and supports in a school setting[497]



Figure 10.17 – This child with cerebral palsy has a special chair that allows her to participate in her inclusive early care and education program [498]

Inclusion

In IDEA, the word appropriate refers to providing that educational experience in the least restrictive environment (LRE). LRE requires a continuum of placement options to be available to best meet the diverse needs of children with disabilities and presumes that the first placement option considered for each child with a disability is the regular classroom the child would attend if he or she did not have a disability.[499] The full and active participation of children with disabilities or other special needs in community activities, services, and programs designed for children without disabilities, including child care, is referred to as inclusion. In an inclusive program, if support, accommodations, or modifications are needed to ensure the child's full, active participation, they are provided appropriately. The participation results in an authentic sense of belonging for the child and family.

Professionals may be reassured to know that:

- Childcare providers can successfully include children with disabilities or other special needs in the program while promoting belonging for all children.
- Major modifications to their program or facility probably will not be needed in order to include children with disabilities or other special needs.
- Assistance and support for more significant changes in their program or facility may be available.
- An inclusive childcare program is rewarding for all the children, families, and staff in childcare programs.[500]

Individualizing Care and Education

When serving an individual child, the provider should focus on the child's needs, not the disability or its label. Working with the family and the service providers, teachers can provide individualized care and education for the child's unique needs and strengths, just as they should be doing for each and every child in their classroom.

As each child is unique, so is each childcare program. There is no magic formula for making inclusion work beyond the creativity, energy, and interest that most childcare providers already bring to their work. Their uniqueness notwithstanding, every program is able to successfully include children with disabilities. And each makes it work child by child, day by day.

Some children need small changes to the curriculum or minor support in order to get the most out of certain activities. These sorts of things may consist of fairly simple accommodations, such as providing a special place or quiet activity for a child who is unable to participate in large-group activities or making available a special snack for a child who needs to eat more frequently than the typical meal or snack schedule. Other children may require more specific adaptations that might not be readily apparent. A variety of community resources can be helpful in determining what those might be. The family, for example, is always the first and most important guide for what a child might need; after that, an area specialist or a local workshop might be. Beyond the immediate community, a world of literature in books, periodicals, and Web sites devoted to disabilities and inclusion can inform a childcare provider about appropriate adaptations for a child with a particular condition or need.



Figure 10.5.4 – All programs can successfully include children with disabilities.[501]

Programs that begin with a high-quality, developmentally appropriate foundation; a positive attitude on the part of the care provider; appropriate adult–child ratios; supportive administrators; and adequate training for the provider will be in a good position to creatively solve problems for a child with disabilities or other special needs, exactly as it does for children who are typically developing. If a child already has an established diagnosis, trained intervention personnel may be available to assist in this process.

One of the biggest roles of a care provider is to facilitate a sense of belonging and inclusion. Several helpful strategies are as follows:

- Start with the assumption that all children are competent.
- Adapt the environment so that it is developmentally appropriate, challenging, and fits the needs and interests of each child.
- While there may be a need to support a child's mastery of a specific skill, keep the whole child in mind, particularly the child's social-emotional experience.[502]



Pause to Reflect

How might you explain what inclusion is and why it is good for children and families to the following:

- Someone who thinks they want to be a teacher but doesn't believe they can handle teaching in an inclusive classroom.
- The family of a child with special needs.
- The family of a child who is having a hard time with changes in the classroom after a child that has a special need joined the class.

Did your explanations differ? Why or why not?

Summary

All children and their families deserve access to and full inclusion in high-quality early care and education programs. This includes children with special health care and other special needs. Working with families and the health care and service providers, programs can meet each child's individualized needs. This takes knowledge, planning, and partnership. Inclusive programs are beneficial to everyone, the children with special needs and their families, the children that do not have special needs, and the program staff.



Resources for Further Exploration

- American Academy of Pediatrics (AAP)
- Centers for Disease Control and Prevention (CDC)
- KidsHealth® from Nemours
- National Institute of Health, Medline Plus
- Online Learning Course: Medication Administration in Early Education and Child Care
- Asthma and Allergy Foundation of America
- American Lung Association
- American Academy of Cerebral Palsy and Developmental Medicine
- Cystic Fibrosis Foundation
- American Diabetes Association
- National Association for Down Syndrome
- Epilepsy Foundation
- Autism Society of America
- American Society for Deaf Children
- Children's Eye Foundation of AAPOS
- Information and Technical Assistance on the American with Disabilities Act, Commonly Asked Questions about Child Care Centers and the Americans with Disabilities Act
- Center for Parent Information and Resources
- Disabilities Services Newsletters
- Center on the Social and Emotional Foundations for Early Learning
- Individualization: Strategies for Teaching Children with Special Needs

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10.6: Children's Mental Health

Learning Objectives

By the end of this section, you should be able to:

- Discuss what mental health is and what that looks like during early childhood.
- Explain how mental health practices should begin during infancy.
- Outline ways early care and education programs should be supporting young children's mental health (including engaging families).



Warning: This chapter contains information about childhood trauma that may be triggering for some readers.

Introduction

Mental health in childhood means reaching developmental and emotional milestones, and learning healthy social skills and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in early care and education programs and school, and in their communities.[505]

Mental health is an important part of overall health and well-being. Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how people handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.[506] When early educators and families know more about early childhood mental health, they are better able to support children's learning and development.[507]

Foundation for Mental Health

Beginning at birth, children need positive relationships with the adults who care for them. When children learn to recognize and share their feelings with trusted adults, they feel good about themselves. These relationships help them develop the confidence to learn new skills. Children thrive when adults support their strengths and needs. Responsive adults help children feel safe and valued and learn how to get along well with others.

Children who can manage their feelings can learn and play with peers. They are better able to plan, monitor, and control their behavior. They can also adjust to changes in schedules and routines. Children who get along with adults learn to work together and follow rules. They can also show concern for, and share, take turns, and compromise with other children.[508]



Figure 10.6.1 – It is important to care for children's emotional well-being from the beginning.[509]

Mental Health from the Beginning

Infant mental health practice applies knowledge of relationships to support and enhance healthy social and emotional development and to prevent and treat mental health disorders. The following definition of infant mental health was developed by a group of experts with the common understanding that observing young children's interactions with parents and other significant people is key for the assessment of emotional well-being.

In addition, experts also suggest keeping in mind the infants' underlying biology which could include temperament and compromises to resilience from early trauma. Infant mental health is the developing capacity of the child from birth to three years old to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development. (ZERO TO THREE Infant Mental Health Task Force, December, 2001) The mental and physical health of infants and toddlers is critically influenced by the daily behaviors of their caregivers.

The following sections describe key concepts related to the mental health of infants. These concepts enhance what is included in the previous definition:

- "Developing capacity" highlights the extraordinarily rapid pace of growth and change in the first 3 years. Although newborns experience intense feelings and are active partners in their relationships with adults, the differentiation and complexity of a young child's emotional and social development increases markedly over time.
- Infants and toddlers initially depend heavily on adults to help them experience, regulate, and express emotions. Infants' cries and coos evoke strong reactions in their caregivers. An infant's ability to master feelings develops through give and take.
- Through relationships with parents and other caregivers, infants and toddlers learn what people expect of them and what they can expect of other people. Infants and toddlers learn through what they experience within relationships and what they observe in adult's interactions with one another.
- Infants and toddlers share and communicate feelings and experiences with significant caregivers and other children. Infants and toddlers interact with one another in emotionally meaningful ways. Parents and caregivers help young children name their feelings and understand their effect on others.
- The drive to explore and master one's environment is inborn in humans. An essential component of infants' and toddlers' well-being is the self-esteem that grows out of mastering their bodies and the environment as well as sharing that mastery with parents and significant caregivers.
- Every child is a unique blend of characteristics; infants' and toddlers' developmental pathways will reflect not only their individual constitutional differences but also the contributions of their caregiving environments. Temperament, or the way an individual approaches the world, influences how tentatively or vigorously an infant might engage with a new person, toy, or situation.
- The state of adults' emotional well-being and life circumstances profoundly affects the quality of infant-caregiver relationships as well as infant and toddler mental health. Parents and other significant caregivers bring their own temperament and past experiences to relationships.

- Culture influences every aspect of human development. This broad influence affects the way that infant mental health is understood; the goals and expectations adults have for young children's development; and the childrearing practices that parents and caregivers use to promote, protect, or restore infants' and toddlers' mental health.[510]



Pause to Reflect

How does this toddler's exploration relate to his self-esteem?



Figure 10.6.2[511]

Mental Health in Early Childhood

Early childhood mental health (birth to 5 years) is a child's growing capacity to do these things, all in the cultural context of family and community (adapted from ZERO TO THREE):

- Experience, regulate, and express emotions
- Develop close, secure, relationships
- Explore the surroundings and learn.

Early childhood mental health is the same as social-emotional development.[512] Social and emotional development is important to early learning. Many social-emotional qualities—such as curiosity; self-confidence as a learner; self-control of attention, thinking, and impulses; and initiative in developing new ideas—are essential to learning at any age. Learning, problem-solving, and creativity rely on these social-emotional and motivational qualities as well as basic cognitive skills.

When learning occurs in groups, such as in preschool classrooms or family childcare programs, the social environment significantly influences how learning occurs. When young children enjoy interacting with adults and other children, they are more enthusiastic about activities and participate more. Furthermore, the interest and enthusiasm of others fuel the child's own excitement about learning, and children are also motivated by others' acknowledgment of the child's accomplishments.[513]

It is important because it affects a child's ability to:

- Express their needs
- Pay attention
- Solve problems
- Get along with others
- Follow directions
- Persist when challenged
- Manage their emotions
- Take initiative
- Be curious and interested in learning[514]

Interviews with preschool and kindergarten teachers indicate that children who have the greatest difficulties in learning are hindered by the lack of these social-emotional qualities more than by the inability to identify letters or numbers. Children who are delayed or impaired in developing these social-emotional and motivational qualities:

- may have difficulty controlling their emotions or behavior,
- may not readily work independently or in a group,
- often appear to lack curiosity or be uninterested in learning, and
- may have difficulties getting along with others, which may undermine the learning environment for all children[515]

Children's mental health is critical to their later school success as well. Children who

- are able to follow directions and pay attention are able to focus on learning.
- can express their feelings are able to get help when they need it.
- learn to persist when frustrated can overcome challenges.
- feel good about themselves are able to work on their own.
- can control their behavior are able to stay on task.[516]

Finally, the importance of social-emotional development in early learning is consistent with the research on brain science. The developing brain is not neatly divided into separate areas governing learning, thinking, and emotions. Instead, it is a highly interconnected organ with different regions influencing, and being affected by, the others. This means, for example, that young children who experience emotional challenges (perhaps because of stress) are less ready for learning because brain regions related to memory are being affected by other regions governing emotion. This conclusion from brain research is, of course, consistent with the everyday experience of teachers of children whose stressful lives often lead to emotional, behavioral, and learning difficulties.[517]

Early Care and Education's Role in Children's Mental Health

Many practices of high-quality early care and education programs promote mental health and well-being including:

- Screening and assessment of infants' and toddlers' social and emotional well-being support the functions of promotion, prevention, and intervention.
- Integrating curriculum and individualization.
- A well-designed space is comfortable for infants and toddlers with different temperaments as well as for their teachers and parents.
- Poorly designed environments are stressful. Teachers are concerned about the safety and well-being of children, and their saying "no" occupies a great deal of teacher energy and attention. The time teachers spend monitoring keeps them from interacting with an infant or toddler in ways that build self-esteem.
- Having partnerships with community resources that families can be referred to.

Reciprocal communication with families. [534]

Mental health services in early care and education programs can address:

Promotion—helping all children to feel good about themselves, to get along with others, and to manage their behavior.

Prevention—reducing the likelihood that children will develop mental health problems and reducing the impact of mental health problems that do exist.

Early Identification—paying attention to mental health problems early on.

Treatment—helping connect families with appropriate help for children with mental health problems. [535]

Table 10.6.1 – Nine Things Early Care and Education Programs Should Know [536]

Nine Things Early Care and Education Programs Should Know
1. Mental health is an essential part of health.
2. The mental health of young children is linked to the wellbeing of the people who care for them.
3. Promoting the mental health of infants and young children can make a positive difference for years to come.
4. Positive relationships support positive mental health.
5. Culture plays an important role in young children's mental health and in how families view mental health and behavior.
6. The more staff and families know about mental health the better they are able to support it.
7. Addressing mental health concerns when children are young is more effective than waiting until they are older.
8. Mental health must be an integral part of early care and education programs.
9. Programs that focus on mental health are able to design services that improve children's behavior.

Supporting Children Under Stress

Supporting children's mental health also extends to helping children deal with the stress that they may encounter. One of the most important things professionals can do is provide the child with a predictable, safe haven where children can feel secure. Teachers can create a comfortable and comforting everyday routine that is child-centered, individualized, responsive, and helpfully structured to give young children a sense of control and predictability that may be lacking in other aspects of the child's life. Central to these efforts is providing children with supportive adult relationships that are reliable and helpful. This may be more difficult than one would expect because young children under stress often test these relationships to see whether teachers and other adults will remain responsive to them even when children act defiantly or negatively.

In some circumstances, it can be helpful for teachers to obtain the advice of an early childhood mental health consultant who can observe the child in the classroom, talk with the teacher about the child's behavior, and suggest strategies for providing supportive assistance. Early childhood mental health consultants can be valuable resources to an early childhood education program. They can help teachers provide much-needed support to young children who may not have other such sources of support elsewhere in their lives.[542]

Trauma-Informed Care

As mentioned, children who are exposed to traumatic life events are at significant risk for developing serious and long-lasting problems across multiple areas of development. However, children are far more likely to exhibit resilience to childhood trauma when child-serving programs, institutions, and service systems understand the impact of childhood trauma, share common ways to talk and think about trauma, and thoroughly integrate effective practices and policies to address it—an approach often referred to as *trauma-informed care (TIC)*.

The context in which children live, learn, and grow shapes both their immediate and long-term well-being. Accordingly, children who experience trauma are more likely to exhibit resilience when their environments are responsive to their specific needs. Families, schools, community-based programs and services, and the individuals caring for children can increase the chances of resilience following childhood trauma when they become aware of the impact of childhood trauma, provide a sense of safety and predictability, protect children from further adversity, and offer pathways for their recovery. In other words, children benefit when these entities provide them with trauma-informed care (TIC).

Despite its focus on trauma, TIC is inherently a strengths-based perspective that emphasizes resilience instead of pathology. TIC has been defined and implemented in a number of ways, but the Substance Abuse and Mental Health Services Administration has identified four key elements—the Four Rs (see Figure 10.6.3)

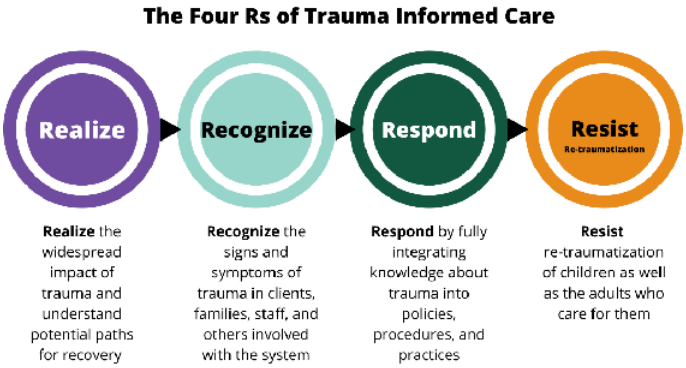


Figure 10.6.3 – The Four Rs are the key elements of Trauma-Informed Care [543]

Applying TIC to real-world settings begins with a child's first contact with a program, institution, or service system. It requires a comprehensive and multi-pronged effort involving the many adults in children's lives. For example, in a school or afterschool program, TIC means increasing trauma-related knowledge and skills among program facilitators, school administrators, bus drivers, food service workers, classroom assistants, administrative staff, volunteers, teachers, leadership, special education professionals, school social workers and psychologists, families, and anyone else who comes into contact with children. However, increasing trauma knowledge is only one aspect of TIC, which also means that the individuals who care for children must be able to:

1. **Realize** the widespread nature of childhood trauma and how it impacts the child's emotional, social, behavioral, cognitive, brain, and physical development, as well as their mental health. In addition, adults must be aware of the influence of trauma on family members, first responders, service providers, and others who may experience secondary stress (trauma-related reactions to exposure to another person's traumatic experience). In some instances, adults endure the same traumatic events or circumstances as the child (e.g., a natural disaster, community violence, death of a community member) and may benefit from similar supports.
2. **Recognize** the symptoms of trauma, including how trauma reactions (i.e., symptoms of posttraumatic stress) vary by gender, age, type of trauma, or setting. In addition, the adults in children's lives must understand that a child's challenging behaviors are normal, self-protective, and adaptive reactions to highly stressful situations, rather than viewing that child as intentionally misbehaving. Children's trauma reactions are understood to be adaptive efforts to protect themselves in response to traumatic events. For example, a child may be hypervigilant about an adult's anger or disapproval because, in the past, he or she experienced physical abuse by a parent. Or, a child may disassociate or daydream as a learned response that enables them to avoid feeling or thinking about a traumatic experience. In addition, TIC means recognizing that trauma may influence a child's engagement in activities and services, interactions with peers and adults, and responsiveness to rules and guidelines.
3. **Respond** by making necessary adjustments, in their own language and behavior, to the child's environment; and to policies, procedures, and practices to support the child's recovery and resilience to trauma.

4. **Resist re-traumatization** by actively shaping children's environments to avoid triggers (sounds, sights, smells, objects, places, or people that remind an individual of the original trauma) and protect children from further trauma, which can exacerbate the negative impacts of trauma and interfere with the healing process.



Resources for Further Exploration

- Georgetown University Center for the Early Childhood Mental Health Consultant
- Harvard Howard University Center for the Developing Child
- Tulane University Institute of Infant and Early Childhood Mental Health
- Zero to Three - Early Childhood Mental Health
- CDC's Children's Mental Health
- CDC's Adverse Childhood Experiences (ACEs)
- National Scientific Council on the Developing Child's Establishing a Level Foundation for Life
- Mental Health America
- MentalHealth.gov
- National Institute of Mental Health's Helping Children and Adolescents Cope with Disasters and Other Traumatic Events: What Parents, Rescue Workers, and the Community Can Do
- Stress in Childhood
- Traumatic Events and Children
- Children and Mental Health
- Center on the Social and Emotional Foundation for Early Learning's Inventory of Practices for Promoting Children's Social Emotional Competence
- How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma
- Early Head Start's: Pathways to Prevention
- Infant/Toddler Training Modules
- Preschool Training Modules

References

This page was adapted from 11: Children's Mental Health. in Paris, J. (2021). *Health, safety and nutrition.* LibreTexts.

For references according to subscript, please see pages 279-305 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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CHAPTER OVERVIEW

11: Nutrition

11.1: Basic Nutrition for Children
11.2: Protecting Good Nutrition and Physical Wellness
11.3: Feeding Infants
11.4: Feeding Children
11.5: Menu Planning
11.6: Family Style Dining

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11.1: Basic Nutrition for Children

Learning Objectives

By the end of this section, you should be able to:

- Define and explain the function of nutrients.
- Discuss influences on food choice.
- Outline how to achieve a healthy diet.

Introduction

In order to plan, prepare, and serve nutritious foods to children in early care and education programs it's important to have a basic understanding of nutrition and the programs and resources available to support meeting children's nutrition needs.

What are Nutrients?

The foods we eat contain nutrients. Nutrients are substances required by the body to perform its basic functions. Nutrients must be obtained from our diet, since the human body does not synthesize or produce them. Nutrients have one or more of three basic functions: they provide energy, contribute to body structure, and/or regulate chemical processes in the body. These basic functions allow us to detect and respond to environmental surroundings, move, excrete wastes, respire (breathe), grow, and reproduce. There are six classes of nutrients required for the body to function and maintain overall health, these are:

1. carbohydrates,
2. fats,
3. proteins,
4. water,
5. vitamins, and
6. minerals.

One measurement of food quality is the amount of nutrients it contains relative to the amount of energy it provides. High-quality foods are nutrient-dense, meaning they contain significant amounts of one or more essential nutrients relative to the amount of calories they provide. Nutrient-dense foods are the opposite of "empty-calorie" foods such as carbonated sugary soft drinks, which provide many calories and very little, if any, other nutrients. Food quality is additionally associated with its taste, texture, appearance, microbial content, and how much consumers like it. [550] Foods also contain non-nutrients that may be harmful (such as natural toxins common in plant foods and additives like some dyes and preservatives) or beneficial (such as antioxidants).

Macronutrients

Nutrients that are needed in large amounts are called macronutrients. There are three classes of macronutrients: carbohydrates, fats, and proteins. These can be metabolically processed into cellular energy, allowing our bodies to conduct their basic functions. A unit of measurement of food energy is the calorie. Water is also a macronutrient in the sense that you require a large amount of it, but unlike the other macronutrients, it does not yield calories.

Micronutrients

Micronutrients are nutrients required by the body in lesser amounts, but are still essential for carrying out bodily functions. Micronutrients include all the essential minerals and vitamins. There are sixteen essential minerals and thirteen vitamins. In contrast to carbohydrates, fats, and proteins, micronutrients are not sources of energy (calories), but they assist in the process as components of enzymes. Enzymes are proteins that cause chemical reactions in the body and are involved in all aspects of body functions from producing energy, to digesting nutrients, to building macromolecules. Micronutrients play many essential roles in the body.

The Challenge of Choosing Foods

There are other factors besides environment and lifestyle that influence the foods you choose to eat. Different foods affect energy level, mood, how much is eaten, how long before you eat again, and if cravings are satisfied. We have talked about some of the physical effects of food on your body, but there are other effects too.

Food regulates your appetite and how you feel. Multiple studies have demonstrated that some high-fiber foods and high-protein foods decrease appetite by slowing the digestive process and prolonging the feeling of being full or satiety. Food also has psychological, cultural, and religious significance, so your personal choices of food affect your mind, as well as your body. The social implications of food have a great deal to do with what people eat, as well as how and when. Religious practices may influence an individual's eating and food choices. Special events in individual lives—from birthdays to funerals—are commemorated with equally special foods. Being aware of these forces can help people make healthier food choices—and still honor the traditions and ties they hold dear.

Factors that Drive Food Choices

Along with these influences, a number of other factors affect the dietary choices individuals make, including:

- **Taste, texture, and appearance.** Individuals have a wide range of tastes that influence their food choices, leading some to dislike milk and others to hate raw vegetables. Some foods that are very healthy, such as tofu, may be unappealing at first to many people. However, creative cooks can adapt healthy foods to meet most people’s taste.
- **Economics.** Access to fresh fruits and vegetables may be scant, particularly for those who live in economically disadvantaged or remote areas, where cheaper food options are limited to convenience stores and fast food.
- **Early food experiences.** People who were not exposed to different foods as children, or who were forced to swallow every last bite of overcooked vegetables, may make limited food choices as adults.
- **Habits.** It’s common to establish eating routines, which can work both for and against optimal health. Habitually grabbing a fast food sandwich for breakfast can seem convenient, but might not offer substantial nutrition. Yet getting in the habit of drinking an ample amount of water each day can yield multiple benefits.
- **Culture.** The culture in which one grows up affects how one sees food in daily life and on special occasions.
- **Geography.** Where a person lives influences food choices. For instance, people who live in Midwestern US states have less access to seafood than those living along the coasts.
- **Advertising.** The media greatly influences food choice by persuading consumers to eat certain foods.
- **Social factors.** Any school lunchroom observer can testify to the impact of peer pressure on eating habits, and this influence lasts through adulthood. People make food choices based on how they see others and want others to see them. For example, individuals who are surrounded by others who consume fast food are more likely to do the same.
- **Health concerns.** Some people have significant food allergies, to peanuts for example, and need to avoid those foods. Others may have developed health issues that that them to follow a low-salt diet. In addition, people who have never worried about their weight have a very different approach to eating than those who have long struggled with excess weight.
- **Emotions.** There is a wide range in how emotional issues affect eating habits. When faced with a great deal of stress, some people tend to overeat, while others find it hard to eat at all.
- **Green food/Sustainability choices.** Based on a growing understanding of diet as a public and personal issue, more and more people are starting to make food choices based on their environmental impact. Realizing that their food choices help shape the world, many individuals are opting for a vegetarian diet, or, if they do eat animal products, striving to find the

most “cruelty-free” options possible. Purchasing local and organic food products and items grown through sustainable products also help shrink the size of one’s dietary footprint.[558]



Pause to Reflect

Think of your last meal or snack. What are some of the factors listed above that led you to choose to eat what you did?

Achieving a Healthy Diet

Achieving a healthy diet is a matter of balancing the quality and quantity of food that is eaten. Five key factors make up a healthy diet:

1. A diet must be adequate, by providing sufficient amounts of each essential nutrient, as well as fiber and adequate calories.
2. A balanced diet results when you do not consume one nutrient at the expense of another, but rather get appropriate amounts of all nutrients.
3. Calorie control is necessary so that the amount of energy you get from the nutrients you consume equals the amount of energy you expend during your day’s activities.
4. Moderation means not eating to the extremes, neither too much nor too little.
5. Variety refers to consuming different foods from within each of the food groups on a regular basis.

A healthy diet favors whole foods. As an alternative to modern processed foods, a healthy diet focuses on “real” fresh whole foods that have been sustaining people for generations. Whole foods supply the needed vitamins, minerals, protein, carbohydrates, fats, and fiber that are essential to good health. Commercially prepared and fast foods are often lacking nutrients and often contain inordinate amounts of sugar, salt, and saturated and trans fats, all of which are associated with the development of diseases such as atherosclerosis, heart disease, stroke, cancer, obesity, diabetes, and other illnesses. A balanced diet is a mix of food from different food groups (vegetables, legumes, fruits, grains, protein foods, and dairy).

Vegetarian Diet

People choose a vegetarian diet for various reasons, including religious doctrines, health concerns, ecological and animal welfare concerns, or simply because they dislike the taste of meat. There are different types of vegetarians, but a common theme is that vegetarians do not eat meat. Four common forms of vegetarianism are:

1. Lacto-ovo vegetarian. This is the most common form. This type of vegetarian diet includes eggs and dairy products.
2. Lacto-vegetarian. This type of vegetarian diet includes dairy products but not eggs.
3. Ovo-vegetarian. This type of vegetarian diet includes eggs but not dairy products.
4. Vegan. This type of vegetarian diet does not include dairy, eggs, or any type of animal product or animal by-product. [559]



Pause to Reflect

Think back to your childhood, how do you think your diet did with regard to adequacy, balance, moderation, and variety? What about your diet now?

Nutrition in Early Care and Education Programs

Many different programs support early care and education programs by providing nutritious meals and snacks for children. Let's explore a few of these.

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating childcare centers, daycare homes, and adult daycare centers. Eligible public or private nonprofit child care centers, outside-school-hours care centers, Head Start programs, and other institutions that are licensed or approved to provide day care services may participate in CACFP, independently or as sponsored centers.[562] Over 2 billion meals are served in the CACFP.[563]

Even if a program chooses not to participate in (or is ineligible for) the CACFP, they are required by licensing to its meal plan requirements. [564] The CACFP nutrition standards for meals and snacks served in the CACFP are based on the Dietary Guidelines for Americans, science-based recommendations made by the National Academy of Medicine, cost and practical considerations, and stakeholder input. Under these standards, meals and snacks served include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat.[565]

CACFP Best Practices

Table 12.6 – CACFP Best Practices[568,569]

Category	Best Practices
Vegetables and Fruit	• Make at least one of the two required components of snacks a vegetable or fruit • Serve a variety of fruits and choose whole fruits • Juice is limited to once a day • Provide at least one serving each of dark green leafy vegetables, red and orange vegetables, beans and peas (legumes), starchy vegetables, and other vegetables each week
Grains	• Provide at least two servings of whole grains per day (at least one is required)
Meat and Meat Alternatives	• Serve only lean meats, nuts, and legumes. • Limit serving processed meats to no more than one serving per week. • Serve only natural cheeses and choose low-fat or reduced-fat cheeses.
Milk	• Serve only unflavored milk • Nondairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children with medical or special dietary needs
Sugar	• Yogurt must contain no more than 23 grams per 6 ounces • Breakfast cereals must contain no more than 6 grams of sugar per dry ounce • Avoid serving non-creditable foods that are sources of added sugars, such as sweet toppings (honey, jam, syrup), mix-in ingredients sold with yogurt, and sugar-sweetened beverages
Miscellaneous	• Frying is not allowed as a way of preparing foods on-site • Limit serving purchased pre-fired foods to no more than one serving per week • Incorporate seasonal and locally produced foods into meals

Healthy Beverages in Child Care Act

"And all licensed child care providers…must follow the Healthy Beverages in Child Care Act. The four key messages in the Healthy Beverages in Child Care Act are:

1. Only unflavored, unsweetened, non-fat (fat-free, skim, 0%) or low-fat (1%) milk can be served to children 2 years of age or older.
2. No beverages with added sweeteners, natural or artificial, can be served, including sports drinks, sweet teas, juice drinks with added sugars, flavored milk, soda, and diet drinks.
3. A maximum of one serving of 100% juice is allowed per day.
4. Clean and safe drinking water must be readily available at all times; indoors and outdoors and with meals and snacks." [570]

MyPlate

MyPlate is the United States Department of Agriculture's food guidance program to help Americans eat healthy and is based on the Dietary Guidelines for America. It replaces MyPyramid (which had replaced the classic Food Guide Pyramid).

The visual for MyPlate is a familiar mealtime symbol, the plate. It gives easy visual reference to remind people to create balanced meals. The main messages of MyPlate include:

- Make half the plate fruits and vegetables
- Focus on whole fruits.
- Vary your veggies.
- Make half the grains whole grains.
- Move to low-fat or fat-free milk or yogurt.
- Vary the sources of protein.[573]



1992: Food Guide Pyramid



2005: MyPyramid Food Guidance System



2011: MyPlate

12.5 – The most recent Food Guides from the USDA.[574]

Dietary Reference Intakes (DRI)

Issued by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences, the DRI is the general term for a set of reference values used to plan and assess nutrient intakes of healthy people. These values, which vary by age and sex, include:

- Recommended Dietary Allowance (RDA): average daily level of intake sufficient to meet the nutrient requirements of nearly all (97%-98%) healthy people.
- Adequate Intake (AI): established when evidence is insufficient to develop an RDA and is set at a level assumed to ensure nutritional adequacy.
- Tolerable Upper Intake Level (UL): maximum daily intake unlikely to cause adverse health effects.[575]

That information is used to create nutrition fact labels.

Nutrition Facts Labels

The information in the main or top section of a nutrition label can vary with each food and beverage product; it contains product-specific information:

Serving Information

When looking at the Nutrition Facts label, first take a look at the number of servings in the package (servings per container) and the serving size. Serving sizes are standardized to make it easier to compare similar foods; they are provided in familiar units, such as cups or pieces, followed by the metric amount, e.g., the number of grams (g). The serving size reflects the amount that people typically eat or drink**.** It is not a recommendation of how much you should eat or drink.

It's important to realize that all the nutrient amounts shown on the label, including the number of calories, refer to the size of the serving. Pay attention to the serving size, especially how many servings there are in the food package. For example, you might ask yourself if you are consuming ½ serving, 1 serving, or more.

Calories

Calories provide a measure of how much energy you get from a serving of this food.

Nutrients

This section lists some key nutrients found in the food that impact your health. Two key facts about the nutrients:

- Nutrients to get less of: Saturated Fat, Sodium, and Added Sugars.
- Nutrients to get more of: Dietary Fiber, Vitamin D, Calcium, Iron, and Potassium.

The Percent Daily Value (%DV)

The % Daily Value (%DV) is the percentage of the Daily Value for each nutrient in a serving of the food. The Daily Values are reference amounts (expressed in grams, milligrams, or micrograms) of nutrients to consume or not to exceed each day.

The %DV shows how much a nutrient in a serving of a food contributes to a total daily diet for *adults*. The %DV helps you determine if a serving of food is high or low in a nutrient.[581]



Pause to Reflect

Find a food that is marketed to young children (that has a food label). Looking at the label, how do you think it rates a healthy choice? Why?

Summary

Providing nutritious meals and snacks to children in early care and education programs requires a basic understanding of nutrition. Program staff should also have an understanding of what a complete and healthy diet includes and how to address factors that influence food choices, to ensure that they provide healthy food and beverages that children will enjoy eating. Being aware of the

programs available to support doing so is also valuable. Children who have high-quality meal and snack times will have the fuel their bodies need to sustain optimal growth and development.



Resources for Further Exploration

- Nutrition
- Definitions of Health Terms
- Nutrition Education Resources & Materials
- Consumer Information on Ingredients & Packaging
- Overview of Food Ingredients, Additives & Colors
- Preventing Childhood Obesity in Early Care and Education Programs
- MyPlate, MyWins
- CACFP Regulations
- Nutrition Standards for CACFP Meals and Snacks
- Healthy Beverages in Child Care Act
- Food and Nutrition Service Programs
- Dietary Guidelines for Americans 2015-2020
- Nutrition and Physical Activity Self-Assessment for Child Care

References

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For references according to subscript, please see pages 308-335 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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11.2: Protecting Good Nutrition and Physical Wellness

Learning Objectives

By the end of this section, you should be able to:

- Explain the 5-2-1-0 recommendation.
- Discuss physical activity recommendations for young children.
- Describe ways early care and education programs can educate children about nutrition.
- Distinguish food allergies from food intolerances.

Introduction

Healthy active living includes eating healthy foods, staying physically active, and getting enough rest. Developing healthy habits starts in early childhood. Eating well and being physically active helps a child continue to grow and learn.[588]

Healthy Active Living

Research tells us that the way young children eat, move, and sleep can impact their weight now and in the future. Early childhood is an ideal time to start healthy habits before unhealthy patterns are set.[589]

Many children in the United States do not follow the nutrition recommendations of the Dietary Guidelines for Americans. According to the CDC, on average, children consume too much fat, saturated fat, and sodium and not enough fruits, vegetables, or calcium. Children obtain 33%-35% of their calories from fat and 12%-13% from saturated fat (above the recommended levels of 30% and 10%, respectively). Only 16% of children ages 6-11 years meet the recommendation for total fat intake; only 9% of children meet the recommendation for saturated fat intake.[590]

Young children depend on parents, caregivers, and others to provide environments that foster and shape healthy habits. Early care and education programs have a responsibility to promote growth and development, make healthy foods available, and provide safe spaces for active play. Staff can help children and families by encouraging and modeling healthy eating and physical activity at the center and by providing suggestions for small, healthy steps at home.[591]

5-2-1-0 Message

The American Academy of Pediatrics (AAP) recommends that pediatricians counsel parents and patients at every well-child check on diet and lifestyle goals as a part of obesity prevention initiatives (Hassink, 2010). These recommendations, initially put forth by the Maine Youth Overweight Collaborative obesity prevention program “Let's Go! 5-2-1-0”, have been promoted locally and nationally for broad consumption (Rogers & Motyka, 2009).[592]



Figure 13.1 – The 5-2-1-0 Recommendations[593]

Physical Activity

Good activity habits begin early in children’s lives. As early as infancy, adults can help children grow lifelong healthy play habits. Children learn from adults, they should model being active and participate with children when possible.

Infants should spend a lot of time on the floor (and out of equipment that limits mobility). This time allows them to reach, and kick so they can reach important milestones like crawling and sitting up.

Even very active toddlers need environments that support movement and activity and intentional opportunities to be physically active. Things like dancing, jumping, and taking walks are great ways to keep them moving.[595]

Childhood and adolescence are critical periods for developing movement skills, learning healthy habits, and establishing a firm foundation for lifelong health and well-being. Regular physical activity in children and adolescents promotes health and fitness. Compared to those who are inactive, physically active youth have higher levels of cardiorespiratory fitness and stronger muscles. They also typically have lower body fat and stronger bones. Physical activity also has brain health benefits for school-aged children, including improved cognition and reduced symptoms of depression. Evidence indicates that both acute bouts and regular moderate-to-vigorous physical activity improve the cognitive functions of memory, executive function, processing speed, attention, and academic performance for these children.

Youth who are regularly active also have a better chance of a healthy adulthood. Children and adolescents do not usually develop chronic diseases, such as heart disease, hypertension, type 2 diabetes, or osteoporosis. However, current evidence shows that obesity and other risk factors for these diseases, such as elevated insulin, blood lipids, and blood pressure, are increasingly appearing in children and adolescents. Exercise training in youth with overweight or obesity can improve body composition by reducing overall levels of body fat as well as abdominal fat. Regular physical activity also makes it less likely that these risk factors will develop and more likely that children remain healthy when they become adults.



Figure 13.2 – Regular physical activity protects children's health. [596]

Children and adolescents should meet the key guidelines by doing activities that are appropriate for their age. Their natural patterns of movement differ from those of adults. For example, children are naturally active in an intermittent way, particularly when they do unstructured active play. During recess and in their free play and games, children use basic aerobic and bone-strengthening activities, such as running, hopping, skipping, and jumping, to develop movement patterns and skills. They alternate brief periods of moderate- and vigorous-intensity activity with periods of light-intensity physical activity or rest. For preschool-aged children, activity of any intensity counts, including light intensity. Any episode of moderate- or vigorous-intensity physical activity, however brief, counts toward the key guidelines for children and adolescents ages 6 through 17 years. [597]

One practical strategy to promote activity in children is to replace sedentary behavior with activity whenever possible. For example, where appropriate and safe, families should walk or bicycle to school or the bus stop instead of riding in a car. Rather than only watching sporting events on television, children should participate in age-appropriate sports or games.

