



**Guiding Young Children's Behavior by
Supporting Social and Emotional Development**

| | | | |
|---|-----------|--|-----------|
| Introduction | 1 | Family and Community Relations | 51 |
| Part 1 Overview | | Theory Into Practice (TIPs) | |
| Why Focus on Social and Emotional Development? | 4 | • Family Partnerships | 55 |
| General Purpose and Document Organization | 5 | • Community Partnerships | 57 |
| Integrating All Areas of Knowledge and Skill to Respond to Challenging Behavior | 6 | Professional Development | 59 |
| A Decision Making Model | 7 | Theory Into Practice (TIPs) | |
| Acknowledgements | 8 | • Professional Development | 63 |
| Part 2 Content Areas: Competencies and Strategies | | Part 3 Valuable Extras | |
| Child Growth and Development | 11 | Flagging Possible Indicators of Disability or Development Delay | 69 |
| Theory Into Practice (TIPs) | | • Attention-Deficit/Hyperactivity Disorder | 70 |
| • Developmental Processes | 14 | • Autism/Pervasive Developmental Disorder | 71 |
| • Nurturing Relationships | 15 | • Blindness/Visual Impairment | 72 |
| • Appropriate Environments | 17 | • Deafness and Hearing Loss | 73 |
| Learning Environments and Experiences | 19 | • Intellectual Disability (Formerly Mental Retardation) | 74 |
| Theory Into Practice (TIPs) | | • Learning Disability | 75 |
| • Interactions and Relationships | 23 | • Sensory Processing Disorder | 76 |
| • Physical Environments | 27 | • Speech and Language Disorders | 77 |
| • Learning Experiences | 29 | Social-Emotional Milestones | 79 |
| Health, Safety and Nutrition | 33 | Alignment Table of Related Documents | 83 |
| Theory Into Practice (TIPs) | | Resources | 93 |
| • Health | 36 | • Social Emotional Foundations: The CSEFEL Pyramid | 94 |
| • Safety | 38 | • Reading and Internet Sources | 95 |
| • Nutrition | 41 | • Organizations | 97 |
| Child Observation and Assessment | 43 | • Ohio Contacts | 100 |
| Theory Into Practice (TIPs) | | | |
| • Foundations and Principles | 47 | | |
| • Gathering and Documenting | 48 | | |
| • Summarizing and Interpreting | 49 | | |
| • Sharing and Reporting | 50 | | |

For the Early Childhood Professional

More than Behavior Management

For those who work with young children on a daily basis, much of the time, effort and thought in a day is spent focused on children's behavior – encouraging helpful behavior, preventing and stopping harmful behavior and taking every opportunity to help children learn to “get along.”

But most professionals would also agree that their goals for children extend far beyond managing immediate behavior. We ultimately want children to grow up to be people whose everyday lives reflect:

- A healthy, accurate view of themselves and others.
- Emotional well-being.
- Social skills that enable them to relate in positive ways to many kinds of people in many different situations.

How is that goal achieved? How do we move from simply managing behavior to nurturing the development of social and emotional intelligence and skills that underlies behavior? And, if we focus more on the emotional and social needs and issues of children, will there be less difficult behavior to manage?



Your Knowledge and Skills Are Critical

This resource, *Guiding Young Children's Behavior by Supporting Social and Emotional Development*, is intended for those working with infants through young schoolagers in programs addressing the needs of the whole child. It was written with the belief that the knowledge and competency that caregivers and teachers possess are key determinants of children's health and well-being, particularly for the development of very young children's social and emotional intelligence and skills. Highly knowledgeable and skilled early childhood professionals are especially critical to the social and emotional well-being of at-risk young children with health, developmental or environmental factors that may contribute to patterns of challenging behavior. All children, however, benefit when they are cared for and guided by adults who understand and help meet each child's varying emotional and social needs.

It is our sincere hope that this resource will be useful in your own professional journey as you seek to nurture in each child the ability to confidently engage in the joys, challenges and interactions of daily life.

Born to Connect

Every one of us begins our journey toward becoming emotionally healthy and socially skilled people as soon as our senses are able to register the sound of our mother's voice in the womb. We seem to come equipped with a strong drive to connect with other people. Newborns are all ears (and noses, mouths, eyes and skin) as they take in information about those few important people whose voices and smells are familiar and who ease their hunger and discomfort. It is these earliest caregivers and the widening circle of caregivers as the child grows, who make the first, and deepest, impressions that will slowly but surely shape the way this growing person will come to understand herself and others.

“When E.B. White presented us with the world according to Charlotte, everything we wanted to know about friendship and loyalty was there for us to ponder in the Zuckerman barn. Yet, if we look closely, every classroom has its Charlotte, spinning ‘terrific’ over a classmate’s chair, and there is more than one Wilbur hoping for signs of love and belonging.”

– Vivian Paley, from In Mrs. Tully's Room

What Impressions Are You Making?

Early childhood professionals play a profound role in shaping children's emotional and social attitudes, understanding and skills. The question is not do we have an impact on these aspects of children's development but rather are we knowledgeable and intentional about the impact we make? Do we plan experiences and interactions that continually build each child's understanding and skill of his or her emotional and social world? And do we respond with knowledge and skill when a child's actions indicate that she still has a ways to go in mastering those worlds?

The Power of Early Relationships

The impact of early relationships on our development as emotional and social beings cannot be over-emphasized. And it should come as no surprise that those caregivers with whom children spend the most amount of time are the ones who have the greatest influence. With each interaction – each touch, each gaze, each word spoken or sung – we engage in a complex “conversation” where the adult and the child, by turns, lead and respond. Although each interaction may seem insignificant, each one builds on the last. It is the cumulative quality of these interactions over time that is the framework upon which the child will build:

- His view of and feelings about himself and others.
- His ability to recognize, understand, communicate and control his emotions.
- His recognition and understanding of the emotions, intentions and actions of others.
- His expectations of and skill in interacting with others in a wide variety of situations.
- His ability and willingness to follow, and eventually internalize, expectations for appropriate behavior within his family, school, community and society.

Guiding Principles

The information in this document is based on these assumptions:

- Supporting children's social and emotional development and behavior is related to every area of professional practice.
- Professional competence includes: intentional strategies to provide opportunities for all children to grow in their understanding of self and others; effective strategies to support individual children with particular challenges in social or emotional competence.
- Behavior is the primary “language” that children use to communicate their developmental challenges at any given time, particularly in the areas of emotional and social development; becoming proficient in interpreting that language is key to professional competence.
- Challenging behavior can be the result of a wide variety of factors, many of which will not be readily evident; effective professional practice requires caregivers to be skilled observers and problem-solvers.
- Interpreting children's behavior is a challenging and complex, but necessary, professional ability.
- The wise professional uses many tools to address situations of concern.
- Professionals and families must work together to identify:
 - Goals in each area of children's development, including social and emotional goals.
 - Strategies for addressing areas of concern.
 - A process for communicating progress at home and school.



Part 1

Overview

Overview

To Address the Needs of Children

It takes all of childhood (and then some!) for us to gain even the basics of the complex worlds of emotions and relationships. And we continue to grow in our understanding and mastery throughout our lives. Early childhood – from birth through age eight – is a foundational phase in that process. All children can benefit from the support and deep caring of an adult with knowledge and skill in children's social and emotional development. And some children won't reach their full potential without it.

To Address the Needs of Professionals

Professionals working in early childhood programs are encountering significant numbers of children who, for a wide variety of reasons, experience difficulty in getting along emotionally or socially unless they have extra support. No training topic is more frequently requested than dealing with challenging behavior, which is often the outward evidence that a child is frustrated with trying to do something that requires an emotional or social concept or skill that he's not yet mastered.

Most early childhood professionals are quite familiar with intentional strategies to support infants' and toddlers' achievement of physical and self-help milestones, such as walking and toileting, and strategies to support early literacy and math skills in the preschool and early elementary years. Intentional strategies to support the achievement of developmental milestones in emotional and social understanding and skills, however, are not as commonly known. It's only as professionals gain a deeper understanding of how children's emotional and social understanding and skills develop that they can then intentionally weave experiences throughout the child's day in which he can grow in understanding of his own and others' emotions and can practice new social strategies in the context of familiar activities and playmates.

To Acknowledge the Complexity of Development and Behavior

Many factors make social and emotional development a challenging area of professional knowledge and skill. It's often disruptive or unexpected behavior that offers the first clue that extra support is needed. The immediate goal is often to stop or change the behavior. But that is only the first step in the process of truly helping the child. A particular behavior can be the result of a wide variety of causes: some temporary, some permanent; some internal to the child, some stemming from the child's environment. Identifying that root cause and effectively dealing with it, as well as knowing how to prevent it in the first place when possible, requires the intentional, reflective skills of a knowledgeable professional.



"In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody's got to be crazy about that kid. That's number one. First, last and always."

– Urie Bronfenbrenner

Overview

A Field Guide for Early Childhood Professionals

This Early Childhood Core Knowledge & Competencies (EC-CKC) Social Emotional (SE) Field Guide was created for Ohio's early childhood professionals as a tool in understanding the important connections between children's behavior and their social and emotional development and in building daily practices that reflect that understanding. Within these pages are specific professional competencies to help you guide children's behavior in constructive ways and support their healthy social and emotional development. This resource also suggests strategies in every area of professional practice for applying theory- and research-based knowledge about the social and emotional foundations of behavior to everyday interactions and experiences with young children and their families.

