ECE 115: INFANT TODDLER DEVELOPMENT



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ECE 115 | Infant Toddler Development

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This text was compiled on 04/16/2026

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CHAPTER OVERVIEW

1: Welcome to Infant and Toddler Development!



Welcome to infant and toddler development! Throughout this text, we will be exploring what *is* infant and toddler development. We will learn to recognize developmental patterns, theorists that contribute to our understanding, as well as how to track development!

In this first chapter, we will be exploring an introduction to infants and toddlers. We will explore what a developmental approach is, what ages infants and toddlers are, and what key insights we need before we learn about their development

Learning Objectives

- Define what a developmental approach is in the context of early childhood education.
- Define who infants and toddlers are by age and describe debates over ages.

1.1: Introduction to Text

1.2: A Developmental Approach

1.3: Who are infants and toddlers?

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1.1: Introduction to Text

Introduction

Dedication

I want to dedicate this text to anyone who loves infant and toddler care, who is passionate about learning, and who is taking the time to learn more for the children they are caring for. Thank you for all that you do.

Text Learning Outcomes

The learning outcomes for this text are in line with the course learning outcomes for ECE 115: Infant Toddler Development at Triton College in River Grove, IL.

- Describe the stages of development from prenatal development through age three and the variations found across the developmental domains.
- Explain how the theories on infant and toddler development have shaped our understanding of children from birth to age three.
- Discuss how biological factors interplay with environmental factors to shape the development of infants and toddlers.
- Describe how the socio-cultural context, such as gender, family, race, ethnicity, language, ability, socio-economics, religion, and society influence the development of infants and toddlers.
- Identify physical, cognitive, and social-emotional milestones and sequences of development of infants and toddlers.
- Describe neonatal, infant and toddler assessment techniques and how they inform our practices with children birth to age three.

Notes and Context about This Text

This Open Educational Resource was written with an Infant Toddler Development Course in mind. This text was written with understanding of infant and toddler development in the contextualization of the early childhood program at Triton College in River Grove, IL. Due to the context and location of the program, this text will utilize policies and materials from Illinois, such as references to Illinois Gateways to Opportunity and policies of DCFS particular to Illinois.

This text follows the guidelines of the National Assocation for the Education of Young Children (NAEYC) and Illinois Early Learning Guidelines. This text is written for those who are teaching in infant and toddler classrooms, however may be useful for any who has children, who wants to learn more about infant and toddler care, or simply loves learning.

NAEYC-

You can find more about NAEYC at https://www.naeyc.org/

Illinois DCFS

You can find more about DCFS at https://dcfs.illinois.gov/

Illinois Gateways to Opportunity

You can find more about Gateways to Opportunity at https://www.ilgateways.com/

Illinois Early Learning Guidelines

You can find the Illinois Early Learning Guidelines at https://illinoisearlylearning.org/ielg/

Illinois Early Intervention

You can learn more about Illinois Early Intervention at https://www.dhs.state.il.us/page.aspx?item=30321

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1.2: A Developmental Approach



A Developmental Approach:

This text was written using a developmental approach.

A developmental approach is a framework emphasizing the continuous process of growth, change, and adaptation that individuals undergo throughout their lifespan, from conception until death (Katz, 2009). While this text is not going to encompass the full-lifespan, we will be exploring development from conception until children turn 3 with understanding that children are rapidly growing and changing during this time!

In early childhood, we often talk about development with understanding of Developmentally Appropriate Practices, or DAP (Friedman et al., 2022). DAP is a position statement created by the National Association for the Education of Young Children, or NAEYC. DAP is a framework and a guide in order to help teachers working with young children to create opportunities for learning and growth. DAP was created on research-based practices, using educational theories to create an understanding of a child development approach (Sanders & Farago, 2022).

When we are looking at DAP and what this means for our exploration of development, we will explore early development through the domains of development:

- Motor (large/gross motor as well as small/fine motor)
- Social-Emotional
- Cognitive-Language (some will classify language as it's own domain, while others will place these together. We will be exploring these together in this text. It is not necessarily to say that one is right or wrong, it depends on how you view and classify them.)

While our text is aligned with DAP, we are exploring the development, and not necessarily practices, in order to build understanding of what appropriate practices are in early care and education.

Investigate: NAEYC and DAP

Use the following questions to research and investigate more about NAEYC and DAP in the U.S.

- *Why is NAEYC important in the U.S.?*
- *What led to NAEYC creating a definition for Developmentally Appropriate Practices?*
- Why is DAP important?

References:

Charlesworth, R. (1998). Developmentally appropriate practice is for everyone. *Childhood Education*, *74*(5), 274-282.

Friedman, S., Bredekamp, S., Masterson, M., Willer, B., & Wright, B. (Eds.). (2022).

Developmentally appropriate practice in early childhood programs: Serving children from

birth through age 8 (4th ed.). National Association for the Education of Young Children.

Katz, L. G. (2009). A developmental approach to the curriculum in the early years. In *Key issues in early years education* (pp. 25-31). Routledge.

Sanders, K., & Farago, F. (2018). Developmentally appropriate practice in the twenty-first century. *International handbook of early childhood education*, 1379-1400.

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1.3: Who are infants and toddlers?



Who are Infants and Toddlers?

The agreed upon age for infants and toddlers is birth to the day that they turn three years old, yet there is some debate within this about who is an infant and who is a toddler?

Infants are generally agreed upon as being birth to around 1 year old (12 months), however the starting age of toddlerhood is anywhere from 12 months to 15 months old. The Center for Disease Control and Prevention (CDC) defines toddlers as beginning at 12 months old, while some pediatricians view toddlers as being only 12 months to 24 months (1-2 years). The DCFS licensing handbook puts toddler classrooms beginning at 15 months in Illinois, while some in their definition include 4 year olds as toddlers.

As we are following Illinois DCFS guidelines, we will consider toddlers for this book to be 15 months-when they turn 3 years old. While sections of this book may blend/blur the ages of toddlers, generally speaking we will consider toddlers to be within this age range.

Illinois DCFS Regulation for Child Care Centers

Each classroom in Illinois has a requirement for how many adults and children are in the classroom together, referred to as *ratios.* Ratios are the minimum number of required adults in the classroom per a specific number of children. Additionally, each classroom in Illinois has a max number of children that can be in the classroom. While classroom sizes may be lower based on the dimensions of the classroom, the max number of children does not go up when the classrooms are larger.

In Illinois, the DCFS licensing requirement follows these ratios and classroom sizes for infants and toddlers:

	6 weeks-15 months	15 months-2 years	2-3 years
Ratio (Teacher:Child)	1:4	1:5	1:8
Classroom Size (max number of children)	12	15	16

When there is a mixed age group, the ratio/classroom size will always be based on the youngest child. For example, if you have a 14 month old with a 16 month old, the ratio will be based on the age of the younger child (in this case, the 14 month old), creating the ratio of 1:4 with a max classroom size of 12.

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CHAPTER OVERVIEW

2: Families and Community



In this section, we will be exploring our understanding of families and community as they relate to infant and toddler caregiving. Part of this exploration will be in the development of families, settings where children are being raised, as well as types of childcare.

Learning Objectives

- Describe the four types/styles of parenting
- Describe Stages of Parenthood and how they impact parenting
- Describe Bronfenbrenner's ecological model and how it affects parenting
- Differentiate between different types of communities and what challenges may exist for childcare
- Describe ways in which becoming parents affects individuals, such as through postpartum

2.1: Stages of Parenting
2.2: Community Settings
2.3: Bronfenbrenner's Ecological Systems Theory

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2.1: Stages of Parenting



Types of Parenting

Psychologist Diana Baumrind (1927-2018), considered a pioneer of research in parenting, introduced the idea of parenting styles. Baumrind (1971) introduced 3 parenting styles: authoritative, authoritarian, and permissive. In the 1980's, Maccoby and Martin (1983) noticed a gap in parenting styles that had not yet been addressed: the neglectful parenting style. Baumrind (1991) revised her parenting styles to include the neglectful style based on Maccoby and Martin's work.

Maccoby and Martin (1983) were more concerned about parenting styles, with less research on the child'd development. Baumrind, however, was more concerned about the association between parenting styles and the child's development, however her work neglected the impact of co-parenting between individuals with differing parenting styles.

Maccoby and Martin (1983) determined that parent types are determined based on their "demand" and "response." Demand being in reference to parents establishing rules and expectations, with high demand parenting being stricter and low demand parenting having little to no expectations or rules. Response being in reference to parents attention to children's needs and feelings, with high response parents being attuned to children's needs and low response parenting having little to no understanding of what their child is feeling or needing. Below are the types of parenting along with their demand level and response level as defined by Maccoby and Martin (1983):

Authoritative High demand, high response	**Authoritarian** High demand, low response
Permissive (or Indulgent) Low demand, high response	**Uninvolved (or Neglectful)** Low demand, low response

Stages of Parenting

Ellen Galinsky (born 1942) researched family dynamics, specifically the development that parents go through themselves as they navigate parenting (Galinsky, 1987). Galinsky was one of the first researchers to focus on parent's development, noticing the

transformation that parents go through as they undertake their roles. As children grow, she noted that parents had to have a responsive and develop new skills in response to their developing child.