Children with disabilities are more likely to be inactive than those without disabilities. Families of children with disabilities should work with a health care professional or physical activity specialist to understand the types and amounts of physical activity appropriate for them. When possible, children with disabilities should meet the key guidelines. When they are not able to participate in the appropriate types or amounts of physical activities needed to meet the key guidelines, they should be as active as possible and avoid being inactive.

Nutrition Education

Lifelong eating habits are shaped during a child's early years. Early childhood professionals have a special opportunity to help children establish a healthy relationship with food and lay the foundation for sound eating habits. Nutrition education and activities

help set children on the path to a healthful lifestyle. Providing nutritionally balanced meals and snacks and integrating nutrition education and healthy eating habits in the home and early childhood.

Nutrition education for preschoolers fosters children's awareness of different types of foods and promotes exploration and inquiry into food choices. Lifelong habits with foods are developed during early childhood. Through nutrition education in preschool, teachers encourage children to include a wide variety of foods that provide adequate nutrients in their daily diet.

Through knowledge, children become aware of different foods and tastes, some of which are familiar and others that are new. As they explore various foods and food preparations, they develop likes and dislikes and begin to make choices based on preference. Both nutrition choices and self-regulation of eating—that is, eating when hungry, chewing food thoroughly, eating slowly, and stopping when full— involve decision-making skills.

As children begin to understand the concepts of food identification and categorizing, teachers may describe how specific foods help our bodies. Children may better understand the overall benefit of food in terms of it helping them grow, giving them the energy to run and play, and helping them to become strong. As children begin to understand internal body parts, teachers can initiate discussion of more specific food benefits.

Children need to understand that various foods help the body in different ways and that some children have specific food allergies.

For those with allergies, certain foods are potentially harmful to them. Teachers should encourage tasting and eating a variety of foods to obtain adequate nutrients for growth and development. "Variety" may mean foods of different color, shape, texture, and taste.

As children gain an understanding of different foods, they can begin to categorize foods in other ways, such as by food groups (e.g., bread, fruits, meat) or the U.S. Department of Agriculture (USDA) MyPlate food guide for young children. MyPlate reflects the 2010 Dietary Guidelines and replaces the MyPyramid for Preschoolers. Every food is all right, but some foods help the body more than others; therefore, people may eat some foods more often than others. Food models, combined with visual aids such as the Food Pyramid and integration of the topic with daily nutrition activities (e.g., mealtime, snack time, cooking activities), can help children begin to understand that some foods are eaten more frequently than others.

Here are some things that professionals can do to help educate children about nutrition:

- Introduce many different foods.
- Recognize and accommodate differences in eating habits and food choices.
- Provide opportunities and encouragement in food exploration.
- Integrate nutrition with other areas of learning through cooking activities.
- Show children where food is produced.
- Set up special areas to represent nutrition-related environments, such as grocery stores, restaurants, open-air markets, food co-ops, and picnics.
- Integrate nutrition education with basic hygiene education.
- Model and coach children's behavior by eating from the same menu and encouraging conversations during mealtimes.
- Encourage children to share information about family meals.
- Serve meals and snacks family-style.
- Encourage tasting and decision-making.
- Provide choices for children.
- Offer a variety of nutritious, appetizing foods in small portions.
- Encourage children to chew their food well and eat slowly.
- Teach children to recognize signs of hunger.
- Discuss how the body uses food.

Children learn about food and develop food preferences through their direct experiences with food (i.e., handling, preparing, eating) and by observing the eating behaviors of adults and peers. The goal in preschool is that children will learn to eat a variety of nutritious foods and begin to recognize the body's physical need for food (i.e., hunger and fullness).

Through modeling, repeated and various exposures to food, and social experiences, children begin to develop eating behaviors that can prevail throughout life.[602]



Figure 13.4 – Serving meals family-style supports children's self-regulation.[601]

Understanding Malnutrition

When children do not receive proper nutrition it affects their physical health and wellness. **Malnutrition** refers to one not receiving proper nutrition and does not distinguish between the consequences of too many nutrients or the lack of nutrients, both of which impair overall health. Undernutrition is characterized by a lack of nutrients and insufficient energy supply, whereas overnutrition is characterized by excessive nutrient and energy intake. **Overnutrition** can result in obesity, a growing global health threat.[603] And if the cause of overnutrition is a diet that features food that is not nutrient-dense, a child could experience both overnutrition (too many calories) and undernutrition (inadequate micronutrients).

Food Insecurity

Food insecurity is defined as the disruption of food intake or eating patterns because of a lack of money and other resources. In 2014, 17.4 million U.S. households were food insecure at some time during the year. Food insecurity does not necessarily cause hunger, but hunger is a possible outcome of food insecurity.

The United States Department of Agriculture (USDA) divides food insecurity into the following 2 categories:

- **Low food security**: "Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake."
- **Very low food security**: "Reports of multiple indications of disrupted eating patterns and reduced food intake."

Food insecurity may be long-term or temporary. It may be influenced by a number of factors including income, employment, race/ethnicity, and disability. The risk of food insecurity increases when money to buy food is limited or not available. In 2016, 31.6% of low-income households were food insecure, compared to the national average of 12.3%. children with unemployed parents have higher rates of food insecurity than children with employed parents. Racial and ethnic disparities exist related to food insecurity. In 2016, black non-Hispanic households were nearly 2 times more likely to be food insecure than the national average (22.5% versus 12.3%, respectively). Among Hispanic households, the prevalence of food insecurity was 18.5% compared to the national average (12.3%).

Neighborhood conditions may affect physical access to food. For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores. Predominantly black and Hispanic neighborhoods have fewer full-service supermarkets than predominantly white and non-Hispanic neighborhoods. Communities that lack affordable and nutritious food are commonly known as "food deserts." Convenience stores and small independent stores are more common in food deserts than full-service supermarkets or grocery stores. These stores may have higher food prices, lower quality foods, and less variety of foods than supermarkets or grocery stores. Access to healthy foods is also affected by a lack of transportation and long distances between residences and supermarkets or grocery stores.[609]

Overweight and Obesity in Childhood

Obesity means having too much body fat. It is different from being overweight, which means weighing too much. Both terms mean that a person's weight is greater than what's considered healthy for his or her height. Children grow at different rates, so it isn't

always easy to know when a child is overweigh or obese.[612] Obesity is defined as a body mass index (BMI) at or above the 95th percentile of the CDC sex-specific BMI-for-age growth charts (See Appendix O).[613]

In the United States, the percentage of children and adolescents affected by obesity has more than tripled since the 1970s.[614] Obesity prevalence was 13.9% among 2- to 5-year-olds, and 18.4% among 6- to 11-year-olds. Childhood obesity is also more common among certain populations.

- Hispanics (25.8%) and non-Hispanic blacks (22.0%) had higher obesity prevalence than non-Hispanic whites (14.1%).
- Non-Hispanic Asians (11.0%) had lower obesity prevalence than non-Hispanic blacks and Hispanics.[615]

Many factors contribute to childhood obesity, including:

- Genetics.
- Metabolism—how your body changes food and oxygen into energy it can use.
- Eating and physical activity behaviors.
- Community and neighborhood design and safety.
- Short sleep duration.
- Negative childhood events.

Genetic factors cannot be changed. However, people and places can play a role in helping children achieve and maintain a healthy weight. Changes in the environments where children spend their time—like homes, early care and education programs, schools, and community settings—can make it easier for children to access nutritious foods and be physically active. Early care and education programs and schools can adopt policies and practices that help young people eat more fruits and vegetables, eat fewer foods and beverages that are high in added sugars or solid fats, and increase daily minutes of physical activity.[616]

Food Allergies and Food Intolerance

Food allergies impact four to six percent of young children in America. Common food allergens include peanuts, eggs, shellfish, wheat, and cow's milk.[617] Recent studies show that three million children under age eighteen are allergic to at least one type of food.

An allergy occurs when a protein in food triggers an immune response, which results in the release of antibodies, histamine, and other defenders that attack foreign bodies. Possible symptoms include itchy skin, hives, abdominal pain, vomiting, diarrhea, and nausea. Symptoms usually develop within minutes to hours after consuming a food allergen. Children can outgrow a food allergy, especially allergies to wheat, milk, eggs, or soy.

Anaphylaxis is a life-threatening reaction that results in difficulty breathing, swelling in the mouth and throat, decreased blood pressure, shock, or even death. Milk, eggs, wheat, soybeans, fish, shellfish, peanuts, and tree nuts are the most likely to trigger this type of response. A dose of the drug epinephrine is often administered via a "pen" to treat a person who goes into anaphylactic shock.

Some children experience a food intolerance, which does not involve an immune response. Food intolerance is marked by unpleasant symptoms that occur after consuming certain foods. Lactose intolerance, though rare in very young children, is one example. Children who suffer from this condition experience an adverse reaction to the lactose in milk products. It is a result of the small intestine's inability to produce enough of the enzyme lactase, which is produced by the small intestine. Symptoms of lactose intolerance usually affect the GI tract and can include bloating, abdominal pain, gas, nausea, and diarrhea. An intolerance is best managed by making dietary changes and avoiding any foods that trigger the reaction.[619]



Figure 13.6 – Hives can be a sign of an allergic reaction[618]

Caring for Children with Food Allergies

Staff who work in programs serving children should develop plans for how they will respond effectively to children with food allergies. Although the number of children with food allergies in any one school or program may seem small, allergic reactions can be life-threatening and have far-reaching effects on children and their families, as well as on the schools or programs they attend. A program's plan for preventing and responding to a food allergy emergency is often included with other emergency management plans.

Studies show that 16%–18% of children with food allergies have reacted to accidentally eating food allergens while at school. In addition, 25% of the severe and potentially life-threatening reactions (anaphylaxis) reported at schools happened in children with no previous diagnosis of food allergy. School and ECE program staff should be ready to address the needs of children with known food allergies. They also should be prepared to respond effectively to the emergency needs of children who are not known to have food allergies but who exhibit allergic signs and symptoms.

The symptoms of allergic reactions to food vary both in type and severity among individuals and even in one individual over time. Symptoms associated with an allergic reaction to food include the following:

- Mucous Membrane Symptoms: red watery eyes or swollen lips, tongue, or eyes.
- Skin Symptoms: itchiness, flushing, rash, or hives.
- Gastrointestinal Symptoms: nausea, pain, cramping, vomiting, diarrhea, or acid reflux.
- Upper Respiratory Symptoms: nasal congestion, sneezing, hoarse voice, trouble swallowing, dry staccato cough, or numbness around mouth.
- Lower Respiratory Symptoms: deep cough, wheezing, shortness of breath, difficulty breathing, or chest tightness.
- Cardiovascular Symptoms: pale or blue skin color, weak pulse, dizziness or fainting, confusion or shock, hypotension (decrease in blood pressure), or loss of consciousness.
- Mental or Emotional Symptoms: a sense of “impending doom,” irritability, change in alertness, mood change, or confusion.

Children sometimes do not exhibit overt and visible symptoms after ingesting an allergen, making early diagnosis difficult. Signs and symptoms can become evident within a few minutes or up to 1–2 hours after ingestion of the allergen, and rarely, several hours after ingestion.

Children might communicate their symptoms in the following ways:

- It feels like something is poking my tongue.
- My tongue (or mouth) is tingling (or burning).
- My tongue (or mouth) itches.
- My tongue feels like there is hair on it.
- My mouth feels funny.

- There's a frog in my throat; there's something stuck in my throat.
- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- It (my throat) feels thick.
- It feels like a bump is on the back of my tongue (throat).

Some children may not be able to communicate their symptoms clearly because of their age or developmental challenges.

Summary

Early care and education programs can create environments that protect children's nutrition and physical wellness by following dietary guidelines and providing nutritious foods that appeal to children and keeping them active. It is important to understand forms of malnutrition that can affect families and children and to understand and plan for nutritional concerns that may affect children, such as food allergies and intolerances.



Resources for Further Exploration

- We Can!
- Data Resource Center for Child and Adolescent Health, Childhood Obesity State Report Cards (2007)
- CDC's Overweight and Obesity Data, Trends and Maps
- Growing Healthy - A Guide for Health Managers and Families about Healthy Active Living for Young Children
- Celiac Disease Foundation
- GI Kids' Celia Disease
- National Digestive Diseases Information Clearinghouse
- National Resource Center for Health and Safety in Child Care and Early Education – Healthy Weight
- Early Childhood Obesity Prevention Policies from the Institute of Medicine
- Preventing Childhood Obesity in Early Care and Education Programs
- Robert Wood Johnson Foundation's Healthy Eating Research
- Healthy Living from healthchildren.org
- Physical Activity Guidelines for Americans
- Getting Kids Active: Move Your Way
- CDC's Healthy Weight
- CDC's Health Schools Physical Activity Facts
- Food Allergy by U.S. National Library of Medicine
- Head Start's Strategies to Support and Encourage Healthy Active Living Course: eclkc.ohs.acf.hhs.gov/physic...-living-course
- Healthy Kids, Healthy Futures
- Healthy Eating for an Active Lifestyle
- HealthyPeople.gov's Food Insecurity
- USDA's Definitions of Food Security

References

For references according to subscript, please see pages 308-335 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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11.3: Feeding Infants

Learning Objectives

By the end of this section, you should be able to:

- Describe the changes in nutritional needs as children mature (get older).
- Advocate for the support of breastfeeding mothers.
- Relate bottle-feeding practices.
- Discuss the transition to solid foods and self-feeding.

Introduction

To provide all children with appropriate nutrition, it is important to understand how nutritional needs and feeding practices change as children mature. Children with special needs may have different nutritional and feeding needs. Working with families and medical providers, programs can ensure that they meet each and every child's needs. Early care and education programs can also support and empower families to provide the best nutrition to their children.

Feeding Infants

Infants have different nutritional needs because of the rapid growth rates. During this period, infants are also entirely dependent on their parents and other caregivers to meet these needs. For almost all infants six months or younger, breast milk is the best source to fulfill nutritional requirements. However, advances in infant formula have allowed it to more closely mimic breast milk, and is considered a great alternative for families who are unable or choose not to breastfeed. "Fed is best." An infant may require feedings eight to twelve times a day, or more, in the beginning. Between four and six months, infants can gradually begin to consume solid foods to help meet nutrient needs based on pediatric recommendations.

How often an infant wants to eat will also change over time due to growth spurts, which typically occur at about 2 weeks and 6 weeks, and again at about three months and six months of age.[632]

Breastfeeding

The dietary recommendations for infants are based on the nutritional content of human breast milk. Carbohydrates make up about 45 to 65 percent of the caloric content in breast milk. Protein makes up about 5 to 20 percent of the caloric content of breast milk.

About 30 to 40 percent of the caloric content in breast milk is made up of fat. A diet in high unsaturated fat is necessary to encourage the development of neural pathways in the brain and other parts of the body.

Supporting Breastfeeding in Early Care and Education

Early care and education programs play an important role in supporting breastfeeding All staff members—despite their comfort or experience with breastfeeding—play an important role in breastfeeding promotion. They have an opportunity to share the facts about breastfeeding with families, and to help them decide what's best for them and their babies.[634]

You can support breastfeeding mothers when you:

- Talk about why breastfeeding is so good for their infant.
- Tell them you want to care for breastfed infants and support breastfeeding mothers.
- Share other places in the community they can go to for help with breastfeeding.
- Share and discuss resources about breastfeeding.
- Try to time feedings to the mother's schedule (being sure to respond to the infant's needs and cues).
- Offer a place to nurse that is comfortable, quiet, and private.
- Communicate about their infant's day.[635]



Figure 14.1 – This childcare center provides mothers a space to breastfeed.[636]

Feeding with Breast Milk in Early Care and Education Programs

Mothers may choose to have their breastfed infants fed in one of several ways when the infant is in child care including:

1. a mother uses her breaks to come to the childcare site at feeding times to nurse her infant;
2. child care provider gives the infant the breast milk that the mother has expressed on the previous day.

Follow the feeding method that the mother chooses. Feeding advice such as the use of infant formula should come from the infant's doctor or clinic.

Storing Breast Milk

Ask mothers to bring in enough breast milk to feed the infant each day. Bottles should have just the amount both you and the mother think the infant will take at each feeding. This amount will be about 2 to 4 ounces of breast milk for the younger infant. As the infant gets older, the mother can put more breast milk in each bottle.

Keep breast milk in the refrigerator or freezer until ready to use. Breast milk that is not frozen, should be disposed of if not eaten within 72 hours.

Ideally, parents should label breast milk containers before bringing them into an early childhood program, with their child's name and the date the milk was expressed. The containers should then be stored per the table guidelines below (Council for Professional Recognition, 2023, p. 83; CDC, 2023).

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77* F *or* 25* C)	6-8 hours	Keep containers covered and cool. Covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39* F *or* -15-4* C	24 hours	Keep ice packs in contact with milk containers at all times. Limit opening cooler bag.
Refrigerator	39* F *or* 4* C	5 days	Store milk in the back of the refrigerator.
Freezer			
Freezer compartment of a refrigerator	39* F *or* -15* C	2 weeks	Store milk toward the back of the freezer, where the temperature is most constant. Though milk stored for longer durations in the ranges listed is safe, some of the milk lipids will degrade, resulting in lower quality.
Freezer compartment of a refrigerator with separate doors	0* F *or* -18* C	3-6 months	
Chest or upright deep freezer	-4* F *or* -20* C	6-12 months	

Although breast milk is ideal for almost all infants, not all mothers will be able to breastfeed and some mothers should not breastfeed (including women with HIV, who are being treated for cancer, or who are taking drugs that are not safe while breastfeeding).

Formula Feeding

Infant formula provides a balance of nutrients. However, not all formulas are the same and there are important considerations that parents and caregivers must weigh. Standard formulas use cow's milk as a base. They have 20 calories per fluid ounce, similar to breast milk, with vitamins and minerals added. Soy-based formulas are usually given to infants who develop diarrhea, constipation, vomiting, colic, or abdominal pain, or to infants with a cow's milk protein allergy. Hypoallergenic protein hydrolysate formulas are usually given to infants who are allergic to cow's milk and soy protein. This type of formula uses hydrolyzed protein, meaning that the protein is broken down into amino acids and small peptides, which makes it easier to digest.

Infant formula comes in three basic types:

1. **Powder** that requires mixing with water. This is the least expensive type of formula.
2. **Concentrates**, which are liquids that must be diluted with water. This type is slightly more expensive.
3. **Ready-to-use liquids** that can be poured directly into bottles. This is the most expensive type of formula. However, it requires the least amount of preparation. Ready-to-use formulas are also convenient for traveling.

Most infants need about 2.5 ounces of formula per pound of body weight each day. Therefore, the average infant should consume about 24 fluid ounces of breast milk or formula per day.

Preparing and Storing Formula

Many early care and education programs provide commercially prepared formulas to infants, under the direction of the family. Bottles of formula should come prepared in bottles labeled with the infant's name and the date. Unused mixed formula should not be stored for more than 24 hours.

Formula may be prepared up to 24 hours in advance, as long as it is stored in the refrigerator to prevent the formation of bacteria. It is recommended to use room temperature water to mix the formula, based on the manufacturer's directions.

Open containers of ready-to-serve formula should be used within or discarded after 48 hours (Nemours Foundation, 2018).

Heating and Using Breast Milk or Formula

When thawing frozen breast milk, the Centers for Disease Control recommends placing the frozen milk container in the fridge or submerging it in warm water. Never use a microwave to heat formula or breast milk, as it heats unevenly, can destroy the milk's nutrients, and may cause the container to explode (CDC, 2023; Council for Professional Recognition, 2023).

Whether an infant drinks breast milk or formula, the remaining milk from a bottle or cup that has been served should never be reused for another feeding. Discard any leftovers immediately after the feeding, if the infant is done, or within one hour after the milk has been heated/offered.

Bottle-Feeding (Both Expressed Breast Milk and Formula)

Always wash your hands before handling bottles or feeding the infant. Use only clean bottles, nipples, and cups. For infants that do not crawl, bottles and nipples should be sterilized. If you need to reuse them, sterilize them by boiling them in water for 5 minutes or by washing them in a dishwasher.

Double-check the labels on bottles before feeding to ensure the infant is getting the correct breast milk or formula. Always hold the infant when bottle feeding. Try different positions for infants who do not want to take their bottles. Some infants are happier if you feed them in the usual cradle position. Others prefer a different position. Do not prop up a bottle to feed an infant or put an infant in a crib with a bottle. Bottle propping could cause the infant to choke, tooth decay, and ear infections.



Figure 14.2 – Not only is holding an infant during bottle feeding safest, but it is also an important time for caregiver and infant to connect and build their relationship.[639]

Burp by placing the infant high over your shoulder or over your knee. You can also lean the infant forward in a sitting position supported by your hands. Pat or rub the infant's back. This puts gentle pressure on the abdomen to push extra air from the stomach.[640]

Unused breast milk or formula should be discarded after feeding as bacteria from the infant’s mouth may have made it into the bottle.

When to Feed

In the early months, infants will need to be fed “on demand”—this means that they are able to feed whenever they are hungry or show hunger cues. Hunger cues are unique to each infant. An infant might:

- Have a specific hunger cry
- Root or look around for food
- Suck on their hand or fingers
- Become irritable or restless

- Repeat a unique behavior to demonstrate hunger

When adults respond to an infant's hunger cues, the infant can also tell how much food they want and when they are full. This feeding practice supports healthy eating habits, growth, and development later in life.[641]

Introducing Solid Foods

Infants should be breastfed or formula-fed exclusively for the first six months of life according to the WHO. (The American Academy of Pediatrics recommends breast milk or bottle formula exclusively for at least the first four months, but ideally for six months.) Infants should not consume solid foods before six months because solids do not contain the right nutrient mix that infants need. Also, eating solids may mean drinking less breast milk or bottle formula. If that occurs, an infant may not consume the right quantities of various nutrients. If parents try to feed an infant who is too young or is not ready, their tongue will push the food out, which is called an extrusion reflex. After six months, the suck-swallow reflexes are not as strong, and infants can hold up their heads and move them around, both of which make eating solid foods more feasible.[642]



Knowing When an Infant is Ready for Solid Foods

Here are several ways you can tell that an infant is ready to eat solid foods:

- The infant's birth weight has doubled.
- The infant can control their head and neck movements.
- The infant can sit up with some support.
- The infant can show you they are full by turning their head away or by not opening their mouth.
- The infant begins showing interest in food when others are eating.

Solid baby foods can be bought commercially or prepared from regular food using a food processor, blender, food mill, or grinder.[643] Baby food can be served at room temperature. If it is warmed, it must be stirred to distribute evenly.[644]

Portion a small amount of food you intend to serve the baby on an infant-sized spoon. When beginning solid foods, timing is important. To keep mealtimes positive, choose a time when the infant is happy and when you have the patience and time to focus. Offer 1 to 2 teaspoons after breast milk or formula feeding. This can increase over time to 2 to 3 tablespoons. Any uneaten food will need to be thrown away after a feeding.

It is normal for infants to refuse new foods. Sometimes it can take 10 to 12 times of offering a food before an infant will accept it. An infant knows when they have had enough and may turn their head away. Don't force them to keep eating.[645]

As families and caregivers introduce solids, they should feed the child only one new food at a time, to help identify allergic responses or food intolerances. An iron supplement is also recommended at this time.[646]



Foods to Avoid for Infants

- Never give honey to infants. It may contain bacteria that can cause botulism, a rare, but serious illness.
- Do not give infants cow's milk until they are 1 year old. Before age 1, they have a difficult time digesting cow's milk.
- Avoid foods with added salt or sugar.
- Do not give infants egg white until after they are 1 (egg yolks 3-4 per week are okay)[647]

Learning to Self-Feed

With the introduction of solid foods, young children begin to learn how to handle food and how to feed themselves. At six to seven months, infants can use their whole hand to pick up items (this is known as the palmer grasp). They can lift larger items, but picking up smaller pieces of food is difficult. At eight months, a child might be able to use a pincer grasp, which uses fingers to pick up objects.[648]

Serve food that is soft and mashed. Cut food into small pieces (cubes no larger than 1/4 inch) or thin slices that your baby can easily chew and swallow. Avoid high-risk choking foods such as small, slippery foods; dry foods that are hard to chew or sticky; and tough foods. [649]

Finger Foods

Here are some good food choices for self-feeding children:

- Soft-cooked vegetables
- Washed and peeled fruits
- Graham crackers
- Melba toast
- Noodles

Here are foods to *avoid* as they are a choking hazard:

- Apple chunks or slices
- Grapes
- Berries
- Raisins
- Dry flake cereals
- Hot dogs
- Sausages
- Peanut butter
- Popcorn
- Nuts
- Seeds
- Round candies
- Raw vegetables[650]

To minimize choking, ensure that infants are seated while eating. If using a high chair, make sure to use the safety straps.[651]

After the age of one, children slowly begin to use utensils to handle their food. Unbreakable dishes and cups are essential, since very young children may play with them or throw them when they become bored with their food. [653]



Figure 14.3 –This older infant has been served food on an unbreakable plate with a small utensil.[652]



Engaging Families in Supporting Their Infant's Nutrition

Here are tips you can share with families

- If breastfeeding is harder than you thought it would be you are not alone!
- Lots of people say that breastfeeding just comes "naturally" but for many moms, it doesn't.
- Going back to work and wanting to get back into a normal family routine can make it hard to stick with breastfeeding. Using a breast pump can help ensure your baby still gets the best nutrition.
- If you need support or help at any time while you are breastfeeding call 1-800-994-9662 (the National Breastfeeding Hotline) for free breastfeeding support.
- Don't use pillows or other objects to hold a bottle for your baby. This makes it hard for her to spit out the bottle when she's done - it can cause her to keep eating after she's full.
- Make sure you take the bottle away if your baby falls asleep. If you let the baby keep the bottle in her mouth when he's sleeping, formula can stay in her mouth and can damage his teeth or cause her to choke.
- Stick with ONLY breast milk or formula for feeding your baby until she is 6 months old. Unless your doctor tells you something different, adding cereal to a baby's bottle adds extra calories to her diet that she doesn't need. [655]
- Infants are usually ready to eat solid foods at about 6 months of age.
- If you introduce one new food at a time, you will be able to identify any foods that cause allergies in your baby.[656]
- Start solid feedings with iron-fortified baby cereal mixed with breast milk or formula. Mix it with enough milk so that the texture is very thin. Start by offering the cereal 2 times a day, in just a few spoonfuls.
- You can make the mixture thicker as your baby learns to control it in their mouth.
- You can also introduce iron-rich pureed meats, fruits, and vegetables. Try green peas, carrots, sweet potatoes, squash, applesauce, pears, bananas, and peaches.
- Some dietitians recommend introducing a few vegetables before fruits. The sweetness of fruit may make some vegetables less appealing.
- The amount your child eats will vary between 2 tablespoons (30 grams) and 2 cups (480 grams) of fruits and vegetables per day. How much your child eats depends on their size and how well they eat fruits and vegetables.[657]



Resources for Further Exploration

- Head Starts' Growing Healthy guide
- Ellyn Satter Institute
- USDA's Breastfeeding: Why Not Give It a Try?
- Toddler Nutrition and Health Resource List
- Daily Food Plan
- Preschoolers
- Kids
- Healthy Beverages in Early Care and Education
- The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies
- KidsHealth From Nemours Nutrition & Fitness Center
- USDA's Accommodating Children with Special Dietary Needs in the School Nutrition Programs
- USDA's Nutrition Curricula
- Golisano Children's Hospital's Special Diets for Nutritional Special Needs

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For references according to subscript, please see pages 308-335 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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The Nemours Foundation. (2018). *Breastfeeding vs. formula feeding?*. Retrieved from: https://kidshealth.org/en/parents/br...e-feeding.html

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11.4: Feeding Children

Learning Objectives

By the end of this section, you should be able to:

- Describe the changes in nutritional needs as children mature (get older).
- Summarize feeding challenges for toddlers.
- Explain effective ways to respond to picky eating..
- Identify how to support children with unique nutritional and feeding needs.

Feeding Toddlers

Major physiological changes continue into the toddler years. Unlike in infancy, the limbs grow much faster than the trunk, which gives the body a more proportionate appearance. Their physical growth and motor development slow compared to the progress they made as infants. The toddler years pose interesting challenges for parents or other caregivers, as children learn how to eat on their own and begin to develop personal preferences. However, with the proper diet and guidance, toddlers can continue to grow and develop at a healthy rate.



Figure 11.4.1 – Caloric intake will depend on a toddler's activity level. [658]

The energy requirements for ages two to three are about 1,000 to 1,400 calories a day. In general, a toddler needs to consume about 40 calories for every inch of height. However, the recommended caloric intake varies with each child's level of activity. Toddlers require small, frequent, nutritious snacks and meals to satisfy energy requirements. The amount of food a toddler needs from each food group depends on daily calorie needs.

As a child grows bigger, the demands for micronutrients increase. These needs for vitamins and minerals can be met with a balanced diet, with a few exceptions. According to the American Academy of Pediatrics, toddlers and children of all ages need 600 international units of vitamin D per day. Vitamin D-fortified milk and cereals can help to meet this need. Therefore, it's recommended that toddlers between ages 1-2 should drink whole milk. However, toddlers who do not get enough of this micronutrient should receive a supplement. Pediatricians may also prescribe a fluoride supplement for toddlers who live in areas with fluoride-poor water. Iron deficiency is also a major concern for children between the ages of two and three.[659]

Self-Feeding

As children grow older, they enjoy taking care of themselves, which includes self-feeding. During this phase, it is important to offer children foods that they can handle on their own and help them avoid choking and other hazards. Examples include fresh fruits that have been sliced into pieces, orange or grapefruit sections, peas or potatoes that have been mashed for safety, a cup of yogurt, and whole-grain bread or bagels cut into pieces. Even with careful preparation and training, the learning process can be messy. As a result, parents and other caregivers can help children learn how to feed themselves by providing the following:

- small utensils that fit a young child's hand
- small cups that will not tip over easily
- plates with edges to prevent food from falling off
- small servings on a plate
- highchairs, booster seats, or small enclosed chairs to reach a low table[660]



Figure 11.4.2 – Set toddlers up for success in self-feeding.[661]

Feeding Challenges in the Toddler Years

During the toddler years, parents may face some problems related to food and nutrition. Possible obstacles include difficulty helping a young child overcome a fear of new foods, or fights over messy habits at the dinner table. Even in the face of problems and confrontations, parents and other caregivers must make sure their preschooler has nutritious choices at every meal. For example, even if a child stubbornly resists eating vegetables, parents should continue to provide them. Before long, the child may change their mind, and develop a taste for foods once abhorred. It is important to remember this is the time to establish or reinforce healthy habits.

Nutritionist Ellyn Satter states that feeding is a responsibility that is split between parent and child. According to Satter, parents are responsible for what their infants eat, while infants are responsible for how much they eat. In the toddler years and beyond, parents are responsible for what children eat, when they eat, and where they eat, while children are responsible for how much food they eat and whether they eat. Satter states that the role of a parent or a caregiver in feeding includes the following:

- selecting and preparing food
- providing regular meals and snacks
- making mealtimes pleasant
- showing children what they must learn about mealtime behavior
- avoiding letting children eat in between meal- or snack-times

You are likely to notice a sharp drop in a child's appetite. Children at this stage are often picky about what they want to eat. They may turn their heads away after eating just a few bites. Or, they may resist coming to the table at mealtimes. They also can be unpredictable about what they want to consume for specific meals or at particular times of the day. Although it may seem as if toddlers should increase their food intake to match their level of activity, there is a good reason for picky eating. A child's growth rate slows after infancy, and toddlers ages two and three do not require as much food.[662]

Establishing healthy meal routines is an important step in healthy toddler development. Ideally, mealtimes should take place at regular times, at a table with limited distraction, and children should be encouraged to feed themselves with adult support as

needed. [663] Best practices in early care and education include creating positive meal and snack times that are served family-style with adult modeling eating balanced nutrition.

Engaging Families in Supporting Their Toddler's Nutrition

Here are tips you can share with families:

- Serving sizes for toddlers are much smaller than serving sizes for adults.
- A typical serving size for a toddler drink is 4-6 ounces. Water and milk are the best choices for toddlers
- Your toddler (and you too!) needs food from all five of the food groups—grains, protein, vegetables, fruit, and dairy. Try offering a variety of foods from these groups at meals and snacks.
- Your toddler may eat more on some days and less on others. Don't worry, this is normal! Keep offering regularly scheduled meals and snacks.
- Allow your toddler to tell you when she is full. This teaches them to listen to their body for signs of hunger or fullness.
- Try using child-size plates, bowls, and utensils for "right-size" portions for your toddler. Using child-size utensils also makes it easier for your toddler to eat.
- Encourage toddlers to drink from cups and avoid the use of bottles or sippy cups.
- Limit distractions during meal and snack times to allow your toddler to enjoy the food. Turn off the TV and sit at a table.
- Toddlers get hungry between meals. Snack time is a great chance to feed your toddler healthy foods (like fruits and veggies).
- Remember to have a start and end time for snack time. Toddlers should not be snacking (or grazing) all day.[664]

Feeding Preschoolers

Children's attitudes and opinions about food deepen as they get older. They not only begin taking their cues about food preferences from family members, but also from peers and the larger culture. This time in a child's life provides an opportunity for families and other caregivers to reinforce good eating habits and to introduce new foods into the diet while remaining mindful of a child's preferences. Adults should also serve as role models for their children, who will often mimic their behavior and eating habits.[665]



Figure 11.4.3 – Eating with children allows you to model healthy eating.[666]

Their micronutrient needs should be met with foods first. Families and caregivers should select a variety of foods from each food group to ensure that nutritional requirements are met. Because children grow rapidly, they require foods that are high in iron, such as lean meats, legumes, fish, poultry, and iron-enriched cereals. Adequate fluoride is crucial to support strong teeth. One of the most important micronutrient requirements during childhood is adequate calcium and vitamin D intake. Both are needed to build dense bones and a strong skeleton. Children who do not consume adequate vitamin D should be given daily supplements.[668]

Feeding Challenges in the Preschool Years

Picky eating is typical for many preschoolers. It's simply another step in the process of growing up and becoming independent. As long as a preschooler is healthy, growing normally, and has plenty of energy, they are most likely getting the nutrients they need.

Typical Picky Eating Behaviors

Many children will show one or more of the following behaviors during the preschool years. In most cases, these will go away with time.

- Refusal of a food based on a certain color or texture. For example, they could refuse foods that are red or green, contain seeds, or are squishy.
- Only eating a certain type of food. A preschooler may choose 1 or 2 foods they like and refuse to eat anything else.
- "Wasting" time at the table and seeming interested in doing anything but eating.
- Unwillingness to try new foods. It is normal for a preschooler to prefer familiar foods and be afraid to try new things.[669]



Helping Families Cope with Picky Eating

Picky eating is temporary. If adults don't make it a big deal, it will usually end before school age. The following tips are tips to help deal with picky eating behavior positively.

- Let your kids be "produce pickers." Let them pick out fruits and veggies at the store.
- Have your child help you prepare meals. Children learn about food and get excited about tasting food when they help make meals. Let them add ingredients, scrub veggies, or help stir.
- Offer choices. Rather than ask, "Do you want broccoli for dinner?" ask "Which would you like for dinner, broccoli or cauliflower?"
- Enjoy each other while eating family meals together. Talk about fun and happy things. If meals are times for family arguments, your child may learn unhealthy attitudes toward food.
- Offer the same foods for the whole family. Serve the same meal to adults and kids. Let them see you enjoy healthy foods. Talk about the colors, shapes, and textures on the plate.[670]
- Make food fun
- Cut food into fun and easy shapes with cookie cutters.
- Encourage your child to invent and help prepare new snacks.
- Name a food your child helps create.[671]
- Focus on the meal and each other. Your child learns by watching you. Children are likely to copy your table manners, your likes and dislikes, and your willingness to try new foods.
- Offer a variety of healthy foods. Let your child choose how much to eat. Children are more likely to enjoy a food when eating it is their own choice.
- Let your children serve themselves. Teach your children to take small amounts at first. Let them know they can get more if they are still hungry.[672]

Trying New Foods

It is normal for children to reject foods they have never tried before. Here are some tips to get preschoolers to try new foods:

- Small portions, big benefits**.** Let children try small portions of new foods that you enjoy. Give them a small taste at first and be patient with them.
- Offer only one new food at a time and ideally with a favored food. Offering many new foods all at once could be too much for children.
- Be a good role model. Try new foods yourself. Describe their taste, texture, and smell to the children.
- Offer new foods first when children are most hungry.
- Offer new foods many times. It may take up to a dozen tries for a child to accept a new food.[673]



Pause to Reflect

Think back to your childhood. Were you a picky eater or more adventurous? Why do you think that it was? How did your caregivers respond to your eating preferences? Do you have similar preferences now or have you expanded your tastes/preferences?

Feeding School-Aged Children

While calorie needs go up as children get older, until around age 9 (or the beginning of puberty), nutritional needs for school-aged children are very similar to preschoolers. Once puberty begins, there is a period of rapid growth as girls grow 2-8 inches and boys grow 4-12 inches

A few micronutrients take on added importance, especially at the beginning of puberty. These include vitamins, D, K, and B12, calcium, and iron. Whenever possible these additional micronutrient needs should be met with dietary choices and not supplements (with the exception of iron).[675]

School Meals

School-aged children can often eat both breakfast and lunch at school, which can save families time and provide children with nutritious food. Research has shown that children who eat breakfast do better in school and have higher intakes of fiber, B vitamins, calcium, and other nutrients.[676] Refer to Figure 14.7 to see what a school breakfast includes. Lunch is important because it meets 1/3 of the nutritional needs of most children for the day. And kids with healthier eating patterns have better academic performance.

