Technical Assistance Paper No. 16

Individualizing Care for Infants and Toddlers – Part 1

OFFICE OF HEAD START NATIONAL CENTERS
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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INDIVIDUALIZATION: THE BIG PICTURE

Louis, a teacher who works with two-year-old Joaquin, observes Joaquin making piles of leaves during outdoor time three days in a row. On the same three days, Louis also observes Joaquin painting pictures with large splotches of red, yellow, and brown, and saying "This my leafs" over and over again to himself as he paints. On the fourth morning, Joaquin's grandfather, who brings him to the center, shares that Louis has been coming home with leaves in his pockets. He puts them in an empty tissue box, which he then shows to everyone who comes to visit! Louis laughs and shares how Joaquin has been exploring leaves at the center.

Based on his observations and information from the grandfather, Louis decides that, the following week, he will bring baskets outside for Joaquin to use to gather leaves, create a space for him to display leaves in the classroom, and intentionally find one-on-one opportunities with him to read and talk about the book Red Leaf, Yellow Leaf at different times during the day. Louis also decides to take photos of Joaquin's leaf explorations to share with Joaquin's family.

The vignette above shows how observation and reflection flow naturally into planning for individualized care. As Petersen and Wittmer stated, "planning becomes a process of observing [infants, toddlers, and two-year-olds], thinking about their interests and the purpose of their actions, and then planning for moments of interaction that have emotional meaning and that support learning through exploration and discovery."[1] This statement is reflected in the Head Start Program Performance Standards (see Appendix), which require programs to: support each child's individual rate of development and learning in active partnership with children's families; and analyze ongoing child assessment data to individualize experiences, instructional strategies, and services to best support each child.

Head Start programs serving infants and toddlers—Early Head Start (EHS) and Migrant and Seasonal Head Start (MSHS)—have an incredible opportunity to nurture very young children during one of the most formative periods of their lives. As a program leader, you have an important role in helping frontline staff—teachers, home visitors, and family child care providers—implement practices that are tailored to support the strengths and needs of each child and family.

The Individualizing Care for Infants and Toddlers Technical Assistance Resources

There are two parts to *Individualizing Care for Infants and Toddlers*. This resource, Part 1 of *Individualizing Care for Infants and Toddlers*, focuses 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.

It highlights relevant Head Start Program Performance Standards, provides a bibliography and related resources, and includes questions you can use with staff and program management to relate the information to your particular circumstances.

Part 2 focuses on the "how" of individualizing care—the process of observing and documenting; reflecting, interpreting, and planning; implementing; and reflecting and evaluating—that enables staff to respond thoughtfully to each child and family's interests, abilities, and needs. Both parts complement the technical assistance paper, *Observation: The Heart of Individualizing Responsive Care*.

[1]Sandra H. Petersen and Donna S. Wittmer, *Endless Opportunities for Infant and Toddler Curriculum: A Relationship-Based Approach* (Upper Saddle River, NJ: Pearson Education, Inc., 2009), 97.

WHY IS INDIVIDUALIZING CARE IMPORTANT FOR INFANTS AND TODDLERS?

It is important for staff to know and understand the performance standards that address individualization. However, it is equally important for them to know **why** individualizing care is so important. Here are several reasons:

- Infants and toddlers grow and develop rapidly; although growth and development typically follow a commonly recognized sequence, the pace at which an individual child develops can vary. When teachers, family child care providers, or home visitors know a child well, they can recognize the growth and support learning by offering care that matches the child's interests and anticipates the next steps of development. Care practices that match a child's stage and interest provide optimal learning opportunities.
- Each child is part of a family unit, and the life of the family grows and changes along with their child. Individualization recognizes and values the importance of the child's family by taking into account the family's goals for the child and actively incorporating their input as much as possible.
- Head Start programs serving infants and toddlers seek to support the strengths and needs of each family. Since every family is different, it is crucial that programs provide care for children and services to families that are inclusive of each family's culture, beliefs, values, and life circumstance to be most beneficial.

When staff understand why individualizing care is important, they make more thoughtful, intentional decisions about how to support each infant and toddler based on

- what they learn through observation and ongoing assessment;
- actively partnering with the child's family to seek knowledge about their child; and
- their own understandings of child development—for example, what developmental milestones occur during the infant/toddler years, how infant/toddler milestones lead to preschool milestones, and how infant/toddler development connects to school readiness.

Staff recognize that individualizing care is important for all children. This includes children with disabilities; for example, helping children reach goals identified in Individualized Family Service Plans (IFSPs) and actively partnering with children's early intervention providers. This also includes children who present challenging behaviors (see *Tip Sheet No. 36*[2] for targeted support strategies and *Tip Sheet No. 37*[3] for developing individualized support plans). Finally, staff acknowledge how their personal, cultural, and professional values, perspectives, and expectations may influence the way they care for infants and toddlers and engage respectfully with families. Staff, then, seek ways to balance their own views with those of the families and program expectations and requirements.

The following section presents considerations for individualization. School readiness and curriculum are addressed, as well as the following aspects of quality infant/toddler care: interactions, routines, daily schedule, experiences, and environment.

[2]*Early Head Start National Research Center (EHS NRC),* What Are "Challenging Behaviors When Working With Infants and Toddlers? *Tip Sheet No. 36 (Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2009).*

[3]*EHS NRC,* How Do You Know If Infants or Toddlers With Challenging Behavior Need an Individualized Support Plan? What Is the Process of Developing a Plan? What If It Doesn't Work? *Tip Sheet No. 37 (Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2009).*

CONSIDERATIONS FOR INDIVIDUALIZING

School Readiness

In 2011, Performance Standard 1307.3(b)(1) introduced the requirement that all programs, including those that serve infants and toddlers, must develop school readiness goals. These goals describe the program's expectations for children's status and progress across the five essential domains of child development and early learning—social and emotional development, language and literacy development, cognition and general knowledge, approaches toward learning, and physical well-being and motor development—that will improve children's readiness for kindergarten. Programs should develop school readiness goals in consultation with children's families and align the goals with state early learning guidelines and expectations of local education agencies to the extent they apply to infants and toddlers (as well as preschool children). See *School Readiness Goals for Infants and Toddlers in Head Start and Early Head Start Programs: Examples from the Early Head Start National Resource Center*[4] for more information.

A defining aspect of these school readiness goals is that they are developed at the program level and address all children who participate in the program. They are also less likely to change over time. At the individual child level, teachers, home visitors, and family child care providers may develop goals for each child that link to the program's school readiness goals. These individual goals come from a variety of sources such as input from families, staff knowledge of child development, IFSPs for children with disabilities, and information from assessment tools that determine children's progress in acquiring skills and concepts. Individual child goals inform ongoing individualized care and are likely to change often to reflect the rapid growth of infants and toddlers.

