



Curriculum and Service Provision

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Adult/Child Interactions and Curriculum

Illinois Birth to Five Program Standard II.A.

The curriculum reflects the centrality of adult/child interactions in the development of infants, toddlers, and preschoolers.

The curriculum provides a framework to ensure positive interactions between and among children, staff, and parents. It is recognized that positive adult/child interactions serve as the basis for young children's learning. Through staff modeling and support, as well as through engagement of parent/child dyads and staff/child dyads in developmentally appropriate activities, adult/child relationships will be enriched. As a result, the children's growth and development and the family's knowledge and understanding will be enhanced.

Quality Indicator II.A.1.**Positive adult/child interactions are encouraged and promoted in all aspects of the program.**

Recent advances in brain-imaging techniques have proven what early childhood educators and researchers have believed for many years: the infant's environment has a dramatic effect on brain development and provides the foundation for all subsequent development. In fact, research now confirms that consistent, predictable, warm, and loving relationships between parents and young children, as well as exposure to many and varied experiences from the time of birth, do make a difference in children's development for a lifetime.

In the first years of a baby's life, the brain is busy building its wiring system. Babies are born with all the brain cells they are going to have for the rest of their lives. At birth, a baby's brain contains 100 billion neurons and a trillion glial cells. The task after birth is to make connections between the cells. Activity in the brain creates tiny electrical connections called synapses. Repetitive stimulation strengthens these connections and makes them permanent, whereas cells that do not get stimulated and do not form connections eventually die out. This process is referred to as pruning. Thus an infant's experience actually "wires" or grows the brain. This intense period of brain growth and network building happens only once in a lifetime. Parents have a brief but golden opportunity to help their babies' brains grow and develop.

Following are some facts that researchers have discovered:

- Babies are born biologically and neurologically primed to learn. Infants and toddlers have more neurotransmitters and place more energy demands on their brains than do adults.
- The foundational networking of the brain's synapses is nearly complete after the rapid brain development of the first three years. However, it is important to note that brain growth continues throughout life.
- Visual stimulation can produce developmental advantages including enhanced curiosity, attentiveness, and concentration.
- The more stimulating experiences that parents can give their babies, the more circuitry is built for enhanced learning in the future. However, it is important to recognize that these experiences must be individually tailored to each child's interest level and abilities

(National Research Council and Institute of Medicine, Jack Shonkoff and Deborah Phillips, eds., 2000.)

to cope with the experiences. Finding this balance is a delicate process.

- The amount of connections in the brain can increase or decrease by 25% depending on the environment and stimulation.
- What a child's brain experiences, the child's brain will become.
- Infants and toddlers in stressful environments lay down abnormal connections in their brains that may interfere with learning and forming relationships.

Center on the Developing Child at Harvard University offers easy-to-read InBriefs that offer insight into early childhood brain development. The InBrief *The Impact of Early Adversity on Children's Development* validates the information above while suggesting human relationships provide the stimulation for healthy brain development and offer a buffer "which can mitigate the potentially damaging effects of abnormal levels of stress hormones." Findings suggest:

- "Early experiences influence the developing brain.
- Chronic stress can be toxic to developing brains.
- Significant early adversity can lead to lifelong problems.
- Early intervention can prevent the consequences of early adversity.
- Early intervention can prevent the consequences of early adversity.
- Stable, caring relationships are essential for healthy development."

(InBrief: *The Impact of Early Adversity on Children's Development*.
http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series)

ADDITIONAL IDEAS AND RESOURCES

- Learn more about the importance of parent/child interactions in encouraging brain development by reading books, watching videotapes, or visiting websites.
- Develop home-visit kits that encourage parent/child interactions and learning in natural home environments.
- Look at examples of play group plans from other Birth to Three Programs.
- Learn more about how parents and staff can use floor-time activities to support child development.
- Learn more about language development and its terminology, including parallel talk, self-talk, and expansion.
- Get on the mailing lists from the various training agencies (Ounce of Prevention Fund, STARNET, The Early Intervention System, Illinois Resource Center) as well as local universities and institutions of higher education to take advantage of continuing education opportunities.

- Consider a subscription to *Young Children*, *ZERO TO THREE*, and other journals and newsletters that address the issues related to young children and their families.
- Join a professional group such as The National Association for the Education of Young Children (NAEYC) and its affiliates, The Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC), and the Association for Childhood Education International (ACEI).
- Obtain copies of “Ten Things Every Child Needs” brochures and videotapes from the McCormick Tribune Foundation. Retrieved from <http://www.first5scc.org/sites/default/files/PDF/Top10ThingsChildrenNeed.pdf>
- Read the Harvard University Center on the Developing Child InBrief series. Retrieved from http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series.

REFERENCES

1. National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.
2. Harvard University Center on the Developing Child. InBrief: *The Impact of Early Adversity on Children’s Development*. Retrieved from http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series

Quality Indicator II.A.2.**The curriculum promotes adult/child interactions in the way sessions are designed and conducted by staff.**

Child development research supports the parent/child relationship as critical for providing infants and toddlers with support, engagement, continuity, and emotional nourishment necessary for healthy development and later success in school. Within the context of the parent/child relationship, infants and toddlers build a sense of trust in their parents, themselves, and their world. This sense of trust provides young children with a secure base from which to explore and learn about their environment. In addition, it provides the foundation for learning about social turn taking, reciprocity, and cooperation. Furthermore, when their activities are nourished and channeled in appropriate ways, young children develop a sense of initiative and learn to be self-directed.

Through repeated interactions with emotionally available parents, infants and toddlers also learn self-control and emotional regulation. It is during toddlerhood that empathy for others and pro-social tendencies for caring and helping develop. Experiencing and learning about all of the above capacities requires responsive parent/child relationships in the midst of inevitable stresses and challenges of life.

“The architecture of the brain is composed of highly integrated sets of neural circuits (i.e., connections among brain cells) that are ‘wired’ under the continuous and mutual influences of both genetics and the environment of experiences, relationships, and physical conditions in which children live. Experiences ‘authorize’ genetic instructions to be carried out and shape the formation of the circuits as they are being constructed. This developmental progression depends on appropriate sensory input and stable, responsive relationships to build healthy brain architecture.

“Abundant scientific evidence demonstrates that a major ingredient in this process is the ‘serve and return’ relationship between children and their parents or other caregivers in the family or community. Young children naturally reach out for interaction through babbling, facial expressions, gestures, and words, and adults respond with the same kind of vocalizing and gesturing back at them. This ‘serve and return’ behavior continues back and forth like a game of tennis or volleyball.

If the responses are unreliable, inappropriate, or simply absent, the developing architecture of the brain may be disrupted, and later learning, behavior, and health may be impaired.

“A breakdown in these reciprocal, serve and return interactions between adult caregivers and young children can be the result of a multitude of predisposing factors. These may include significant stresses associated with high levels of economic hardship, social isolation, and/or chronic disease, as well as a wide range of adult mental health impairments, including depression, anxiety, post-traumatic stress disorder, serious personality disorders, or substance abuse involving alcohol or illicit drugs. Caregivers who are at highest risk for providing inadequate care often experience several of these problems simultaneously. Neglectful acts or patterns occur in every culture, at all income levels, and within all racial, ethnic, and religious groups.” (National Scientific Council on the Developing Child, 2012)

A report by the Child Mental Health Foundations and Agencies Network (FAN), which combined the work of the U.S. Department of Health and Human Services and a number of government groups and philanthropic funds, brought together the latest scientific evidence identifying the risk factors linked to school failure. The report found that parents could improve a child’s chances of success in kindergarten by fostering a strong parent/child relationship that enhances confidence, independence, curiosity, motivation, persistence, self-control, cooperation, empathy, and the ability to communicate. The report recommended that government policies on early childhood development refocus to promote social and emotional development of the child. Specifically, the report states that it is interactions with other people and physical contact with the surrounding world that forms the neural networks in the young child’s brain for emotion, thinking, and learning. (Child Mental Health Foundations and Agencies Network, 2000)

In both playgroups and home visits for infants and toddlers and their families, the staff can promote positive parent/child interactions in the way they design and conduct sessions.

- Plan sessions in advance so that materials are readily accessible and activities flow smoothly.
- Greet parents and children together and take the time to ask about and acknowledge the child’s new accomplishments.
- Have a plan in place for greeting latecomers that comfortably integrates parents and children into the flow of the playgroups.

- Plan warm-up activities that provide opportunities for parents and children to begin to focus on the planned activities in a natural way.
- Preview briefly what is planned for the benefit of both parents and children. Use pictures and real props to preview.
- Be a sensitive observer of child development and help parents learn to read and respond appropriately to their children's cues.
- Provide ideas of various types of activities that allow parents and children to meet with success in a variety of ways.
- Serve as a resource to the parents as they follow their children's lead in play. Provide parents with the underlying developmental tasks embedded in the various play activities. Help increase parental understanding of how play and learning go hand in hand.
- Station staff throughout the room to serve as resources to the parents as they follow their children's lead in play.
- Involve parents in helping their children get ready for snack by taking care of toileting needs, washing hands, and encouraging their children to taste new foods.
- Help parents to prepare their children for transitions, especially transitions that require leaving children in the care of others.
- Give parents feedback on what their children did when they were at the parent education group. Keep weekly child progress notes to assist staff in becoming sensitive observers and reporters. Support parents to do the same.

Home visits involve additional opportunities for promoting positive parent/child interactions.

- Help parents see how daily routines such as bathing, dressing, and eating provide opportunities for parent/child interactions that can enhance the child's development.
- Capitalize on teachable moments that occur spontaneously during the home visit.
- Include other family members, especially brothers and sisters, in the planned play activities.
- Videotape parent/child interactions and help parents tune in to the things that they are doing to support child development.
- Recognize the importance of teaching through modeling by using:
 - A variety of natural language techniques for parents, including expansion techniques, self-talk, parallel talk, and closure techniques.
 - A variety of techniques for encouraging emergent literacy, including sharing books, following written directions, and writing.
 - Behavior management techniques for parents, including giving choices, redirection, and positive reinforcement.

- A variety of problem solving skills for parents, including trial and error strategizing, questioning, and sabotage techniques.
- Sensory awareness for parents by tuning in to sights, sounds, textures, movements, smells, and tastes.
- Creative expression for parents by singing, dancing, pretending, and enjoying the process of artistic expression.
- A variety of techniques for encouraging physical development, including moving upward, downward, and all around.

ADDITIONAL IDEAS AND RESOURCES

- Review and examine the various frameworks and designs for successful playgroups and home visits.
- Learn more about infant mental health. Subscribe to the *Infant Mental Health Journal* and consider joining the organization.
- Find out more about the ZERO TO THREE organization, publication, and conferences.
- Read more about attachment, the development of the child's sense of self, and early brain development.
- Go to a workshop that provides information on videotaping parent/child interactions.
- Visit other programs and observe parent/child interactions.
- Take advantage of workshops offered in your area by the Ounce of Prevention Fund, The Illinois Resource Center, The Early Intervention System, STARNET, and local universities.
- Become a good model for parents by learning more about natural language techniques, behavior management and the young child, emergent literacy, and overall child development.

REFERENCES

1. Child Mental Health Foundations and Agencies Network (FAN) Publication. (2000). *A good beginning: Sending America's children to school with the social and emotional competence they need to succeed*.
2. National Scientific Council on the Developing Child. (2012). *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12*. Retrieved from <http://www.developingchild.harvard.edu>

Quality Indicator II.A.3.**The development of a sense of trust and autonomy among staff, children, and families is a priority.**

It is important for children to develop a healthy balance of trust and mistrust. Trust grows in infancy in the everyday, ordinary interactions between parents and children. In order for this to be optimal, those interactions should be consistent, predictable and nurturing. A baby learns to trust through the routine experiences of being fed when she is hungry, and held when she is upset or frightened. Children learn that their needs will be met, that they matter, that someone will comfort them, feed them, and keep them safe and warm. Children feel secure and develop a sense of trust most readily when relationships are nurturing, people in their lives are consistent, and daily experiences are routine. Children also feel secure when adults understand and respond to their individual cues and anticipate and accommodate the effects of sights, sounds, movement on young children. Children's autonomy or independence is linked to their developing balance between trust and mistrust. Children whose basic needs are not met in infancy and early childhood often feel mistrustful, and have difficulty learning to believe in others and in themselves. The development of trust cannot be separated from the formation of a healthy attachment to the primary caregiver.

The importance of learning to trust other human beings is vital in order to function successfully in society. It is crucial that this sense of trust begins to grow during the earliest years. While it is certainly possible to learn this later, it becomes much more difficult the older a child gets. Years of living in an interpersonal environment that is unresponsive, untrustworthy, or unreliable is difficult to undo in later relationships.

Children thrive when they perceive that the world is a safe place. Parents and staff can help infants and toddlers develop a sense of trust by:

- Reading, interpreting, and responding appropriately to the individual cues of children.
- Observing children and offering them appropriate feedback.
- Providing an emotionally secure and physically safe environment to explore.
- Interacting with children in a nurturing and supportive manner.

- Respecting children's preferences as an indication of a healthy sense of self.
- Communicating with children in an age-appropriate manner that they can understand.
- Praising children frequently for their accomplishments and independence.
- Encouraging the development of self-help skills.
- Providing a balance of adult-directed and child-initiated activities.
- Designing activities that assist parents to promote their child's exploration and autonomy and anticipate transitions.
- Helping children/parents learn routines by previewing and reviewing.
- Keeping groups of children/parents and staff consistent.

ADDITIONAL IDEAS AND RESOURCES

- Read: *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12*. Retrieved from http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wp12/
- Read about attachment, separation, and autonomy.
- Learn about Stranger Anxiety.
- Read about theories of psychosocial development, including basic trust, by theorists such as Erik Erikson, Margret Mahler, Daniel Stern, and Stanley Greenspan.
- Read about the work of Alan Sroufe and Byron Egeland, which explains how secure relationships impact behavior and social relationships.
- Read about Megan Gunner's work about stress and the young child.
- Child Maltreatment Prevention: Past, Present, and Future, retrieved from http://www.chapinhall.org/sites/default/files/publications/cm_prevention.pdf

Quality Indicator II.A.4.**Parents receive education and support to identify and cope with life stressors that may place their family at risk.**

Abilities, interests, personalities, and learning styles vary among parents. The program, therefore, should offer parents a variety of opportunities and support for growth, so they can identify their own strengths, needs, and interests in order to find their own solutions to life's challenges. Relationships between the staff and the families are important. The desire of staff to collect information "up front" must be balanced against the necessity of allowing time for staff and families to develop meaningful one-on-one relationships. Early and frequent interactions and follow-up sessions help build trusting relationships. Once such relationships are established, parents will be more likely to openly discuss issues that interest or concern them. Sensitivity to family privacy is important and staff should respect the parents' right to choose how much personal information they share, as well as, if and how this information is to be recorded.

(Adaptation was made from Head Start Performance Standards 1304.40(a)(1) U.S. Department of Health and Human Services).

Interventions for the prevention of child maltreatment often include home visiting programs. Essential aspects of successful home visiting programs include establishing a supportive relationship with the family prior to educating the parents about child care skills, being responsive to family problems that require immediate attention prior to handling parenting issues, and providing adequate medical and social service resources for the home visitor's use.

In looking at characteristics that put children and families at risk, it is important to help families become aware of the strengths that keep them resilient. Resilience factors are the self-righting capacities that people, families, and communities call upon to promote health and healing in children who grow up under adverse conditions.

The Center on the Developing Child at Harvard University (2010) suggests, "A child's environment of relationships can affect lifelong outcomes in emotional health, regulation of stress response systems, immune system competence, and the early establishment of health-related behaviors." Program staff from across the continuum of care (home visiting – center based) can improve the health outcomes and quality of life for children and their parents by providing support to

caregivers as they create a nurturing environment for children, ensure the physical and chemical environments are safe, and make certain families have adequate and appropriate nutrition. Brooks-Gunn et al. (1995) suggest program staff can help parents minimize the impact of adverse conditions and build resilience in children by promoting the following:

- Parental time and commitment;
- Parental resources—both financial and psychological, emotional, and social; and
- Parental skills and knowledge.
- Parent education should be individualized and tailored to meet the unique strengths and needs of the participants. It is essential for each parent group to have a consistent facilitator in order to establish continuity and a sense of belonging. The role of the facilitator includes the following:
 - Get to know each parent’s name, as well as the names of their children.
 - Help parents learn each other’s names by using nametags and referring to parents frequently by their names.
 - Conduct formal and informal needs assessments, including the identification of family strengths and concerns.
 - Identify and discuss shared interests and concerns of the parents.
 - Use a discussion format, visual aids, and parent-friendly handouts to share information.
 - Encourage sharing in groups by acknowledging and affirming the contribution of each member.
 - Discuss issues of cultural diversity and encourage appreciation of cultural differences.
 - Foster interactions among parents by encouraging discussions where everyone has an opportunity to share.
 - Encourage parents to share their individual strengths.
 - Laugh with the parents.
 - Periodically schedule guest speakers from the community to address parents’ interests and needs.
 - Provide opportunities that encourage the development of individual friendships among parents.

ADDITIONAL IDEAS AND RESOURCES

- Learn more about the traits of resilience in populations experiencing multiple risk factors through websites, seminars, and libraries.
- Develop a resource list for families from which they can receive counseling and support services in your program’s catchment area.

