



Technical Assistance Paper No. 17

Individualizing Care for Infants and Toddlers – Part 2



EARLY HEAD START
National Resource Center™

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This document was developed by the staff of the Early Head Start National Resource Center in collaboration with the Office of Head Start. The contents of the paper are not intended to be an interpretation of policy.

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Individualizing Care for Infants and Toddlers, a complement to the technical assistance paper *Observation: The Heart of Individualizing Responsive Care*,¹ is a two-part resource. In *Individualizing Care for Infants and Toddlers – Part 1*, we focused on the “why” and “what” of individualization:

- the importance of individualization;
- some considerations for individualizing care; and
- program structures and practices that support staff in doing this important work.²

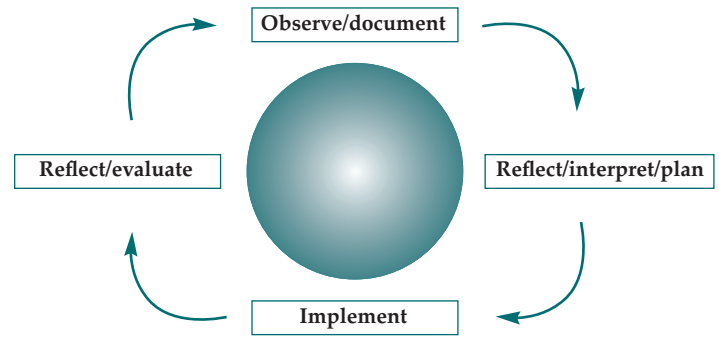
Here, in Part 2, we describe the “how” of individualizing care—the process through which staff respond thoughtfully to each child and family’s interests, abilities, and needs. We focus in particular on the central activity that includes reflecting, interpreting, and planning. We also highlight relevant Head Start Program Performance Standards and include sample planning forms, references, and related resources.

How to Individualize Care for Infants and Toddlers

Planned interactions, routines, daily schedules, experiences, and environments—that take into consideration families’ culture, language, and goals for their children—“appropriately support the unfolding development of each child at his or her unique pace.”³ This unfolding development is a necessary part of children’s journeys toward school readiness. Individualized care, by parents, family members, and other caring adults, ensures that each child is equipped to succeed on this journey.

To individualize, or tailor, care that is responsive to each infant, toddler, and family, teachers, home visitors, and family child care providers engage in a process of related activities: They observe and document; reflect, interpret, and plan; implement; and reflect and evaluate. This process, shown as a cycle in the figure above, may seem familiar to you because staff may already be carrying out these

activities! You may have also seen similar diagrams used to describe ongoing assessment and/or individualizing curriculum. In this paper, we use this cycle as the framework for the four activities of individualizing care.



Individualization cycle

THE FOUR ACTIVITIES OF INDIVIDUALIZING CARE

Observe and Document

To individualize care, teachers, home visitors, and family child care providers must know and understand each child and family. This “knowing and understanding” starts with observing each child, documenting observations, and connecting with each child’s family to share information. For more on this important step, review *Observation: The Heart of Individualizing Responsive Care*, which covers the following:

- Why observation is important;
- Using goals to focus observations (including the relationship between observation and assessment);
- Identifying the “lenses” through which staff and families observe children;
- How to observe and document;
- How to set up observation systems; and

¹ Early Head Start National Resource Center (EHS NRC), *Observation: The Heart of Individualizing Responsive Care*, Technical Assistance Paper No. 15 (Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2013).

² EHS NRC, *Individualizing Care for Infants and Toddlers - Part 1*, Technical Assistance Paper No. 15 (Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2014).

³ National Infant & Toddler Child Care Initiative (NITCCI), *Infant/Toddler Curriculum and Individualization* (Washington, DC: U.S. Department of Health and Human Services/Office of Child Care/Zero to Three, 2010), 17.

- Introductions to reviewing/reflecting on observation information and responding to infants and toddlers based on observation.⁴

Reflect, Interpret, and Plan

Once teachers, home visitors, and family child care providers gather objective information on each child, they reflect on what they have—not only individually, but also with coworkers and with parents and other family members. Through taking time to *reflect on* and *interpret* what the information means, staff develop a deeper appreciation for each infant and toddler’s developmental process, behavior, temperament, interests, challenges, and family context. The process of reflecting and interpreting leads staff to conclusions that, in turn, help them individualize planning.⁵

Reflect and Interpret: A Closer Look

Reflecting involves reviewing the information (data) and asking questions about what the data say about the infant, toddler, and family. *Interpreting* involves answering those questions hypothetically—in other words, answering questions by making educated guesses about what the data reveal about the child (and family) to decide next steps. When staff reflect and interpret, they review what they know in order to make informed decisions about a child’s development and learning.⁶ Margo Dichtelmiller, author of *The Power of Assessment: Transforming Teaching and Learning*, suggests three ways to approach reflecting and interpreting: responsive interpretation, interpretation for planning, and evaluative interpretation.⁷

Responsive interpretation. Teachers, home visitors, and family child care providers do this all the time in responsive care! They respond in the moment to what they see infants, toddlers, and/or parents and other family members do to support children’s development and learning. These immediate, informal interpretations are based on a combination of elements such as knowledge of

each child/family, individual child goals, and professional knowledge/expertise. However, they do not require a formal review of observation information.⁸

Eight-month-old Lin wakes from her morning nap and whimpers. Lydia, her family child care provider, who is in the living room building a block tower with an older toddler and a preschooler, hears her and calls out, “Lin, I hear your voice and I’m coming to get you!” Lin’s whimpers subside. When she gets to Lin’s crib, Lydia says, “That was a nice long nap you took. And I know what you are trying to tell me: you’re awake and you want your diaper changed. So let’s go do that!” Lin reaches her arms up in anticipation of being picked up.

