Standards of Care & Teaching for Ohio's Infants & Toddlers

shaping better futures

BY BUILDING BETTER PROGRAMS TODAY

OCTOBER 2008

Ohio's Infant & Toddler Program Standards and Goals

family centered practices

- Program leaders and care teachers work with families to support the health and well-being of infants and toddlers
- Care teachers communicate with families to connect the home and program
- Program leaders and care teachers communicate promptly with families to protect the vulnerability of infants and toddlers
- Decisions related to preferences and changes in the personal care routines of infants and toddlers are made with families

individualized care

- Infants and toddlers experience individualized care in ongoing primary relationships with their care teachers
- Infants and toddlers participate actively in personal care routines that are individually and culturally responsive

professional practice & competencies

- Program leaders and care teachers have the educational qualifications to support the care and learning of infants and toddlers
- Program leaders and care teachers continue to expand their professional knowledge and competencies to support the care and learning of infants and toddlers
- Program leaders and care teachers systematically engage in reflective practice to support the care and learning of infants and toddlers
- Program leaders commit time and resources to support the professional development and reflective practice of care teachers

environmental supports

- The environment makes families feel welcome and supports their participation in the program
- The indoor and outdoor environment is safe, healthy and supports infants' and toddlers' abilities to explore, make choices and access play materials
- The environment supports care teachers' need to carry out their responsibilities efficiently, effectively and professionally

small groups

- Infants and toddlers (six weeks to 36 months) are cared for in small groups

community connections

- The program develops mutually beneficial relationships with the community to address the needs of infants and toddlers comprehensively

Please Note: Shapes aren't intended to convey meaning, they are strictly graphic icons used to identify the standards.

Purpose Statement: Why Are Higher Standards Essential?

The research is clear – early experiences last a lifetime. The quality of early experiences is shaped by the individuals with whom infants and toddlers spend their time and by the environments where they spend their time. As early childhood professionals, we know what children need in order to be successful in both school and in life, yet 40,000 children last year in Ohio were not prepared to succeed as learners when they entered kindergarten. There are 1,892 days from the time babies are born until they enter school. This 1,892 day journey is remarkable, complex and far reaching. Together, we can make sure that the approximately 150,000 babies born in Ohio each year are prepared for school and successful in life.

Every day in Ohio approximately 90,000 children under three years of age are cared for outside of their homes. A number of them are in settings with some level of regulatory oversight, while many others are in settings with no standards. All states, including Ohio, have licensing standards. While basic health and safety standards are important, they are not sufficient to prepare our children for school and life. In fact, *The Standards of Care & Teaching for Ohio's Infants & Toddlers* builds on Ohio's current licensing standards to promote positive outcomes for infants and toddlers.

While much attention has been focused on programming for children three to five years of age, little attention has been paid to infant and toddler programming. The *Standards of Care & Teaching for Ohio's Infants & Toddlers* follows *Ohio's Infant & Toddler Guidelines* as the next step in creating safe, healthy, nurturing and learning places for our youngest children when they are cared for outside of their homes.

Evidence demonstrates that a comprehensive early care and education system with standards for children, professionals and programs leads to better outcomes for children. Ohio recognizes the value of standards and is working towards having them at the heart of all infant and toddler systems development.

Ohio began its standards development with what matters most – the experiences of the child. *Ohio's Infant & Toddler Guidelines* identifies the learning and development that typically take place during the period from birth to 36 months of age. This document, *Standards of Care & Teaching for Ohio's Infants & Toddlers*, identifies what is foundational and essential for programs in supporting the development and learning of infants and toddlers. A third document, *Ohio's Standards for Professional Practice*, will identify the practices for program leaders and care teachers to support the development and learning of infants and toddlers.

The goal of this evolving system is clear – to ensure Ohio's infants and toddlers have positive experiences today in order to ensure positive outcomes tomorrow. The next step is to support families, infant toddler professionals and programs in meeting the expectations identified in these documents.

Ohio's Path to Creating Infant and Toddler Program Standards

FORMING: Team members need guidance and direction as roles and responsibilities are unclear.

Ohio's infant toddler leadership team identified the need to have program standards. The leadership team decided that the approach for this document would be different from the approach taken to develop *Ohio's Infant &Toddler Guidelines*. The writing team for this document would be smaller and composed of individuals who have direct experience with early care and education programs. After the standards were drafted, they would be vetted with national experts for feedback.

STORMING: Team members have increased clarity but uncertainties still persist; decisions don't come easily.