A Companion Document

In the EC-CKC, professional skills are woven throughout the six content areas to help professionals support children in acquiring social and emotional concepts and skills. This was done to emphasize that children's challenging behavior should be understood and addressed holistically in all its complexity.

This SE Field Guide is a companion document that will take professionals a step further by:

- Highlighting the EC-CKC competencies related to children's social and emotional well-being, including challenging behavior.
- Identifying additional research-based knowledge to support effective practice.
- Suggesting specific strategies that professionals can use to encourage, guide and support children's emotional and social functioning.

A Tool for Skill Building

Building off of *Ohio's Early Childhood Core Knowledge & Competencies*, this Field Guide helps early childhood professionals gain more specific knowledge and skills in critical aspects of children's social and emotional development.

The Field Guide's goal is to increase each professional's ability to:

- Proactively support and guide the social and emotional development of each child in his care.
- Respond effectively to behavioral signs that a child is challenged in some way, with the end goal that she functions well on her own.

Document Organization

Part 1 | Overview – Background section with general information about children's social and emotional development and behavior, and the use of this SE Field Guide.

Part 2 | Content Areas – Competencies and Strategies

- Story: Illustrates the relevance of the area to real-life practice.
- Content Area Facets: Explains the aspects of professional practice covered.
- Behavior Links: Explains the connection between the content area and social and emotional well-being and behavior.
- Related Competencies from the EC-CKC: When specific competencies from the original Early Childhood Core Knowledge & Competencies address the social and emotional development of children's behavior, they are listed.
- Theory Into Practice (TIPs): Specific strategies for supporting and responding to young children's social and emotional needs that are built on what is known about early development, learning and behavior.

Part 3 | Valuable Extras – Resources to encourage further learning about supporting children's social and emotional growth.

Overview

When a child acts in a way that raises concerns, early childhood professionals understand that every area of their practice will be involved in the process of responding effectively. That's why this SE Field Guide is organized by the six Core Knowledge & Competencies areas. By identifying specific considerations within each content area that relate to children's social and emotional well-being, the professional can develop a well-rounded approach to the situation.

Challenging Behavior: Repeat Biting by a 2-Year-Old

Child Growth and Development



Biting could be the result of frustration in a situation that is challenging for him. Given his age, it may be that he can't find the words he needs quickly enough. What else might be going on developmentally?

Health, Safety and Nutrition



Biting could also be the result of being overly tired or hungry. It might be his way of communicating something he's feeling. What other physical needs should I consider?

Child Observation and Assessment



Collecting more information will help me see if there is a pattern. I should make sure I have an easy way to jot down notes... sticky pad/pen in my pocket?



Learning Environments and Experiences



If he's frustrated, a soothing, quiet place to calm down might help him learn to manage emotions better. Is there a place in the room that I could set up to serve that purpose?

Professional Development



Whatever the reason for his behavior, it's important to talk with the other parents and teachers about the situation in a professional, ethical way – and only as necessary. Do we have a program policy related to this?

Family and Community Relations



It's important that I talk with his family as soon as possible so that we can share information and talk about a plan for reducing the behavior. What are things I need to consider to make sure the conversation goes well? What other professionals in the community might be helpful?

Overview

Ensuring Effective Responses to Challenging Behavior Situations

Although there is no one “right” way for dealing with difficult behavior, many professionals have found this 8-step model very helpful. It is based on what we know and believe about young children. Remember to involve parents and other regular caregivers in each step of the process as problem-solving partners.

Model adapted from Marion, M. (2007). Guidance of Young Children. Columbus, OH: Merrill, with permission from the author.



Step 1: Focus Your Attention

Remember that the goal is to identify and solve a problem, to remove whatever barrier is keeping the child from functioning well in her environment. The goal is not to place blame or to simply stop the behavior. And the first step is to learn more through focusing your attention by observing more intentionally, taking notes, identifying patterns, and finding out the child's perspective and feelings to the degree possible.

Step 2: Factor in Development

Ask yourself how the child's age or developmental abilities might be influencing his behavior in the situations in which he is most likely to show inappropriate behavior.

Step 3: Consider Context

Observe what's going on in the context of the behavior – time of day, area of the room, certain children, certain situations. Write down any patterns that you notice. Also examine the contribution of the child's family or caregiving system on this behavior, not to place blame but to get a more complete picture of the role that family (expectations, values, culture, etc.) may play in the occurrence of the behavior problem and in its solution.

Step 4: Identify Problem Ownership

Clearly identify the problem and who “owns” it. Is the child's behavior an inappropriate response to his own need or goal that's not being met? Or is the child's behavior inappropriate because it is interfering with the needs or goals of the adult or other children in the situation?

Step 5: Match Strategy to Development

Match the problem with a developmentally appropriate strategy. From your “Tool Box” of possible strategies, select one that takes into account the level of understanding and skill that is reasonable for the child based on age and ability.

Step 6: Match Strategy to Situation

Clearly identify why this strategy is appropriate for this child at this time under these circumstances. Choose a strategy that has the greatest potential to succeed, based on your interpretation of the issues involved.

Step 7: Implement and Evaluate

Decide what a reasonable measure of success will be, including the length of time it might be before you could expect to see improvement. Record observations as you consistently implemented your strategy. Evaluate progress and make any adjustments needed, including choosing a different strategy if no change has resulted.

Step 8: Refer, if Necessary

If little change in behavior occurs after consistent implementation of strategies over time, identify a professional in the community (early intervention, special education, etc.) who can conduct a formal assessment and provide additional information or services, if needed.

This EC-CKC SE Field Guide is the product of the expertise, collaboration and commitment to the well-being of Ohio's young children by these Development Team members:

| | |
|--------------------|--|
| Melissa Courts | Ohio Department of Health |
| Lea Ann Hall | The Ohio State University Child Care Program |
| Janene Kehl | Ohio Department of Job and Family Services |
| Linda Norton-Smith | Ohio Department of Education |
| Donna Ruhland | Ohio Child Care Resource & Referral Association |
| Maria Sargent | Ashland University |
| James Scott | Head Start Collaboration Office/ Ohio Department of Education |
| Julie Stone | Ohio Head Start Association |

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Notes

Part 2

Content Areas: Competencies and Strategies



Notes



A series of horizontal blue lines for taking notes, spanning the width of the page.





Kassie's Story

Kassie's toddler room is always a whirlwind of activity and (mostly) happy noise. But everyone, adults and children, noticed the change when 20 month-old Victor was enrolled. When Victor was upset, he didn't just cry – he screamed. And he seemed to be upset a lot of the time.

Although everyone just wanted the screaming to stop, Kassie thought about Step 1 of the Decision Making Model, "Focus Your Attention." She set to work identifying the root cause of Victor's unhappiness, which would not only alleviate the screaming in the moment but also support Victor in whatever challenge he was facing.

Moving on to the next step in the process, she asked herself the following questions about Victor's development:

- *What are the emotional challenges for most children at Victor's age? Is this typical behavior for a child his age who has just experienced a huge change in his routine and a disruption in the relationship with the caregiver he was attached to?*
- *If the issue is adjustment to those changes, what patterns can I expect to see? What might bring him comfort in that case?*
- *Could Victor's temperament be an issue? How does he typically respond to changes in his environment, to new people and things? What can I try that will test that hypothesis?*
- *How does Victor experience this environment? Is it possible that he experiences the constant happy hum of noise as unrelenting racket? What about the brightness of our room? Or the situations in which several children are close together?*
- *Personally, I love the closeness of several children piled in my lap, listening to a story. But maybe that feels uncomfortable to Victor. Is there something about the way that he processes some kinds of sensory input that isn't typical? How can I find out?*

As Kassie works toward a solution to Victor's distress, she is applying her knowledge about many areas of typical growth and development and the many factors that create individual differences in development.



Content Area Facets

The content area of Child Growth and Development in the original Core Knowledge document is separated into three subcategories of professional practice:

- 1 Developmental Process
- 2 Nurturing Relationships
- 3 Appropriate Environments

For each facet, you will find:

Competencies

Competencies from the parallel section in *Early Childhood Core Knowledge & Competencies* that relate to children's social and emotional development and challenging behavior along with the page numbers where they can be found.

Theory Into Practice (TIPs)

Practical strategies and suggestions for applying knowledge and skill in real situations.

Behavior Links



A Predictable Sequence

The development of a child's ability to understand emotions within himself and others and to regulate his own emotions follows a predictable sequence. So, too, does the child's understanding and skill needed for successfully relating to others. When an early childhood professional understands those developmental characteristics, sequences and processes, she can more effectively support new learning and skill-building for each child and avoid creating situations in which children are unnecessarily frustrated, challenged or unengaged. Professionals can also more readily recognize the warning signs that a child is not progressing as expected.

Early Relationships Shape Young Lives

No areas of development are more strongly shaped by a young child's relationships to important caregivers than those of emotional and social development. What a child thinks and feels about herself and others is profoundly shaped by her earliest relationships with those who provide for her most fundamental needs. The early caregiver's response to the child – when emotions are out of control or behavior is harmful – will be a strong determinant of what the child comes to believe about herself, her ability to respond or act differently and her effect on others.