Meals and Snacks in School-Aged Care Programs

On school days, children who are in care before school may need to be fed breakfast (if they did not eat at home or will not be eating at school). After school, they will need substantial, healthy snacks. On full days of care, they will need breakfast, lunch, and a snack.



Figure 11.4.4 – These 9-year-olds learned the knife skills to help prepare this snack of fruit.[680]

Activities Families Can Do with Children

Choosemyplate.gov offers some fun ideas for families to teach their children about healthy eating and engage the whole family in making healthy choices. Some of these include:

- Food critic game where children select a new food to try and rate it on visual appeal, smell, taste, and texture[681]
- Grocery store bingo where children identify foods they see in the grocery store to try to get a 5 in a row bingo[682]
- Make food visually appealing by turning it into art
- Kid's Restaurant: Kids get to plan out the meal, design the menu, and prepare the dish
- Growing a garden (or starting small with an herb box in a window)
- Going to a local farmer's market or farm stand to find local food options to buy, take home, and turn into a delicious meal.

Making Mealtimes Fun

Here are some tips for families to make mealtimes more relaxed and enjoyable:

- Remove distractions, such as phones, tablets, and turn off the television.
- Have conversations. Use starters like:
- Give each family member the spotlight to share their highlight, lowlight, and "funnylight"
- If our family lived in a zoo, what animals would we be and why?
- If you could have one superpower, what would it be and why?
- If you were stranded on a desert island and could only have one food to eat, what would it be and why?
- Pass on traditions, both the foods and the stories behind them
- Let the children make the choices (from a healthy selection of foods)
- Let everyone help prepare and clean up after meals
- Consider a change of scenery, like a picnic
- Reserve a special plate to rotate between family members, for example on birthdays, when someone gets a good grade, or any other occasion you'd like to recognize.[683]

Feeding Children with Special Needs

Some disabilities and other exceptional needs may affect children's nutrition. For example:

- children with cerebral palsy or cystic fibrosis may have different caloric needs;
- children with celiac disease or irritable bowel syndrome may have dietary restrictions;
- children with cleft lip or palate may have physical difficulties with eating;
- children on the autism spectrum may have strong food preferences or aversions.

Because each child's specific needs will vary, early care and education programs should work closely with families, and medical providers as needed, to ensure that they understand and can meet the nutritional and feeding needs of the individual child (not a generalization or assumption about the child might need based on a diagnosis or label).

Nutrition policies and practices should be created to be inclusive of children with special needs. Some general considerations early care and education programs and schools should make to ensure that all children's nutritional needs are met and that all children experience positive meal and snack times include:

- Ensure that the spaces in which children eat and access to drinking water are fully accessible to all children, including those with mobility impairments (and if needed, assistive devices should be provided).
- Staff should be trained to provide for children who may have additional or differing nutritional or feeding needs so they can work effectively and comfortably with all children.
- Follow any dietary restrictions.[685]



Figure 14.10 – This child with a cleft lip may find sucking from a bottle challenging.[684]

Summary

Early care and education programs can provide for all children's nutrition when they understand

- the general changes children have in nutritional needs as they mature,
- common challenges across the different stages of development, and
- strategies that foster positive meal and snack times at each age stage, and
- the fact that children may have diverse and unique nutritional needs.

Programs also play an important role in children's nutrition by empowering families by providing support, information, and resources as they make decisions about how to feed their children.



Resources for Further Exploration

- Head Starts' Growing Healthy guide
- Ellyn Satter Institute
- Daily Food Plan
- My Plate: Preschoolers
- My Plate: Kids
- Healthy Beverages in Early Care and Education
- KidsHealth From Nemours Nutrition & Fitness Centerr
- USDA's Nutrition Curricula

References

This pages was adapted from 14: Providing Good Nutrition by Paris. in Paris, J. (2021). *Health, safety and nutrition.* LibreTexts.

For references according to subscript, please see pages 308-335 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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11.5: Menu Planning

Learning Objectives

By the end of this section, you should be able to:

- Outline the meal patterns for infants and children.
- Create nutritious menus that follow the meal patterns.
- Describe factors to consider when menu planning.
- Identify a variety of sources of food for each food group.
- Examine individual and cultural food preferences.

Introduction

Knowledge of menu planning is essential to providing appropriate nutrition to young children. Early care and education programs must have staff who plan and prepare food and are aware of individual preferences, including vegetarianism, and cultural and religious differences in food choice, preparation, and service. To protect children's health, proper hygiene and sanitation processes must be followed closely. Only safe food should be purchased. And how that food is stored, prepared, and served must follow proper protocol to prevent foodborne illness.

Menu Planning

Let's examine several factors that are important for menu planning, including the meal patterns, licensed programs must follow, the importance of variety and balance, and aesthetics.

Meal Patterns

Meal patterns should incorporate recommended components and servings for each component as outlined by CACFP. While this text does not articulate specific serving sizes, if referenced information may be found here for Infants, Breakfast, Lunch/Supper, and Snacks.

According to the Kansas Department of Health and Environment (KDHE), licensing for preschool and child care centers requires the following components for snacks and meals (2024):

Breakfast

Breakfast shall include

- Fruit, vegetable, or full-strength fruit or vegetable juice
- Bread, a bread product or cereal
- Milk

Here is what breakfasts that follow the meal pattern might look like:



Figure 15.1 – A healthy breakfast for 1- to 2-year-olds[688]

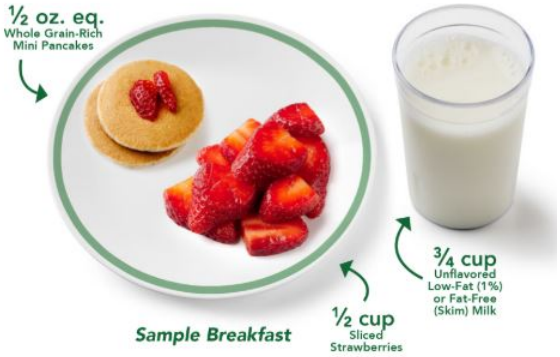


Figure 15.2 – A healthy breakfast for 3- to 5-year-olds[689]

Lunch/Dinner

Noon or evening meals should include one item from each of the following:

- Meat, poultry, fish, egg, cheese, peas or beans, or peanut butter
- Two vegetables, two fruits, or one vegetable and one fruit
- Bread, bread product, or cereal
- Milk

Here is what a noon or evening meal that follow the meal pattern might look like:

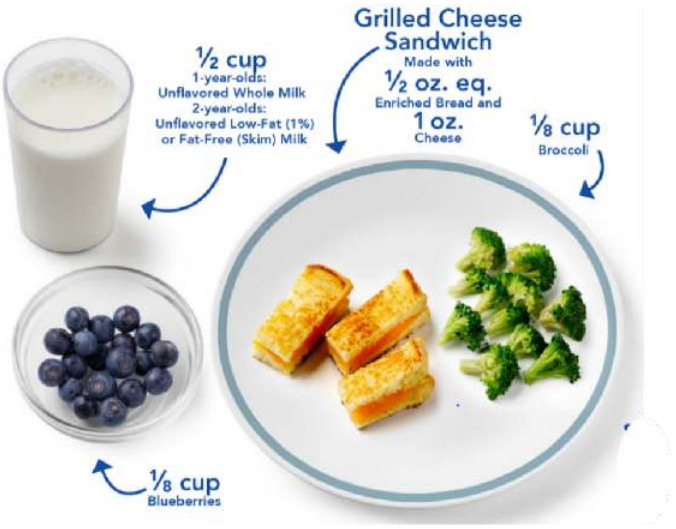


Figure 15.4 – A healthy lunch for 1- to 2-year-olds[693]

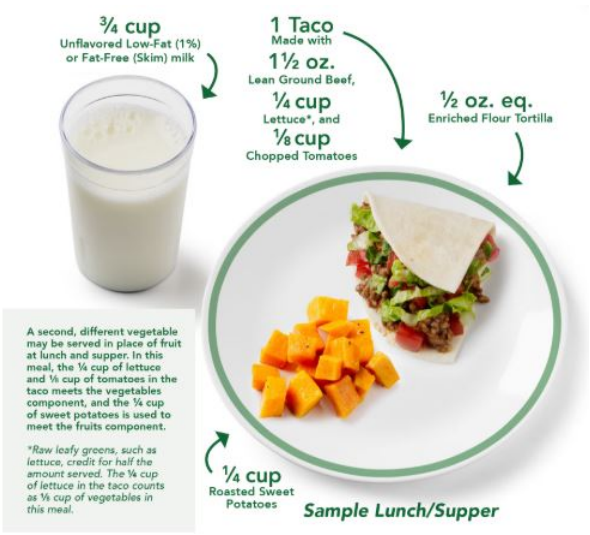


Figure 15.5 – A healthy lunch for 3- to 5-year-olds[694]

Snacks

Lastly, the meal pattern for a mid-morning or mid-afternoon snack should include at least two of the following:

- Milk, milk product, or food made with milk (pudding or yogurt for example)
- Fruit, vegetable, or full-strength fruit or vegetable juice
- Meat or meat alternative
- Bread, bread product, or cereal

Here are some snacks that follow the meal pattern:

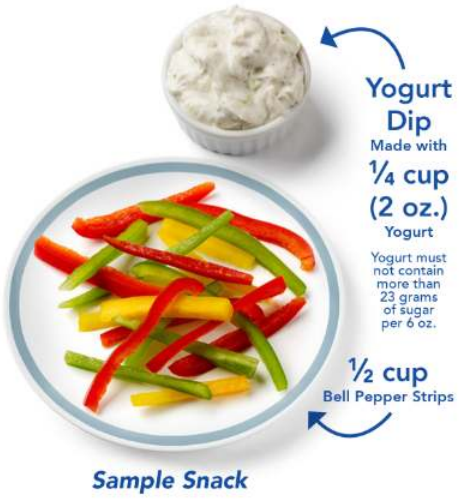


Figure 15.7 – A healthy snack for 1- to 2-year-olds[699]

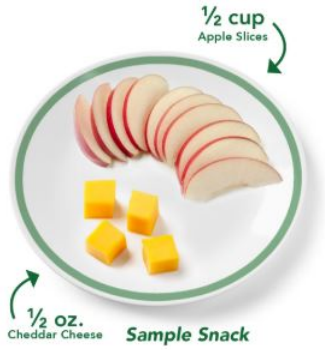


Figure 15.5 – A healthy snack for 3- to 5-year-olds[700]

Factors to consider

Menu planning principles include aesthetics, and variety, including color, texture, flavors, shapes, and sizes of food, cost, balance, and nutritional quality, The availability of equipment and staff knowledge and skill to prepare the foods on menus are also important considerations in planning the menu. Along with all of these, an effective menu also considers cost.[702]

Aesthetics and Variety

How our food is presented, along with texture, consistency, color, shape, and the preparation method, influences how we feel and what we think about a menu. It can even influence our appetite and our interest in eating.[703]

Select nutritious foods that have contrasting colors and textures. This adds to the visual and chewing appeal. Try to vary the colors of the foods being served. Avoid serving foods that are all one color. For example, select a green, soft vegetable (spinach), a red, crunchy fruit (an apple), and colorful, chewy wild rice to go along with a piece of chicken and a glass of milk. This lends visual and chewing appeal as the children can see different colors and feel different textures as they chew.[704]

Cost

While well-balanced nutrition should never be sacrificed to save money, early care and education programs must also consider the costs of the menus they plan. One way to save costs is to use cycle menus. A cycle menu follows a particular pattern and repeats on a regular basis. The length of the cycle can vary, but may be 4-6 weeks long and can be different lengths for different meals/snacks (for instance, with breakfast repeating more often than lunches). And they can be updated as needed to include new foods or make other accommodations.[705]

Cycle menus allow a program to forecast costs, order in bulk, and reduce waste (with tried and tested menus). Cycle menus are often planned seasonally so an operation might have a spring, summer, and fall/winter cycle.[706] And buying produce seasonally is often more affordable.

Nutrition and Balance

The most important consideration for menu planning is that it meets children's nutritional needs. The meals and snacks provided by full-day early care and education programs should provide a substantial portion of a child's daily nutrition. All programs should support children's well–balanced diet, in which all the nutrients the body needs for proper functioning and energy are taken in. A well-balanced diet contains a variety of foods from all the food groups, as well as all the necessary vitamins and minerals we need. It also means taking in an adequate supply of water for adequate health. A well-balanced diet can be planned by selecting healthy foods from each of the food groups.[707]

Individual and Cultural Preferences

What families eat, how those foods are prepared and served, and the routines surrounding meals and snacks are going to vary in every family. For some children, those will be similar to what they encounter in early care and education programs. And some children will easily adapt to new foods and routines. However, gathering information from families on these is one way to have an understanding of the food experiences and preferences children have. Menus can be planned that include familiar foods.

Cultural and Religious Considerations

Some people do not eat various specific foods and beverages in conformity with various religious, cultural, legal, or other societal prohibitions. Many of these prohibitions constitute taboos. Many food taboos and other prohibitions forbid the meat of a particular animal. Some food prohibitions can be defined as rules, codified by religion or otherwise, about which foods, or combinations of foods, may not be eaten and how animals are to be slaughtered or prepared. Some foods may be prohibited during certain religious periods (*e.g.*, Lent), at certain stages of life (*e.g.*, pregnancy), or to certain classes of people (*e.g.*, priests), even though the food is otherwise permitted.[732]

Families and children may choose to exclude, include, or prepare foods in a particular way according to their religious faith and beliefs. There will be individual differences and varying levels of adherence to guidelines which should be discussed for each child with their family. Some people within some of the faith groups identified may not observe the dietary guidelines listed. Prohibitions and restrictions even within a particular faith may change between denominations or branches.[733]



Food Allergies, Intolerances, and Medical Issues

As discussed in Safety and Health, some allergic reactions can be life-threatening and some foods can cause major health issues for children, it is vitally important that everyone in the early care and education program that prepares or serves food is aware of these and protects children from consuming food that can hurt them.

Summary

When staff in early care and education programs have an understanding of meal patterns and health sources for all of the food groups, they have the foundation to plan menus that consider cost, variety, aesthetics, and balance. They can also support families in providing healthy food to their children. And with a solid grounding in food safety policies and practices they can buy, store, prepare, cook, and serve food to children safely.



Resources for Further Exploration

- Institute of Child Nutrition
- California Department of Education CACFP Meal Patterns Resources
- Virtual Lab School Menu Planning for Success
- CACFP Menu Planning Guide: healthymeals.fns.usda.gov/hs...u-planning.pdf
- Crediting Handbook for the Child and Adult Care Food Program
- Cultural and Ethnic Food and Nutrition Education Materials: A Resource List for Educators
- Guidance on Foods for Religious Faiths
- Vegetarianism and Children
- Virtual Lab School Family-Style Dining in Child Care Settings
- Federal Food Safety Gateway
- CDC Food Safety
- Food Buying Guide for Child Nutrition Programs Interactive Web-Based Tool

References

Kansas Department of Health and Environment. (2024, August). Kansas laws and regulations for licensing preschools and child care centers. https://www.kdhe.ks.gov/DocumentCenter/View/15396

For references according to subscript, please see pages 308-335 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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11.6: Family Style Dining

Learning Objectives

By the end of this section, you should be able to:

- Describe the concept of family-style dining in early childhood education settings and its role in promoting healthy eating habits and social development.
- Identify the benefits of family-style dining, including encouraging independence, improving mealtime behavior, and fostering positive social interactions among children and adults.

Family-Style Meal Service

Currently, traditional family-style meal service is the recommended approach to serving meals in preschool settings. Using this approach, all foods on the menu are served at the same time in serving bowls that are passed around the table, and children self-serve the amounts they desire. There are many potential advantages to traditional family-style meal service including allowing children the opportunity to self-regulate consumption (match food selection with hunger level).[741]



Figure 15.16 – Family style meals have many benefits for children.[742]

This approach to mealtime creates a number of healthy habits that are important to the growth and development of children at any age. Children tend to eat more healthy foods if they see their friends try it. They learn skills such as taking turns, sharing, and teamwork.

Family-style dining opens up opportunities for conversation, which increases vocabulary, and promotes proper use of language and interaction with friends.

There are even more benefits that support healthy growth. Children learn:

- portion sizes for each food group
- to recognize when they are hungry or satisfied
- how to identify healthy foods and where they come from
- to improve fine motor skills

Children are not the only ones who benefit. Providers get a better grasp of food costs, get help with mealtime service, and with less food being wasted, they save money.[743]

Tips for Family-Style Dining

- **Start with the right equipment.** When purchasing serving dishes, utensils and other place settings, keep in mind that they need to be kid-friendly and sized for little hands to maneuver
- **Remember each child's skill level** when choosing your menu. Finger foods and foods that are easy to navigate with a child-size fork or spoon are easiest to self-serve for younger children.
- **Have multiple sets of utensils** and serving spoons in case someone drops one on the floor.
- **Give each child a task** to help set the table. One child can set the plates, one can place the cups and so on. Children have a sense of pride and belonging when they have a contributing role.
- **Offer a variety of familiar foods** and don't forget to introduce new foods. Children are more willing to try something new when they serve themselves.
- **Reserve extra servings** for second helpings or in case the bowl of food gets contaminated.
- **Provide a trash can** for children in which to dispose of napkins and uneaten food. Provide a tub for them to place dirty dishes after they scrape them off.
- **Keep cleaning supplies nearby.** Spills will happen. Be patient and use this opportunity as a teaching moment on how to clean-up.
- Most importantly, **eat with the children.** Children learn from good role models. Sitting with them while everyone eats also allows you to start positive mealtime conversations.[744]



Food from Home

Some early care and education programs depend on families to provide some or all of children's meals and snacks. According to Sweitzer et al (2011), "[o]bservations of lunches of three to five-year-old children attending fulltime childcare support the need for parent education about packing healthy lunches." They cite several studies that show inadequate servings of fruit and vegetables and foods that fail to meet the Daily Reference Intakes for essential nutrients in foods brought from home. They also cite several studies that demonstrated that knowledge and attitudes about nutrition were positively linked to serving fruits and vegetables to children. As they stated, parents report barriers to supporting their young children's healthy eating. "Common barriers for consumption of fruits and vegetables are the child's preferences, preparation time involved, and higher cost of those items."[745]

Food brought from home should be labeled with the child's name and date and stored in the refrigerator when needed. When prepared and served to children it is important to follow food safety practices (discussed in the next section of the book). Food sent for one child should never be given to another child.[747]



Figure 15.17 – A tasty and healthy packed lunch.[746]

Tips for Supporting Families in Providing Nutritious Food From Home

In the Sweitzer et al (2011) study, parents were interviewed about how early care and education programs could help families provide better nutrition for their children. Here are some tips based on their findings:

- Provide regular written information to families about nutrients and their importance for health
- Provide convenient and affordable recipes and tips for families
- Foster connection and interaction between families through events, support groups, and recipe exchanges
- Consider including nutrition as a topic of workshops for families
- Connect with community resources and local markets to expand opportunities and information for families
- Remember to be budget-friendly with resources and recipes shared[748]

References

This page was adapted from 15: Menu Planning and Food Safety by Paris. in Paris, J. (2021). *Health, safety and nutrition*. LibreTexts.

For references according to subscript, please see pages 308-335 of the original *Health, Safety and Nutrition* book (Paris, 2021) on Google Drive.

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CHAPTER OVERVIEW

12: The Learning Environment

Learning Objectives

- Define and describe the difference between the physical, social, and temporal environments of an early learning program
- Describe why a well-designed physical, social, and temporal environment benefits young children

12.1: Universal Considerations
12.2: Designing Environments for Infants and Toddlers
12.3: Designing Preschool Environments
12.4: Setting up the Learning Centers
12.5: Evaluating the Environment
12.6: Behavior Affected by Environments
12.7: Let’s Take a look at the Social-Emotional Environment
12.8: Creating an Inclusive Environment

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12.1: Universal Considerations

Learning Objectives

By the end of this section, you should be able to:

- Explain the concept of universal considerations in the design of early childhood learning environments, emphasizing accessibility and inclusivity for all children.
- Identify key factors to consider when creating an environment that supports diverse learning needs, including physical space, materials, and teaching strategies.

A well-planned early childhood learning environment should be carefully designed to meet the diverse needs of children while promoting exploration, learning, and development. While there are specific considerations for different age groups, there are universal elements that contribute to creating an engaging environment for any age.

Indoor Environments

Safety/Health Consideration

- Has adequate space for the number of children and adults. State licensing agencies will have a pre-determined number that will help calculate how much square footage is required based on the classroom capacity.
- There are separate sinks for hand washing and food preparation.
- Diapering or toileting area that is accessible but still allows for active supervision of children (Kaiser & Rasminsky, 2020).
- Learning areas are not too small or too large that they make children feel uncomfortable and encourage unwanted behaviors.

Logistics

- There are carpeted areas to soften falls and designated areas with flooring that is easy to clean where eating and other messy experiences may take place (e.g. art activities, sensory tables, etc.).
- A transition area is available for children entering or leaving the classroom.
- Defined learning areas:
  - math and/or manipulatives,
  - art,
  - music and movement,
  - literacy,
  - dramatic play,
  - blocks,
  - sand/water/sensory play
  - and science or discovery.
- Groups quiet areas together and noisier areas together. For example, not placing a reading nook next to a music area.
- Age-appropriate materials.
- Spaces for group and individual activities, including calming areas children may go to if they need to take a break from the group.
- Spaces are designated for toileting or diapering and eating.



"Defined areas for eating and play". by Heather Carter is licensed CC-BY-SA.

Aesthetics

- Wall colors are neutral to avoid overstimulation. Color should be brought into the room through decor, rugs or flooring, and toys.
- Natural and halogen incandescent light sources are prioritized over fluorescent lighting.
- Soft furniture and elements such as pillows and cushions.
- Non-toxic plants (Parlor Palm, Spider plants, Peperomia, African Violets, and Fittonia are a few examples)
- Appropriate size furniture for the age and stage of children.
- Reflection of the children's diversity, such as languages and cultures being represented.
- Responsive to children's interests and changing needs.

Storage and Display

- Accessible and organized storage for materials at children's level that promotes child independence and ease of use.
- Has space for classroom storage of materials and personal belongings.
- Locked cabinets or inaccessible areas to children for hazardous materials (Dodge et al., 2015).
- Displays of children's work and creative pieces.

Outdoor Environments

Safety/Health Considerations

- Has adequate use zone and appropriate fall zone material in every direction around swings and other playground equipment. This is usually at least 48", but state licensing requirements may vary depending on the type of equipment.
- Proper drainage throughout the place space so there is no standing water.
- Has at least six feet of shade if no natural shading exists (Council for Professional Recognition, 2023).
- The equipment is in good repair.

Logistics

- The space is easily accessible and well organized so activities do not interfere with one another.
  - Ideally, elements from the indoor environment are made available in the outdoor environment, including calming spaces, dramatic play, art, writing, science, sensory, and reading.
- Adaptations are made for children with disabilities.
- Offers comfortable places to sit.

- There is enough equipment that children do not have to wait long to play.
- The equipment provides skill development at multiple levels.
- Safe, developmentally appropriate materials and equipment. This includes:
  - Stationary equipment (such as swings, slides, climbing equipment).
  - Portable equipment (such as wheeled toys, mats, jump ropes, bean bags, balls).
  - Equipment that stimulates balancing, climbing, ball play, steering, tumbling, jumping, throwing, and pedaling.



"Natural playground for infants and toddlers". by Heather Carter is licensed CC-BY-SA.

Aesthetics

- Blends in natural items and/or nontoxic plants with manmade materials.
- Offers different surfaces to explore and play on, such as artificial turf, grass, concrete, mulch, rock beds, etc.

References

Council for Professional Recognition. (3rd Eds.). (2023). *Essentials for working with young children.* First Publishing.

Dodge, D., Rudick, S., Berke, K. (2015). *The creative curriculum for infants, toddlers, and twos* (3rd ed.). Teaching Strategies, Inc.

Kaiser, B. & Rasminsky, J. (2020). Valuing diversity: Developing a deeper understanding of all young children's behavior. *Teaching Young Children. 13*(2). https://www.naeyc.org/resources/pubs/tyc/dec2019/valuing-diversity-developing-understanding-behavior

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12.2: Designing Environments for Infants and Toddlers

Learning Objectives

By the end of this section, you should be able to:

- Describe the key principles of designing learning environments that support the developmental needs of infants and toddlers, focusing on safety, exploration, and stimulation.
- Identify specific environmental features and materials that promote sensory exploration, motor development, and early learning for infants and toddlers.

Creating an appropriate learning environment for infants and toddlers requires special attention and consideration of safety, developmental needs, and the nurturing of early exploration. This stage of development is foundational, as infants and toddlers are rapidly acquiring skills. The environment should offer both security and stimulation, allowing very young children to feel safe while fostering their natural curiosity. The following table (12.2.1) is quoted directly from the Council for Professional Recognition (2023, p. 117), and reflects design elements that meet infant's and toddler's developmental needs.

Designing for Infant and Toddler Developmental Needs

Table 12.2.1 Designing Infant and Toddler Environments to Meet their Developmental Needs

Because children think and behave like this:	Arrange the space to do this:
Young infants (birth-8 months) are attached to their family members.	• Welcome family engagement. • Include a space for nursing mothers. • Display family photos at infants' eye levels. • Provide greeting areas and furniture that invites adults to comfortably sit while interacting with children. • Allow plenty of time at drop off and pick up to make the transition smoother for both children and families.
Young infants learn through moving their bodies and using all of their senses.	• Offer soft, protected spaces where babies can move safely. • Provide safe, appropriate toys that infants can reach and explore. • Lift and carry babies so they can see, smell, touch, and feel items in the indoor and outdoor settings. • Provide a variety of textures, scents, and vibrant materials to enhance sensory experiences.
Mobile infants (8-17 months) move from place to place.	• Provide protected spaces where children can creep, crawl, and walk out of the way of infants who are not yet mobile. • Have sturdy furniture and railings that infants can use to pull themselves up.
Mobile infants find comfort in familiar adults	• Incorporate photos, tape recordings, and verbal reminders of family members. • Use low room dividers so children can see adults whenever they need reassurance, and so adults can supervise all children at all times.
Young toddlers (18-24 months) often eat and sleep at scheduled times.	• Have tables and chairs where small groups can eat together. • Set up cots or mats at nap time and remove them when children are awake.
Young toddlers like to play close to another friend.	• Provide play spaces where two or three children can work together on activities of their choosing.
Older toddlers (24-36 months) can climb, run, jump, and hop.	• Offer open spaces and equipment where children can move freely and safely.
Like younger toddlers, older toddlers have a difficult time sharing.	• Provide duplicates of favorite toys and materials. It would be helpful if duplicates are exactly the same color, size, and shape to avoid conflicts over materials.

Inviting Engagement through Provocations

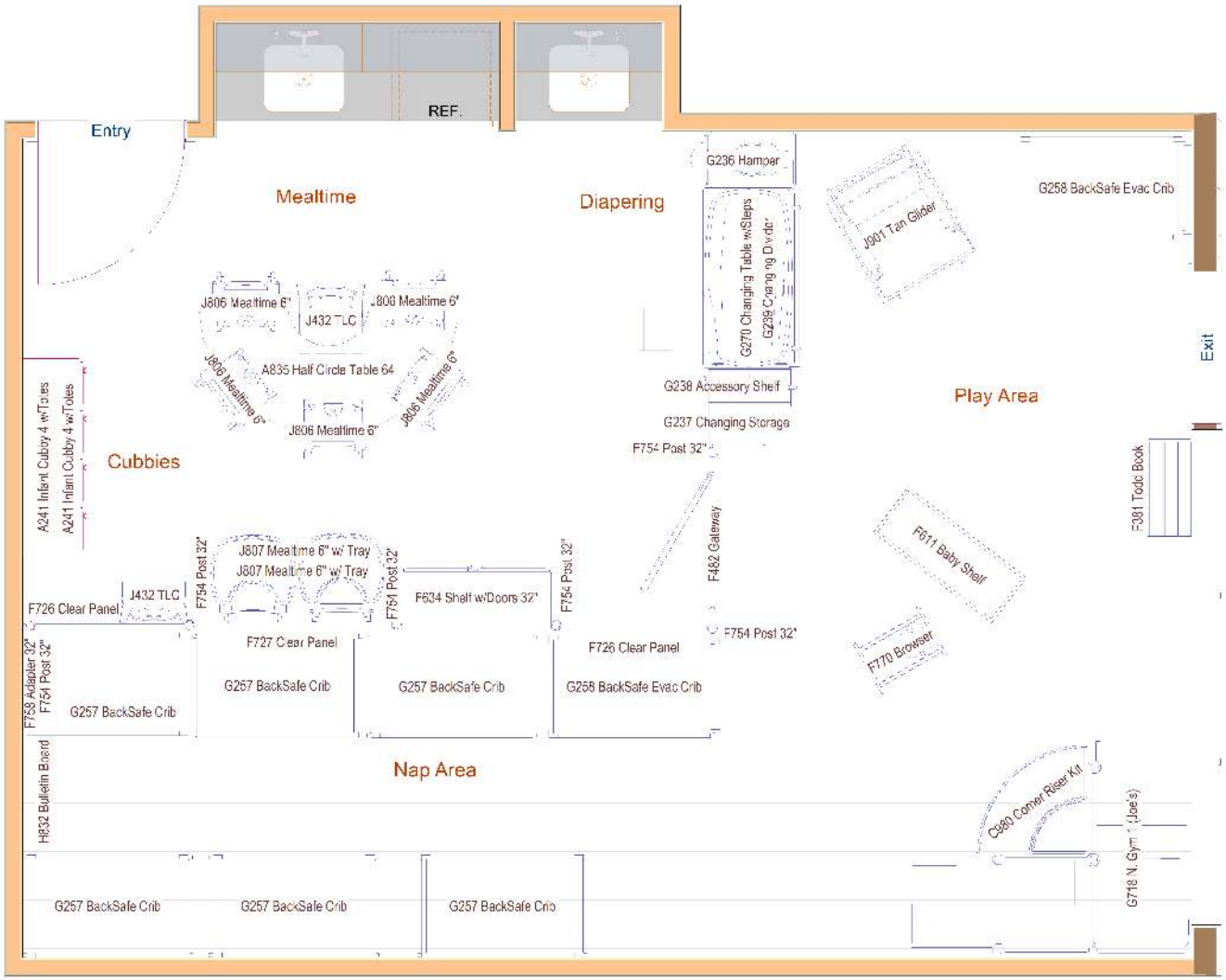
The following section is directly quoted from the Virtual Lab School (2023):

> "Offering items of beauty or wonder in the classroom invites infants' and toddlers' exploration and engagement. You can do this by using provocations. A provocation is a picture, experience, or item that provokes thought, interest, questions, or creativity (Edwards, 2002). Provocations can help provoke young children to use, think about, or see materials in new ways. When designing your classroom, it can be useful to think about how you will incorporate provocations. Your inspiration for what provocations to offer will often come from children's current interests, their emerging developmental skills (e.g., crawling or grasping), or their learning goals. Provocations might include:

- **Pictures**: Including pictures of interests can help extend exploration of certain concepts and send the message that children's ideas are valued in your classroom. Use pictures of real items as much as possible. Also, when applicable, offer several different pictures. This allows children to recognize that not all trees look the same, or that some dogs have spots and others do not.
- **An event or experience**: For example, go on a nature walk outdoors or host a "picnic" in your classroom. You can also take pictures during the event to display later. Using pictures of experiences with which the children engage with one another in the learning environment communicates that this space belongs to the children. It also provides them with concrete documentation to reflect back on the experience.
- **Books**: Strategically placing books relevant to children's current interests around the room can change how they engage in the space. For example, offer a book on construction sites next to the blocks, or a book about babies next to dramatic play.
- **Physical items of interest**: Adding an authentic item as provocation can support what children already know about their world, or invite them to touch, smell, see, or hear something new. This can include items from nature, such as leaves or nuts, or a vase of fresh flowers. Consider asking families to provide items from home, especially ones with cultural relevance like a piece of fabric or a paper lantern. Also, adding things like an old record player or piece of stained glass can elicit new discoveries.
- **Simple changes in display**: For example, add a child-safe mirror on the floor for children to see themselves as they crawl over, or set up the doll babies in dramatic play with small bowls and spoons, which can invite the older infants and toddlers to "feed" the dolls. For infants and toddlers, changes in display can also include rearranging climbing equipment to offer new challenges or incorporating different textures and colors on the floor.

Consider the placement of your provocations. What are you hoping infants and toddlers will do within each area of your classroom? What concepts are you currently exploring or developmental goals are you working toward, and how might a provocation in certain areas help extend or focus children's play? Provocations are meant to be a guide or a point of inspiration for how infants and toddlers can engage with certain materials or spaces and are not meant to limit what children are supposed to do in each area or with the materials. Although you may have a clear intention for how the items will be used, the children may have a different plan. Not every provocation will interest every infant or toddler or provoke the kind of play you expect. The beauty in provocations is observing how each child uses it."

Example Floor Plans



"Infant B" by Community Playthings. in the Public Domain.



"Infant B" by Community Playthings. in the Public Domain.

Toddlers



"Toddler B" by Community Playthings. in the Public Domain.



"Toddler B" by Community Playthings. in the Public Domain.

Resources to Explore

- *Creating a Child Care Environment for Success* with specific suggestions for an effective physical environment.
- Beginning Workshop (2004) from Child Care Information Exchange. The document includes 15 pages and the articles:

- Creating Invitations for Learning by Deb Curtis
- Emergent Environments: Involving Children in Classroom Design by Sarah Felstiner
- Greenman, J. (2004). Great Places To Be a Baby: Infants' and Toddlers' Learning Environments. Child Care Information Exchange, (157), 46-48.
- Transforming Environments Through Self-Reflection by Wanda Billheimer and Gina Lewis

References

Resources to Explore was adapted from 1.9: Creating Environments- Scheduling and Overall Design Considerations by Susan Eliason. CC-BY-NC-SA

Council for Professional Recognition. (3rd Eds.). (2023). *Essentials for working with young children.* First Printing.

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12.3: Designing Preschool Environments

Learning Objectives

By the end of this section, you should be able to:

- Explain the essential elements of designing effective learning environments for preschool-aged children, focusing on both physical space and learning opportunities.

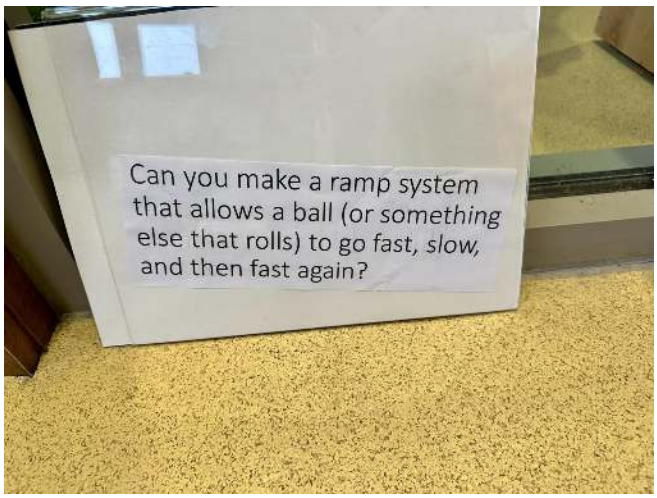
The design of the preschool environment must reflect the transition in growth and skills accompanied by the early childhood years, offering spaces that are not only safe and nurturing but also stimulating and engaging. The preschool setting should balance structure and flexibility, offering areas for both group activities and individual exploration. To achieve this, several key considerations must be taken into account.

Designing for Preschoolers Developmental Needs

The following table (12.3.1) is quoted directly from the Council for Professional Recognition (2023, p. 126), and reflects design elements that meet infant's and toddler's developmental needs.

Because children think and behave like this:	**Arrange the space to do this:**
Preschool children like playing cooperatively with other children	• Offer activity areas that are large enough to play together and give children enough time to be fully engaged in projects. • Promote inclusive play. • Pay attention to how children naturally group themselves, being aware of bias and other hurtful interactions.
Children enjoy using their large muscles to climb, run, jump, throw, and kick balls	• Provide indoor and outdoor spaces that are large enough for children to safely practice and perfect these skills.
They are working on refining their small muscle skills and eye hand coordination	• Offer many opportunities to develop these skills. [For example] by setting up learning centers where children can turn pages in a book, build with Legos, complete a puzzle, weave streamers through a fence, and play a musical triangle.
They enjoy being independent and doing things for themselves	• Display materials so that children can get them themselves. • Provide play spaces where they can work on their own.

Inviting Engagement through Provocations



Can you make a ramp system that allows a ball (or something else that rolls) to go fast, slow and then fast again?

"Provocation to invite learning". by Heather Carter is licensed CC-BY-SA.