Interpretation for planning.⁹ This is different from responding in the moment. Here, with program support, staff set aside time and space on a regular basis to review data on each infant, toddler, and family. Ideally, staff use their program’s child assessment tool(s) to help them make sense of the information they have collected. They may even make preliminary scoring or rating decisions on relevant assessment items. This is done to create written plans for each child, small group(s) of children, or home visit that guide how staff support children’s development and learning on a daily or weekly basis.



⁴ EHS NRC, Observation: The Heart of Individualizing Responsive Care.

⁵ NITCCI, Infant/Toddler Curriculum and Individualization, 21; California Department of Education (CA DOE), California Infant/Toddler Curriculum Framework (Sacramento, CA: Author, 2012), 42.

⁶ Margo Dichtelmiller, *The Power of Assessment: Transforming Teaching and Learning* (Washington, DC: Teaching Strategies, Inc., 2011), 179.

⁷ *Ibid.*

⁸ *Ibid.*, 180.

⁹ *Ibid.*, 181.

Later that afternoon, while all three children are napping, Lydia jots down a brief observation note about how quickly Lin quieted when she responded verbally to her whimpers. She reviews her other written observations on Lin and the social-emotional and language sections of her assessment tool to help her interpret the information she has so far. Lydia thinks for several minutes, then begins to work on a plan for Lin for the following week. She also jots down a reminder to share today's observation with Lin's mother and to get some input on the plan.

An important part of this process is figuring out what the data reveal about each child's development, interests, and needs. The "Reviewing and Reflecting on Observation Information" section of the observation paper provides examples of questions to answer about the information and a description of what staff can learn about children through reflection and interpretation.¹⁰

Reflecting on and interpreting data for planning also helps staff consider¹¹

- ways to engage families in their child's care;
- whether staff need more information about a child and when/where/from whom to gather it; and
- whether to provide the same, similar, or different strategies and experiences related to particular goals. This is especially important when data about a child suggest that she may not be making progress toward goals as expected, even when considering the variation in development. For example, older infants typically have a 10-20-word vocabulary in their home language or use 10-20 signs consistently by 18 months. For a child who does not speak 10-20 words or use 10-20 signs, staff may need to change or adjust learning experiences to strengthen her language development. Further observation, conversations with her family, and other consultation may be necessary to determine next steps.

Evaluative interpretation. Interpreting data for planning can provide information about children's development over time. However, staff also look at the data they have collected on each child after a longer period of time (e.g., several weeks or months, depending on the child's age) to evaluate the child's progress toward reaching individual goals (and, in turn, program school readiness goals). In Early Head Start and migrant and seasonal Head Start group care settings, staff typically do this to prepare for staff-parent conferences and home visits (see Head Start Program Performance Standard 1304.40(e)(5)). Home visitors typically review and share information with families during weekly home visits and group socializations. However, they may also evaluate a child's progress over time and share those reports with families on a periodic basis.

Evaluation involves comparison. For example, when staff want to know about the level of a child's current performance in the five essential domains, they compare the child's information with developmental expectations for each domain; these expectations are most likely found in the program's child assessment tool(s). (State early learning guidelines can also be a source of information about developmental expectations. However, early learning guidelines are *not* child assessment tools and should not be used as such!) To determine whether or not a child has made progress, staff compare the child's current performance levels on skills, tasks, and so on in each domain with previous levels of those same skills and tasks.¹²



¹⁰ EHS NRC, Observation: The Heart of Individualizing Responsive Care.

¹¹ Dichtelmiller, The Power of Assessment, 183; New Jersey Council for Young Children, New Jersey Birth to Three Early Learning Standards (Trenton, NJ: NJ Department of Education, 2013), 35, 59.

¹² Dichtelmiller, The Power of Assessment, 184.

The staff-parent conference with Lin's mother is next week. Lydia spends some quiet time reviewing all of the data she's collected on Lin since the home visit three months ago: individual child plans, observation notes, photos and videos, notes from conversations with Lin's mother and from the home visit, and assessment results, including scoring decisions she's made on assessment items in each of the developmental domains. She has her program's school readiness goals and assessment tool and refers to them as needed.

Lydia asks herself questions: What skills, abilities, and goals did Lin have three months ago? What skills and abilities does Lin have now? What has changed/not changed in three months? What aspects of Lin's development and learning should I highlight at this time? What data pieces might best capture Lin's progress over time? What should I say about Lin's progress toward her individual goals and how that progress ties in to progress toward the program's school readiness goals? As Lydia considers these questions, she reviews the data that help her answer them.