WestEd Center for Child and Family Studies facilitated the initial meeting with the writing team to discuss the purpose and process. The criteria that would guide the process included:

- The standards are foundational and build upon Ohio's licensing standards to move people and programs from what is standard and customary to what is quality and excellence.
- The standards are essential to achieving high-quality infant toddler care based on research.
- The standards can be assessed either through observation or documentation.
- The document is succinct yet meaningful for program leaders and care teachers.

There was considerable discussion about the structure, what to call things, the relationship between things and the relationship of these standards to licensing standards, preschool program guidelines and our quality rating system. Many changes occurred along the way and each change brought new debates and decision points. Eventually there was agreement on the six standards and the guiding principles.

NORMING: Team members' roles/responsibilities become clear; big decisions are made by group agreement and consensus forms.

This was an iterative process. There were leadership team meetings and conversations with WestEd between writing team meetings. Each one of these meetings led to a new path with new insights. There were times when the process felt like it was derailing but the team persevered and in retrospect each difficult meeting led to greater clarity. Having criteria upfront to guide decisions proved to be very helpful.

PERFORMING: Team members have a shared vision, make decisions based on agreed-upon criteria and work autonomously.

WestEd facilitated a call with national experts to elicit their feedback. Their overall impression was favorable. Specific recommendations were incorporated. The document was shared again with the writing team, the leadership team and WestEd prior to its release.

Guiding Principles

The writing team strongly believed that program quality is dependent upon embedding these guiding principles in all program decisions and reflecting them in all program practices.

Professional & Ethical Practices

Early childhood professionals should follow accepted standards of conduct in their interactions with children, families, colleagues and the community in resolving ethical and professional dilemmas. The National Association for the Education of Young Children's Code of Ethical Conduct and Statement of Commitment* (2005), which has also been adopted by the National Association for Family Child Care, provides guidelines for early childhood professionals working in center-based programs and family child care homes, as well as for specialists and early childhood adult educators.
*Source: http://www.naeyc.org/about/positions/PSETH05.asp

In addition to ethics, the writing team was concerned about the development of infant toddler care as a profession. Caring for infants and toddlers is a professional activity which requires that program leaders and care teachers possess specific knowledge, skills and attitudes that they bring to their work every day.

Developmentally Appropriate Practice

Developmentally Appropriate Practice "calls for practitioners to consider what is known 1) about child development and learning, 2) about each individual child and 3) about children's social/cultural contexts—and to use this knowledge in generating experiences for children that are both challenging and achievable." (NAEYC)

In essence, care teachers adapt care to each child's current developmental competencies, individual traits and experiences at home and in the community. Being adaptive means giving each infant or toddler enough challenge to foster developmental progress, but not too much challenge, which can be overwhelming. Environments and interactions need to provide a familiar base for young children upon which they can expand their learning and explore novelty.

Cultural & Linguistic Sensitivity

Culture provides the context in which children develop a sense of identity and learn about values, beliefs and expectations for behavior. By building on respectful and trusting relationships with families, programs can achieve consistency of care between home and program by acknowledging the importance of family and culture in the lives of infants and toddlers; incorporating culturally relevant care routines and practices that reflect the home culture; supporting the home language; and being open to learning from families.

Programs should learn about each family's preferences for communicating. They should provide time and space for families and early childhood professionals to talk together, facilitate networking among families in the program and offer support such as translation of written or spoken communication.

Inclusion

All children are born ready to learn and show competencies in different ways. The guiding principles that provide the foundation for the *Standards of Care & Teaching for Ohio's Infant's & Toddlers*—professional and ethical practices, respectful relationships, cultural and linguistic sensitivity and play—support the learning and development of all children, including those with disabilities or other special needs. A program that provides relationship-based and individualized care already has in place the strong philosophy that all children are active participants who are fully included in the program. When necessary, programs and families can work together to identify and to implement accommodations to meet a particular child's needs. In this way, all infants and toddlers can participate fully in high-quality early childhood programs. Such programs are inclusive not just of all children, but of all staff and family members as well.

Respectful Relationships

Relationship-based care recognizes that optimal infant and toddler development in all domains is dependent upon consistent relationships with responsive, nurturing adults. This includes all the adults responsible for care and teaching. Care teachers should interact with infants and toddlers in a way that conveys respect for the child's competence and vulnerability, that is responsive to the child's cues and that acknowledges the child as an active participant in the relationship. Program policies, such as small groups, individualized care, continuity of care and primary care giving, facilitate the building of deep relationships over time.