Stage	Age of Child	Markers of the Stage
1. Image Making Stage	Before Child (planning/pregnancy)	Parents are excited and are beginning to plan. They begin to envision their life with a child and what the child may be like (ex. who the child looks like, what they may enjoy, a boy or girl). Parents are beginning to wonder what it will be like to be a parent themselves.
2. Nurturing Stage	Infants	Parents are beginning to adapt to life with a child and are beginning to bond with their baby. The goal during this stage is to establish an attachment relationship with the child.
3. Authority Stage	Toddlers/Preschool	In this stage, parents are beginning to make firm decisions about how they parent and are establishing what they should do when children break rules they have established.
4. Interpretive Stage	Middle Childhood	This stage begins when children are beginning school. Parents are helping their child to navigate new experiences beyond in their own home. Parents at this stage are determining what values to teach their child and answer their children;s questions. Parents are also beginning to evaluate their own parenting styles and choices.
5. Interdependent Stage	Adolescence	As children begin puberty and become teenagers, parents are redifining and negotiating their relationship with their child. Children are beginning to make decisions outside of their parent's authority, however parents are still responsible for the child and have to set their decisions accordingly.
6. Departure Stage	Early Adults	Children are getting ready to depart the home and parents are redefining their identity. Parents are evaluating themselves as their children become independent.

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Baumrind, D. (1971). Current patterns of parental authority. *Developmental psychology*, *4*(1p2), 1.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *The journal of early adolescence*, *11*(1), 56-95.

Galinsky, E. (1987). *The six stages of parenthood*. Perseus Books.

Maccoby, E. E., & Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In P. H. Mussen (Series Ed.) & E. M. Hetheringtono(Vol. Ed.), *Handbook of Child Psychology: Vol*. IV. *Socialization, Personality and Social Development*

(4th Ed., pp. 1-101). New York: Wilepy.

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2.2: Community Settings



Types of Communities

Early care options for parents look different based on where they are living. Urban, rural, and suburban communities all offer different kinds of experiences for parents who are looking for childcare for their child.

While these settings offer different kinds of care, care is also often determined based on a parent's socioeconomic status and what kind of care they can afford for their child.

Urban

Urban settings are essentially cities-think Chicago or New York. These communities are more densely populated, typically with options for public transportation for daily use. These communities tend to have multiple options for early care, such as early childhood schools or day cares, yet often have a "slot gap." A slot gap refers to when there are more children that need care than there are locations/spots available for children. Expecting parents often have to get on wait lists early in order to ensure that their child has care.

Suburban

Suburban settings are typically close to cities/urban settings, yet are less densely populated than cities and typically have some kinds of daily public transportation (though more limited based on what city they are close to). Suburban communities typically have more options for childcare, like in urban settings, but also can experience "slot gaps."

Rural

Rural settings are defined by their less dense population. Think of farmland or small farming towns. Rural communities are much further away from urban settings than suburbs are, and have little to no public transportation options for daily use. While there are many benefits to raising a child in a rural community, there is less access to different kinds of care, such as limited early childhood schools or day care settings to enroll the child in. When there is little access to care, these are called "child-care desserts" meaning that options are either limited or non-existant.

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2.3: Bronfenbrenner's Ecological Systems Theory

Ecological Systems Theory

Urie Bronfenbrenner (1917-2005) was a Russian born American psychologist. He (Bronfenbrenner, 1979) developed the Ecological Systems Theory as a framework in order to understand the complex system influencing human development. His theory suggested that children's development is affected by the environments that they encounter, including biological, interpersonal, societal, and cultural factors. The theory emphasizes the importance that people and their environment have together as interdependent systems.

Within Bronfenbrenner's (1979) theory are five ecological systems. While these are defined as five distinct systems, the systems work together and interact between each other. Below are the systems and what they are as defined by Bronfenbrenner (1979):

Definition: Ecological System

A description of either an immediate surrounding of an individual or a broader societal structure that impacts an individual's development.

Microsystem

The microsystem is any environment or relationship that has a direct effect on the child. This includes who the child interacts with often, such as parents, teachers, friends, home, and school. Those individuals and environments within the microsystem accounts for the experiences that have a direct affect on the child, helping to shape their learning, values, and beliefs.

Mesosystem

I like to joke that the mesosystem is "messy," however this joke I have found helps to explain why this level can be confusing to understand. The mesosystem describes the different relationships and interactions that everything in the microsystem has. As an example, the systems that are mentioned in the microsystem all work together even if the child is not there. The teacher and parents still have communication between each other, even if the child does not see it. A child's friends at school know each other and may engage even if the child is not at school on a given day. While these interact with or without the child, they also impact the child directly as the child's parents and teachers may agree on goals they want the child to reach or the child's friends may create a game they teach to the child when they return to school.

Exosystem

The exosystem does not directly interact with the child, however has direct impacts on a child's development. The exosystem includes organizations and social contexts, such as community resources, where your parents work and their insurance/healthcare, and local and federal policies and governing bodies.

Macrosystem

The macrosystem includes values, social norms, customs, cultural beliefs, and traditions. The macrosystem shares how beliefs may be based on location, groups who share the same beliefs, and may vary due to socioeconomic status.

Chronosystem

The chronosystem is the final layer and is time. The role of time influences development as children grow, engage in experiences that shape them, encounter transitions (such as moving or gaining a sibling), or if there is a historical or societal change.

References:

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.

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CHAPTER OVERVIEW

3: Pregnancy and Physical Development



In this section, we will explore infant and toddler growth trends. As infants and toddlers develop, they rely on adults around them to take care of them as they grow.

Learning Objectives

- Identify the impact that genetics has on development
- Identify growth trends for newborns
- Identify growth trends for infants
- Identify growth trends for toddlers

3.1: Genetics and Pregnancy

3.2: Postpartum

3.3: Community Supports

3.4: Growth Trends for Newborns and Infants

3.5: Growth Trend for Toddlers

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3.1: Genetics and Pregnancy

Genetics



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3.2: Postpartum

Postpartum

Postpartum, or the postnatal period, is the time period for mothers after they give birth (Lopez-Gonzalez et al., 2022). While postpartum usually only lasts 6-8 weeks, the affects of having a child can vary from individual to individual.

Watch this podcast on postpartum, featuring Zelda, a mother of two.



References

Lopez-Gonzalez DM, Kopparapu AK. Postpartum Care of the New Mother. [Updated 2022 Dec 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK565875/

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3.3: Community Supports



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3.4: Growth Trends for Newborns and Infants



Newborns

Newborns experience rapid growth in their first few months of life. As they develop in a rapid pace, they rely on caregivers to take care of thier daily needs.

Weight

- **Initial Weight Loss:** It's normal for newborns to lose about 5-10% of their birth weight in the first few days due to fluid loss.
- **Weight Regain:** Most babies regain their birth weight by 10-14 days old.
- **Rapid Gain:** For the first month, the average weight gain is about 1 ounce (30 grams) per day or 4-8 ounces (110-230 grams) per week.
- **Doubling Birth Weight:** Most babies double their birth weight by around 5-6 months.
- **Tripling Birth Weight:** By their first birthday, most healthy newborns will have tripled their birth weight.
- **Slower Gain After 6 Months:** The rate of weight gain typically slows down in the second six months.

Length (Height)

- **Average Length at Birth:** The average length of a full-term newborn is about 19-20 inches (48-50 cm), with a typical range of 18-22 inches (45.7 to 56 cm).
- **Rapid Growth in First Month:** In the first month, babies typically grow about 1-1.5 inches (2.5-3.8 cm) in length.
- **Growth in the First 6 Months:** Babies tend to grow about 1 inch (2.5 cm) per month during the first six months.
- **Slower Growth in the Second 6 Months:** From 7 to 12 months, the growth rate in length decreases to about 0.5 inches (1.3 cm) per month.
- **Increased by 50% by Age 1:** Most babies increase their birth length by about 50% by their first birthday, growing around 10 inches (25 cm).

Head Circumference

- **Average at Birth:** The average head circumference of a full-term newborn is around 13.5 inches (34 cm).
- **Rapid Growth:** Head circumference increases rapidly in the first few months to accommodate the growing brain.
- **Growth in the First Month:** The head circumference may increase by about 1 inch (2.5 cm) in the first month.
- **Growth in the First 3 Months:** The average increase is about 0.5 inches (1.5 cm) per month for the first three months.
- **Slower Growth:** The rate of head growth slows down after the first few months.

The Role of Nutrition

- **First 6 Months:**
  - **Breast Milk:** Breast milk is the ideal food for newborns, providing all the necessary nutrients in easily digestible form, along with antibodies for immunity. It adapts to the baby's changing needs.
  - **Formula:** Iron-fortified infant formula is a healthy alternative when breastfeeding is not possible. It is designed to mimic the nutritional content of breast milk.
  - **Feeding Frequency:** Newborns typically need 8-12 feedings per day (every 2-3 hours). Feeding should be "on cue," responding to the baby's hunger signs (rooting, sucking on hands, lip-smacking, and crying as a late sign).

- **Vitamin D Supplementation:** Breastfed babies need supplemental Vitamin D soon after birth as breast milk alone may not provide enough. Formula is typically fortified with Vitamin D. Consult your pediatrician for recommendations.
- **No other fluids:** Healthy newborns don't need water, juice, or other fluids in the first 6 months unless specifically advised by a doctor.