Focus: Environments Require Purposeful Planning

When early childhood environments reflect a solid understanding of child development in general, and the development, personalities and interests of the specific children in that environment, then challenging behaviors can be greatly minimized. Children, just like adults, are sensitive to the environments around them, not only the physical, but the emotional and social as well. In order for children to thrive, early childhood environments must be purposefully and knowledgeably planned to provide for the cognitive, social, emotional and physical needs of each child.



Theory Into Practice (TIPs): Developmental Processes

Related Competencies: EC-CKC (p.13)

- 1.3 *Understands children's developmental levels in relation to age appropriate norms and uses this information to meet the general needs of children showing typical development.*
- 1.4 *Understands that challenging behavior has environmental and developmental causes and uses this information to modify environments, activities and expectations to improve behavioral outcomes.*
- 2.2 *Identifies children's differing developmental needs and implements responsive strategies.*
- 3.2 *Analyzes, evaluates and applies current theory, research and policy on child growth and development to generate practice and the development of a personal teaching philosophy.*



Tip 1 Assertiveness and Compliance

At various developmental stages, young children assert themselves and a new-found "power" as a result of a new level of understanding about themselves and/or others. Because it is a new area of exploration for them, they practice often (e.g. saying "No!"). This can appear to be deliberate misbehavior and requires understanding and consistency from adults to successfully navigate.

- Do not over-respond when a child says "No." Try diverting her attention, pausing for a moment before trying again, and restating the request as a gentle direction rather than a question.
- Give the child a choice of "how" to comply rather than "whether" to comply. For example, "We have to go in for lunch now. Would you like to jump in like a bunny or go very, very slow like a turtle?"
- Recognize the situations in which a child seems to have power struggles and try to figure out the reason for her reluctance. Is she frightened, tired or under stress during those moments? If so, figure out how to make her more comfortable so she'll be less reluctant to cooperate.

Tip 2 Developmental Progression

A child's understanding of herself and others and her ability to communicate and respond in socially and emotionally positive ways follows a predictable developmental sequence that continues throughout childhood. Children can differ, however, in the pace of development over time and in relation to other children.

- Know the developmental sequence for basic social, emotional and communication skills. (See pages 80-82.)
- Notice which children are struggling. Give them extra support when they are in demanding social situations (i.e. sharing limited materials or space, like the sand table).
- If a child is ready for a skill but is not showing it, develop a play-based plan to help teach the skill.

Tip 3 Teaching Strategies

Children learn new concepts and skills related to emotions and getting along with others in much the same way they learn other concepts and skills: through seeing them modeled, through conversation with caregivers, through having them integrated into many different experiences, and through a great deal of practice and play.

- Realize that some children learn skills by seeing the skill modeled by adults and peers around them and others must be taught skills step-by-step over time.
- If a child must learn a skill through teaching, think about ways to teach it using play and everyday activities. For example, children needing to learn to touch people gently can learn the concept of "gentle touches" by catching bubbles on their fingers or touching a tower of blocks without knocking it down.
- If a child is having difficulty understanding social skills, make sure to label what other children are seeing and feeling. For example, "Mary is not smiling. I don't think she likes it when you take her blocks. I can tell by her face that she is angry and upset."



Theory Into Practice (TIPs): Nurturing Relationships

Related Competencies: EC-CKC (p.14)

- 1.5 *Engages in safe, responsive relationships with each child to provide a sense of security and promote optimal development.*
- 1.6 *Observes and understands attachment and separation behaviors as evidenced by the ability to respond and assist both child and family members in a supportive and comforting manner.*
- 1.7 *Models positive, pro-social behavior in all settings including child, family and professional interactions.*
- 1.8 *Provides support and guidance in consistent, non-threatening and positive ways that reinforce children's feelings of confidence and competence.*
- 1.9 *Models problem-solving skills in the context of children's interactions and play.*
- 3.2 *Collaborates with consultants and families in planning learning experiences for children's individual needs.*



Tip 1 Infants and Sensory Learning

Very young infants use their developing senses of smell, sight, hearing, taste and touch to engage with and learn about their environment. They seem particularly drawn to human faces, voices, smells and touches.

- Make sure to engage the infant often throughout the day. Take time to make eye contact, to hold and play with the child.
- Use sensory signals to make the child more comfortable and aware of the environment. Use the same scent in the air, a bright colored display and song that is always sung or played in the area where you greet the infant. This helps the child immediately recognize that he's in a familiar place with familiar people.
- Make many sensory materials and safe toys available to the child. Look around to make sure that the senses of smell, sight, hearing, taste and touch are all stimulated at some point during the day. Be sensitive to the possibility of sensory overload or over-stimulation.

Tip 2 Early Self-Regulation

Being able to manage powerful feelings and calm oneself are learned behaviors. The first self-calming behaviors can be found in infants as they discover how to calm themselves by sucking a thumb or finger or by touching a familiar blanket or toy. Learning a variety of appropriate strategies for managing overwhelming emotions continues throughout childhood and can benefit greatly by support from a knowledgeable, patient adult.

- Support children's growing self-regulation by talking with them – either one-on-one or in a group – about strategies for calming themselves during a time when there is no problem. Then when a situation does arise and a child's emotions are becoming overwhelming, remind him/her of the strategies that were identified and help the child choose one.
- Storybooks or puppet stories in which characters experience and deal with powerful emotions can provide a model for children as well as a starting point for a conversation.

Tip 3 Acknowledging Children's Emotions

When caregivers/teachers are attuned to and respectful of children's emotions, children benefit in the moment because the affirmation of their feelings by an important adult strengthens the trust they have that their needs will be heard and met. Acknowledgement and respect for children's emotions benefits children in the long run by providing a model for children to use in shaping their own response to the emotions of others.

- Take the time to listen to children and acknowledge powerful feelings before focusing on problem-solving.
- Distinguish between problems that are truly purposeful and warrant a firm response from those that are developmental and require a gentle reminder and patience.
- Recognize and support children when their feelings overwhelm them.



Tip 4 Infant Attachment

Infants are biologically geared to actively engage with and respond to their caregivers. This helps establish a strong and pleasurable bond called attachment. When caregivers are sensitive and responsive to infants' signals, a pattern of positive interaction develops that enables infants to feel secure in the relationship.

- Realize that the length of time the infant must wait for a response directly affects the child's emotions and stress level. If you can't respond immediately with a physical interaction, at least talk to the child soothingly while she attempts to wait.
- Understand that children feel before they have words. They can read your moods, the tension in your body and your overall attitude. Remain positive and calm even when the day is not the best.
- Try to come up with a set way to interact with infants during activities that happen on a daily basis. For example, play music or a special game every time you finish changing the child's diaper. It only takes seconds, but it will help the child begin to make sense of his day and anticipate "social" times with his caregivers.

Tip 5 Separation Anxiety

The developmental progression of attachment bonds includes a period, typically around 6-8 months, when infants express "separation anxiety." This is a "normal" phase of development that can be eased by consistent caregiving routines.

- During this phase, be kind and assist both the family member and the child during the transition. Help the family member establish a "good-bye" routine that's followed consistently.

- When the time comes for the separation, move gently but firmly into a new activity to divert the child's attention. Don't start a separation and then stop it only to begin again. This makes it more difficult on both the child and the family member.
- Some children will benefit from comfort items during this time. A special blanket, toy or other favored item can help a great deal. Sometimes an item that signals the family member also helps. (A blanket with the faint scent of the family member's perfume, a favorite CD played at home, etc., can often soothe an upset child.)

Tip 6 Individual Differences in Sensory Perception

Children, and adults, differ in their preferences regarding aspects of social interactions such as physical contact and closeness, loudness/tone of voice, degree of movement, etc. Differences may be due to a variety of influences, including temperament, characteristics of parents' interaction styles and culture. They may also reflect a child's sensitivity to, or the processing of, sensory input (*i.e.* sound, touch, etc.).

- Note the child's temperament. Does he like to play rough? Is he startled by loud noise or easily awakened? Does he dislike crowded areas? All these will clue you in about how a particular child might be calmed or feel stressed.
- If a child is having great difficulty with some type of sensory input (*i.e.* hates the gym because it's too loud), problem-solve how to reduce the problem sensation or avoid the situation. For example, if the child hates the gym because the noise is too loud, a simple ski cap could reduce the noise enough to make her more comfortable.

Tip 7 Labeling Emotions

Young children learn a tremendous amount about themselves and others through the way caregivers communicate with them in everyday situations. Children begin to understand labels for their own and others' emotions when caregivers talk about the feelings expressed by children in a variety of situations. Children begin to understand that someone else may see, feel or think differently than they do when caregivers talk about each person's "inner world" of thoughts, feelings and perceptions.

- Make sure to talk to the children throughout the day. Label what they are feeling ("You're smiling. I think you're very happy with that toy."), and the feelings of those around them ("Look at David and Leo. They're laughing. I think they're happy playing together with the blocks.").
- If you see a child struggling with an emotion, make sure to give solutions as you are labeling what she's feeling. For example, "It looks like you're feeling angry about not having enough room for your block tower. Let's ask Mia to move over a bit."
- If a child is too young to speak a great deal, is just learning English or has communication delays, make sure to use many gestures and exaggerated facial expressions to indicate the meaning behind your words. "She's sad. She's crying. See sad — crying"... as you show a sad face and make a gesture for tears running down a face.