Building respectful and trusting relationships with families is critical to establishing two-way communication. Families are the experts when it comes to their children. Care teachers depend on that expertise to inform their daily caring and teaching. Likewise, care teachers must share the child's daily experiences with families. Finally, respectful interactions between and among program leaders and care teachers set the tone for all interactions within the program.

Play

Play is an important context in which young children develop and learn. Children's self-motivated exploration of their physical and social environments provides opportunities to learn about the world and each other; to engage in hands-on manipulation of objects; and to practice (with support) developing skills such as communication, conflict resolution and self-regulation. Play also provides an opportunity for caregivers to observe children's behavior, deepen their understanding of each child's development, follow the child's lead and build upon children's discoveries.

Although play is critical for infants and toddlers, it is not the only context in which they develop and learn. Personal care routines provide important opportunities for infants and toddlers to develop relationships and learn about themselves and the world around them. When carried out in a responsive, respectful and relationship-based manner in which the child is an active participant, daily routines provide opportunities for meaningful interaction between the care teacher and the child. Depending on the needs of the child, the tone of the routine can be playful, calming, energetic, or serious…but it should always be meaningful for the child and reflective of intentional practice on the part of the adult.

Acknowledgements

Ohio again enlisted the expertise of WestEd's Center for Child and Family Studies to facilitate this work. The Center is nationally and internationally known for its work in creating the Program for Infant Toddler Care (PITC), the philosophy that is the framework for all Ohio's infant toddler systems development.

WestEd Faculty:

Peter Mangione

Cathy Tsao

Charlotte Tilson

National Experts:

Jim Elicker, Ph.D. – Purdue University

Jerlean Daniel, Ph.D. – NAEYC

Louis Torelli – Spaces for Children

The following individuals graciously agreed to be a member of the writing team:

Melissa Courts – ODH

Linda Danford – 4C For Children

Diana Foreman – Miami Valley Child Development Center

Cathy Kramer – ODMRDD

Cathy Moore – Positive Education Program

Julie Piazza – Berea Children's Home and Family Services

Ellen Steward – Nationwide Children's Hospital/Healthy Child Care Ohio

Ohio's Infant Toddler Leadership Team:

Jamie Gottesman – ODJFS

Donna Ruhland – OCCRRA

Kelly Smith – ODJFS

Chris Stoneburner – OCCRRA

Terrie Hare – ODJFS

Holly Scheibe – OCCRRA

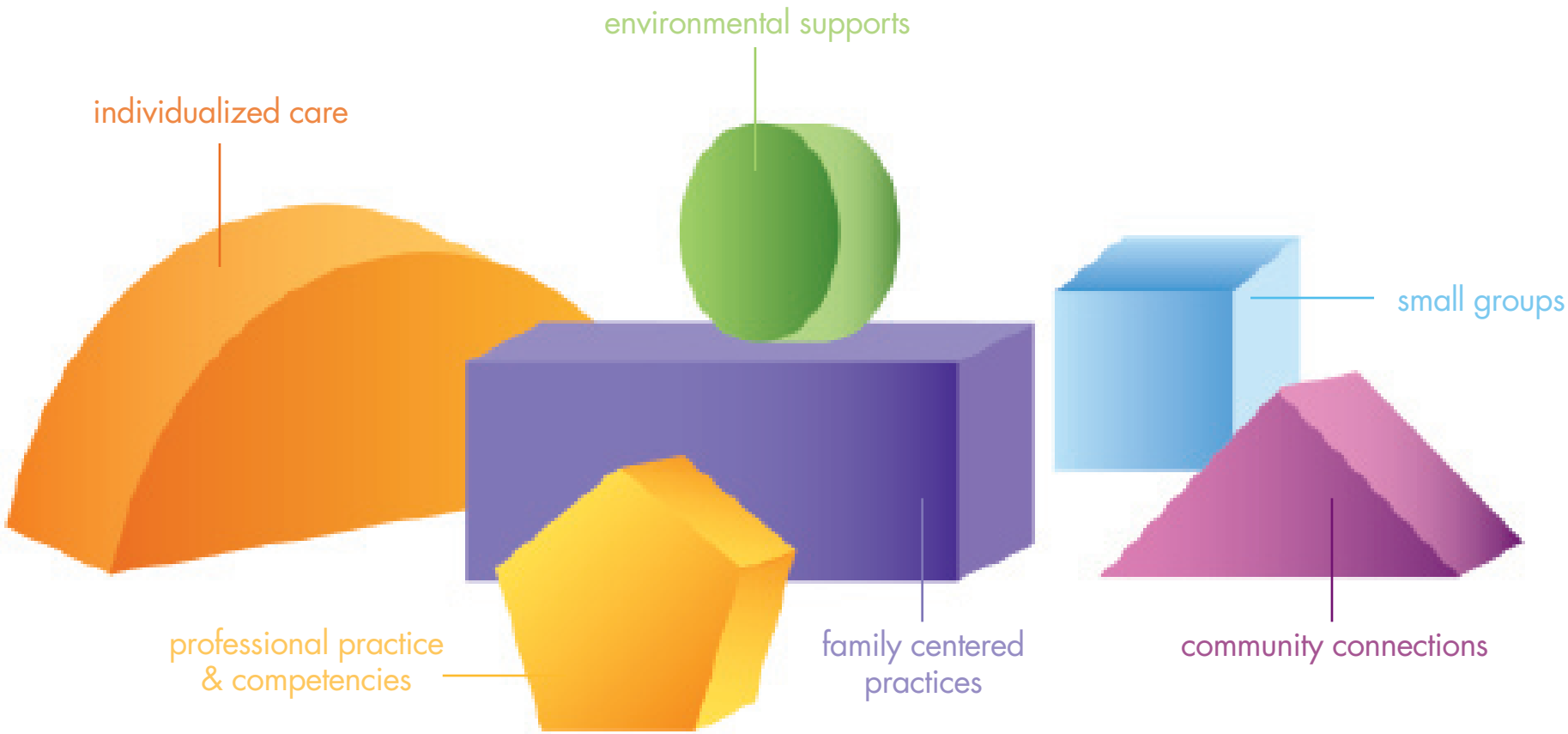
Barbara Weinberg – ODE

Debbie Wright – ODH

Alicia Leatherman – Early Childhood Cabinet

shaping better futures

BY BUILDING BETTER PROGRAMS TODAY
THROUGH SIX STANDARDS OF CARE

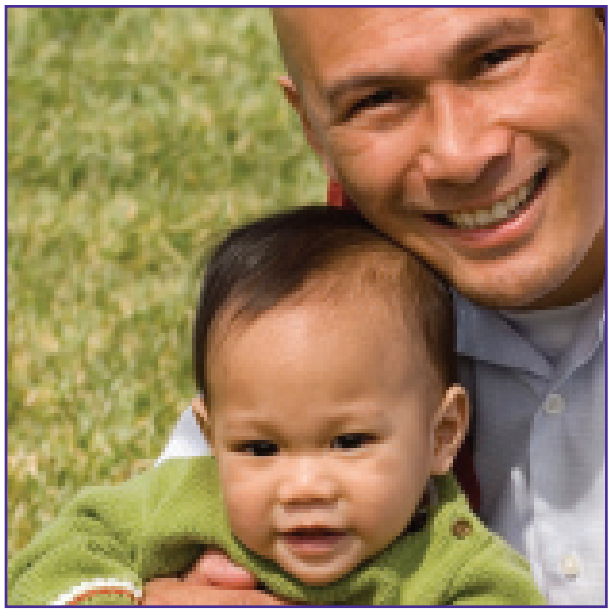


6 program standards

family centered practices

i feel good when my care teacher and my family know each other well. i like when they show respect for one another. i feel relaxed, secure and happy when i see all the important people in my life working together.

rationale



family centered practices

A high-quality infant and toddler program recognizes that families know and understand their young children better than anyone else and that their relationships with their children have a lasting impact. By respecting and supporting the primary role of the family in children's early development, the program orients its practices around each child's experiences at home.

Essential to this working and learning together is communication and shared decision making. Connections between the program and families grow through open, two-way communication and are strengthened when decisions are made together.

By creating strong relationships with family members, the care teachers and program leader create a sense of common purpose. Together with families, they work to foster the well-being, development and learning of the infants and toddlers in their care.

goal

Program leaders and care teachers work with families to support the health and well-being of infants and toddlers

ESSENTIAL An enrollment form written in the family's home language seeks information from the family and is completed prior to the child's first day at the program. The enrollment form includes:

- Child's prenatal and birth history
- Child's current health concerns and developmental progress
- Names and contact information for all family members who share in the care of their child
- Contact information of those who should be notified in case of an emergency
- Preferences related to the use of their child's home language
- Preferences for how best to transition their child into the program
- Cultural and individual care preferences for their child related to nutrition, feeding, diapering/toileting and sleeping habits
- Expectations on how the program can best support the development and learning goals for their child

ESSENTIAL A program handbook written in the family's home language is shared with families prior to the child's first day at the program. The program handbook includes:

- Program's philosophy
- Importance of family preferences and practices in the care and teaching of infants and toddlers
- Importance of open and regular communication in the care and teaching of infants and toddlers
- Procedures to keep infants and toddlers safe including the plan for emergency situations
- Procedures to diminish the spread of communicable disease
- Procedures for updating critical information such as emergency contact information, health concerns and family changes
- Procedures for transitioning infants and toddlers into the program and how they are transitioned within the program
- Importance of screening and ongoing assessment to the care and learning of infants and toddlers, including the ways in which information is gathered and how results are shared and ways in which parents contribute to the assessment process

goal Care teachers communicate with families to connect the home and program

ESSENTIAL A daily written report is completed by both families and care teachers at the beginning and end of each day. The report includes:

- Details about nutrition, sleep patterns, diapering and toileting that will support the child's personal care routines either in the program or at home
- Health concerns that need to be monitored
- Changes within the family that may affect the child's personal care routines or participation in learning activities
- Changes in the child's mood or interests that may affect participation in personal care routines or learning activities

goal Program leaders and care teachers communicate promptly with families to protect the vulnerability of infants and toddlers

ESSENTIAL Information is shared verbally and in writing as soon as possible within the same day of occurrence for the following:

- Suspicion of abuse and/or neglect
- A serious incident, injury or medication error to the child
- Health changes of the child

goal Decisions related to preferences and changes in the personal care routines of infants and toddlers are made with families

ESSENTIAL Programs utilize open door policies, informal and formal conversations and conferences to make decisions with families

professional practice & competencies

my care teacher understands i have a lot of learning to do. she knows what i like to play with – she knows exactly what i need. she understands that babies don't learn in exactly the same way and that each of us is a little different. she works together with my family to find out how i learn at home.

rationale

professional practice & competencies

The professional knowledge, skills and dispositions of program leaders and care teachers are essential to building program quality, which in turn supports the optimal development and learning of infants and toddlers. Qualified, competent leaders and care teachers understand how to promote positive outcomes for infants and toddlers. Their professional approach to care and teaching is strengthened through a commitment to continuous improvement. Another essential for care teachers and leaders is to engage in reflective practice to become more sensitive and responsive to infants and toddlers, families and one another. Together, they work to develop and maintain a positive emotional climate in the program and help everyone feel supported and nurtured.

Formal knowledge, the on-going expansion of skills and knowledge and an individual's commitment to the profession of early care and education lead to teacher effectiveness. A disposition shared by effective care teachers is a desire to continuously learn from the children and their families, their program leader, their colleagues and others. This promotes professional growth. Another disposition shared by effective program leaders is a desire to engage everyone, including themselves, in continuous improvement. Effective program leaders put systems in place and engage in practices to support continuous program improvement.

goal

Program leaders and care teachers have the educational qualifications to support the care and learning of infants and toddlers

ESSENTIAL Program leaders have a minimum of a bachelor's degree in Early Childhood Education or related field

ESSENTIAL Care teachers have a minimum of an associate' s degree in Early Childhood Education or Career Pathways Level Three

goal

Program leaders and care teachers continue to expand their professional knowledge and competencies to support the care and learning of infants and toddlers

ESSENTIAL Program leaders and care teachers complete at least 15 hours of professional development annually to support their written professional development plan

goal

Program leaders and care teachers systematically engage in reflective practice to support the care and learning of infants and toddlers

ESSENTIAL Care teachers assigned to a primary group of infants and toddlers meet weekly to plan and implement care and teaching strategies based on observations and documentation

ESSENTIAL Care teachers assess their classrooms annually using a standardized instrument and input from families to develop a classroom action plan

ESSENTIAL Program leaders assess their program annually using a standardized instrument and input from families to develop a program action plan

goal

Program leaders commit time and resources to support the professional development and reflective practice of care teachers

Program leaders:

ESSENTIAL Provide at least two hours of paid, planning time per week for all care teachers

ESSENTIAL Assign a mentor to all new care teachers during their first year of employment

ESSENTIAL Provide 15 hours of paid professional development annually

ESSENTIAL Provide substitutes to relieve staff of care teaching responsibilities so they can engage in collaboration and professional development opportunities

ESSENTIAL Increase compensation and benefits for care teachers as they increase their education and professional competencies

ESSENTIAL Provide paid sick leave, vacation leave and personal leave

ESSENTIAL Conduct regularly scheduled meetings to share information and concerns and plan occasional gatherings to foster collaborative working relationships

ESSENTIAL Observe care teachers twice a year prior to their annual performance evaluation to recognize strengths and to identify ongoing professional development goals on their professional development plan

small groups

in a small group i get to know my care teacher and other children really well. it's easy for me to make friends. my care teacher can give me the attention i need. with only a few people around i can easily focus on learning and not get over stimulated.

rationale

small groups

Small groups are essential to providing relationship-based infant and toddler care. In small groups, care teachers develop a close relationship with each child, children form friendships with one another and the whole group grows together in care. A small group makes it easier for care teachers to develop close relationships with each child to support learning and to supervise children and ensure their safety. With fewer children and adults in an environment, illness is less likely to be passed from one person to another. Care teachers can also be more sensitive to signs of illness and can easily keep track of each child's nutrition and medication needs.