After 6 Months (Introduction of Solids):

- Complementary foods are introduced alongside breast milk or formula to provide additional nutrients.
- Start with nutrient-dense foods, including iron and zinc-rich options like fortified infant cereals, meat, and beans.
- Introduce potentially allergenic foods early and one at a time to monitor for reactions (e.g., eggs, cow's milk products, peanuts, tree nuts, wheat, shellfish, fish, soy).
- Avoid honey until after 1 year due to the risk of botulism.
- Limit or avoid foods and beverages with added sugars and high sodium content.
- Offer breast milk or formula until 1 year of age. Juice is not recommended for infants under 1 year.

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3.5: Growth Trend for Toddlers



Toddler Growth

Toddlers, while slowing in their growth, still rely on caregivers for their daily needs and development. They are becoming more independent as they develop physically.

Weight

- **Slower Gain:** Toddlers gain weight at a much slower pace than infants. Expect an average weight gain of about **4 to 6 pounds per year**.
- **Fluctuations:** A toddler's appetite can vary significantly from day to day, which can lead to fluctuations in weight gain. This is usually normal as long as their overall growth trend is consistent.
- **Average Weight Ranges (approximate):**
  - **1 year:** 19-26 pounds (girls), 20-27 pounds (boys)
  - **2 years:** 26-32 pounds (girls), 28-34 pounds (boys)
  - **3 years:** 30-38 pounds (girls), 31-40 pounds (boys)
- **BMI Tracking:** Healthcare providers will start to use the Body Mass Index (BMI) to assess weight in relation to height for children over two years old.

Length (Height)

- **Steady Increase:** Toddlers continue to grow in height, but the rapid growth of infancy subsides. The average growth is about **2 to 3 inches per year**.
- **Average Height Ranges (approximate):**
  - **1 year:** 29-32 inches (girls), 29.5-33 inches (boys)
  - **2 years:** 31.5-36 inches (girls), 32-37 inches (boys)
  - **3 years:** 34.5-40 inches (girls), 35.5-40.5 inches (boys)
- **Half Adult Height:** By around 2 years old, most toddlers have reached approximately half of their adult height.

Head Circumference

- The rate of head growth slows significantly during toddlerhood as the brain's rapid growth phase is largely complete. Your pediatrician will continue to monitor it, but the changes will be less dramatic than in the first year.

The Crucial Role of Nutrition

Adequate and balanced nutrition is essential for supporting the steady growth and development of toddlers. Their nutritional needs differ from those of infants, and establishing healthy eating habits during this stage is vital for long-term health.

- **Energy (Calories):** Toddlers need enough calories to fuel their active lifestyles and support growth. The average daily caloric needs range from **1,000 to 1,400 calories**, depending on age, activity level, and individual metabolism.
- **Macronutrients:**
  - **Protein:** Important for building and repairing tissues. Good sources include lean meats, poultry, fish, eggs, beans, lentils, tofu, and dairy products. Toddlers need around **2-4 ounces of protein per day (for 2-3 year olds)**.
  - **Carbohydrates:** The primary source of energy. Focus on complex carbohydrates like whole grains (whole-wheat bread, pasta, oats, brown rice), fruits, and vegetables. Limit sugary drinks and refined grains.
  - **Fats:** Necessary for brain development and the absorption of certain vitamins. Include healthy fats from sources like avocados, nuts (if no allergy risk, and appropriately sized), seeds, and olive oil.
- **Micronutrients (Vitamins and Minerals):**
  - **Iron:** Crucial for brain development and preventing anemia. Good sources include red meat, poultry, fish, fortified cereals, beans, and spinach. Iron absorption can be enhanced by consuming vitamin C-rich foods alongside iron sources.
  - **Calcium:** Essential for strong bones and teeth. Dairy products (milk, yogurt, cheese) and fortified non-dairy alternatives are good sources. Toddlers need around **2-2.5 cups of dairy per day**.
  - **Vitamin D:** Aids in calcium absorption. Fortified milk, fatty fish, and sunlight exposure are sources. Supplementation is often recommended; consult your pediatrician.
  - **Fiber:** Promotes healthy digestion. Found in fruits, vegetables, and whole grains.
- **Feeding Guidelines:**
  - Offer three meals and two to three healthy snacks per day.
  - Provide a variety of foods from all food groups to ensure a wide range of nutrients.
  - Let toddlers respond to their hunger and fullness cues. Avoid forcing them to eat.
  - Offer appropriate portion sizes (smaller than adult portions).
  - Make mealtimes positive and enjoyable.
  - Limit sugary drinks, processed foods, and foods high in sodium.
  - Ensure toddlers have access to water throughout the day. Juice should be limited to 100% fruit juice and in small amounts (no more than 4 ounces per day for 1-3 year olds).
  - Continue to offer whole milk for children aged 12-24 months for healthy fat intake, unless otherwise advised by a doctor. After age 2, most can switch to low-fat or nonfat milk.

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CHAPTER OVERVIEW

4: Motor Development



In this section, we will be exploring infant and toddler's development as they learn to use their bodies to engage and play.

Learning Objectives

- Define what motor development is and how it impacts infant and toddler development
- List stages of fine/small motor development for infants and toddlers
- List stages of large/gross motor development for infants and toddlers

4.1: Overview of Motor Development

4.2: Fine/Small Motor Development Stages

4.3: Large/Gross Motor Stages of Development

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4.1: Overview of Motor Development

Overview of Motor Development



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4.2: Fine/Small Motor Development Stages



Fine/Small Motor Development

Infants and toddlers are learning to engage with the world around them. The small (or fine) motor development encompasses the development of the smaller muscles and movements that children are learning to use. Think of small/fine motor development as what we do with our hands, such as holding onto objects, or typing on a cellphone.

Like in other stages of development, it is important to note that biological, environmental, and cultural influences can have an impact on children's development. Additionally, any child who has a handicap, such as low use of their hands, may be unable to complete tasks in the same way as other children are able to.

Types of Grasps:

Infant Grasps:

- **Reflexive Grasp (0-4 months):** This is an involuntary grasp. If you place an object in a newborn's palm, they will instinctively curl their fingers around it.
- **Crude Palmar Grasp (3-5 months):** The baby uses their whole hand to grasp an object, pressing it into their palm with their fingers. The thumb is not yet actively involved.
- **Palmar Grasp (5-6 months):** The object is held in the center of the palm. The fingers close around it, but the thumb still doesn't play a significant role in opposition.
- **Radial Palmar Grasp (6-7 months):** The baby starts to use the thumb side of their hand to grasp. The thumb begins to oppose (move towards) the fingers, providing a more secure hold.
- **Raking Grasp (7-8 months):** The baby uses their fingers in a raking motion to try and pick up small objects, often bringing them into their palm.
- **Radial Digital Grasp (8-9 months):** The baby uses the thumb and the index and middle fingers to hold an object. The object is held more with the fingers than the palm.
- **Inferior Pincer Grasp (9 months):** The baby uses the pads of their thumb and index finger to pick up small objects. The grasp is not yet refined, and they may use the side of their index finger.
- **Pincer Grasp (10-12 months):** This is a significant milestone. The baby can now use the tips of their thumb and index finger to pick up small objects with precision. The forearm is usually lifted off the surface during this grasp.

Toddler Grasps (Related to Tool Use):

As toddlers develop, their grasp patterns evolve further, especially in how they hold tools like crayons and spoons:

- **Palmar Supinate Grasp (12-18 months):** When holding a crayon, the toddler uses their whole hand with the palm facing upwards. Movement comes from the shoulder.

- **Digital Pronate Grasp (2-3 years):** The crayon is held with the whole hand, but the palm faces downwards. The thumb points towards the paper, and the arm moves the crayon.
- **Static Tripod Grasp (3-4 years):** The crayon is held between the thumb and the index and middle fingers, but the fingers move as a unit, with little independent finger movement. The wrist and forearm initiate movement.
- **Dynamic Tripod Grasp (4+ years):** This is the mature and most efficient grasp for writing and drawing. The crayon is held with the thumb, index, and middle fingers. The wrist is stable, and the fingers move independently to control the tool.
- **Quadrupod Grasp:** Similar to the tripod, but involves the ring finger for added stability. This can also be a functional grasp.

Infancy (0-12 Months)

0-3 Months: Early Hand Skills

- Reflexive grasp: Grasps objects placed in hand tightly, but involuntarily.
- Opens and closes hands: Begins to have more control over hand movements.
- Brings hands to mouth: An important way for exploration and self-soothing.
- Moves arms actively: May swing arms at toys but with little accuracy.
- Watches hands: Starts to become aware of their own hands.

3-6 Months: Developing Voluntary Grasp and Reach

- Holds small object in hand (palmar grasp): Uses whole hand to grasp, without thumb involvement.
- Reaches for toys with both arms: Developing coordination between vision and reaching.
- Holds hands together.
- Pushes up on arms during tummy time: Strengthens shoulders and wrists, which are foundational for later fine motor skills.
- Briefly holds a toy like a rattle.

6-9 Months: Refining Grasp and Hand-to-Mouth Coordination

- Transfers objects from one hand to the other: Shows increasing coordination.
- Bangs toys together: Explores object properties and cause-and-effect.
- Uses a raking grasp: Attempts to pick up small objects with fingers moving together like a rake.
- Brings toys to mouth more accurately.
- Starts to use an inferior pincer grasp: Uses thumb and index finger pads to pick up small items (less precise than a mature pincer grasp).