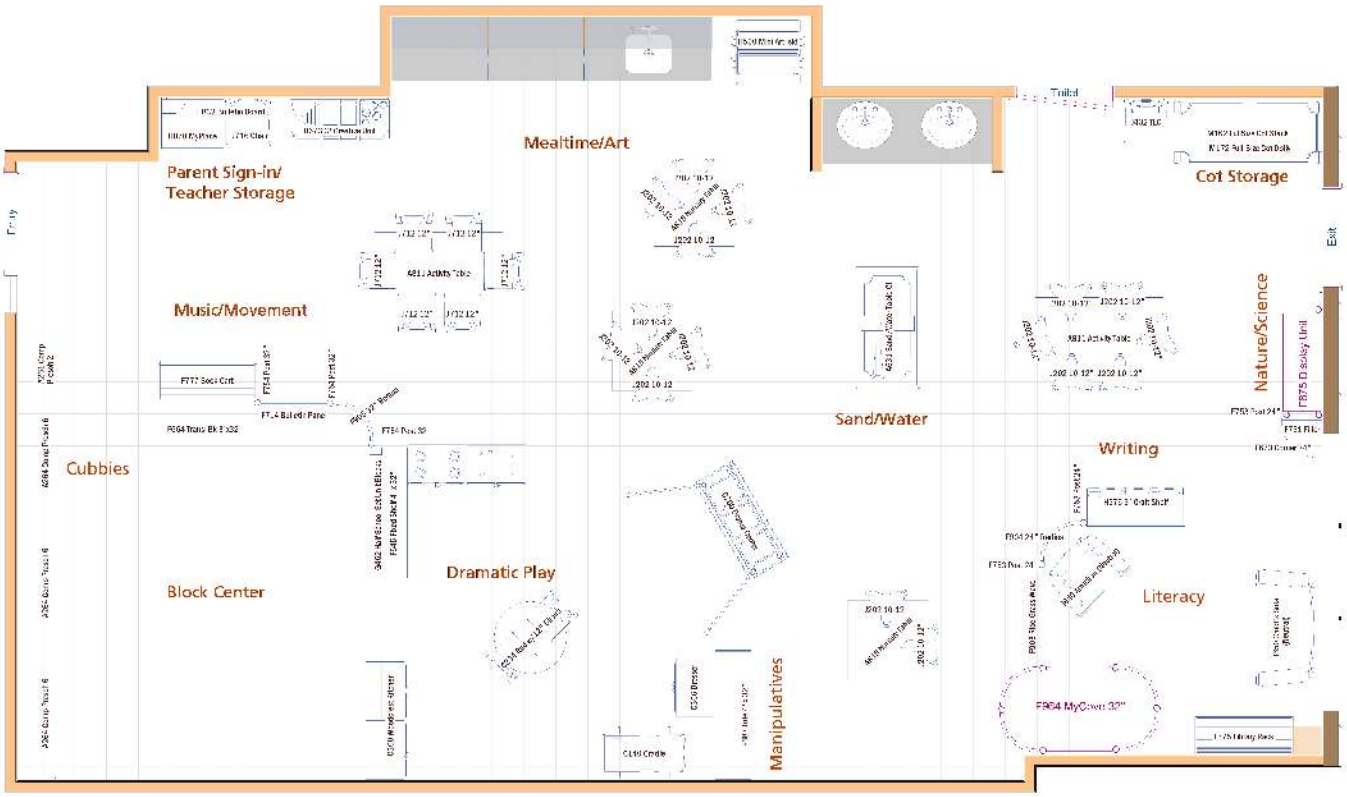
"Ramp system". by Heather Carter is licensed CC-BY-SA.

The following section is directly quoted from the Virtual Lab School (2023):

> Offering items of beauty or wonder in the classroom invites children's exploration and engagement. You can accomplish this by using provocations. A provocation is a picture, experience, or item that provokes thought, interest, questions, or creativity (Edwards, 2002). Provocations can help provoke children to use, think about, or see materials in new ways. When designing your classroom, it can be useful to think about how you will incorporate provocations. Your inspiration for what provocations to offer will often come from children's current interests and their learning goals. Provocations might include:
>
> - **Pictures:** Including pictures of children's interests can help extend exploration of certain concepts and sends the message that children's ideas are valued in your classroom. Use pictures of real items as much as possible. Also, when applicable, offer several different pictures. This allows children to recognize that not all trees look the same, or that some dogs have spots and others do not.
> - **An Event or Experience:** For example, go on a field trip or a nature walk outdoors or host a "tea party" in your classroom. You can also take pictures during the event to display later. Using pictures of the experiences with which the children engage with one another in the learning environment communicates that this space belongs to the children. It also provides them with concrete documentation to reflect back on the experience.
> - **Books:** Strategically placing books relevant to children's current interests around the room can change how they engage in the space. For example, offer a book on robots next to a bin of recycled materials.
> - **Physical Items of Interest:** Adding an authentic item as provocation can support what children already know about their world, or invite them to touch, smell, see or hear something new. This can include items from nature, such as leaves or nuts, or a vase of fresh flowers. Consider asking families to provide items from home, especially ones with cultural relevance like a piece of fabric or a paper lantern. Also, adding things like an old record player or piece of stained glass can elicit new discoveries.
> - **Simple Changes in Display:** Considering a different perspective or design can spark new ideas for preschoolers. For example, placing an architecture drawing on the writing surface, rather than taped to the wall may encourage children to trace, measure, or highlight on the drawing.
>
> Consider the placement of your provocations. What concepts are you currently exploring and how might a provocation in certain areas help extend or focus children's play? Provocations are meant to be a guide or a point of inspiration for how children can engage with certain materials or spaces, but remember they are not meant to dictate what children are supposed

to do in each area or with the materials. Children might be inspired or provoked to create ideas that take them in other directions. “The thinking and learning that emerge from the children as they engage with provocations will reveal potential threads of inquiry,” write Broderick and Hong (2020, p. 28). If children consistently ignore certain provocations, that can be a sign they are no longer interested in that particular concept or idea.

Example Floor Plan



"Preschool B" by Community Playthings in the Public Domain.



"Preschool B" by Community Playthings in the Public Domain.

References

Council for Professional Recognition. (3rd Eds.). (2023). *Essentials for working with young children.* First Printing.

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12.4: Setting up the Learning Centers

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of learning centers in early childhood education and how they support children's developmental needs through hands-on, experiential learning.
- Identify strategies for setting up effective learning centers that encourage exploration, creativity, and collaboration, while promoting cognitive, social, and emotional growth.

This section explores the key elements of setting up learning centers focusing on blocks, art, literacy, dramatic play, music and movement, science, manipulatives, sand/water play, and cooking. We'll also discuss tips for space allocation and location, organization, and other considerations.

Blocks

The blocks center is foundational in promoting spatial awareness, problem-solving, and creativity. It's where children build structures, engage in imaginative play, and explore math and science concepts.

- Use walls, dividers, or shelves to enclose the area on at least two sides.
- Allocate more space to allow children to build expansive structures without feeling cramped. It should accommodate at least 3-4 children.
- Position it near the dramatic play area to promote pretend play and keep it grouped next to another noisier area.
- Use flooring that is smooth and flat, but provides some softness to absorb sound. Flat rugs or carpet works well.
- Shelves should include at least two different types of blocks and block accessories.



"Block play in a toddler classroom". by Heather Carter is licensed CC-BY-SA.

Dramatic Play

Dramatic play allows children to recreate familiar experiences, confront anxiety-producing situations, and make up new scenarios that help them learn to regulate behavior and their emotions. Pretend play plays a role in developing a foundation for understanding abstract thought.

- Locate the dramatic play area next to the block center so cross-play may influence construction in blocks and vice versa. This center is also noisy and allows two of the noisiest areas to be located next to each other.
- A medium to large space is needed to accommodate at least 3-4 children in role play.
- The area needs to support movable props and furniture.
- Toy appliances, accessories, and clothing should help anchor the area for the type of role-playing that might occur.
- Materials should be organized for easy access.
- Materials and props should be rotated as children's interests change.



"Dramatic play area reflects home environment." by Heather Carter is licensed CC-BY-SA.

Art

The art center encourages creativity, self-expression, and motor skill development through drawing, painting, sculpting, and crafting.

- Locate the art center near a water source and on washable flooring for easier cleanup.
- Designate enough space so a few children can work simultaneously. This may include a table and double-sided easel, as well as a drying rack.
- Provide open shelving for art supplies like paper, markers, paint, and glue (in infant and young toddler classrooms, materials may be stored out of reach but accessible to staff for easy implementation). As children age, the art area may need to expand in order to accommodate more age-appropriate materials.
- Rotate materials regularly to inspire new ideas and offer various textures and mediums.



"Art area in a preschool classroom". by Heather Carter is licensed CC-BY-SA.

Music and Movement

Music and movement allows children to explore rhythm, sound, movement, tone, and find comfort through music and dance.

- While only 2-3 children may play in the music and movement center at a time, it still requires enough space to allow for free movement such as marching and dancing, or exercises such as yoga, stretching, or meditation.
- Locate the center near an electrical outlet to charge speakers or plug in a CD player that may play recorded music.
- Use, or add, non-slip flooring to ensure safety during active movement.
- Ideally, this center should be near other active areas like the blocks or dramatic play centers to avoid disturbing quieter activities.
- Store musical instruments and props on an accessible rack or shelf.



"Music shelf in a young preschool classroom". by Heather Carter is licensed CC-BY-SA.

Science/Discovery

The science center engages children in exploration, observation, prediction, hands-on experimentation, and documentation (including graphing) with natural materials, magnifying glasses, observing natural phenomena, and other sensory experiences.

- The size of the area needs to accommodate at least two, possibly three children.
- There should be a table for experimentation.
- Lots of natural light is preferred, so the area should be set up near a window so children may observe natural phenomena and objects.
- Aquariums and pet cages should, ideally, be a part of this area.
- Easy-to-clean flooring allows for spills during experimentation to be cleaned efficiently.



"An ideal science and discovery area". by Heather Carter is licensed CC-BY-SA.

Manipulatives

Manipulatives help children develop fine motor skills, problem-solving abilities, following directions, and early math concepts, such as counting, patterning, seriation, and geometry, through hands-on play with small objects.

- Manipulatives should be located near a table- whether that is utilizing meal time tables or having its own dedicated table. Therefore, the size of the space may vary depending on the size and layout of the overall classroom space.
- Ideally, this area will be close to a center for blocks or science/discovery. However, it may placed in between noisy and quiet areas to serve as a buffer.
- Open and accessible shelving should offer a variety of objects and materials such as Legos, table blocks, puzzles, beads and string, interlocking cubes, items for sorting, etc.



"Young toddler/older infant manipulative area". by Heather Carter is licensed CC-BY-SA.

Sand/Water Play

Sand, water, and sensory play is an opportunity for children to experiment while also providing a unique outlet for the expression of feelings and calm.

- Locate the area (or sensory table) near a water source and on washable flooring.
- It can be helpful to use a Waterhog mat for catching spilled contents, rather than towels to avoid a trip hazard.
- If sensory play is set up at a table, consider how many children the bins can support vs. the number of seats available at the table.
- "Keep mops, sponges, brooms, a mini-vac, and cleaning supplies nearby." (Council for Professional Recognition, 2023, p. 132)



"Farm and fall-themed sensory table". by Heather Carter is licensed CC-BY-SA

Literacy

The literacy center fosters language development and love for reading through books, storytelling, and writing activities.

- Provide ample space for using tablets or computers, writing, and reading books. Sometimes, literacy may be separated into one, two, or three areas: technology, writing, and reading depending on classroom space and the age of the children.
  - For example, there would not be a technology or separate writing area an in infant classroom, but there would be a reading area.
  - In a toddler room, it may all be combined as one, depending on what materials are being rotated in, such as adding keyboards and clipboards along with flannel stories or puppets.
- Keep in mind if technology will require outlets.
- Literacy should be grouped with quieter areas and away from blocks and dramatic play.
- Use a couch, rocker, pillows, and soft items to create a quiet and cozy reading area.
- A writing area should include, or have access to, a table that seats 2-4 children.



"Literacy area for older toddlers." by Heather Carter is licensed CC-BY-SA

Alone or Calming Area

The alone, or calming, area in a classroom provides children with a quiet, soothing space where they can go to self-regulate and manage strong emotions. This area helps children develop emotional literacy and teaches them to recognize when they need a break from the classroom's busyness. The primary goal of the alone area is to offer a safe, non-punitive space for children to calm down and recharge.

- This area should be small and cozy, designed for one or two children at a time. It can be as simple as a corner nook with a soft chair, cushions, or a small tent.
  - If classroom space is small, it is appropriate to designate an existing space as an alone area if needed, such as a portion of the library or a discovery area.
- Soft carpeting, rugs, or floor cushions help create a relaxing, sensory-friendly environment. The floor should be comfortable enough for children to sit or lie down if they choose.
- Place the calming area in a quiet, low-traffic section of the room, away from high-energy centers like blocks or dramatic play.
- Provide soft lighting or natural light to enhance the calming effect.
- Ideally, it should be partially enclosed to give children a sense of privacy without isolating them from the rest of the class, but still allow professionals to maintain supervision.
- Stock the area with calming tools like stress balls, fidget toys, sensory bottles, and picture books about emotions. Posters or visuals with deep breathing techniques or emotion charts can also help children self-regulate.
- If needed, incorporate a visual timer to help children understand how long they can stay.



"Sensory nook" serves as a calming space in addition to a discovery area. by Heather Carter is licensed CC-BY-SA

Cooking

The cooking center offers children opportunities to develop life skills, learn math concepts (measuring, counting), and explore nutrition.

- Cooking does not need to be a separate area in a classroom, such as other learning areas. It does require consideration of where cooking activities may take place when organizing the classroom environment.
- May need access to electrical outlets for appliances and a water source.
- A large table that seats 4-6 children is preferable. Meal time tables work usually work well.
- Consider having a space on a wall or the back side of a shelf to hang large recipes.
- Easy-to-clean surfaces are essential for handling food spills.
- Store utensils, mixing bowls, measuring cups, and child-safe tools within reach of an adult. They do not have to be accessible within the classroom environment all the time.



"Toddlers making tortillas". by Heather Carter is licensed CC-BY-SA.

Woodworking

Woodworking is one of the more controversial areas in a preschool classroom, as it is seen in most high quality programs, but must be approached with caution and active supervision. Handling tools like hammers and sandpaper strengthens hand muscles crucial for writing and self-care tasks, while the process of planning and building projects enhances children's reasoning and problem-solving abilities. Research shows that fine motor skills are linked to later academic success, particularly in literacy and math (Grissmer et al., 2010), and woodworking provides a rich, hands-on way for children to develop these competencies. Additionally, woodworking encourages persistence, creativity, and a growth mindset as children experiment with materials and learn through trial and error (Burris, 2018). These cognitive and physical skills contribute to broader school readiness and future academic achievement.

As you introduce woodworking concepts, offering opportunities to pound and manipulate playdough with young preschoolers and older toddlers is a great precursor to introducing basic tools in planned activities before incorporating tools as part of the everyday environment when children are ready.

- Allocate a small space for 1-2 children to work at a time at a child-size work bench.
- Durable and easy-to-clean flooring is best. Ensure that the surface can handle the occasional dropping of tools or small wood pieces.
- Location is flexible, but should be kept away from the most quiet of areas, such as the alone or calming area.
    - It's best positioned near the blocks or science centers, where the use of tools and construction might feel more natural.
- Provide real, child-safe tools like small hammers, hand drills, sandpaper, nails, screws, and wood scraps. Use pegboards or storage bins to organize tools at child height. Safety goggles should be readily available and required for use.
- Clear rules should be posted and/or shared about how to use tools safely (preferably introducing the tool as a group before incorporating into the center), and the teacher should always supervise this center.



"Woodworking bench and tools." by Heather Carter is licensed CC-BY-SA

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12.5: Evaluating the Environment

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of regularly evaluating early childhood learning environments to ensure they meet the developmental and safety needs of children.

Once you have created your ideal early learning environment, it is suggested that you evaluate it on an ongoing basis to make sure it is continuously meeting the needs of the children using it. A tool that is used extensively to assess and evaluate childcare programs is the Environment Rating Scales (ERS). The Environment Rating Scales were designed to offer guidelines for high-quality practices. According to ERS, a quality program must provide for the three basic needs all children have:

- Protection of their health and safety
- Building positive relationships
- Opportunities for stimulation and learning from experience

The ERS further states, that "no one component is more or less important than the others, nor can one substitute for another. It takes all three to create quality care. Each of the three basic components of quality care manifests itself in tangible forms in the program's environment, curriculum, schedule, supervision, and interaction, and can be observed." [108]

There are 4 Environment Rating Scales depending on the type of program being assessed:

- The Infant/Toddler Environment Rating Scale
- Early Childhood Environment Rating Scale
- School-Age Care Environment Rating Scale
- Family Child Care Environment Rating Scale

The ECERS scale consists of 35 items organized into 6 subscales:

- Space and Furnishings
- Personal Care Routines
- Language and Literacy
- Learning Activities
- Interaction
- Program Structure

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12.6: Behavior Affected by Environments

Learning Objectives

By the end of this section, you should be able to:

- Explain how the physical and social aspects of the learning environment influence children's behavior, including their interactions, emotions, and engagement with activities.



Pause to Reflect

Can the environment influence a child's behavior? Take a moment to reflect on the following scenarios:

1. In an infant room where some of the children are walking and some are not, teachers have placed the immobile babies on soft blankets in the middle of the room. Activities for the mobile children are placed on the outside areas of the space. As the children waddle from one experience to another they step on the babies on the blankets.
2. A group of children is in the block area building some tall structures. "TIMBER!" one child shouts out loud, while the other 4 children clap their hands. The teacher looks at her watch and without a transition warning, the teacher yells "clean up time." The children run to another area.
3. There are 2 children at the easel boards painting. One child is waiting for her turn and says, "PLEASE hurry up – I've been waiting a long time." As one child is finishing her artwork, she drops some paint and the paintbrush on the floor and leaves it there. With paint on her hands, she holds her hands up high and walks all the way across the classroom to the bathroom to wash her hands, tracking a little paint along the way. The girl who was waiting picks up the paintbrush and begins to paint – she too steps in the paint on the floor. The teacher quickly grabs a towel and begins to wipe up the floor and sternly asks the children to please be careful.

What environmental changes might you make?

As demonstrated in the scenarios, a poorly arranged physical setting, transitions that are not well planned, and quick teacher responses can trigger challenging behaviors. Both teachers and children can become frustrated. By altering floor plans, planning for

each segment of the day, and thinking through the communication and interactions we will have with children, we can avoid many challenging behaviors.

All three aspects of the environment; physical space, social-emotional tone, and routine can affect children's behavior. The environment sends very powerful messages about how to behave and feel.

Below is a chart of environmental modifications we can make to minimize certain behaviors by Dodge, et. al (2002).

Table **12.6.1**: Environmental Modifications to Minimize Behaviors

Behavior	Possible Causes	Changes to the Environment
Running in the classroom	Too much space is open; the room is not divided into small enough areas; activity areas are not well defined.	Use shelves and furniture to divide the space. Avoid open spaces that encourage children to run.
Fighting over toys	Too many popular toys are one-of-a-kind; children are asked to share too often.	Provide duplicates of toys. Show children when it will be their turn (e.g., use a sand timer or help children create a waiting list for turns).
Wandering, the inability to choose activities	The room is too cluttered; choices are not clear; there is not enough to do, too much time.	Get rid of clutter. Simplify the layout of the room and materials. Add more activity choices. Revisit schedule.
Becoming easily distracted; not staying with a task	Areas are undefined and open; children can see everything going on in the room; materials are too difficult or children are bored with them.	Use shelves to define areas. Separate noisy and quiet areas. Assess children's skills and select materials they can use in interesting ways.
Continually intruding on other's workspace	Space is limited; poor traffic patterns prevent children from spreading out.	Define work areas for children (e.g., use masking tape or sections of cardboard for block building, and provide trays or placemats for toys). Limit the number of areas open at one time to allow more space for each.
Misusing materials and resisting clean-up	Children do not know how to use materials appropriately; materials on shelves are messy; the displays are disorderly.	Make a place for everything. Use picture and word labels to show where materials go. Provide consistent guidance on how to clean up.

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12.7: Let's Take a look at the Social-Emotional Environment

Learning Objectives

By the end of this section, you should be able to:

- Explain the significance of the social-emotional environment in early childhood education and its impact on children's emotional well-being and social development.
- Identify strategies for creating a nurturing social-emotional environment that fosters positive relationships, emotional regulation, and a sense of belonging for all children.

According to the Early Childhood Learning and Knowledge Center, "social development refers to a child's ability to create and sustain meaningful relationships with adults and other children, whereas, emotional development refers to a child's ability to express, recognize, and manage his or her emotions, as well as respond appropriately to others' emotions." Not only is the social-emotional environment important for a child's health and well-being, but it also provides a solid foundation for lifelong learning and interactions with others. [94]

A Closer Look at the Social Environment

The social environment is comprised of all the interactions that occur throughout the day. A well-designed social environment fosters trusting relationships by creating opportunities for children to interact with their peers and with their teachers. Effective teacher-child interactions are one of the most crucial ingredients for both social and whole-child development. Experts in the field of early childhood education have long understood that effective teacher-child interactions are key predictors of student success.



Figure **12.7.1**: Warm Interpersonal Interaction [95]

To create a classroom environment that supports positive social interactions Gordon and Browne (2016) suggest that teachers evaluate the quality of their interpersonal interactions. Take a moment to review the self-check questions.

Self-Check: Questions to ask yourself about your social-emotional environments

- Is there a feeling of mutual respect between the adults and children?
- Are the children interacting with one another?
- Am I modeling cooperative behavior?
- Am I planning activities that encourage peer interactions?
- What are my facial expressions, and what tone do I use when I talk to the children?
- Do I give genuine feedback and praise for their achievements?
- Am I spending quality time with all the children?
- When I'm feeling frustrated, do I take it out on the children?
- Do I allow the children to solve their own problems, or do I try to fix everything myself?
- When I need to talk to a child, do I get down to their level?
- Do I greet families with a smile and do I make an effort to connect with each family?

- At the end of the day when the child is being picked up, do I share a pleasant anecdote about the child's day or do I focus only on challenging moments?
- Do I provide opportunities for the children to help with daily tasks?
- Do I have opportunities for families to volunteer and be involved? [96]

The Emotional Environment

Young children are just learning how to regulate their emotions and behaviors and they need your guidance and support. Exactly what kind of support can you give a child? **Co-regulation** is defined as warm and responsive interactions that provide children with the support, coaching, and modeling that they need to express their feelings, wants, needs, actions, and behaviors. Co-regulation is an interactive process where teachers must know when to step in and when to step back. Early childhood professionals must pay close attention to each child's cues so that they can respond in a consistent and sensitive manner. [97]

To develop caring and responsive relationships with children, it is helpful to learn about each child's unique temperament and communication styles, their likes and dislikes, their strengths, and the areas where they need further support. Only through ongoing observation and documentation will you truly discover what makes each child so special.



Figure **12.7.2**: Teacher displaying a warm interpersonal tone [98]

Once you know each child's unique cues and personalities you will be able to address their individual needs and meet them where they are at developmentally. Additionally, you will be able to plan learning experiences that will help children develop their "self-regulation skills." **Self-regulation** is having the ability to control your behavior, actions, and emotions in response to a particular situation. In other words, it's having the power to calm yourself down when you get upset because things didn't quite go your way. When children can share their toys with their friends, wait their turn to ride the bike, and can use their words to express their feelings, they are practicing self-regulation.

Take a moment to review the self-check questions and think about ways you can support a child's emotional development.

Self-Check: Questions to ask yourself

- Are there cozy spaces for children to take a break?
- Are their puppets, dolls, and other activities that encourage children to express feelings?
- Do we sing songs and read books about feelings?
- Do I provide verbal prompts that help children express their wants and needs?
- Am I aware of each child's temperament?
- Am I aware of my own feelings and reactions when I am stressed?
- Have I taught children effective strategies to help calm them down when upset?

Creating Your Social-Emotional Environment

Research suggests that for children to thrive, they must first have their "basic needs" met. These "basic needs" are highlighted in Maslow's Hierarchy of Needs in Chapter 2 (What is a Theory?). Once a child feels safe, secure, loved, and that they belong, they will be ready to learn. As an intentional early childhood professional, it is up to you to create a social and emotional climate where

children are comfortable enough to develop meaningful relationships and safe enough to explore their environment. In the article, *Creating an Emotional Safe Classroom*, Dr. Bruce Perry states, “Optimal learning is driven by curiosity which leads to exploration, discovery, practice, and mastery. In turn, mastery leads to pleasure, satisfaction, and confidence to once again explore. The more a child experiences this cycle of wonder, the more they can create a lifelong excitement and love of learning.” [99]

A well-planned learning environment starts with you. When you create a positive social and emotional environment, children will feel secure. Once they feel secure and can trust that you will meet their needs, they will begin to explore the materials and interact with one another, and ultimately they will enjoy the environment you have prepared for them. Your classroom environment plays a critical role in helping children develop their social and emotional skills. Designing a welcoming classroom that promotes cooperation, mutual respect, and tolerance will help children connect with you and with each other. To integrate responsive caregiving practices here are some teacher tips to help you set up an engaging social-emotional environment:

- **Be responsive to children’s needs**. To help children feel more confident and secure, first meet their basic needs. Provide each child with warm, caring interactions that can be later modeled.
- **Provide Prompts**. Partner with children to manage their feelings and frustrations. Give them the words to express their feelings and to solve their own problems.
- **Use your positive personality as a teaching tool**. Your smile, your voice, and your touch, along with direct eye contact can make children and their families feel safe and cared for.
- **Be predictable**. Establish clear expectations and follow through. Children need consistent boundaries and need to know they can count on you for guidance.
- Find time for quiet moments. Solitude allows the brain to "catch up" and process the new experiences of the day. This leads to better consolidation of new experiences and better teaming.
- **Praise when possible**. Confidence and pleasure come from success. Everyone succeeds at something. Those with challenging behaviors need to know they can be successful too. Be observant. As you watch and listen you will gather useful information about each child. Watch to see what the children are curious about: What types of activities interest them? How are they feeling? What are their pressure points? When you follow their cues and respond to their needs, you can then plan for meaningful learning opportunities.
- **Celebrate diversity and help all children feel included**. Encourage children to communicate and express themselves. At times, they may feel more comfortable using their home language, body movements, gestures, signs, or drawing a picture. Plan activities that provide opportunities for children to work together as partners or in small groups. Assign a buddy to assist children who are new to the program or who may be struggling to stay engaged and on task. Encourage families to share.
- **Include both teacher-initiated and child-initiated activities**. Teacher-initiated activities are planned and led by the teacher, while child-initiated activities are inspired by the children’s own interests and abilities. Materials are set out and children are encouraged to explore and create using their own ideas. [100] , [101]



Pause to Reflect
How would you promote social-emotional well-being for each age group?
1. Infant
2. Toddler
3. Preschool
4. School-age

The skilled and intentional teacher creates a classroom climate that promotes cooperation, mutual respect, and tolerance. The Teaching Pyramid Framework for Supporting Social Competence provides a model for promoting social competence and preventing challenging behaviors. [102]



Figure **12.7.3**: The Teaching Pyramid [103]

Assessing Teacher Interactions

The Classroom Assessment Scoring System (CLASS), developed at the University of Virginia's Center for Advanced Study of Teaching and Learning, is an assessment tool to improve teacher-student interactions and, ultimately, enhance student development and learning. It is used in many early childhood programs to support teachers' growth. The CLASS tool describes three broad categories focusing on the way teachers are providing emotional support, classroom organization, and instructional support to meet the needs of the children they work with.

Pause to Reflect

You are an important part of the social-emotional environment and you need to take time for yourself. Every job has stress factors and being an early childhood teacher is no different. To have the positive energy you will need to manage a classroom, you should find healthy outlets to help manage your own needs and emotions.

What do you do to manage stress and maintain your emotional well-being?

Experiment and discover what works for you. Ideally, you will be able to model these techniques to the children. By providing children with a calm, peaceful, and nurturing atmosphere they will feel safe and secure in their social-emotional environment. And, you will have peace of mind.

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12.8: Creating an Inclusive Environment

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of creating an inclusive learning environment that supports the diverse needs, abilities, and backgrounds of all children.
- Identify strategies for fostering inclusion, such as using diverse materials, promoting equity, and adapting teaching practices to ensure every child feels valued and supported.

In an Executive Summary, the U.S. Department of Education and Health and Human Services (2015) defines inclusion in early childhood programs as "including children with disabilities...together with their peers without disabilities, holding high expectations and intentionally promoting participation in all learning and social activities, facilitated by individualized accommodations, and using evidence-based services and supports to foster their cognitive, communication, physical, behavioral, and social-emotional development; friendships with peers; and sense of belonging. This applies to all young children with disabilities, from those with the mildest disabilities to those with the most significant disabilities." [107] When planning your environment, be mindful that some of your children might require some additional considerations to fully participate in all the scheduled activities, routines, and learning experiences.

Partnering with families, some accommodations for children with special needs might include:

- Provide schedules with pictures for children who need visual reminders of the daily sequence of activities.
- Be flexible with the schedule; allow children more time to complete transitions and activities as needed.
- Have alternative activities for those children with medical conditions or physical impairments who might have less stamina and tire more easily across the day.
- Pair children up to help each other during transitions.
- Allow for regular breaks.
- Partner with families to coordinate the child's daily schedule and routines, and to communicate progress.
- Modify chairs to meet children's needs (you can use tennis balls on the bottom of the chair for noise control or to make the chairs slide more easily).
- Put carpet squares, cushions, or a tape line on the floor to indicate where children should sit or stand.
- Modify materials to make them easier for children with motor difficulties to hold and use (e.g., using pencil grips, large knobs).
- Provide specialized equipment (e.g., built-up handled spoons, adaptive scissors) to help children be more independent.



Pause to Reflect

Can you see how we might make accommodations for a certain child that might benefit other children or the entire group? All children have needs that are special and we plan for each to help them feel safe, comfortable, and included.

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CHAPTER OVERVIEW

13: Curriculum Basics

13.1: What is Curriculum?

13.2: Integrated Curriculum / Themes

13.3: The Behavioral Side of Curriculum

13.4: Schedules, Routines, and Transitions

13.5: Planning

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13.1: What is Curriculum?

Learning Objectives

By the end of this section, you should be able to:

- Define curriculum in the context of early childhood education, highlighting its role in guiding teaching practices and shaping children's learning experiences.

The National Association for the Education of Young Children (NAEYC) defines ***curriculum*** as an organized framework of content intended for children to learn, the processes by which children will use to achieve curricular goals, what professionals will do to help children achieve those goals, and the context in which teaching and learning occur (NAEYC, 2003; Bredekamp & Rosegrant, 1995). Breaking this down, it is "the "what" and "how" of the learning experiences children will have" (Fonseca & PDG, 2016).

Curriculum in early childhood focuses on teaching to the whole child and incorporates learning in all areas of development. Some programs may rely on readily available or commercial packages, some programs create their own curriculum, others allow the curriculum to emerge from children's interests and many programs have a blend of the former.



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13.2: Integrated Curriculum / Themes

Learning Objectives

By the end of this section, you should be able to:

- Explain the concept of an integrated curriculum and how it connects different subject areas (e.g., language, math, science) to promote holistic learning experiences for young children.
- Describe how themes can be used to organize and enrich an integrated curriculum, fostering deeper engagement and learning across multiple domains.

It is common for many programs to integrate many aspects of learning with the use of *themes* as a way to weave learning together for children. For some learners, the connection of several learning experiences all related to a common concept can support deeper learning. The most successful themes are those that emerge out of the children's interest (often called **emergent curriculum**). Common themes include:

- My family
- Friendship and caring
- Community Helpers
- Animals
- Activities (camping, …)
- Transportation
- Locations (oceans, mountains, farms,…)

Theme considerations should be that of what is most tangible and understandable to children and the community in which they live. For example, children living on a farm in Kansas, are not going to relate as much to the ocean as children living in a coastal state.



Pause to Reflect
What other themes can you think of that would be appropriate for children in your preferred future setting?

Often when planning a theme, professionals will use the concept of a curriculum *web* to begin to plan their ideas. Like a list, but in a different format, a web allows teachers to brainstorm related ideas and then choose the ones that make the most sense to more thoroughly develop and plan. This process uses both a professional's divergent and convergent thinking skills.

A basic web diagram will look like this:

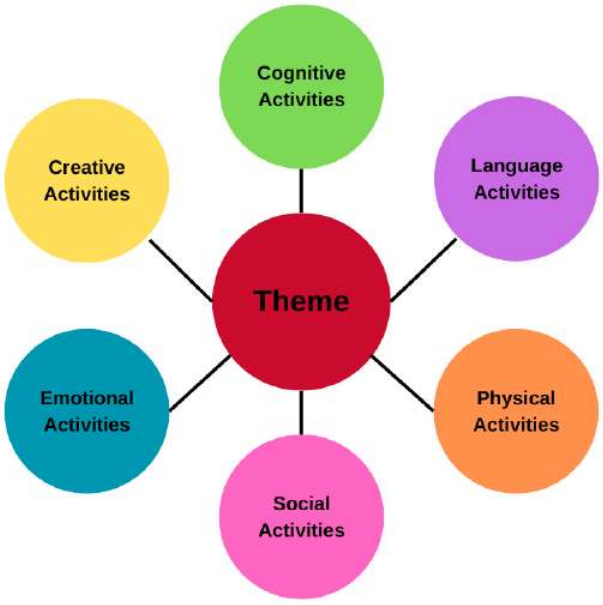


Figure 13.2.1: "Basic web diagram of a curriculum theme and developmental activities". by Amber Tankersley is licensed CC-BY-SA. For an accessible version.

Here is a sample of a curriculum web using this format. What activities can you think of to add?

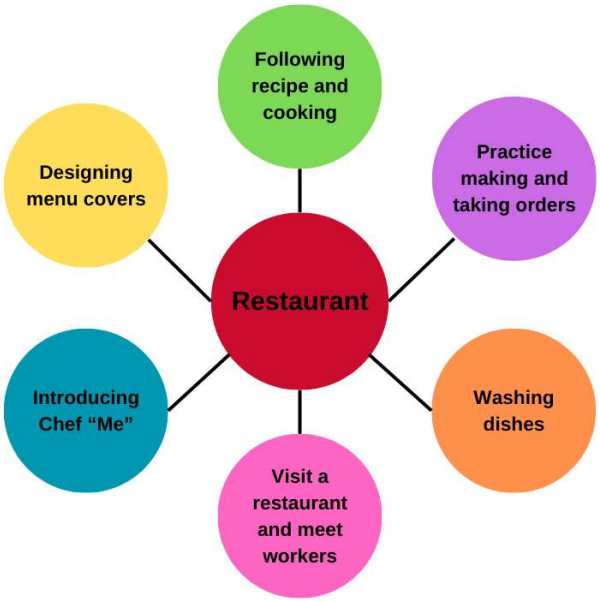


Figure 13.2.2: "Sample curriculum web for a theme of restaurant." by Amber Tankersley is licensed CC-BY-SA. For an accessible version.

Pause to Reflect
What advantages can you find in creating a planning web? How might you incorporate children into helping you "web" ideas?

References

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13.3: The Behavioral Side of Curriculum

Learning Objectives

By the end of this section, you should be able to:

- Explain the role of behavior management in the early childhood curriculum and how it supports a positive learning environment.
- Identify strategies for addressing behavioral challenges within the curriculum, including setting clear expectations, providing consistent feedback, and fostering self-regulation skills in young children.

Rather than thinking of children's behavior as occurring separately from everything else that goes on in the classroom, it can be helpful to recognize that it is a **part of** everything else. As we plan interactions and experiences that are meaningful, we take into account a variety of factors that affect behavior. Part of every plan should be an understanding of who children are and intentionally planning for them. Just as with other skills that children are learning, they are learning to control their bodies, use their words, self-regulate, wait their turn, be patient, and a host of other social and emotional skills the will help them be able to manage themselves in social situations. Learning these life skills is no different from any other concept they will learn by exploring, repeated exposure, and having it make sense to them. As will other concepts, they need teachers who develop relationships with them, focus on what they CAN do, and maintain a positive attitude.

There is no magic approach to helping children learn to manage their behavior and no secret book with all of the answers. Instead, there are a variety of factors to consider and approaches to try to guide behaviors in the ways we prefer. What follows here is an abridged version of considerations as we plan for the children in our programs.

As early childhood professionals, we have an ethical obligation to understand how behavior is affected by the following factors and to plan accordingly. Understanding why a child might be behaving in a certain way can assist in planning appropriately:

The "whys" of children's behavior professionals should consider:

- **Development** – what to expect at various ages and stages for the "whole" child
- **Environment** – the physical space, routines, and interpersonal tone
- **Family & Cultural Influences** – influences and variations in expectations
- **Temperament** – individual personality styles, approaches, and ways of interpreting events
- **Motivation** – purpose (communicating, relating, attention, control, revenge, inadequacy, fear of failure,…)

Often teachers will use a web like the one previously described to consider the "why" of a behavior. They place the behavior in the center and then web out the various factors to consider.

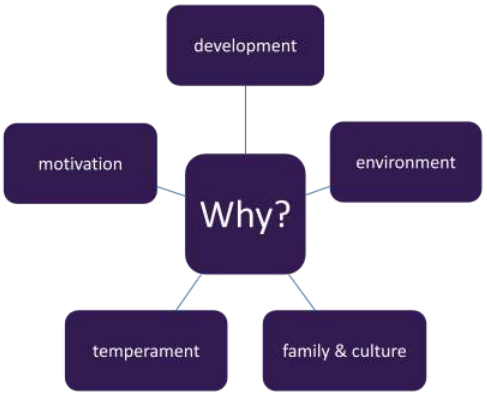


Figure 10.3: Teachers should examine the “why” behind a behavior



Pause to Reflect
How might you use the information above when planning interactions and experiences for children?