Theory Into Practice (TIPs): Appropriate Environments

Related Competencies: EC-CKC (p.15)

- 1.1 *Recognizes the importance of consistency in environments, expectations and responses to children.*
- 1.3 *Provides a variety of activities and experiences that foster the development of the whole child.*
- 2.2 *Enhances and adapts environments and experiences based on the needs of individual children, including children with special developmental, learning and/or emotional needs.*
- 3.2 *Creates environments with appropriate supports that empower children to communicate, negotiate and problem-solve and directly teaches and/or supports development of these social skills.*



Tip 1 The Benefits of Consistency

Although early childhood professionals often need to be flexible in response to children's needs and interests or unexpected occurrences during the day, consistency in routines, schedules, expectations and surroundings is strongly related to children's sense of security and personal confidence in their environment.

- Be consistent in the general order of the activities that you have during most days. Talk frequently about "what comes next."
- Signal when a transition to the next activity is coming. For toddlers, use visual cues to signal a transition (e.g. hold up a small cup and plate as you say "lunch time!"). As children get older, a simple verbal cue is usually sufficient to help them mentally and emotionally prepare to end their current activity and move to a new one.
- Some children need additional support in understanding and responding appropriately to the order of a day's activities. Consider using a "picture schedule" (colored pictures or photos of regularly scheduled activities in the order that they occur) and talking with the child about what's happening now and what will come next.
- If you will have a change in the usual daily routine, tell the children in advance (how much in advance will depend on the age of the children). For children using a picture schedule, create a new picture. This will help them feel comfortable about the different sequence.

Tip 2 Supporting Development with Toys and Materials

Because children are relatively predictable in their development of skills in all domains, activities and environments should be purposefully designed to: give children lots of practice in the concepts and skills they are currently acquiring; create only enough challenge to encourage progression to the next skill level without undue frustration; and provide opportunity for children to return to materials, spaces and activities with which they are very comfortable for those times when they need reassurance.

- Make sure to have many developmental levels of toys and materials in your room so all children can find an activity that is enjoyable and meets their developmental needs.
- Learn how to expand children's play without causing stress. Sometimes simply having an area "set up" prior to the children arriving can spark a new idea. For example, combining the blocks and the cars into "garages" might encourage children to use the two toys together, something they might not have thought of before.
- Although the vast majority of children need only time and their own imaginations to develop complex play, some children will need special assistance or guidance. This may be especially important for children with developmental delays in more demanding social play areas like the dramatic play area. You can model, provide picture sequences and even directly teach some play scenarios to get them started. Once they have some basic play skills and awareness of peers, they will usually begin to progress more naturally on their own.



Tip 3 Self-Expression

Beginning in infancy, children strive to gain control over their environments. As children gain the ability to make choices and express preferences, early childhood professionals can support children's sense of self by understanding their need and desire to express preferences. When children are frequently frustrated or deprived of opportunities to make their own choices, they can respond with either angry defiance or withdrawn helplessness. When children are invited to contribute their ideas to the planning and creation of their own activities and environment, they develop a greater sense of their own self-efficacy and the value of each person's voice and are more engaged in those activities and environments.

- Make sure there are many opportunities to practice making choices during the day.
- If children have a difficult time verbally making choices, have them show you what they prefer (e.g. pointing or leading you to the play area or activity they want, touching/picking up the marker they want, pointing to a picture of a toy/material from a selection of pictures).
- Even very young children benefit when given very simple choices.

Tip 4 "Rules"— Expectations for Behavior

Clearly communicated, consistent behavior expectations are an important support as children gain mastery over themselves in a variety of situations. Many of the same strategies that relate to schedules and transitions can also be helpful with behavior expectations:

- Frame rules/expectations positively ("Use gentle touches" rather than "No hitting.")

- Keep rules to a minimum; the younger the children, the fewer rules they should be expected to remember. Focus rules on ensuring physical and emotional safety. Be willing to question whether rules are based on the needs of the children and not the preferences of the adults.
- Be sure there is consistency in expectations across adults in the environment and across children (unless expectations are intentionally adjusted to accommodate the needs of a particular child).
- Talk frequently with children about expectations, particularly in regard to the reasons behind the rules. As appropriate given the age and abilities of the children, have them be involved in identifying good rules for their community/classroom.
- Use visual cues for younger children or those who need additional support in understanding and adjusting to expectations.

Tip 5 Helping Children with Change

Children differ in their comfort with unexpected or quick changes.

- Help the child mentally prepare for an upcoming transition or change by: talking with him well ahead of time in a calm way; reassuring him that you'll be there to help; giving the child access to some type of timer so he can visually note the passage of time leading up to the change; or giving him a responsibility during the transition or at the beginning of the next activity (being the door holder as you move to another area).
- Give children adequate time to complete activities, provide opportunities to save work to be completed another time and be sensitive to all children's need to have some degree of power and ownership in their daily activities.

Tip 6 Effective Use of Groups

Learning to be with others in a group is an appropriate goal for young children. Two infants learn to be together by sharing a caregiver's lap; a few toddlers learn to be together by eating meals at the same table, joining in play together, or listening to a story. Preschoolers can learn to get along in a group by participating in brief and meaningful whole group gatherings. They benefit most from group times when the early childhood professional:

- Selects an activity and materials that are: appropriate for the developmental levels of children; well-suited for a group and don't require children to passively sit for long periods of time; and intentionally incorporate or support social skills (e.g. listening to one another, being aware of your body in relation to others).
- Is attuned to the level of engagement of each child, can adjust the activity for individual children who are struggling to stay engaged and knows when children are signaling that they are "done" and responds by ending the group time or providing an alternative choice.
- Is able to respond to an instance of challenging behavior in a way that minimizes disruption or negative impact on children.



Learning Environments and Experiences



Beth's Story

The past six months have been a great experience for Beth in her first teaching job after graduation. Although she learned a lot in her early childhood classes, she's learned even more from her co-teacher, Betty, who is amazingly skilled and knowledgeable about children.

Beth wasn't sure about working with 3-year-olds, but has found that she loves it. They are learning new things every day, especially when it comes to getting along with one another. She has really learned a lot from Betty about how to support their efforts to communicate and play together and to handle themselves when things don't go their way.

In particular, they've been working together to find ways to support Alex, a younger 3-year-old in the class.

Initially, they wondered if Alex had a hearing problem that was causing him to be unresponsive when they would say his name or try to get his attention. But hearing tests eliminated that cause. He was clearly very smart in some ways – he knew everything there was to know about trains and talked about them in great detail to anyone who would listen...although, when Beth watched carefully, she would have to say it never was an actual back-and-forth conversation.

As they noticed and recorded other behaviors, they made adjustments in the environment or activities to encourage Alex's participation. For example, Alex seemed to have a difficult time maneuvering in some of the smaller areas of the classroom, like the block area. His clumsiness caused enough accidents with other children's creations that they eventually rearranged the shelves so that it wasn't such close quarters. Alex also seemed to get unusually upset every time they transitioned to a new activity during the day.

Betty suggested they try picture cues that represented each different activity during a typical day in the order that they occurred. Just having Alex move a clothes pin to the picture of the next activity during a transition seemed to help him a lot. Other activities hadn't shown any improvement, though.

**Trouble with Expressions**

Beth had been working with all of the children to recognize and name emotions as expressed on someone's face. Through children's books, puppets and photos of their own faces, most of the children had made great gains, not only in labeling emotions in activities, but in recognizing and talking about them during other times, too. But not Alex. Facial expressions were a language he seemed to be completely unable to understand, even after all the strategies she had tried.

During the parent-teacher conference with Alex's family, it was actually Alex's mom that raised the possibility of autism. They talked about next steps in exploring that possibility and arranged for the local Early Childhood Mental Health Consultant to come out and observe Alex. Beth feels that they are on their way toward identifying the cause of Alex's challenge, and everyone feels good about that. But she also realizes that she and Betty will have to continue to think about how to adapt their teaching, curriculum and environment to help Alex get the most out of them, in spite of limitations.

Beth Wonders:

- How can we support and coach him in developing better communication with the other children? Would it be better if one of us had that role?
- Is there a child who would be a willing and effective peer model in playing together? How could we arrange brief play times that would be rewarding for both children? Is it a good idea to incorporate his fascination with trains or should we not encourage such a limited interest?
- Are there activities in our typical day that simply don't work for Alex – circle time, for example – that need to be significantly altered or maybe eliminated altogether? What are the goals of those activities and how can we accomplish them in another way?



Content Area Facets

The content area of Learning Environments and Experiences in the original Core Knowledge document is separated into three subcategories of professional practice:

- 1 Interactions and Relationships
- 2 Physical Environments
- 3 Learning Experiences

For each facet, you will find:

Competencies

Competencies from the parallel section in *Early Childhood Core Knowledge & Competencies* that relate to children's social and emotional development and challenging behavior along with the page numbers where they can be found.

Theory Into Practice (TIPs)

Practical strategies and suggestions for applying knowledge and skill in real situations.