Curriculum

It could be said that individualizing care for infants and toddlers is really individualizing curriculum. At the heart of the curriculum is the child who depends on adults to support and nurture his exploration and learning.

Program staff and families have the flexibility to choose a curriculum (or curricula) that meets the unique needs of their children and community. Most EHS and MSHS programs use one or more commercially published curricula; they are required to make sure their chosen curriculum (or curricula) aligns with their school readiness goals and supports children's progress toward those goals (see *School Readiness Action Steps for Infants and Toddlers*[5] for more information). Programs may also look at how easily staff can individualize the chosen curriculum/curricula to meet the interests, needs, and abilities of each child in the program. An appropriate curriculum for infants and toddlers provides guidance and strategies for supporting infant/toddler development and learning, engaging in responsive interactions/relationships with children, and partnering with families. However, it also leaves the decisions about what this looks like in daily practice to the staff implementing the curriculum. In these curriculum frameworks, teachers, home visitors, and family child care providers

- have room to discover an infant or toddler's "individual curriculum" (e.g., the child's interests, motivations, and needs);[6]
- choose and offer experiences that match a child's (or small group of children's) interests and developmental level;
- use everything that happens (planned/intentional and spontaneous) during the day, home visit, or group socialization as learning opportunities; and
- create environments that reflect children and families served in the program.

[4]*EHS NRC,* School Readiness Goals for Infants and Toddlers in Head Start and Early Head Start Programs: Examples from the Early Head Start National Resource Center *(Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2012).*

[5]*EHS NRC,* School Readiness Action Steps for Infants and Toddlers *(Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2012).*

[6]*J. 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: Department of Health and Human Services/Administration for Children and Families/Administration for Children, Youth and Families/Head Start Bureau, 2000); NITCCI,* Infant/Toddler Curriculum and Individualization*, (Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Child Care, 2010), 9.*

In other words, these frameworks support child-initiated and child-pursued learning and allow staff to individualize within the structure of the curricula.

Interactions

Everyday interactions with infants and toddlers are the foundation of quality care; it is within the context of secure, nurturing relationships with parents, family members, and other caring adults that healthy infant and toddler development and learning happen. Individualizing involves tailoring these interactions to the needs of each child.

No two infants or toddlers are the same; each child is a unique individual. One "size" of interaction cannot fit all children. To tailor interactions, teachers, home visitors, and family child care providers observe children, engage with families, and, combined with knowledge of child development, use what they learn to guide how they interact and respond. They read each child's cues and respond in nurturing ways that take into account individual characteristics; these include the child's age, abilities, needs, and interests, as well as temperament, home language, and family culture.[7]

Infants and toddlers communicate their feelings, interests, and intentions through their behavior. Discovering what their behavior means is an important part of responsive, individualized interactions. Petersen and Wittmer have suggested some questions that staff can use to reflect on what children's behaviors might mean:

- What is the child experiencing? What is the child thinking?
- What is the behavior and when, where, and with whom does it occur?
- What wants or needs is the child communicating? What is the purpose of the child's behavior? What is the meaning of the child's behavior?
- What do her family and I want the child to do/learn/feel?[8]

Staff can also share these questions with families to help them deepen their understanding of their children. As staff and families find answers to these questions, they gain insights into how to interact with each child. There are many ways adults can interact with children such as

- verbal and/or sign language;
- nonverbal (e.g., gestures, facial expressions);
- physical touch;
- gentle or active movement; and
- use of space between the adult and child.

When these interactions are respectful and responsive to each child's individual ways and needs, they communicate to children that their feelings, interests, and intentions are recognized and valued.

[7]*EHS NRC,* News You Can Use: Developmentally Appropriate Practice *(Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2011).*
[8]*Petersen and Wittmer,* Endless Opportunities*, 72.*

Interactions and Temperament

Understanding children's individual differences helps adults build relationships with infants and toddlers and interact in ways that meet each child's needs. One of the individual differences mentioned earlier is **temperament**. Temperament refers to behavioral "styles" that children are born with and describes how they approach and react to the world. (See the Early Childhood Mental Health Consultation website for information about temperament traits.[9])

Temperament is important because it not only affects how infants and toddlers interpret and react to the world around them; it also affects how adults respond to children. Adults have their own unique temperaments, too; compatibility between a child's and an adult's temperament can affect the quality of interactions. This compatibility, known as "goodness of fit," refers to how an adult's expectations and style of interaction match the child's style and abilities.[10] Goodness of fit does not require that children and adults have matching temperaments. However, it does require that adults adjust their interaction styles to better support each child's natural way of responding to the world. Here is an example of how goodness of fit works in a center-based setting:

Twenty-eight-month-old Sierra stands at the door of her EHS classroom, watching. Even though Sierra has been attending the center for over a year, she still takes her time coming into the room. Jandro, her teacher, slowly approaches her, kneels down to her level, and quietly says, "Good morning, Sierra, I'm glad to see you." Sierra smiles and glances at her dad, who stoops down and says in a soft voice, "See you later, Sierra. Can Daddy give you your special goodbye hug?" Sierra nods and turns to her father. He opens his arms, gathers her in, and gently lifts her until they are face to face, and he gives her a kiss on her nose. He then puts her down and waves his hand as he turns to leave and walks down the hall. Sierra waves her hand in response until she can no longer see him.

Once Sierra's dad is gone, Jandro takes her hand and leads her to the table for a morning snack. No sooner does he get Sierra settled when 30-month-old Alex comes to the door. Alex runs to Jandro, hugs his leg, and says with great excitement, "We saw a fire truck, we saw a fire truck! The siren was really loud—RRRRRR!!" Jandro, matching Alex's energy and enthusiasm, exclaims, "Wow, a fire truck! That sounds so exciting!"

These two children are showing two very different temperaments, and Jandro is keenly aware of this. He has learned over time, through his program's professional development offerings on responsive care, that how he responds to different temperaments really makes a difference. When he changes his pace and approach to better match each child's temperament, he forms a stronger relationship with that child and is better able to support his or her development and learning.

See Appendix A for Head Start Program Performance Standards that support individualizing interactions.

[9] *Center for Early Childhood Mental Health Consultation,* Introduction to Temperament, *accessed March, 5, 2013, http://www.ecmhc.org/temperament/02-introduction.html.*
[10] *Ibid.*

Routines

Caregiving routines—arrival and departure, feeding, meals and snacks, diapering and toileting, dressing, and napping—provide a framework for the infant/toddler day. Routine care is far from routine. A significant amount of individualization occurs during routines; they offer teachers, home visitors, and family and child care providers many opportunities to observe and understand each child's ways and preferences and support development and learning across the five essential domains.[11] During routine care, infants and toddlers have adults' undivided attention as they focus on meeting children's needs and getting to know them.[12] Routines offer opportunities to build relationships with each infant and toddler that promote attachment and trust. These are developmental milestones that are critical for children's sense of security and willingness to explore people and objects in their environments.