Once we have an understanding of the “whys” of behavior, we can plan interactions that foster the behavior we desire. Here we have highlighted the following Interactive Strategies to consider.

Useful interactions when planning for children’s behavior (in addition to the interactive considerations posed earlier):

- Consistency
- Clarity
- Realistic limits and expectations
- Calmness
- Focus on the behavior, not the child
- Focus on what the child can do and is doing appropriately
- Positive direction (for example instead of “don’t run” say “use walking feet”)
- Reflection and logic rather than immediate response and emotion

Some strategies to try include:

Ignore – can be effective if a behavior is annoying rather than dangerous.

> *“If you choose to continue using a whining voice I will choose not to listen. As soon as you use your talking voice, I would like to hear what you have to say”*

Redirect – directing the child to a more positive way of using that behavior.

> *“Inside we use our walking feet, when you go outside you can run” or “We don’t throw things at other people, if you would like to throw let’s find the target and beanbags”*

Active Listening to understand – validating what the child is saying.

> *“I hear you saying that you want a turn, you sound very sad” or “You worked very hard on that block structure and you are angry it got knocked over”*

Give Choices – state what needs to be done and then give 2 options for how it can be done.

> *“It’s time to clean up now, will you clean up the paintbrushes or the paints first?” or “It’s time to come inside now, do you want to come in like a mouse or a dinosaur?”*

Logical Consequences – as children behave in certain ways (both “positively” and “negatively”) consequences will logically happen.

> *“If you talk to your friends in that tone, they may continue not to want to play with you. If you want to play with them, what can you do differently?” or “We are having snack now; if you choose not to eat you will probably be very hungry by lunchtime”*

Problem Solving/Conflict Resolution – helping children to solve their own issues with support as needed.

> *“What can you do about that?” or “How might you solve that problem” or “It sounds like you both want to play with the same toy, I wonder how you will work that out?”*

Short removal with reflection and return – taking a moment to leave a situation to gain composure and return more successfully.

> *“It seems to be hard for you to keep the sand in the sandbox right now. I’m going to ask you to leave the sandbox for a few moments and think about how you can be respectful to the others who are sharing this space with you. Where will you go to*

think?" (A very brief time later) "What can you do differently next time you enter the sandbox? Great, would you like to try out your solution? Come on back and show me". "You did it!" [79]



Pause to Reflect
How might you use the information above when planning interactions and experiences for children? What makes sense? What feels comfortable to try?

References

This page is from 6.12 The Behavioral Side of Curriculum. in Stephens, C., Peterson, G., Eyrich, S., & Paris, J. (2021). *Principles and practices of teaching young children.* LibreTexts.

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13.4: Schedules, Routines, and Transitions

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of establishing clear schedules, routines, and transitions in early childhood education to promote a sense of security, structure, and predictability for children.
- Identify strategies for effectively managing transitions and routines, ensuring they support children's development, minimize disruptions, and encourage smooth daily operations.

Quotable

The most precious resource we all have is time. How will we use it? - Steve Jobs

Before your head hit the pillow last night and you fell fast asleep, what did you do? Did you brush your teeth? Did you take a shower? Did you read a book, watch TV, or listen to some music? Would you say what you did last night followed the same routine that you do every night or was it unusual? How do you feel when you follow a regular routine? How do you feel when life throws you a curve ball and nothing is as it should be? Now, imagine how a child might feel if every day they had to adjust to a new routine; if they never knew what to expect from one day to the next. Imagine how a child might feel if there was a predictable pattern to follow and if they always knew what was coming next.

According to Gordon and Browne (2016), the temporal environment has to do with the scheduling, timing, sequence, and length of routines and activities that take place at home and at school. With predictable schedules, routines, and transitions there is a sense of safety and security. With a steady schedule and regular routines, children will be able to adapt to their environment as well as adjust to a new situation that may arise much more quickly. It also frees them up to be able to focus on the task at hand rather than worrying about how much longer they have or what will come next. [104]

The terms routines and schedules are often used interchangeably. Schedules and routines are utilized in preschool classrooms to:

- Help guide the day.
- Communicate to everyone what is happening and when.
- Foster engagement.
- Meet the needs of children to explore, persist, and elaborate.
- Promote a safe and fun place to learn and grow.



Figure **13.4.1**: An example schedule [105]

Some considerations about daily routines/schedules include:

- They are a series of behaviors that occur on a regular basis
- Expectations for routines need to be planned and then taught to children.

- Created for developing and learning
- The amount of time for each block will vary and should be flexible.
- Most early childhood program routines include:
  - Arrival and Departure
  - Group or circle time
  - Activities
  - Center or free choice time
  - Snack time and meals
  - Outdoor time
  - Transitions between blocks of time
- They are sequenced – to create a flow of the day
- Choice should be incorporated whenever possible.
- They are balanced in terms of:
  - Active/quiet
  - Individual/small/large group
  - Teacher-directed/child-initiated activities
  - Noise level, pace, and location
- Teachers should be in tune with children's needs and engagement and be flexible.
- Shorten or lengthen blocks of time as needed.
- Plan for transitions as carefully as the segments of the routine themselves.
- Posting a routine provides a visual reminder for children.



Figure **13.4.2**: More examples of schedules and routines [106]

Incorporating Transitions into your Curriculum

Quotable
"Life is one big transition." - Willie Stargell

Transition is another word for change, and change can be challenging. The biggest transition children will experience each day with you is arrival and dismissal, when they move from one of their most important life spaces to another.

All routines include transitioning from one segment to the next. Every transition affords the opportunity to flow smoothly from one experience into the next or to become chaotic and stressful for children and teachers alike. Planning for each transition during the

day is as important as planning the experiences themselves. With careful planning and flexibility, we can help children leave their present moment gently and purposefully, moving to the next adventure that awaits them.



Teacher Tip: Planning for Transitions

- Make sure the children understand the routine and that they will move from segment to segment
- Give a warning at least 5 minutes before a big transition and then again as it approaches
- Be sure to let them know what is coming next
- Use clear signals (flashing lights, ringing a bell, singing a song, etc.) and keep it consistent for that segment each day.
- Establish clear expectations about clean-up time and mealtime transitions.
- Have all daily materials prepped and ready before the children arrive.
- Create a calm atmosphere during transitions.
- Make transitions fun with games of cleaning up, moving in different ways
- If possible eliminate or at least limit the amount of time children must wait between segments.

How Does the Temporal Environment Benefit Children?

Each child in your class is unique. When you provide a structured schedule with predictable routines and consistent transitions, you are creating a safe and secure environment where all children can thrive. By providing clear expectations, you will help children adjust to their surroundings, adapt to the daily schedule and routine, and feel more comfortable knowing what comes next. Once they are comfortable in their setting, children will socialize with their peers, and they will use materials in a more meaningful way. Additionally, when the daily routine is consistent and predictable children are more likely to:

- Feel more confident to explore, create, and take risks
- Stay on task and complete activities
- Be more engaged in learning activities and play
- Gain a sense of belonging
- Develop autonomy and independence
- Play more cooperatively and have fewer incidents

Here are a few reminders when setting up your temporal environment:

- Post two daily schedules: one for the children down at their eye level, and one for their families on the Family Board
- State clear expectations and provide positive reinforcement
- Review the schedule regularly and adjust as needed based on the needs of the children.
- Keep routines consistent however, be prepared to make changes if necessary.
- Include visual prompts (photos) on your daily schedule so children can track their day.

References

This page is from 7.8 Let's Take a Closer Look at the Temporal Environment. in Stephens, C., Peterson, G., Eyrich, S., & Paris, J. (2021). *Principles and practices of teaching young children.* LibreTexts.

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13.5: Planning

Learning Objectives

By the end of this section, you should be able to:

- Describe the importance of planning in early childhood curriculum development and how it ensures intentional learning experiences that meet children's developmental needs.
- Identify key components of effective planning, such as setting goals, selecting appropriate materials, and aligning activities with children's interests and developmental stages.

Reasons to Plan

As with most endeavors, we are more effective when we plan curriculum ahead of time. This helps us to be prepared and to adjust our ideas to be flexible as the children engage with what we have planned.

Reasons to plan:

- Make sure our plans meet the needs, interests, and abilities of the children
- Make sure we understand the learning and development that will occur
- Make sure we have all the materials we will need
- Make sure we know where in the environment to set up
- Make sure we know how to set up
- Make sure we know how to encourage children to participate
- Make sure we have thought through behavioral issues that might arise and how to handle them
- Make sure we have thought through the interactions that will take place
- Make sure we know how we will encourage the children to clean up
- Make sure we know how we might gather observational notes
- Make sure we have thought through how we might document and share this experience with parents or others.



Pause to Reflect
Do these make sense to you? Are there others?

If we have planned thoroughly and thoughtfully, it allows us to implement our plans and to reflect on them afterward, using that information for future planning.

Often referred to as the Plan - Do (implement) - Review (evaluate) cycle, this type of approach allows us to continuously provide the most effective curriculum to the young children in our care.

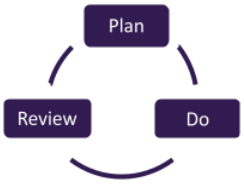


Figure 10.5.1: Plan Do Review Cycle

Earlier, we discussed early childhood daily routines. For now, let us consider that most programs are broken down into segments of the day, beginning with the arrival of the children and ending with their departure. Teachers will plan for all segments of the day, both inside and outside, which might include:

- Arrival and Departure

- Small group time
- Large group time
- Centers
- Child-initiated play
- Nutrition (snack, lunch,…)
- Self-help (washing hands, toileting, napping,…)
- Transitions between all segments of the day
- Others as each program dictates

One of the best planning strategies is to use a written format. Sometimes we plan one activity or experience on a single form. Other times we plan for multiple experiences on the same form. New teachers are often encouraged to plan each activity separately at first until they feel comfortable with the process.

Reasons for a written plan:

- Keeps things in order
- Assures everything is thought through and not forgotten
- Can be referred to as needed throughout the process
- Can be shared with others
- Documents planning for record-keeping purposes
- Can be saved to be repeated or modified without having to start from scratch

When planning it can be helpful to know that certain terms are used in a variety of ways by various programs. Because this chapter is written for a diverse group of future early childhood educators, we will use these terms interchangeably so that you are ready for the vocabulary used wherever you may work.

Some of the terms most frequently used to represent the activities you will plan for are:

- Lesson
- Activity
- Learning experience
- Curriculum
- Teaching moment

While they may have slightly different “official” meanings, they overlap in our field and can all be found to begin with a **plan** based on children’s interests and needs, **implemented** according to the plan (with modifications as they occur), and **reviewed/evaluated** afterward through reflection to assess and build upon for the future.

Below are examples of planning forms. You will see a lesson plan template for a specific activity and a planning guide for the entire day. The programs you work in will likely each have their own unique method and planning forms, but most will include some, if not all, of the information included here.

Lesson Plan Template for Specific Activity

The following is a lesson plan template with explanations of what goes in each section.

Lesson Plan

Teacher: *Name of who will carry out the lesson*

Domain: *Identify the main domain focus of the activity*

Activity Name: *Provide a descriptive name for the activity*

Objectives	What are the main desired learning outcomes for the children? Remember that your goals/objectives must tie to the domain focus of the lesson.
Materials	List the *specific* materials that will be required for this activity. Think of this as a "shopping" list to help you prepare for the lesson. If someone other than you were to teach the lesson would they understand your list?
Location	Where is the best location for you to conduct the lesson? Be specific, you have many options—carpeted large group rug, round table, rectangle table, specific learning center, outside, etc.
Introduction	How will you motivate children, assess or review prior knowledge, introduce your activity, and/or organize the lesson for the children? This could be a statement, question, book, and/or visual. Be creative to attract the children's attention.
Main Activity	Describe the activity in detail including how children will participate in the lesson. This is the *step-by-step* narrative of the flow of the lesson.
Closure	How will you bring the lesson to a close—assessment of children, review of the activity, questions, etc.? Summarize the lesson; this should reflect the goals/learning objectives. The lesson should not simply end.
Transition	How will you assist children in transitioning to the next activity? What will they be doing after this lesson?
Questions	List at least 3 pertinent questions that will be posed to children during the lesson. These may also be listed in the specific sections of the lesson plan as they occur.
Individualization • specific children • simplifications • extensions	What will you do to modify the lesson to fit the needs of a specific child or group of children? What can you do to simplify the lesson? What can be done to extend the lesson or to make it more challenging?
Assessment	How will you know if the children have met the objectives listed above? (checklist, observation, open-ended question, anecdotal records, other) For each objective listed, you need to explain how you will know it is achieved.

Sample Daily Planning Form

Daily Lesson Plan					
Date:			Class:		
Segment / Time	Activity with Brief Description	Materials & Considerations	Purpose / Learning / Development	Intentional Interactions & Conversations	Notes / Other
ARRIVAL 9:00 am	-Greet parents and children -Health check	-Familiarity with families	-Positive start to day -Smooth transition from home to school -Connecting with families -Sense of belonging -Basic health check	-Get down to children's level -Watch non-verbal language -Be present -"welcome", "So glad to see you", "You look…"	-Check with teacher to see how parents should be addressed
GREETING CIRCLE 9:10 am	-Sing good morning song -Discuss activities for the day	-CD -CD Player – cue up song ahead of time & check it is working -Carpet squares for children to sit on, placed in semi-circle as they arrive -samples or pictures of activities _be sure to know activities ahead of time	-Listening and speaking skills -Social skills (waiting, learning about peers,…) -Spatial relations (staying on carpet) -Problem-solving (making choices)	-Be sure each child can see -Sit at their level -Give children time to respond -Validate each child's comments -Notice positive behavior -Encourage children to correct inaccurate words or tunes	-Discuss behavior strategies with teacher prior -Know activities -Know words to song
CENTERS 9:20 -10:15	ART: Bingo marker painting SCIENCE: Ooblick	ART: colored bingo markers, large coffee filters…place on table and encourage children to create SCIENCE: mix cornstarch and water in tub. Encourage children to wash their hands and then join in exploration. Add spoons, small rocks, and food color to mixture as desired.	-Foster creativity -Sense of self -Curiosity & problem solving -Fine motor skills -Social skills -Spatial relations (on, in, …)	-Allow children to do their own work -"tell me about", "you are working really hard on that" -Refer children to other children -"How does that feel?" -"What are some ideas?" "How could you solve that?" "Interesting"	Keep in mind E's sensory issues and provide rubber gloves or place materials in baggie if needed.

CLEAN UP 10:15	Transition warning and cleaning up classroom	Transition warning: 5 minutes until clean up time, 2 minutes until clean-up time Finish up what you are doing Sing clean up song	-Self-help skills -Fine & gross motor -Cognitive – time, matching, spatial, -Sense of pride -Sense of collaboration & community	"What will you clean up first" "Do you want to put away this or this" "You do one and then I will do one" "When we are done we can have snack	-Be sure to watch clock -Speak loudly -Follow through -Discuss strategies with teacher prior
SNACK 10:20	-Wash hands and sit at table -Fruit Kabobs	-Place "skewers" (skinny straws) and fruit on table on platters -Encourage children to make kabobs and then eat them	-Health & nutrition -Fine motor skills -Language skills (listen and discuss) -Cognitive (categorize, label,…)	-Sit with children -Informally extend discussions on fruit, colors, textures,…	-Check for allergies
OUTSIDE 10: 40 – 11:30	-After snack transition outside -OBSTACLE COURSE -STORY STATION -at end transition inside	Encourage children to participate if desired (if not, regular yard set up is available): OBSTACLE COURSE: Balls, bean bags, targets, rope balance beam, chalk drawn path, hula hoop STORY STATION: Books spread out on blanket under tree	- Gross motor skills - Fine motor skills -Eye hand coordination -Balance -Literacy -Social with peers and adults	-Encourage collaboration -Can you do it together" "Who would you like to do it with" -Sharing – "how will you decide who will have it first?' -"You tried hard" -"Let's do it together" -"Are there other ways to do it?' -"How should we put them away?"	-Be sure teacher is outside at all times. -Encourage children to use restroom before going out -Have plan for obstacle course but be flexible based on children's interests -Create cozy area for stories -Clean up transition at 11:30
CIRCLE 11:40	-Sit on carpet squares -CLASS BOOK - 3 BEARS RAP -FAREWELL SONG	-Encourage children to sit on carpet -CLASS BOOK: Adult starts "once upon a time" and then each child adds a sentence. Record on phone or chart paper and	-Literacy skills -Taking turns -Sequencing -Gross and fine motor -Keeping a steady beat -Counting -Transitioning	-Make sure everyone can see -Speak clearly -Show joy in their sentences -Clarify before writing words down -Notice and appreciate patience	-As teacher or other team member to record story -Know words and movements to songs -Record teacher singing farewell song and practice

		then transcribe later and add to book area -3 BEARS RAP – encourage children to participate in song and movements (use CD if needed) -Take 5 calming breaths -FAREWELL SONG (use CD if needed)		-“you are waiting so nicely for your turn” -“it’s hard to wait isn’t it?’ -“Feel your body getting calmer with your breaths”. -“Think of your favorite thing today” (recap)	
DEPARTURE 12:00	-Open door for parents -Share highlights of the day -Debrief with teacher	-Check cubbies	-Transition from school to home -Connecting with families -Closure	-Smile and greet parents -Encourage children to share favorite part of day.	-Be sure to let teacher know of any issues -Reflect on day with team & celebrate!

What to Plan

There are many resource websites and books with ideas to spark your initial planning. The best way to consider what to plan comes from the children. Always take into account WHO you are planning for and WHY you are planning. The rest will follow. In FCS 490 Developmental Planning in Preschool and Kindergarten, you will be presented with many considerations regarding what to plan. For now, the following is a general list to follow:

Considerations for planning:

- Consider both the group and individual children; be inclusive of all
- Know their interests
- Know their ability levels
- Focus on what they CAN do; start with where they are
- Understand your resources (time, materials, location,…)
- Understand development of the ages and stages you are planning for
- Plan for the “whole” child
- Know your goals and objectives
- Integrate curriculum and plan for all types of play
- Consider the families, communities and cultures represented
- Include others in the planning process when possible (colleagues, families, children)
- Plan ahead of time how to transition to the next segment of the day
- Jot down quick notes to refer to later when you reflect
- Don’t worry if it doesn’t go exactly as you planned, that’s expected
- Enjoy yourself and the children, remember “this is the fun part”

Another consideration will be **how** you will implement the activities you plan. There are several different teaching methods to think about and most teachers will balance various strategies throughout the day:

-- High Context | | | | | -- Low Context	**Child Directed** – child introduces and directs activity **Child Demonstrated** – child demonstrates while teacher observes **Assisted** – child explores and teacher provides minimal assistance **Scaffolded** – child attempts and teacher provides guided support as needed **Co-Constructed** – child and teacher or child and child work collaboratively **Teacher Demonstrated** – teacher demonstrates while child observes **Teacher Directed** – teacher introduces and directs activity

Figure 10.5.2: The continuum of child-directed to teacher-directed. [78]

There is also a variety of experiences to consider:

- **Structured** – planned, organized lesson following steps
- **Informal** – planned and introduced and then takes shape as children participate
- **Naturalistic** – emerges organically from the children with no formal plan

Again, teachers balance these types of experiences throughout the day, based on the children they work with, the environment and the activities themselves.

	**Pause to Reflect** Which teaching strategies do you feel most comfortable with? Why? Can you see times when you might use each of them?

References

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CHAPTER OVERVIEW

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14.3: Cognitive Development

14.3.1: Supporting Cognitive Development

14.4: Communication and Language Development

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14.5: Social Development

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14.6: Emotional Development

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14.7: Appropriate Use of Technology

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14.1: Introduction

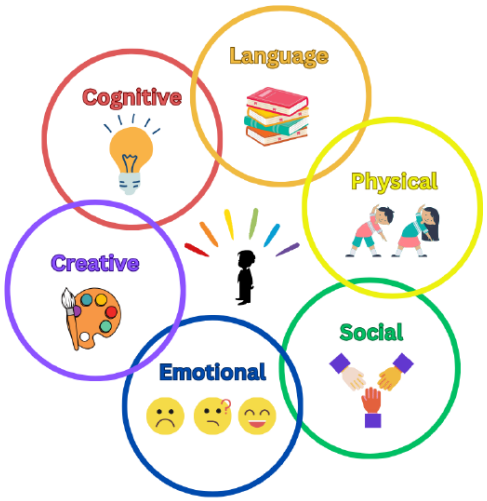
Learning Objectives

By the end of this section, you should be able to:

- Explain the role of teachers in early childhood education and the impact they have on children's learning and development.

Teaching is about taking the knowledge of children and child development and putting it into action (Gordon & Browne, 2007). While the word teacher is often synonymous with what occurs in a classroom, a teacher is anyone who is translating this knowledge to foster development- be it in an early childhood program, or not. In this chapter, the developmental domains will be expanded on, from Chapter 3, and transition into a focus on how to support learning and growth in each domain.

1. Physical
2. Cognitive
3. Communication and Language
4. Creative
5. Social
6. Emotional



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SECTION OVERVIEW

14.2: Physical Development

Learning Objectives

By the end of this section, you should be able to:

- Describe the stages of physical development in young children, including gross and fine motor skills.
- Identify how gender and cultural differences influence physical development

Physical Growth

Physical development is the *rate of a child's bodily growth and ability to exert control over:*

- *muscles,*
- *coordination,*
- *and ability to use locomotion.*

The first eight years of life are characterized by rapid growth, which happens most quickly in infancy and toddlerhood, and tapering in preschool and the middle childhood years. However, there are many individual differences among children in the rate of maturation (Gordon & Browne, 2007), but growth follows a typical sequential pattern. In terms of psychical growth, part of this pattern is directional in children's development from head to toe. This is called **cephalocaudal development**. An example of cephalocaudal development is the torso lengthening throughout early childhood and how it lowers the center of gravity. With this type of growth, children are able to balance better and are less likely to fall.

Growth also starts at the center of the body and moves outward. This is called **proximodistal development**. Children's arms and legs grow before hands and feet, which is why children will walk and run before being able to use scissors.

It is important to remember that growth patterns, while sequential and directional, are "not smooth and unbroken" (Gordon & Browne, 2007, pg. 387). When observing how children grow, professionals and parents should remember that each child grows at their own pace. Generally, if a child develops early, on time, or late in one area, they will likely follow the same pattern in other areas of physical development.

Table 14.2.1 shows an overview of how physical growth occurs in childhood.

Age	Weight	Height	Proportion (Gordon & Browne, 2007)	Teeth
Newborn (Neonate)	7-7.5lbs	20"	Head is about 25% of the total body length	None
Infancy (up to 18 months)	Triples weight by end of first year.	Grows about 8" in length. (now 28-29" on average)	About the same	First tooth appears between 5-9 months.
Toddler (18-30 months)	Gains about 5 lb.	Grows another 1-4". (now 29-33" on average)	Legs = 34% of body	Teeth continue to erupt until about age two, with 20 teeth in total.
Preschool (30-60 months)	Gains 5-7 lbs a year.	Grows 2-3" per year.	Head growth slows; legs at age 5 = 44% of body.	20. Shedding can start to occur as early as age 5 to be replaced by permanent teeth.
Middle Childhood (5-11 years)	Gains 4-7 lbs a year.	Grows 2-3" per year.	Continues to slowly move towards adult proportions.	Shedding of baby teeth continues, or starts and lasts until about age 13. Twenty primary teeth are replaced by 32 permanent teeth.

Motor Development

Motor development is *part of physical development and refers to the change in motor behavior to use one's body and motor skills*. Motor development can be divided into gross and fine motor skills.

Gross Motor

Gross motor skills involve movements of the entire body or large parts of the body and include balance, coordination, purposeful control, locomotion, flexibility, and stability. A child's ability to be psychically active depends on his/her rate of physical growth and development.

Table 14.2.2 shares types of gross motor skills and related activities.

Gross Motor Skill	Activities
Balance and coordination	Standing, squatting, tiptoeing, jumping
Locomotion	Rolling, crawling, walking, running
Purposeful control	Throwing, catching, kicking, dancing
Flexibility and stability	Bending, twisting, stretching, balancing

Gross Motor Milestones

The following Figure 14.2.1 shares general gross motor guidelines for children ages 0-5 years.



Figure 14.2.1 "General Gross Motor Milestones". by Heather Carter is licensed under CC BY-NC-SA 4.0 Accessible version.

Fine Motor

Fine motor skills refer to the *level of coordination and manipulation of smaller muscles and extremities, such as the hands and feet*, and include:

- grasping
- reaching
- banging
- pushing
- spinning
- holding

Fine Motor Milestones

The following figure shares general fine motor guidelines for children birth to 2 years of age and 2-5 years of age.



Figure 14.2.2 "General Fine Motor Milestones". by Heather Carter is licensed under CC BY-NC-SA 4.0. Accessible version.

Perceptual Motor

Perceptual motor development is a *"process in which the child develops the skill and ability to take in and interpret information from the environment and respond to it with movement"* (Gordon & Browne, 2007, pg. 392). Children gather this information via the five senses before perceiving (processing), and reacting (motor response). Within perceptual-motor development are three basic categories of sensing and responding: spatial awareness, temporal awareness, and sensory awareness.

Spatial awareness is the *sense of how a body feels and moves through space*. A good example of spatial awareness is directional awareness and knowing when, where, and how to move while walking from point A to point B.

Temporal awareness is the *internal time structure that recognizes the relationship between movement and time*, such as eye-hand and eye-foot coordination.

Sensory awareness is the body's ability to utilize one, or more, of the five senses to give the mind information. The most common sense for young children is vision. Visual awareness allows children to mimic what is observed in their environment, including allowing young infants to recognize their mother as early as 3 months old. Further sensory awareness develops via auditory and touch inputs, which are important for language development and developing attachments.

Gender and Cultural Differences

When it comes to motor development, girls outperform boys on fine (writing, drawing, cutting, and using small objects) and gross motor skills (waving, walking, jumping, and running) by ages 2-3 years, but these differences narrow significantly by age 5 with no significant difference (Peyre et.al, 2019). In regards to physical development, up to late middle childhood, boys and girls grow in height and weight at about the same rate. Both sexes experience a slim-down effect in middle childhood, due to lung capacity increasing allowing for more strenuous physical activity (Jensen & Arnett, 2022). However, in terms of body composition, boys tend to be more muscular than girls, while girls have more body fat (American Academy of Pediatrics, 2024).

Girls enter puberty about two years before boys, which causes body fat to increase, and growth spurts to occur. Once boys enter puberty, the additional testosterone in boys adds more muscle mass (American Academy of Pediatrics, 2024). The minimal differences that existed in both motor and physical development between the sexes become much more obvious in adolescence.

Cultural differences emphasize the role of environment and parenting on gross motor skills, as some societies restrict infant's movements for the first 6-12 months of life due to a way of life and living (consider terrain, how food and water are sourced, and chores that unrestricted movement would be hazardous). Swaddling is a common practice, as is carrying or holding babies up to 80% of the time. How does this impact development? Short-term, it means that the average age for hitting milestones may look different. Instead of walking around age 1, a child may be closer to age 2. However, long-term effects tend to be minimal, because the development pattern remains the same, just occurs on a different timetable (Gupta, 2019).

Topic hierarchy

14.2.1: Supporting Physical Development

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14.2.1: Supporting Physical Development

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of physical activity and movement in promoting overall health and learning in young children.
- Identify strategies to support physical development in early childhood.
- Discuss the role of the professional in creating inclusive environments and adaptive opportunities that promote the development of motor skills.

Learning Motor Skills

An important part of healthy physical development for young children is learning about the natural and physical world. Through sensory experiences, children strengthen connections between brain cells, which is a crucial process for learning and development. From birth, children use their five senses- vision, hearing, touch, tatse, and smell- to make sense of the world around them.

Research shows that children who play outdoors and have opportunities for enhanced sensory learning have more active imaginations, lower stress (Kondo et.al, 2018), better communication and social skills (Scott et.al, 2022). "Children crave movement" (Council for Professional Recognition, 2023). The National Association for Sport and Physical Education (NASPE, 2004), states children from birth through age five should not be at rest or sitting for more than 60 minutes at a time unless they are sleeping.



"Children playing outside." by San José Public Library is licensed CC BY-SA 2.0.

When it comes to teaching children motor skills, children must use their bodies in order to learn. By using their bodies, children are able to make comparisons between past experiences and new actions (Gordon & Browne, 2007). Memory recall allows children to think about what they did and make corrections or refinements to movements. Children modify and improve their motor skills as inputs from the sensory, temporal, and spatial systems are engaged.

Supporting Motor Skill Development

As a professional, there are numerous ways to support motor skill development:

- Providing daily opportunities for children to be outside (weather permitting) for at least 60 minutes a day, ideally up to 120 minutes a day.
- Provide opportunities to interact with living things such as classroom pets, living plants, and other elements found in the natural world.
- Utilize indoor spaces and add developmentally appropriate gross motor activities when unable to go outside. An example might be using the space in the block area to add tunnels, hula hoops, balance beams, tape lines to jump over, and unstructured play is what supports motor skill development the most.
- Plan daily movement experiences, such as stretching, yoga, or dancing to start group time.
- Use motor activities as part of transitions during the day. Fingerplays are a great way to keep children engaged and practice fine motor skills while waiting for the group to move from one place to another. Once the group is in motion,

suggest that children walk like a bear or take big steps like an elephant.

- Make motor activities exciting and interesting. Obstacle courses, mazes, adding different materials to the sensory table, water play during the summer, and other activities that are not part of the daily environment stimulate interaction and engagement.
- Help children focus on the process of learning the skill rather than the product.
- Plan motor experiences that allow children to participate according to their skills.

Including Children with Special Needs



"Adaptive yoga" by FiberArtGirl is licensed under CC BY-SA 2.0.

The following recommendations are adapted from Blinde & McCallister (1998):

1. Professionals would benefit from listening to what children (and parents of children) with special needs have to say about their needs, desires, and experiences in programs. This information can aid in the selection and modification of activities.
2. Creativity is essential in adapting activities for students. A multitude of resources are available if professionals are uncertain about how to adapt activities (e.g., textbooks, Internet sites, AAHPERD publications). Here are a few specific resources:
    - Huettig, C. & Pyfer, J. (1993). *Gross motor activities for young children with special needs.* Mosby.
    - Kasser, L.S. (1995). *Inclusive games.* Human Kinetics
    - *Gross Motor Skills in Children with Autism* by Cross River Therapy
    - *Fun Learning Activities to Build Skills* by OT Mom Learning Activities
    - *Play Modifications for Children with Disabilities* by Susan Sandall
    - *Adaptive Yoga for Kids*, video by the National Center on Health, Physical Activity, and Disability

4. Students with special needs enjoy activities, want to play, and be part of the group. Although students with varying abilities may outwardly appear to accept the non-participant role in motor activities, inside they may want to shout “Let me play.” Professionals need to make sure their own fears and assumptions do not deny any student with differing needs the same opportunity to participate as other children in the program.

5. The professional should closely monitor the social dynamics of a classroom. Interaction patterns should not subject any student to ridicule, exclusion, or discrimination. Sensitivity, empathy, and caring toward others need to be fostered.

6. Professionals should reflect on their past classroom experiences and continually observe children's communication, behaviors, and participation to maintain the goal of a warm, welcoming classroom culture.

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SECTION OVERVIEW

14.3: Cognitive Development

Learning Objectives

By the end of this section, you should be able to:

- Identify and describe the key aspects of cognitive development in young children.
- Explain how hands-on learning enhances cognitive development.

Cognitive Growth

Cognitive development refers to intellectual abilities (Council for Professional Recognition, 2023), but is very much interdependent with language (Gordon & Browne, 2007). As children expand their knowledge base, they use language to listen, ask questions, and share information. In return, they use this information to expand and develop their abilities to remember, think, and reason.

Cognitive Skills

Young children are active learners who use all of their senses to make sense of the world around them. As they do so, they utilize and build upon basic skills of cognition that fall into one of nine categories (Gordon & Browne, 2016). From these categories, the

professional plans activities to promote children's learning and challenge children's thinking.

Skill	Key Principles	How Professionals Support
Skills of inquiry	Abilities of children to: • ask questions, • hypothesize, • explore, experiment, and examine, • organize information by what is observed and/or heard, • analyze and/or interpret information, • draw conclusions, • utilize available resources to investigate new ideas based on previous conclusions.	Help children construct new knowledge by building upon what they already know. This requires observation of the child's current knowledge base and developing a relationship to get to know the child. • Ask open-ended questions and engage in thoughtful conversation. • Model inquisitive behaviors, such as being open to new ideas and seeking out information. • Guide children in reflecting on their observations and experiences by asking children to describe their activities, share what they notice, and/or express their thoughts and feelings. • Rotate materials in the environment every 1-2 weeks.
Knowledge of the physical world	Understanding the • properties, • behaviors, and • interactions of objects and materials in an environment. This is the basis of understanding cause and effect, as well as comparing and contrasting.	Provide many varied developmentally appropriate and safe materials for children to explore. Set appropriate limits and boundaries, while allowing children to test these within a safe and reasonable manner. The use of natural consequences is a great way to introduce knowledge of the physical world.
Knowledge of the social world	Refers to a child's understanding of social interactions, relationships, and societal and/or cultural norms. This includes: • social awareness, • interpersonal skills, • social and/or cultural norms and rules, • role understanding, • empathy and perspective-taking, • and problem-solving to resolve conflicts, negotiate, and/or cooperate in groups.	Many of the ways to support children in learning about the social world come directly from modeling and the environment. By demonstrating effective prosocial behaviors and creating a supportive environment, children develop a stronger sense of belonging within the community. • Use both implicit and explicit instruction to teach social skills such as greeting others, expressing feelings, and using problem-solving. • Use discussions, stories, and activities (planned and spontaneous) to explore feelings and how to respond in order to develop empathy. • Specific and positive praise reinforces positive social behaviors. • When children encounter conflict or challenges, help them navigate by discussing possible solutions and encouraging positive outcomes.
Classification	Is the ability to group alike objects by	Teaching classification should simply start

	specific characteristics. Classification in early childhood starts as categorization based on common features (e.g. sorting by color) and progresses to hierarchical classification in broader categories (e.g. sorting by type of animal such as dog or cat).	with providing varied concrete, hands-on experiences and a focus on encouraging descriptive language. Language is the primary building block for classification. As children learn more about physical objects through the senses, and have an understanding of the language needed to describe objects, they can progress to simple sorting activities and matching games. • Introduce new categories gradually, using visual aids and tools to help children learn how different items are grouped. • Incorporate real-world examples by using natural objects and everyday items, in addition to other materials within the environment.
Seriation	Is the ability to arrange an object, or group of objects, in a logical sequence based on a property of those objects.	Introduce and make different materials and toys that distinguish between size, number, weight, and color available. Nesting blocks and cups, Montessori cylinders, seashells, nuts and bolts, color boxes, arranging things in order of time (events in a book, sequential puzzles, schedule of the school day, and following a recipe) are all great places to start.
Numbers	The concept of learning about quantity in relation to • amount, • degree, • and/or position. Children must learn how to compare amounts first before developing one-to-one correspondence.	In infancy, the concept of numbers starts with object permanence and playing games, such as peek-a-boo, that reinforce. Toddlers begin by sorting and comparing. Therefore, hands-on experiences with materials and objects are key. Next, mathematical terms and expressions may be introduced in the form of materials, songs, books, and activities.
Symbols	Ability to use a character to represent something else.	Incorporating the opportunity for make-believe play, most creative arts to express ideas in visual/auditory representations, and description games such as "I Spy with My Little Eyes, something...." For older children, provide opportunities, such as writing their thoughts, taking dictation, graphing opinions, creating signs for use as part of play, etc.
Spatial Relationships	Concept of how objects are in relation to each other or something else. Spatial relationships develop in early infancy and continually develop in complexity of understanding through childhood.	Puzzles, blocks, scavenger hunts for shapes, geoboards, and obstacle courses are a few examples of materials and activities to support the development of spatial relationships.

Time	Time is the measurement of an object's, or objects', movement relative to another. The concept of time is composed of at least three dimensions: • the present, • time as a continuum, • time as a sequence.	Time may be introduced using a consistent daily schedule and routines. Using verbal, or other types of, cues can help children know when it is time to transition from one activity to the next. Allow children to explore movement. Ask questions of older children about the sequencing of events, "What comes next?" or "What do we do first?". Make plans with the children and follow through with the plans based on the schedule that was discussed.

Cognitive Milestones



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Brain-Based Research

While many theorists and philosophers have speculated about cognition and how children learn, our current understanding of cognitive development stems from brain-based research. According to Harvard University's Center on the Developing Child (2007), even before birth, we are "hardwired" to be able to learn. In the first few years of life, experiences allow our brain to make neural connections- over 1 million of them a second. By around age three, these connections are pruned, so "brain circuits become more efficient" and specialized to more complicated functions. However, across the lifespan, relationships and experiences are key ingredients in terms of development (Center on the Developing Child, 2007; Shonkoff & Phillips, 2000).

So, what does this look like in a learning environment? Young children need hands-on experiences that stimulate the senses, which is why play is such an important vehicle for learning. The richer the environment, and the more purposeful, intentional interactions and experiences, the greater the number of brain connections are made (Council for Professional Recognition, 2023). From about ages four to eight, children's brains will actively seek stimulation and meaning (Gordon & Browne, 2007). By incorporating

projects that focus on creativity to explore ideas, rather than memorization or worksheets, children can simultaneously satisfy the brain's appetite for learning and the need to feel industrious.