Communication and collaboration between care teachers and families occur naturally in a small group. With a small number of people to get to know, everyone becomes connected with one another in a short period of time. A small group fosters a sense of belonging and togetherness for everyone—infants and toddlers, their families and their care teachers.

goal

Infants and toddlers (six weeks to 36 months) are cared for in small groups

ESSENTIAL In centers, the group size for infants and toddlers must not exceed eight with a minimum of two care teachers

ESSENTIAL Family child care homes must not care for more than two children under the age of 36 months

individualized care

i need a special friend to care for me.
i need a person i get to know well and
a person who gets to know me well.
i need someone who knows what
i like to eat, how sensitive i can
be during diaper changes
and how i need to be
comforted to fall asleep.

rationale

individualized care

Each infant and toddler represents a unique blend of temperament, relationship experiences and cultural experiences. In order to support each child's development and learning most effectively, programs must individualize care. Individualization is best accomplished through primary care and the continuity of primary relationships in care. Teaming with a secondary care teacher, a child's primary care teacher is principally responsible for meeting that child's emotional and physical needs. The relationship that grows between the child and primary care teacher supports the child's development of emotional security and self regulation. Personal care routines are conducted in a manner that invites the child to participate. Participating together with a care teacher in routines helps the child deepen their relationship with the care teacher.

During personal care routines, the primary care teacher individualizes each routine and connects the child's experiences in the care setting with the child's family culture. The primary care teacher works together with the family to ensure that the care provided is responsive to the child's needs and learning interests and is reflective of the family's goals and values. This collaborative, personal approach to care is supportive of all children including infants and toddlers with disabilities or other special needs. In summary, routines offer a time when relationships are built and strengthened and play and learning occur.

goal

Infants and toddlers experience individualized care in ongoing primary relationships with their care teachers

ESSENTIAL Infants and toddlers are assigned and cared for by primary care teachers who remain with them until age three. Primary care teachers are responsible for:

- Responding promptly to child's cues of distress
- Performing most personal care routines
- Interacting and talking with the child about what they are experiencing during personal care routines and play
- Providing developmentally appropriate play and learning activities based on the child's interests and temperament
- Communicating daily with families and providing developmental progress at least twice a year
- Making decisions with the family when there are changes in care routines and when questions or concerns arise
- Keeping records of daily routine care, developmental progress and incidents and injury
- Observing and documenting progress weekly to inform curriculum planning
- Conducting developmental screenings within 60 days of enrollment or obtaining screening results from the child's medical home
- Making referrals if necessary and participating in the Individualized Family Service Plan (IFSP) as appropriate
- Teaming with a secondary care teacher to ensure that the child is with someone familiar when the primary care teacher is not there
- Informing the secondary care teacher of child's status and needs before the child is left in that teacher's care

goal

Infants and toddlers participate actively in personal care routines that are individually and culturally responsive

ESSENTIAL Primary care teachers individualize personal care routines and play. Individualization includes:

- Implementing families' cultural preferences and practices related to feeding, sleeping, diapering/toileting and nutrition
- Adapting to individual and developmental feeding, sleeping and toileting schedules while attending to recommended health and safety practices
- Varying supervision to meet different activities' requirements
- Adjusting the pace of personal care routines, play and learning to match the pace and rhythm of the child
- Facilitating appropriate transition strategies upon daily entry and departure, between play and routine activities and when transitioning to a new setting and care teachers

environmental supports

i need a caring place where i feel safe, where i can move and explore freely. i need a healthy place where i stay well and can concentrate on learning, where everything is just right for me. i need a place that's emotionally soothing and pleasing. i especially like a place where my friends, my care teacher and i can enjoy our time together.

rationale

environmental supports

Program environments should be designed to enhance relationships and learning. Both indoor and outdoor environments for infants and toddlers must promote the children's safety, physical and emotional health. Infant care teachers need both indoor and outdoor environments that facilitate nurturing and supervision of children. The environment should be inclusive of all children and adapted to each child's needs. Because infants and toddlers learn and develop competencies through movement, exploration and appropriate challenges, their environment should offer a variety of experiences. It should be a place where they can freely move, make choices and explore.