- Learn more about the Center on the Developing Child at Harvard University. Retrieved from <http://developingchild.harvard.edu>

REFERENCES

1. Brooks-Gunn, J., Brown, B., Duncan, G., & Moore, K.A. (1995). *Child development in the context of family and community resources: An agenda for national data collections*. In National Research Council and Institute of Medicine, Integrating federal statistics on children: Report of a workshop (pp. 27-97). Washington, D.C.: The National Academies Press.
2. Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>
3. United States Department of Health and Human Services. (2006). *Head Start Performance Standards and Other Regulations*. Department of Health and Human Services, Washington, D.C. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements>

{“Other things may change us, but we start and end with family.”}

— Unknown

Alignment to the Illinois Early Learning Standards and Guidelines

Illinois Birth to Five Program Standard II.B.

The curriculum is aligned to the Illinois Early Learning and Development Standards for preschoolers and supports children’s cognitive, language, social, emotional, and physical development and the development of positive approaches to learning.

Because development in young children does not proceed in discrete domains but overlaps, the curriculum must be holistic, encompassing all areas of development. In order to effectively implement curriculum, staff must have a sound knowledge of early childhood development and recognize that the curriculum is intended to be used as a dynamic resource. The curriculum should unfold in response to the developmental needs of each child in the program.

Curriculum will also need to be aligned to the Illinois Early Learning Guidelines for Children Birth to Three.

Quality Indicator II.B.1.**A balance of all developmental areas: cognitive, communication, physical, social, and emotional, is demonstrated in all activities and service provision.**

All domains of child development are closely related and influence each other. Developmentally appropriate practice embraces the concept that children are active learners who need direct cognitive, physical, and social experiences in order to construct their own understandings of the world. Children need opportunities to form and test their own hypotheses through social interaction, physical manipulation, and their own thought processes by observing what happens, reflecting on their findings, asking questions, and formulating answers. In addition, developmentally appropriate practice acknowledges that play is an important vehicle for children's development in all areas. Play gives children opportunities to understand their work, interact with others in social ways, express and control emotions, and develop their symbolic capabilities. Furthermore, observing play gives adults insights into children's development, how children perceive their work, and what is essentially on children's minds. There are many variables that could impact a child's development, including, but not limited to, genetics, medical/health factors, culture, creativity, and environment.

Programs will select a research-based curriculum designed to support each child's cognitive, communicative, physical, social, and emotional development. The relationship of the staff to the families is the key to a successful curriculum. The implementation of the curriculum must be responsive through ongoing observations of children and through the provision of supportive, flexible learning opportunities. Remember, when children play, all areas of development are integrated in a natural way. Staff should set up a variety of play experiences in the classroom or on home visits and in play groups and help parents see how a variety of developmental skills can be taught during any one play activity.

- Integrate a wide variety of developmental domains into the curriculum for infants and toddlers. The following recurrent developmental themes should be addressed in a variety of play settings as the children grow and develop throughout the year. Make adapta-

tions as necessary to address the developmental challenges in all domains, especially when serving children with identified needs.

- Physical development, including health/medical concerns, underlies all areas of child development. All children should receive regular medical care and be fully immunized. The environment should be clean and safe and snacks nutritious. Precautions should be taken regarding food allergies.
- Cognitive development includes: learning problem solving skills, learning the functions and properties of objects, developing understanding of cause and effect relationships, learning classification skills, beginning sequencing skills, and becoming aware of numbers and sizes. The development of self-motivation, the capacity to plan, persistence toward a goal, the pride of accomplishment, and a sense of competence and mastery of the environment are other important cognitive skills.
- Communication development involves communicating ideas and feelings through gestures, sounds, words, body movements, and pictures. It includes expressive language skills such as developing vocabulary through naming, concept development, engaging in simple interactions, conversations, and answering questions. Receptive language skills such as following directions and understanding concepts and questions are included. Language usage is another important component of communication development. Reading stories, singing songs, reciting rhymes, and encouraging children to hold and manipulate books are also important literacy skills, which are essential to communication development. Labeling a child's play space with pictures and symbols is also a helpful technique to foster literacy development.
- Creative development includes ways that children express themselves through drama, music, dance, and art. Drama can be facilitated through pretend play that involves imagination and imitation, the use of replicas, sequencing pretend actions, and the use of real or pretend objects as pretend play props. Providing opportunities to sing, dance, participate in rhythmic activities, use musical instruments, and move creatively can facilitate music and dance. Art can be facilitated through messy play, which includes an openness to using the senses, including one's hands, to explore a variety of sensory materials and artistic mediums.
- Motor development addresses the development of fine and gross motor skills, and proprioceptive and vestibular abilities. Vestibular fine motor skills are developed through sensory exploration and

opportunities to practice the coordination of specialized motions, including grasp, manipulative skills, eye-hand coordination, and imitative movements. Gross motor skills include the ability to coordinate arm and leg movements, develop physical strength, and improve balance abilities. The development of gross motor skills also enhances self-confidence, independence, and autonomy.

- Proprioception is defined as perception of stimuli relating to position, posture, equilibrium, or internal condition.
- Vestibular is defined as of, relating to, or affecting the perception of body position and movement.
- Self-help development addresses self-care in the areas of feeding, dressing, and toileting. This includes the ability to access a primary caregiver when needed and move toward greater independence.
- Social and emotional development includes the development of self-awareness, self-esteem, self-confidence, self-control, a sense of humor, coping, and the ability to separate from parents and get along with others.

Kostelnik and Grady (2009) define the dimensions of an effective curriculum.

- “The curriculum is designed so that children of all ages and abilities are active and engaged.
- Curriculum goals are clearly defined, shared, and understood by program administrators, teachers, and families.
- The curriculum is based and organized around principles of child development and learning.
- Valued content is learned through investigation, play, and focused intentional teaching.
- The curriculum builds on children’s prior learning and experiences are inclusive of children with disabilities as well as children whose home language is not English.
- The curriculum is comprehensive, encompassing all areas of development and domains.
- Professional standards validate the curriculum’s subject-matter and content.”

Other important aspects to consider include:

- The curriculum will benefit children.
- The curriculum is organized and intentional in its implementation.

Supporting the learning of infants and toddlers means respecting the home context from which they come and intentionally relating to

parents to learn ways to make their children comfortable away from their home setting. Coople and Bredekamp (2011) suggest, “Infants and toddlers only learn within the context of relationships, and they learn best when they feel secure...The goal in an infant toddler program is not to lessen attachment to family members; it is to maintain it while simultaneously building attachments with a particular care-giver or caregivers in that program. Firm attachment, plus the feelings of security and trust, provides the foundations of learning for infants and toddlers.”

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Guidelines for Children Birth to Three, retrieved from <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
- Position statements on Curriculum, Assessment, and Program Evaluation, retrieved from <http://www.naeyc.org/positionstatements/cape>
- Gain an understanding of the role of parents in fostering development of young children.
- Become an expert on the value of play and play development.
- Learn more about each area of child development including the prenatal and postnatal and the interrelated aspects of developmental domains.
- Become aware of the various medical health issues that are specific to children birth to three.
- Learn more about the role of children’s relationships in their development.
- Become a specialist in infant and toddler development by taking classes specifically focused on the growth and development of children from birth to three.
- Authors Carol Coople and Sue Bredekamp provide insights into developmentally appropriate practice in the books *Developmentally Appropriate Practice in Early Childhood Programs: Serving Children Birth through Age 8* and *Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Infants and Toddlers*.

REFERENCES

1. Copple, C. & Bredekamp, S. (2011). *Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Infants and Toddlers*. Washington, D.C.: National Association for the Education of Young Children.
2. Kostelnik, M. & Grady, M. (2009). *Getting It Right From the Start: The Principal's Guide to Early Childhood Education*. Thousand Oaks, CA: Sage Publications.

Quality Indicator II.B.2.**An integrated and individualized program is offered for children in the context of their families and community.**

*(Adaptation was made from
Head Start Performance Standard
1304.21(a)(1)(i) U.S. Health and
Human Services)*

Abilities, interests, temperaments, developmental rates, and learning styles vary among children. The program should accommodate a variety of children's strengths and needs and encourage learning across all domains of development. Adults respect individuality among children by responding to children's cues and designing activities reflective of the observed stages and interests of children. A program's responsiveness to individual children is accomplished through comprehensive curriculum and by providing various materials, activities, and experiences that support a broad range of children's prior experiences, maturation rates, styles of learning, needs, cultures, and interests.

To support an individualized yet integrated program, staff and parents should work together to plan multi-level activities that enable children to apply existing skills and develop emerging skills. The staff member observes child development, discusses observations, records developmental progress, and expands learning opportunities. Staff will adapt materials and programming based on the individual needs of each family. Materials and programming will be offered in the family's home language (when possible) and materials will be available to meet the needs of families who have literacy challenges.

- Staff, together with parents, should plan learning activities that provide continuous opportunities for children of a variety of ages and abilities to experience success. Staff should model for parents how the complexity and challenge of an activity can be increased to help children enhance their performance.
- Staff, together with parents, should observe children during learning activities, carefully identify their interests, and match activities to them.
- Staff, together with parents, should discuss what they observe about the children's progress, interests, development, learning styles, attention span, temperament, and problem-solving abilities.
- Staff should regularly record child progress that occurs during

home visits or play groups. Information should be recorded in all areas of development and shared with parents.

- Staff, together with parents, should expand learning opportunities by identifying these opportunities in the home, including how to adapt activities and household routines in response to children's interests, strengths, and needs.
- Staff should use the development monitoring process as a springboard for teaching parents about child development and how to identify child development goals for the family plan.

Roggman, Boyce, and Innocenti (2008) suggest using the following questions to guide the selection of an effective home visitation curriculum.

- “Is it easy to understand?”
- Is it easy to use?
- Will it work well in families' homes?
- Is it appropriate for the child's development?
- Can it be adapted for children of other ages?
- Is it flexible enough to adapt to different family strengths and needs?
- Will it promote attachment security, playful exploration, or communication?
- Will it be interesting to the family?”

Instructional materials used with parents are most helpful when they are user-friendly, short/brief, clear, relevant, in the parent's language, and individualized.

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Guidelines for Children Birth to Three, retrieved from <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>
- Consult different infant and toddler curricula to gain information about integrated and individualized programs.
- Note the current parenting materials in the grocery stores, book stores, and libraries that parents are noticing.
- Consider developing “briefs” on some of the most-asked questions from parents.

REFERENCES

1. United States Department of Health and Human Services. (2006). *Head Start Performance Standards and Other Regulations*. Department of Health and Human Services, Washington, D.C. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements>
2. Roggman, L., & Boyce, L., & Innocenti, M. (2008). *Developmental Parenting; A Guide for Early Childhood Practitioners*. Baltimore, MD: Paul H Brookes Publishing Co.

Quality Indicator II.B.3.**Multiple theoretical perspectives are considered, and developmentally appropriate practices are implemented.**

Birth to three programs will value and apply the work of experts in identifying developmentally appropriate practice. The National Association for the Education of Young Children has developed the following concepts for early childhood programs.

- “All the domains of development and learning—physical, social and emotional, and cognitive—are important, and they are closely interrelated. Children’s development and learning in one domain influence and are influenced by what takes place in other domains.
- Many aspects of children’s learning and development follow well-documented sequences, with later abilities, skills, and knowledge building on those already acquired.
- Development and learning proceed at varying rates from child to child, as well as at uneven rates across different areas of a child’s individual functioning.
- Development and learning result from a dynamic and continuous interaction of biological maturation and experience.
- Early experiences have profound effects, both cumulative and delayed, on a child’s development and learning, and optimal periods exist for certain types of development and learning to occur.
- Development proceeds toward greater complexity, self-regulation, and symbolic or representational capacities.
- Children develop best when they have secure, consistent relationships with responsive adults and opportunities for positive relationships with peers.
- Development and learning occur in and are influenced by multiple social and cultural contexts.
- Always mentally active in seeking to understand the world around them, children learn in a variety of ways; a wide range of teaching strategies and interactions are effective in supporting all these kinds of learning.
- Play is an important vehicle for developing self-regulation as well as for promoting language, cognition, and social competence.

*(NAEYC: Developmentally
Appropriate Practice in Early
Childhood Programs Serving Children
from Birth through Age 8, 2009)*

- Development and learning advance when children are challenged to achieve at a level just beyond their current mastery, and also when they have many opportunities to practice newly acquired skills.
- Children’s experiences shape their motivation and approaches to learning, such as persistence, initiative, and flexibility; in turn, these dispositions and behaviors affect their learning and development.”

Development occurs more rapidly during infancy and toddlerhood than during any other time in an individual’s life. Development occurs as a result of the interaction of the individual with environment over time. Genetic contributions from both parents and cultural and familial practices play an important role in the development of the child. Changes result from physical growth, maturation, and experience. Multiple theoretical perspectives should be considered when looking at infant and toddler development. Some of the classical theoretical perspectives to consider are:

- Chess and Thomas, in their 1950 New York Longitudinal Study, theorized that much of the behavior seen in infants and toddlers is a result of temperament. Temperament is inborn and includes such things as activity, rhythmicity, effects of novel stimuli, adaptability and flexibility, threshold of responsiveness, quality of mood, distractibility, and attention span and persistence. Temperament links behavior to physiology. Chess and Thomas identified three clusters of characteristic temperaments that occurred frequently and labeled these clusters as easy, slow to warm up, and difficult. Temperament is an important concept to consider in the transactional model, which looks at the goodness of fit between parent and child.
- Jean Piaget, a Swiss psychologist, studied the progressions of cognitive development in children. He proposed that a child continuously adapts to and organizes the environment by assimilating (using known patterns of behavior to deal with the environment in new and familiar situations) and accommodating (modifying cognitive structures in response to environmental pressures). During the sensory-motor stage, which occurs approximately from birth through 2 years, the infant’s cognition is non-symbolic and learning occurs through direct action on the environment. The hallmark of the end of this stage is called object permanence, when the infant learns that objects exist even when they are out of sight. In the pre-operational stage, which occurs approximately from 2 through 8 years, children begin to think symbolically.
- John Bowlby, a British psychiatrist, studied infants who were separated from their parents. He developed theories on attach-

ment, which refers to the infant's behaviors, feelings, and cognition directed toward the primary caretaker. Attachment is an emotional tie that develops and endures over time and leads to the child's seeking physical closeness with the attachment figure. Bowlby felt that attachment-promoting behavior was innate and had the biological function of protecting the child from danger by increasing parental interest and proximity. Attachment-promoting and -strengthening behaviors include smiling, crying, and vocalizing.

- Mary Ainsworth, who studied one-year-olds during separations and reunions with their primary caregivers in her laboratory, described various kinds of attachment patterns that have important implications for later development. She found that insecure, anxious, and weak attachments may predict later problems. She discussed several types of attachment. Anxious-resistant attachment occurred when parents were inconsistent, frequently separated from the child, or used threats of abandonment to control the child. Secure attachment developed when parents were sensitive and able to adjust their behavior to the infant's needs.
- Erik Erikson, a psychoanalyst, theorized that normal development required mastery of a series of psychosocial crises through the life cycle. He felt that if an infant failed to develop basic trust, all further developmental tasks would be compromised. Stage one ranged from birth through 18 months, in infancy, with the fundamental issues being basic trust versus mistrust. Drive and hope were the strengths achieved upon favorable outcome. Stage two ranged from 18 through 42 months, in toddlers, with the fundamental issues being autonomy versus shame and doubt. Self-control and will power were the strengths achieved upon favorable outcome.
- Margaret Mahler studied object relations or connections to others in early childhood. She described the process by which a child becomes a separate, autonomous being through several developmental phases. The Normal Autistic phase, from birth through age 1 month, involved no differentiation of inside versus outside. The Normal Symbiotic phase, from 1 through 5 months of age, involved increased attention and awareness of the external world. The Differentiation phase, from 5 through 7 months of age, involved comparison of familiar and new. The Practicing phase, from 7 through 16 months of age, involved the use of the parent as "home base" and "emotional refueling." The Rapprochement phase, from 16 through 24 months of age, involved frequent conflict between the desire for connection with the parent and the desire for independence. The Object Constancy phase, from 24 through 36

months of age, involved understanding of the parent as a separate person and better toleration of separations.

- Daniel Stern questioned and studied the development of the sense of self. His theory hypothesizes that children have a sense of self from birth. However, the sense of self is different at every phase of development. At birth, an infant has an Emergent sense of self as she transitions from the world in the womb to the outside. Next to develop is the Core sense of self, which is a sensory type of sense of self. The Subjective sense of self is next as the baby begins to develop along cognitive lines and is able to understand cause and effect and object permanence. Finally, the Verbal sense of self finds the child able to use words to express his wants and needs, as well as being able to identify himself as different from others.
- Lev Vygotsky was a Russian learning theorist who died quite young. During the development of his theory of cognitive development he offered the notion that learning is socially constructed. He said a child can learn more and go further with assistance of a more competent peer. His theory includes such language as the Zone of Proximal Development, which implies that a child can actually work slightly above his own level if given the proper types of support, which are referred to as Scaffolding and Mediating.

There are many other learning theorists that it might be helpful to include: Burton White, Rose Bromwich, Jerome Kagan, Craig Ramey, and Inge Bretherton.