Routines involve children's bodily needs, very intimate care, and potentially different perspectives from that of the family, so they should be highly individualized; in group care settings, each infant's and toddler's routine care is based on his or her own readiness and timetable for feeding, diapering and toilet learning, and sleep.[13] How the routine is carried out and when the routine occurs should be closely coordinated with children's families so that care is consistent between home and the program. Because these routines are so individualized, they should be carried out by the child's primary caregiver whenever possible.

Families in home-based programs may individualize routine care for their infants and toddlers according to a combination of children's needs, family schedules, and cultural beliefs and practices. Home visitors can work collaboratively with families to address topics such as using routine care times to support their child's development and learning and changing routine care practices as children get older.

An important part of individualizing routines is using **rituals**. People often use the terms **rituals** and **routines** interchangeably, but they are not the same. According to Gillespie and Petersen, routines are "repeated, predictable events that provide a foundation for the daily tasks in a child's life . . . Individualizing a routine means that the sequence is the same but the actions and timing may vary to accommodate the needs of individual children."[14] Rituals, in general, are "special actions that help us navigate emotionally important events or transitions in our lives as well as enhance aspects of our daily routines to deepen our connections and relationships."[15] For infants and toddlers, a ritual is "a special practice that helps a child accept aspects of a routine, even an individualized routine, that are stressful."[16] Rituals that adults develop with children and use at home or in group care can ease emotionally loaded situations such as separations (including going to sleep), feeding and meal times, and learning to use the toilet. (Read the article, "Rituals and Routines: Supporting Infants and Toddlers and Their Families" to learn more about rituals and how to support their use.[17])

[11] *NITCCI,* Infant/Toddler Curriculum and Individualization*, 25.*

[12] *Derry Koralek, Amy Laura Dombro, and Diane Trister Dodge,* Caring for Infants and Toddlers*, 2nd ed. (Washington, DC: Teaching Strategies, Inc., 2005), 113.*

[13] *ZERO TO THREE,* Caring for Infants and Toddlers in Groups: Developmentally Appropriate Groups*, 2nd ed. (Washington, DC: ZERO TO THREE, 2008), 45.*

[14] *Linda Gillespie and Sandra Petersen, "Rituals and Routines: Supporting Infants and Toddlers and Their Families,"* Young Children *(September 2012), 76.*

[15] *Ibid.*

[16] *Ibid.*

[17] *Ibid., 76-77.*

In the previous vignette, Jandro and Sierra's dad go through a goodbye ritual with Sierra when her dad drops her off. The sequence happens each morning and assists Sierra in transitioning into the EHS setting. Before Jandro and Sierra's dad figured out the ritual, drop-off times were painful for everyone. Sierra would cry, cling to her dad, and take a long time before she was able to join the children and teachers in her group. Now, after a few months of this ritual, Sierra knows what to expect and transitions are much easier.

Coordinating routine care between home and program may sometimes be challenging. Staff attitudes and beliefs about how routines should be carried out may differ from what families believe and do. Here are some suggestions for engaging staff in resolving issues that arise around how/when routine care happens:

- Use team meetings, staff meetings, and reflective supervision sessions to engage in discussions about their personal views and how they are the same as or different from families' views. Suggest strategies for balancing what families want with program policies, local and state licensing regulations, and Head Start Program Performance Standards.
- Share resources such as *Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five*[18] with staff. Use the reflective questions/activities at the end of each principle as starting points for discussions. (See, e.g., Principle 8: Multicultural programming for children enables children to develop an awareness of, respect for, and appreciation for individual differences. This section highlights the role of routines in transmitting culture.[19])

See Appendix A for Head Start Program Performance Standards that support individualizing routines.

The Daily Schedule

The daily schedule orders the events that take place each day. It outlines how the daily events are expected to flow, the order in which they happen, and for how long (although not necessarily the exact times).[20] Schedules are important because they

- provide consistency and predictability, which help infants and toddlers develop a sense of trust and security;
- give teachers, family child care providers, and home visitors a framework for planning and making good use of time spent with children; and
- provide a link between home and school, and reassure families, especially those whose children are in group care, about what their children are doing during the day.[21]

While consistency and predictability are important characteristics of schedules, flexibility is just as important. This means that schedules can be modified in the moment to meet individual children's needs or group needs, take advantage of "teachable moments," and maintain a consistent and an unhurried pace. Schedules can also be modified in the long term as children's needs and abilities change over time.

Other characteristics of schedules, in particular for group care settings, include:

- major events occurring in the same order every day;
- sufficient time for routine care and transitions from one event to the next;
- balance between active and quiet times;
- opportunities to be alone, with a familiar adult, and with small groups of children; and
- opportunities to spend time outdoors.[22]

[18] *EHS NRC,* Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five *(Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2010).*

[19] *Ibid., 57-60.*

[20] *Koralek et al.,* Caring for Infants and Toddlers, *115.*

[21] *Ibid., 116.*

[22] *Ibid.*

Julia, a MSHS family child care provider, starts her program day at 6:00 a.m. when four-month-old Danilo's parents drop him off on their way to work in a nearby orange grove. By 7:00 a.m., another migrant farmworker family has brought their twin three-year-olds, Marisol and Miguel, and a third family has brought Yessenia, who is almost two years old. Julia, a former migrant farmworker herself, knows how unpredictable her families' lives can be as they move from place to place looking for citrus-picking work. So Julia makes sure to follow a consistent and predictable schedule for her children—breakfast, indoor play, snack, outdoor play, nap, snack, indoor play, outdoor play, and departure.

However, each child's routine is a little different within that schedule. Danilo takes several naps during the day and has feedings on demand. Yessenia is just giving up her morning nap but tends to fall asleep before the "scheduled nap time." Julia adjusts to Yessenia's early nap by saving her lunch until she wakes up, usually an hour earlier than the twins. Julia knows these slight adjustments are important and help each child to feel secure and valued.

Infants, like Danilo, follow individualized schedules for sleeping, eating, diapering, and playing. A one-size-fits-all schedule would not be appropriate for them. This means that teachers and family child care providers will likely have as many schedules as they have infants. For example, at any given time, one infant may be napping, another getting her bottle, and a third playing with a soft block on the floor.[23] Families are primary sources of information about when their children eat, nap, are most active, and so on; in culturally consistent care, the timing of these caregiving routines and awake times for play in a group care setting should match as closely as possible to when they occur at home. Cultural continuity, particularly for young children, allows for uninterrupted development of children's self-identity.

Managing these individual schedules requires some planning. Knowledge about individual children can help staff predict when each child may get tired, get hungry, or need a diaper change; in turn, staff can take steps to prepare, such as get diapering supplies or cots out in advance or coordinate care responsibilities with another adult. Work with teachers and family child care providers to determine how best to manage children's individual schedules within a group care setting.