9-12 Months: Developing Pincer Grasp and Object Manipulation

- Develops a more refined pincer grasp: Uses the tips of the thumb and index finger to pick up small objects with more precision.
- Points with index finger: Shows emerging dexterity and communication skills.
- Releases objects voluntarily: Can intentionally let go of toys.
- Puts objects into a container: Demonstrates developing hand-eye coordination and understanding of containment.
- Bangs two toys together intentionally.
- Waves goodbye.
- May turn pages of a board book (a few at a time).
- Stacks 2 blocks.

Toddlerhood (1-3 Years)

12-18 Months: Increased Dexterity and Early Tool Use

- Builds a tower of 2-3 blocks.
- Puts small objects into a narrow-necked bottle.
- Turns pages of a board book one at a time.
- Scribbles spontaneously with crayons (using a fist grasp).
- Attempts to use a spoon and cup for feeding (often messy).
- Claps hands together.
- Waves goodbye.

- Can isolate index finger to point.

18-24 Months: Refining Manipulation and Bilateral Coordination

- Builds a tower of 4-6 blocks.
- Turns knobs and handles.
- Removes lids from containers.
- Strings large beads.
- Folds paper in half (with assistance).
- Begins to hold crayons with fingertips and thumb (emerging tripod grasp).
- Uses a spoon more effectively; starts to use a fork.
- Turns pages of a book one at a time more consistently.

2-3 Years: Developing Precision and Tool Use

- Builds a tower of 6-9 blocks.
- Turns single pages of a book with thin pages.
- Snips with scissors (may not be controlled).
- Imitates drawing vertical and horizontal lines and circles.
- Screws and unscrews lids.
- Strings small beads.
- Uses one hand consistently for most activities (hand dominance may emerge).
- Feeds self independently with utensils.
- Washes and dries hands with assistance.
- Puts on and takes off simple clothing items (e.g., socks, large-buttoned shirts).

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4.3: Large/Gross Motor Stages of Development



Large/Gross Motor Stages of Development

Infants and toddlers are rapidly learning to move! Large/gross motor development refers to the use of the large muscles, such as those in our legs for running or our arms for throwing.

Like fine/small motor development, there may be cultural, environmental, or biological factors that impact a child's development in these areas. Additionally, children who have challenges to using thier muscles may not be able to engage in the same ways as other children or may take additional time to learn a new skill.

Infancy (0-12 Months)

0-3 Months: Early Movements and Head Control

- Reflexive movements: Exhibits reflexes like stepping and kicking when held upright.
- Lifts head briefly: When lying on their tummy (tummy time).
- Moves arms and legs: Uncoordinated movements.
- Turns head side to side: When lying on their back.

3-6 Months: Developing Strength and Coordination

- Holds head steady: Without support.
- Pushes up on arms: During tummy time.
- Rolls from tummy to back: May start around 5 months.
- Brings hands to mouth.
- Begins to sit with support.

6-9 Months: Achieving Independent Sitting and Early Mobility

- Sits independently: Without support.
- Rolls from back to tummy.
- Begins to move around: May scoot on their bottom, crawl on their belly (commando crawl), or crawl on hands and knees.
- Pulls to stand: While holding onto furniture.

9-12 Months: Crawling, Pulling Up, and First Steps

- Crawls on hands and knees.
- Pulls self to a standing position.

- "Cruises" along furniture: Walks sideways while holding onto objects for support.
- May take a few independent steps.
- Stands alone briefly.

Toddlerhood (1-3 Years)

12-18 Months: Refining Walking and Exploring

- Walks independently: Though gait may be wide and unsteady initially.
- Walks sideways and backward.
- Begins to run (may fall easily).
- Walks up stairs with help (hand-holding or railing).
- Pulls toys while walking.
- Climbs onto and off furniture.

18-24 Months: Becoming More Coordinated and Active

- Runs more smoothly.
- Walks up and down stairs with less assistance (may still hold on).
- Kicks a ball forward.
- Throws a ball (arm movement may be limited).
- Jumps in place.
- Climbs on play equipment.

2-3 Years: Developing More Advanced Gross Motor Skills

- Runs with good coordination.
- Walks up and down stairs alternating feet.
- Jumps forward.
- Begins to hop on one foot.
- Throws a ball overhand with more control.
- Catches a large ball.
- Rides a tricycle.
- Balances on one foot for a few seconds.

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CHAPTER OVERVIEW

5: Social and Emotional Development



Social and emotional development

Learning Objectives

- Describe social learning theories as they relate to infant and toddler development
- Discuss types of attachment in relation to early development
- Describe the stages of Erikson's Psychosocial Development
- List the stages of infant and toddler social-emotional development

5.1: Social Learning Theories

5.2: Attachment

5.3: Psychosocial Stages

5.4: Social Stages of Development

5.5: Emotional Stages of Development

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5.1: Social Learning Theories



Behavioral Theories

Behavioral theories suggested that children learn their behaviors through conditioning and cognitive theories. Behavioral theories included:

- Pavlov's Dogs: Remember the experiment in which Pavlov rang a bell before feeding dogs and then whenever a bell would ring they would salivate? His study demonstrates a behavioral theory by creating a reactionary behavior in dogs through **classical conditioning.** The first part of classical conditioning is creating a response that is established and strengthened by the desired behavior, otherwise known as **acquisition.** As the association between the response disappears and the behavior weakens or disappears, **extinction** occurs. The longer an association has existed, the longer it may take to become extinct.
- B.F. Skinner: Skinner worked on **operant conditioning,** where he used reinforcement and punishment in order to establish learning. Skinner used pigeons in order to demonstrate reinforcement of behavior, as pigeons pushed a button in order to get food. He did this through offering **continuous reinforcement,** where he offered a reward for every time they pushed the button, as well as through **partial reinforcement,** where he offered a reward after a number of times they pushed a button or after a period of time had elapsed. His work on operant conditioning demonstrated that when you form an association with a behavior, you learn the consequences and then make decisions on what to do based on your history of punishment or reinforcement.

Social Learning Theory

Unlike behavioral theories, which suggest that all learning is due to conditioning, Psychologist Albert Bandura (1925 2021) proposed that learning occurs through social interactions. Bandura's social learning theory was built on children learning based on their observations of others or through their consumption of media. Like operant conditioning, rewarded actions are more likely to be imitated, while actions that are punished are more likely to be avoided. However, in this theory, Bandura referred to these as **association** and **reinforcement.** He believed that learning these occurred through observation, imitation, and modeling by others, however, he also viewed these as being influenced by attention, retention, motor reproduction, and motivation. These influences are

the four mediational processes that Bandura proposed and are crucial for determining if children are going to imitate others (Bandura, 1972).

Attention	In order to know if children will imitate a behavior, the behavior or the person first engaging in the behavior have to grab children's attention (Bandura, 1972).
Retention	In order to imitate a behavior, children must first remember the behavior (Bandura, 1972). While some imitation may be immediate, imitation still needs a memory of what occurred.
Motor Reproduction	The physical ability to reproduce what we have seen sometimes is limited by what we are able to do (Bandura, 1972). If a child sees a behavior, however is unable to physically imitate it, they may internally imitate it, but it may not be observable to others.
Motivation	This is where association and reinforcement come into play (Bandura, 1972). While a child may have paid attention, remembered what happened, and able to reproduce what they saw, children may be motivated to do so by the previous reinforcement they have received, or may be discouraged by previously negative associations they have.

1961: Bobo Doll Experiment

One of Bandura's experiments was the Bobo Doll study, in which he demonstrated that children learn through watching adults and their behavior. In this experiment, children watched a film where an adult was beating up a Bobo doll. After, children were allowed to play in a room where the Bobo doll was kept. Children who had seen the video were more likely to beat up the doll by imitating the adult that they had seen in the video. The study demonstrated that, while children had no reinforcement or encouragement to beat up the doll, children would imitate what they had seen others doing through what Bandura called **observational learning.**

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5.2: Attachment



Definition: Attachment

A bond with another individual.

Attachment (Bowlby)

John Bowlby (1907), a British psychoanalyst, believed that humans are biologically programmed to seek and form attachment with caregivers. Bowlby was critical of psychoanalysts at the time who were placing emphasis on children's internal conflict, rather than on the environment in which children are raised (Bowlby & Solomon, 1989).

Bowlby believed attachment was a product of evolutionary processes, that throughout generations of children being close to their caregivers, infants were born with the innate need to be close to their caregivers (Bowlby & Solomon, 1989). Bowlby's work was influenced by Lorenz's (1935) work on imprinting in animals. Lorenz (1935) showed that young animals imprint on the first caregiver they see, in the care of his research, he observed ducklings imprinting on the first moving figure that they saw.

Bowlby (1951) developed the monotropic theory of attachment, meaning that infants form one primary attachment with the main caregiver. This attachment was viewed by Bowlby as crucial for the child's survival and development. He viewed early experiences as influential to children's internal working model, which affects their later relationships.

The monotropic theory of attachment developed by Bowlby included:

Secure Base: Children rely on dependable caregivers who allow children to explore their environment, however caregivers stay close so that children can return to their caregiver for support and comfort.

Critical Period: Bowlby (1951) suggested that there are negative consequences if children do not form bonds during the first year or two of life. Bowlby was concerned that these effects may be permanent if attachment did not form during these early years.