Behavior Links



Children Learn from Experience

From infancy, children learn social and emotional skills through daily interactions with others. It is in these early relationships that the child sets the social patterns he will carry with him throughout his school years and into adulthood.

Although much of young children's learning occurs during self-directed play, learning experiences that are intentionally planned to strengthen or expand a child's current level of skill and comprehension are a powerful tool to support children's progress in every area of development, including social and emotional.

Environment: A Help or Hindrance?

The physical environment is also an important influence on a child's learning. It can support and encourage the development of social and emotional comprehension and skills or it can set children up for frustration and repeated failure. A skilled early childhood professional understands the connection between the environment and children's behavior.

Environments and experiences can be purposefully planned to encourage:

- Positive social interactions.
- A sense of community and care for one another.
- Positive regard for individual differences.
- Initiative and responsibility for one's own actions.
- Conflict resolution.
- Emotional self-regulation.
- Internalization of community rules and values.

These outcomes for children should be as much a part of the early childhood curriculum as outcomes in early literacy, math or science.



Theory Into Practice (TIPs): Interactions and Relationships

Related Competencies from the EC-CKC (p.41)

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| <ul style="list-style-type: none"> 1.3 <i>Treats all children with fairness, respect and understanding.</i> 1.5 <i>Bases expectations for behavior on age and developmental level of children.</i> 1.6 <i>Demonstrates awareness that challenging behaviors can have a variety of causes.</i> 1.7 <i>Prevents challenging behavior by providing consistent and predictable routines and responds to challenging behavior with positive guidance techniques.</i> 1.8 <i>Speaks to children in calm, respectful tones.</i> 1.10 <i>Engages in many one-on-one, face-to-face interactions with children in a calm, pleasant manner to foster secure attachments.</i> 1.11 <i>Recognizes a child's social and emotional needs.</i> 2.1 <i>Seeks to identify causes of challenging behaviors and uses guidance approaches that promote positive behaviors, problem solving and self-control.</i> 2.2 <i>Provides activities and environments that promote appropriate behaviors and teaches behaviors and social skills as needed.</i> 2.3 <i>Uses behavior guidance strategies that involve children, in age appropriate ways, in creating rules and resolving conflicts.</i> 2.4 <i>Encourages positive social interactions and provides opportunities for children to learn from each other.</i> 2.9 <i>Assists children in identifying and expressing their feelings in culturally and socially acceptable ways using whatever communication mode is readily available and possible for that child's unique developmental needs.</i> 2.10 <i>Uses a variety of positive direct and indirect guidance methods and avoids negative methods.</i> | <ul style="list-style-type: none"> 2.12 <i>Plans and provides opportunities for children to communicate, form friendships and to interact with each other respectfully.</i> 2.13 <i>Guides children in resolving conflicts through communication, negotiation and problem solving using a variety of means and supports including visual cues, songs, play-based interventions and other appropriate strategies.</i> 3.4 <i>Establishes written policies for effective child guidance for both typically developing children and those with disabilities.</i> 3.5 <i>Articulates and demonstrates realistic expectations for children's attention spans, interests, social abilities and physical needs when planning group experiences and teaches increased "groupness" and other social skills as appropriate.</i> 3.6 <i>Develops and implements written policies for effective social/emotional interactions.</i> 3.7 <i>Applies theory and current research to create a community that fosters social and emotional development.</i> 3.8 <i>Addresses challenging behavior with an open mind, rather than labeling the child, yet can still recognize when behavior reaches the level of concern and can see additional support or resources as appropriate.</i> 3.9 <i>Recognizes and responds to individual behavioral problems related to developmental or emotional stress.</i> 3.10 <i>Relates guidance practices to knowledge of children's personalities, levels of development and different learning needs.</i> 3.11 <i>Shares information on guidance techniques with families using sensitivity, respect and awareness of diversity.</i> |
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Tip 1 The Power of Modeling

With very young children, the caregiving adult is the most important and powerful means of learning in the child's environment. Keep in mind that young children are constantly listening and watching what you do and say, not only when you're addressing them directly, but also when you're interacting with other children, co-workers, parents and even when you aren't interacting at all. Professionals are most likely to encourage self-regulation and pro-social behaviors in children when:

- Their own communication is consistently positive, encouraging, respectful and calm.
- They consistently model the pro-social characteristics that are goals for the children: kindness, generosity, sharing, empathy, forgiveness, etc.
- They label their own emotions and verbalize their own self-calming and problem-solving strategies so that children are provided powerful examples of how to deal with difficult emotional circumstances.
- They wait to discuss misbehavior with a child who's lost control of his behavior until after the emotions have ebbed. When a child (or adult, for that matter) reaches a certain level of emotional "saturation," his mental ability to reason is greatly diminished. To attempt to reason with a child when he is emotionally overwhelmed is pointless. Approaching the child later, when everyone is calmer, allows for more effective cognitive processing of what happened and how to keep it from happening again in the future.

Tip 2 Predictability

Recognize the importance of predictability for young children.

- With young infants, feeding and sleeping schedules need to follow the infant's individual rhythms and needs. However, the responses of the caregiver can and should be predictable in that they are always warm and engaging, using eye contact and language as well as gentle physical touches. To the degree possible, the number of caregivers responsible for a given child should be kept to a minimum to enable the caregiver and infant to establish a strong relationship and to strengthen the infant's sense of trust.
- Predictability continues to be important as children grow, but again the most critical predictability is in adult responses. Although predictability in daily routines and scheduling is important, children will respond much better to inevitable, unexpected changes with an adult who they know and trust to manage the changes in a calm and positive manner.
- Children will also respond positively when behavioral expectations and consequences are routinely verbalized and consistent from day to day, child to child, and adult to adult.

Tip 3 Effective Rules

Evaluate the rules that children are expected to follow and ensure that they are:

- Necessary for the children's safety and well-being, rather than to accommodate adult preferences or convenience.
- Reasonable in light of the children's ages and abilities.
- Simple enough to be understood by the children and few enough in number to be remembered by the children.
- Communicated to children in a way that clearly states the expected behavior and links it to the well-being of the individual child and of the group.
- Reviewed on a regular basis for effectiveness in creating a community of children in which children feel safe, heard, valued, responsible for themselves and others, and encouraged to express their individuality.





Tip 4 Looking Closely at Behavior

Behaviors that adults find inappropriate or challenging – even aggressive – are often part of normal development as children learn about expectations for appropriate behavior, gain greater understanding and skill in relating to other people, and increase their ability to manage their own behavior.

- Know the range of understanding and ability that would be expected of typically developing children in your group. Talk with families to learn about individual differences, such as temperament, that may influence how a child responds to others. Use routine assessment to build an understanding of each child's unique profile of abilities, challenges, preferences and interests. The more the early childhood professional knows about each child, the better she or he will be able to anticipate frustration or conflict and intervene quickly and effectively.
- Model the language and behavior you want the children to adopt, not only during the difficult situation, but also through a variety of ways during other times of the day. As appropriate for the age of the children, replay the situation (or something similar, without drawing attention to the children involved) using puppets or toy figures, a children's book or oral storytelling and engage children in conversation about the problem and how it could be solved.
- Look for the situations and times of day that trigger problems. Take steps to be watchful during these times. Work with families and other colleagues to brainstorm strategies to avert or lessen the negative response or to eliminate the situation in the first place.

Tip 5 Responding to Inappropriate Behavior

Manage guidance issues by controlling responses to problem behaviors.

- Children want and need to be noticed and affirmed. Acknowledge appropriate behavior whenever you notice it, making the connection between the behavior and the positive consequence. Ignore behavior that is merely annoying or inconvenient, responding with discipline only when the behavior is truly harmful or disruptive.
- When a child is misbehaving and the behavior needs to be stopped, start by calmly restating the group rule and the reason for it. Then give the child a suggestion for how to make amends. (Breaking someone else's project is not allowed. It made Cara sad when you broke her tower and that's not okay. What could you do to help her feel better?)
- At times you may need to exaggerate your intention to notice only positive behavior or make complying with the behavior request into a game. Do this by stating out loud and to no one in particular words like, "I'm looking for someone who's sitting quietly and ready to go" or "I spy someone who's using an inside voice."
- Do not ignore aggression when it happens. Pay attention not only to the needs of the child acting aggressively, but also to the needs of other children who were involved in or witnessed the incident. It's an opportunity for each child to gain a better understanding of others and of social interactions. Clearly state to all the children that your job is to ensure that children feel safe.

Tip 6 When More is Needed

Difficult or unusual guidance issues may need special approaches.

- To remind yourself to notice good behavior, especially with a child whose negative behavior requires a lot of energy, place some type of cue around the room (*i.e.* a fluorescent smile face), set a small timer for every 10 minutes, etc. Anything you can think of to remind yourself to interact regularly and positively with the child in question will help.
- To deal with aggressive play, use picture cues and directly teach a new "script." For example, children are used to the violent themes they see on television, so they might not realize Power Rangers can play basketball, hold the Olympics or have a birthday party. Give them these new play scenarios.
- To deal with a highly gifted but resistant child, role play how to respond to making mistakes, to be the follower instead of the leader and to play with children who are developmentally younger.