Schedules for toddlers in group care may be more consistent and group oriented. For example, toddlers may eat meals together, go outside together, take naps at the same time, and come together for short times in small groups for stories, music, and movement experiences. Teachers and family child care providers may create simple visual schedules with photos or drawings that show the daily events and when they occur to help children understand what happens and when. However, toddlers, like Yessenia, still have individual timetables for routine care as well as times when they need to be away from the group or one-on-one with a familiar, trusted adult. Honoring toddlers' individual schedules and home culture is as important as honoring infants' schedules and home culture. Family input continues to play a central role.

[23] *ZERO TO THREE,* Caring for Infants and Toddlers in Groups, *35.*

Schedules are just as important in home-based programs. Here, the focus is on the infant's or toddler's daily schedule within the larger context of his family's life. Because the goal of home-based services is to support parent and family/child relationships, home visitors can talk with families about the relationship-building aspects of routines and other daily events, the value of creating and following a schedule for their child, how changing a schedule might affect their child, and other schedule-related topics. Home visitors can model creating and following a schedule by developing one with the family to use during the weekly home visits. Starting and ending the home visit in the same way and following the same order of experiences during the home visits provide predictability and a sense of security that meets the individual needs of each child and family.

One important aspect of the daily schedule is **transitions**. Infants and toddlers experience many transitions (changes) during the day, for example, between routines and experiences, arrivals and departures, and going outside to play and coming back in. Home visits include transitions, too! Each child experiences and handles transitions differently; change is harder for some children than for others, so transitions can be some of the most challenging times of the day. Infants and toddlers rely on adults to provide a sense of safety and continuity as they experience change; individualizing transitions is one way to provide the stability infants and toddlers need. Read *News You Can Use: Transitions* for more information and suggestions for individualizing transitions.[24]

See Appendix A for Head Start Program Performance Standards that support individualizing schedules.

Experiences

Research shows that "much of how infants and toddlers learn best comes not from specific adult-directed lessons but from [adults] knowing how to maximize opportunities for each child to use natural learning inclinations."[25] These opportunities, or **experiences**, can be set up in a planned, purposeful way, or occur in the moment as adults follow children's leads and take advantage of "teachable moments." Experiences for infants and toddlers in classrooms, family child care homes, families' homes, and during socializations share some common elements:

- They focus on the way children relate to materials, adults, and each other.
- They are based on the developmental level, interests, and needs of each child (or individual child goals, including goals from the IFSP) and input from families which help ensure that the experiences are culturally relevant and age appropriate.
- They support children's development and learning in the five essential domains represented in the program's school readiness goals.

There are many types of experiences, both indoors and outdoors, that staff can offer infants and toddlers. Teachers, family child care providers, and home visitors may call these by different names, but experiences are typically organized around

- stories and books;
- playing with toys and gross motor equipment;
- creative arts such as music, movement, and exploring art materials;
- imitating and pretending;
- sensory exploration (e.g., sand, water, tasting and preparing food); and
- outdoor play and exploration.

[24] *EHS NRC,* News You Can Use: Transitions *(Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2011).*

[25] *Lally, "Infants Have Their Own Curriculum."*

Staff may offer one-on-one experiences for individual children. They may also offer one experience for a small group of children and provide individualized attention and support during the experience.

> *Julia, seated in a large comfy chair, has just finished giving Danilo his bottle when she hears Yessenia stirring from her early nap. Yessenia gets off her mat and crawls into Julia's lap with Danilo. Julia reaches for a Spanish-language board book that is one of Yessenia's favorites and asks," ¿Yessenia, quieres leer un libro?" Yessenia nods. Julia begins reading aloud in a calm voice. As she reads, she holds Danilo close and shifts her position whenever he grows restless. She looks and smiles at Danilo. Julia also encourages Yessenia to turn the pages, asks simple questions about the pictures, responds to and repeats Danilo's sounds and Yessenia's sounds and words, and shares her delight by smiling and laughing when Yessenia laughs.*

In this vignette, Julia tailors her responses to each child as she reads. For Danilo, the book reading experience provides cuddling and "face time" in the arm of a trusted adult (which support relationship building and attachment); the opportunity to hear the sounds of spoken language; and exposure to an object called "el libro" (which support language and literacy development). At the same time, the book reading experience for Yessenia supports relationship building, language and literacy development, and fine motor skill development. The key to successful experiences, whether planned or spontaneous, one-on-one or with a small group of children, is having a deep understanding and knowledge of each child and family. This knowledge helps make the experience meaningful and relevant to the child's development and learning, and it comes from ongoing observations, assessment, and engaging with families.

Planning and carrying out appropriate experiences for infants and toddlers can sometimes be challenging for staff. Even when experiences are based on a child's interests, abilities, and needs, the child may not respond as expected. Staff may be unsure of what to do when this happens. Explain to staff that planning experiences means "planning for possibilities." This idea is central to balancing planning with flexibility. Plans are useful because they help staff stay organized and focused. However, infants and toddlers are unpredictable, so encourage staff to modify the experience or even abandon it and try it at a different time or on a different day. Remind staff that it is more important to follow a child's lead than to stick to the planned experience!

Also, staff want to offer experiences they believe will support an infant's or toddler's development and learning; however, the child's family may not be comfortable with the experiences because of their beliefs, values, and life situations. "Messy" experiences, such as painting and playing with water or sand, and going outside, especially if it is windy or cold, are examples of experiences to which families may object. (Note that some staff may object to offering these experiences as well and for similar reasons!) Consider using the same strategies and the multicultural resource offered in the Routines section to engage staff in conversations about negotiating differences of opinion regarding experiences.

See Appendix A for Head Start Program Performance Standards that support individualizing experiences.

Environment

Individualizing the environment includes both physical and social aspects. The social aspects—in particular interactions (responsive relationships) between infants, toddlers, and adults—are addressed in the earlier text; this section focuses on physical aspects. However, the physical environment affects the way children and adults feel and behave; it is important for teachers, home visitors, and family child care providers to keep that connection in mind as they seek to create or modify environments that respond to each child's needs.

Staff may offer one-on-one experiences for individual children. They may also offer one experience for a small group of children and provide individualized attention and support during the experience.

Here is an example from a home-based setting:

This is Maria's third visit to the Naya family's apartment. They have a one-year-old boy named Sunil. Maria brings in materials each week for Sunil to explore, but on this visit, she decides to focus more on motor development as she observes Sunil pulling up on the glass coffee table. Each time he pulls himself up, Sheela, Sunil's mom, says, "No Sunil, you can't stand there, it's not safe for you," and gently moves him away.