Topic hierarchy

14.3.1: Supporting Cognitive Development

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14.3.1: Supporting Cognitive Development

Learning Objectives

By the end of this section, you should be able to:

- Discuss the role of professionals and the learning environment in fostering cognitive growth.
- Identify strategies and activities that promote cognitive development.

Supporting Cognitive Learning...

What does this mean for early childhood professionals? It means part of supporting young children's cognitive skills involves creating an environment that supports (Shonkoff & Phillips, 2000):

1. Positive and caring relationships with adults.
2. Many opportunities to interact and explore the world through the five senses (hearing, seeing, touching, tasting, and smelling).
3. Play. (This was expanded upon earlier in the textbook).
4. Opportunities to engage in rich conversation and language.

Through Relationships

Relationships are crucial to development, and children's early experiences significantly impact how they will become attuned to the world around them. The parent-child relationship is arguably the most important, because it is the first and primary relationship the child will experience. Children with positive, secure attachments to a primary caregiver tend to have better cognitive outcomes. A secure attachment promotes a stable foundation for exploration and learning. Children feel safe to engage in their environment and take appropriate risks.

Relationships and culture are also interrelated in terms of cognitive development. Culture impacts how we interact- through tone of voice, word choice, facial expressions, and eye contact. Our interactions influence how we guide children in their learning. It is important to understand the cultural lens through which you, as the professional, view the world, and make an effort to identify areas where your cultural values and beliefs may be misaligned with the children and families being served.

Children also learn from their peers. Interacting with peers exposes children to diverse perspectives and problem-solving strategies, as well as enhancing language development through the articulation of thoughts and ideas.

Through Routines, Transitions, and the Day

There are many opportunities throughout the day to incorporate planned and spontaneous cognitive learning activities. Here are just

a few ways that cognitive learning can be implemented:

Opportunity	Anecdotal Example of Cognitive Learning
Choice time or Free play	Ella, Jacob, and Mia were building a tall tower together in the block area, discussing how to make it stable. They shared ideas like, “Make the base strong,” and “Let’s make it taller,” demonstrating planning and problem-solving skills. Noah wanted to join, but the area only accommodates three children. Ella reminded him of the rule, saying, “There’s only space for three.” Noah looked disappointed, but Jacob suggested, “You can tell us what to build next!” Noah agreed and contributed ideas like, “Add more blocks on the side.”
Transitions	When it was time to transition outside, Max began cleaning up immediately, followed by Lily after watching him. Aiden, still focused on his puzzle, needed a reminder from the teacher to join in. Once cleanup was done, Max said, “Shoes!” and started getting his shoes, while Lily pointed to her jacket. Aiden noticed and went to get his own shoes, watching the others for cues as they prepared to go outside.
Family style dining (snacks and meals)	During lunch, Ava and Leo were serving themselves food. As they scooped fruit onto their plates, Ava said, “I like apples, but not the green ones. They’re too sour.” Leo responded, “I like all apples! Red ones are sweet.” Ava nodded and added, “Bananas are good too, but they get mushy.” Leo agreed, saying, “Yeah, I eat them when they’re yellow, not brown.” The children continued discussing different foods they liked and didn’t like, comparing tastes and textures as they ate.
Feeding infants	During bottle feeding, the caregiver held Aaliyah securely, making eye contact and speaking softly, “Yes, Aaliyah, you’re having your milk!”. Aaliyah paused several times to gaze up, coo, and reach for the caregiver’s hand. The caregiver responded by smiling and describing the feeding process. Aaliyah tracked the caregiver’s movements and resumed feeding after brief interactions.
Diaper changing and Toileting	During a diaper change, the caregiver talked to Mateo throughout the process, saying, “Let’s take off your socks first. Now we’re going to wipe, nice and clean.” Mateo looked up at the caregiver and babbled in response. The caregiver continued narrating, “Here’s a new diaper! Let’s fasten it snugly.” Mateo watched the caregiver’s hands closely, kicking his legs when he heard the crinkling sound of the diaper. The caregiver then said, “All done! Let’s pull your pants back up,” as Mateo reached out to touch the diaper, showing interest in the materials and actions.
Sleep and Nap time	During bedtime, Sophie’s parent followed a routine: brushing teeth, putting on pajamas, and reading a story. The parent explained, “Brushing teeth keeps them clean,” and helped Sophie put on her pajamas, saying, “These are soft and warm for bedtime.” While reading a book, the parent pointed to a dinosaur and asked, “What is the dinosaur doing?” Sophie responded, “He’s roaring!” The parent affirmed, “Yes, the dinosaur makes loud noises.”

Outdoor play	After a recent rain, Liam explored the playground and noticed several worms on the wet ground. He pointed excitedly and said, “Worms!” As he crouched down to examine them, he asked, “What are they doing?” The teacher responded, “They’re moving through the wet dirt. Worms like to be in the soil after it rains.” Liam watched closely, then gently touched the ground where the worms were moving. He noticed they were wriggling and said, “They’re wiggling!” He picked up a small stick and used it to carefully prod the dirt, observing how the worms reacted. The teacher encouraged his curiosity by asking, “What do you think will happen if you move the dirt around?”
Field trips	During the field trip to the family farm, the Kindergarteners explored various animals. At the barn, Amina pointed to a group of chickens and said, “These are chickens!” Raj added, “Chickens lay eggs.” The group then moved to the pigpen, where Mei observed, “These are pigs, and they’re rolling in the mud.” Omar compared the animals, saying, “Pigs are bigger than chickens and they don’t lay eggs.” The teacher facilitated their learning by asking, “Can you find any animals that are different from the chickens and pigs?” The children eagerly discussed their observations, classifying the animals they saw into groups like “birds” and “mammals” based on their characteristics.
Arrival and Departure	During morning circle, the teacher introduced a chart with pictures of transportation methods. Sofia chose “car” and said, “I came in my mom’s car.” Luis selected “bus,” noting, “I rode the bus with my sister.” Nia picked “bike” and explained, “I came on my bike with my dad.” Jason chose “walking” and said, “I walked with my neighbor.” The children discussed their choices and compared the different ways of arriving at school.
Teachable moments	At the park, Zuri noticed a butterfly and excitedly said, “Butterfly!” Her mom replied, “Yes, Zuri, look at its colorful wings.” As the butterfly landed on a flower, her mom explained, “Butterflies drink nectar from flowers. Can you see how the butterfly’s wings move?” Zuri observed and said, “Wings go up and down.” Her mom confirmed, “That’s right! The wings help it fly and find food.” Zuri continued watching the butterfly with interest.

Through Content Areas

Table is adapted from the Council for Professional Recognition (2023, pgs. 242-243).

Learning Center	How the Child Might Play There	How the Professional Could Support the Child	Cognitive Skills the Child is Learning
Dramatic Play	Packing and going on a trip to visit a relative.	Joins the child in play: "I visited family. I had to think about what the weather was like where I was going so I knew if I needed warm or cold weather clothes." Asks questions: "I wonder how we will get there? How long does it take to drive? I wonder if taking a train would be more or less time than by car."	• Compare and contrast • Predicting • Planning
Blocks	Build towers, roads, bridges, and an airport out of hardwood blocks. Uses figurines and various vehicles.	Asks questions: "How can you build your bridge higher so the larger trucks can drive under without it falling down?" Poses problems: "What would happen if you used this small block at the base of the building?" Allows child to suggest and try out solutions: "That's a good idea. Let's try it." Guides child to success: "I see you were disappointed in how your idea didn't work as you hoped. Let's brainstorm some other ideas to try."	• Predicting • Problem solving • Understanding cause and effect • Compare and contrast • Observing
Math and Manipulatives	Play a vehicle BINGO game with a group of small children and the professional.	Review rules: "You can only call out BINGO when you have marked off five in a row across, up and down or diagonally." Asks questions: "What vehicles did we see on our walking field trip last week?" Introduces new vocabulary and ideas: "You're right. That truck is a type of vehicle. It's a special truck called an excavator and works on construction sites."	• Expanding memory, concentration, and attention skills. • Matching and categorizing.
Science	Make observations by growing lima beans in partially sealed bags taped to the window.	Asks questions: "What do the roots look like?" Makes predictions: "How long do you think it will take for the lima beans to sprout?"	• Comparing • Classifying • Predicting • Measuring • Problem solving

Music and Movement	Children play instruments during group time to Ella Fitzgerald's "Play Your Instruments", waiting to play their instrument until it's introduced.	Joins the child in play by acting as conductor to cue children into when their instrument group joins the song.	• Patterning • Predicting
Outdoors	Observes the leaves in fall for how they change colors.	Provides clipboards, paper, and pencils to document observations. Asks questions: "What different colors do you see?", "How can you tell when the leaves will start to change colors?", "How are the trees in our neighborhood alike and different in terms of colors?"	• Comparing • Patterning • Observing with curiosity
Cooking	Participate in making homemade applesauce.	Prepares recipe card. Reviews apple corer, knife, and slow cooker handling and safety rules. Puts peeled, diced apples, sugar, cinnamon, and water in a slow cooker and turn on high heat for four hours. Children help mash applesauce once cooked. Asks questions: "How should we cut these apples?", "How many scoops should everyone get to start with?", "What happened to the apples when they were in the slow cooker?".	• Comparing • Counting • Measuring • Observing with curiosity

Supporting Children with Cognitive Impairments

According to Siskin Children's Institute (n.d.), 12 in every 1,000 children are affected by a cognitive impairment. ***Cognitive impairment***, or intellectual disability, describes a condition in which a child has intellectual and adaptive skills significantly below the average for a child his/her age. Early childhood professionals can support the development of children with cognitive impairments the same way that they treat all children- with patience and repetition. Gould and Sullivan (2004) identified strategies for making curriculum accessible to children with cognitive impairments (the following are quoted directly from the Council for Professional Recognition, 2023, pg. 221).

> - *Simplify tasks by reducing the number of steps involved.*
> - *Use modeling and cueing.*
> - *Incorporate structure and routine into the daily program. Routines provide opportunities to repeat and practice skills.*
> - *Simplify your language. Short phrases are best. Many children respond well to a rhythmic cadence or having a conversation sung to them.*
> - *Arrange furniture to block out distractions.*
> - *Provide ample opportunity for repetition and practice.*

- *Maintain eye contact with the child while talking.*
- *Shorten activities to match the child's attention span.*
- *Use dramatic vocal effects to keep the child's attention.*
- *Offer only a few choices.*
- *Provide clear demonstration as needed, accompanied by short, simple sentences.*
  Encourage children to imitate your actions.

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SECTION OVERVIEW

14.4: Communication and Language Development

Learning Objectives

By the end of this section, you should be able to:

- Explain the stages of communication and language development in young children.
- Define bi-lingualism and multi-lingualism.
- Identify impacts of bi-lingualism and multi-lingualism on communication development in early childhood.

Language Development

Language is a system of communication, or sounds and symbols, used by a particular group in a meaningful pattern. Languages can vary tremendously from one group to another. This includes verbal, non-verbal, and written communication means. Language is an innate characteristic of humans and is both receptive and expression (Gordon & Browne, 2007; National Center on Deaf-Blindness, n.d.; Levine & Munsch, 2024).

Receptive Language

Receptive language refers to how we understand language. It is the process by which we receive and understand communication from another person (National Center on Deaf-Blindness, n.d.). Some examples of receptive language include:

- Answering questions
- Following directions
- Understanding gestures
- Identifying objects and pictures
- Showing comprehension
- Reading

Expressive Language

Expressive language refers to how we use communication to convey our thoughts, ideas and information (National Center on Deaf-Blindness, n.d.). Some examples of expressive language include:

- Asking questions
- Using gestures, facial expressions
- Naming objects
- Vocabulary
- Articulation (how sounds and words are said)
- Using syntax (grammar rules), semantics (word/sentence meaning), and morphology (forms of words)
- Writing

Stages of Language Acquisition

Prelinguistic Stage (Response)

The prelinguistic stage, or response, ranges from birth to about six months. This is when babies attend to speech, but the noises they make are usually involuntary responses to stimuli, such as crying, whimpering, or cooing, and do not meet the definition of language, hence the term prelinguistic (Crowley & Houts-Smith, 2010). However, babies can perceive sound and are especially sensitive to some sound differences (Gordon & Browne, 2017). By hearing speech regularly, it allows the infant to develop the foundations for speech.

Want to hear an infant near the end of the prelinguistic stage?

The Babbling Stage (Vocalization)

The babbling stage, or vocalization, begins at about six months old to about one year of age. Babbling is universal in all languages and primarily uses consonant sounds of /b/, /d/, and /m/ (Levine & Munsch, 2024). Babbling peaks between 9-12 months old due to physical maturation of the mouth and tongue, so even deaf and hearing-impaired infants babble (Crowley & Houts-Smith, 2010). However, it is also during this time that infants begin to lose their ability to distinguish between sounds of their family's native language and other sounds.

Want to hear an infant in the babbling stage?

Holophrastic Stage (First Words)

The first words stage is known as holophrastic because it means a one-word sentence. It can begin as early as 10-12 months old and lasts until about 18-24 months old. Most first words have a simple structure, or patterning of sounds, such as "no" "mama", "dada", etc.

Children can understand more words than they are able to produce. Continued development of speech and vocabulary is determined by the control of motor development and the ability to match sounds with objects (Crowley & Houts-Smith, 2010). Often, because of this, children will substitute one sound for another in their own attempts at speech, or ***over-extend*** the use of a single word to mean many things. For example, "bye-bye" may refer to a salutation of departure, finishing a meal, or indicating the desire to play a game such as peek-a-boo. Additionally, we start to observe the ***under-extension*** of word use, or the use of a general word to mean a specific thing or things. For example, the word "da" might mean dog, but only the family's dog and not all dogs.

Want to hear a short compilation of infants entering the holophrastic stage?

Two-Word Stage (Sentences)

The two-word stage of language development typically occurs around 18 to 24 months of age. During this stage, a child begins to combine two words to form simple phrases or sentences, such as "more juice," "big truck," or "mommy go." These combinations express more specific ideas than single words and show that the child is starting to understand basic grammar and the relationship between words (Levine & Munsch, 2024). Over-extension and under-extension of words continues.

The two-word stage is significant because it marks the beginning of sentence formation, where children start to communicate more clearly about their needs, observations, and desires. *Want to hear a child in the two-word stage?*

Telegraphic Stage (Elaboration)

The telegraphic stage, or elaboration, occurs around 24 to 30 months of age. In this stage, children begin using short, simple sentences that usually consist of two, three, or more words, like "want cookie" or "daddy go work." These sentences resemble a telegram, where only the most essential words (nouns, verbs, adjectives) are used, while smaller words like "is" or "the" are often left out. This is because each word in the telegram cost money, so people used to write the shortest possible messages that still conveyed what they needed to (Crowley & Houts-Smith, 2010).

The telegraphic stage shows that children are starting to grasp basic grammar and sentence structure, even though their sentences are still simplified. *Want to hear a child in the telegraphic stage?*

Beyond the Telegraphic Stage (Graphic Representation)

Beyond the telegraphic stage, children start forming more complete sentences with proper grammar. They begin to use function words like "is," "the," and "and," creating sentences like "The dog is running" or "I want the red ball." Their language becomes more sophisticated, with longer sentences, correct verb tenses, and the use of pronouns. Children also start to ask questions, tell simple stories, and express more complex ideas.

By late preschool and kindergarten, reading and writing emerge by demonstrating awareness that print has meaning and power- that language becomes another entity when what is spoken can be written down. Thus, why this stage is also referred to as graphic representation.

Milestones



Figure 14.4.1 "Language and Communication Milestone from 6-weeks to 60 Months". by Heather Carter is licensed under CC BY-NC-SA 4.0. Accessible version.

Bilingualism

Bilingualism refers to the ability to understand and use two languages proficiently. In early childhood, bilingualism occurs when a child is exposed to and learns two languages simultaneously or sequentially (Genessee, 2008). This exposure can happen in various settings, such as at home, in the community, or in educational environments. There are two main pathways in which bilingualism occurs: ***simultaneous bilingualism***, or when a child is exposed to two languages from birth until age three, and ***successive bilingualism***, or when a child learns one language and is introduced to a second language later (Gordon & Browne, 2007; Genesee, 2008).

Several factors influence how well and how quickly a child becomes bilingual (Genessee, 2008; Bialystock, 2011).

- Exposure in terms of the amount and quality of language the child hears.
- Consistency in the use of both languages in all environments that child interacts with.
- Motivation and need.
- Positive reinforcement through encouragement from individuals the child has relationships with.

Topic hierarchy

14.4.1: Supporting Communication and Language Development

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14.4.1: Supporting Communication and Language Development

Learning Objectives

By the end of this section, you should be able to:

- Identify strategies and activities that support the development of communication skills, including receptive and expressive language.
- Analyze the role of professionals in fostering language development.
- Discuss how to support communication and language development in children with special needs and those from diverse cultural and linguistic backgrounds.

Scaffolding Children's Language

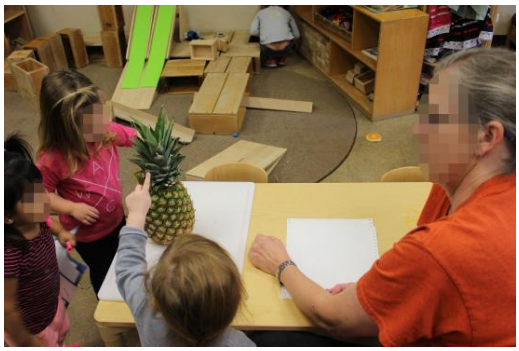
Many of the ways we support children's language and literacy development overlap. The *primary ways* we can scaffold children's language involve the use of *open-ended questions and talking regularly with children*, including during play, story time and meal times.

Open-ended questions are great conversation starters and extenders, especially when they are sincere and are focused on children's interests (Council for Professional Recognition, 2023). Open-ended questions are those that cannot be answered with a simple "yes" or "no," and instead require children to think critically and express themselves more fully. For instance, asking a child, "What did you enjoy most about your playtime today?" encourages them to use descriptive language and elaborate on their experiences. This type of questioning not only promotes the development of vocabulary and sentence structure but also enhances cognitive skills like reasoning and problem-solving (Whitehurst & Lonigan, 2001).

Incorporating conversations during routine activities—such as meal times, transitions, or outdoor play—creates natural opportunities for children to practice language in a variety of contexts. This consistent exposure helps children understand the nuances of language use, such as turn-taking, tone, and the use of context to infer meaning. Moreover, by being actively engaged in meaningful conversations with adults, children learn to articulate their thoughts and feelings more effectively, fostering a deeper understanding of language and communication (Dickinson & Tabors, 2001). It also allows children to reflect on past, present, future, and imaginary events. By talking about what happens, children are more easily able to connect vocabulary to specific events, things, people, feelings, etc.

Here are some additional considerations to support oral language.

1. Practice good conversation skills, such as balancing input and active listening.
2. Talk to children throughout the day, including routines and transitions.
3. Describe what you are doing, particularly to infants to help reinforce connections of words to actions.
4. Sing songs or play soothing background music.
5. Always respond to children's attempts at communication.
6. Elaborate on children's speech, rather than trying to correct them. Grammatical and articulation errors are going to occur. What's more helpful is being respectful in the conversation, as children are hard-wired to pick up these speech pattern differences as they continue to grow and develop. Exposure to these errors, rather than correction, is what helps make these connections.
7. Hang pictures of recognizable places, things, or people within the community to have conversation about by naming and describing.
8. Show or point to materials that you are referring to as you talk about it.
9. Bring in new materials to introduce to children and help expand their vocabulary.
10. Offer extra support to children who seem reluctant to talk by engaging one-on-one, finding about more about what they like, and providing positive reinforcement when they do make attempts.



"Group Conversation About a Pineapple". by Heather Carter is licensed CC BY-NC-ND

Creating a Literacy (and Language) Rich Learning Environment

There are three key elements to a literacy (and language) rich learning environment: reading, books, and writing. How do we translate this into supportive practices?

Introducing Books and Reading to Children

Reading to children is one of the most important activities that caregivers can engage in to support their development. Books and reading should be introduced in the first few months of an infant's life. When children are read to regularly, they are exposed to a wide range of vocabulary, sentence structures, and concepts that they may not encounter in everyday conversation. This exposure is critical for building language skills, which form the foundation for later reading and writing abilities (Bus, van IJzendoorn, & Pellegrini, 1995). Reading also helps children develop their cognitive and creative skills, all of which are important for academic success and personal growth.



"Reading". by Heather Carter is licensed CC BY-NC-ND

It is recommended that caregivers read to children every day, even if it's just for a few minutes. According to the "One Million Words Project," children who are read to regularly can hear up to 1.4 million more words by the time they enter kindergarten compared to children who are not read to (Logan et al., 2019). This vast exposure to vocabulary helps children develop a richer understanding of language and enhances their ability to comprehend and use new words. As a result, children who are read to daily are better prepared for the language demands of school, and this early advantage often translates into stronger reading and writing skills later in life. For example, children who are read to often are more likely to develop strong reading skills, which are crucial for success in school and beyond (Mol & Bus, 2011). Moreover, the benefits of reading to children extend into adulthood. Adults who were read to as children tend to have higher levels of literacy and are more likely to engage in reading for pleasure, which can contribute to lifelong learning and intellectual development (Sénéchal & LeFevre, 2002).

Children's Book Categories

Having a variety of children's books in the classroom is crucial for ensuring all children feel represented and included. Different types of books, such as multicultural stories and non-fiction, help children see themselves and others in what they read, fostering empathy and cultural awareness. When children can connect with the stories, it encourages a love of reading and a deeper

understanding of diverse experiences. This approach supports both literacy development and the creation of an inclusive learning environment (Dyson, 2013).

Type of Book	What It Is	Common Examples
Picture Books	Books that use illustrations and simple text to tell a story.	*Where the Wild Things Are* by Maurice Sendak; *The Very Hungry Caterpillar* by Eric Carle
Board Books	Durable books with thick pages, designed for infants and toddlers.	*Goodnight Moon* by Margaret Wise Brown; *Brown Bear, Brown Bear, What Do You See?* by Bill Martin Jr. & Eric Carle
Cloth and Vinyl Books	Tend to be indestructible, washable, and safe for infants. Many have flaps, textures, and colorful images.	*Pat the Bunny* by Dorothy Kunhardt; Indestructibles series by various authors
Concept Books	Books that introduce basic concepts like colors, shapes, and numbers.	*First 100 Words* by Priddy Books; *Mouse Paint* by Ellen Stoll Walsh; *From Head to Toe* by Eric Carle
Alphabet Books	Books that focus on teaching the alphabet.	*Chicka Chicka Boom Boom* by Bill Martin Jr. & John Archambault; *Eating the Alphabet* by Lois Ehlert
Counting Books	Books that teach numbers and counting through visual aids.	*Ten Little Ladybugs* by Melanie Gerth; *One Fish, Two Fish, Red Fish, Blue Fish* by Dr. Seuss
Rhyming Books	Books that use rhyme and rhythm to engage children.	*Green Eggs and Ham* by Dr. Seuss; *Llama Llama Red Pajama* by Anna Dewdney; *Goodnight Construction Site* by Sherri Duskey Rinker; *Little Blue Truck* by Alice Shertle
Storybooks	Books that tell a narrative with a clear structure. Many touch on topics of social and emotional concepts such as feelings, friendship, school, etc.	*The Gruffalo* by Julia Donaldson; *The Tale of Peter Rabbit* by Beatrix Potter; *Tea for Ruby* by Sarah Ferguson
Fairy Tales and Folktales	Traditional stories with magical elements and moral lessons.	*Cinderella* by Charles Perrault; *The Three Little Pigs* (various versions)
Informational (Non-Fiction) Books	Books that provide factual information on various topics.	*National Geographic Little Kids First Big Book of Animals* by Catherine D. Hughes; *The Magic School Bus* series by Joanna Cole
Biography Books	Books that tell the stories of real people's lives.	*I Am Rosa Parks* by Brad Meltzer; *Who Was Martin Luther King, Jr.?* by Bonnie Bader
Interactive Books	Books that require reader participation, like lift-the-flap or touch books.	*Dear Zoo* by Rod Campbell; *Where's Spot?* by Eric Hill
Wordless Books	Books that tell a story solely through illustrations.	*Flotsam* and *Tuesday* by David Wiesner; *A Ball for Daisy* by Chris Raschka; *The Red Book* by Barbara Lehman
Poetry Books	Collections of poems for children, often	*Where the Sidewalk Ends* by Shel

	with playful language.	Silverstein; *A Light in the Attic* by Shel Silverstein
Multicultural Books	Books that reflect diverse cultures and experiences.	*Last Stop on Market Street* by Matt de la Peña; *The Name Jar* by Yangsook Choi; *The Colors of Us* by Karen Katz
Early Readers	Books designed for children just starting to read independently.	*Frog and Toad Are Friends* by Arnold Lobel; *Henry and Mudge* series by Cynthia Rylant
Books on Tender Topics	Books focused on experiences such as death, parent separation or divorce, illness, deployment, etc. that may raise strong emotions (Council for Professional Recognition, 2023).	*Nana Upstairs* by Tomie DePaolo; *My Dad's Hero* by Recbecca Christiansen; *The Family Book* by Todd Parr

Choosing Quality Children's Books

Choosing appropriate and quality books for young children is essential for fostering their love of reading and supporting their development.

For **infants**, books should be:

- Made of safe materials, such as vinyl, board, or washable cloth.
- Board books with simple, high-contrast images and repetitive text are ideal, as they help capture the infant's attention and introduce basic concepts such as colors, shapes, and numbers (Ghoting & Martin-Díaz, 2013).
- The use of black and white books early in infancy helps capture their interest, as their vision is low and underdeveloped compared to that of a toddler.
- Additionally, books with tactile elements, like different textures or flaps to lift, can engage infants' senses and encourage interactive exploration.



"Toddler Library" owned by Heather Carter and is licensed CC BY-NC-ND

For **toddlers**, books with simple, predictable stories and engaging illustrations are best. Toddlers enjoy books with familiar topics, such as animals, family, and daily routines.

- Repetition and rhyme are particularly effective for this age group, as they help toddlers learn new words and understand story structure.
- Interactive books that invite participation, such as those with movable parts or questions, can also be very engaging (Ghoting & Martin-Díaz, 2013).

As children move into the **preschool** years, their interests and comprehension levels expand.

- Books with more complex stories, a broader range of vocabulary, and more detailed illustrations can help support their growing cognitive and language abilities.
- It's also important to choose books that reflect diversity and include characters and situations that children can relate to, as well as those that introduce them to different cultures and experiences (Nemeth & Brillante, 2011).

When evaluating children's books in general, consider several factors to ensure quality.

- The language should be rich and engaging, with appropriate vocabulary for the child's age and development level.
- The story should be well-structured, with a clear beginning, middle, and end.
- Illustrations play a critical role in children's books, so they should be large, colorful, and compliment the text.
- It's important to assess the themes and messages of the book. Quality children's books often address important social and emotional topics, such as friendship, kindness, and problem-solving, in ways that are accessible and meaningful to children (Nemeth & Brillante, 2011). However, themes might also be reflected in everyday life that enable children to connect with their own experiences.
- The book should be free of all bias- including gender, ethnicity, age, family structure, culture, abilities, sexual orientation, and income status.
- Look for books that have stood the test of time or have received recognition, such as awards, as these are often indicators of quality literature for children. Consider looking at Caldecott award winning books. The Caldecott award is given to books with the best illustrations each year.
- Lastly, identify what the purpose of the book may serve. If it is to promote a toy, television show, movie, or merchandise, it may not be the best choice.



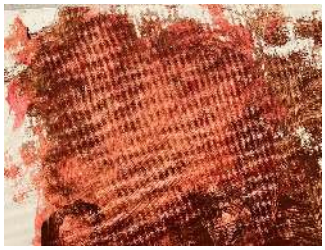
Pause to Reflect
Would you classify the following book, based on title, as a quality children's book? Why or Why not?

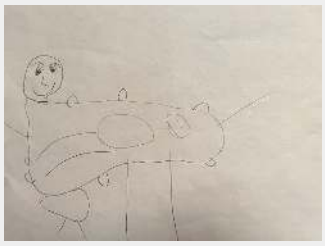


Learning about Writing

The stages of writing in early childhood show how children gradually learn to write, starting with simple scribbles and moving toward more recognizable letters and words. These stages are important because they help children develop the skills they need for reading and writing. As children progress from making random marks to forming letters and sentences, they are building the basics

of literacy. Understanding these stages helps parents and professionals support children's learning by giving them the right activities and encouragement at each step.

Stage	Age	Key Concepts	Example(s)
Pre-writing skills	birth to age 12-18 months	Fine-motor and cognitive skills that are developed before writing emerges. Also apart of pre-writing skills is developing ***print awareness***, or the understanding that written words have meaning and power. By displaying labels that are consistent with the type of print that is being taught in the local school district, continuity of learning is more consistently reinforced. For example, block style printing is closest to Century Gothic font so in many programs, labels are typed and printed in Century Gothic font.	• Eye-hand coordination • Visual tracking • Planning • Print awareness
Early (or Random) Scribbling	Starts around 12-18 months	Experiment making marks on paper (or other surfaces) using various writing tools, such as crayons. Scribbles are random and lack any recognizable shapes or patterns. Focus is on the physical action of making marks, or the cause and effect for using a tool to create and communicate.	 "Autumn". by Heather Carter and is licensed CC BY-NC-ND
Controlled Scribbling	Around age 24-30 months	Scribbling becomes more deliberate, organized due to better control over hand movements. Might repeat certain types of marks such as circular motions or lines. Starts to lead into more recognizable images and in attempting to create something specific.	 "Marker Circles". by Heather Carter and is licensed CC BY-NC-ND

Basic Forms	About 3-4 years-old	Creating more recognizable shapes that usually have complex meaning assigned to them by the child. Beginning of symbolic representation of thoughts and ideas.	 "Apple Tree". by Heather Carter and is licensed CC BY-NC-ND
Pictorial	About 4-5 years-old	Combining shapes to create more detailed images. Children's drawings may start to tell a story or represent scenes from their understanding of the world around them. Color is used more purposefully, additional details are added to drawings such as facial features, limbs, etc. Notice the eyelashes on mom's face in the example. Space and perspective representation improves- may attempt to place objects in relation to one another in space.	 "Mama Sitting on a Chair". by Heather Carter and is licensed CC BY-NC-ND
Letters and Words	Can start anywhere from ages 3-5+ years-old	Begins to use letters in their writing, usually by writing the letters in their name first. Makes pretend letters by copying familiar letter shapes. Understands some words are made of symbols that are shorter and some words are made of symbols that are longer, resulting in scribbles changing shape and direction (Robertson, 2007).	 "Letters". by Heather Carter and is licensed CC BY-NC-ND

Writing Opportunities

Including writing opportunities throughout the day is crucial for young children's development, as it helps to build many foundational skills. Regular writing activities enable children to practice fine motor skills, expand their vocabulary, and develop an understanding of the relationship between spoken and written language (National Association for the Education of Young Children, 2013). Integrating writing into daily routines also encourages creativity and allows children to convey their thoughts and experiences in a structured way, laying the groundwork for future academic success (Dyson, 2013). Here are a few ways professionals may encourage daily writing with children (Byington & Kim, 2017; Council for Professional Recognition, 2023):

- Practice name writing.
  - Have a sign-in and/or sign-out sheet for children to write, or attempt, their names.

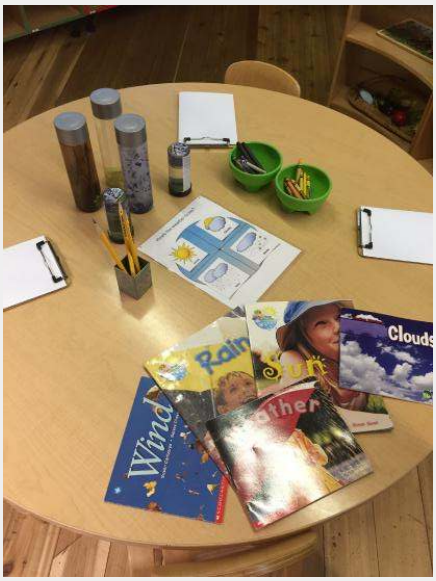
  - Have children start by signing the first letter of their name or scribbling with symbols.
  - Use peers to help with the process.
  - Have children sign their work, such as works of art.
- As a professional, model the use of writing.
  - Complete observation records in front of the children.
  - Help children dictate their thoughts.
  - Think aloud when writing so children can hear the process.
  - Label items throughout the room.
  - Share functional phrases and/or signs, such as how many children can play in a learning center at a time.
  - Send class thank you notes to program visitors.
- Experiment with a variety of tools as children are developmentally ready, but especially as they approach age 3.
- Read books that promote writing letters, stories, messages, and lists.
- Display children's writing samples in the environment.
- Focus on the process of writing, not just the product.

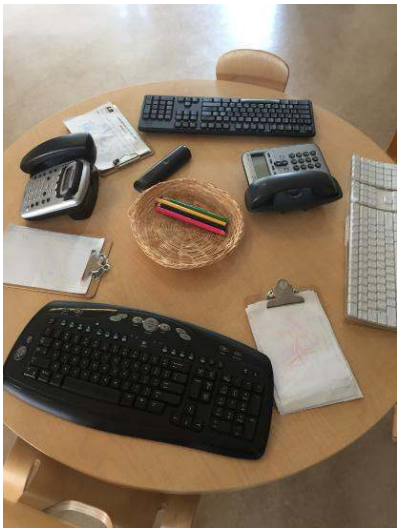
Promoting Literacy within the Learning Centers

Below is a table that identifies various learning areas in an early childhood classroom along with suggested materials that could

support writing and literacy:

Learning Center	Example Materials to Support Writing and Literacy Development	Promotion in Action
Writing/Publishing	• Pencils, crayons, markers • Line and unlined paper, notepads • Alphabet charts and word cards • Letter stamps and ink pads • Story prompts or writing prompts • Mini whiteboards and dry erase markers	 "Word Board". by Heather Carter and is licensed CC BY-NC-ND
Reading Area/Library	• A variety of books from all different categories • Comfortable seating (pillows, rug, bean bags, etc.) • Magnetic letters and letter boards • Book-theme writing prompts • Story sequence cards for retelling stories	 "Preschool Library". by Heather Carter and is licensed CC BY-NC-ND
Dramatic Play	• Clipboards with paper and pencils • Recipe cards, menus, shopping lists • Pretend mail (envelopes, stamps) • Notepads for taking orders or writing notes • Telephone and message pad set	 "Fruit Name Cards". by Heather Carter and is licensed CC BY-NC-ND

Art	• Blank paper, sketchpads • Colored pencils, markers, crayons • Stamps and ink pads • Storybook-making materials (blank books, staplers, binding materials) • Alphabet stencils or molds and play dough • Books on different types of art	 "Sunflowers". by Heather Carter and is licensed CC BY-NC-ND
Science/Discovery	• Observation journals and pencils • Labeling materials (stickers, tags, etc.) • Fact books or picture dictionaries • Magnifying glasses with dry erase boards and markers • Vocabulary cards related to scientific concepts • Dictated thoughts • Graphing and charting that is completed by children signing their name/making their mark	 "Weather Literacy Exploration". by Heather Carter and is licensed CC BY-NC-ND

Blocks and/or Manipulatives	• Blueprint paper and pencils • Labels for buildings (e.g. signs for "school" or "hospital") • Story cards to inspire building-related story telling • Magnetic letters for labeling structures • Journals for recording what was built and why	 "Counting and Writing". by Heather Carter and is licensed CC BY-NC-ND
Outside	• Sidewalk chalk • Clipboards and pencils for nature journaling • Alphabet rocks or outdoor word games • Weather chart and documenting observations • Sign-making materials to label items, such as flowers or vegetables in a garden	 "Playground Scribbling". by Heather Carter and is licensed CC BY-NC-ND
Technology Area (Preschool and older)	• Computer with limited screen time to play various language and/or literacy games or use word processing software • Audio books • Dictaphone or other recording devices • Keyboarding practice tools or games	 "Office Work". by Heather Carter and is licensed CC BY-NC-ND

Supporting Dual Language Learners

Supporting dual language learners (DLLs) in early childhood requires thoughtful strategies that respect and build upon their linguistic and cultural backgrounds. Professionals can create an inclusive environment by incorporating both the home language and English in daily activities, ensuring that DLLs feel valued and understood. Providing visual supports, such as labeled pictures and bilingual books, can help bridge language gaps and make content more accessible. It is also beneficial to encourage peer interactions, where children can learn from one another through collaborative play and shared experiences.

Scaffolding techniques, such as modeling language use, repeating key phrases, and offering sentence starters, can help DLLs gain confidence in using English while still supporting their home language. Additionally, creating opportunities for family involvement allows parents to contribute to their child's language development and reinforces the importance of maintaining their home language.

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CHAPTER OVERVIEW

14.5: Social Development

Learning Objectives

By the end of this section, you should be able to:

- Explain the stages of social development in young children.
- Discuss social skills and their role in forming relationships and pro-social behaviors.

Social Growth and Development

Humans are social creatures and we learn from every experience we encounter. Social growth and development can be divided into four areas: social skills, socialization, social responsibility, and social studies (Kostelnik, et al., 2019). As children explore their world and interact with others, they develop the skills necessary to become socially competent, and the ability to interact with others effectively (Kostelnik, et al., 2018). As children develop socially they develop relationships with others which can further development and learning in other areas.