Maternal Deprivation: There is potential for negative consequences in attachment if children experience disruptions with their caregiver or are deprived of their primary caregiver (Bowlby, 1988). He conducted a study between 1936 and 1939 following 88 children. From his research with these children, Bowlby found that 14 children were unable to empathize with others. Of these 14 children, 12 had prolonged periods of separation from their mothers during the critical period he had theorized, during their first two years of life.

Multiple Attachments: While Bowlby (1969, 1988) believed attachment to be monotropic, he also stated that multiple attachments can form, although they are arranged in a hierarchy with the primary attachment being dominant.

Maternal Deprivation Studies (Harlow)



Harry and Margaret Harlow, a married couple, conducted studies on social isolation and maternal deprivation during the 1950's (Harlow & Harlow, 1958). In these studies, Harlow used monkeys to demonstrate attachment.

Through one study, Harlow used newborn rhesus monkeys who were separated from their birth mothers. He set up two cages with mother-monkeys made of wires (Harlow & Harlow, 1958). One of the wire monkeys had a bottle with food and the other was covered in soft cloth. The infant monkey would go to the wire monkey with food when it was hungry, but otherwise would spend its time with the one covered in cloth. While one provided food, the other provided comfort that the baby appeared to crave.

Harlow's experiments proved that the prevailing belief of infants forming attachment based on food provision was false, rather infants form attachment through contact, comfort, and emotional security (Harlow & Harlow, 1958).

Types of Attachment (Ainsworth)

Mary Ainsworth, Bowlby's Tavistock collegue, dug further into the idea of attachment and is considered the co-founder of Attachment Theory (Bowlby & Solomon, 1989). After conducting a research experiment in the 1970's, called "the Strange Situation," Ainsworth (et al., 1971) developed the idea that children develop either **secure** or **insecure** attachment styles. In the experiment, the mother, baby, and experimenter came into a room together. After a few minutes, the mother leaves the room, leaving the child with the experimenter. Once the mother returns, both mother and the experimenter leave after a few minutes. Ainsworth and her team watched videotapes to monitor the children's reactions to the adults leaving, developing the understanding of types of attachment styles.

Secure Attachment Styles

The first style of attachment, secure attachment, is the ideal type of attachment we hope that children will build with their caregivers (Ainsworth et al., 1971). Secure attachment is classified by:

Secure Attachment	Children with a secure attachment style have a positive sense of self, trust others, and are comfortable in seeking relationships.

Insecure Attachment Styles

While insecure attachment styles are the second type of attachment, this attachment style manifests in different ways (Ainsworth et al., 1971). There are 4 types of insecure attachment:

Anxious-Preoccupied	Children are highly dependent on their caregivers and worry about being left. These children may be clingy, needy, and be co-dependent on others.
Dismissive-Avoidant	Children hide/suppress their feelings and strive to be independent. They may find trusting difficult and may prefer to distance themselves from others.
Fearful-Avoidant	Children want to be close to others, but are afraid of being close. They may be hesitant to join play.
Disorganized-Unresolved	When caregivers are inconsistent (which may be confusing to children), children may be afraid of their caregiver and others.

Stages of Attachment (Schaffer and Emerson)

Rudolph Schaffer and Peggy Emerson (1964) engaged in a longitudinal study with 60 infants, observing infants every four weeks during the children's first year of life and then again when children turned 18 months.

During their observations, they (Schaffer & Emerson, 1964) demonstrated their findings through outlining 4 stages of attachment. While they attached age ranges to each stage, the findings showed that these were more of the approximate age, rather than a fixed age for children's development.

Stage	**Age of Children**	**Characteristics**
Pre-Attachment Stage	Birth to 3 months	Infants do not show a preference for any caregivers. Rather, at this stage, infants needs encourage caregivers to stay close by.
Indiscriminate Attachment	6 weeks to 7 months	In this stage, infants begin to show a preference for caregivers. They are beginning to trust that caregivers will respond to their needs.
Discriminate Attachment	7 months to 11 months	In this stage, infants demonstrate a strong preference for one caregiver. They may protest when separated from their caregiver and begin to show nervousness around strangers. (Ie. **demonstrate separation** and **stranger anxiety**)
Multiple Attachments	9 months and older	At this stage, infants are forming bonds with multiple caregivers in addition to their primary caregiver.

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5.3: Psychosocial Stages

Psychosocial Stages

Erik Erikson (1902-1994) was interested in how a lifespan model of development shaped our sense of self (Weiland, 1993). Erikson viewed relationships as vital to the process of development.

Erikson proposed 8 stages of conflict that individuals have to encounter in order to develop healthy personality growth (Weiland, 1993). What was unique about his theory was that in developing through conflict, individuals also developed a "virtue" associated with it. While only the first 2 stages are directly linked to infant and toddler development, the stages are important to understand for children's future learning.

Stage/Conflict	Age	Virtue Learned	Markers of the stage
Trust vs. mistrust	Birth to 1 year	Hope	Children learn to trust their needs will be met (Weiland, 1993).
Autonomy vs. shame and doubt	1-3 years	Will	Children develop independence (Weiland, 1993).
Initiative vs. guilt	3-6 years	Purpose	Children begin to take initiative, but also develop guilt (Weiland, 1993).
Industry vs. inferiority	7-11 years	Competence	Children develop confidence when they are good at a task, but will doubt themselves if they are not good at a task (Weiland, 1993).
Identity vs. confusion	12-18 years	Fidelity	Children develop their identity and role in society (Weiland, 1993).
Intimacy vs. isolation	19-29 years	Love	Adults establish relationships with others (Weiland, 1993).
Generativity vs. stagnation	30-64 years	Care	Adults are contributing to society and family (Weiland, 1993).
Integrity vs. despair	65 years and older	Wisdom	Adults reflect on thier lives (Weiland, 1993).

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5.4: Social Stages of Development



Social Stages of Development

Infants and toddlers develop socially throughout their first few years of life, moving from the newborn to a child who engages in relationships with others.

While infants and toddlers follow a general predictable pattern of development, the ways in which children develop vary due to culture, biological factors, or environmental factors.

Infancy (0-12 Months)

0-2 Months: Early Connections

- **Responds to caregivers:** Quiets down or smiles when held and spoken to.
- **Shows interest in faces:** Gazes at faces, especially the caregiver's.
- **Begins social smiling:** Smiles intentionally to engage with others.
- **Expresses feelings through cries:** Uses different cries to indicate needs like hunger, tiredness, or discomfort.

2-4 Months: Building Attachment

- **Stronger attachment to caregivers:** Shows a preference for familiar adults.
- **More active engagement:** Makes eye contact, moves arms, and smiles to get attention.
- **Copies facial expressions:** Starts to mimic simple expressions like smiling or sticking out the tongue.

4-6 Months: Becoming More Social

- **Increased social interaction:** Enjoys playing with people and may laugh or make playful sounds.
- **Expresses a wider range of emotions:** Facial expressions become clearer in showing happiness, sadness, anger, and surprise.
- **Responds to own name:** Begins to recognize and react when their name is called.

6-9 Months: Developing Preferences and Anxiety

- **Stronger bonds with primary caregivers:** Shows clear preferences for familiar people.
- **Stranger anxiety may emerge:** May show fussiness or fear around unfamiliar people.
- **Begins to understand object permanence:** Starts to realize that things still exist even when out of sight, which can influence separation anxiety.

9-12 Months: Exploring Independence and Showing Affection

- **Increased independence:** May resist being held all the time as they become more mobile (crawling, pulling to stand).
- **Separation anxiety may appear:** May become upset when primary caregivers leave.
- **Shows affection:** May offer hugs or kisses to familiar people.
- **Begins to imitate:** Copies simple actions or sounds made by others.
- **Engages in simple interactive games:** Enjoys games like peek-a-boo and pat-a-cake.

Toddlerhood (1-3 Years)

12-18 Months: Expanding Social World

- **Explores with caregiver nearby:** Gains confidence to explore their environment while staying close to a trusted adult.
- **Imitates others more intentionally:** Copies actions and behaviors of adults and other children during play.
- **Shows affection for familiar people and objects:** May hug dolls or stuffed animals.
- **Points to show interest:** Uses pointing to direct others' attention to objects of interest.

18-24 Months: Developing Independence and Self-Awareness

- **Increasing independence:** May want to do things "by myself."
- **Begins parallel play:** Plays alongside other children but may not yet interact directly.
- **Shows empathy:** May notice when others are hurt or upset.
- **Recognizes self in a mirror:** Develops a sense of self-awareness.
- **May show defiant behavior:** Begins to test boundaries and say "no."

2-3 Years: Interacting and Understanding Feelings

- **More interactive play:** Starts to play with other children, taking turns in simple games.
- **Expresses a wider range of emotions:** Can show frustration, excitement, and affection.
- **Begins to understand others' feelings:** May ask why someone is sad or happy.
- **Develops pretend play:** Engages in imaginative play, sometimes taking on roles.
- **Increased communication:** Uses more words and simple sentences to express needs and interact socially.
- **May have temper tantrums:** Difficulty managing big emotions can lead to tantrums.

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5.5: Emotional Stages of Development



Emotional Stages of Development

While infants and toddlers are growing socially, they are also developing their understanding of emotions. Infants and toddlers are often learning about what they are feeling as many experiences in feelings are new for them.