Maria has noticed three small hassocks that are against the wall in the living room. She says to Sheela, "I'm wondering if it would be OK to use those hassocks today to set up an area that will support Sunil's need to cruise from place to place." With Sheela's consent, Maria moves the hassocks into the middle of the room and strategically places them just far enough apart so Sunil will have to take a step or two to reach the next one. As Sunil pulls up on one of the hassocks and pats the top, Maria encourages Sheela to move to the next hassock and call to him. Sheela says, "Sunil, look where Ma is," and pats the next hassock. Sunil tries to reach the hassock by stretching his arm toward the surface but can't quite get there. He stops, looks at his mom, then carefully moves around the hassock he is holding onto and gets as close to the next hassock as possible. Still unable to reach, Sunil lets go of his hassock, balances, and then takes two small steps and reaches the second hassock. Sheela smiles and exclaims, "You did it, Sunil, you walked!" Sunil opens his eyes wide, looks at his mom, and squeals in delight.

Indoor and outdoor environments where infants and toddlers live, play, and learn are not static. Responsive adults change them over time as children develop and their interests and needs change. **How environments change**—for example, arrangement of the physical space (like in the vignette about Sunil); the toys, materials, and equipment that are available and how they are displayed; the reflection of each child's and family's life, home culture, and home language(s) in group care settings—**and how often the environment changes depend on the individual children in those environments**. Health and safety practices are always considerations, regardless of setting. But, it is important to balance these practices with opportunities for each infant and toddler to move and explore as freely as possible without unnecessary restrictions. Review *News You Can Use: Environment as Curriculum,*[26] *News You Can Use: Learning At Home and Homelike Environments,*[27] and *Tip Sheet No. 32: What Types of Play Materials Can be Used From the Home to Create Purposeful Learning Experiences for Infants or Toddlers During a Home Visit?*[28] for more information and ideas about how environments can be individualized.

See Appendix A for Head Start Program Performance Standards that support individualizing environments.

[26] *ESH NRC,* News You Can Use: Environment as Curriculum *(Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2010).*

[27] *EHS NRC,* News You Can Use: Learning at Home and Homelike Environments *(Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2011).*

[28] *EHS NRC,* What Types of Play Materials Can Be Used From the Home to Create Purposeful Learning Experiences for Infants or Toddlers During a Home Visit? *Tip Sheet No. 32 (Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2009).*

REGULATIONS, STRUCTURES, AND PRACTICES THAT EFFECTIVELY SUPPORT INDIVIDUALIZED CARE

For teachers, home visitors, and family child care providers to do the kind of work that results in thoughtful, intentional, and effective individualization, consider the following regulations, structures, and practices. Think about which ones are currently implemented in your program, how they are implemented and supported, and how they affect staff's ability to individualize care.

Small Group Size

In classrooms and family child care homes, small group sizes allow adults, infants, and toddlers the time and space to get to know each other well. In these intimate settings, adults are better able to observe children—to learn their cues, discover their interests, and determine where they are on their developmental journeys. Small group sizes also ensure "safety, close relationships with adults, and a level of noise, activity, and social stimulation that each child can handle"[29] (in other words, that suit the different temperaments of infants and toddlers). For these reasons, limiting group size in home-based socialization experiences (i.e., how many infants, toddlers, and adults attend a socialization group) can also be useful. Smaller groups of infants, toddlers, and families give home visitors and other home-based program staff more time to observe families interacting with their children and provide individualized coaching, modeling, and other types of support.

See Appendix A for Head Start Program Performance Standards that define group size in center-based programs and family child care.

Low Ratios of Teachers/Family Child Care Providers to Children and Low Ratio of Caseloads to Home Visitors

Adult:child ratios are closely related to small group sizes. Child care research studies show that low adult:child ratios and small group sizes "are consistently correlated with more frequent, more playful, and warmer interactions between adults and children, more positive interactions between children, better overall environments for learning, and better outcomes for children."[30]

See Appendix A for Head Start Program Performance Standards that address ratios in center-based care, family child care homes, and home visitor caseloads. Note that small caseloads enable home visitors to focus attention and services and individualize home visit planning for each child (and family).[31]

[29] *ZERO TO THREE,* Caring for Infants & Toddlers in Groups, *41.*

[30] *Ibid., 41.*

[31] *EHS NRC,* What Is the Maximum Number of EHS Children for a Home Visitor's Caseload, *Tip Sheet No. 31 (Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2009).*

Primary Caregiving

Primary caregiving is a relationship-based practice and is the process of assigning each child (and family) to a teacher who will serve as the primary source of information and care for the child.[32] In EHS and MSHS, each teacher has four children (or fewer, if state licensing is stricter). Such assignments, particularly in center-based programs, enable teachers to develop deep relationships with infants, toddlers, and their families and offer opportunities to provide tailored care and interactions during daily routines and experiences. This focused care by a familiar adult provides infants and toddlers with a sense of predictability and security that comes with knowing each child's unique needs and preferences. Primary caregiving does not mean that teachers care only for their small group of children to the exclusion of the other children in the group. Rather, it means that each teacher, to the extent possible and practical in a group care situation, cares for and responds to his or her children's needs (especially caregiving routines).[33] However, teachers also work as a team and rely on each other as backup when they are not able to work directly with their particular children. Of equal importance, parents and other family members know who has primary responsibility for their child; this strengthens the parent-teacher relationship and communication between home and the program.[34] Primary caregiving also means that "decisions about grouping, staffing, transitions, and scheduling are made with sensitivity to each child's needs for stable, growing relationships with adults and peers."[35]

See Appendix A for Head Start Program Performance Standards that address primary caregiving.

Continuity of Care

According to Tip Sheet No. 21,[36] continuity of care refers to assigning a primary caregiver to an infant or toddler at the time the child is enrolled in the program and continuing that relationship until the child is three years old or leaves the program. Combined with small groups and primary caregiving, continuity of care provides the extended time and intimacy infants and toddlers need to form close relationships with the adults who care for them. In turn, these close relationships with infants and toddlers facilitate individualized planning and care. Note that the family child care option provides an ideal setting for continuity of care; infants and toddlers often stay with the same provider until kindergarten and may come back for before- and afterschool care once they enter elementary school.[37]

Refer to the Tip Sheet for more information about continuity of care, possible approaches, and additional reasons for implementing it within a program. Some programs may not be able to fully implement a continuity of care approach because of licensing regulations, maintaining full enrollment, or other issues. However, leadership staff can still determine ways to minimize the number of transitions an infant or toddler needs to make and ways to enhance the quality of those transitions so that adult-child relationships and cultural continuity stay front and center.

See Appendix A for Head Start Program Performance Standards that address continuity of care.

[32] *EHS NRC,* What Do We Mean by Continuity of Care in Out-of-Home Care Settings, *Tip Sheet No. 21 (Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2004).*

[33] *NITCCI,* Relationships: The Heart of Development and Learning *(Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Child Care, 2010), 32.*

[34] *Ibid.*

[35] *ZERO TO THREE,* Caring for Infants and Toddlers in Groups, *44.*

[36] *EHS NRC,* Continuity of Care in Out-of-Home Settings.