Tip 7 Program Policies that Support Adult-Child Relationships

Encourage program policies that support children's development and appropriate behavior by ensuring the development of strong, positive adult-child relationships. If in an administrative position:

- Monitor the numbers of children and adult-child ratios; having enough adults to not only adequately supervise, but to actively engage with children in a meaningful way throughout the day, is critical to establishing a positive social and emotional environment.
- Reduce the number of different teachers/caregivers whenever possible, particularly with very young children. The absence of an adult whom the child knows and with whom the child feels comfortable and secure can greatly influence behavior.
- Set a very clear expectation that harmful adult behavior toward or near children is not tolerated (harsh verbal reprimands, inappropriate behavioral expectations, emotionally or physically harmful discipline, etc.)
- Discuss reasonable actions that teachers/caregivers can take when they are feeling frustrated or overwhelmed. Provide necessary support, such as staff coverage for a brief time away from the children.
- Incorporate frequent classroom observations as part of staff supervision and regularly discuss situations that signal concern about a teacher's relationship with a child or children. Create a work atmosphere in which teachers feel safe and supported in reflecting on their own practices and in seeking ways to improve.

Tip 8 The Self Beneath the Behavior

Regardless of the strategy used to deal with a child's difficult behavior, always bear in mind the developing "self" that lies beneath.

- Many challenging behaviors are accompanied by intense emotions that may be quite frightening or overwhelming to the child. When the episode is over, be sure to communicate care and affection, acknowledge the powerful emotions, remind him/her that you are always there to help and verbalize confidence and hope that it will go better next time. Help the child see you as an ally in the struggle to gain more skill in understanding and controlling emotions and maneuvering social situations.
- Children who have difficulty in their relationships with peers, either acting aggressively or withdrawing, need support as early as possible. The negative social situations that a child experiences have a cumulative effect, developing into a negative self-image in the child and creating a negative reputation among the other children. It's critical to disrupt the accumulation of negative social interactions and intentionally plan social interactions that are likely to have positive outcomes. Increase the likelihood of success by:
 - Providing support and coaching to the child.
 - Selecting a socially skilled and well-liked peer for the interaction.
 - Arranging an activity that the child enjoys and that is not likely to be disrupted.

Keep the sessions brief and end them by verbally affirming the child's positive actions and positive consequences. As is age appropriate, encourage the child to talk about the positive thoughts, emotions and behaviors he/she experienced.

- It is never appropriate to shame or embarrass a child when she has behaved inappropriately. Although challenging behavior can evoke powerful emotions in us, as professionals it is our responsibility to respond to the child's behavior while preserving her dignity as a developing human being. Deal with a child who is out of control or aggressive out of the view and hearing of the other children, if at all possible. Allow the child (and yourself) time to calm down before trying to engage the child in dialogue. Allow the child to rejoin the regular activity of the other children as soon as possible, with adult support if needed, so that her sense of being part of a community is not damaged.

Tip 9 Understanding Intentions

One of the big challenges of young children's social development is understanding the motivations behind other people's behavior. Children don't develop an accurate and full understanding of others' intentions until they are in early to mid-elementary school.

Early childhood professionals can help younger children develop in their understanding of other people's thoughts by helping them pay attention to visual cues, such as facial expression, and supporting conversations about what children were thinking when they acted a particular way. Children can gain an understanding of an "accidental" action that caused a problem when an adult supports them through the social process of realizing that harm was done, though unintentionally, and solving the problem by helping to "fix" whatever was harmed.



Theory Into Practice (TIPs): Physical Environments

Related Competencies: EC-CKC (p.42)

- 1.1 *Recognizes when a child's behavior is being affected by characteristics of his or her surroundings and adjusts expectations or mitigates the effects of these influences.*
- 2.1 *Articulates how changes in the environment may affect the behavior of children and makes adaptations to the environment when necessary.*
- 2.2 *Provides a balance of spaces for activities that are active and quiet, child-directed and teacher-directed, individual and group, and indoor and outdoor.*
- 2.4 *Recognizes that bright colors and multiple patterns and other sensory inputs can over-stimulate children, and in some cases under-stimulate them, and can adjust as needed.*
- 3.1 *Continuously observes and evaluates how space is affecting the behavior of children and the management of the classroom and adjusts the environment as needed.*
- 3.4 *Uses a continuing process of assessment to guide modification to the environment, teaching strategies and expectations.*
- 3.6 *Demonstrates that colors and patterns and other sensory inputs can affect stimulation levels for children of various ages and learning needs and can adjust as needed.*

Tip 1 What is “Environment?”

Children respond to their environment – both positively and negatively. Early childhood professionals are aware of the impact of all aspects of the environment on young children:

- Sensory input – sound level, visual stimulation, textures within the room, smells.
- The social environment – activity levels, number of children vs. space; the overall tone of voices.
- Physical layout of the room – organization of furnishings and materials, adequate space and equipment for developmentally appropriate activities.

Tip 2 Environments that Support

Set up the room to support play, developmentally appropriate skills and positive social interactions.

- Keep the number of activities and areas to a reasonable number. Too many cause children to rush about trying to get everything in before playtime is over.
- Make sure there are enough activities and areas to support the number and ability range of children using the room. When materials are too few or too simple or difficult, frustrations will abound.
- Let children repeat activities until they no longer show interest. Even art activities should be available for several days so children can move beyond the “experimental stage” and really think about their work.

Tip 3 Outside the Classroom

Be aware of all environments and experiences the children have during their day.

- Note problems that are occurring on the bus (for children being transported), outside play areas, transitions, etc. Team with other professionals who are involved to discuss solutions.
- Make room in your day to teach skills that children need in outside or different environments. For example, some children will benefit from play-based lessons on how to function on the playground.
- Develop visual picture cues for spaces outside the classroom wherever they are needed. Some place to consider might be the bathroom, hallway and playground.



Continued on Next Page



Tip 4 A Context for Success

Ensure that the physical space creates the optimal environment for children to be at their behavioral best and to experience social success and emotional control.

- Make sure that children have enough physical space. Crowded conditions can set up children for unnecessary conflict.
- Make sure the schedule allows for a balance of types of activities throughout the day, alternating between quiet and active, child-directed and teacher-led.
- Check that the length of time for structured activities is appropriate for the ages and abilities of the children; make adjustments based on children's behavior.
- Provide at least one space in the room where a child can find a quiet retreat if he or she becomes over-stimulated, is having a difficult day or needs to calm down. The room should also have spaces and materials for solitary/individual play and partner play.
- Observe "traffic patterns" in the room overall and reorganize the room if you observe a connection between inappropriate behavior (e.g. running) and a particular aspect of the room (e.g. a clear "runway" from one end of the room to the other).
- Place active materials (blocks, dramatic play) in a separate part of the room from quiet materials (art, books) to minimize disruptions and conflicts.

- Incorporate adequate physical activity in the daily schedule: adequate time, equipment and space.
- Organize equipment and materials so that they are easy for the children to see, access and put away themselves.
- Periodically take time to carefully observe children's engagement with the toys, materials and equipment available during periods of unstructured play in which children can make their own choices. Make note of situations, locations or materials that seem to foster conflict (e.g. one very elaborate toy truck in the box of otherwise ordinary vehicles) and make necessary changes. Consider involving older children in a discussion of the situation and possible solutions to try.





Theory Into Practice (TIPs): Learning Experiences

Related Competencies: EC-CKC (p.43)

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| <p>1.3 <i>Chooses and/or implements a curriculum that includes all of the learning domains and incorporates knowledge of individual children and their interests.</i></p> <p>1.4 <i>Supports and encourages children's participation in a variety of activities and in differing degrees of participation dependent on their comfort levels and or special learning needs.</i></p> <p>2.2 <i>Plans and implements curriculum and instructional practices based on knowledge of individual children's needs, interests and abilities as determined by assessment information.</i></p> <p>2.3 <i>Incorporates developmentally and individually appropriate materials, activities and strategies in an integrated curriculum.</i></p> <p>2.5 <i>Allows for peer play among all age groups and develops and supports play interactions as necessary.</i></p> | <p>2.9 <i>Incorporates active play in all activities and routines throughout the day, regardless of children's age, and adjusts activity levels for children who easily become over-stimulated or lack voluntary or controlled physical movement.</i></p> <p>2.11 <i>Supports the development of play skills if lack of this ability is hindering play-based learning interactions within the child's environment.</i></p> <p>3.2 <i>Implements strategies to support children's role in planning curriculum based on the interests, skill levels and potential of each child.</i></p> <p>3.3 <i>Articulates, analyzes, evaluates and applies current theory and research on design of curriculum in order to support individual and group growth.</i></p> <p>3.6 <i>Uses a continuing process of assessment to guide modification of the curriculum and environment.</i></p> |
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Tip 1 Applying Knowledge of Social Development

The curriculum is also more likely to result in happily engaged children and positive social interactions when it incorporates knowledge of the progression of social cognition and skills, as well as knowledge of each child's current place on the developmental continuum of social intelligence and competency.

- Planned activities should be frequently included in the curriculum that support and build specific social skills appropriate for the age and abilities of the majority of children in the group.
- Accommodations and/or individualized activities should be provided for those children who may not yet be at the level of social understanding and ability as most of the others in the group and for those children who are more socially skilled than their peers.
- The early childhood professional should be observant and available throughout the day to encourage and coach individual children in specific social understanding and skills in the context of their play-based interactions with one another.
- The early childhood professional should routinely record observations of behaviors that represent individual children's social understanding/skill for the purposes of informing curriculum planning and of sharing with families.