ADDITIONAL IDEAS AND RESOURCES

- Discuss one or more of the previously mentioned theorists at a staff meeting.
- Subscribe to a child development journal.
- Join at least one child development organization.
- Read more about the theories of Chess and Thomas, Piaget, John Bowlby, Mary Ainsworth, Erik Erikson, Burton White, and Margaret Mahler.
- Study other early childhood champions: Robert Owen, Elizabeth Peabody, Maria Montessori, John Dewey, Sue Bredekamp, Marion Wright Edelman, Lillian Katz, Samuel J. Meisels, and Edward Zigler.
- Continue to learn about the new brain research findings.
- Attend workshops, conferences, and continuing education courses.

- Network with others to discuss child development theories.
- Consider taking some advanced classes in child development. Specialize in infant/toddler studies.

REFERENCES

1. National Association for the Education of Young Children, (2009). *A position statement on Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8*. Retrieved from <http://www.naeyc.org/files/naeyc/file/positions/PSDAP.pdf>

Quality Indicator II.B.4.**A variety of high quality, developmentally appropriate activities and materials are utilized in a safe and supportive environment.**

Through meaningful interactions with adults and other children in the context of a rich environment, children gain knowledge and understanding of the world. Adults enhance all areas of development by supporting infants and toddlers with a broad array of experiences that are interesting to the child and promote sensory, motor, and creative exploration. Developing and implementing curricula for infants and toddlers is based primarily on relationships, routines, and daily experiences. Strategies should support child development, allow exploration in both home and center environments, and include both indoor and outdoor experiences. Adult support, supervision, and guidance should be provided during all activities for safe and active learning. Adults should be responsible for reading the child's individual cues and signs so that they can modify the activities to meet the unique needs of each child.

Equipment, furniture, toys, and materials have a direct impact upon child development. To support educational objectives and an individualized program of services, as well as show respect for children and families, the equipment, furniture, toys, and materials are matched to the developmental levels, interests, temperaments, languages, cultural backgrounds, and learning styles of the children. A variety of attractive materials and toys are accessible in order to encourage exploration and learning in infants and toddlers. Adequate provisions should be made for children and parents with disabilities to ensure their safety, comfort, and participation. Consider the following when planning and maintaining the environment, furnishings, and materials:

- Ensure that facilities are accessible to persons with disabilities.
- Accommodate special diets or feeding needs.
- Ensure consistency and stability of the physical environment for children with visual or hearing impairments.
- Provide appropriate areas for individual, small groups, and larger spaces for parent/child interaction activities.
- Provide options for active and quiet play.

- Select child-sized equipment and furniture, including safe, sturdy seating with sides/arms that support sound child development and age-appropriate practices.
- Provide infant seats.
- Ensure that toys and materials are scaled to a size appropriate to the children who use them.
- Check frequently to ensure that the toys and equipment are in good condition, and remove or replace those that are broken.
- Provide an area rug or carpeting.
- Select equipment designed to give children choices, such as low, open shelves and bookcases.
- Ensure that equipment, furniture, toys, and materials are available in sufficient quantity to avoid excessive competition and long waits.
- Place safety mirrors where children can observe themselves.
- Provide diaper-changing table with non-porous, non-absorbent surface and an accessible sink for hand washing.
- Provide a refrigerator.
- Provide a container for isolating, cleaning, and disinfecting toys that have been in children's mouths.

Introduce play activities and materials that enhance all developmental areas.

Music Play

- Engage in rhythmic activities.
- Engage in singing.
- Use musical instruments, audio equipment, cassettes, compact disks, and music videos.
- Encourage expression through creative movement and dance.

Messy Play

- Provide a sensory table with a variety of accessories including such things as containers and tools to scoop.
- Provide a floor space that can be easily cleaned up and is near a sink.
- Engage infants and toddlers by encouraging sensory exploration.

Creative Play

- Offer a rich variety of projects and sufficient materials to support children's interests.
- Support exploration of art materials.
- Offer increasing complexity in manipulative materials.
- Provide a table and floor areas near a sink to allow for easy cleanup.

Pretend Play

- Provide opportunities to learn through pretend play experiences.
- Provide play experiences for children to learn the functions of objects, such as in the housekeeping and transportation areas.
- Stimulate imagination through drama, using such things as kitchen sets with accessories, and dolls and doll beds.
- Provide dress-up clothes hung on safe hooks, plus a mirror.
- Provide accessories for transportation play, such as cars and trucks and pretend roads including small blocks.
- Provide a puppet stage with puppets.

Gross and Fine Motor Play

- Arrange physical space so children have room to roll over, crawl, walk, and test new movement skills.
- Provide opportunities for infants and toddlers to learn through active exploration.
- Provide low climbing structures that are well-padded and safe for exploration.
- Provide safe, large materials for stacking, such as blocks.
- Change the play for infants by frequently changing their positions or moving them from one area to another.
- Change or rotate objects to challenge infants and toddlers to explore.
- Encourage movement and playfulness.
- Participate in children's physical activities with them.
- Model interactions that guide children's safe, active indoor and outdoor play.
- Identify opportunities for jumping, hopping, climbing, and running.
- Encourage the use of pushing and pulling and riding wheeled toys.
- Provide time for children to demonstrate and practice new skills.
- Plan experiences for developing motor skills and physical strength through repetition of actions.
- Help children to understand safety rules.
- Provide pegs, puzzles, and blocks organized into containers so that the children can begin their play by learning the concept of in and out as they manipulate small materials.
- Provide a variety of markers, paints, and other materials that children can use.
- Provide a variety of materials that allow the child to use different grasp and prehension patterns, including things that they can poke, push, and pinch.

Problem Solving Play

- Rotate the selection of toys to provide variety and new experiences.
- Offer a variety of problem situations to extend children's thinking.
- Plan experiences for children to learn the properties of objects.
- Plan experiences for children to classify materials into groups.
- Provide opportunities for children to learn about beginning number concepts.
- Ensure that materials possess interesting shapes, textures, and colors that promote exploration, experimentation, and learning.
- Provide toys responsive to the child's actions.
- Provide appropriate materials and toys for infants to grasp, chew, and manipulate.
- Provide manipulative toys such as puzzles, pegs and pegboards, nesting blocks, shape sorters, and bead and string sets.
- Make toys available on open shelves so children can make their own selections.

Health and Safety

- Risks are avoided if equipment, furniture, toys, and materials are safe, durable, and well maintained. To maximize floor space, minimize clutter, and ensure that items can be easily and safely located, items should be stored in a safe and orderly fashion.
- Provide toys and equipment that meet the national children's safety standards.
- Ensure that children receive well-baby health visits, and that they are fully immunized.
- Assist families in identifying materials and furnishings in the home that are safe and durable and facilitate children's learning and exploration.
- Educate parents about the danger of toxic substances and steps to be taken to minimize the exposure of children at home and at the center.
- Establish procedures for buckling and transporting children in strollers that meet national child safety standards.
- Install all equipment according to the manufacturer's instructions.
- Use furniture that has safe, rounded edges.
- Use equipment and furniture that is sturdy enough to allow children to pull themselves up.
- Do not use infant walkers because of the considerable risk of injury.
- Help children understand safety rules regarding toys and materials.
- Ensure that furnishings and equipment cannot be pulled over by the children.
- Store materials in locations not used by children.

- Ensure that materials meant for adults, such as scissors and electrical appliances, are inaccessible to children.
- Store large equipment in an enclosed storage space to reduce clutter.
- Clean and disinfect toys on a regular schedule, following health guidelines.
- Isolate or clean toys that are placed in children's mouths or in contact with body secretions.
- Ensure that electrical outlets are covered.
- Monitor ventilation and air quality.
- Assure that all painted surfaces are lead-free.
- Sweep or mop uncarpeted floor areas with a sanitizing solution daily.
- Vacuum carpeted areas daily, and clean them regularly, using hypoallergenic products.
- Clean and sanitize all kitchen equipment.
- Clean and sanitize bathrooms daily.
- Keep facilities free of insects, rodents, and other pests.
- Place fire extinguishers in accessible locations and ensure that staff knows how to use them.
- Make sure all exit doors are unobstructed and operate easily, opening outward.
- Have entrance and exit routes clearly marked.
- Ensure that heating and cooling systems are inspected annually and are insulated to protect children and staff from all danger.
- Store cleaning materials in their original labeled containers, separated from food, and out of children's reach.
- Dispose of soiled diapers in containers separate from other waste.
- Keep garbage and trash in an area inaccessible to children and away from areas used for food storage or preparation.
- Remove garbage and trash daily.
- Implement a comprehensive maintenance program for toys, equipment, and furnishings.
- Conduct regular fire and evacuation drills.
- Prohibit the use of tobacco, alcohol, and illegal drugs in all spaces used by the program in the evening as well as during the day.
- Ensure that all plants are inaccessible to children.

Attend to special safety requirements of outdoor play spaces:

- Ensure that playgrounds are designed, installed, inspected, and maintained with children's safety in mind so that the equipment does not pose the threat of serious falls and will not pinch, crush, or entrap the head or any part of a child's body or clothing.

- Ensure that all playground equipment is installed over shock-absorbing materials and securely anchored to the ground.
- Ensure that outdoor play areas are free of broken glass, stones, sharp objects, standing water, poisonous plants, and other hazards.

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Guidelines for Children Birth to Three, retrieved from <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>
- Identify and subscribe to some good catalogs for ordering quality toys, equipment, and supplies for infant and toddler programs.
- Become informed about safe and appropriate playgrounds for young children birth to age three.
- Identify and consult with a nurse regarding appropriate concerns if your program does not have one on staff.
- Learn about Office of Safety and Health Administration (OSHA) codes and standards. Retrieved from <http://www.osha.gov>
- Check child toy and equipment safety websites frequently for information and recalled items.
- Pioneering Literacy in the Digital Wild West: Empowering Parents and Educators, retrieved from http://www.joanganzcooneycenter.org/wp-content/uploads/2012/12/GLR_TechnologyGuide_final.pdf

Quality Indicator II.B.5.**An emergent literacy focus is observable in the activities, materials, and environment planned for the child.**

The research in the areas of emergent literacy suggests that the roots of both reading and writing are established in all language experiences of very young children. Literacy refers to the inter-relatedness of language components and includes speaking, listening, reading, writing, and viewing. The theory of emergent literacy has developed from a vast amount of research from the fields of child development, psychology, education, linguistics, anthropology, and sociology. It has virtually redefined the field of literacy and has informed some educators and parents that the term “reading readiness” no longer describes adequately what is happening in the literacy development of young children. Specifically, emergent literacy suggests that the development of literacy is a process that takes place gradually within the child beginning at birth, and that there is actually no one point in time when a child is ready to begin learning to read and write.

From a large body of research that focused on the study of families with children who were reading before they entered school, the theory of emergent literacy evolved to encompass the following elements:

- Learning to read and write begins very early in life.
- Being read to plays a special role in the literacy development of the young child. Being read to on a daily basis is one of the greatest gifts that parents can give their children.
- Reading and writing develop concurrently and are interrelated in young children.
- Literacy develops from real life situations in which reading and writing are used functionally.
- Children learn literacy through active participation with people or materials.
- Learning to read and write is a developmental process. Children pass through the developmental stages of reading and writing acquisition in a variety of ways and at different ages.

Research has shown that it is possible to accent and highlight literacy activities in play environments for young children by providing a print-rich environment. Specifically, when open ended activities

involving books and paper and pencil activities were provided for young children, the researchers found the children had an almost “natural affinity” for them. Thus, the role of the educator and parent in the emergent literacy perspective becomes one of setting conditions that supports self-generated and self-motivated learning.

The following suggestions are ways to incorporate emergent literacy into educational programs for parents of infants and toddlers:

- Emphasize how reading daily to their children is a key component in facilitating early literacy acquisition.
- Emphasize how providing the opportunity to their children to scribble, draw, and color daily is another key component in facilitating early literacy acquisition.
- Encourage oral traditions in families through story telling.

Help parents become aware of book-sharing practices that expand the child’s literacy development:

- Label or name and comment on the book’s illustrations.
- Make up a story about the pictures in the order they appear.
- Attend to and read the printed text.

Provide suggestions for interactive book sharing:

- Be open to the child’s strategies as he asks for a book or wants to be read to.
- Let children choose the books they want to share.
- Share books more than once and support an enjoyment of or attachment to favorite books.
- Read books with repetitive lines and illustrations.
- Choose books based on the child’s experiences and interests.
- Relate books to the child’s individual experiences.
- Encourage the child to contribute in some way.
- Initiate play activities that are related to the stories read with the child.
- Choose books with only one to three lines of print per page if reading the text.

Point out how the language and social interactions that occur during book sharing experiences enhance the parent/child relationship, develop language skills, expand vocabulary, familiarize the child as to what print involves, and serve as a model for reading.

- Inform parents that children who grow up seeing their parents read magazines, books, and newspapers will often choose these activities themselves.

- Point out the important things children can learn when they see their parents use print to accomplish real goals and tasks in their daily lives.
- Encourage parents to use libraries, children’s museums, and other community resources to enhance their children’s emergent literacy skills.
- Help parents become aware of other family characteristics in addition to sharing books with their children that contribute directly to reading achievement, including a positive attitude toward education, parental aspirations for their children, conversations and reading materials in the home, and cultural activities.

The following are suggestions for creating an emergent literacy environment for infants and toddlers:

- Create opportunities for children to see their parents use print, such as signing an attendance book for play groups, filling out nametags to be worn in groups, or singing songs from a printed song sheet.
- Create opportunities for children to see staff use print, such as writing children’s names on their artwork, writing captions on children’s photographs, or recording new accomplishments in writing to be shared with a parent.
- Provide opportunities for children to experience books, which should be attractively displayed and easily accessible to children throughout the playroom:
 - Look at a wide variety of books, including board books, paper books, touch-and-feel books, big books, photo albums, and home-made books.
 - Provide books from children’s own and other cultures.
 - Listen to stories individually or in small groups.
 - Provide opportunities for children to ask and answer questions while looking at books.
 - Encourage children to name what they see in books.
 - Ask children to comment on how they feel about what is happening in a story.
 - Look at books independently or alongside other children during free play.
 - Make books together using child-generated text and children’s artwork, pictures from magazines, or photographs.
 - Expose children to books on tape, videotape, or computer discs.
 - Respond to children’s request to share books.
 - Share favorite books with children repeatedly.
 - Create a story sack library with books and related materials.

Provide opportunities for children to informally experience concepts about reading books:

- Pages are turned from right to left.
- Print is read left to right.
- Books need to be right side up to see the pictures and read the words.

Provide opportunities for children to develop phonemic awareness, which involves hearing the differences and similarities among sounds by exposing children to:

- Singing
- Listening to music
- Saying nursery rhymes
- Acting out nursery rhymes
- Looking at and reading nursery rhyme books
- Displaying nursery rhyme posters in the playroom
- Performing finger plays
- Reading children's poetry
- Reading books with repetitive sounds, words, lines, or verses

Provide opportunities in number experiences for children in their daily activities:

- Provide objects for counting and one-to-one correspondence.
- Provide objects for sorting and categorizing.