Once Lydia is satisfied with her answers, she organizes the data she has decided to share with Lin's mother. Then she begins to work on the development and learning sections of her program's staff-parent conference form. She writes a note to herself about possible next individual child goals and strategies for supporting Lin's development and learning, but leaves those sections blank. She and Lin's mother will talk about what's next for Lin and decide on goals and strategies together during the conference.



¹³Ibid., 191.

¹⁴Ibid., 186.

¹⁵EHS NRC, Observation: The Heart of Individualizing Responsive Care, 6.

¹⁶EHS NRC, Observation: The Heart of Individualizing Responsive Care.

Note that Head Start Program Performance Standard 1307.3(b)(2)(i) also requires programs to evaluate children's progress over time. In this case, however, programs are not necessarily looking at children individually; they are looking at *groups of children* in combination with other program information (data) to determine the program's progress in meeting identified goals and inform plans for continuous improvement. At these times, staff also finalize their rating decisions on assessment items for each child; the program then takes that information, puts it together (aggregates) in various ways and analyzes it to look for patterns and trends. In other words, while this standard involves evaluation, it does not address care at the individual child level.

Interpreting child information accurately is another important part of the reflection process. Remember, interpretation gives meaning to the information that staff have collected. This is not always easy to do! For example, first impressions of what infants or toddlers can or cannot do (without having enough information) may sometimes lead to inaccurate assumptions and expectations. These may affect staff interactions with children and the quality of the relationships, which may then impact children's development and learning.¹³ Encourage staff to keep an open mind as they observe children, talk with families, and gather information that challenges their first impressions.¹⁴

Also, adults have various "lenses" through which they observe and interpret children's behavior and learning. For example, "culture, temperament, personal experiences, professional knowledge, and even community values and messages in the media affect how staff and families see and experience children."¹⁵ Read "Identifying the 'Lenses' Through Which Staff and Families Observe Children" in the observation paper for more information and strategies for working with staff and families.¹⁶

Here are additional recommendations to share with staff:

- Although it is important to keep an open mind the first time a child's behavior is observed or

absent, a drastic change in a child's abilities can sometimes be a sign of a serious health issue, developmental delay, or other concern such as abuse or neglect. In those cases, staff should share their observations with their director/supervisor to consider next steps that are consistent with program policies and procedures and Head Start Program Performance Standards.

- Keep expectations positive, current, and flexible. Positive expectations tend to affect children positively. Continue collecting information so that reflections and interpretations are based on the most current information. Encourage staff to adjust their expectations as they learn more about each child over time.
- If there is enough information, develop several interpretations of what the information might reveal about a child. Check with the child's family. Then get ready to plan!¹⁷

Plan: A Closer Look

Observation, documentation, reflection, and interpretation lead to individualized planning that supports the unique abilities, interests, preferences, and needs of each infant and toddler. *Individualizing Care for Infants and Toddlers – Part 1* details considerations for individualization.¹⁸ It also describes program structures and practices that enable staff to provide quality individualized care. This section offers additional information and suggestions to support the planning process.

Good planning

- provides opportunities to strengthen the relationship between staff and families and the home/program connection, as well as foster family engagement in their child's care;
- deepens understanding of each child and family and includes family input and observations about their child;
- ensures that interactions and relationship-building, routines, daily schedule, experiences, and the physical environment address the child's current

and emerging interests, abilities, needs, and understandings about people and objects in his/her environment; and

- If facilitates the child's development and learning across the five essential domains and supports children's progress toward individual child goals (including IFSP [CE4] goals for children with disabilities) and program school readiness goals.¹⁹

As staff consider how to promote each child's development and learning, they may generate many ideas for what to do. For example, there are different ways to support an infant who is beginning to figure out that objects and people exist even when she can't see them (object permanence) or a toddler who has discovered the joys of "dump and fill." It is likely that staff would think about the indoor/outdoor environment and what changes, if any, they would make. They might also identify changes to interactions, the child's individual schedule, and strategies for engaging families. Families may also have suggestions and preferences that reflect their own daily home practices. However, staff do not have to implement every idea at once! Encourage staff to choose just a few to try; too many new and different things at once can overwhelm very young children. Additionally, infants and toddlers benefit from (and enjoy!) repetition, practice, and familiarity. "Repeated exposure to familiar opportunities gives [infants and toddlers] the chance to make sense of their experiences and build [a] foundation that will support later learning."²⁰



¹⁷Dichtelmiller, *The Power of Assessment*, 193-94.

¹⁸EHS NRC, *Individualizing Care for Infants and Toddlers - Part 1*.

¹⁹CA DOE, *Infant/Toddler Curriculum Framework*, 42-44.

²⁰NITCCI, *Infant/Toddler Curriculum and Individualization*, 28.