The Social Domain

	Content & Skills
Social Skills	Interacting with others. • prosocial skills • friendships • conflict mediation
Socialization	Learning values, beliefs, customs, and rules of society. • manners • fairness • equality
Social Responsibility	Caring for one another and our world. • empathy and compassion • respecting others • altruism • environmental awareness
Social Studies	Contributing to the public good within a diverse and democratic society. The National Council for the Social Studies (NCSS) (n.d.) outlines the following social studies themes. • Culture (and diversity) • Time, continuity, and change • People, places, and environment • Individual development and identity • Individuals, groups, and institutions • Civic ideals and practices • Power, authority, and governance • Production, distribution, and consumption • Science, technology, and society • Global connections and interdependence

Social Competence

Socially competent children are often happier, perform better academically, and establish and maintain positive relationships (Kostelnik, et al., 2018). The following elements are associated with social competence.

Element of Social Competence	Values, Attributes, and Dispositions
Positive Self-Identity	This involves a child's sense of self, self-esteem, self-efficacy, confidence, and empowerment.
Interpersonal Skills	This involves a child's ability to form and maintain relationships with others.
Self-Regulation	This involves a child's capacity to resist temptation, control impulses, and monitor his or her behaviors.
Planning & Decision-Making	This involves a child's skills in making choices, problem-solving, and making plans.
Cultural Competence	This involves a child's understanding of his or her background and respect for others which leads to the formation of social justice.
Emotional Intelligence	This involves a child's recognition of his or her emotions, labeling emotions in others, controlling his or her emotions, developing coping skills, and becoming empathetic.
Social Values	This involves a child's demonstration of values deemed worthwhile in his or her context, such as honesty, caring, and responsibility.



Figure 14.5.1 "Social Development Milestones from 6-weeks to 60-months". By Amber Tankersley is licensed under CC BY-NC-SA 4.0. Accessible version.

Promoting Prosocial Behaviors

Prosocial behaviors are actions that individuals perform to benefit others without benefit to oneself (Kostelnik, et al., 2018). Common prosocial behaviors include helping, sharing, and comforting. Prosocial behaviors are important in building and maintaining relationships. Children's acquisition of prosocial skills is related to future social and academic success. Children learn to use prosocial behaviors through engaging in social situations while guided by caring mentors. To engage in prosocial behaviors children have to recognize a need for action, they have to decide to act, and then they have to act appropriately. Adults can draw attention to situations when a child might engage in prosocial actions, "Sarah, did you notice that Cheyenne spilled her crayons?" Adults can help children decide on a course of action by asking what they could do to assist, "Sarah, you could help Cheyenne pick up her crayons."

Early childhood professionals, caregivers, and families can promote prosocial behaviors by:

- modeling prosocial actions
- encouraging cooperation
- praising prosocial attempts
- teaching social skills such as active listening and conflict mediation
- reading books where characters engage in prosocial acts

Topic hierarchy

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14.5.1: Supporting Social Development

Learning Objectives

By the end of this section, you should be able to:

- Identify strategies to support the development of social skills in young children.
- Discuss the role of the professional in creating an inclusive and supportive environment that encourages positive social interactions.
- Examine approaches to addressing challenges in social development.

Supporting Social Development and Learning

Creating Environments to Encourage Positive Social Interactions

To support social development and learning, children's early care and learning environments must foster a sense of security and trust. The environment includes both the physical environment and the social environment. The physical space, furnishings, and materials must be safe, age-appropriate, explorable, and intellectually stimulating. The people and interactions within the social environment should be warm, caring, and supportive.

What should the social environment include?	What should the physical environment include?
• warm, caring, responsive adults • frequent meaningful conversations • respectful interactions • modeling of social skills • encouragement and praise • supervision and gentle guidance from adults	• safe and healthy physical spaces • spaces and materials that encourage exploration • opportunities for children to be independent • spaces that support children interacting with others • materials that challenge children without frustration

Routines and Transitions Support Social Learning

Positive social opportunities exist in many common childhood activities. Here are a few examples of how social development and

learning might be enhanced:

Opportunity	Anecdotal Example of Social Learning
Choice time or Free Play	During free play, three-year-old Aisha and four-year-old Diego are building a tower with blocks. Aisha picks up a red block and says, "This one goes on top." Diego nods and adds a blue block next to it. As they continue building, another child, Nia, approaches and says, "Can I help?" Aisha hands Nia a block and says, "You can put this one here." The children collaborate to create a larger structure, demonstrating sharing, turn-taking, and cooperative play.
Transitions	During a transition from playtime to snack time, two-year-old Liam hesitates to leave the play area. The teacher kneels down and says, "Liam, it's time to clean up now so we can have a yummy snack." Another child, Ella, comes over and says, "Come on, Liam, let's clean up together!" Ella grabs some toys and puts them in the bin, encouraging Liam to join in. Liam follows her lead, showing the development of understanding routines and social cues from peers.
Family-style dining (snacks and meals)	At lunch, a group of preschoolers sits at the table. As they eat, four-year-old Sofia notices that her friend Ahmed looks sad. Sofia asks, "Ahmed, are you okay?" Ahmed replies, "I miss my mom." Sofia says, "It's okay, she'll come back after school. You can play with us." Sofia's empathy and support demonstrate her growing social awareness and ability to comfort peers.
Feeding infants	During feeding time, six-month-old Yara is in her high chair while the caregiver feeds her pureed carrots. Yara watches as another infant, Lucas, gets his bottle. She reaches out her hand towards Lucas and babbles excitedly, showing her interest in her peer and beginning stages of social interaction and awareness of others around her.
Diaper changing and Toileting	As the caregiver changes two-year-old Kai's diaper, Noah notices another child, Ava, waiting for her turn. He waves at Ava and says, "Hi, Ava!" Ava smiles and waves back. The caregiver uses this opportunity to talk about waiting for turns, saying, "Kai is having his diaper changed now, and then it will be Ava's turn." This interaction supports the children's understanding of patience and turn-taking.
Sleep and Nap time	At nap time, three-year-old Zara lies on her cot next to her friend, Ben. As the teacher dims the lights and starts soft music, Zara whispers, "Goodnight, Ben." Ben whispers back, "Goodnight, Zara." They both smile and close their eyes. This demonstrates the development of bonds and routines that promote a sense of security and comfort in social settings.
Outdoor play	On the playground, five-year-old Ethan is playing tag with a group of friends. Ethan notices that his friend, Hiro, is sitting alone on a bench. Ethan runs over and says, "Come play with us, Hiro!" Hiro smiles, gets up, and joins the game. Ethan's actions show inclusivity and his ability to recognize and respond to the emotions and needs of others.

Field trips	During a field trip to the zoo, three-year-old Maya holds hands with her friend, Mateo, as they walk from one exhibit to another. When they see a giraffe, Maya excitedly points and says, "Look, Mateo, a giraffe!" Mateo nods and says, "It's so tall!" They discuss the animals they see, showing growing communication skills and the ability to share experiences with peers.
Arrival and Departure	During arrival time, two-year-old Caleb enters the classroom with his mother. As he sees his friend Oliver playing with blocks, Caleb waves goodbye to his mother and runs over to join him. Oliver looks up and smiles, saying, "Hi, Caleb!" They begin building together. Caleb's quick transition from separating from his mother to engaging with his friend demonstrates growing social confidence and the development of friendships.
Teachable moments	Two-year-old Leo is playing with blocks when he notices his teacher, Mr. Aaron, drop a basket of toys while setting up another activity. Mr. Aaron says, "Oh no, I dropped the toys! Can someone help me pick them up?" Leo immediately stands up, walks over, and starts picking up the toys one by one. Another toddler, Hana, sees Leo helping and joins in. Mr. Aaron smiles and says, "Thank you, Leo and Hana! You are such good helpers." This situation allows the children to practice empathy and learn the importance of helping others, even when they are not directly asked.

Using Technology to Support Children with Special Needs

Teachers and caregivers make adaptations in their classrooms and programs to help children with special needs be fully included. Children with special needs may need additional social support. Some children may struggle to form and maintain relationships and understand social cues. Technology may be a tool to help support children's social learning, especially children with disabilities (Hong, et al., 2022). Communication devices may assist children in interacting with others and practicing social skills requiring language. Using iPads to model social stories may provide coaching and reinforcement for others. Professionals must ask themselves about the developmental appropriateness of using technology in their setting. Technology use in early childhood programs poses potential issues such as the availability of devices and the internet, the costs involved, and the increase in a child's screen time.

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SECTION OVERVIEW

14.6: Emotional Development

Learning Objectives

By the end of this section, you should be able to:

- Explain the stages of emotional development in young children.
- Discuss the emergence of children's self-concept.

Emotional Growth and Development

All individuals experience emotions. Emotions are feelings that are triggered by events that prompt a response from the individual. Emotions are important because they help children stay safe, provide information about their well-being, and aid them in communication (Kostelnik et al., 2018). Children must learn to identify their emotions, recognize emotions in others, and eventually be able to manage their emotions.

The Emergence of Emotions

Joy, anger, sadness, and fear are considered primary emotions and begin appearing within the first six weeks of a child's life with a baby's first social smile. With maturation and experiences, children's emotions evolve becoming more complex with the emergence of secondary emotions. Secondary emotions are combinations of primary emotions and a child's reflection or evaluation of the emotions.

Infants and toddlers may react to other's emotions though they are not accurately interpreting them. Preschool-age children often use clues such as facial expressions to interpret emotions in others. Primary-age children are better at using situational clues and their own experiences to help them interpret other's emotions. Children under the age of five tend to express and understand one emotion at a time. Older children begin expressing and understanding emotions that stem from one primary emotion, such as being scared and worried about starting kindergarten.



Figure 14.6.1 "Emotional Development Milestones from 6-weeks to 60-months". by Amber Tankersley is licensed under CC BY-NC-SA 4.0 Accessible version.

Erikson's Emotional Tasks of Childhood

American psychoanalyst, Erik Erikson's stages or emotional tasks of childhood are key to understanding the emotional development of children. Erikson proposed that individuals face various tasks at different stages of life. The tasks focus on an emotional "crisis" with a positive or negative outcome. Ideally, an individual resolves the "crisis" at the positive end of the stage. Adults in a child's life help guide children through the different stages by offering experiences, challenges, and modifying the level

of guidance provided. Each stage serves as the foundation for the next. While Erikson's stages span more than the childhood years, for this text we will focus on the first four stages.

Stage	Task	Approximate Age
trust vs. mistrust	During this stage, children develop an attachment to primary caregivers which then allows them to trust others and themselves. With trust, children feel safe.	birth-1 year
autonomy vs. shame and doubt	During this stage, children seek to do things on their own, thus, developing independence or autonomy. With autonomy, children develop confidence in themselves.	1-3 years
initiative vs. guilt	During this stage, children focus on new skills such as exploring, planning, and creating. With initiative, children develop competence.	3-6 years
industry vs. inferiority	During this stage, children strive to be productive and successful. With industry, children develop a "can-do-it" attitude.	6-12 years

Self-Concept

As children develop an awareness of their emotions, they also begin to form an opinion of themselves, their self-concept. Warm and caring relationships with trusting adults help children develop a positive self-concept. Self-esteem is part of a child's self-concept. Self-esteem is comprised of the thoughts one has about one's worth, one's ability to achieve, and how much control one has over life's events (Kostelnik, et al., 2018). Children's self-esteem evolves with new experiences and knowledge. Toddlers may refer to concrete, observable characteristics such as, "I'm two", and "I'm a girl". Preschoolers provide more elaboration regarding who they are, "I ride my bike fast" or "I am a good helper."

Topic hierarchy

14.6.1: Supporting Emotional Development

References

Kostelnik, M.J., Whiren, A.P., Soderman, A.K., Stein, L.C., & Gregory, K. (9th ed.) (2018). *Guiding children's social development: Theory to practice*. Cengage.

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14.6.1: Supporting Emotional Development

Learning Objectives

By the end of this section, you should be able to:

- Identify strategies to support emotional development.
- Analyze the role of professionals in creating nurturing environments that promote positive emotional growth and address the diverse emotional needs of children.

Supporting Emotional Development and Learning

Children's emotional learning is supported by adults who are warm, caring, and responsive. Remember that Erikson believed that trust was the foundation for a child's emotional learning. Adults can foster a sense of trust by providing affection, developmentally appropriate guidance, and a supportive social environment. Through positive relationships and experiences, children will be able to identify emotions in themselves and others, express their emotions, and begin to control their emotions.

Using Language to Support Emotional Development and Learning

One of the easiest ways an adult can support a young child's emotional development and learning is to acknowledge and label emotions expressed by the child and others. Children need to hear the names of different emotions and associate what each might "look" like. Adults who provide narration of daily activities can add information about emotions, "Mommy has to go to work. I see you are sad." Adults can model healthy emotional behavior by labeling their own emotions and expressing their own emotions appropriately.

Reading children's books provides another opportunity to talk about emotions. Children's books can provide variety within a child's emotional vocabulary. Many children's books focus on characters who are experiencing common childhood dilemmas. Children can learn vicariously about emotions through a character's experiences. When reading books, adults should mention a character's emotional state and how it relates to the context of the story. Adults can ask questions about what the characters might do to manage their emotions.

Helping Children Manage Emotions

As children navigate new experiences, they encounter new emotions that they might not know how to manage. When adults are attentive and notice children struggling with their emotions, they can step in and provide guidance. Adults might help children

name what they are experiencing and provide appropriate ways to express their emotions. The following are simple strategies for helping children manage their own emotions.

Positive reinforcement	Positive reinforcement helps children identify when they are managing their emotions in socially acceptable ways. Commenting, "I like how you used your words to tell Donia that you are angry" is a way to praise a child who verbally expresses that they are angry instead them choosing to hit another child.
Creative expression	Providing children with opportunities to express themselves through art and music allows them an outlet for their feelings. An angry child may wish to draw a picture of what sparked those feelings. A sad child's mood may boosted by some fun, upbeat music. A scared child can paint a big picture with the sounds of a thunderstorm in the background.
Role-playing	Role-playing can be used to help children make sense of emotions. Children can act out situations in dramatic play or during a large group circle time, identify the emotions evoked, and decide on ways to handle the situation.
Teach coping strategies	When children experience situations that bring on new emotions, sometimes they do not have appropriate coping strategies to manage their emotions. Adults can teach children simple strategies such as taking deep breaths and counting to ten when they are angry, engaging in physical activity when they are sad, or relying on a stuffed animal or other comfort item when they are scared.
Calm corner	Many classrooms and programs plan for a space where children can retreat when they need emotional support. Often, sensory items such as fidgets, playdough, stress balls, and bubbles are provided for children to use to help them calm down. Children are allowed to choose when they need to use the space, adults may initially provide support to children in the space.

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14.7: Appropriate Use of Technology

Learning Objectives

By the end of this section, you should be able to:

- Explain the role of technology in early childhood education and its potential benefits and challenges for young children's learning and development.
- Identify guidelines and best practices for the appropriate use of technology in early childhood classrooms, ensuring it enhances, rather than replaces, meaningful interactions and hands-on experiences.

Using Technology and Media Safely

Developmentally appropriate use of technology can help young children grow and learn, especially when families and early educators play an active role. Early learners can use technology to explore new worlds, make-believe, and actively engage in fun and challenging activities. They can learn about technology and technology tools and use them to play, solve problems, and role-play. But, how technology is used is important to protect children's health and safety. For children under the age of 2, technology use in early learning settings is generally discouraged. For children ages 2-5, families and early educators need to take into account that technology may be used at home and in early learning settings. For children ages 6-8 in school settings, technology should be a part of a diverse curriculum and used as a tool for children to explore and become active creators of content.

Technology can be a Tool for Learning

Families and early educators should determine when and how to use various technologies based on the Three C's: the content, the context, and the needs of the individual child. They should ask themselves the following questions:

- **Content**—How does this help children learn, engage, express, imagine, or explore?
- **Context**—What kinds of social interactions (such as conversations with families or peers) are happening before, during, and after the use of the technology? Does it complement, and not interrupt, children's learning experiences and natural play patterns?
- **The individual child**—What does this child need right now to enhance his or her growth and development? Is this technology an appropriate match with this child's needs, abilities, interests, and development stage?[121]

Early childhood professionals should keep in mind the developmental levels of children when using technology for early learning. That is, they first should consider what is best for healthy child development and then consider how technology can help early learners achieve learning outcomes. Technology should never be used for technology's sake. Instead, it should only be used for learning and meeting developmental objectives, which can include being used as a tool during play.



Figure 14.7.1 – These children and their teacher in a bilingual preschool classroom are using an app to create a "story" with photos of their recent field trip.[122]

Active versus Passive Engagement

Early childhood professionals should understand the differences between passive and active use of technology. Passive use of technology generally occurs when children are consuming content, such as watching a program on television, a computer, or a handheld device without accompanying reflection, imagination, or participation.

Active use occurs when children use technologies such as computers, devices, and apps to engage in meaningful learning or storytelling experiences. Examples include sharing their experiences by documenting them with photos and stories, recording their own music, using video chatting software to communicate with loved ones, or using an app to guide playing a physical game. These types of uses are capable of deeply engaging the child, especially when an adult supports them. While actions such as swiping or pressing on devices may seem to be interactive, if the child does not intentionally learn from the experience, it is not considered to be active use. To be considered active use, the content should enable deep, cognitive processing, and allow intentional, purposeful learning at the child's developmental level.

References

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CHAPTER OVERVIEW

15: Creativity and the Process

15.1: What is Creative Development?

15.2: Understanding the Process

15.3: Supporting Creativity through Interactions

15.4: Environments that Inspire and Support Creativity

15.5: Promoting Creativity with Infants and Toddlers

15.6: Promoting Creativity with Preschoolers

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15.1: What is Creative Development?

Learning Objectives

By the end of this section, you should be able to:

- Define creative development in the context of early childhood education and explain its significance in fostering children's cognitive, emotional, and social growth.
- Identify key factors that influence creative development in young children, such as exploration, problem-solving, and expression through various media and activities.

Creativity refers to the *process through which individuals cultivate and express their creativity, imagination, and originality* (Isbell & Yoshizawa, 2016). It encompasses the ability to generate novel ideas, think outside the box, and engage in artistic, innovative, or imaginative activities.

The most common outlets of creative development in early childhood are related to:

- the visual arts (painting, 3-D sculptures with clay or play dough, drawing, collage, etc.),
- music and movement, and
- dramatic arts (storytelling, use of props, etc.).

Creativity Across All Domains of Learning

However, creative development is not limited to artistic pursuits but extends to problem-solving, critical thinking, and the exploration of new possibilities in various domains. Encouraging children to engage in creative activities stimulates their cognitive, physical, emotional, and social development, fostering qualities such as curiosity, flexibility, resilience, and self-expression.

Creative Meets Cognitive Development

Expression and Communication: Creative activities such as drawing, painting, storytelling, and role-playing provide children with avenues to express themselves and communicate their thoughts, feelings, and ideas. Through these activities, children develop language skills, vocabulary, and the ability to articulate their experiences, enhancing their communication abilities.

Critical Thinking and Problem-Solving: Engaging in creative tasks challenges children to think critically, explore possibilities, and find solutions to problems. Whether it's building with blocks or inventing stories, creative activities stimulate cognitive processes such as analysis, synthesis, and evaluation, fostering problem-solving skills and strategic thinking.



"Cross Play in Preschool" by Heather Carter is licensed CC BY-SA.

Imagination and Innovation: Creative development encourages children to tap into their imagination, think imaginatively, and envision new ideas and possibilities. Imaginative play, fantasy stories, and pretend scenarios allow children to explore different perspectives, create imaginary worlds, and develop innovative thinking skills that are essential for adapting to new situations and generating novel ideas.

Creative Meets Social & Emotional Development

Emotional Regulation and Self-Expression: Creative activities provide children with outlets for emotional expression, helping them understand and regulate their emotions. Artistic endeavors, music, dance, and drama allow children to explore their feelings, express themselves authentically, and develop emotional intelligence, resilience, and self-awareness.

Collaboration and Social Skills: Engaging in collaborative creative projects promotes teamwork, cooperation, and social interaction among children. Working together on art projects, storytelling, or dramatic play fosters communication, empathy, negotiation, and conflict-resolution skills, enhancing their ability to collaborate effectively with others.



"Hair Salon" by Heather Carter is licensed CC-BY-SA

Creative Meets Physical Development

Fine Motor Skills: Many creative activities such as drawing, coloring, painting, cutting, and crafting require precise hand-eye coordination and manipulation of small objects. These activities help children develop and refine their fine motor skills, including dexterity, grip strength, and hand control. Strengthening fine motor skills is crucial for tasks like writing, tying shoelaces, and using utensils effectively.



"Wood Working in Preschool" by Heather Carter is licensed CC BY-SA.

Gross Motor Skills: While some creative activities focus on fine motor skills, others involve gross motor movements such as dancing, playing musical instruments, building with blocks, or engaging in outdoor exploration and physical play. These activities promote the development of gross motor skills like balance, coordination, agility, and spatial awareness. Gross motor skills are essential for activities such as running, jumping, climbing, and participating in sports.

Sensory Exploration: Creative activities often involve sensory experiences such as touching different textures, experimenting with colors and shapes, listening to music or sounds, and exploring various materials. Sensory exploration not only stimulates cognitive development but also enhances sensory integration, proprioception, and body awareness. This sensory input contributes to overall physical development and sensory-motor coordination.

Body Movement and Expression: Creative outlets like dance, drama, and expressive arts encourage children to use their bodies as a means of expression and communication. Engaging in rhythmic movements, gestures, poses, and facial expressions not only fosters creativity but also promotes physical expression, body awareness, posture, balance, and control. Dance, in particular, supports cardiovascular health, flexibility, strength, and endurance.



"Singing" by Heather Carter is licensed CC BY-NC-ND

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15.2: Understanding the Process

Learning Objectives

By the end of this section, you should be able to:

- Explain the process of creative development in young children, highlighting the stages of exploration, experimentation, and expression.
- Describe how early childhood educators can support and nurture the creative process by providing opportunities for hands-on learning, open-ended activities, and encouragement of independent thinking.

Creativity Anywhere, Anytime

Creativity can happen anywhere, anytime. Creativity is often a part of play in all areas of the classroom. Here are several examples:

- blocks and building structures,
- constructing with open-ended manipulatives like Zoobs, Magnatiles, Squiz, etc.,
- science and experimentation, such as arranging magnetic tubes to create a ramp system,
- tinkering with technology to develop "improvements", or
- using loose parts to tell a story.

Why the Creative Process is Important...

"Creativity becomes more visible when adults try to be more attentive to the cognitive processes of children than to the results they achieve in various fields of doing and understanding" (Edwards et.al, 1998, p.77). Creativity involves complex ways of thinking yielding diverse pathways, to sometimes similar and sometimes different results. This process can be difficult to study or measure (Isbell & Yoshizawa, 2016).



"Creativity". is licensed by Denise Krebs CC-BY 2.0

Yet, the process is the underlying foundation for much of children's, and human's, development and learning. For example, even the simple task of how to kick a ball in the direction you want it to go requires one to analyze body movements and types of contact with the ball and assess how much power exertion is applied to the ball. As one practices, one becomes more aware of and in tune with their body in being able to refine how they are moving in relation to the ball's resulting position, once the kick is made. Repeating the process over and over, and making small adjustments, helps one learn how to kick a ball in the direction you want it to go.

Not every process lends to an enduring product (Isbell & Yoshizawa, 2016), sometimes because of the nature of the project, as such with the art of kicking a ball. Sometimes it is because the child dismantles their efforts because he/she is finished playing. Other times, it's because the product naturally evolves during the process and does not last.

> *What children think and what they do as they engage in an activity- and how their thinking develops and matures as a result- are the most important aspects of the*

> *experience. Some creative activities, however, do result in a product. The distinction is that children select the materials, tools, and techniques to produce their own unique results. The final product is not predetermined by the teacher or copied from another's work, but is instead one of a kind... (Isbell & Yoshizawa, 2016, p. 21)*

The Value of Open-Ended Creative Endeavors

How do open-ended art experiences offer so many opportunities for learning? Consider the difference between open-ended and closed-ended questions. Close-ended questions tend to result in one-word answers and limit children's thinking, such as "Did you have a good day?". However, open-ended questions and prompts challenge children to use creative and critical thinking skills (NAEYC, 2015). For example, "How was your day?".



"Fall art and pinecones". is licensed by Heather Carter CC-BY-SA

This same concept applies to closed vs. open-ended art. Closed-ended projects such as coloring in a coloring book or gluing pre-cut pieces to make a craft may support fine motor skills, but open-ended art builds these skills *while* challenging children's creativity and critical thinking.

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15.3: Supporting Creativity through Interactions

Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of teacher-child interactions in fostering creativity, emphasizing how responsive, open-ended conversations and questions stimulate children's imagination and problem-solving skills.
- Identify strategies for early childhood educators to support creativity through interactions, such as providing positive feedback, offering challenges, and encouraging children to express their ideas in various forms.

Supporting Creativity Through Interactions

Daily interactions provide the foundation for creativity in young children. Children who have developed relationships with warm, caring adults will be more likely to feel safe in exploring new situations and environments. The way adults interact with young children can either encourage or stifle their creative exploration. Supporting creativity in daily interactions involves being responsive, providing opportunities for exploration, and encouraging curiosity.

Responsive Interactions

Responsive interactions are key to nurturing creativity.

1. **Take cues from the child**. When adults respond to a child's cues, they validate the child's feelings and ideas, which fosters confidence and encourages further exploration. For example, if a toddler points to a bird outside, the professional might respond by talking about the bird, mimicking its sounds, or even encouraging the child to draw or imitate the bird. These interactions help children feel that their ideas are valued and worth exploring.
2. **Open-ended questions.** Simple activities such as asking open-ended questions, encouraging imaginative play, and providing positive reinforcement can significantly impact a child's creative development. For instance, instead of asking, "What color is the sky?" you might ask, "What else could the sky look like today?" This type of questioning encourages children to think beyond the obvious and explore possibilities.
3. **Positive reinforcement and praise.** Positive reinforcement, such as praising a child's *effort rather than the outcome*, fosters a growth mindset that is crucial for creative thinking (Dweck, 2006). For example, saying, "I love how you mixed those colors together," rather than, "Your painting is beautiful," emphasizes the process of creation rather than the final product, encouraging further exploration and experimentation.

Encouraging Exploration

Providing opportunities for exploration is another way to support creativity. This can be as simple as allowing young children to explore different textures, sounds, and materials. For example, a caregiver might provide a variety of safe household items, such as wooden spoons, fabric, and empty containers, for infants and toddlers to explore (Council for Professional Recognition, 2023). This not only supports sensory development but also encourages the child to think creatively about how to use these objects in different ways.

In the photo below, an exploration area has been set up with various sensory bottles, scarf pull, touch lights (batteries are behind a screwed-in compartment), and a board with many flooring samples to touch and/or sit/walk/crawl on in an infant classroom. (The photo was taken during a conference on a Saturday morning, which is why a coffee cup is sitting on top of the shelf. No children were present). The exploration area is set up in a safe, open place for infants to move freely and have uninterrupted time to explore. Depending on the age and developmental needs of the child(ren) these spaces will look very different.



"Infant Discovery Learning Area" by Heather Carter is licensed CC BY-SA.

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15.4: Environments that Inspire and Support Creativity

Learning Objectives

By the end of this section, you should be able to:

- Describe how the physical environment can influence and support creativity in young children by providing stimulating, flexible spaces that encourage exploration and expression.
- Identify key elements of an environment that fosters creativity, such as access to diverse materials, open-ended play spaces, and opportunities for collaboration and individual expression.

In essence, the early childhood environment is more than just a physical space—it is a dynamic ecosystem that shapes and nurtures young minds. While a professional's vision and design of the environment affect children's responses and prompts engagement, it is the child's use of the environment that determines how learning and development occur in meaningful ways.

The early childhood environment serves as a canvas for fostering creativity. Children are naturally curious and imaginative beings, and their surroundings significantly influence the expression of these qualities. A well-designed environment encourages exploration, experimentation, and problem-solving, all of which are fundamental aspects of creative development. From open-ended materials to inviting spaces that stimulate the senses, every element of the environment contributes to sparking and nurturing children's creativity.



"Toddlers Exploring Sounds" by Heather Carter is licensed CC BY-SA

Moreover, the early childhood environment is a powerful catalyst for learning. Young children learn best through hands-on experiences and meaningful interactions with their surroundings. An environment that is rich in age-appropriate, open-ended materials, provides ample opportunities for children to engage actively in the learning process. By immersing themselves in a stimulating environment, children are able to absorb new concepts, develop essential skills, and make meaningful connections that lay the groundwork for future academic success.

Finally, the early childhood environment plays a crucial role in facilitating self-expression. For young children, finding ways to communicate thoughts, feelings, and experiences is essential for social and emotional development. An environment that values and supports self-expression empowers children to express themselves authentically through various mediums, such as art, music, movement, and dramatic play. By providing avenues for self-expression, the early childhood environment fosters confidence, self-awareness, and a sense of belonging, which are essential for overall well-being and positive social interactions.

Planning Effective Environments

While environments were explored more in-depth earlier in the text, there are a few general considerations that align well with understanding how to support children's creativity and the process of learning. Think of spaces that make you feel calm, focused, and welcomed. What do they look like? What elements do they include? Now, consider the diverse people, families, and communities that comprise an early childhood program. How do we blend the two together?

By reflecting the diversity within the culture, language, geographical features within the local community, and children's interests with more commonly identified elements such as lighting, colors, textures, organization, and presentation of spaces, we can create an environment that communicates a sense of belonging.

Warm and Welcoming

Natural lighting is important to learning and behavior because it helps regulate our mood (Boubekri et.al, 2014), and has been proposed as the single most important element in the learning environment (Fielding, 2017). However, using natural light isn't always conducive to spaces that were retrofitted, or not designed with light in mind. Using sturdy table and floor lamps can help accentuate specific areas of the room or materials, in addition to supplementing natural light (Isbell & Yoshizawa, 2016).



"Light Table and Props" by Heather Carter is licensed CC BY-SA. A light table is propped up vertically to illuminate objects in front of it. Black fabric is utilized behind and below the light table to help direct light.

Color, texture, and sound also play a role in establishing a sense of calm and warmth in the environment. Bright primary colors were once thought to engage children's senses for the promotion of activity and learning, eventually becoming a standard across many early childhood programs. However, partly influenced by the Reggio Emilia school environment, and partly influenced by research on how color affects our productivity, mood, and creativity, early childhood programs are now moving towards more neutral and earth tones so that the environment serves as more of a backdrop to creativity and learning.

Natural elements add texture and visual appeal. Rugs, nontoxic plants, pillows with washable covers, draped fabrics, and other materials can help define spaces when used in thoughtful ways. Sounds can also support, or distract, children's creativity. Arrangements of the spaces within the environment- in keeping noisy spaces away from quieter ones- and how music is used throughout the day are important to consider when designing a space that is warm and inviting.



"Infant Exploration of Colors, Mirrors, and Boxes" by Heather Carter is licensed CC BY-SA.

Provide a Sense of Belonging

Most early childhood programs include children from a variety of ethnic backgrounds, cultures, lifestyles, abilities, languages, religions, and family structures. When these differences are reflected within the environment, it communicates a sense of belonging and expands the possibilities for creative work shaped by the characteristics and needs of the individual children (Isbell & Yoshiwaza, 2016).

Some ways to reflect this diversity are through:

- Display photos that represent the children, learning within the program, families, and/or places within the local community
- Display children's art, work, or familial artifacts
- Provide a variety of books, materials, and activities that are relevant to the current diversity among the group
- Bring in customs or traditions celebrated by children/families within the classroom

Consider Children's Work and Learning

In the realm of early childhood education, the environment plays a pivotal role in shaping young minds and fostering holistic development. Whether in large groups, small groups, pairs, or working individually, the design and arrangement of the learning environment significantly impact children's creativity and learning potential. One general consideration is the understanding that children need to do and use too much before they can learn how to use just enough. This extends from using a lot of paper, to glue, paint, etc. Always make sure you have plenty of supplies on hand. If resources and budget are an issue, try using manilla and butcher paper in lieu of construction paper, recyclables, and diluting glue or watercolor with a little bit of water.



"Glue in Paint Pots" by Heather Carter is licensed CC BY-SA. Dilute glue with about 25% water in glue pots with paint brushes with a more cost-effective option for using glue in early childhood programs.

Large Groups

In large group settings, such as classrooms or communal spaces, the environment should be structured to accommodate diverse activities while encouraging social interaction and collaboration. Interactive learning centers and ample space for movement allow children to engage with peers, share ideas, and participate in group activities. To spark curiosity and promote active participation, consider incorporating:

- stimulating visuals,
- age-appropriate materials, and
- multisensory experiences.



"Older Toddler Classroom Reading Area" by Heather Carter is licensed CC BY-SA. Reading area in an older toddler classroom provides ample space for large groups that includes different surfaces and soft elements for sitting, lying, and relaxing while reading.

Small Groups

Conversely, in small group settings of two to six children, the environment can be tailored to facilitate focused exploration and meaningful interactions. Creating inviting spaces for small group discussion, cooperative projects, and guided activities could include:

- cozy corners,
- rotated interest centers,
- cross-area play in learning centers. **Cross-area play** is unscripted play that provides children the freedom to utilize materials from all areas of the classroom (Minahan et.al, 2021).

By providing opportunities for children to work closely with peers, share perspectives, and problem-solve collaboratively, the environment cultivates creativity through a shared process.



"Cross-Play in Preschool" by Heather Carter is licensed CC BY-SA. A small group of four older preschoolers having a picnic in the block area. These children chose the block area so that a road could be built to get to the picnic site. Cross-play with props from the home living area was encouraged by the teachers so that the group would fully commit to the shared vision.

Partner and Individual Work

Similarly, in partner and individual learning settings, the environment should be conducive to independent exploration, self-directed inquiry, and personalized learning experiences. Some of the ways to incorporate might include:

- quiet or alone areas (sometimes called safe spaces),
- designated workstations, such as a listening area,
- and comfortable seating arrangements that consider the type of work being offered as a rotated daily activity.



"Caused and Effect" by Heather Carter is licensed CC BY-SA. Exploring primary color tinted vinegar with baking soda on mirrors is set up as a rotated daily activity for children to explore individually or in pairs.

Providing children the autonomy to pursue their interests, engage in reflective practices, and pursue projects at their own pace empowers children to take ownership of their learning and express themselves creatively. By thoughtfully designing spaces that inspire curiosity, encourage exploration, and support diverse learning styles, professionals can create environments where every child thrives and discovers their full potential.

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15.5: Promoting Creativity with Infants and Toddlers

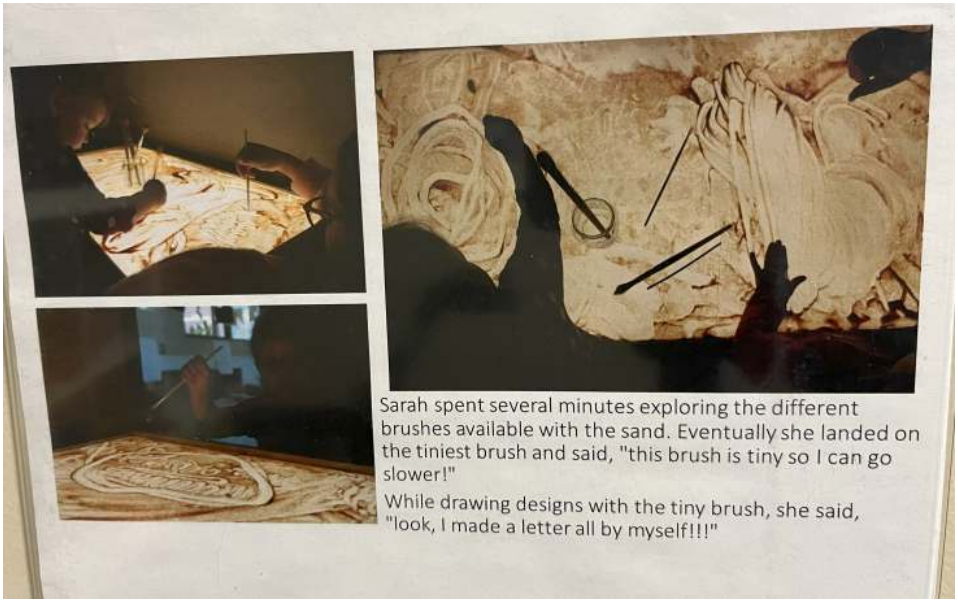
Learning Objectives

By the end of this section, you should be able to:

- Explain the importance of supporting creative development in infants and toddlers.
- Identify strategies for promoting creativity in infants and toddlers.

Creativity is an essential aspect of development that begins in the earliest stages of life. For infants and toddlers, creativity is not just about producing art; it is about exploration, problem-solving, discovery, and expressing themselves in various forms. This section will explore how professionals can support creativity with infants and toddlers through daily interactions, visual arts, music and movement, dramatic arts, and other learning areas.

Creativity in the Visual Arts



"Sarah Playing in Sand" by Heather Carter is licensed CC BY-SA.

Introducing infants and toddlers to a variety of materials is crucial for fostering creativity in the visual arts (Mayesky, 2014). Materials should focus on safety with non-toxic items that engage the five senses. Some examples include:

- non-toxic and washable paints,
- crayons,
- clay,
- edible play-dough,
- natural materials like leaves or sand,
- cardboard boxes,
- tape,
- tearing tissue paper,
- jumbo chalk, etc.