While these are the typcial patterns of development, infants and toddlers vary in development due to culture, environmental, and biological factors.

Infancy (0-12 Months)

0-2 Months: Early Emotional Expressions

- **Basic emotions:** Infants primarily express distress (through crying), contentment (through soft vocalizations and relaxed posture), and interest (through focused attention).
- **Responding to comfort:** They seek comfort from caregivers and can be soothed by holding, rocking, and gentle touch.
- **Early social smiling:** Around 6-8 weeks, they begin to smile in response to faces and voices, indicating early social engagement.

2-6 Months: Developing Awareness and Interaction

- **Wider range of expressions:** Infants start to show joy (through smiles and laughter), sadness (through whimpering and frowning), anger (through fussing and crying), and surprise (through wide eyes and a raised brow).
- **Emotional reciprocity:** They engage in "emotional mirroring," responding to and imitating the emotional expressions of their caregivers.
- **Soothing themselves:** Some infants begin to develop early self-soothing behaviors like sucking on fingers or a pacifier.

6-12 Months: Emergence of More Complex Emotions

- **Fear of strangers (stranger anxiety):** Around this time, infants can distinguish familiar from unfamiliar people and may show wariness or distress around strangers.
- **Separation anxiety:** As they form strong attachments, they may become upset when separated from primary caregivers.
- **Increased emotional communication:** They use a wider range of vocalizations, facial expressions, and gestures to communicate their feelings.
- **Understanding emotional cues:** They begin to recognize and respond to the emotional tone of their caregivers' voices and facial expressions.

Toddlerhood (1-3 Years)

12-18 Months: Exploring Independence and Emotions

- **Temper tantrums may begin:** As toddlers strive for independence but lack the language to express themselves fully, frustration can lead to tantrums.
- **Developing self-awareness:** They start to recognize themselves in mirrors and pictures, which is linked to the emergence of self-conscious emotions later on.

- **Showing affection:** They express affection towards familiar people through hugs, kisses, and cuddles.
- **Imitating emotions:** They mimic the emotional expressions they see in others.

18-24 Months: Growing Self-Regulation and Empathy

- **Increasing self-regulation:** Toddlers begin to develop some ability to manage their emotions, though this is still very limited. They might try to comfort themselves.
- **Early signs of empathy:** They may show concern when they see someone else is hurt or upset.
- **More frequent and intense emotions:** They experience a broader range of emotions, sometimes with rapid shifts.
- **Using language to express emotions:** They start to use words to label their feelings (e.g., "happy," "mad").

2-3 Years: Expanding Emotional Understanding and Social Interactions

- **More developed self-regulation:** Toddlers become better at managing their emotions, although tantrums can still occur.
- **Understanding others' emotions:** They improve in recognizing and responding to the feelings of others.
- **Developing more complex emotions:** Self-conscious emotions like shame, guilt, and pride begin to emerge, influenced by social interactions and understanding of rules.
- **Engaging in pretend play:** This allows them to explore different roles and emotional scenarios.
- **Increased use of language for emotional expression:** They can use more complex sentences to talk about how they feel and why.

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CHAPTER OVERVIEW

6: Cognitive and Language Development



In this section, we are exploring the role of cognitive and language development. From the beginning, infants and toddlers are experiencing the "critical" stage of development as they learn about the world around them, develop relationships, and learn to communicate with others.

Learning Objectives

- Describe the Zone of Proximal Development (Vygotsky)
- Define scaffolding
- Describe Piaget's stage of development
- Understand and apply the stages of cognitive development
- Understand and apply the stages of language development

6.1: Theorists

6.2: Stages of Cognitive Development

6.3: Stages of Language Development

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6.1: Theorists

Early Cognitive Theories

There have been many who think about thinking. One theory of how children think was called **tabula rasa**, meaning "blank" or "clean" slate. The use of tabula rasa in relation to understanding cognitive development has been around since the Greeks with Aristotle (Aristotle, 2000). While he described the mind as a blank slate, there are debates around what he meant specifically (are we blank slates on which our stories are written, or are we filling our slates with knowledge to use). John Locke, a philosopher in the 17th century, expanded this idea in cognitive development. Locke argued that we were born with our minds a blank slate, which we fill with ideas as we use the 5 senses to learn more about the world (Locke, 1948).

Theories like tabula rasa are not as widely used anymore due to advances in research on genetics and neurosciences.

Constructivist Theories

While theories such as tabula rasa are not as common in approaching development, theories from Vygotsky and Piaget have continued to be used in understanding cognitive development. Both Vygotksy and Piaget are constructivist theorists. They believed humans play a role in construction of our own knowledge as active participants (Sweeney, 2009). While they both held belief that knowledge was constructed, they approached it in two different ways: Vygotsky from a social perspective and Piaget from a cognitive perspective.

Social Constructivist	Social constructivists believe that knowledge is socially constructed through interactions with others. They believe that reality is co-constructed with others. Learning is built based on interactions, relationships, and culture. (Amineh & Asl, 2015)
Cognitive Constructivist	Cognitive constructivists believe that knowledge is built through experiences and interactions. Knowledge is built on previously existing knowledge (see scheme theory below). Learning is an active process, with learners using information to make sense of their experiences and creating meaning of these experiences. (Hruby & Roegiers, 2012)

Fun Facts:

Vygotsky and Piaget were both born in the same year!

Vygotsky



"What a child can do with assistance today, she will be able to do by herself tomorrow" (Vygotsky, 1978, p. 87).

Lev Vygotsky (1896-1934) was a Russian psychologist who we use as a theorist in education. Vygotsky was interested in the role that culture and social interaction had in shaping cognitive development. He was a social constructivist, meaning he believed that children constructed knowledge socially first, before internalizing the information (Vygotsky, 1978). Vygotsky's theories of cognitive development were heavily tied to social interactions.

The Zone of Proximal Development (ZPD) represents one of Vygotsky's most significant contributions to developmental psychology and educational theory. Vygotsky (1978) formally defined the ZPD as "the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem-solving under adult guidance or in collaboration with more capable peers" (p. 86).

The Zone of Proximal Development (ZPD)

The ZPD comprises three distinct but interconnected zones:

1. **What a child can do independently** - This represents tasks a child can complete without assistance, indicating fully developed capabilities.
2. **What a child can do with assistance** - This is the actual ZPD where learning potential exists. With appropriate guidance from adults or more knowledgeable peers, the child can accomplish tasks beyond their independent abilities.
3. **What a child cannot do even with assistance** - These tasks lie beyond the child's current developmental capabilities, even with support.

Scaffolding

While Vygotsky never used the term "scaffolding," we often use this word to describe the supports within the ZPD. Wood et al. (1976) introduced this metaphor to describe the temporary, adjustable support provided within the ZPD. Effective scaffolding includes:

- Breaking complex tasks into manageable steps
- Modeling strategies and processes
- Providing verbal cues and prompts
- Gradually transferring responsibility to the learner

Piaget



Fun Fact

Piaget’s doctorate was in zoology from Neuchatel, Switzerland in 1918.

Jean Piaget (1896-1980), a Swiss theorist who we consider to be a developmental psychologist. While we now consider him a learning theorist because of his work on **schema theory** and **Stages of Cognitive Development,** Piaget considered himself a genetic epistemologist. Piaget's primary concern was that of epistemology, the study of knowledge and how we come to know what we know (DeRose, 2005).

Piaget developed genetic epistemology, partially based on his interest in biology and zoology (Ramozzi-Chiarottino, 2021). Piaget described the work of genetic epsitomology as the study of biological and psychological origins (Sweeney, 2009). The work of epistemology we can think of as combining both "nature" and "nurture" as we often talk about in early childhood care and education. Piaget believed that the connection between biology and cognitive development begins very early in life (Sweeney, 2009). Because of this, Piaget discussed the connection of cognition and biology expresses itself through two functional invariants: **organization** and **adaptation**.

Definition: Invariant

Piaget used the word invariant to describe the cognitive process that remain constant throughout development, regardless of age or developmental stage. This provides the foundation for cognitive development while allowing for stage-specific variations in construction of knowledge. (Piaget, 1970)

Organization	Adaptation
The tendency to systematize and integrate cognitive structures into coherent systems. Children naturally organize their thoughts, perceptions, and experiences into increasingly complex mental frameworks (schemas). This organizing function remains constant even as the specific content and complexity of schemas change with development. (Flavell, 1963)	The process of adjusting to environmental demands through the complementary processes of assimilation and accommodation. Throughout all developmental stages, humans continue to adapt to their environment by incorporating new information (assimilation) and modifying existing cognitive structures when necessary (accommodation). (Flavell, 1963)

Schema Theory

A schema is a mental representation or cognitive framework that helps organize and interpret information. Schemas function as categories of knowledge that help us understand and respond to situations based on past experiences. For example, a child develops a "dog schema" that might initially include attributes like "four legs," "furry," and "barks" (Piaget, 1952).

Piaget identified two fundamental processes involved in schema development:

1. **Assimilation**: The process of incorporating new information into existing schemas. When children encounter new experiences that fit with their current understanding, they assimilate this information into existing mental structures. (Dreyer, 1984)
2. **Accommodation**: The process of modifying existing schemas or creating new ones when new information cannot be assimilated. For instance, when a child who believes all four-legged animals are dogs encounters a cat, they must accommodate this new information by either modifying their "dog schema" or creating a new "cat schema" (Piaget, 1964). (Dryer, 1984)

Piaget's Stages of Cognitive Development

Jean Piaget's stage theory represents one of the most influential frameworks in developmental psychology, outlining how children's thinking evolves through qualitatively distinct periods. Piaget proposed that cognitive development progresses through four major

stages, each characterized by specific cognitive achievements and limitations (Piaget, 1952; Huitt & Hummel, 2003).