[37] *ZERO TO THREE,* Caring for Infants and Toddlers in Groups, *44.*

Developing and Strengthening Staff Competence in Individualizing Care

To effectively individualize care for infants and toddlers, staff require

- knowledge of child development and the typical sequence of development in the five essential domains;
- a firm understanding of attachment theory and belief in the significance of supporting infant attachment;
- a deep understanding of each child, gained through observation, ongoing assessment, and ongoing, engaged, reciprocal dialogue with children's families;
- cultural sensitivity;
- a high degree of self-awareness; and
- knowledge of strategies for individualizing care.

Individualizing care also requires time, effort, and practice. Infants and toddlers benefit when teachers, home visitors, and family child care providers receive

- planned professional development opportunities that focus on topics such as
  - infant and toddler development;
  - the foundations of school readiness;
  - the importance of adult/child relationships and attachment;
  - observation, ongoing child assessment, and using assessment information to individualize;
  - responsive care practices and how individual characteristics such as the child's age, abilities, needs, interests, temperament, home language, and family culture may impact responsive care;
  - creating and maintaining appropriate environments;
  - supporting infants and toddlers with disabilities (inclusion);
  - engaging with families to support children's development and learning;
  - cultural awareness and sensitivity;
  - primary caregiving;
  - continuity of care;
- ongoing mentoring, coaching, and reflective supervision; and
- regularly scheduled/dedicated time and space for reflecting, planning, and communicating with families.

See Appendix A for Head Start Program Performance Standards that relate to and support staff development. In addition, see Appendix B for questions about individualizing care to use as discussion starters with staff and other program managers.

CONCLUSION

Effective individualization leads to positive outcomes for infants, toddlers, and their families when teachers, home visitors, and family child care providers understand and embrace the "why" and "what" of individualization—and program structures and practices are in place to support them in planning for and providing individualized care. Just as no two children are like, no two EHS or MSHS programs are alike. How individualization is promoted and carried out will differ from program to program. But, when programs ensure high-quality individualized care, it can make all the difference for each child's current and future well-being and success in school and in life.

APPENDIX A - HEAD START PROGRAM PERFORMANCE STANDARDS

Standards that address **school readiness** include:

- 1307.3(b)(1)(i)-(iii) . . . A Head Start or Early Head Start agency shall be required to establish goals for improving the school readiness of children participating in its program in accordance with the requirements of section 641A(g)(2) of the Act and demonstrate that such goals:
  - Appropriately reflect the ages of children, birth to five, participating in the program;
  - Align with the Head Start Child Development and Early Learning Framework, State early learning guidelines, and the requirements and expectations of the schools, to the extent that they apply to the ages of children, birth to five, participating in the program and at a minimum address the domains of language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development;
  - [Are] established in consultation with the parents of children participating in program.
- 1307.3(b)(2)(ii) . . . 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.

Standards that support **individualizing interactions** and **continuity of care** include:

- 1304.21(a)(1)(i) . . . 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.
- 1304.21(b)(1)(i)-(ii) 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.

Standards that support **individualizing routines** include:

- 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, and (c)(5) infants held while being fed and are not laid down to sleep with a bottle;
- 1304.21(a)(1)(v) 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, and (3)(ii) planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child's needs.

Standards that support **individualizing schedules** include:

- 1304.20(a)(1)(iv) Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities, and (a)(3)(ii) planning for routines and transitions so that they occur in a timely, predictable, and unrushed manner according to each child's needs

Standards that support **individualizing experience**s include:

- 1304.21(a)(4)(i), (ii), and (iv) 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, and dialogue; 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.

Standards that support **individualizing environments** include:

- 1304.53 (a)(1)(2)(3)
  - Grantee and delegate agencies must provide a physical environment and facilities conducive to learning and reflective of the different stages of development of each child;
  - Grantee and delegate agencies must provide appropriate space for the conduct of all program activities (see 45 CFR 1308.4 for specific access requirements for children with disabilities);
  - (3) The center space provided by grantee and delegate agencies must be organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions.
- 1304.53(b)(1)(i)-(vii), (2), (3) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, etc. . . must be:
  - Supportive of the specific educational objectives of the local program;
  - Supportive of the cultural and ethnic backgrounds of the children;
  - Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities;
  - Accessible, attractive, and inviting to children;
  - Designed to provide a variety of learning experiences

and to encourage each child to experiment and explore;

– Safe, durable, and kept in good condition; and

– Stored in a safe and orderly fashion when not in use.

– Infant and toddler toys must be made of non-toxic materials and must be sanitized regularly.

– To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.

Head Start Program Performance Standards that define **group size** in center-based programs and family child care and address **staff:child ratios** and **home visitor:family caseloads** include:

- 1304.52(g)(4) Grantee and delegate agencies must ensure that each teacher working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in any one group. However, if State, Tribal, or other local regulations specify staff:child ratios and group sizes more stringent than this requirement, the State, Tribal, or local regulations must apply.
- 1306.20(g) Grantee and delegate agencies offering the family child care program option must ensure that in each family child care home where Head Start children are enrolled, the group size does not exceed the limits specified in this paragraph. Whenever present, not at school or with another care provider, the family child care provider's own children under the age of six years must be included in the count.
  - One family child care provider: maximum group size is six children; no more than two of the children may be under two years of age.
  - One family child care provider: may care for up to four infants and toddlers; no more than two of the four children may be under 18 months old.
  - One family child care provider and one assistant: maximum group size is 12 children; no more than four of the children may be under two years of age.
  - Additional assistance or smaller group size may be necessary when serving children with special needs who require additional care.
- 1306.33(a)(5) Grantees implementing a home-based program option must maintain an average caseload of 10-12 families per home visitor with a maximum of 12 families for any individual.

There are no standards for group size in home-based socialization experiences.

Standards that support **primary caregiving** include:

- 1304.52(g)(4) Grantee and delegate agencies must ensure that each teacher working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in any one group.

Standards that **relate to and support staff development** include:

- 1304.20(b) Screening for developmental, sensory, and behavioral concerns; (d) ongoing care; (f)(1) using information from screenings, ongoing observations, medical and dental evaluations/treatments, and insights from parents to determine how best to respond to each child's individual characteristics, strengths, and needs; and (2)(i)-(iii) individualization of the program for infants and toddlers with disabilities;
- 1304.21(a) Child development and education approach for all children and (b) child development education approach for infants and toddlers, including involvement of parents in their child's development and education;
- 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; and (c)(5) infants held while being fed and are not laid down to sleep with a bottle;
- 1304.24(a)(1)-(3) mental health services
- 1304.52(e) and (f) and (l)(2)-(3) and (5) Staff qualifications, training, and staff development to increase knowledge and skills including infant and toddler development; principles of child health, safety, and nutrition; methods of effective communication with infants, toddlers, and their families; implementing curriculum; working with children with disabilities; and methods for planning successful child and family transitions to and from Early Head Start;
- 1307.3(b)(2)(ii) Analyzing individual ongoing child assessment data (in combination with input from parents and families) to individualize experiences, instructional strategies, and services to best support each child.