Tip 2 Preventing Problems Through Appropriate Curriculum

When the activities and experiences that we plan for children – the curriculum – are built upon a thorough knowledge of children and intentionally support each child's optimal development, then many behavior problems will automatically be eliminated. Children's behavior is the language they use to tell us that they are frustrated because expectations are too high, or that they are bored because the activities are too easy or lacking relevance for them. When a child's behavior signals that he is not happily and actively engaged in the current activity, evaluate the environment and the activity. Children are more likely to be happily engaged when:

- The activity is connected to their everyday lives, using familiar materials and concepts that they can relate to mentally and emotionally.
- The activity reflects something that they know about or want to know about, that is connected to topics they've been talking about or acting out in their play.
- The activity connects to other activities in the curriculum, when concepts and skills are repeated in many types of activities so that children have many opportunities to practice and apply their new understanding and abilities.
- New skills or concepts are embedded in play and in meaningful, enjoyable planned experiences.
- Children can successfully participate in the activity, regardless of their level of understanding or ability, through an open-ended activity design and/or through adult scaffolding for individual children.
- Activities, materials and the physical environment reflect each child's home and community environment and experiences.

- The daily schedule of activities meets children's varying needs for active and quiet play, individual and group activity, self-directed and adult-directed activity, creative expression and cognitive engagement; the daily schedule also reflects children's varying physical needs for rest, physical activity and nourishment.
- Every activity and experience has a purpose that is connected to developmental and learning goals for each child that are based on ongoing observation and assessment and is adapted as necessary to assure that each child can be fully engaged.

Tip 3 The Key Role of Language

Language is a key component to children's ability to function well socially and emotionally. When language is a barrier to a child's ability to accomplish a goal, communicate with another child, express his needs or wants or fully participate in the daily activities of the group community, it is not surprising that the result is frustration, anger or sadness that emerges as aggression, confusion or withdrawal. When language is a factor in a child's challenging behavior:

- Watch for situations in which verbal communication between the child and others is critical for a successful interaction (*e.g.* negotiating the use of a toy) and provide assistance to the child as necessary in the communication process to avoid frustration or withdrawal, particularly if one of the children has language delays or uses alternative methods to communicate (*e.g.* sign language) or if the children do not speak the same language.

- Provide the child with an abundance of verbal language that connects words with pictures or actions:
 - Read aloud children's stories that have simple language; have conversation around the books and make them available to the child at other times of the day for him to explore on his own.
 - Talk about what you and/or the child are doing, seeing or experiencing, being sure to label objects, actions, emotions, etc.; incorporate this type of intentional talking during routines, planned activities and free play.
 - Encourage highly sociable and verbally skilled children to interact with the child with language difficulties supporting language learning through positive play/activity with a peer.
- Provide and encourage alternative means of communicating, such as simple sign language or picture cues, particularly for children who are just beginning to learn the dominant language of the classroom, either as first or second language learners, or whose language is delayed.
- Seek out additional support and strategies from more knowledgeable colleagues and, if warranted, from a speech/language specialist.



Tip 4 Assessing Social and Emotional Development

Incorporating observational assessment of children's social and emotional development into the typical activities and routines of the day will increase the likelihood that a developmental delay, disability or problem will be identified and addressed early.

- Learn to implement a variety of strategies and tools, preferably play-based, to assess and record children's social and emotional development [e.g. the Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)]. (See *Resources* p. 95 for more information.)
- Keep up-to-date records on each child so that, in the event that a referral is appropriate, helpful information will be available.
- Talk with family members about children's social or emotional behaviors at home or in other environments to gain a more holistic perspective of child's level of development.
- Observe children in a variety of activities and situations; plan activities to assess particular skills in various contexts, particularly if an observation raises concerns.

Tip 5 Applying Knowledge of Emotional Development

Similarly, the curriculum needs to reflect goals for children's emotional understanding and skills that are age-appropriate and individually appropriate.

- The curriculum should frequently include planned activities that support and build specific emotional concepts and skills appropriate for the age and abilities of the majority of children in the group.
- Accommodations and/or individualized activities should be provided for those children who may not yet be at the level of emotional understanding and ability as most of the others in the group and for those children who are more emotionally skilled than their peers.
- The early childhood professional should be observant and available throughout the day to support individual children in gaining understanding of their own and other's emotions and in developing emotional self-regulation.
- The early childhood professional should routinely record observations of behaviors that represent individual children's emotional understanding/skill for the purposes of informing curriculum planning and of sharing with families.

Tip 6 Inclusion and Social and Emotional Development

Many disabilities impact children's ability to engage well socially at the level of their age peers. However, typically developing peers benefit as much as the child with disabilities when they can form a caring, learning community together. Support the development of empathetic and helpful relationships by:

- Explaining a child's disability to her typically developing peers in a simple, matter-of-fact way, and let children know that it's okay to ask questions and talk openly, but also point out her abilities and the ways she is similar.
- Supporting relationships by putting into words the emotions, thoughts and intentions of the child with special needs (e.g. "Danielle liked when you sang to her, Toby – that's what she's saying when she moves her arms like that.")
- Incorporating many other opportunities for children to experience and talk about disabilities, as well as other individual differences. Consider:
 - Puppets acting out social scenarios between individuals who are different.
 - Children's books with characters with a disability or individual difference.
 - Invite a classroom guest who has a disability to come and talk with the children and allow them to ask questions.



Tip 7 Supporting a Child with Social Delays

If most children are playing with each other easily, a child with social delays will have great difficulty fitting in, especially in dramatic play areas, where the play is most complex and demanding. Support these children by:

- Participating in the play yourself and modeling how to join in.
- Facilitating the acceptance of the new child by others (*e.g.* suggest a role he/she can play or a task he/she can perform).
- Providing support by “thinking out loud”: verbalizing what you are thinking as you consider joining the play, verbalizing what you think the other children might be doing or thinking, verbalizing what you will try, etc. Making the thought process overt can help the child better understand each of the parts of social play that are important to pay attention to (*e.g.* others’ intentions, facial expressions).

Tip 8 Play as a Context for Social Development

Play represents the child’s highest level of social function. Use this information to set appropriate social expectations and to plan activities to expand his or her skill level.

- Play progresses predictably from solitary play, to parallel (side-by-side) play, to associative (interacting but not negotiating), to cooperative. Be sure that your expectations for planned activities (*e.g.* circle time) take into consideration the level of play that most of the children demonstrate.
- Encourage children to move to the next level of complexity in play by creating brief situations in which more complex play is required (*e.g.* cooperation is necessary because two children want the same toy, pretend role, etc.). Be available to provide support if frustration becomes too great.
- Join in children’s play. While still allowing them to have control over the “script” and their own participation, model slightly more complex play, communication or social competence. Subtly prompt children to respond at that level.







Kristin's Story

For the third time this week, Kristin gets Emma's extra clothes bag from her cubby and braces herself to clean up another smelly mess. It's been two months since 3-year-old Emma began soiling her pants more often than having her bowel movement in the toilet. It's really become frustrating. This is a child who had gone for over a year with no accidents, either at Kristin's home child care program or at her own home, according to Emma's parents.

But it's been happening often enough that now Emma has started to hide behind the couch or the outdoor play equipment when she's soiled her pants. She's not happy, Kristin's not happy, and her parents are really not happy. Her dad thinks she's just being stubborn. But Kristin's experience in caring for children tells her the odds are that it's something not under Emma's control.

And how awful would it be for Emma if everyone thought she was doing this on purpose and she was just as confused as anyone?

With an open mind and a notebook, Kristin writes down some thoughts to help her focus on other possibilities:

- What are some possible physical reasons Emma might not want to have a BM in the toilet? Maybe it's painful? Could she be constipated? I should talk with her parents and agree to not feed her some of the more common foods that can cause painful stools.
- What are some other conditions that might cause painful bowel movements? Are there any chronic conditions that she could have developed? I'll ask Emma's parents to check with their pediatrician and I'll call the Healthy Child Care Ohio Consultant to see if they can suggest any possibilities.
- Maybe it's not physical pain...is there something about going into the bathroom that frightens Emma? When I've tried to talk with Emma about it, she just looks at me with a miserable expression. I have no idea what she's thinking.
- If there is something psychological going on here, I feel like I'm out of my depth in knowing how to deal with it. Who could I call to get expert advice, information or even an assessment? If Emma is trying to tell us that she's been physically or emotionally harmed, I want to be sure we hear her and get her help.

The problem is far from solved, but Kristin at least feels renewed determination to identify the cause of Emma's problem and, hopefully, help.



Content Area Facets

The content area of Health, Safety and Nutrition in the original Core Knowledge document is separated into three subcategories of professional practice:

- 1 Health – Physical and Mental
- 2 Safety – Physical and Psychological
- 3 Nutrition

For each facet, you will find:

Competencies

Competencies from the parallel section in *Early Childhood Core Knowledge & Competencies* that relate to children's social and emotional development and challenging behavior along with the page numbers where they can be found.