Stage	Sensorimotor Stage	Preoperational Stage	Concrete Stage	Formal Operational Stage
Age Range	Birth to approximately 2 years	2-7 years	7-11 years	11 years and older
What Occurs in this Stage	During the sensorimotor stage, infants construct understanding primarily through sensory experiences and motor actions (Huitt & Hummel, 2003). Piaget subdivided this stage into six substages that reflect increasingly sophisticated adaptations: • Reflexive schemes (0-1 month): Newborns rely on innate reflexes (sucking, grasping) as their primary means of interacting with the environment. • Primary circular reactions (1-4 months): Infants begin to repeat actions that produce interesting effects, particularly those centered on their own bodies. • Secondary circular reactions (4-8 months): Actions become more outwardly focused as infants deliberately repeat behaviors that affect objects in their environment. • Coordination of secondary schemes (8-12 months): Infants demonstrate intentionality by coordinating previously learned	The preoperational stage marks the emergence of representational thinking, though children's reasoning remains intuitive rather than logical (Huitt & Hummel, 2003). Key characteristics include: • Symbolic function: Children use mental symbols to represent objects and experiences, evident in dramatic play, drawing, and language development . • Egocentrism: Difficulty in understanding perspectives different from their own, as demonstrated in Piaget's classic "Three Mountains" task. • Centration: Tendency to focus on a single perceptual dimension while ignoring others, leading to inability to conserve quantity despite transformations in appearance. • Animism: Attribution of life-like qualities to inanimate objects. • Transductive reasoning: Drawing connections between unrelated events based on temporal proximity rather than causal relationships.	During the concrete operational stage, children develop logical reasoning about concrete situations and materials, demonstrating several important cognitive advances (Huitt & Hummel, 2003): • Conservation: Understanding that physical properties remain constant despite changes in appearance (e.g., liquid volume remains constant regardless of container shape). • Classification: Ability to categorize objects according to multiple attributes simultaneously. • Seriation: Capacity to arrange objects in sequential order along a quantitative dimension. • Reversibility: Recognition that actions can be mentally reversed, enabling children to trace backward from an outcome to its starting point. • While concrete operational children can solve problems involving tangible objects and direct experiences, they continue to struggle with abstract or	The final stage in Piaget's theory marks the emergence of abstract, hypothetical, and deductive reasoning (Huitt & Hummel, 2003). Adolescents with formal operational thinking can: • Engage in hypothetical-deductive reasoning, systematically testing hypotheses to isolate variables • Consider abstract concepts and possibilities beyond concrete reality • Think about thinking itself (metacognition) • Develop idealistic views about the world and social issues

	behaviors to solve simple problems. • Tertiary circular reactions (12-18 months): Children engage in trial-and-error experimentation, varying their actions to observe different outcomes. • Mental representation (18-24 months): Children develop the ability to use mental symbols, enabling deferred imitation, symbolic play, and rudimentary understanding of object permanence. A key cognitive achievement during this period is the development of object permanence—the understanding that objects continue to exist even when they cannot be seen, heard, or touched (Piaget, 1954).		hypothetical reasoning.	

Reflection:

- *How do Vygotsky's and Piaget's theories still apply today?*
- *What are ways that we can use what we know about the ZPD and scaffolding to enhance children's learning?*
- *How have you seen or noticed infants and toddlers react to new experiences? What do they do and how does it relate to schema theory?*
- *Have you ever noticed infants and toddlers in the different stages of Piaget's theory? What did you notice from his theory that they were doing?*
- *What could you do to encourage infants and toddlers in their cognitive development?*

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6.2: Stages of Cognitive Development



Stages of Cognitive Development

Cognitive development is important as infants develop an understanding of what is occuring as it is happening. Infants and toddlers are learning more about the world around them as they develop and build an understanding of who they and others are.

As with other stages of development, infant and toddler's cognitive development is going to be influenced by biological, environmental, and cultural factors.

Infancy (0-12 Months)

0-3 Months: Early Exploration and Sensory Awareness

- Responds to sensory input: Reacts to bright lights, sounds, and touch.
- Visually tracks moving objects: Follows objects with their eyes.
- Shows interest in faces: Gazes at faces, especially the caregiver's.
- Begins to recognize familiar sounds and smells: May turn towards the sound of a parent's voice or the smell of milk.
- Demonstrates early reflexes: Sucking, grasping, rooting.

3-6 Months: Developing Object Awareness and Basic Understanding

- Shows interest in reaching for objects: Begins to coordinate looking and reaching.
- Explores objects with mouth and hands: Bangs, shakes, and mouths toys.
- Starts to recognize familiar faces and objects: Smiles at familiar people.
- Develops a basic understanding of cause and effect: May repeat actions that produce interesting results (e.g., shaking a rattle).
- Begins to anticipate familiar routines: May get excited when seeing a bottle or being placed in a high chair.

6-9 Months: Emergence of Object Permanence and Problem-Solving

- Develops early object permanence: Understands that an object still exists even when it's out of sight (e.g., looks for a dropped toy).
- Imitates simple actions and sounds: May copy clapping or babbling.
- Shows more intentional behavior: Can manipulate objects to achieve a goal (e.g., knocking over a block to reach another).
- Begins to understand simple words and gestures: May respond to "no" or wave "bye-bye."

9-12 Months: Refining Object Permanence and Exploring Object Use

- More advanced understanding of object permanence: Can find hidden objects after watching them being hidden

- More advanced understanding of object permanence: Can find hidden objects after watching them being hidden.
- Explores objects in more complex ways: Puts things in containers, takes them out.
- Begins to understand the function of common objects: May try to brush hair with a brush or drink from a cup.
- Uses gestures to communicate needs and wants: Points, reaches, waves.
- Shows increasing curiosity and explores the environment actively.

Toddlerhood (1-3 Years)

12-18 Months: Symbolic Thinking and Problem-Solving

- Developing symbolic thought: Begins to understand that objects and words can represent other things.
- Engages in simple pretend play: May pretend to drink from an empty cup.
- Imitates more complex actions: Copies adults doing household tasks.
- Shows increasing problem-solving skills: Tries different ways to fit objects together.
- Follows simple one-step directions.
- Points to familiar objects when named.

18-24 Months: Expanding Symbolic Play and Language

- More elaborate pretend play: Feeds dolls, talks on a toy phone.
- Rapid language development: Starts to use two-word phrases.
- Understands and follows two-step directions.
- Identifies familiar objects in pictures.
- Begins to sort objects based on simple features (e.g., color).
- Develops a sense of self and recognizes own name.

2-3 Years: Advanced Symbolic Thought and Categorization

- Engages in complex pretend play with roles: Playing house, doctor.
- Uses longer sentences and asks many "why" questions.
- Understands concepts like "big" and "little."
- Sorts objects by more complex categories (e.g., animals, food).
- Matches objects to pictures.
- Begins to understand the concept of numbers and counting.
- Shows early understanding of time concepts (e.g., "now," "later").
- Can solve simple puzzles.

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6.3: Stages of Language Development



Stages of Language Development

Infants and toddlers are learning how to talk with others from the beginning. While some of their early language is based in cries, it is important to know that they are learning to communicate from the time that they are born.

Children who are born deaf or who experience mutism, whether it is full mutism or selective mutism, may not experience language development in the same way as other children. The following is a guideline of development that is sensitive to culture, biological, and environmental impacts on development.

Infancy (0-12 Months)

0-3 Months: Early Vocalizations and Listening

- Responds to loud sounds: May startle or quiet down.
- Quiets or smiles when spoken to.
- Recognizes your voice.
- Makes cooing sounds.
- Cries change for different needs (e.g., hunger, discomfort).

4-6 Months: Babbling and Sound Play

- Moves eyes toward sounds.
- Responds to changes in your tone of voice.
- Notices toys that make sounds.
- Begins to babble, making speech-like sounds (e.g., "ba," "ga").
- Vocalizes pleasure and displeasure sounds.
- Laughs and giggles.

7-12 Months: Understanding and First Words

- Turns and looks in the direction of sounds.
- Responds to their own name.
- Understands words for common items and people (e.g., "cup," "mama," "dada").
- Starts to respond to simple requests (e.g., "Come here").
- Babbles long strings of sounds.
- Imitates different speech sounds.
- May say one or two words by their first birthday.
- Uses gestures to communicate (e.g., waving, pointing).

Toddlerhood (1-3 Years)

12-18 Months: Expanding Vocabulary and Following Simple Directions

- Knows the names of familiar people, objects, and body parts.
- Follows simple one-step directions, especially when paired with gestures.
- Points to familiar objects when named.
- Vocabulary grows to around 10-20 words.

18-24 Months: Word Combinations and Simple Questions

- Rapid vocabulary growth.
- Starts to put two words together to make simple phrases (e.g., "more milk," "go bye-bye").
- Asks simple one- or two-word questions (e.g., "Where kitty?").
- Follows simple two-step directions.
- Understands simple questions.
- Uses a wider range of consonant sounds.