For example, a toddler might be given a piece of paper and a set of chunky crayons. Rather than instructing the child on what to draw, the professional can encourage the child to explore the colors and textures, perhaps by making marks on the paper or even on different surfaces. This free exploration allows the child to experiment with cause and effect, which is a foundational aspect of creative thinking.

Creativity in Music and Movement

Music and movement are natural forms of expression for infants and toddlers. Supporting creativity in movement involves allowing children to move freely and explore their bodies in space. The music and movement area are also great ways to introduce diversity within cultures, providing them a way to learn more about themselves and others. For example, during music time, a caregiver might play a variety of music styles and encourage the toddler to move however they wish. This might involve jumping, spinning, or simply swaying to the rhythm.

Exploring different sounds is another way to foster creativity in young children. Early childhood professionals can provide instruments like drums, shakers, or even pots and pans for children to experiment with. For example, a toddler might discover that tapping a pot with a wooden spoon produces a different sound than tapping it with their hand. Instruments from other cultures, like the didgeridoo, rain sticks, steel drums, maracas, castanets, etc. all make different sounds that can be explored. Incorporating music and sounds into daily routines can make everyday activities more enjoyable and creative. For instance, a caregiver might sing a song while helping a toddler get dressed, or create a rhythm game during clean-up time.

Picking Songs and Fingerplays

Try to pick and introduce songs and fingerplays to infants, toddlers, (and preschoolers) that:

- can easily be remembered,
- has repetition or a predictable pattern,
- avoids high notes or difficult chord progressions, and
- use language (lyrics) that are easy to say.

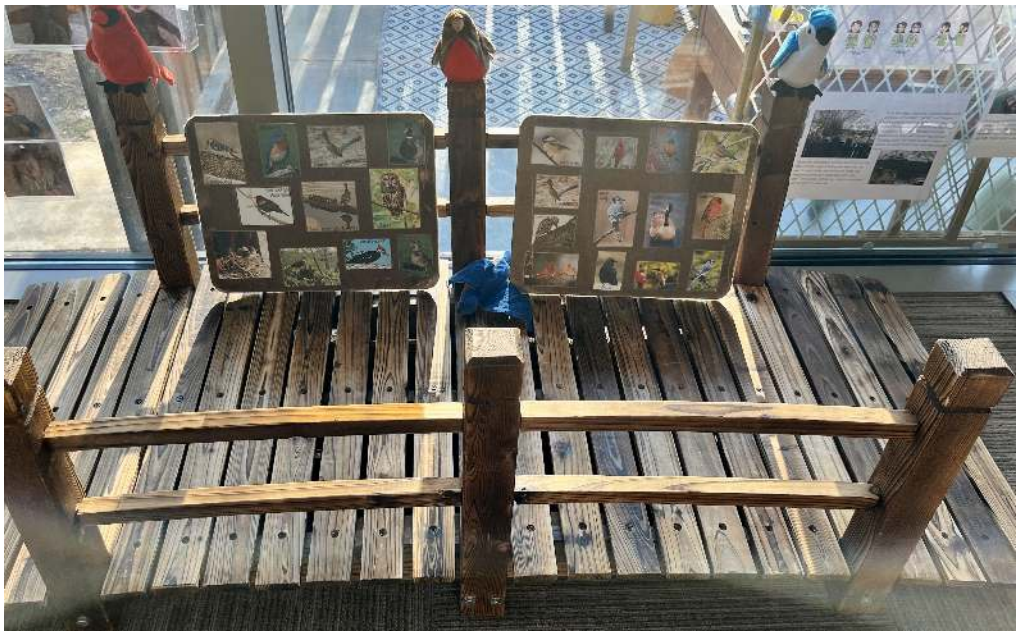
Creativity in Dramatic Arts

Encouraging role-playing activities can help toddlers explore different scenarios and roles. For example, a professional might provide a set of simple costumes or props, such as hats, scarves, vests, wallets, or stuffed animals, and invite the child to engage in pretend play. A toddler might pretend to be a doctor, using a toy stethoscope to “check” a stuffed animal’s heartbeat. This type of play allows children to experiment with different roles and scenarios, fostering creativity and social-emotional development.

Storytelling is another way to support creativity in the dramatic arts. Professionals can create stories with the child, allowing them to contribute ideas and direct the narrative. For example, a caregiver might start a story about a bear that goes on an adventure and then ask the child, “What happens next?” This not only encourages the child to think creatively but also supports language development and narrative skills.

Creativity in Other Learning Areas

Creativity is not limited to the arts; it can be nurtured in various other learning areas, including science, mathematics, blocks, and manipulatives. Science provides endless opportunities for creative exploration. For example, a caregiver might set up a simple experiment, such as mixing baking soda and vinegar, and ask the toddler to predict what will happen. This encourages the child to think critically and creatively about cause and effect. Additionally, exploring nature—such as examining leaves, rocks, or insects—can spark curiosity and creative thinking.



"Bird Watching with Infants" by Heather Carter is licensed CC BY-SA.

Mathematics is another area where creativity can be nurtured. For instance, caregivers can introduce counting games that involve sorting objects by size, color, or shape. When toddlers are given a set of blocks, they might begin by simply stacking them, enjoying the challenge of balancing one on top of the other. Over time, as they become more familiar with the materials, they might start to build more complex structures, such as towers, bridges, or enclosures. This process involves trial and error, as children experiment with how different shapes and sizes of blocks fit together. Encouraging children to experiment with different arrangements and combinations of blocks and manipulatives helps them to express their creativity through design and organization.

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15.6: Promoting Creativity with Preschoolers

Learning Objectives

By the end of this section, you should be able to:

- Describe how creativity can be supported in preschoolers through activities that encourage imaginative play, exploration, and problem-solving.
- Identify strategies for fostering creativity in preschoolers, such as providing open-ended materials, encouraging role-playing and storytelling, and creating an environment that allows for both structured and unstructured creative expression.

Preschool children often have a natural fascination with the process of creating visual art. Making marks, squishing clay, and using a brush to apply color are activities that attract most young children. In groups where children speak multiple languages and may not share common words, visual art can create connections and a way of communicating. Art can become a way for people to connect across cultures to their common humanity; an appreciation for it may begin in preschool. Inviting families into the environment to share works of art from the home is an opportunity to build a bridge to the home (Paris et.al, 2021).

Young children are naturally creative. The visual art framework is designed to encourage creativity; open-ended projects emphasize the process of working with visual materials. In other words, the curriculum is not focused on encouraging a child to produce, for example, a specific painting, but rather to practice using a brush on paper without a set outcome (Paris et.al, 2021).



This child is painting at the easel.[1]

Visual Arts

One effective way to support creativity in visual arts is to provide a variety of materials without specific instructions. This approach encourages children to use their imagination and come up with their own ideas. For example, offering items like clay, buttons, fabric scraps, and natural materials like leaves and twigs can inspire children to create unique art pieces. Activities such as drawing, painting, and sculpting allow children to explore different materials, textures, and colors, leading to the development of fine motor skills and spatial awareness.

Professionals can support children's development of the visual arts foundations with the following (Paris et. al, 2019):

- Encourage engagement with art at all levels.
- Support exploration and discovery.
- Give children the time and space needed to explore creativity.
- Provide a comfortable environment in which children can practice art.
- Provide opportunities for children to reflect on their own work.
- Respect individual developmental, cultural, and linguistic differences, and encourage children to respect them.
- Provide children simply with a means and place to make marks (e.g., a crayon and paper), and they will begin with the same basic images.
- Encourage communication around shape and form to aid children's drawing skills.
- Help children acquire painting skills through practice with the tools.

- Stimulate children's interest in color and application of paint through other forms of painting.
- Create opportunities for children to work with dough, clay, or wet sand.
- Provide only the malleable material, without tools, during children's initial explorations of sculpting so that children have a chance to explore through touch.
- Communicate to a group of linguistically and culturally diverse children through sculpture techniques by using nonverbal methods.
- Introduce tools after observing that children have had many "hands-on" opportunities to explore clay and dough sculpture.

Additionally, integrating discussions about famous artworks or artists into the curriculum can inspire children. Asking questions like, "How do you think the artist made this?" or "What do you think this painting is about?" encourages children to think critically and creatively about art (Edwards et.al, 2011).



"Sunflowers" owned by Heather Carter and is licensed CC BY-NC-ND

Music and Movement

To support creativity in music and movement, educators can create an environment where children feel free to experiment with sounds and movements. For instance, providing a variety of instruments and encouraging children to create their own songs or rhythms fosters creative expression. Movement activities, such as improvisational dance, where children are encouraged to move in response to different types of music, help develop both creative thinking and physical coordination.

A practical example is setting up a "music and movement corner" in the classroom with instruments like drums, tambourines, and xylophones, along with scarves or ribbons for dancing. Teachers can play different genres of music and invite children to express

what they hear through movement, further supporting their creative development (Glover, 2000).



"Music and Movement in Preschool" owned by Heather Carter and is licensed CC BY-NC-ND

The following is an excerpt from Paris et.al (2021) on additional ways to support creativity through music and movement:

- Find ways to expose children to music being conducted and performed.
- Provide music areas where children can experience instruments or musical activities as individuals or in a small group.
- Set up a “Science of Sound” area where children can explore and experiment with building sounds.
- Provide a conductor’s listening and play area.
- Make instruments with the children.
- Incorporate chant games and songs related to sound production.
- Include a variety of songs that related to a particular topic area
- Use songs that have movements or gestures that accompany the words.
- Provide children with an opportunity to conduct the group by singing or playing instruments.
- Dramatize poetry and nursery rhymes as a fun way to explore and develop vocal inflection and pitch capabilities in the young singer.
- Invite young children to move through instrumental program music or music that “tells a story.”

Drama

The following is an excerpt from Paris et.al (2021) on ways to support the dramatic arts in preschool:

- Observe dramatic play and role-playing.
- Step in or model when needed.
- Provide adaptations to support the participation of children with disabilities or other special needs. This may include pre-teaching, using pictures, sign language, and other multisensory enrichment, modified equipment/props, etc.
- Use a drama-based vocabulary. For example, blocking, actors, stage, scenery, voice, props, etc.
- Encourage children to use drama-based vocabulary
- Encourage and model the expression of interests and preferences.
- Encourage and allow initiative.
- Model and note appropriate ways of using drama materials.
- Move in and out role as appropriate (decide when to participate and when to facilitate).
- Use costumes, props, and scenery to inspire dramatic play and drama.
- Facilitate children’s engagement in drama by first discussing expectations.

- Scaffold and encourage children during and after participating in drama to build their understanding and use of plot.

Creativity Across the Program

Science and Math: Encouraging children to ask questions, make predictions, and experiment with different outcomes supports creativity in science and math. For example, during a simple experiment with water and various objects, asking, "What do you think will happen if we drop this in the water?" encourages children to think creatively and explore scientific concepts. Similarly, in math, providing open-ended problems like, "How many different ways can we build a tower with these blocks?" promotes creative problem-solving and critical thinking.

Cooking: Cooking activities offer numerous opportunities for creativity. Children can experiment with different ingredients, flavors, and textures, which not only supports sensory development but also encourages creative thinking. For instance, asking children to design their own pizza or sandwich allows them to explore combinations of ingredients and develop their culinary creativity.

Blocks and Manipulatives: Building with blocks and using manipulatives like puzzles or pattern blocks supports spatial awareness and problem-solving skills while also fostering creativity. Encouraging children to create their own structures, patterns, or designs without specific instructions promotes imaginative thinking. For example, setting up a "building challenge" where children are asked to create something that can hold a certain amount of weight encourages them to think creatively and explore engineering concepts.

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CHAPTER OVERVIEW

16: Partnering with Families

Learning Objective

- Examine effective relationships and interactions between early childhood professionals, children, families, and colleagues, including the importance of collaboration.

16.1: What is a Family?
16.2: The Diversity of Today's Families
16.3: Working with Families
16.4: Communicating with Families
16.5: Professionalism and DAP in Working with Families
16.6: Ethical Responsibilities to Families
16.7: In Closing

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16.1: What is a Family?

Learning Objectives

By the end of this section, you should be able to:

- Define the concept of a family in the context of early childhood education, recognizing the diversity of family structures and roles in a child's development.

In its most basic terms, a family is a group of individuals who share a legal or genetic bond, but for many people, family means much more, and even the simple idea of genetic bonds can be more complicated than it seems. [110] In your work with children, you will encounter many different types of family systems. All as unique as the individual children that are part of them, and all needing to feel that they can trust one of their most valuable assets to you.



Pause to Reflect

Think about your family of origin. What did they "teach" you? How did they "shape" you? How important were they in who you are today? How does this relate to the families of the children you will work with?

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16.2: The Diversity of Today's Families

Learning Objectives

By the end of this section, you should be able to:

- Recognize and describe the various family structures and dynamics that exist in today's society.
- Understand the significance of cultural, socioeconomic, and individual differences within families and how these factors influence children's development and educational needs in early childhood settings.

To understand, respect, and be responsive to the families and children we serve, we must first look at what each of us defines as family. We all probably have an image in our minds of what a family is, but often we do not stop and think about how the families in our programs may have different characteristics. We need to learn about the diversity in the cultures of our families, as well as the diversity in family structure. These perspectives are important considerations for success for the child and family and provide critical information about how to design and deliver program content. It will also guide how we work with families in creating goals and even choosing learning materials (Niemer & Kirchofer, 2024).

Reflection

Categorize your own family:

- I grew up in a larger family.
- I grew up in a smaller family.
- I grew up in a medium-sized family.

What is your concept of small, medium, and large families?

Do you think there could be a disparity between your view of family size and that of your classmates?

How did you count or include members of your family? Do relatives and non-relatives share the same status?

How do you think your answers and those of your classmates are influenced by race, ethnicity, and culture?

What do you need to take away from this reflection to implement into your practice with children and families?

(Niemer & Kirchofer, 2024)



"Montage of Families" by Stephens et.al (2021) is licensed under CC BY-SA.

Types of Families

It is not that different types of families have never existed, but in today's society, we are making places at the table for this diversity. The families that we serve in our early learning centers reflect this (Stephens et.al, 2021).

- Dual-parent family
- Single Parent
- Grandparents or other relatives
- Teen parents
- Adoptive families
- Foster families
- Families with same-sex parents
- Bi-racial/Multi-racial families
- Families with multi-religious/faith beliefs
- Children with an incarcerated parent(s)
- Unmarried parents who are raising children
- Transgender parents raising children
- Blended families
- Multigenerational Families
- Families formed through reproductive technology
- First time older parents
- Families who are homeless
- Families with children who have developmental delays and disabilities
- Families raising their children in a culture not their own

The list above is extensive; however, other family systems you will encounter in your work with children's families, are all worthy of respect and understanding. For a definition of the types of families listed above, refer to the Appendix.



Pause to Reflect
As an early childhood professional, why might it be important to understand each of these family structures?

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16.3: Working with Families

Learning Objectives

By the end of this section, you should be able to:

- Identify effective strategies for building positive, collaborative relationships with families to support children's development and learning in early childhood settings.
- Understand the role of communication and cultural sensitivity in fostering strong partnerships with families from diverse backgrounds.

While most early childhood professionals choose to go into this field because they want to work with children, it is important to understand that those children come with families. Those families are the child's first teachers and play a crucial role throughout that child's life. In the early years, there will be much interaction between the child's home and school environments and the important people in each.

In the chapter on Theories, you may have noticed that the majority of the theories presented focused on the individual child and their development from "within". Constructing knowledge; meeting basic needs; and developing a sense of trust. These are all very important. Bronfenbrenner's Ecological model took a different approach and looks at developmental influences outside of the child, and how they impact who the child becomes. One very important system is the child's family. Children develop within the context of their families and the community that supports those families. As early childhood professionals, we build meaningful partnerships with the families of the children in our programs to ensure that their families are respected and valued in our program (Stephens et.al, 2021).

Connecting with Families by Building Relationships: Valuing who families are and what they bring

You might ask the question "Why should I connect with families? What's in it for me?" There are many benefits of positive, healthy connections with families. These include (but are not limited to) increased parent satisfaction with the early learning school services, increased positive behaviors of the children, improved child health, academic and social skills. Positive relationships with families will free your time to focus more on teaching children. Because you have more contact that is positive with parents you will learn more about the child's needs and their home environment. You can use this information to enhance strategies to better meet the child's needs. Finally, when parents are involved and have a positive relationship with you as the child's teacher, they will tend to see you in a more positive way, and this improves your own morale, and motivation to be the best teacher for this child.

Families come to us in our programs with abundant knowledge that should be valued. Luis Moll refers to this as "funds of knowledge" (Moll, 2005.) The concept of "funds of knowledge" is based on a simple premise: people are competent and have knowledge, and their life experiences have given them that knowledge.

Each family brings something different to the classroom, and understanding that families contribute in different ways helps us to be respectful and responsive in our work with families. Not all families want to attend parent/teacher conferences, and not all families are able to engage in nightly learning activities with children. Having early childhood professionals who understand this allows families to contribute in a way that values the knowledge they bring.

Parent knowledge may look like a parent sharing knowledge and insight about their child with the teacher. It might look like a parent using their skills at home to support the child and family. It might also be a parent who builds strong attitudes in their child about school and learning. It might be a parent who wants to share how to weave, or paint, or plant a vegetable garden. We need to respect and value this unique knowledge parents bring in order to holistically know and understand the child and build a reciprocal partnership with the family (Neimer & Kirchofer, 2024).

Children bring with them the funds of knowledge from their homes and communities that can be used for concept and skill development. There are 10 categories of funds of knowledge (Gonzalez, 2005) that teachers should consider in developing classroom practices. With this information, teachers would be less likely to underestimate or constrain what children are learning. Using the funds of knowledge, teachers can focus on supporting students to find meaning connected to their home lives and background which can be represented in the activities and materials provided in the classroom.

The 10 Categories of Funds of Knowledge

1. Home Language
2. Family Values and Traditions
3. Caregiving
4. Friends and Family
5. Family Outings
6. Household Chores
7. Educational Activities
8. Favorite TV Shows
9. Family Occupations
10. Scientific Knowledge

(Gonzalez, 2005)

We know from reading this section that early education professionals have strengths and expectations, and families have strengths and expectations. What if they do not match? It is essential that we work to build bridges to work cooperatively so that children are safe and healthy and can learn optimally. Working together with the family lends to the goal of creating a safe, rich, and supportive environment for learning.

Strengths-based relationships

Think about the following three strategies to build and strengthen your connection for optimal strengths-based relationships:

1. **Your partnership should be based on reciprocity.** Each of us, school, family, and community, have overlapping responsibilities for the child's learning. Each person involved in the partnership needs the help of the others to build a reciprocal relationship that is supported by both formal and informal attitudes and actions. All parties working together with overlapping responsibilities make it more likely that the child will thrive.
2. **Effective partnerships are developed within a democratic process.** We must recognize the diversity within our classroom (different races, cultures, interests, and abilities) of participants, and we need to prepare ourselves to resolve conflicts using a respectful and positive approach that includes open conversation and compromise, and sometimes benefits from mediation and negotiation to reach shared goals.
3. **Opportunities for partnership should be plentiful and varied.** A mix of possibilities might include options such:
    - Having parents come to school to share interests.
    - Inviting parents to come to see what children are doing regularly.
    - Offering opportunities to volunteer in the classroom.
    - Providing information and resources for family support.
    - Creating a "place at the table" for decision-making.
    - Attending parenting education events with topics chosen by the parents.
    - Finding courses in enhancing communication skills (especially for English Language Learners).
    - Providing strategies and tools that support children to learn at home and in the community.

Remember, to do these things, you will need to know about the families you work with. It is important to ask families if and how they want to be involved. Ask them what a meaningful experience would look like for them and when it might be the best time for them to be involved.

Do not make assumptions about how a family could help you but identify their strengths and offer appropriate opportunities. For example, just because you need a bulletin board completed does not mean a parent would find the volunteer opportunity of cutting out a border meaningful. At the same time, donning gloves and providing cleaning tools to clean an empty room may not be respectful, or inclusive, to a parent who wants to volunteer in the classroom to spend more time with their own child. An inventory of actions and activities that families could choose from would be one way to approach the list of what needs to be accomplished.

A robust interview, orientation to the program, questionnaires, and surveys about the family will help you to gather information. Remember that not all families may feel comfortable with reading and writing in English, so be sure to arrange for translators or to

relate verbally, based on individual family needs. Invite families to engage with the program through newsletters, flyers, or an actual invitation from the children in the classroom. Be creative! Engage the children in the process as appropriate and remember the cultural considerations your families identify while you are building your partnerships and focus on creating positive, strengths-based relationships. You will all benefit, but in the end, it is about the benefit for the children.

Building a sense of community goes beyond a simple partnership with families. In an early childhood environment, we are connected by a common interest in quality education and services for young children. This is our community of learners. To enhance the educational experience of the young children we serve, we work to make each child and family feel valued, and connected, and that they belong (Neimer & Kirchofer, 2024).



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Reflection

Where to start?

Prioritize the suggestions from the list above and identify your pathway for engaging families in your program or classroom. Add your own ideas.

Engaging Families in Meaningful Ways

Take another look at the definitions for family involvement and family engagement, and notice how they are the same and how they are different:

- ***Family involvement*** is parent participation in educational systems and learning activities that foster a child's well-being. It involves conscious and intentional attempts to provide information to families and to encourage them to participate in their child's learning. This strategy simply involves families in education in some way. The "unintended consequence" of this approach can be that parents are seen basically as helpers who follow the teacher's directions. They are not seen as valuable partners in their child's education.
- ***Family engagement*** is a more holistic and intentional approach in which the responsibility for supporting the child's learning falls on the parents, siblings, relatives, teachers, friends, and the community; all play a critical function in continuing and reciprocal engagement. Family engagement involves the teacher building relationships with families, learning from the families how they would prefer to be involved in their child's learning, and working with families to understand and plan how they choose to be engaged. This would include desired times and methods for sharing information about the child's experiences. Family engagement offers a broad variety of approaches and activities that can be offered at home, in the community, or in the classroom or program.

In the pursuit of quality in our work we strive for intentional family engagement. While doing this work it is important to consider family-sensitive environments. The concept of family sensitive implies that the teachers, providers, and other early learning professionals will exhibit positive and respectful attitudes towards families. Knowledge about each individual family, their strengths, the experiences in their lives, and the values and beliefs that influence their decisions, along with responsive practices with families are the foundation for supporting and building positive parent and child outcomes. Included within this context is a specific focus supporting families by acting as a resource to empower them to promote their child(ren)'s healthy development.

These relationships with families also focus on reciprocal information sharing and empowerment of families by building mutual respect.

Appreciating what families bring to the program is a significant construct of family engagement. Because families are the experts about their child, each parent/family has specific expertise to contribute. Parents know how a child interacts with others, how the child responds to new people and situations. Parents know what a child is interested in and likes to play with. Parents also know about and can share how a child expresses his or her wants and needs. Families also bring to the program their individual pride in raising their children along with an understanding of the challenges that are inherent in the job of parenting. Parents come into a program with their own specific needs for support and information. An important element of our relationship building process with families is to identify and to build upon the strengths of the individuals involved. This will demonstrate respect, show appreciation, and value contributions of the family in support of the child (Neimer & Kirchofer, 2024).



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16.4: Communicating with Families

Learning Objectives

By the end of this section, you should be able to:

- Recognize the importance of clear, respectful, and culturally sensitive communication in establishing trust with families.
- Explore various communication strategies and tools that can enhance family engagement and promote the sharing of information about children's progress, needs, and well-being.

According to NAEYC's - 5 Guidelines for Effective Teaching, the fifth guideline states "Establish reciprocal relationships with families." Effective communication begins with cultivating a trusting and mutually respectful relationship. As a best practice, early childhood professionals must strive to make family members feel like they are valued members of the team. Professionals must strive to encourage open lines of regular communication and should collaborate whenever possible, especially when it comes to making important decisions about their children. It is ultimately the professional's responsibility to set the tone that lets families know a partnership is highly valued. In this section, we will review what effective communication entails, and we will look at how to prepare for family conferences. [118]

Sharing Perspectives

Effective communication is based on respect for others. When we have regard for other people's perspectives, we are able to show genuine respect and cultivate a caring classroom community. Perspectives are personal viewpoints that allow us to make sense of the world we live in. We develop our attitudes, beliefs, and biases based on our own knowledge, experiences, family history, cultural practices, and interactions we have throughout our lives. Both early childhood professionals and families make crucial decisions on how to guide and support children based on their own perspectives. Without realizing it, our perspectives can influence the way we interact and judge others. If we recognize our biases and try to understand that everyone is entitled to their own perspective, we can strive to develop respectful relationships with our families as we continue to support children's development. Let us look at the valuable contributions both teachers and families bring to the relationship.



Pin It! What Early Childhood Professionals and Families Bring

Professionals bring

- information about the child based on observation and assessment
- information about the child's developmental performance
- information about the curriculum activities and learning goals for the child
- knowledge about the best practices, theories, and principles in early childhood
- Information about the program's philosophy, job description, agency policies
- their own unique personality and temperament
- their own training, experience, and professional philosophy

Families bring

- an understanding of the child's temperament, health history, and behaviors at home
- expectations, fears, and hopes about the child's success or failure
- culturally-rooted beliefs about child-rearing
- past experiences and beliefs about school
- parent/caregivers' sense of control and authority, and other personal and familial influences



Figure 16.4.1: Family-centered care relies on respect and collaboration. [119]

As you engage in conversations, be aware that you communicate with your words, as well as your actions and body language. How can you create a warm and welcoming vibe that encourages open communication with families?

- **A smile goes a long way**. Make every attempt to greet each family at drop-off time and be sure to say goodbye when they pick up their child.
- **Family Questionnaires**. It is important to realize that children come from diverse family settings and we should never assume to know the unique dynamics. In most cases, a child's home life is the child's first " classroom " and the parents are the child's first " teacher. " A questionnaire will provide useful insight and background information that you will need to approach the family more responsively.
- **Offer anecdotes**. Families appreciate hearing about special moments that occur in their child's day. Some parents may feel guilty or may struggle with missing out on those milestone moments. To help families feel connected, share those moments whenever possible.
- **Have opportunities for families to volunteer**. Include opportunities where families can get involved both in and out of the classroom setting.
- **Have a system in place for ongoing communication**. Consider how you will share all that is happening at school and think about how families can inform you about what is happening at home. Some programs use handouts, emails, bulletin boards, and file folders to relay messages.
- **Share your ECE knowledge**. Keep in mind that childrearing practices are embedded in cultural practices. When we recognize that every family is doing the best that they can and wants the best for their children, we can provide support to families that match their needs. Some families will need more support than others will. Provide parenting resources (handouts, books) and post information on community services (food pantries, free events, counseling) for your families.
- **Maintain confidentiality and keep sensitive information private**. Monitor what you say and write and NEVER share information about other families. Keep all documents, assessments, and important information stored in a safe place.
- **Honesty is the best policy**. Be direct and tell the truth (which is sometimes easier said than done). It is a good practice that if a parent asks you something and you do not have the answer- tell them you will have to get back to them. Guessing or giving inaccurate information can ultimately break down communication.
- **Follow through**. When you and a parent agree upon something (to talk at a certain time or to implement a new guidance strategy) be sure you do your part to keep up with the agreement. [120]

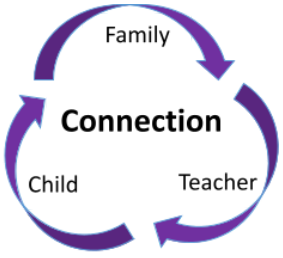


Figure 16.4.2: Cycle of Connection

Effective Family Conferences

The purpose of conferences with families is for both early childhood professionals and families to share information about the child and to find ways to foster continued growth. To ensure that family members understand the purpose of the assessment process, you may want to create a handout that explains what family conferences look like at your center and what your goals are as the teacher. Be mindful that many families work and may find it difficult to engage in a traditional face-to-face conference. We recommend that you provide alternative ways to communicate with families to discuss their child's progress.

Here are some other tips and recommendations to consider when planning effective family conferences:

- **Create a welcoming conference space**. Set up a private space for the conference and arrange chairs side by side. Provide light snacks and beverages to help families feel more comfortable and relaxed during the conference.
- **Be Prepared**. Preparation is vital to conducting a successful conference. Take time to review the child's work and make notes of what you want to discuss during the conference. Prepare any handouts/resources you may want to give to families at the meeting. Have the child's portfolio up to date and in pristine condition.
- **Start the conference with a positive comment or question**. Families are often anxious about what teachers will say about their child, so start the conference with a positive comment and let them know you appreciate them being there. Ask a question to open the dialogue (this will also let you know what is important to the family and what to focus on).
- **Knowing the family's expectations will help guide your conference**. Ask the family for input on their child's strengths and needs, behavior, and learning styles. Actively listening to the family will help you learn more about the child and his or her home life. This will help you better understand the hopes and goals the family has for their child.
- **Remember that you are not a professional counselor, therapist, or social worker**. Some families may want to tell you about their personal family matters, or about the challenging situations, they are facing. Keep social service resources on hand and have them readily available to give to your families.
- **Stay focused**. Conferences can easily get off-topic for one reason or another. The child's development is the purpose of the conference, so circle back around as needed to keep the conference on track.
- **Ask open-ended questions**. This will facilitate conversation and encourage families to engage and participate during the conference.
- **Use family-friendly terms and avoid professional jargon**. We want to make sure that families understand what we are telling them. We use professional jargon with our colleagues/co-workers. We may even consider colleagues as professional jargon. Remembering that families did not study child development will help us to use family-friendly terms in all of our communications with families.
- **Have an inclusive support team on hand**. Some families may not speak English and may need someone available to translate information.
- **Engage families in the planning process**. To further support their child's development, families will need practical activities to do at home. Discuss ways to tie in what efforts are being made at school with activities that can be done at home.
- **Be reassuring**. Families are not usually aware that there is a range of mastery when is pertains to developmental milestones.
- **Be professional**. You must always use professional verbal and written communication skills when dealing with families
- **Be sensitive**. When dealing with children who have special needs, put the person before the disability. Make sure family members are familiar with any important terms and that they understand questions or statements about their child's abilities. Have resources available.
- **Focus on strengths and what the child can do**. Families appreciate looking at their children from a strength-based lens. That perspective builds trust with families to enable them to hear everything that they need to know about their child in an early learning environment.
- **Schedule a follow-up if needed**. Schedule a follow-up meeting as needed if the family has concerns or to check in on the child's progress. This is also best practices with all families as a follow-up could be merely an informal check-in when dropping off or picking up.
- **End the conference on a positive note**. Thank all family members for coming to the conference. Stress collaboration and continued open communication. Let families know their support is needed and appreciated. Express confidence in the

child's abilities to continue to learn and develop. Share at least one encouraging anecdote or positive comment about the child to end the conference. [121]



Figure **16.4.3**: A family conference in action. [122]

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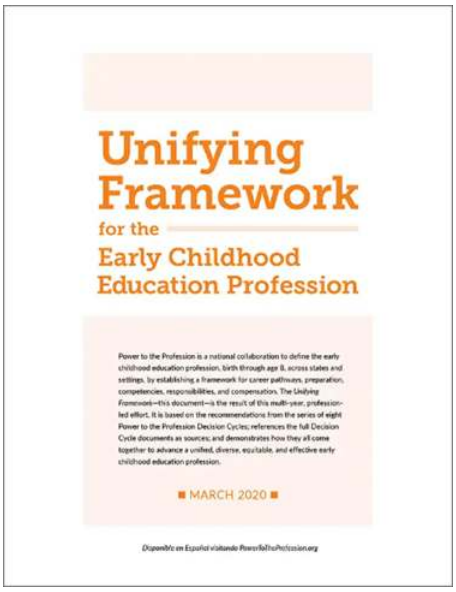
16.5: Professionalism and DAP in Working with Families

Learning Objectives

By the end of this section, you should be able to:

- Understand the role of professionalism in building strong partnerships with families, emphasizing respect, confidentiality, and ethical behavior.
- Explore how Developmentally Appropriate Practices (DAP) can be applied in family interactions to support children's learning and development while fostering positive relationships with families.

The Importance of Professionalism in ECE as it relates to families



Cover of Unifying Framework for the Early Childhood Profession text (P2P)

As you learned earlier about professionalism, you will remember that included in the NAEYC P2P (Power to the Profession) document, we are given guidance that in striving to build this profession, we must do so in a way that elevates the knowledge and skills of families and communities. We, as early childhood professionals, are obligated, professionally and ethically, to develop relationships with all families and the communities we serve, paying particular attention to those from diverse cultures, languages, and experiences who are often marginalized.

> *"Knowledge from families is essential to developmentally appropriate practice."*
>
> *Rhian Evans Allvin, 2018*

To do this, it is essential in our work to create opportunities with families that value their experiences, views and beliefs, and current world views. When we actively integrate this knowledge of our families in the curriculum and the classroom it ensures that we are more able to respect, learn about, understand, and embrace families' cultures and communities; and supports us in building stronger partnerships and connections with families and communities with the end goal of supporting all children.

Preschool children often come to school with an understanding of how they are supposed to speak, move, behave, express themselves, and interact with other children and adults that has developed by watching how these things happen in their own homes. These beliefs about how they are supposed to conduct themselves are largely informed by their families' cultural backgrounds and ways of being.

It is our knowledge about a culture or a family, shared by the family, that supports us as professionals to use this knowledge to tailor the curriculum to the child's understanding and experiences.

Questions to Ask Families

- What are the cultural norms guiding children's development? (For example, are the children the center of the home or expected to be more in the background? Do parents do everything for the children or are the children expected to do more for themself?)
- What are family beliefs and practices for displaying photos of the children and families?
- Do you work with families to create classroom labels, dictations, and signs reflecting the children's first languages?
- Are you aware of cultural norms regarding touch and personal space?
- Do you discuss cultural differences in a positive, respectful way?
- Are you aware of cultural norms for communication style and person-to-person contact?
- Do you view cultural differences as potential resources or as challenges to overcome?

According to NAEYC (P2P) the guidelines for early childhood educators that relate to our connections with families include:

> (a) we should identify and participate as members of the early childhood profession. We serve as informed advocates for young children, for the families of the children in our care, and for the early childhood profession,
>
> (c) we should demonstrate professional communication skills that effectively support relationships and work young children, families, and colleagues.

Developmentally Appropriate Practice (DAP) and our Work with Families



Woman on floor with a young boy from childcare.gov is in the public domain.

Developmentally appropriate practice (DAP) is an early childhood learning approach from NAEYC that states "each and every child, birth through age 8, has the right to equitable learning opportunities… that fully support their optimal development and learning across all domains and content areas" (NAEYC, 2020). In a DAP approach, the early childhood professional supports the child's development (socially, emotionally, physically, creatively, and cognitively) based on their knowledge of each child. This knowledge is used to make appropriate decisions about classroom materials, appropriate interactions and learning experiences that are most likely to be effective and support the development and learning for the group and each individual child.

The DAP Position Statement from NAEYC also guides expectations for our work with families. DAP Guideline #2 is Engaging in Reciprocal Partnerships with Families and Fostering Community Connections. This Guideline states: Developmentally appropriate practice requires deep knowledge about each child, including the context within which each child is living. Educators acquire much of this knowledge through respectful, reciprocal relationships with children's families. Across all ages, families' expertise about their own children is sought out and valued.

Reflection

Thinking about connecting with families

How has your thinking changed about the role of families and how you connect with them in your classroom?

What is your first goal related to connecting with families as you move forward in your professional practice?



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References

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NAEYC. 2020. Developmentally Appropriate Practices Position Statement. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/dap-statement_0.pdf

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16.6: Ethical Responsibilities to Families

Learning Objectives

By the end of this section, you should be able to:

- Identify and understand the ethical responsibilities early childhood educators have toward families.
- Examine how ethical practices can support positive relationships between educators and families, enhancing collaboration for the child's well-being and development.

According to the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct (May 2011) “families are of primary importance in children’s development. Because the family and the early childhood practitioner have a common interest in the child’s well-being, we acknowledge a primary responsibility to bring about communication, cooperation, and collaboration (the three C’s) between the home and early childhood program in ways that enhance the child’s development.” [111]

The code consists of ideals and principles that we must adhere to as ethical professionals. The ideals (refer to the Code of Ethical Conduct) provide us with how we need to support, welcome, listen to, develop relationships with, respect, share knowledge with and help families as we work together in partnership with them to support their role as parents. The principles provide us with specific responsibilities to families in our role as early childhood professionals. These principles include what individuals must do as well as the programs that serve those families.



Pause to Reflect

After reviewing Section II – Ethical Responsibilities to Families in the NAEYC Code of Ethical Conduct, what stands out to you and why? What seems to make the most sense and why? What might be easy for you to uphold? What may be challenging? How can you use the code to shape your interactions with families?

References

National Association for the Education of Young Children. (2011). *Code of Ethical Conduct and Statement of Commitment*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/Ethics%20Position%20Statement2011_09202013update.pdf

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16.7: In Closing

As early childhood professionals, we need to include families at the center of the work we do with their children. Valuing their input creates a sense of belonging that promotes success in school and home. Understanding the unique systems, styles, and stages of each of the family members we welcome into our program enables us to collaborate more fully with each of them, providing the type of collaborative expertise that enhances each partner beyond their individual capacity.



Quotable

“Children thrive when they have the skills they need to succeed and when families are meaningfully involved in their development and learning.”

– Bierman, Morris, & Abenavoli (2017)

References

Bierman, K., Morris P., & Abenavoli R. (February, 2017). *Parent engagement practices improve outcomes for preschool children.* Robert Wood Johnson Foundation.

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