On each home visit, Heath (home visitor) takes a walk with Jamie and his 28-month-old son, Eric, around the block. Every time they take this walk, they stop at a corner and listen for the wind chimes that make a tinkling sound when the wind blows hard enough. The sound always makes Eric laugh and clap his hands. Today they stop and Heath asks, "Do you think we will hear the chimes today, Eric?" Eric stands still and listens. Just then, a gentle wind blows and Eric says excitedly, "Chime, chime, I hear chime!" Jamie smiles and asks, "Eric, what makes the chimes make the sound?" Eric has had lots of practice with this question. First, he puts his lips together and blows a puff of air, and then he answers, "Da win', daddy. Da win' blow!"

Remind staff that planning for infants and toddlers is "planning for possibilities." Flexibility is a priority; when plans are put into action, staff should be ready to respond to children's moment-to-moment interests and needs. As Linda Lloyd Jones says in her article "Relationship as Curriculum,"

We should watch and observe our babies much more closely. What are they doing? How are they playing? What are they trying to achieve? Ask them who they are, what they need, how they can be helped. Then listen and watch for the answer....In this way the baby will truly direct his or her care. The baby will lead.²¹

On a related note, J. Ronald Lally suggests planning should

- include experiences that place the adult in the role of facilitating children's learning rather than directing learning;
- assist the adult in reading each infant and toddler's cues; and
- prepare the teacher, home visitor, and family child care provider to communicate effectively with other adults in the child's life.²²

Even though planning for infants and toddlers is planning for possibilities, it is still important for staff to plan on a regular basis. Planning focuses staff on engaging in meaningful work with each child and family, and provides an overall direction for the week's experiences, home visit, or group socialization. Your program may provide individual child and group planning forms for staff to use; the curriculum and/or assessment tool may also provide planning forms. An individual planning form should help staff "connect the dots" between reflections/interpretations of child/family information and observations, individual child goals/program school readiness goals, and strategies for promoting the child's development and learning. Teachers and family child care providers in group care settings may create simple plans for the group. The process is similar in that they review the information they have for each child, note any common interests, abilities, and needs, then decide what changes to make, any special experiences to offer, and ways to engage families.²³ However, even within group plans, staff should show how they individualize for each child. For example, a finger-play song may meet a receptive language goal for one child, a fine motor skill goal for another child, and an adult-child interaction (social/emotional) goal for a third child. Sample individual-child planning forms are included in Appendix B.

Reviewing individual child/group planning forms from the previous week or weeks is also useful for planning purposes. Depending on how each child or group of children respond, staff may or may not make changes to the current week's plans. For example, if children seem to enjoy exploring pom-poms and containers in a water table, staff may decide not to change the experience. Or, staff may decide to add spoons and tongs to extend the experience.

Planning that is based on observations, input from families, ongoing assessment, and knowledge of infant/toddler development will, ideally, lead staff to choose experiences that are developmentally and

²¹Linda Lloyd-Jones, "Relationship as Curriculum," in *Child Mental Health, Head Start Bulletin No. 73* (Washington, DC: U.S. Department of Health and Human Services/Administration on Children and Families/Administration for Children, Youth and Families/Head Start Bureau, 2002), 10-12. The quotation is from page 12.

²²J. Ronald Lally, "Infants Have Their Own Curriculum: A Responsive Approach to Curriculum Planning for Infants and Toddlers," in *Curriculum in Head Start, Head Start Bulletin No. 67* (Washington, DC: U.S. Department of Health and Human Services/Administration on Children and Families/Administration for Children, Youth and Families/Head Start Bureau, 2000).

²³Kai-leé Berke, Diane Trister Dodge, and Sherrie Rudick, *A Trainer's Guide to The Creative Curriculum for Infants, Toddlers and Twos* (Washington, DC: Teaching Strategies, Inc., 2008), 60-61.

age appropriate for each child or small groups of children. This is an important concept for staff to understand: It is all too easy to choose experiences that, while possibly appropriate for older children, are not appropriate for younger ones! For example, art experiences that involve a finished product that should look a certain way or require a lot of adult help to accomplish are not appropriate for infants and toddlers (nor, for that matter, preschool children). Neither are food experiences in which staff do most of the work and the child or group of children mostly watch. Similarly, experiences that require a child to be in a group without being able to leave if she loses interest or require sitting still for long periods of time are also inappropriate. A high quality, developmentally appropriate curriculum should provide suggestions for selecting appropriate experiences, materials, and equipment, facilitating the experiences, and creating environments that are safe and interesting for infants and toddlers to explore.

Implement

Put simply, *implement* means put the plans into action! And here is the good news: “When experiences are planned and tailored to the developmental needs of infants and toddlers, they become engaged, active learners.”²⁴

Implementing plans may involve a new way to interact with a child (or family member to support the child), a change in the schedule or physical environment, a different approach to routine care, a new material, or a new experience. It may also involve doing the same things as before! Either way, encourage staff to allow the child to make choices and interact freely with materials and equipment, the setup of the indoor and outdoor environment, the experience or routine, and with the staff (or family members) themselves.²⁵ Remind staff that the child’s response (or lack of a response) influences how implementation occurs and that they should observe what the child does and follow the child’s lead. In this way, staff “create with the

child a learning experience that is personally meaningful and responsive, moment by moment.”²⁶ Note that, in group care settings, especially with older infants and toddlers, expecting all children to do the same things at the same times is not best practice for individualized care! The same is true for siblings in a home visit setting.