For infant care teachers, the environment should help them be efficient and productive and support them as professionals. The environment should be welcoming to everyone—children, families, care teachers and other program staff. It should be a place where everyone can easily interact with one another, share meaningful experiences and come together to enjoy the relationships they are developing. By seeing themselves reflected in the environment, children and their families gain a sense of belonging.

goal

The environment makes families feel welcome and supports their participation in the program

ESSENTIAL The environment supports family centered practices. Family centered environments have:

- Space arranged for private conversations, individual family needs and social networking
- Photos and items reflective of the families' culture throughout the program
- Communication areas in each classroom to exchange written information

goal

The indoor and outdoor environment is safe, healthy and supports infants and toddlers abilities' to explore, make choices and access play materials

ESSENTIAL The environment is safe. Safe environments are:

- Free of visual obstructions that impede supervision
- Monitored daily to ensure space, materials, equipment and furnishings are safe, compliant with manufacturer's specifications and in good repair
- Free of hot liquids
- Staffed with professionals who are vigilant about who they release children to, requiring advance approval and a copy of the person's drivers license or identification card prior to releasing a child
- Equipped with locked storage in each classroom and in common areas throughout the program to keep hazardous materials and personal items out of the reach of children

ESSENTIAL The environment promotes movement, exploration and play. Environments that promote movement, exploration and play have:

- 50 square feet of usable, indoor floor space per child
- 75 square feet of open outdoor space per child with direct access or adjacency to the classroom
- Schedules that include daily opportunities for outdoor play
- No more than two groups accessing the outdoor play space at any time
- Duplicate toys, books and materials accessible to children of differing abilities on open child sized shelving

ESSENTIAL The environment is healthy. Healthy environments have:

- Separate diapering and meal preparation areas with their own adjacent sinks
- Toilets and sinks accessible to both children and staff in each classroom
- Space, materials, equipment and furnishings that are clean and sanitized daily or more frequently if needed
- Appropriate ventilation
- Outdoor shade structures
- Neutral colored walls, furniture and floor coverings
- Tiles and floor coverings to absorb noise
- A well-thought out lighting plan that includes natural light
- Individual child cubbies to store children's belongings to reduce the transmission of communicable disease

ESSENTIAL The environment supports development across all domains. Developmentally appropriate environments have:

- Functional areas both indoors and outdoors
- Functional areas arranged to support quiet, active, individual and small group play
- Furnishings that are child size, stable and predictable
- Soft furnishings for privacy and quiet play
- Space arranged to promote eye-to-eye contact and reciprocal communication during personal care routines and play
- Toys, books and materials to support individual development, interests and needs

goal

The environment supports care teachers' needs to carry out their responsibilities efficiently, effectively and professionally

ESSENTIAL The environment supports safety, care teaching responsibilities and comfort. Staff centered environments have:

- Convenient access to supplies and materials for personal care routines
- Seating and equipment to support interactions during personal care routines, play and learning
- Convenient access to teaching materials, locked children's files and personal items
- Classrooms with a phone and mobile communication device
- Dedicated teacher work space that includes a computer, printer and digital camera

community connections

i'm comforted when i'm in a place that knows how to take care of my special needs. it's good to know that there is support available if my family or i need it. when i see people from my community here, i feel like we all belong together.

rationale

community connections

To be recognized for the important role it plays in the community, an infant and toddler program must make efforts to become known, build partnerships and gain access to community resources. By reaching out to the surrounding community, a program can become familiar with safety and emergency personnel, health care professionals (including mental health professionals), child care resource and referral services, early intervention professionals, school professionals, public and private non-profit social service organizations and local businesses. Any of these people and organizations may become partners that support the infant and toddler program.

Rather than being isolated, a program that makes community connections may become better appreciated for its contribution to the community and discover opportunities to work together with professionals, businesses and others to promote the well-being and development of the community's youngest citizens.

goal

The program develops mutually beneficial relationships with the community to address the needs of infants and toddlers comprehensively

ESSENTIAL Provides families with information related to a medical home, health care professionals, interpreters or other community resources

ESSENTIAL Connects families to social networks to support individual family needs

ESSENTIAL Participates in local, county and state initiatives to increase program visibility and support

ESSENTIAL Collaborates with local, county and state agencies and organizations to share knowledge and resources

Glossary

ASSESSMENT

Regular or ongoing observation and recording of children's behavior and progress, utilizing tools such as developmental checklists, anecdotal records and portfolios.