Typical Early Reading-Related Behaviors

(Schickendanz, & Collins, 2013)

Behaviors	Early	Later
Book Handling	<p>Makes eye contact with a book's pictures, but no attempt to handle a book (2–4 months)</p> <p>Explores a book by grasping and bringing it to the mouth to suck and chew (5–10 months)</p> <p>Shakes, crumples, and waves the book (5–10 months)</p> <p>Holds cardboard books with both hands and explores how the book works by making the pages open and close (6–8 months)</p> <p>Deliberately tears the pages (7–15 months)</p> <p>Helps the adult turn the pages, pressing the left hand page after the adult has pressed it (7–8 months)</p> <p>Shows a notable increase in visual attention to books and decrease in physical manipulation of books (8–12 months)</p>	<p>Might accidentally tear pages due to difficulty in handling books, but intentional tearing of pages to explore decreases (12–14 months)</p> <p>Turns pages awkwardly because of difficulty in separating pages (8–12 months)</p> <p>Turns pages well (11–15 months)</p> <p>Flips through a book by gathering clumps of pages and letting them fly past (14–15 months)</p> <p>Turns an inverted book right side up, or tilts head as if trying to see the picture right side up (11–15 months)</p> <p>Operates the basic functions of digital texts (e.g., opens applications, turns pages, clicks animations) (24–30 months)</p>
Language Understanding and Use	<p>Looks intently at pictures for several minutes, with wide open eyes and thoughtful expression (2–4 months)</p> <p>Coos and gurgles while adult reads (4–6 months)</p> <p>Might understand words for familiar objects in pictures (7–9 months)</p> <p>Points to individual pictures (8–12 months)</p> <p>Makes animal or other appropriate sounds (e.g., “beep-beep” in <i>Little Blue Truck</i> by Alice Schertle) (10–13 months)</p> <p>Points correctly to familiar objects when asked, “Where is the... ?” (11–14 months)</p>	<p>Chimes in during reading of predictable song or story (16–30 months)</p> <p>Points to a picture and asks “What’s that?” or requests a label in another way (e.g., “Dat?” or questioning intonation) (13–24 months)</p> <p>Begins to use two- to four-word sentences (i.e., telegraphic sentences). For instance, describing pictures for events in books (e.g., “baby crying”) (18–24 months)</p> <p>Uses more complex sentences when talking about the book or favorite characters (e.g., “That not Dora backpack, that my backpack”) (24–30 months)</p> <p>Asks and answers simple questions during the story reading (e.g., “Where Momma go?” when listening to <i>Owl Babies</i> by Martin Waddell). Might ask the same</p>

Behaviors	Early	Later
<p>Language Understanding and Use (continued)</p>	<p>Uses book babble (i.e., jabbering that captures the overall sound of reading) (13–18 months)</p>	<p>question each time the story is read (27–30 months)</p> <p>Plays with the story language outside of the story reading context (e.g., “Mommy, mommy, what do you see?” after reading <i>Brown Bear, Brown Bear, What do You See?</i> By Bill Martin Jr.) (27–30 months)</p>
<p>Comprehension</p>	<p>Understands works for familiar objects in pictures (7–9 months)</p> <p>Relates an object or action in a book to the real world (e.g., retrieves a teddy after adult has read <i>That’s Not My Teddy</i> by Fiona Watt) (10–14 months)</p> <p>Selects texts on the basis of content, thus demonstrating some understanding of what some individual books are about (e.g., picks up a book with a picture of a duck after playing with a toy duck; selects a book about a doctor’s visit after a check-up) (10–15 months)</p>	<p>Shows preference for a favorite page by searching for it or holding the book open at that page, as if that part is particularly well understood or appreciated (11–14 months)</p> <p>Performs an action shown or mentioned in a text (e.g., pretends to throw a ball when book mentions playing baseball) (12–23 months)</p> <p>Shows empathy for characters or situations depicted in texts (e.g., repeats distress type — “hurt,” “boo-boo,” “miss mommy” — while looking at pictures, and displays sad or concerned facial expressions; pretends to cry after hearing that a child in the book is sad) (18–24 months)</p> <p>Makes associations across texts (e.g., gets two books and shows the caregiver similar pictures or events in each one) (20–24 months)</p> <p>Talks about the characters and events during the reading in ways suggesting understanding of what has been read or said (e.g., saying, “Shh! Bunny sleeping” at the end of <i>Goodnight Moon</i> by Margret Wise Brown) (20–6 months)</p> <p>Relates events in texts to own experiences during shared reading (e.g., saying, “I play freight train,” referring to own toy trains when reading <i>Freight Train</i> by Donald Crews) (20–26 months)</p>

Behaviors	Early	Later
<p>Comprehension (continued)</p>		<p>Links situations from a book to situations outside of the book-sharing context (e.g., reenacting events and reciting lines from <i>The Snowy Day</i> by Ezra Jack Keats when playing in the snow) (20–30 months)</p>
<p>Emergent Reading</p>	<p>Coos or gurgles when read to (3–6 months)</p> <p>Gazes (7 months) and/or points (9 months) to illustrations while adult is reading and looking at a page (7–9 months)</p> <p>Vocalizes (unintelligibly) while pointing at pictures (7–10 months)</p> <p>Points to the pictures and vocalizes (more intelligibly), such as with rising intonation, to indicate “What’s that?” (10–12 months)</p> <p>Makes animal or other appropriate sounds(e.g., “beep-beep” in <i>Little Blue Truck</i> by Alice Schertle) (10–13 months)</p> <p>Names objects pictured, although articulation may not be accurate (11–14 months)</p> <p>Brings books to an adult to read, and after one reading hands a book back, suggesting the adult should read it again (12–16 months)</p> <p>Uses book babble (to mimic the sound of reading) (13–18 months)</p> <p>Begins to search more thoroughly through books on shelf or in baskets to find preferred books for adult to read (16–20 months)</p>	<p>Imitates adult’s hand-finger behaviors by pointing to the words or pictures when sharing the book (15–20 months)</p> <p>Describes illustrations or familiar parts of text in own words (e.g., says “piggy’s dancing” when adult reads <i>Moo, Baa, La La La!</i> by Sandra Boynton) (16–20 months)</p> <p>Fills in the next work in the text when the adult pauses, says the next work when the adult reads it, or reads along with the adult when the text is highly predictable (16–24 months)</p> <p>“Reads” to self and pretends to read to dolls or stuffed animals, holding the book so that they can see (17–25 months)</p> <p>Recites entire phrases from a favorite story if the adult pauses at the opportune time (that is, cloze reading) (20–30 months)</p> <p>Protests when an adult misreads or skips a work in a familiar, and usually predictable, text. Typically offers the correction (28–30 months)</p> <p>Asks to read books or digital texts to the adult and may be able to recite several texts quite accurately, especially if simple and predictable (28–30 months)</p>

ADDITIONAL IDEAS AND RESOURCES

- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
 - Position Statement on Learning to Read and Write, retrieved from http://www.naeyc.org/positionstatements/learning_readwrite
- Review the latest research on Emergent Literacy and the young child.
- Attend conferences and workshops that focus on reading, writing, books, and other literacy related topics as they relate to young children and their families.
- Enroll in a higher education course, pre- or postgraduate, in Literacy Development of the Young Child.
- Learn about the developmental stages in a child’s reading and writing acquisition.
- American Speech-Language Association, retrieved from <http://www.asha.org>
 - Emergent Literacy: Early Reading and Writing Development, retrieved from <http://www.asha.org/public/speech/emergent-literacy.htm>

REFERENCES

1. Schickendanz, J. & Collins, M. (2013). *So Much More Than the ABCs: The Early Phases of Reading and Writing*. Washington, D.C.: National Association for the Education of Young Children.

{ “Tell me and I forget. Show me and I remember.
Involve me and I understand.” }

— Chinese proverb

Family Involvement in Curriculum

Illinois Birth to Five Program Standard II.C.

The program prioritizes family involvement while respecting individual parental choices.

The program reflects the high priority of family involvement at whatever level each parent chooses. Program design provides for various levels of parent participation, ranging from enrichment and mentoring to more intensive educational opportunities. The staff welcomes, encourages and supports all levels of parent participation and respects the individual choices and needs of each family.

Quality Indicator II.C.1.**Opportunities are provided for varied levels of parent participation.**

The curriculum and services of the program are designed by staff to offer a variety of choices and levels of participation to parents. The more actively involved parents become, the more opportunities they will have to impact what happens in the program. Because parents know their children's temperament, developmental abilities, and interests, they are integral partners in the processes of planning and implementing curriculum. Parent participation is also valuable as it assists them to increase their own knowledge of child growth and development. Thus parents are able to help program staff make the curriculum more meaningful for their children.

(Adapted from Head Start Performance Standard 1304.21(a)(2) (i) U.S. Department of Health and Human Services).

Programs that seek family participation must use an approach that will invite and embrace family involvement and engagement. Family-centered care is a holistic approach to working with families in which program staff reaches out to families to build respectful and mutual partnerships. Keyser suggests the goal of building relationships with families is to bring mutual expertise from both parents and program staff together to benefit children. The family-centered approach embraces five characteristics:

- “Recognize and respect one another’s knowledge and expertise;
- Share information through two-way communication;
- Share power and decision making;
- Acknowledge and respect diversity; and
- Create networks of support.”

(Keyser, 2006)

Keyser (2006) suggests family-centered care requires thoughtful and intentional communication including “word choice, quantity of communication, tone language, different communication styles, and non-verbal communication.” Program staff needs to convey messages that embrace, support, and accept all families.

- “Families are welcome in the program.
- The program is inclusive of all families.
- All the people in families are respected by the teachers and staff of the program.
- Families can be proud of who they are in this program.

- The staff knows families are intelligent and knowledgeable about their children.
- Parents are assumed to be competent both as people and parents.
- The staff is looking forward to learning from families and is open to input.
- Families are invited into a mutual partnership.”

(Keyser, 2006)

The levels of parental involvement in the program can be conceptualized as a continuum. Staff should be aware of this continuum while at the same time respecting individual parental choices. Suggestions for choices can be offered by staff to parents as they demonstrate the desire to deepen their level of involvement. Parental temperament, culture, and many other variables will affect their interest and level of involvement. The following listing incorporates this continuum and identifies various levels of parent involvement.

- Come to the program as a social outlet.
- Expect the teachers to watch and interact with their children.
- Quietly observe what is happening in the play groups.
- Quietly observe what is happening in the parent education groups.
- Begin to take part in some activities with their children.
- Begin to participate in parent education group discussions.
- Begin to form friendships within the group.
- Actively participate in all activities with their children.
- Actively participate in parent education group activities.
- Reflect on what their children are doing and share ideas for enhancement.
- Reflect on what is happening in the parent education group and share ideas for enhancement.
- Celebrate the accomplishments of their friends’ children.
- Celebrate the personal development of their friends.
- Begin to form friendships that go beyond group time and the program.
- Feel a sense of belonging to the parent education group and take ownership for what happens.
- Become involved in more than one program activity.
- Enjoy when guest speakers come and provide special information.
- Access and use suggested community resources.
- Influence other family members, especially partners, to become involved in the program.
- Recruit friends to come to the program.
- Are willing to mentor new participants in the program.
- Begin to make suggestions for improvements or new program activities.

- Share and/or demonstrate child-teaching abilities that have had an impact outside of the program.
- Apply discussions from the parent education groups outside of the program and share evidence of this in conversations with staff and other parents.
- Get involved in the planning and evaluation of various program components.
- Take advantage of personal development opportunities in the community.
- Volunteer for the program.
- Volunteer to serve as role models for other parents.
- Become employed by the program or other, similar, program.

ADDITIONAL IDEAS AND RESOURCES

- Evaluate parent involvement in all program activities. Identify what is happening and what could be happening.
- Talk to and learn from parents about their level of involvement in the program by using interviews, program evaluations, and exit surveys.
- Learn what it means to be nonjudgmental and culturally sensitive.
- Learn more about observation as a tool to understand children and families.
- Talk with and visit other birth to three programs to learn about and observe other parent involvement models.
- Sponsor a Parent Involvement Workshop for staff and parents. Invite a neighboring program's staff and parents to attend.
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
- Parent Engagement Resource List, retrieved from <http://www.naeyc.org/familyengagement/resources>
- Parent Involvement Matters, retrieved from <http://www.parentinvolvementmatters.org>
- Strengthening Families Illinois, retrieved from <http://www.strengtheningfamiliesillinois.org>
- The Center for the Study of Social Policy, retrieved from <http://www.cssp.org>
 - Strengthening Families, retrieved from <http://www.cssp.org/reform/strengthening-families>

REFERENCES

1. United States Department of Health and Human Services. (2006). *Head Start Performance Standards and Other Regulations*. Department of Health and Human Services, Washington, D.C.
2. Keyser, J. (2006). *From Parents to Partners*. St. Paul, MN: Redleaf Press.

Quality Indicator II.C.2.**Opportunities are provided for parents to increase their levels of program involvement through education and enrichment.**

It is important for programs to offer a menu of services to parents and to support increasing their levels of involvement and participation. This menu of services should include options for parents to learn more about:

- Child development and parenting;
- Opportunities to improve their life management skills; and
- Benefits from social support activities.

It is important to stress health and wellness in the menu of service options, recognizing that the parents' need for continuing education and vocational and career guidance is also important. When parents are ready, some will begin reaching out to other parents and become involved in program development activities such as serving as program volunteers or eventually being employed by the program.

Leadership and staff must remember that every parent brings to the program a unique set of interests, talents, desires, and needs. The level of involvement will be greatly determined by a number of variables that may or may not be known to program staff. Staff should remember they do not always know the real life experiences of the parents they serve. Therefore, they should proceed cautiously, particularly in their expectations of increasing parent involvement.

Programs are required to provide intensive, research-based, and comprehensive prevention services. Programs should be designed so that parents will gain knowledge and skills in parenting through implementation of a research-based program model that will guide the provision of services. Positive interaction between the parent and child are vital components of effective programs. **Education activities may be site-based or home-based; however, services must adhere to the components and requirements of the selected program model and be of sufficient intensity and duration to make sustainable changes in a family.** Through these coordinated services, parents should become better prepared to provide for the developmental needs of their children.

For the purposes of the Early Childhood Block Grant for Birth to Age 3 Years, a program model must meet one of the three criteria listed below to be considered research-based.

A program model is defined as a frame of reference that identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes. It reflects standard practices that guide the provision of services, and determines the parameters delineating the service settings, duration, type of intervention, and ratios of child and/or family served to service provider, etc.

Criterion One — The proposed program is a replication of a program model that has been validated through research and found to be effective in providing prevention services for at-risk families. Specifically:

- The program model must have been found to be effective in at least one well-designed randomized, controlled trial, or in at least two well-designed quasi-experimental (matched comparison group) studies.
- The program is implemented as closely as possible to the original program design, including similar caseloads, frequency and intensity of services, staff qualifications and training, and curriculum content.
- Examples of Birth to Three Program Models Recommended by ISBE:
 - Parents as Teachers <http://www.parentsasteachers.org>
 - Baby TALK <http://www.babytalk.org>
 - Healthy Families America <http://www.healthyfamiliesamerica.org>
 - Nurse-Family Partnership <http://www.nursefamilypartnership.org>
 - Center-Based
 - Child Care Setting (DCFS License)
 - Early Head Start <http://www.ehsnrc.org/index.htm>
 - Family Literacy Program - PI - NAEYC Guidelines <http://www.naeyc.org>
 - Examples of Supplemental Services to Enhance Birth to Three Comprehensive Services:
 - Doula Services
 - Fussy Baby Network
 - Strengthening Families Illinois

Criterion Two — The proposed program will comply with all of the standards of a nationally recognized accrediting organization (e.g., NAEYC). Specifically:

- The program must comply with all standards regarding group size, staff-to-child and/or staff-to-family ratios, staff qualifications and

training, and comprehensiveness and intensity of services offered.

- The program must implement a formal, written curriculum that is comprehensive and is based on research about how infants and toddlers learn and develop.

Criterion Three — The program implements programming by meeting or exceeding all the following criteria:

- Illinois Birth to Five Program Standards
- Operating successfully for at least three years
- Implements a research-based program model with a logic model that identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes.
 - Implements a program model based on research about what combinations of services have been effective in achieving positive learning outcomes with at-risk infants, toddlers, and their families.
 - An intensity of services sufficient to achieve stated goals with a high-risk population (i.e., amount of contact with parents and children). As a guideline, intensity of services should be on par with Parents as Teachers, Baby TALK, Healthy Families, or Prevention Initiative Center-Based requirements.
 - Caseload sizes that do not exceed those required by Parents as Teachers, Baby TALK, Healthy Families, or Center-Based models.
- Develops a formal, written plan for conducting family needs assessments and developing individual service plans addressing their culture and linguistic background.
- Maintains documented evidence of participant's success in achieving the goals of prevention initiative. (i.e., outcome data)
- Implements a formal, written, research-based curriculum
 - The curriculum will be based on research about how infants and toddlers learn and develop and how to teach parents new ways of supporting and enhancing their child's development.

All Prevention Initiative programs will implement research-based curricula. Home visitation programs will implement a curriculum for parent/family education. Center-based or family literacy programs will implement curricula for both the children and parents/families. Curriculum is defined as an organized framework that delineates the content children and/or families are to learn, the processes through which they achieve the identified curricular goals, what providers do to help them achieve these goals, and the context in which teaching and learning occur.

- The research-based curriculum that is chosen will address the following issues:
 - The curriculum reflects the centrality of adult/child interactions in the development of infants and toddlers.
 - The curriculum reflects the holistic and dynamic nature of child development, and addresses a balance of all developmental areas: cognitive, communication, physical, social, and emotional development.
 - The curriculum prioritizes family involvement while respecting individual parental choices.
 - The curriculum supports and demonstrates respect for the families’ unique abilities as well as for their ethnic, cultural, and linguistic diversity.
 - The curriculum promotes a framework that is nurturing, predictable, and consistent, yet flexible enough to respond to the participant’s individual cues and make accommodations.
- Examples of evidence-based curricula for center-based programs:
 - Creative Curriculum for Infants and Toddlers
 - High/Scope Infant-Toddler Curriculum
- Examples of evidence-based curricula for home-visiting programs:
 - Parents as Teachers Curriculum <http://www.parentsasteachers.org/>
 - Baby TALK Curriculum <http://www.babytalk.org/>
 - Growing Great Kids <http://greatkidsinc.org/earlyheadstart-prenatal-36.html>
 - Partners for a Healthy Baby (Florida State) <http://www.research.fsu.edu/techtransfer/showcase/partnerbooks.html>
 - Stephen Bavolek’s Nurturing Parenting <http://www.nurturingparenting.com/>
 - Healthy Families San Angelo <http://www.hfsatx.com>

All Prevention Initiative programs will document evidence of participant’s success in achieving the goals of the prevention initiative (i.e., outcome data), including but not limited to the following:

- Evidence of regular and systematic evaluations of program staff to assure that the philosophy is reflected and goals of the program are being fulfilled.
- Evidence of a program annual self-assessment appropriate for the program model to determine whether the program is being implemented as intended (with fidelity), and whether the anticipated outcomes for children and families are being achieved.
- Evidence of a formal process by which the results of the annual program self-assessment (and other program data) are used to inform continuous program improvement.