Implementing plans may also produce surprising or unexpected results. These results, in turn, may lead staff to new insights and opportunities to refine their understanding of each child and family. Program leaders can support staff in this discovery process by encouraging them to implement their plans “in the spirit of experimentation: Each time a plan works or does not work, [staff] can learn and grow from the experience.”²⁷

To sum up planning and implementing as they relate to individualizing, consider the following: (adapted from the *California Infant/Toddler Curriculum Framework*):

- Planning for individualized care practices should reflect
 - the abilities that infants and toddlers bring to each interaction;
 - each child’s need for relationship-based experiences;
 - family input and preferences; and
 - an understanding of and appreciation for each child within the context of the child’s family and culture.
- Implementing individualized care practices should focus staff on facilitating learning and enable them to
 - enhance their connections and engagement with each child’s family and fully support each family’s role as their child’s first and most important teacher;
 - maximize each child’s sense of security and attachment to the important adults in the child’s life;

²⁴NITCCI, *Infant/Toddler Curriculum and Individualization*, 28.

²⁵CA DOE, *California Infant/Toddler Learning and Development Program Guidelines (Sacramento, CA: Author, 2006)*, 40.

²⁶CA DOE, *Infant/Toddler Curriculum Framework*, 47.

²⁷CA DOE, *Infant/Toddler Learning and Development Program Guidelines*, 107.

- learn to read the cues of each infant and toddler and respond appropriately;
- encourage and support each child’s interests and explorations;
- address the child’s whole learning experience, including creating a safe and interesting place for learning; and
- support children’s progress toward individual child goals (and related program school readiness goals) but also allow for children’s individual variations in temperament, approach, and pace.²⁸

Reflect and Evaluate

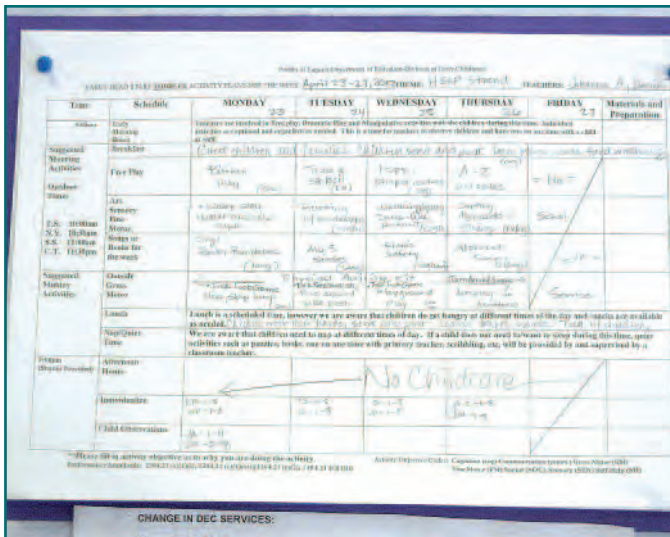
As staff implement their plans with children and families, they continue to observe and document what happens. They ask questions such as “How did it go?” “What worked well and why?” “What didn’t work and why?” “What changes could be made?” They may ask themselves these questions in the middle of trying a new experience or way to respond – or later as they reflect on and evaluate how the day/week, home visit, or group socialization went. These questions are also appropriate to ask families to get their perspectives and input. The answers to questions like these feed back into the cycle of individualization as staff continue to observe and document; reflect, interpret, and plan; and implement.

CONCLUSION

Individualizing care for each infant and toddler results from observing, reflecting, interpreting, and planning. Teachers, home visitors, and family child care providers who become skilled in these activities

- are better prepared to understand each infant and toddler’s developmental stage;
- are thoughtful about how to offer support to further each child’s development and learning;
- demonstrate through their actions that they understand the critical role that positive adult-child relationships play in how infants and toddlers develop;
- support the family’s role as their child’s first and most important teacher;
- know the value of families’ input and actively seek it out; and
- evaluate the effectiveness of what they implement by continually observing, reflecting, communicating with families, and refining what they plan.

This is what it means to be intentional. As staff become more purposeful in their individualization practices, they see more and more opportunities to plan for possibilities and learning opportunities that nurture each infant, toddler, and family. And this intentional individualized care is the path to positive learning and life outcomes for very young children and their families.



²⁸CA DOE, Infant/Toddler Curriculum Framework, 45-46.

APPENDIX A: INDIVIDUALIZATION IN THE HEAD START PROGRAM PERFORMANCE STANDARDS

1304.20(f)(1) and (2)(i)-(iii)

- Grantee and delegate agencies must use the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.
- To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:
 - Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (formerly Part H, now Part C) of the Individuals with Disabilities Education Act as implemented by their State or Tribal government;
 - Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate the development of an IFSP for children determined to be eligible under the guidelines of the State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;
 - They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities.

1304.21(a)(1)(i)-(v) In order to help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must:

- Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles;
- Be inclusive of children with disabilities consistent with their IFSP or Individualized Education Program (IEP) (see 45 CFR 1308.19);
- Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition;
- Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small-group activities; and
- Allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents

1304.21(a)(2)(i)-(iii) Parents must be:

- Invited to become integrally involved in the development of the program's curriculum and approach to child development and education;
- Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and
- Encouraged to participate in staff-parent conferences and home visits to discuss their child's development and education.