APPENDIX B - QUESTIONS/SUGGESTIONS FOR REFLECTION

Although this resource is developed primarily for program leaders who directly support teachers, home visitors, and family child care providers, you may also want to share some of its ideas and information. One way to do that is to engage in discussions with staff about their understanding of individualizing care for infants, toddlers, and families as well as their individualized care practices. Use the following questions as discussion starters and add questions that relate to your particular program. Share resources such as *News You Can Use* (written for staff who work directly with children and families) as part of the discussions.

- What does the word **individualization** mean to you? What does it mean to "individualize care" for infants and toddlers?
- Why do you think individualizing care is important for infants, toddlers, and families? How might individualizing care relate to and support school readiness for infants and toddlers?
- In what ways do you individualize care for each infant, toddler, and family, including children with disabilities or other special needs? Share some specific examples (e.g., curriculum, interactions, routines, daily schedule, experiences, and the physical environment). How do you decide what, how, and when to individualize?

  (NOTE: You might also provide the vignettes for interactions, routines, daily schedule, experiences, and environment for staff to read first. Then, ask them to describe how each vignette represents an example of individualizing as a lead-in to asking them how they individualize care in their daily practice.)
- How do each family's culture, beliefs, values, and life circumstances affect how you individualize care? What role do you think your culture, beliefs, values, and life circumstances play? How much are you aware of your own cultural identity? What about your professional knowledge and expertise?
- How do you talk with families about partnership? What do you think families want to know about you to feel they can trust you?
- What successes do you experience in providing individualized care? What challenges or barriers (if any) do you experience? What supports would lessen or eliminate the challenges or barriers (e.g., reading books and articles, watching videos, listening to or watching podcasts, watching someone model individualized care practices, coaching, more planning time or professional development opportunities)?

How staff answer these and other related questions can provide you with useful information for how best to support each staff person.

In addition to engaging in discussions with staff, it is also important for program leaders to assess and discuss with each other how well program structures and practices enable staff to provide individualized care. The Early Head Start Tip Sheets referenced in the body of this resource as well as in the References and Additional Resources section contain questions for consideration; these can be used to stimulate reflection and conversation. You may also consider questions such as:

- How do we articulate the connection between individualized care and school readiness for infants and toddlers? How do we communicate this connection to staff? To families?
- How well does our curriculum (or curricula if more than one is used) support and facilitate individualized care? Do staff implement the curriculum in an individualized manner? How do we know?
- How do we actively engage families in the practice of individualizing care? What strategies, structures, policies, and practices do we use or have in place?
- How does our program address cultural awareness and sensitivity in relation to providing individualized care?
- How do our structures and policies regarding group size, staff:child ratio and/or home visitor caseload, continuity of care, planning time, reflective supervision, and professional development affect staff's ability to individualize care? How do we know?
- What do we need as program leaders to deepen our understanding of providing individualized care so that we, in turn, can effectively support staff in doing this important work?

BIBLIOGRAPHY AND SELECTED RESOURCES

This section contains a bibliography of resources cited in this document as well as additional selected resources that relate to curriculum, interactions, routines, experiences, environment, and program structures and practices.

Bibliography

Center for Early Childhood Mental Health Consultation. *Introduction to Temperament*. Washington, DC: Author, n.d. Accessed March 5, 2013, from http://www.ecmhc.org/temperament/02-introduction.html.

Early Head Start National Resource Center. *What Do We Mean by Continuity of Care in Out-of-Home Care Settings?* Tip Sheet No. 21. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Administration of Children, Youth and Families/Head Start Bureau, 2004. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/caregiving/What%20Do%20We%20Mean%20by%20Continuity%20of%20Care%20in%20Out-Of-Home%20Settings.htm.

— *How Do You Know If Infants or Toddlers With Challenging Behavior Need an Individualized Support Plan? What is the Process of Developing a Plan? What If It Doesn't Work?* Tip Sheet No. 37. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2009. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/behaviors/EHSTipSheetNo.htm.

— *What Are Challenging Behaviors When Working With Infants and Toddlers?* Tip Sheet No. 36. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2009. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/behaviors/Whatarechallen.htm.

— *What Is the Maximum Number of EHS Children for a Home Visitor's Caseload?* Tip Sheet No. 31. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2009. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/supervision/management/TipSheet31.htm.

— *What Types of Play Materials Can Be Used From the Home to Create Purposeful Learning Experiences for Infants or Toddlers During a Home Visit?* Tip Sheet No. 32. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2009. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/TipSheet32.htm.

— *News You Can Use: Environment as Curriculum*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2010. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/DevelopmentallyA.htm.

— *Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2010. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/Dual%20Language%20Learners/ecd/culture_and_diversity/manage_pub_00602a1_092305.html.

— *News You Can Use: Developmentally Appropriate Practice*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/DevelopmentallyA.htm.

— *News You Can Use: Learning at Home and Homelike Environments*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start. 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/DevelopmentallyA.htm.

— *News You Can Use: Transitions*. Washington, DC: Department of Health and Human Services/

Administration for Children and Families/ Office of Head Start, 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/design-planning/program-planning/NewsYouCanUse.htm.

— *School Readiness Action Steps for Infants and Toddlers*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2012. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/SchoolReadiness.htm.

— *School Readiness Goals for Infant and Toddlers in Head Start and Early Head Start Programs: Examples from the Early Head Start National Resource Center*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2012. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/school-readiness-goals-infants-toddlers.pdf.

Gillespie, Linda, and Sandra Petersen. "Rituals and Routines: Supporting Infants and Toddlers and Their Families." *Young Children* (September 2012): 76-77. http://www.naeyc.org/yc/files/yc/file/201209/Rock-n-Roll_YC0912.pdf.

Koralek, Derry, Amy Laura Dombro, and Diane Trister Dodge. *Caring for Infants & Toddlers*, 2nd edition. Washington, DC: Teaching Strategies, Inc., 2005.

Lally, J. Ronald. "Infants Have Their Own Curriculum: A Responsive Approach to Curriculum Planning for Infants and Toddlers." *Curriculum in Head Start*. Head Start Bulletin No. 67. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Administration for Children, Youth and Families/Head Start Bureau, 2000. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/edudev_art_00032_071005.html.

National Infant & Toddler Child Care Initiative. *Infant/Toddler Curriculum and Individualization*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Child Care, 2010. Accessed March 5, 2013, from http://www.zerotothree.org/public-policy/state-community-policy/nitcci/multidisciplinary-consultant-module-3.pdf.