Additionally, **all Prevention Initiative programs** will adhere to the following program requirements:

- Programs must not charge fees for parents' program participation. In addition, parents who participate in the parental training component may be eligible for reimbursement of any reasonable transportation and child care costs associated with their participation in this component.
- The program operates year-round. (when applicable) Year-round programming is preferable.
- Home visits and other services are provided according to the program model.
- The program includes intensive, regular, one-on-one visits with parents.
- Scheduling practices and intensity of services are tailored to the individual strengths and needs of children birth to three and their families.
- The strengths and needs of the children and families as well as research on best practice determine the ratio of participants to staff and the size of program groups.
- The program meets the needs of children and families of varying abilities as well as diverse cultural, linguistic, and economic backgrounds.
- The program is provided within the larger framework of a family literacy program (when applicable).
- The program fosters social connections between families with young children.
- The program connects families to supports in times of need.
- The program provides activities that teach parents how to meet the developmental needs of their children, including their social-emotional needs.
- Family activities such as workshops, field trips, and child/parent events are provided to foster parent/child relationships.
- The program recognizes that both mothers and fathers play an essential role in their children's development.
- The program encourages both mother/female and father/male involvement in children's lives.
- A schedule for the parent education programs and child/parent events is provided.
- The program has a toy/book lending library.
- The program has a parent resource lending library.
- The program has a newsletter.

Seven Designated Areas of Instruction

Prevention Initiative programs will offer appropriate parent education and involvement services that address the seven designated areas of instruction listed below. The seven designated areas of instruction provide a framework for programs to build resources and education. The information listed below offers suggestions for topics, and programs are not limited to these specific topics.

- Staff will address the areas **of instruction** and topics based on the needs of the family and as the program model and/or curricula recommend.
- **Addressing the seven designated areas of instruction is required;** however, the topics **suggested within** each area are suggestions and not required.

The areas of instruction and topics are interrelated; therefore, education and programming should be integrated. Areas and topics should not be addressed in isolation. Programs will provide information and materials that reflect the seven designated areas of instruction in the parent resource library, the toy/book lending library, the parent newsletter, and all aspects of programming (individual visits and group meetings). Information and education about the seven designated areas of instruction will clearly be articulated to provide anticipatory guidance to parents. “Brazelton (1975) described anticipatory guidance as the mechanism for strengthening a child’s developmental potential.” (Shonkoff & Meisels, 2000). Anticipatory guidance is a strategy of planning ahead to provide information to parents with the expected outcome being a change in parent attitude, knowledge, or behavior, and the mutual participation of parents and program staff in discussions of ideas and opinions about normal parental responses to child development.

1. Child Growth and Development, including Prenatal Development

Child development refers to the changes that occur as a child grows and develops in relation to being physically healthy, mentally alert, emotionally sound, socially competent, and ready to learn. Understanding the stages of child development helps parents know what to expect and how to best support the child as she or he grows and develops. Programs will offer education and connections to resources that support child growth and development, including prenatal development. In list below, fine motor is explained, but not gross motor.

Suggested topics include but are not limited to the following:

- Pregnancy body awareness and safety
 - Mobility: moving, rolling crawling cruising, sitting, walking, etc.
 - Pregnancy physical issues including dental health, changes in hormones, etc
 - Secure attachment and brain development
 - Sleep suggestions for pregnant women (left side)
 - Separation anxiety
- continued*

1. Child Growth and Development, including Prenatal Development, continued

- What can baby hear prenatally?
- Adjusting to pregnancy
- Prenatal attachment
- Prenatal interaction; placing hands
- Prenatal nutrition
- Prenatal development
- Effects of drug, alcohol, and substance abuse on an unborn baby
- Child development
- Physical (fine and gross motor)
- Speech and language
- Social and emotional
- Cognitive (problem solving)
- Brain development/Neuroscience
- Sensory integration
- Importance of responding to a child's needs
- Newborn reflexes
- Development of infant/child hearing/auditory, vision, smelling, tasting, touching
- Teeth and dental development
- Information regarding head shape
- Critical periods (windows of opportunity)
- Difference in child development in individual children
- Development of muscle control/fine motor and gross motor
- Fine motor: manipulation of fingers, movement of eyes, etc.
- Stranger anxiety
- Nutrition
- Importance of tummy time
- Promoting brain development
- Speech and language development
- Early identification of speech and language delays
- Importance of block play
- Promoting block play
- Importance of puzzle play
- Sorting, classifying, matching, etc.
- Importance of exploration and experimenting (learning cause and effect)
- Fingerplays
- Rhymes and songs
- Baby sign language
- Parentese
- Self-talk and parallel talk
- Baby games
- Object permanence
- Value of play and pretend play
- Importance of touch
- Fitness and physical activity
- Importance of sleep
- Premature infant health
- Early identification of developmental delays and connections to Child and Family Connections
- Stages of play (parallel play, etc.)

2. Childbirth and Child Care

“Childbirth and child care” refers to supporting parents as they transition into parenthood. This ensures the physical health of the mother and baby and provides a strong foundation for healthy parent and child relationships. The love and social support a family (mother, father, caregivers, and infants) receives can make a difference in the lives of children and families. Programs will offer education and connections to resources that support childbirth and child care.

Suggested topics include but are not limited to the following:

- Childbirth preparation classes (mothers/fathers/coach/doula)
- Child care classes (mothers/fathers/family, and friend support)
- Doula services (if applicable)
- What to expect during labor (mothers/fathers/family)
- What to expect during delivery (mothers/fathers/family)
- Planning for the birth of the baby (mothers/fathers)
- What to take to the hospital (mothers/fathers)
- Preparing to leave the hospital (mothers/fathers)
- Preparing the home for an infant
- Preparing the car for an infant
- Accessing social support to help with the arrival of a baby
- How to care for a newborn (bathing, dressing, feeding, etc.)
- Identify strategies to prevent SIDS

3. Family Structure, Function, and Management

Children have the right to grow up in an environment in which they are enabled to reach their full potential in life. Parents who are competent in dealing with the challenges of daily life will more likely be more capable caregivers. Providing support to parents as they meet the challenges of everyday life and strive to maintain physical, psychological, emotional, and social health is essential to the health and well-being of children. Programs will offer education and connections to resources that support the family structure, function, and management.

Suggested topics include but are not limited to the following:

- Living healthy
- Dealing with stress (adults, infants, toddlers, preschoolers)
- Adjusting to pregnancy
- Adjusting to parenthood
- Screening for Early Intervention

continued

3. Family Structure, Function, and Management, continued

- Responding to a developmental delay and accessing Child and Family Connections
- Nutrition
- Choosing healthy foods
- Eating Together
- Responding to mealtime challenges
- Preventing obesity
- Healthy eating
- Creating safe and healthy home environments
- Safe interaction with pets
- Prevention of effects of smoking and secondhand smoke
- Prevention of effects of drug, alcohol, or substance abuse
- Protecting family/child identity
- Child care, accessing quality child care, child care options, characteristics of quality child care, evaluating a child care setting, accessing Child Care Resource and Referral, communicating with a child care provider
- Accessing reliable transportation
- Individual/family goal setting
- Exposing infants and toddlers to technology
- Exposing infants and toddlers to television
- How to problem solve
- How to resolve difference with another person
- Importance of extended family
- Addressing unique populations
 - Teenage parents
 - Supporting immigrant families
 - Supporting English Language Learners
 - Supporting military families
 - Supporting families where mental illness is present
 - Supporting families where intellectual challenges are present
 - Supporting families where physical or sensory challenges are present
 - Supporting families in life transitions (employment, growing family, divorce)
 - Supporting families dealing with substance abuse
 - Supporting families exposed to stress, trauma, or violence
 - Supporting families dealing with child abuse or neglect

continued

3. Family Structure, Function, and Management, continued

- Balancing the many roles of a parent (work, school, parenting, etc.)
- Supporting growing families
- Supporting sibling relationships
- Supporting peer relationships among children
- Supporting adult relationships and social connections
- Access to a crisis nursery
- Access to community resources (Public Health, Public Housing, Department of Human Resources, etc.)
- Financial Aid, food, clothing, shelter, transportation, medical and mental health resources, etc.
- Valuing diversity
- Life management skills:
 - Assertiveness training
 - Home improvement workshops
 - Life goal setting
 - Money management
 - Organizational abilities
 - Stress reduction

Use of community resources

- Facilitating access to programs that support parenting and parent skill development:
 - Infant massage class
 - Parent/child field trips
 - Parent/child story time groups
 - Parent/infant play groups
 - Parent/toddler movement groups
 - Parent/toddler play groups
- Social support:
 - Cooking groups
 - Couples outings
 - Craft groups
 - Meeting outside of the regular program time
 - Parent-generated baby-sitting cooperatives
 - Social support groups around a specific theme
 - Social support groups on parenting
- Creative expression:
 - Artistic expression (dancing, painting, singing, writing, etc.)
 - Dance classes, especially those relevant to the cultures served by the program

continued

3. Family Structure, Function, and Management, continued

- Journaling
- Scrapbooking
- Enrichment experiences:
 - Culturally relevant and diverse field trips
 - Guest speakers from the community
 - School and community-wide activities outside the program
 - Links to appropriate and safe entertainment (parks, zoos, parent groups, etc.)
- Health and wellness:
 - Exercise classes
 - Family planning information
 - Health and nutrition classes
 - Referrals to dental and health clinics
 - Self-esteem building
 - Stress reduction
- Adult continuing education:
 - Computer classes
 - English as a Second Language classes
 - Extension Services classes
 - GED classes
 - Higher education
 - Park District classes
- Vocational career development
 - Community College classes
 - Learning marketable skills
 - Vocational inventories or counseling
 - Career development
 - Connections to employment opportunities (Workforce Network, etc.)

4. Prenatal and Postnatal Care for Mothers and Infants

Accessing medical care is essential for the health and well-being of a family. Supporting families as parents address the physical needs of themselves and their children will establish healthy behaviors that can last a lifetime. Programs will offer education and connections to resources that support prenatal and postnatal care for mothers and infants.

Suggested topics include but are not limited to the following:

- Prenatal medical care
- Choosing a healthcare provider
- Prenatal attachment
- Identifying critical periods (windows of opportunity)
- Postpartum depression
- Signs of postpartum depression
- Responding to postpartum depression
- Family/friends support and postpartum depression
- Understanding bonding and attachment
- Nutrition
- Feeding a newborn
- What, When, How, Why
- Health care and obtaining a medical home
- Well-baby checkups
- Responding to a sick child
- Immunizations and preventable diseases
- Fighting germs
- Hygiene
- Safe sleep for baby
- Car Seats: transporting a newborn, infant, and toddler
- Prenatal Fitness
- Breastfeeding — health for infant/mother
- Benefits of breastfeeding
- Strategies to successful breastfeeding
- Making the choice to breastfeed or bottle feed your infant
- Importance of responding to the needs of your child
- Responding to separation anxiety
- Responding to stranger anxiety

5. Prevention of Child Abuse

Helping families implement strategies that promote protective factors is an effective way to reduce child abuse and neglect. Programs will offer education and connections to resources that support the prevention of child abuse and neglect.

Suggested topics include but are not limited to the following:

- Defining healthy relationships
 - Identifying strategies that promote healthy relationships
 - Defining protective factors
 - Strategies that build protective factors
 - Relaxation techniques
 - Defining child abuse
 - Responding to domestic violence
 - Strategies that prevent child abuse
 - Strategies that prevent child neglect
 - Shaken baby syndrome
 - Building social connections
 - Accessing mental health resources
- continued*

5. Prevention of Child Abuse, continued

- Defining child neglect
- Defining domestic violence
- Identifying the impact of domestic violence on children
- Defining and identifying the cycle of domestic violence
- Signs of being in a relationship where domestic violence is present
- Accessing community resources as needed
- Helping parents understand child development and appropriate parenting practices
- Helping parents communicate effectively
- Helping parents teach their children to communicate effectively
- Strengthening Families Illinois, retrieved from <http://www.strengtheningfamiliesillinois.org>

6. The Physical, Mental, Emotional, Social, Economic, and Psychological Aspects of Interpersonal and Family Relationships

Education and information that will help families maintain and support the relationships between and among family members and community resource agencies is crucial to building a support network. As families address physical, mental, emotional, social, psychological, and economic challenges, programs will offer education and resources that will support relationships.

Suggested topics include but are not limited to the following:

- Parental resilience and mental health
- Social and emotional health of children
- Economic stability and challenges
- Support networks
- Conflict resolution among family and friends
- Links to community resources
- Supporting families with unique challenges:
 - Teenage parents
 - Supporting immigrant families
 - Supporting English Language Learners
 - Supporting military families
 - Supporting families where mental illness is present
 - Supporting families where intellectual challenges are present
 - Supporting families where physical or sensory challenges are present
 - Supporting families in life transitions (employment, growing family, divorce)
 - Supporting families dealing with substance abuse
 - Supporting families exposed to stress, trauma or violence
 - Supporting families dealing with child abuse or neglect
- Strengthening Families Illinois, retrieved from <http://www.strengtheningfamiliesillinois.org>

7. Parenting Skill Development

Providing opportunities for parents to observe their children and reflect on how to support healthy growth and development will offer chances to deliver valuable and insightful information and education regarding parenting. Programs will offer education and connections to resources that support parenting skill development.

Suggested topics include but are not limited to the following:

- Learning and valuing observation skills
- Strategies that foster parent-child attachment
- Strategies that foster attachment
- Understanding your baby's cues
- Importance of responding to your infant's needs
- Calming a crying infant
- Teaching and helping an infant child to self-soothe, with practical strategies
- Newborn reflexes
- Nutrition
- Weaning a child from breastfeeding
- Weaning a child from pacifiers or bottles
- Protecting children from lead
- Understanding the development of a trusting relationship between parent and child
- Understanding the development of infant/child hearing, vision, smelling, tasting, touching
- Baby bottle rot
- Avoiding or responding to ear infections
- Strategies to support healthy infant head shape
- Responding to infant crying
- Safe sleep for infants
- Define tummy time; strategies for successful tummy time
- Infants and sensory overload
- Understanding sensory integration
- Infant massage (importance of touch)
- Importance of available books/reading materials
- Benefits of reading out loud to your baby/toddler preschooler
- Importance of fun/laughter
- Choosing quality toys
- Choosing age-appropriate toys
- Toy safety
- Communication between and among caregivers
- Roles and responsibilities of a parent (mother and father)
- Dealing with stress and journaling
- Communicating with a doctor or health care professional
- Discipline/Teaching (positive discipline)
- Redirecting, offering choices, etc.
- Redirecting
- Setting limits
- Understanding, avoiding, and responding to temper tantrums
- Introducing solid foods into a child's diet
- Encouraging self-help or independence skills
- Homemade toy safety
- Protection against choking
- Childproofing a home
- Benefits of outdoor fun and safety
- Importance of routines
- Responding to nightmares and night terrors
- Helping children through transitions
- Helping children grieve
- Understanding and responding to a child's temperament
- Temperament and goodness of fit
- Supporting a child's temperament *continued*

7. Parenting Skill Development, continued

- Behaviors that encourage reading and readers
- Choosing quality literature/books for infants, toddlers, and preschoolers
- Teaching children to problem solve
- Define sudden infant death syndrome
- Identify strategies to prevent SIDS
- Identify safe sleeping conditions for infants
- Identify the dangers of co-sleeping
- Importance of crawling
- Teaching your child about emotions
- Recognizing an infant's attraction to faces
- Importance of parent-child interactions
- Importance of play for children and adults
- Toilet learning
- Helping a child deal with a physical challenge
- Responding to a child exposed to stress, trauma, or violence
- Value of verbally labeling the environment
- Understanding states of infant consciousness
- Creating rituals and routines
- Discovering your child's personality
- Responding to a child's fears
- Dangers of walkers
- Strengthening Families Illinois, retrieved from <http://www.strengtheningfamiliesillinois.org>

Parents may be involved in a program in a variety of capacities on various levels. Often parents will increase involvement and engagement with more exposure to programming. The following are suggestions to encourage parent/caregiver involvement in the program.