1304.21(3)(ii) Grantee and delegate agencies must support social and emotional development by...planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child's needs.

1304.21(4)(i)-(iii) Grantee and delegate agencies must provide for the development of each child's cognitive and language skills by:

- Supporting each child's learning, using various strategies including experimentation, inquiry, observation, play and exploration;
- Ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue;
- Promoting interaction and language use among children and between children and adults; and
- Supporting emerging literacy and numeracy development through materials and activities according to the developmental level of each child.

1304.21(b)(1)(i)-(iii) Grantee and delegate agencies' program of services for infants and toddlers must encourage (see 45 CFR 1304.3(a)(5) for a definition of curriculum):

- The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture and, whenever possible, speak the child's language (see 45 CFR 1304.52 (g) (2));
- Trust and emotional security so that each child can explore the environment according to his or her developmental level; and
- Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.

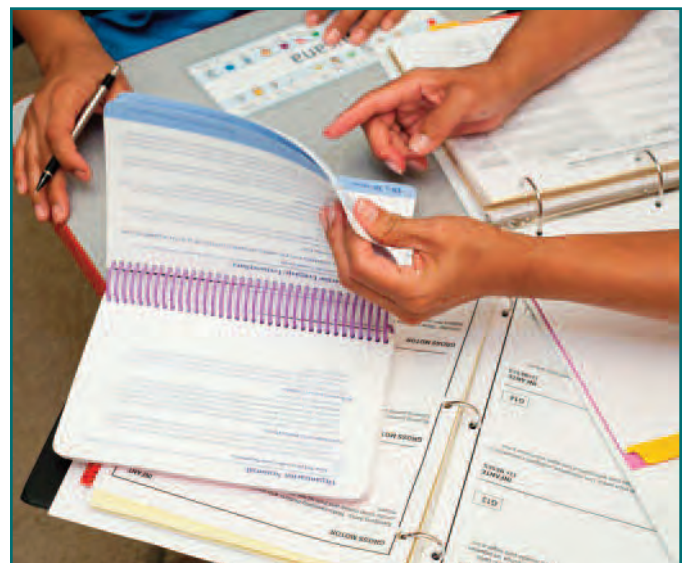
1304.21(b)(2)(i) and (ii) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:

- Encourages the development of self-awareness, autonomy, and self-expression; and
- Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.

1304.21(b)(3)(i) and (ii) Grantee and delegate agencies must promote the physical development of infants and toddlers by:

- Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and
- Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.

1304.21(c)(1)(i) Staff must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child (see 1304.20(b), 1304.20(d), and 1304.20(e)).



1304.23(a)(1)-(3) identification of nutritional needs for infants and toddlers; (b)(1)(iv) and (vii) nutritional services for infants and toddlers in center-based settings; (b)(2) appropriate snacks and meals during home-based group socializations; (c)(5) infants held while being fed and are not laid down to sleep with a bottle

1304.40(e)(5) In addition to the two home visits, teachers in center-based programs must conduct staff-parent conferences, as needed, but no less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in the program (see 45 CFR 1304.21(a)(2)(iii) and 45 CFR 1304.40(i) for additional requirements about staff-parent conferences and home visits).

1307.2 Child-level assessment data means data collected by an agency on an individual child from one or more valid and reliable assessments of a child's status and progress, including but not limited to direct assessment, structured observations, checklists, staff or parent report measures, and portfolio records or work samples.

1307.3(b)(2)(i)[JG5]...A Head Start or Early Head Start agency... shall take steps to achieve the school readiness goals described under paragraph (b)(1)...demonstrated by:

- Aggregating and analyzing aggregate child-level assessment data at least three times per year (except for programs operating less than 90 days, which will be required to do so at least twice within their operating program periods) and using that data in combination with other program data to determine grantees' progress toward meeting its goals, to inform parents and the community of results, and to direct continuous improvement related to curriculum, instruction, professional development, program design and other program decisions.

1307.3(b)(2)(ii)...A Head Start or Early Head Start agency... shall take steps to achieve the school readiness goals described under paragraph (b)(1)...demonstrated by:

- Analyzing individual ongoing, child-level assessment data for all children birth to age five participating in the program and using that data in combination with input from parents and families to determine each child's status and progress with regard to, at a minimum, language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development and to individualize the experiences, instructional strategies, and services to best support each child.