2-3 Years: Developing Sentences and Understanding Concepts

- Vocabulary increases to several hundred words.
- Uses two- to three-word phrases and starts forming simple sentences.
- Understands and uses simple pronouns (e.g., "I," "me," "you").
- Understands simple concepts (e.g., "in," "on," "under," "big," "little").
- Answers simple "who," "what," and "where" questions.
- Speech becomes more understandable, although some sounds may still be unclear.
- Begins to use plurals (e.g., "shoes").
- May ask "why" questions.

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CHAPTER OVERVIEW

7: Teaching Infants and Toddlers



Now that we have explored infant and toddler development, what do we do with this information?

As infant and toddler professionals, in this section we will begin to explore what it means to be an infant/toddler teacher in a day care or early childhood setting. While we are not fully exploring teaching in this section, we will introduce a few tools and resources that you can begin to equip yourself with for early care and learning.

Learning Objectives

- Define what Early Intervention is and how it is used in infant and toddler care
- Describe why observation and assessment are important
- Apply anecdotal records as a means of observing infants and toddlers
- Apply running records as a means of observing infants and toddlers

7.1: Early Intervention
7.2: Observation and Assessment
7.3: Anecdotal Records
7.4: Running Records

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7.1: Early Intervention

Early Intervention

Early intervention is an important resource for families of infants and toddlers. Watch this podcast to learn more about Early Intervention in the context of Illinois and what we can do to support developing infants and toddlers.



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7.2: Observation and Assessment



Observation and Assessment

Observation and assessment go hand-in-hand with each other. In order to assess a child based on where they are at, you have to first observe the child to gather information about them. Both observation and assessment should be ongoing components and processes in order to support children's development.

Observation should occur in a natural setting, where children are comfortable and familiar. These settings should be familiar so that children can be themselves without any interference from learning a new environment. This allows the observer to get to know the child and where their development is at without having to account for any new factors. While observations can be planned or spontaneous, observation should help educators to track individual children's development and progress.

Assessment can be formative or summative. Formative assessments are ongoing checkpoints to understand a child as they learn a new skill or work towards a goal. Formative assessments should tell an educator if their teaching methods are working or if there needs to be alterations to how they are teaching the child. Summative assessments are a checkpoint at the end of a learning period to report if children have met their goal.

Observation is frequently used as an assessment tool, especially when Anecdotal or Running Records (see 7.3 and 7.4) are used as observational methods to create an assessment. While observation gathers the data needed on the child and answers questions such as where they are in their development, assessment is taking the tool that was used and analyzing to understand where the child is at and where they need to be. An initial observation and assessment of the observation allows for teachers to understand where children are beginning with them and allows teachers to set goals for the child.

Types of Observation Tools and Assessments

There are a variety of types of observation tools and assessments that teachers can use in their practices. These methods assess children in different ways, depending on the needs of the observer. Here are some of the common types of observation and assessment methods:

Checklists-Checklists are used to measure if a child is meeting or not meeting a milestone. Checklists are clear way to distinguish if a child has mastered a skill or if they have not. Some checklists will have an option to note if a child is working towards the skill. Checklists are a great way to be objective as they mostly ask for a yes or no response from the individual completing the list.

Records-There are different types of record keeping, however records are written narratives by an observer that track children's development. Records can be done over a long period of time, or in short written notes for a moment. (More information on records in 7.3 and 7.4.)

Photographs-The age old saying "a picture is worth a thousand words" is exemplified through using photographs to track children's development. Photographs show what is happening in the moment, allowing for teachers to use the information to show families what their child did or may be working towards doing.

Work Samples-In early childhood, work samples show what a child is learning by looking at what they created. While older children may have varying types of work samples, infant and toddler work samples may include what they built with blocks or legos, early experiences with drawing and painting, or what they create with clay.

Portfolios-Portfolios are varied documentation of a child over a period of time. The portfolio for an infant or toddler should show examples of what they have created, checklists and records that the teacher has completed, as well as photographs of the child engaging in learning.

Sharing with Parents

Observations and assessments should always be shared with parents as teachers work with them to support their child. While not every observation will be shared with parents, it is important to keep parents in the loop as you set goals to support the child. This is particularly important in infant and toddler care as parents may have concerns about their child's development, may be looking for resources, or may want to know how to best support thier child.

It is important to note that while teachers are observing and assessing, we do not want to label children and we want to extend caution into how we discuss child behavior. Autism and ADHD (though ADHD is often not diagnosed until children are in preschool or older) should always be diagnosed by those who have the credentials to do so. If you ever experience an instance where you notice that a child is experiencing symptoms that remind you of something, such as Autism, it is important to always talk about what you are observing, rather than labeling these as the symptoms of Autism. This allows the parents to process in the way that they need to, as sometimes a diagnosis can come with changes for the family.

Labeling extends past a diagnosis of a learning disorder into how we talk about children's actions. For example, if we label children's actions as "good" or "bad" parents may perceive these as labeling their child, rather than labeling the behavior. It is always best to be direct about what happened. For example, if we say that a child was bad and hit a friend, this may place our labeling of the child as bad. If we flip it to simply say that the child hit and why they may have done so, this re-centers the issue as being hitting, rather than the issue being the child.

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7.3: Anecdotal Records

Anecdotal Records

Anecdotal records are a way to document child growth and learning through an unbiased, narrative telling of what is happening as it happens. These records can be used in a variety of ways-such as through documenting a child's growth and learning, sharing with families to discuss the child, or setting goals for the child's growth and development.

Anecdotal records are usually short, 2-3 sentence accounts of what you observed. While some may be longer, most records will not exceed a paragraph.

Here is an example of a brief record (that is fictional) but shows what your records should look like. This record is on the longer side in order to get used to the way in which records are written.

Good Example	**What you should avoid example**
Tips: 1. Select a period of time (suggested 5-15 minutes) 2. Focus on one child or one location (such as a learning center) Your record should look like: Child: T.S. Age: 10 months Date: 11/22/22 Time: 11 am Location: Infant Classroom T.S. sat on the floor, the teacher, H.A., was sitting next to her. H.A. handed T.S. a block. T.S. clapped, looked up at her teacher and smiled. T.S. took the block and clapped with it. The teacher asked T.S. "do you like the blocks? Would you like another one?" The teacher held out a block to T.S. T.S. took the block and put it into her mouth. "We don't eat blocks," the teacher told T.S. and put her hand over T.S.'s hand to lower the block. T.S. looked at the block, then banged the block on the other one. T.S. jumped and started crying. The teacher picked up T.S. and told her that T.S. would be ok. Another teacher, K.V. reminded H.A. that T.S. had not finished her bottle yet. H.A. looked at T.S. and asked "would you like some more of your bottle?" T.S. looked up at the teacher. K.V. handed H.A. the bottle, and H.A. cradled T.S. When T.S. saw the bottle, she reached for it and pulled it to her mouth.	Avoid: 1. Major child identifiers 2. Using present or future tense 3. Grammatical errors 4. Jumping in time 5. Using summative language 6. Any bias or opinions Your record should not look like this: tiffany, who is a cute 10 month old, is sitting on the floor with the teacher, Mrs. Aardvark. Tiffany picks up a bunch of blocks. After a few minutes, Tiffany started crying cause she was hungry. the theacher picks her up and takes her to eat her bottle.

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7.4: Running Records

Running Records

Like anecdotal records, running records are observational, narrative documentation of a child. While anecdotal records are used more generally, running records begin with a purpose. The purposes of running records are varied, such as looking for a pattern, obsering for a developmental milestone, or even observing to understand a repeated behavior.

Here is a (fictional) example of a running record:

Good Example	**What you should avoid**
Tips: 1. Select a time frame 2. Focus on one child and the purpose of your observation. 3. Select the time intervals you will be using (will you be observing for 5 minutes? 10 minutes? An hour?). Use time markers to show when events happened. Example: Child: T.S. Age: 10 months Date: 11/22/22 Time: 11 am-11:20 AM Location: Infant Classroom Purpose: T.S. has been throwing toys frequently in the classroom. We would like to know why she is throwing the toys. 11:00 AM T.S. picks up a book, she looks at it and the pages fall open as she opens it. She licks it. She throws it. She looks at the book on the floor. She picks up a block by her. 11:05 AM T.S. picks up a stuffed animal sheep. She puts it into her mouth She pulls it out of her mouth. She looks at the sheep. She throws it onto the floor. 11:10 AM T.S. picks up an egg shaker. She shakes it around. K.F. crawls over to her. T.S. pulls the shaker away from K.F. K.F. reaches for it again and T.S. throws it at him. 11:15 AM T.S. is in the bouncer chewing on a teether. K.F. crawls up to T.S. He pulls her hair. She starts crying. He lets go. She throws the teether at him. He takes the teether. He crawls away. The teacher, H.A., sees him with the teether and takes it from him, reminding him that we do not take our friend's toys.	Avoid: 1. Major child identifiers 2. Using Past or future tense 3. Grammatical errors 4. Jumping topics/jumping to new events 5. Any bias or opinions Your record should not look like this: Tiffany is an angry baby, she likes to throw toys. She threw a block and then threw toys toys at another baby. When Kevin pulls her hair, she gets mad at him so she takes it out on him by throwing things @ him its sad to see that a baby can be this angry

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Sample Word 1 | Sample Definition 1

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