- Program development:
 - Advisory Committees
 - Interagency Council Committees
 - Organizing and donating clothing or toys for an incentive boutique for other parents
 - Program Development Committees
 - Program Evaluation Focus Groups
 - Recruiting
 - Writing articles for the program monthly newsletter
- Program volunteers:
 - Assisting with child care
 - Assisting with implementation of family events
 - Assisting with improving the program environment
 - Assisting with materials preparation
 - Assisting with snack preparation
- Peer mentoring:
 - Mentoring new parents
 - Networking with parents in similar life situations

- Contributing items from home to enrich the cultural environment of the center:
 - Donating time to help with office activities
 - Planning family events
 - Sharing talents at community events
 - Sharing talents at program special events
 - Sharing talents at program-wide events
- Program or school employees:
 - Becoming employed full-time by the program
 - Becoming employed in some other capacity in the program or school
 - Becoming employed part-time by the program

Policy and Procedure Manual Regarding Programming

Effective programs maintain a policy and procedures manual that clearly outlines and guides the implementation of programming:

1. Recruitment/outreach policies/procedures
 - a. Screening policies/procedures
 - b. Parent interview
 - c. Parent permission
 - d. Evidence-based developmental screening instrument
 - e. Eligible participants – weighted criteria screening form (The most at-risk children/families, those exhibiting the greatest number of at-risk factors as determined by the eligibility criteria, are given priority for enrollment in the program.)
 - f. Procedures for including staff and sharing results with parents/guardians
 - g. Community collaborations and Child Find activities
2. Intake and enrollment policies/procedures
 - a. Waiting list policies/procedures
 - b. Policies/procedures regarding families experiencing issues including homelessness, English language learning, developmental delays, etc.
3. Intensity of services — individual meetings
 - a. Home visit/individual meeting defined
 - b. Caseload/staff ratio
 - c. Visit frequency
 - d. Visit length
 - e. Scheduling practices
 - f. Data collection (completion/retention rates)
 - g. Transition services

4. Intensity of services — groups
 - a. Group(s) defined
 - b. Group size
 - c. Group frequency
 - d. Group length
 - e. Group scheduling practices
 - f. Data collection
5. Intensity of services — classroom
 - a. Classroom (define full day/half day)
 - b. Adult/child ratios
 - c. Attendance - Day (length)
 - d. Scheduling practices
 - e. Data collection (attendance/retention rates)
 - f. Transition services
6. Research-based implementation program model (Baby TALK, Healthy Families America, Parents as Teachers, Nurse Family Partnership)
7. Research-based parent curriculum
8. Research-based classroom curriculum (if applicable)
9. Family literacy model
10. Developmentally appropriate practice (DAP)
11. Individualization of curriculum and services for each family
12. Prevention Initiative seven designated areas of instruction
13. Illinois Early Learning Guidelines for Children Birth to Age Three
14. Developmental monitoring (process and reporting)
 - a. Developmental screening
 - b. Hearing screening
 - c. Vision screening
 - d. Health screening
 - e. Immunization data collection
 - f. Instruments/tools/forms
15. Program implementation policies/procedures
 - a. Information regarding Birth to Five Program Standards
 - b. Information regarding Prevention Initiative Implementation Manual
 - c. Licenses and reference to standards (if applicable)
 - d. Accreditations and references to standards (if applicable)
 - e. Definition of completion and retention rates

16. Documentation and maintenance of records policies and procedures
 - a. Web-based Data Management System (if applicable)
 - b. Student Information System
 - c. List of reports/forms/screenings, position/person responsible, intervals or due dates, instructions, reporting requirements, etc. (examples: ISBE expenditure reports, USDA, PI Outcomes Questionnaire, PI Parent Questionnaire, Family Needs Assessment, Year-End PI Evaluation, etc.)
17. Evidence-based family needs assessment
 - a. Formal, written plan for conducting a family needs assessment
18. Individual Family Service Plan
 - a. A formal, written plan for developing Individual Family Service Plans
 - b. Goals for the parent, child, and parent-child
 - c. Initial and follow-up(s) time intervals
 - d. Form(s)
 - e. Coordination with other service providers
 - f. Relationship to Family Needs Assessment
19. Use of supplies and materials
20. Use of technology (adults and children)
21. Communication between staff and families
22. Parent Handbook (resource for parents about your program)
23. Expectation for parent involvement/engagement (Advisory Council, etc.)
24. Expectation for partnering with parents (IFSP, home visits, etc.)
25. Expectation for father/male involvement/engagement
26. Child toy/book and parent resource lending library policies/procedures
27. Newsletter (frequency, expectation for submissions)
28. Nutritional goals/requirements (if applicable)
29. Practices to keep families involved/participating regularly in the program
30. Environment — health and safety expectations (center-based and home-based, groups, and field trips)
 - a. Universal precautions
 - b. Transportation of children and families
 - c. Risk Management

31. Domestic violence screening protocols
32. Postnatal depression screening
33. Mental health screening protocols
34. Mandated reporter responsibilities and policies/procedures (including follow-up)
35. Parent/guardian reimbursement of transportation/fees
36. Referral policies procedures
 - a. Program incoming
 - b. Program outgoing
37. Current families' links to community resources
 - a. Follow-up
38. Transition policies and procedures
 - a. In and out of program and other life transitions
 - b. Transition plan
 - c. Exit from services (transition planning, time frames for case closing)
 - d. Contact information
39. Service providers to program (transportation, speakers, classes, etc.)
40. Local community resource guide for families

Keyser (2006) suggests families will experience the following as a result of participating in a program conducting meetings based on family-centered principles:

- Feel safe and supported
- Experience a sense of community with staff and other families
- Identify and work together with other families and teachers for common goals
- Participate in collective decision making
- Build and nurture networks of support
- Share their expertise and stories with other parents
- Participate in asking and answering questions
- Experience themselves as competent and resourceful
- Learn child development and parenting information
- Share their own culture and learn about the culture of others
- Discover resources in the programs and community for their child and family

ADDITIONAL IDEAS AND RESOURCES

- Calming a crying infant:
 - The Period of Purple Crying, retrieved from <http://www.purplecrying.info>,
 - Dr. Karp, Happiest Baby on the Block (5 S's), retrieved from <http://www.happiestbaby.com/about-dr-karp>
- Sudden Infant Death Syndrome
 - SIDS of Illinois, Inc., retrieved from <http://www.sidsillinois.org>
- Illinois Department of Public Health, retrieved from <http://www.idph.state.il.us>
- Common Core State Standards: Caution and Opportunity for Early Childhood Education, retrieved from http://www.naeyc.org/files/naeyc/11_CommonCore1_2A_rv2.pdf
- Assessing Home Visiting Program Quality: Final Report to the Pew Center on the States, retrieved from http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Home_Visiting_Program_Quality_Rating_Tool_report.pdf
- Survey and interview parents regarding their interests and levels of desired participation.
- Identify barriers to parent participation and develop a plan to address these barriers.
- Look at a variety of program brochures and handbooks to learn about opportunities for parent involvement.
- Visit other programs to observe other parental involvement models.
- Participate on local boards or committees that would provide networking experiences.

REFERENCES

1. Illinois State Board of Education. (2011). *Request for Proposals (RFP): Prevention Initiative Birth to Age 3 Years: FY 2012*.
2. Keyser, J. (2006). *From Parents to Partners*. St. Paul, MN: Redleaf Press.
3. Shonkoff, J., & Meisels, S., (2000). *Handbook of Early Childhood Intervention*. Cambridge, MA.: Cambridge University Press.

Quality Indicator II.C.3.**Program activities support family literacy.**

Literacy by itself means the ability to read and write. The term “family literacy” describes a complex concept. The International Reading Association’s Family Literacy Commission offers the following ideas as a definition of family literacy. Family literacy encompasses the ways parents, children, and extended family members use reading and writing at home and in their community. It occurs naturally during the routines of daily living. Examples of family literacy might include using drawings or writing to express ideas, composing notes or letters to communicate messages, keeping records, making lists, reading and following directions, or sharing stories and ideas through conversation, reading, and writing. Family literacy activities may be initiated purposefully by a parent, or may occur spontaneously as parents and children go about the business of their daily lives. These activities may also reflect the ethnic, racial, or cultural heritage of the families involved.

King and McMaster (2000) suggest, “The family is one of the most powerful indicators of success of future generations. The economic stability of parents can and will affect the path open to their children and the choices children will make along their journey.” Family literacy programs provide participants with the self-confidence, peer support, and family management skills that lead to employment and job retention. They provide adults with the skills they need in the workforce and their children with the tools they need to succeed in school. In addition, parents learn how to help their children in school, and their children receive benefits that last longer than the program.

The following suggestions are ways to incorporate family literacy activities into the birth to three programs:

- Recognize that learning will only occur after a trusting relationship is established.
- Hire staff that respect the life experiences of participants and communicate in a way that builds parents’ self-confidence and self-respect.
- Offer playgroups that involve the parents and children in interactive literacy activities.
- Support parents to enhance family literacy.

- Encourage families to keep journals that record child development information and personal reflections.
- Provide literacy learning in parent education groups in the context of early childhood development, parenting, and the use of community resources. Use engaging curriculum, activities, and learning materials that provide valuable and useful information about parenting, and are culturally and linguistically relevant.
- Invite people from the community to make adult literacy presentations and lead discussions.
- Encourage parent/child daily reading in a variety of ways:
 - Provide parents with tips on how to share books with their children.
 - Provide families with books for home use and a calendar for charting family reading.
- Promote learning in all capacities. Encourage families to pursue their interests.
- Encourage computer use. It is an important literacy skill.
- Encourage parents to use available computers to work on projects relevant to them.
- Familiarize families with community literacy resources, such as the public library and museums. Help families obtain library cards. Let them know about free days at the museums.
- Encourage parents to write, design, and produce a program publication to promote the development of many skills and allow families to share information such as favorite books, recipes, autobiographies, family histories, and the program's timely sharing of news.
- Support families to learn about the different modes of local transportation and how to use them. This helps families become familiar with the community and its resources.

Research at the Goodling Institute supports the efficacy of family literacy. As parents develop their own literacy skills, they are better equipped to foster the literacy and language growth of their very young children. This relationship is most clearly evident in very young children (ages birth to 3 years old) where the parents are not only the primary teachers but also the greatest developmental influence. This study demonstrates the important linkage that exists between the parents' education and children's literacy and language development. It reaffirms the assumption of family literacy programs that parents are indeed the child's first and most important early teacher.

(Askov et al, 2005)

Prevention Initiative programs implementing a family literacy program model must include the four components indicated below.

Illinois Family Literacy Consortium of State-level Agencies and Offices defines Illinois Family Literacy Programming as the integrated, intensive services for at-risk families that must include, but not be limited to:

- Adult education (Literacy instruction for parents);
- Child education (Emergent literacy activities for children);
- Parenting education (Parent group time); and
- Literacy-based, interactive, parent-child activity services in order to improve the literacy skills for families (Parent and child together time).

DEFINITIONS	
Literacy Skills	The ability to read, write, speak, compute, and solve problems at appropriate levels of proficiency necessary to function as an individual within a family or in society.
Integrated Services	All services are purposefully connected to encompass a holistic approach to serving the family as a unit rather than as individuals.
Intensive Services	The services are regularly and frequently scheduled over an extended period of time.
At-Risk	Adults and children who are subject to such language, economic, and like circumstances as to have been determined, through a screening process, to be at risk of academic failure. At-risk factors may include a low household income, being homeless, a household in which English is not the primary language spoken, or a household in which one or both parents are teenagers or have not completed high school. However, neither an adult's nor child's membership in a certain group, nor a child's family situation should determine whether that child is at risk.
Families	The significant adult(s) or primary caregiver(s) and child(ren) who are living in the same household. <i>When the term "parent" is used, this term refers to the significant adult(s) or primary caregiver(s).</i>
Adult Education	It is the purpose of Title II of Workforce Investment Act of 1998 to create a partnership among the federal government and localities to provide, on a voluntary basis, adult education and literacy services in order to: <ul style="list-style-type: none"> • Assist adults to become literate and obtain the knowledge and skills necessary for employment and self-sufficiency; • Assist adults who are parents to obtain the educational skills necessary to become full partners in the educational development of their children; and • Assist adults in completion of a secondary school education.

<p>Adult Education, continued</p>	<p>Program elements include:</p> <p><u>Instructional services:</u> adult basic education, adult secondary education and GED, vocational skills, English as a second language (English literacy), life skills, parenting education, citizenship education, and employability skills.</p> <p><u>Supportive Services:</u> social work services, guidance services, assistive and adaptive equipment, assessment and testing, participant transportation services, workforce coordination services, child care services and literacy services.</p> <p>Eligible populations include:</p> <p>Adults age 16 years and older who are not enrolled or required to be enrolled in secondary school under state law and who</p> <p>(1) lack sufficient mastery of basic educational skills to enable the individuals to function effectively in society;</p> <p>(2) do not have a secondary school diploma or its recognized equivalent and have not achieved an equivalent level of education; or</p> <p>(3) are unable to speak, read, or write the English language.</p>
<p>Child Education</p>	<p>Age-appropriate education to prepare children for success in school and life experiences, from birth through age 16. Children acquire knowledge as a result of concrete encounters and meaningful research-based experiences in environments structured to meet individual developmental, cognitive, and social needs of all children. Supplemental instruction and support may be needed to facilitate an individual child’s progress.</p>
<p>Parenting Education</p>	<p>Information and support for parents on issues such as childbirth, development and nurturing of children, child rearing, family management, support for children’s learning, effective advocacy strategies for the rights of all children, and parent involvement in their children’s education. Through parenting education, parents and professionals build relationships in which the resources of both are shared in the task of supporting family strengths. In addition, parents build relationships through which they receive support both for themselves and their children.</p>
<p>Interactive, Literacy-Based Parent-Child Activity Services</p>	<p>Parent-Child Activities Family literacy includes regularly scheduled interactive, literacy-based, learning activities for parents and children. These may focus on recognizing and encouraging literacy practices and environments in the home, strengthening family relationships, increasing connections between the family and the school, and/or fostering a better understanding of child development. These reciprocal learning activities are opportunities for parents to build the skills and confidence to take supportive, teaching roles with their children. They offer the children the opportunity to see their parents as knowledgeable and capable adults. They offer both adults and children time to share and reinforce skills learned in the other components.</p>

ADDITIONAL IDEAS AND RESOURCES

- Learn more about Family Literacy through personal study, workshops, and conferences.
- Evaluate the family literacy component of the program through parent satisfaction surveys, interviews, or focus groups.
- Place family literacy on the agenda of staff meetings.
- Visit the National Center for Family Literacy website. Retrieved from <http://www.familit.org/>
- Visit the Barbara Bush Foundation for Family Literacy. Retrieved from <http://barbarabushfoundation.com>
- Research the community to learn about other family literacy programs.
- Sponsor a Family Literacy Fair incorporating community partnerships.
- The Illinois Literacy Foundation, retrieved from <http://www.theillinoisliteracyfoundation.org>
- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
 - Sharing Books with Your Baby, retrieved from <http://illinoisearlylearning.org/tipsheets/booksbaby.htm>
 - Sharing Books with Your Toddler, retrieved from <http://illinoisearlylearning.org/tipsheets/bookstoddler.htm>
 - Encouraging Literacy Development in Infants and Toddlers, retrieved from <http://illinoisearlylearning.org/reslist/literacy.htm>
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
 - Position Statement on Learning to Read and Write, retrieved from http://www.naeyc.org/positionstatements/learning_readwrite

REFERENCES

1. Askov, E.N., Grinder, E.L., & Kassab, C. (2005). *Impact of family literacy on children*. Family Literacy Forum, 4(1), 38-39.
2. Illinois State Board of Education. (2011). *Request for Proposals (RFP): Prevention Initiative Birth to Age 3 Years: FY 2012*.
3. King, R., & McMaster, J., (2000). *Pathways: A Primer for Family Literacy Program Design and Development*. Louisville, KY: National Center for Family Literacy.

{“Whatever you are, be a good one.”}

— Abraham Lincoln

Family Culture and Curriculum

Illinois Birth to Five Program Standard II.D.

The program supports and demonstrates respect for the families' unique abilities as well as for their ethnic, cultural, and linguistic diversity.

The program reflects the ethnic, cultural, and linguistic diversity of the participating families and their communities. The program is dynamic as families and staff work together to consider and integrate the individual abilities and cultures of families.

Quality Indicator II.D.1.**The program provides activities, materials, and an environment that reflects a variety of cultures.**

Children and their families come to the program rooted in a culture (or cultures) that provides the foundation of beliefs and values and creates a view of their place in society. It is important that programs demonstrate an understanding of, respect for, and responsiveness to the home culture of all families. Staff should be aware of their own core beliefs and values and be attuned to the role culture and language play in their own lives. In addition, they should recognize the role of culture and language in the lives of the children and families they serve as well as the surrounding community's values and attitudes.

Incorporating the home culture throughout the curriculum supports the development of social competence in children, affirms the values of each family's culture, and encourages communication and interactions with others. Understanding diversity helps children gain confidence in their own identity and respect for the identity of others. Understanding and respecting the culture, language preferences, traditions and customs, religious beliefs, and child-rearing practices of each family provides a foundation for building meaningful relationships with families and can enhance parent participation and, ultimately, the development of each child.

Programs should support families' home cultures, while also recognizing the significance of a common culture. By encouraging families to engage in dialogue about culture and diversity, it is hoped that programs will facilitate a more harmonious and peaceful community where all children grow and families flourish.

Provide a multicultural program environment:

- Develop an environment that reflects the cultures of all children in an integrated and natural way.
- Display artwork by artists of various backgrounds, including prints, sculptures, and textiles.
- Display photos of children and families of various backgrounds who participate in the program.
- Provide a balance of images of mothers and fathers of various backgrounds and occupations.

- Include images of grandparents of various backgrounds and their children.
- Include images that represent diverse family styles.
- Include images of important individuals that represent diversity in race, ability, gender, and ethnicity.

Incorporate multicultural activities into the child development curriculum:

- Choose books that reflect diverse gender roles, family compositions, and racial and cultural backgrounds, and avoid stereotypes or cartoonish depictions.
- Incorporate materials and props into the dramatic play area that encourage both boys and girls to participate and explore a variety of roles
- Incorporate items into the dramatic play area that reflect the home life and work of various cultures, including those of the families served.
- Post pictures in the play room that show families from a variety of diverse backgrounds.
- Include manipulative materials that depict diversity in race, ethnicity, and gender.
- Provide large mirrors so children can view their physical features, compare their features to others', and see themselves in a variety of roles.
- Provide opportunities in the curriculum for children to hear various languages, especially those spoken by the families served.
- Introduce music that reflects various cultural styles, including singing, instruments, background music, and music for movement and dance.
- Use art materials, including paints, paper, crayons, markers, and play dough, that include a variety of skin tones (Sparks et al. 1992).
- Incorporate a multicultural perspective into the parent education program:
 - Demonstrate a genuine respect, including actions, for each family member's beliefs, culture, child rearing practices, and life style.
 - Provide opportunities for family members to share and learn about ethnic, racial, and religious customs.
 - Present the anti-bias curriculum philosophy that supports respect and appreciation for diversity.
 - Engage in community-building activities such as multicultural celebrations.
 - Make provisions for dialogue about issues of racism, discrimination, and social justice.