APPENDIX B-1A: EXAMPLE OF AN INDIVIDUAL CHILD PLANNING FORM - BLANK

(adapted from NITCCI, *Infant/Toddler Curriculum and Individualization*, page 31)

Child's Name: _____ Age: _____ Date: _____

Person completing the form: _____

Developmental domain(s) _____

Related assessment tool item(s): _____

Social/Emotional: expresses feelings and emotions through facial expressions, gestures, sounds, or words; shows confidence in increasing abilities

Observations (what I saw and heard based on documentation from written observation notes, photos, audio/video clips, artwork, etc.):

Family information (e.g., observations of their child, changes in family life, family's goals for child):

Reflection/interpretation (what I think it means)

Individual Child Goal(s) and Program School Readiness Goal(s)

Individual Child Goal: _____

Related Program School Readiness Goal: _____

Individual care plan for the week of _____

Interactions and relationship-building (including any changes):

Routine care and/or daily schedule (including any changes):

Experiences (including any changes to current experiences or new experiences to be offered):

Indoor/outdoor physical environment (including any changes to materials, equipment, arrangement of the space):

Observations to make this week/what to invite parents/families to observe this week (e.g., related to developmental milestones; assessment items; behavior or health concerns)

APPENDIX B-1B: EXAMPLE OF AN INDIVIDUAL CHILD PLANNING FORM - COMPLETED

(adapted from NITCCI, *Infant/Toddler Curriculum and Individualization*, pg. 31)

Child's Name: Paolo Lari Age: 12 months Date: April 3

Person completing the form: Maria Green, teacher

Developmental domain(s) Physical Health and Development/Social Emotional Development

Related assessment tool item(s): Gross Motor: cruises cruises/stands alone/takes a few steps;

Social/Emotional: expresses feelings and emotions through facial expressions, gestures, sounds, or words; shows confidence in increasing abilities

Observations (what I saw and heard based on documentation from written observation notes, photos, audio/video clips, artwork, etc.):

4/3: classroom, morning, mom visiting: Paolo crawled over to a child-sized wooden chair (mom followed him) and started to pull up to stand by holding the back of the chair. Mom said, "No, no, Paolo. The chair isn't safe for you." She took his hands off the chair, held his hands as she walked him to a nearby round, child-sized table, put his hands on the table and said, "Here, Paolo, this is better. It's safer." Paolo cruised around half the table holding on with both hands, then let go and sat down. He looked at his mom. Mom laughed, said, "Yay, Paolo! You walked!" and clapped her hands. Paolo squealed and clapped his hands.

Family information (e.g., observations of their child, changes in family life, family's goals for child):

Mom says Paolo wants to pull up on and cruise around furniture like the glass coffee table in her living room and the large wooden chairs in the kitchen, but she stops him from doing that because she's doesn't think it's safe — she's concerned about the glass and corners of the coffee table and worries that kitchen chairs will fall over if he pulls up on them. She wants him to be able to pull up to stand and walk but do it safely, so she takes his hands and walks him around. She also said he smiles, squeals, laughs whenever he pulls up to stand and takes steps. When he claps, he sometimes loses his balance and ends up sitting down, but that doesn't seem to bother him.

Reflection/interpretation (what I think it means)

Paolo is pulling to stand and cruising, and may be close to standing alone and taking a few steps on his own. He seems to be aware of and delighted with this emerging ability. Paolo also seems to be tuned into mom, how mom reacts to things, and mom is concerned for his safety. Ideas for addressing mom's concerns:

- Let her know how we support his gross motor skills in the classroom and outside.
- Figure out with her ways to help Paolo practice these skills safely at home so that she can feel more comfortable in supporting his efforts.
- Share information about how learning to walk is a big shift in how a young child views his abilities and his world. Find out how she feels about Paolo reaching this milestone.

Individual Child Goal(s) and Program School Readiness Goal(s)

Individual Child Goal: Walk without holding on or adult help

Related Program School Readiness Goal: Children will develop control of large muscles for movement, navigation, and balance.

Individual care plan for the week of April 6

Interactions and relationship-building (including any changes):

Routine care and/or daily schedule (including any changes):

No changes

Experiences (including any changes to current experiences or new experiences to be offered):

Outdoors: Set up a simple obstacle course using fold-up tunnel and two large foam blocks that Paolo can use to pull up to stand.

Indoor/outdoor physical environment (including any changes to materials, equipment, arrangement of the space):

Provide a sturdy push toy that Paolo can hold onto and walk behind.

Identify with mom safe furniture Paolo can use to pull up to stand at home.

Observations to make this week/what to invite parents/families to observe this week (e.g., related to developmental milestones; assessment items; behavior or health concerns)

Keep track of how many times Paolo pulls himself up to stand/cruises and watch to see if he stands or even takes any steps without holding on to anything. Keep camera nearby to take photos of his efforts. Also encourage mom to keep track at home and take photos.

**APPENDIX B-2A:
EXAMPLE OF A CHILD/FAMILY HOME VISIT PLANNING FORM -BLANK**

Early Head Start Home Visit Plan/Summary

Home visit #	Date
Child's name and age:	Start time:
Parent/Guardian/Family member(s) present:	End time:
Home visitor:	

(Greeting; Planned experience (child/parent); choice experience (child); service area discussions; plans for next visit; goodbye)

Child Development Plan

Individual Child Goal(s):	
Related Program School Readiness Goal(s):	
Experience(s)	Observations

Discussion of past week (e.g., What did parent/guardian/family member see child do/say during the week? What happened when they tried new experience/activity, interaction, etc.? What has changed? Are there any concerns?)