CAREER PATHWAYS

An assigned level calculated by data in the Professional Development Registry. Data used to calculate professional designation is based on a combination of formal education, experience and ongoing professional development. www.ohpdnetwork.org

CONTINUITY OF CARE

The policy and practice of keeping primary care teachers and children together throughout the three years of the infant/toddler period, or during the period of the child's enrollment in the program.

DEVELOPMENTAL DOMAINS

Six areas of infant and toddler learning and development: Physical Health, Emotional Development, Social Development, Motor Development, Language Development and Cognitive Development. Milestones are outlined in Ohio's Infant & Toddler Guidelines. http://jfs.ohio.gov/cdc/InfantToddler.pdf

EARLY CHILDHOOD DEGREE

Early Childhood Education, Human Ecology, Child Development, Family Studies, Child & Family, Community Studies or Elementary Education with four courses in Child Development.

INFANT CARE TEACHER
(SEE PRIMARY CARE TEACHER)

An early childhood professional with the education, training and experience to support the learning and development of children birth to 36 months of age.

INTENTIONAL PRACTICE

An approach to practice that reflects an understanding of knowledge about child development and an understanding of the needs and strengths of the children in their care. Care teachers adapt care both in experiences they plan and also during spontaneous play.

PERSONAL CARE ROUTINES

Care procedures such as diapering, dressing, feeding and eating, or administering medication that are adapted to an individual child's needs. Personalized care is carried out by a care teacher who has developed a close relationship with a child. It takes into account the child's individual traits, temperament, family and culture.

PRIMARY CARE TEACHER
(SEE INFANT CARE TEACHER)

An early childhood professional with the education, training and experience to support the learning and development of children birth to 36 months of age who has principal responsibility for providing and coordinating the care (including safety, health, development, learning and emotional well-being) of infants and toddlers and for building a partnership with the children's families. Primary caregiving is not exclusive caregiving and works best when infant care teachers support each other in a team.

PROFESSIONAL DEVELOPMENT PLAN

Written, individualized plan used to document the ongoing training and professional development needs of staff, related to the meeting of specific performance goals, which must be completed within 30 days of hire and updated at least annually. A sample form is available at www.stepuptoquality.org.

PROFESSIONAL DEVELOPMENT REGISTRY

A computer-based system that compiles the profiles of individuals in the early care and education field and calculates, based on experience, training and/or credentials, a career pathways level for each professional. www.ohpdnetwork.org.

PROGRAM LEADERS

Manage and supervise the daily operation of an early childhood program. The program leader may own the program or work for an entity that has fiscal responsibility for the program.

REFLECTIVE PRACTICE

Thoughtfully and regularly question, assess and evaluate the child's development, play and learning activities and methods of care and teaching then making informed and immediate changes to achieve desired results.

The building of professional relationships based on trust and support among staff, families and children that provides a context for self-awareness, observation, acknowledgement of and respectful communication about differences, adaptation or integration, openness to multiple perspectives. Reflective practice depends on a foundation of trust and time and space to engage in introspection, both individually and as a team.

SCREENING

A process using an age-appropriate standardized tool relevant to the population served. The screening is used to identify developmental levels of the children enrolled to support instruction. Examples of screening tools are: Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire – Social Emotional (ASQ:SE), Devereaux Early Childhood Assessment for Infants and Toddlers (DECA-I/T).

STANDARDIZED INSTRUMENTS USED FOR PROGRAM ASSESSMENT

A tool such as an observational rating scale, questionnaire, or interview form that is designed to be used in a consistent manner. The purpose of standardizing an assessment instrument is to ensure that different people use or complete it in the same way and thereby are likely to produce the same ratings, responses or scores. Standardized assessments are used to measure children's developmental progress and classroom quality.

TRANSITION

Intentional, systematic process used to help a child move, emotionally and physically, from one place or activity to another. Strategies used when the child enters and moves within the program help the child, the family and care teachers learn about each other, the best ways to meet the child's needs and contribute to building a respectful relationship between the family and program.

USABLE FLOOR SPACE

Indoor activity space not including bathrooms or diapering areas; halls, corridors, or stairways; offices, teacher work spaces, or staff/family rooms; isolation areas; food-preparation areas; laundry areas; storage spaces or closets; sleeping areas; observation rooms; or floor space occupied by cubbies, shelves, or large structures not easily moved.

early experiences last a lifetime

If you have questions or concerns about your child or a child in your care, please contact your health care provider or 1-800-755-Grow or visit www.ohiohelpmegrow.org

Copyright 2008 © All rights reserved.