- Provide program materials, child development handouts, and parenting magazines in the participants' primary languages.
- Seek linkages with culturally specific organizations to facilitate the utilization of community resources. (Ahsan et al. 1998)

ADDITIONAL IDEAS AND RESOURCES

- Expand your knowledge of cultural diversity and multiculturalism in the United States.
- Consider learning some key vocabulary, words, and phrases in the languages spoken by the families served by your program.
- Learn more about Anti-Bias Curriculum by Louise Derman Sparks and the A.B.C. Task Force by reading *Anti-Bias Curriculum: Tools for Empowering Young Children*.
- Illinois Department of Human Services Early Intervention, retrieved from <http://www.dhs.state.il.us/page.aspx?item=31183>
- Illinois Early Intervention Clearinghouse, retrieved from <http://eic.crc.uiuc.edu>

REFERENCES

1. Ahsan, Nilofer and Lina Cramer. (1998). *How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field*. Chicago, Illinois 60606: Family Resource Coalition of America.
2. Derman-Sparks, L. & A.B.C. Task Force. (1992). *Anti-Bias Curriculum, Tools for Empowering Young Children*. Washington, D. C.: NAEYC

Quality Indicator II.D.2.**Program services are provided in the family's primary language whenever possible.**

Research that looks at early thinking, language, and culture supports the concept that there is a strong connection between the development of language, cognition, and culture. Infants and toddlers learn a language through experiences and interactions with their families and community members. Families and children should be able to communicate with staff, and staff should be able to understand their words. Through the use of the family's home language, a message of respect is conveyed. Families should never be asked to abandon their home language and speak only English with their children. This deprives children of the linguistic and cultural link that helps them develop a strong sense of identity and the cognitive basis for future learning.

Strategies to affirm and support home language include:

- Assure that the program's mission statement, goals, and objectives are written in the language(s) spoken by community members.
- Assure that all program materials and forms used by parents, including consent forms, needs assessments, screening protocols, and family plans are in the parents' primary language.
- Assure that all written materials reflect the literacy levels of the families in the community.
- Support parent participation by providing parent education materials, such as handouts, parenting magazines, and books in the parents' primary language.
- Provide a literacy rich environment that reflects all of the languages of the community.
- Make translation services available through bilingual staff, volunteers, or other community resources.
- Foster communication development in the primary language of the children, yet begin the process of learning English language skills.
- Offer group times in the parents' primary language.
- Programming to support Dual Language Learners will be integrated into all curricula and services and will not be offered in isolation.

Communicate with parents in their primary language and encourage them to develop English skills:

- Provide information about or develop English as a Second Language classes.
- Practice functional communication skills with English-speaking staff.
- Functional communication is behavior (defined in form by the community) directed to another person who in turn provides related direct or social rewards.
- Build linkages between parents that encourage practicing functional communication skills.
- Encourage parents to read simple children's books in English.
- Encourage parents to sing simple children's songs in English.
- Provide opportunities for English-speaking staff to learn the primary language of the children and families through study groups, audio-tapes, computer language teaching programs, self-study books, peer mentoring by bilingual staff, and enrollment in formal classes.
- Provide children and families translated print materials and guest speakers who can offer information or entertainment in languages that represent the local community.
- Use outreach and recruitment strategies to hire and train staff who speak the language(s) spoken by families served.

Nemeth (2012) states, "Dual Language Learner is a term used to describe children who are growing up with two (or more) languages." Staff should get to know the families and learn about their languages, traditions, celebrations, music, stories, games, and food. Incorporating familiar items from the cultures represented into the environment of a classroom or playgroup room will help new children and families feel welcomed and valued. Providing information and linking families to social service or support systems, if applicable, will reduce the risk of families encountering isolation and may provide an opportunity to connect with a supportive environment.

Nemeth (2012) describes the value of supporting the home language.

Supports cognitive development

"Supporting young children's continued use and development of their home language enables them to have full use of what they know in the language while they are also building concepts and connections in English. Recent research shows that support for early development of, and learning in, the home language leads to later success in learning English."

Encourages self-esteem

Language is a part of our personal identity. “When children grow up with a non-English language as part of their identity and then come to a program or school where that language is not used, they may feel that a part of them is neither valued nor liked.” Respecting and giving attention to the home language encourages children’s self-esteem.

Strengthens family ties

“Maintaining the home language is a way to keep the lines of communication open between parents and children, thus helping children grow up with a healthy sense of family bonding and support.”

Enhances social interactions

“When every classroom – from infant/toddler programs through elementary school – provides an environment that celebrates diversity, all of the children can grow up seeing each other as equals. Support for children’s home language helps them fit in socially and helps all children grow up in an environment of mutual respect and acceptance.”

The information below provides an overview of language development. All children progress through the stages described below, regardless of the language being learned. Staff who understand how children and adults learn and process information are better equipped to respond to as well as assist those embracing more than one language.

Stages of language development	Stages of second language development
<ul style="list-style-type: none">• Zero to three months – Crying• Three to six months – Cooning• Six to twelve months – Babbling• Ten to fourteen months – First words• Ten to eighteen months – One word at a time• Seventeen to twenty months – Two words together (telegraphic speech)• Two to five years – Language explosion <p style="text-align: right;"><i>(Nemeth, 2012)</i></p>	<ul style="list-style-type: none">• Home language only• Possible silent period• Actions show understanding – “Dual Language Learners will begin to show that they understand by responding to instructions or being able to participate in a game.”• Formulaic speech – “Dual Language Learners are able to recognize multiword groups or formulas and use them with some degree of accuracy before they can break down the groups into individual words.”• Informal language – playground language• Academic fluency <p style="text-align: right;"><i>(Nemeth, 2012)</i></p>

Children who have a delay or disorder in language development will display difficulties in both languages. A true language delay or disorder is caused by biological or developmental factors that affect the entire language learning system. An environmental factor may cause a child to exhibit a delay in only one language.

Espinosa (2008) identifies the following conclusions. Each statement is supported through current research and practice.

- “All young children are capable of learning two languages. Becoming bilingual has long-term cognitive, academic, social, cultural, and economic benefits. Bilingualism is an asset.
- Young ELL (English Language Learners) students require systematic support for the continued development of their home language.
- Loss of the home language has potential negative long-term consequences for the ELL child’s academic, social, and emotional development, as well as for the family dynamics.
- Teachers and programs can adopt effective strategies to support home language development even when the teachers are monolingual English speakers.
- Dual language programs are an effective approach to improving academic achievement for ELL children while also providing benefits to native English speakers.”

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
- Supporting the Literacy Development of Diverse Language Learners in Early Childhood Classrooms, retrieved from <http://illinoisearlylearning.org/reslist/supporting-lit.htm>
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
 - Position statements on Linguistic and Cultural Diversity, retrieved from <http://www.naeyc.org/positionstatements/linguistic>
- Purchase and use self-study books and tapes in the primary languages of participants.
- Learn more about the impact of linguistic continuity on the young children whose primary language is not English.
- Attend an Illinois Resource Center’s workshop on teaching a second language to young children.

REFERENCES

1. Espinosa, L. (2008). *Challenging Common Myths About Young English Language Learners*. Foundations for Child Development Policy Brief Advancing PK-3 No. Eight. Retrieved from <http://fcd-us.org/sites/default/files/MythsOfTeachingELLsEspinosa.pdf>
2. Nemeth, K. (2012). *Basics of Supporting Dual Language Learners: An Introduction for Educators of Children Birth through Age 8*. Washington, D.C.: National Association for the Education of Young Children. 15-22.

Quality Indicator II.D.3.**Program services are in compliance with 23 IL Administrative Code 228 (Transitional Bilingual Education).**

This quality indicator does not specifically apply to birth to three programs; however, program staff working with children and families from diverse populations need to be especially sensitive and responsive to supporting language development, including Dual Language Learners.

*{“In every conceivable manner, the family is
link to our past, bridge to our future.”}*

— Alex Haley

Program Flexibility

Illinois Birth to Five Program Standard II.E.

The program promotes a framework that is nurturing, predictable, and consistent, yet flexible.

Program activities, schedules, and routines adjust to the needs of the children and their daily happenings. Flexibility is demonstrated as individual participant's cues and life's stressors are responded to and accommodated in a nurturing and caring manner. The program staff recognizes the importance of predictability in the program schedule yet remains open to capitalizing on "teachable moments."

Quality Indicator II.E.1.**Schedules and routines are familiar and available in print.**

The two greatest sources of stress are not having a sense of control and a lack of predictability in one's life. Familiar schedules and routines provide a secure base for children and their parents. Without these familiar components of the program, families and children may experience various emotional responses. Emotions are a function of the nervous system and are so powerful that they can override rational thinking and innate brain stem patterns. Human beings tend to follow their emotions. Emotional stability is promoted in children when routines are predictable.

It is also critical to recognize the importance of transitions in the daily schedules and routines of birth to three programs. Transitions occur frequently during programming for young children and their families, such as from one activity to another, with materials, and between environments. The most significant transition for young children and their parents occurs when they are separated for even brief periods of time. Appropriate activities facilitate transitions for both children and parents. The current brain research concludes that young children have difficulty learning when they are stressed. Providing emotional support at transition times and having well-planned transitional activities greatly reduce stress levels in young children and positively impact the program schedules and routines.

The following strategies can provide support to the program's schedule and routines and the various transitions that take place:

Program Communication

- Provide a newsletter or brochure outlining all of the services the program provides. Include times, days, locations, addresses, phone numbers, and the names of contact persons.
- Develop monthly program calendars and distribute them to parents.
- Encourage parents and children to mark the play group days on their calendars at home. This is a good way to support the development of emergent literacy. Post calendars and schedules at the program site that outline program activities.
- Frequently review upcoming dates of special activities with parents during parent groups.

- Individualize the program for those parents who might need extra support by having staff make regular phone calls.

Parent-Child Interactions

- Give parents simplified written agendas that are easy enough for them to follow without disrupting their ability to interact with their children.
- Encourage parents to take their group agendas home and refer to them with their children by repeating some of the songs and activities.
- Label activity areas so parents can easily determine where to go.
- Minimize waiting time during group activities by example, having plenty of materials available for children and parents.
- Allow enough time so that routines and transitions are unhurried and purposeful.
- Provide children with opportunities to participate in routines to facilitate change, such as picking up toys or putting books away.
- Consider decreasing the developmental demands placed on the child during and after transitions.
- Use high-interest activities, such as snack time, to facilitate transitions.
- Use the technique of distraction to facilitate transitions.
- Support parents to prepare their children for the separations when they leave to attend parent groups.
- Advise parents to never sneak away from their children.
- Model various ways to facilitate transitions.
- Reinforce parental use of positive techniques to facilitate transitions.
- Celebrate reunions after difficult transitions.

Home Visits

- Develop schedules for home visits that respond to a child's natural/ internal timetable and the family's routines.
- Use the techniques of previewing and reviewing to frame activities for children and parents during home visits.
- Develop a home visit format that is predictable from week to week.
- Design home visit activities that match the short attention span of young children and allow for repetition.
- Follow the children's lead in home visits to encourage optimal learning.
- Give children and parents notice to prepare for change, explaining to them what is happening during the home visit and what will happen next.

ADDITIONAL IDEAS AND
RESOURCES

- Visit other programs and observe schedules and routines and how they facilitate and manage transitions.
- Learn more about the importance of emotional developmental stages that occur in the period of birth to three years, including stranger and separation anxiety.
- Read about the role of emotions in development especially in the areas of stress response, threat, and the impact on learning and relationships.

Quality Indicator II.E.2.**The program responds to the participant’s individual cues and makes accommodations.**

All behavior has meaning! It is the responsibility of all infant and toddler program staff to observe a child’s behavior, read and interpret their cues, and then provide experiences that address each child’s unique needs. All children from birth to age three need early experiences that honor their unique characteristics and provide love, warmth, acceptance, and positive learning experiences. There is no “one size fits all” curriculum for infants and toddlers and their families. Implementing curriculum in birth to three programs is a blending of science and art. The science component represents a sound knowledge of child development, which is needed by all professionals developing programs for young children. The art component represents the innate ability and disposition to capitalize on the teachable moments that will unfold naturally as children explore their environments. Furthermore, all families with young children benefit from support and information provided in a way that respects their unique characteristics.

Adults as well as children exhibit behaviors that have meaning and require interpretation. However, reading the cues of adults is complicated by their individual cultural influences, their unique life experiences, and their ability to use language. It is the responsibility of program staff to learn about the culture of the participants they serve, as well as to understand body language and attempt to see past the words a person chooses to use and understand what is being said. When parents receive such support, they are often better able to achieve their own personal goals and provide a safe and nurturing learning environment for their very young children.

Birth to Three Programs should be designed to be flexible and responsive as they provide child development information and family support. There are many services that programs can offer, but it should be recognized that each infant and toddler program and each group will be unique. Programs can use the following suggestions in making responses and accommodations to the individual cues of young children and their parents.

Children

- Prepare the environment to introduce a wide variety of sensory experiences including the introduction of new foods, but do not force acceptance.
- Observe carefully to determine interests, needs, and unique differences.
- Follow their lead to determine when to start and end activities.
- Structure activities to encompass a wide range of developmental levels.
- Allow involvement in activities at the level that is comfortable for them.
- Offer enhancement and expansion of ongoing activities in a non-intrusive manner.
- Provide adaptations to assure success.
- Develop an internal resource to take advantage of teachable moments and respond to unique needs.
- Set up quiet areas so that children and parents who need a break can do so comfortably.
- Provide adaptations to assure success.

Parents

- Listen empathically to what the parents are saying both verbally and nonverbally.
- Tune in to the parents' emotions, and offer support as needed.
- Observe parent/child interactions closely, and do not intrude when things are going well.
- Give suggestions when parents and children are not in synch by modeling or asking questions, without taking over.
- Teach parents to deal with incidents that at first seem upsetting and turn them into celebrations.
- Provide information for parents, when needed, to access resources beyond the limits of the program.

ADDITIONAL IDEAS AND RESOURCES

- Spend time with a variety of experienced play group leaders to learn about how to capitalize on teachable moments.
- Learn more about floor time and following the lead of the child.
- Learn about body language and other forms of nonverbal behavior.

{“What you do speaks so loud I cannot hear what you say.”}

— Ralph Waldo Emerson

Children' Healthy Physical Development

Illinois Birth to Five Program Standard II.F.

The program supports children's healthy physical development.

The program recognizes that children who are healthy are ready to learn. Staff monitor children's health and assist families with access to screenings and immunizations. Staff include healthy nutrition activities and outdoor play in the lesson plans.

Quality Indicator II.F.1.

The program curriculum promotes good nutrition and healthy snacks.

Good nutrition, particularly in the first three years of life, is important in establishing a good foundation that has implications for a child's future physical and mental health, academic achievement, and economic productivity. In 2006, the United States Department of Agriculture (USDA) introduced more defined language to describe ranges of severity of food insecurity.

Food Security

High food security (old label = Food security): no reported indications of food-access problems or limitations.

Marginal food security (old label = Food security): one or two reported indications, typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.

Food Insecurity

Low food security (old label = Food insecurity without hunger): reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.

Very low food security (old label = Food insecurity with hunger): Reports of multiple indications of disrupted eating patterns and reduced food intake.

“Food insecure means at times during the year, these households were uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food. Food-insecure households include those with low food security and very low food security. 14.9 percent (17.9 million) of U.S. households were food insecure at some time during 2011.” (Coleman-Jensen, Nord, Andrews, & Carlson, 2012)

It is essential to provide information about healthy nutrition and to link eligible families to food programs in the community including the Supplemental Nutrition Assistance Program (SNAP) and local food banks and nutrition programs.

Home Visitation Programs

Prevention Initiative programs must offer appropriate parent education and links to community services that address the seven designated areas of instruction listed below:

1. Child growth and development, including prenatal development;
2. Childbirth and child care;
3. Family structure, function, and management;
4. Prenatal and postnatal care for mothers and infants;
5. Prevention of child abuse;
6. The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships; and
7. Parenting skill development.

A critical component of health and well-being is adequate and healthy nutrition. Program staff can enhance information offered about child growth and development, family function, and parent skill development by providing information about healthy food and beverage habits for children and adults.

Child growth and development

- United States Department of Agriculture: Choose My Plate, retrieved from <http://www.choosemyplate.gov>
- Illinois Department of Human Services: Women, Infants and Children, retrieved from <http://www.dhs.state.il.us/page.aspx?item=30513>

Family function

- Health & Nutrition Information for Pregnant & Breastfeeding Women, retrieved from <http://www.choosemyplate.gov/pregnancy-breastfeeding.html>
- Develop Healthy Eating Habits, retrieved from <http://www.choosemyplate.gov/preschoolers/healthy-habits.html>

Parent skill development

- Healthy Eating on a Budget, retrieved from <http://www.choosemyplate.gov/healthy-eating-on-budget.html>

Center-Based Programs

There should be a plan for ensuring that the program provides either a nutritional snack, in the case of a half-day program, or a nutritional meal, in the case of a full-day program, for participating children.