Service areas addressed (circle those discussed and briefly describe what information was shared): Child Development, Health, Dental, Nutrition, Mental Health, Disability, Family Services/Referrals, Other

Joint planning for next home visit

Date of next home visit:

<p>Individual child goal(s)</p>	<p>Materials left with family:</p>
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<p>Parent/guardian signature(s):</p>	<p>Date:</p>	<p>Home visitor signature:</p>
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APPENDIX B-2B:

EXAMPLE OF A CHILD/FAMILY HOME VISIT PLANNING FORM - COMPLETED

Early Head Start Home Visit Plan/Summary

Home visit # 24

Date 10-21

Child's name and age: Kanita James, 22 months	Start time: 9:30 am
Parent/Guardian/Family member(s) present: Louise James (mom)	End time: 11:00 am
Home visitor: Jennifer Albright	

(Greeting; Planned experience (child/parent); choice experience (child); service area discussions; plans for next visit; goodbye)

Child Development Plan

Individual Child Goal(s): Increase vocabulary by 4 words; have 18-month well-child exam completed	
Related Program School Readiness Goal(s): Children will demonstrate receptive and expressive language skills and communication strategies in their home language(s) (may be English or other language(s))	
Experience(s)	Observations
<p>Greeting: Hello song</p> <p>Have Kanita select songs using picture cards</p> <p>Choices: "Old MacDonald" - add a horse and a bird to the choice of animals, (others if she remains interested); "Wheels on the Bus" - bring toy bus and people and add wheels, wipers, and swish to list of words</p> <p>As planned with Louise, bring books of Wheels on the Bus and Richard Scarry's Cars and Trucks and Things That Go - Kanita loves anything with wheels.</p> <p>Encourage Kanita to bring her cars out. We will add the bus and see what she does. While she plays, encourage mom to use words for what she is doing and what she is using: You are pushing the car; The wheels are going around and around. Where are the wipers on the car? On the bus? What sound do they make? Swish, swish, swish</p> <p>Find other things inside and look out the window to see what has wipers and wheels. See if you can see a bird, like in Old MacDonald.</p> <p>Look for opportunities when Kanita is interested in something to use the words for it.</p>	<p>Kanita clapped while singing and laughed when we said her name in the Hello song.</p> <p>Kanita selected "Old MacDonald" and "Wheels on the Bus." Mom sat on the floor and sang the songs. Kanita lost interest in "Old MacDonald" but wanted to keep singing "Wheels on the Bus." She laughed and made the noise when we sang, "swish, swish, swish."</p> <p>Kanita sat on her mom's lap while mom read Wheels on the Bus- said "shush, shush, shush" for wipers. Mom started to read the Richard Scarry book and Kanita closed it. I said, "I wonder what she would do if you just pointed out the wheels?" Kanita pointed to the wheels and said, "wee."</p> <p>I asked mom if she had anything with wheels that Kanita liked to play with. She asked Kanita to go to the box and get her cars. We put the bus with the cars and Kanita started lining the cars up with the bus. After a few minutes, she started crawling, pushing the bus with one hand and a car with the other. She put the toy people in and out of the bus.</p> <p>Mom said words and repeated them. Tried to get Kanita to repeat them. Several times she asked about what Kanita was playing with and about other things in the room. Kanita paid attention to some (not all) requests to repeat words and answered some (not all) questions about what she was playing with using one-word answers.</p>

Discussion of past week (e.g., What did parent/guardian/family member see child do/say during the week? What happened when they tried new experience/activity, interaction, etc.? What has changed? Are there any concerns?)

Kanita used single words to ask for things, like milk and water, but mostly pointed. Mom tried to use words for what she was doing, e.g., "I'm getting your milk," but she didn't feel like Kanita was using any new words.

She is feeling a little frustrated that Kanita is not talking more.

Suggested when she takes Kanita for her 18-month checkup, she ask the doctor about Kanita's speech and hearing.

Service areas addressed (circle those discussed and briefly describe what information was shared): Child Development, Health, Dental, Nutrition, Mental Health, Disability, Family Services/Referrals, Other

Discussed getting Kanita's 18-month checkup completed. Louise said she tried to make an appointment, but couldn't get one when she had transportation.

Brainstormed ways she might get to the doctor. Louise suggested going to the clinic that just opened in the building next door. She will check on whether they do only sick-child care or if they will do a well-child check.

Joint planning for next home visit

Date of next home visit: 10-28

<p>Individual child goal(s)</p> <p>Increase vocabulary by 4 words; have 18-month well-child exam completed</p> <p>Related program school readiness goal(s)</p> <p>Children will demonstrate receptive and expressive language skills and communication strategies in their home language(s) (may be English or other language(s))</p>	<p>Materials left with family:</p> <p>School bus/people</p> <p>Song picture cards</p> <p>Experience/activity; new ideas to try (e.g., new way to interact, change in physical environment or how a routine is carried out); something to observe or watch for</p> <p>Suggested taking the stroller outside on warm days, talk about wheels on stroller, wheels on cars, find objects with wheels.</p> <p>Continue to talk about what mom is doing, what Kanita is doing when taking a bath, changing diaper, getting ready for bed, etc.</p>
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Parent/guardian signature(s):	Date:	Home visitor signature:
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Selected Additional Resources

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