— *Infant/Toddler Relationships: The Heart of Development and Learning*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Child Care, 2010. Accessed March 5, 2013, from http://www.zerotothree.org/public-policy/state-community-policy/nitcci/multidisciplinary-consultant-module-1.pdf.

Petersen, Sandra H., and Donna S. Wittmer. *Endless Opportunities for Infant and Toddler Curriculum: A Relationship-Based Approach*. Upper Saddle River, NJ: Pearson Education, Inc., 2009.

ZERO TO THREE. *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice*, 2nd edition. Washington, DC: ZERO TO THREE, 2008.

SELECTED RESOURCES

Curriculum

Early Head Start National Resource Center. *How Can an EHS Program Have a Written Curriculum With Lesson Plans and Still Follow the Baby's Lead as He/She Creates His/Her Own Curriculum? Tip Sheet No. 10* (Revised). Washington, DC: Department of Health and Human Services/Administration for Children and Families/Administration for Children, Youth and Families/Head Start Bureau, 2003. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/intodd_fts_00010_070805.html.

Interactions

Early Head Start National Resource Center. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start.

- *First Connections: Attachment and Its Lasting Importance* [Audioconference]. 2011. https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/multimedia/audio-casts/FirstConnections.htm.
- *Relaciones afectivas: la clave para el desarrollo y aprendizaje future* [Podcast]. 2012. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/multimedia/podcasts/Relacionesafecti.htm.

- *Through the Eyes of a Baby: Developing Responsible, Respectful Relationships with Infants & Toddlers* [Webinar]. 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/multimedia/webinars/ThroughtheEyes.htm.

Derman-Sparks, Louise. "Developing Culturally Responsive Caregiving Practices." *In Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care*, edited by Peter L. Mangione, 40-64. Sacramento, CA: California Department of Education and WestEd, 1995.

Routines

Early Head Start National Resource Center. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start.

- *News You Can Use: The Culture of Sleep and Child Care*. March 2010. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/nycu/NewsYouCanUse.htm#NYCU-200907.
- *Let's Talk About Routines* [Caring Connection Podcast Series]. 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/multimedia/podcasts/caringconnections.html.

Gonzalez-Mena, Janet. "Cultural Sensitivity in Routine Caregiving Tasks." In *Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care*, edited by Peter L. Mangione, 12-20. Sacramento, CA: California Department of Education and WestEd, 1995.

Experiences

Early Head Start National Resource Center. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start.

- *Following the Baby's Lead; Let's Talk About Movement; Let's Talk About Music* [Caring Connections Podcast Series]. 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/multimedia/podcasts/caringconnections.html.
- *News You Can Use*

  – *Music*, Part 1. May 2012.

  – *Music*, Part 2. July 2012.

  – *Play*. March 2010.

  – *Supporting Early Math Learning for Infants and Toddlers*. October 2012.

  – *Take it Outside*. January 2012.

  http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/nycu/NewsYouCanUse.htm#NYCU-200907.

Mistry, Jayanthi. "Culture and Learning in Infancy." In *Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care*, edited by Peter L. Mangione, 21-28. Sacramento, CA: California Department of Education and WestEd, 1995.

Environment

Early Head Start National Resource Center. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start.

- *How Do You Create an Effective Environment for Infant/Toddler Socializations in an Early Head Start Home-Based Program? Tip Sheet No. 26*. 2006. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/program-options/home-based/How%20Do%20You%20Create%20an%20Effective%20Environment%20of%20InfantToddler%20Socializations%20in%20an%20Early%20Head%20Start%20Home-Based%20Program.htm.
- *Let's Talk About Environment* [Caring Connection Podcast Series]. 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/multimedia/podcasts/caringconnections.html.
- *News You Can Use: Outdoor Spaces*. March 2012. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/nycu/NewsYouCanUse.htm#NYCU-200907.

Derman-Sparks, Louise. "Creating an Inclusive, Nonstereotypical Environment for Infants and Toddlers." In *Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care*, edited by Peter L. Mangione, 65-69. Sacramento, CA: California Department of Education and WestEd, 1995.

Program Structures and Practices

Early Head Start National Resource Center. Washington, DC: Department of Health and Human Services/ Administration for Children and Families/Administration for Children, Youth and Families/Head Start Bureau.

- *Early Head Start Program Strategies: Transition Strategies: Continuity and Change in the Lives of Infants and Toddlers*. 2004. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/supervision/professional-development/disabl_rep_00002pdf_091605.html.
- *How Does an Early Head Start Program Establish an Effective System for Infant Toddler Staff Development? Tip Sheet No. 13.* 2003. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/supervision/management/edudev_fts_00003_061305.html.

Early Head Start National Resource Center. Washington, DC: Department of Health and Human Services/ Administration for Children and Families/Office of Head Start.

- *EHSNRC Building Blocks: The Essentials of Early Head Start Webcast Series*. 2007. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/design-planning/ehs-101/EHSNRCBuildin.htm.
- *News You Can Use: A Circle of Support for Infants and Toddlers-Reflective Parenting Practices and Strategies in Early Head Start*. 2010. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/nycu/NewsYouCanUse.htm#NYCU-200907.
- *Reflective Supervision: A Tool for Relationship-Based EHS Services. Technical Assistance Paper No. 13*. 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/supervision/supervision/AToolforRelati.htm.
- *Reflective Supervision: Setting a Foundation for Reflective Practice in Your Program* [Audioconference]. 2011. https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/multimedia/audio-casts/ReflectiveSuperv.htm.
- *Sharing Knowledge with Infant-Toddler Teachers and Home Visitors Series*. 2008. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/early-learning/curriculum/SharingKnowledge.htm

Center for Early Childhood Mental Health Consultation. *Infant Toddler Temperament Tool* (IT3). Washington, DC: Georgetown University Center for Child and Human Development. Accessed March 5, 2013, http://www.ecmhc.org/temperament/index.html.

Derman-Sparks, Louise. "Culture: A Process That Empowers." In *Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care*, edited by Peter L. Mangione, 2-10. Sacramento, CA: California Department of Education and WestEd, 1995.

Phillips, Carol Brunson. "Supporting Staff Relationships in a Culturally Responsive Program." In *Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care*, edited by Peter L. Mangione, 70-75. Sacramento, CA: California Department of Education and WestEd, 1995.

The Hilton/Early Head Start Training Program. *SpecialQuest Multimedia Training Library. Early Childhood Inclusion Training Resources. Including Infants and Toddlers with Disabilities*. Washington, DC: Department of Health and Human Services/Administration for Children and Families/Office of Head Start, 2010. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/Disabilities/Staff%20Support%20and%20Supervision/Orientation/specialquest-training-library/training-library.html.

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