Center-based Programs need to refer to the following link for the latest and most accurate information from Department of Children and Family Services. Title 89: Social Services. Chapter III: Department

of Children and Family Services, Subchapter e: Requirements for Licensure, Part 407 Licensing Standards for Day Care Centers, Section 407.330 Nutrition and Meal Service.

Retrieved from <http://www.ilga.gov/commission/jcar/admin-code/089/089004070G03300R.html>

ADDITIONAL IDEAS AND RESOURCES

- National Association for the Education of Young Children — *Early Childhood Program Standards and Accreditation Criteria: The Mark of Quality in Early Childhood Education*. Retrieved from <http://www.naeyc.org>
- Women, Infants, and Children – WIC is a food assistance program for Women, Infants, and Children. It helps pregnant women, new mothers, and young children eat well and stay healthy. Retrieved from <http://www.dhs.state.il.us/page.aspx?item=30513>
- WIC Health, retrieved from <https://www.wichealth.org>
- kidseatwell.org is a non-profit program supported by the Illinois State Board of Education. Its mission is to help Illinois school and child care staff create learning environments that promote and support healthy choices and learning for PreK-12 kids. Retrieved from <http://kidseatwell.org>
- Tips for Toddlers, retrieved from <http://kidseatwell.org/parents.htm#toddlers>
- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
 - Eating Right = Healthy Children, retrieved from <http://illinoisearlylearning.org/tipsheets/eating.htm>
 - Say Yes to Healthy Snacks, retrieved from <http://illinoisearlylearning.org/tipsheets/healthysnacks.htm>
- Feeding America, retrieved from <http://feedingamerica.org/food-bank-results.aspx?state=IL>
- Illinois Food Pantries, retrieved from <http://www.foodpantries.org/st/illinois>
- Illinois Department of Human Resources, retrieved from <http://www.dhs.state.il.us>
 - Supplemental Nutrition Assistance Program, retrieved from <http://www.dhs.state.il.us/page.aspx?item=30357>
- University of Illinois Extension, retrieved from <http://web.extension.illinois.edu/state/index.html>

- Crediting Foods Guide: Nutrition Programs Division Illinois State Board of Education Child and Adult Care Food Program, retrieved from http://www.isbe.state.il.us/nutrition/pdf/crediting_foods_pf.pdf
- Guidelines for Managing Life-threatening Food Allergies in Illinois Schools, retrieved from http://www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf

REFERENCES

1. Coleman-Jensen, A., Nord, M., Andrews, M., & Carlson, S. (2012). *Household Food Security in the United States in 2011*. USDA ERS.

Quality Indicator II.F.2.

The program ensures children are up-to-date on immunizations.

Prevention Initiative programs are charged with the task of assisting parents as they support their child's physical and mental health. Within the first two years of a child's life there is a very rigorous immunization schedule. The Illinois Department of Public Health offers an immunization schedule (<http://www.idph.state.il.us/about/shots.htm>). **Prevention Initiative programs will collect information regarding a child's health history at screening (if applicable) and thereafter use a research-based tool to periodically (at least every six months) perform developmental screening for all children, including physical, cognitive, communication, social, and emotional development.** It is strongly recommended that program staff partner with parents to ensure children are vaccinated and receive well-child visits as recommended by a physician.

Home Visitation Programs

Home visitation programs will adhere to the chosen program model regarding the collection of health and immunization information.

Center-Based Programs

In a center-based program, each child must have a record of immunizations, as required by the Division of Child Day Care Licensing, at the time of enrollment. Immunizations that are not up to date must be in the process and completed within 30 days of a child's enrollment. Each child must also have a health form on file within 30 days of enrollment. The health form must be signed by a health care professional indicating that the child has been examined and may participate in a Prevention Initiative program. Prevention Initiative program grantees are required to collaborate with school district programs, such as special education, and community providers of services to ensure that children receive all necessary assistance to help them be successful when they enter school.

Center-based Programs need to refer to the following link for the latest and most accurate information from Department of Children and Family Services. Title 89: Social Services, Chapter III: Department of Children and Family Services, Subchapter e: Requirements for Licensure, Part 407 Licensing Standards for Day Care Centers, Section 407.310 Health Requirements for Children.

Retrieved from <http://www.ilga.gov/commission/jcar/admin-code/089/089004070G03100R.html>

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
 - Protecting Children from Preventable Disease, retrieved from <http://illinoisearlylearning.org/tipsheets/protecting.htm>
- American Academy of Pediatrics, retrieved from <http://www.aap.org>
- Immunizations, retrieved from <http://www.healthychildren.org/English/safety-prevention/immunizations/Pages/default.aspx>
- Department of Health and Human Services Center for Disease Control and Prevention, retrieved from <http://www.cdc.gov>
- Vaccines and Immunizations, retrieved from <http://www.cdc.gov/vaccines>

Quality Indicator II.F.3.**Children have a current vision and hearing screening. Appropriate referrals are made.**

Prevention Initiative programs will collect information regarding a child's health history at screening (if applicable) and thereafter use a research-based tool to periodically (at least every six months) perform developmental screening for all children, including physical, cognitive, communication, social, and emotional development.

Information about a child's birth should be collected and recorded as soon as possible after birth. Children under three have varying levels of communication skills; therefore, screening often for hearing and vision challenges is essential to making sure every child has access to medical resources. It is strongly recommended that children are screened for hearing and vision impairment at least every six months and children identified as in need of further assessment are linked to the local Child and Family Connections (<http://www.wiu.edu/ProviderConnections/links/CFCList.html>) service, and the program follows up to ensure the child receives all needed assessments and services. Programs will adhere to the chosen program model regarding hearing and vision screening requirements.

The information below is relevant for children age three and older. This section is cited for programs with a Preschool for All Grant for children age three to five.

Title 77: Public Health, Chapter I: Department of Public Health, Subchapter j: Vision and Hearing, Part 685 Vision Screening, retrieved from <http://www.ilga.gov/commission/jcar/admincode/077/07700685sections.html>

Title 77: Public Health, Chapter I: Department of Public Health, Subchapter j: Vision and Hearing, Part 675 Hearing Screening, retrieved from <http://www.ilga.gov/commission/jcar/admincode/077/07700675sections.html>

ADDITIONAL IDEAS AND RESOURCES

- Illinois Department of Human Services, retrieved from <http://www.dhs.state.il.us/page.aspx>

- Early Intervention, retrieved from <http://www.dhs.state.il.us/page.aspx?item=30321>
- Illinois Early Intervention Clearinghouse, retrieved from <http://eic.crc.uiuc.edu>
- Child and Family Connections Provider List, retrieved from <http://www.wiu.edu/ProviderConnections/links/CFCList.html>

Quality Indicator II.F.4**The curriculum provides daily active play and limits sitting and waiting time.**

Play is essential to a child's growth and development. Play contributes to the cognitive, physical, social, and emotional well-being of a child. Play offers safe and constructive ways for children to be in control while seeking out uncertainty. "Human beings, especially children, are motivated to understand or do what is just beyond their current understanding or mastery. Effective teachers create a rich learning environment to activate that motivation and they make use of strategies to promote children's undertaking and mastering of new and progressively more advanced challenges." (*Copple and Bredekamp, 2009*)

Program staff should set up a variety of play experiences in the classroom or on home visits to help parents see how a variety of developmental skills can be taught during any one play activity.

- During a Messy Play Activity, such as playing with water or sand with a variety of dumping and pouring accessories, children use cognitive skills as they experiment, use communication skills as they talk about what they are doing, express themselves creatively in the process of sensory exploration, develop motor skills as they manipulate materials, develop social and emotional skills as they explore alongside a peer, and develop self-help skills as they interact with the parent or staff member and help clean up.
- During a Pretend Play Activity, such as playing with dolls or toy cars and pretend play accessories, children use cognitive skills as they sequence pretend actions, use communication skills as they interact with the play partners, express themselves creatively as they set up the play, develop motor skills as they manipulate pretend play props, develop social and emotional skills as they learn to share and show empathy, and develop self-help skills as they dress up.
- During an Active Play Activity, such as playing with balls, a slide, or negotiating an obstacle course, children use cognitive skills as they plan their actions, use communication skills as they follow directions, express themselves creatively as they move their bodies, develop motor skills as they gain muscular strength and endurance, develop social and emotional skills as they take turns, and develop self-help skills as they put away toys or get ready for snack.

Technology Position Statement – National Association for the Education of Young Children and the Fred Rogers Center for Early Learning and Children’s Media at Saint Vincent College, retrieved from http://www.naeyc.org/files/naeyc/file/positions/PS_technology_WEB2.pdf

“Developmentally appropriate practices must guide decisions about whether and when to integrate technology and interactive media into early childhood programs. Appropriate technology and media use balances and enhances the use of essential materials, activities, and interactions in the early childhood setting, becoming part of the daily routine. Technology and media should not replace activities such as creative play, real-life exploration, physical activity, outdoor experiences, conversation, and social interactions that are important for children’s development.”

Lester and Russell (2010) suggest, “Children’s play can be seen as a self-protecting process that offers the possibility to enhance adaptive capabilities and resilience. The experience of play effects changes to the architecture of the brain, particularly, in systems to do with emotion, motivation and reward, leading to further play.”

The quality of a child’s environment (physical and social) influences their ability to play. It is essential for children to have a safe physical space to move around freely and explore. Play also offers an ideal opportunity for parents to engage fully with their children. Program staff that encourages parents to play with their children facilitate the development of a warm, loving, and healthy parent/child relationship. Play supports the development of social skills, language skills, and cognitive skills. Program staff can offer insight into the dynamics of the parent/child relationship and support interactions that lead to learning experiences grounded in play. Any activity can be an opportunity for play including eating, diapering, grocery shopping, etc. Helping parents recognize these opportunities can enhance the relationship with their child.

ADDITIONAL IDEAS AND RESOURCES

- The Center on the Social and Emotional Foundations for Early Learning, retrieved from <http://csefel.vanderbilt.edu/index.html>
 - Make the Most of Playtime, retrieved from http://csefel.vanderbilt.edu/documents/make_the_most_of_playtime2.pdf
 - Teaching Your Child to: Become Independent with Daily Routines, retrieved from http://csefel.vanderbilt.edu/documents/teaching_routines.pdf
- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
 - Make Room for Blocks, retrieved from <http://illinoisearlylearning.org/tipsheets/blocks.htm>
 - Physical Fitness for Toddlers, retrieved from <http://illinoisearlylearning.org/tipsheets/fitness.htm>
- American Academy of Pediatrics, retrieved from <http://www.aap.org>
- www.healthychildren.org
 - Playing is how toddlers learn, retrieved from <http://www.healthychildren.org/English/ages-stages/toddler/fitness/Pages/default.aspx>
- Learn more about the types of play: Unoccupied play, Solitary play, Onlooker play, Parallel play, Associative play, Social play, Motor–Physical Play, Constructive Play, Expressive Play, Fantasy Play, Cooperative play.
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
 - Play and Children’s Learning, retrieved from <http://www.naeyc.org/play>

REFERENCES

1. Copple, C. & Bredekamp, S. (2009). *Developmentally Appropriate Practice in Early Childhood Programs: Serving Children from Birth to Age 8*. National Association of Young Children: Washington, D.C.
2. Lester, S. & Russell, W. (2010). *Children’s right to play: An examination of the importance of play in the lives of children worldwide*. Working Paper 57. The Hague, The Netherlands: Bernard van Leer Foundation.

Quality Indicator II.F.5.**Hand washing is routine for the children and staff.**

Hand washing may be the single most important act children and families engage in for disease prevention. Programs staff can encourage children and families to get into the habit of washing their hands often and thoroughly. Children and adults are constantly exposed to bacteria and viruses. Hand washing can offer some protection against the spread of germs.

Hands should be washed:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After touching garbage

Hand washing procedure:

- Wet hands with clean, running water and apply soap. Rub hands together to make a lather. Scrub the backs of hands, between fingers, and under nails.
- Continue scrubbing for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse hands well under running water.
- Dry hands using a clean towel, or air dry

Retrieved from http://www.isbe.net/earlychi/pdf/handwash_procedure.pdf and www.cdc.gov/handwashing

Center-based programs need to refer to the following link for the latest and most accurate information from Department of Children and Family Services. Title 89: Social Services, Chapter III: Department of Children and Family Services, Subchapter e: Requirement for Licensure, Part 407 Licensing Standards for Day Care Centers.

Retrieved from <http://www.ilga.gov/commission/jcar/admincode/089/08900407sections.html>

ADDITIONAL IDEAS AND
RESOURCES

- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org/menus/tipsheets.htm>
 - Fight Germs: Wash Your Hands, retrieved from <http://illinoisearlylearning.org/tipsheets/handwashing.htm>
- American Academy of Pediatrics, retrieved from <http://www.aap.org>
- www.healthychildren.org
 - *Hand Washing: A Powerful Antidote to Illness*, retrieved from <http://www.healthychildren.org/English/health-issues/conditions/prevention/pages/Hand-Washing-A-Powerful-Antidote-to-Illness.aspx>

Quality Indicator II.F.6.**The program staff assists families and children who need help with toilet learning.**

Toilet learning is an important developmental milestone for children. It can be challenging yet rewarding for children and parents. Not all children are ready at the same age, and they often respond differently to various methods to support toilet learning. Program staff can offer support and information as parents can quickly become confused and frustrated.

Diapering

- Place clean paper towels on diapering surface.
- Set your baby on the towels, and then remove soiled clothing and diaper.
- Clean your baby and throw soiled wipes, diaper, and used paper towels into trash.
- Place soiled clothing into a plastic bag.
- Clean your hands with wipes and throw these into trash.
- Put a fresh diaper and clothes on your baby.
- Remove baby from diapering area and wash his or her hands.
- Clean soiled areas of diapering surface with wipes and throw these away.
- Spray diapering surface with disinfectant solution and allow to air dry.
- Wash your hands thoroughly with soap and water, or use a waterless hand gel.

(CDC, retrieved from <http://emergency.cdc.gov/disasters/hurricanes/pdf/diaperingflyer.pdf>)

Center-based programs need to refer to the following link for the latest and most accurate information from the Department of Children and Family Services. Title 89 Social Services, Chapter III: Department of Children and Family Services, Subchapter e: Requirements for Licensure, Part 407 Licensing Standard for Day Care Centers, Section 407.340 Diapering and Toileting Procedures.

Retrieved from <http://www.ilga.gov/commission/jcar/admin-code/089/089004070G03400R.html>

Program staff can assist parents as they navigate the toilet learning process with their children. For toilet learning to be successful, children must be able to understand a parent's explanations, commands, and responses to some extent, and express their own feelings about toilet use. Toilet training works best when children are "ready," possessing body awareness and cognitive skills that allow planning and complex thinking. Dr. T. Berry Brazelton suggests waiting to begin the toilet learning process with children until signs of readiness have emerged, including language, imitation, tidiness, and the waning of negativism.

The American Academy of Pediatrics provides the information regarding toilet learning:

"There is no set age at which toilet training should begin. Before children are 12 months of age, they have no control over bladder or bowel movements. While many children start to show signs of being ready between 18 and 24 months of age, some children may not be ready until 30 months or older. This is normal. Most children achieve bowel control and daytime urine control by 3 to 4 years of age." However, even after your child is able to stay dry during the day, it may take months or years before he achieves the same success at night.

(American Academy of Pediatrics, 2009, http://www2.aap.org/publiced/BR_ToiletTrain.htm)

Signs that a child may be ready to toilet learn include:

- A child stays dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- It is evident when the child is about to urinate or have a bowel movement.
- A child can follow simple instructions.
- A child can walk to and from the bathroom and help undress.
- A child seems uncomfortable with soiled diapers and wants to be changed.
- A child asks to use the toilet or potty chair.
- A child asks to wear "big-kid" underwear.

Major changes in the home may make toilet training more difficult. Sometimes it is a good idea to delay toilet training if:

- A family has just moved or will move in the near future.
- A family is expecting a baby or has recently had a new baby.
- There is a major illness, a recent death, or some other family crisis.

(American Academy of Pediatrics, 2009, http://www2.aap.org/publiced/BR_ToiletTrain.htm)

However, if a child is learning how to use the toilet without problems, there is no need to stop because of these situations.

ADDITIONAL IDEAS AND RESOURCES

- ZERO TO THREE, retrieved from <http://www.zerotothree.org>:
 - Learning to Use the Toilet, retrieved from <http://www.zerotothree.org/child-development/early-development/all-about-potty-training.html>
 - Your Child’s Development (PDF), retrieved from <http://main.zerotothree.org/site/DocServer/24-30Handout.pdf?docID=6084>
- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org/index.htm>
 - No More Diapers: Is Your Child Ready, retrieved from <http://illinoisearlylearning.org/tipsheets/toilet-readiness.htm>
 - No More Diapers: Getting Started, retrieved from <http://illinoisearlylearning.org/tipsheets/toilet-training.htm>
- American Academy of Pediatrics, retrieved from <http://www.aap.org>
- www.healthychildren.org
 - Toilet Training, retrieved from <http://www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/default.aspx>

REFERENCES

1. Brazelton, T. B., Sparrow, J. D. (2006). *Touchpoints*. Cambridge, MA: Da Capo Press.
2. American Academy of Pediatrics (2009). *Toilet Training*. Retrieved from http://www2.aap.org/publiced/BR_ToiletTrain.htm

{ “Children love and want to be loved and they very much prefer the joy of accomplishment to the triumph of hateful failure. Do not mistake a child for his symptom.” }

— Erik Erikson