Theory Into Practice (TIPs)

Practical strategies and suggestions for applying knowledge and skill in real situations.

Behavior Links



Watch for Signals

Children who are healthy, safe and well-nourished are much more likely to be fully and positively engaged in play, learning and interacting with others than those who are not. The links between children's physical and emotional well-being and their behavior are numerous and strong. Behavior is the language that children use to tell us that something is not right.

Early childhood professionals must be aware of those links in order to:

Prevent health and safety-related barriers to children's development, learning and positive behavior.

Recognize behavioral clues to illness, abuse or neglect, or fear of harm.

Respond with effective solutions to challenging behavior that stems from health, safety or nutrition problems or insufficiencies.

Powerful Allies

Creating effective partnerships with families in which issues of health, safety and nutrition can be discussed in a respectful, effective way is key to establishing consistency across all of a child's environments that will lead to his/her overall well-being.

Knowing where and how to access and engage community health, safety and nutrition professionals and services can greatly expand the early childhood professional's capacity to meet children's needs, particularly when those needs are great.



Theory Into Practice (TIPs): Health

Related Competencies: EC-CKC (26-28)

- 1.8 *Assesses each child's health status daily and objectively documents and responds when necessary.*



TIP 1 Lead Poisoning and Behavior

Lead poisoning occurs when children swallow or breathe in lead and magnifies as it builds up in their bodies. Symptoms are not easily recognizable, so the only way to diagnose lead poisoning is with a blood lead test. Common sources of lead include peeling paint; contaminated dust, soil or water; and some toys, art supplies, jewelry and cosmetics. The consequences of low levels of lead are headache, stomach ache, hyperactivity, and behavioral and learning problems.

- Ask the parent if they live in a home or the child spends time in a home/center built before 1978. If so, encourage a blood lead test.
- If a child displays hyperactivity, behavioral or learning problems, encourage a blood lead test to rule out lead poisoning.
- Work with the family to identify appropriate strategies to support children who have experienced lead poisoning, such as offering alternative hands-on learning opportunities.

(See Resources p. 96 for more information on lead poisoning.)

TIP 2 The Link Between Well-Being and Behavior

Health issues in children may cause a change in behavior. Illness, pain, hunger or lack of sufficient rest may manifest itself in behaviors such as: uncooperativeness, aggressiveness, self-isolation, over-activity, or whininess. Just like adults, children who don't feel well, are in pain, or who don't have their physical needs met can seem irritable and demanding.

- Understand the impact of physical well-being on behavior, and recognize the variety of behavioral clues that a child is experiencing physical discomfort.
- During enrollment, learn from families about their children's typical behavior when they have physical needs.
- Encourage family members at drop-off to share any pertinent information about their child's physical well-being that may affect his/her behavior during the day (*e.g.* didn't have time to eat breakfast). Share information with any other teachers/caregivers.
- Learn how to informally assess children's physical well-being; recognize your own limitations in any given situation, and seek the advice of a more knowledgeable professional.
- Be aware of any health issues in the community or your program (*e.g.* illnesses going around).

TIP 3 Mental Health

Mental health disorders are often associated with adults, but are also found in young children. Children who have experienced trauma, loss, attachment difficulties or medical complications early in life may show more challenging behaviors. For example, children who were on ventilators for an extended period of time may have specific feeding difficulties, which are classified as a mental health and developmental disorder.

- Be aware of behaviors that are commonly associated with early childhood mental health disorders.
- Use a screening tool, such as the Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) to monitor children's social-emotional development and make referrals when concerns arise. *(See Resources p. 95 for more information.)*
- Utilize community resources to learn more about supporting children's social-emotional development, including mental health consultants who can assist with classroom planning and individual children.

**TIP 4 Medication and Behavior**

Many medications have side effects that influence children's moods, behaviors and level of alertness. This is true of both prescription and over-the-counter medications, as well as homeopathic ("natural") treatments. For example, medication for asthma may cause hyperactivity and interfere with sleep.

- Maintain ongoing communication with parents about any changes in children's health status and medications they may be taking, both at home and in the early childhood program.
- Encourage parents to communicate with their child's doctor and pharmacist about potential side effects of medications.
- Talk to parents in a supportive way about any changes you notice in the child's mood or behavior. Be aware of any tone or words that might be interpreted by a parent as blame or judgment about his or her parenting. Communicate your desire to work together to discover and address the cause.
- Recognize that when children are ill or taking medication, they will probably not "be themselves." Be patient and reassure children who may be experiencing unpleasant symptoms or side effects. They aren't likely to understand or be able to communicate why they are feeling irritable, tired, hyperactive, etc., nor are they capable of controlling it.
- Remember to maintain confidentiality about the child's medical issues when communicating with other staff or families.

TIP 5 Chronic Conditions

Children's underlying health conditions may include behavior that can be seen in the early childhood setting. Chronic conditions such as autism, sensory integration dysfunction, prenatal drug exposure, fetal alcohol spectrum disorder and even colic often result in challenging behaviors, depending on the individual child. Characteristics may include inattention, impulsivity, poor social skills, excessive crying, aggression, sensitivity to environmental stimuli (such as sound, light or textures) and eating difficulties.

- Learn about the child's health condition and access resources to develop appropriate strategies for the classroom.
- Be aware of conditions that trigger certain behaviors and make adjustments in the environment. Offering a quiet retreat, less background noise or soothing sensory activities, such as playdough, may allow a child to manage himself more easily.
- Maintain a current health care plan with appropriate strategies. When appropriate, incorporate recommendations from other service providers (such as therapists or consultants) who provide supports or services to the child.
- For children under three, make a referral to Help Me Grow* and the child's primary care provider if there are developmental concerns. Referrals for children three and older should be made to the local school district and the child's primary care provider.

**See Resources p. 100 for information about the Help Me Grow program.*



Theory Into Practice (TIPs): **Safety**

Related Competencies: EC-CKC (26-28)

- 1.5 *Recognizes types and stages of bullying.*
- 2.3 *Responds appropriately to bullying and makes every attempt to foster social development/skills that will keep bullying from developing in the first place.*
- 3.3 *Develops and provides training for staff and families on a “bully prevention” policy.*

**TIP 1** Children's Perception of Safety

Young children are vulnerable. It's the responsibility of the early childhood professional to protect young children from harm, both physically and emotionally, to the degree possible. As you strive to create environments that are safe, it's important to consider not only an adult's perception of safety but also each child's perception of safety. It's the early childhood professional's responsibility to:

- Be knowledgeable about common fears in young children in general; talk with families about individual children's known fears.
- Recognize the behavioral signs of fear in children, including fears that result from child abuse and neglect, bullying or traumatic events or losses.
- Take time to listen to the child and respect the potency of the child's feelings; seek to understand the fear from the child's perspective, including the child's understanding of the source of danger; and seriously consider the possibility of actual threat.
- Find effective strategies to create greater feelings of safety in the child and to eliminate or reduce the threat of perceived danger when possible.
- Include family members, involved program staff, and, if appropriate, community professionals in the process so that all of the adults who are in a position to help are working together.

TIP 2 Steps in Social Problem-Solving

Children need help in working through the complex steps of solving social conflicts. The following process is one approach to use with children. It can be used with a group of children in discussion of a hypothetical conflict (presented in a story, for example), or when an actual problem is affecting many children in the class, or in a naturally-occurring situation with just the children involved.

1. What is the problem? Ask children to describe the problem. They will each frame the problem in terms of their own perspective. The teacher then reframes the problem as a shared one.
2. What can I do? Children brainstorm solutions. These may include different actions for each party in the conflict. The teacher lists them all. (Support children by having “Solution Cards” already prepared that they can discuss.)
3. What might happen if...? Children discuss the consequences for each solution. The teacher asks probing questions (*e.g.* How would Sam feel about that? Would that be safe?).
4. Choose a solution and use it. Children identify the best solution, based on their evaluation of the consequences. The teacher then guides them in a discussion of how to implement their idea.
5. Is it working? If not, what can I do now? Each child is given the opportunity to express his/her perception of how well the solution is working and suggest alternatives, if they want.



TIP 3 Understanding Aggression and Bullying

Creating and maintaining a safe environment includes keeping children safe from the aggressive and harmful words and actions of one another. A child can inflict harm for a variety of reasons: overwhelming anger or frustration that he/she isn't able to manage; social or communication skills that are still developing; the experience of having seen violence used by adults or older children in his/her world. Regardless of the cause, aggression must be addressed before patterns of violence and victimization can develop and persist, resulting in bullying.

- Hurtful behavior is not uncommon in early childhood settings. It can take the form of physical aggression (e.g. pushing, grabbing something away, destroying something of value to another child) or relational aggression (e.g. name-calling, excluding from play). Children are trying out different social strategies, including manipulating others in hurtful ways. Whether or not they continue a particular strategy will depend on if the consequences are positive or negative.
- Bullying behavior develops out of a child's perceived need to dominate someone else in order to feel powerful. Even a young child is capable of deliberately and repeatedly dominating a more vulnerable child – the definition of bullying – especially if coercive or aggressive use of power in relationships is familiar to the child and if early aggressive behavior is not effectively addressed when it occurs.
- Children who frequently are victims of bullying tend to be passive and compliant, easily giving in to aggressive threats or reinforcing the bully's play for power by crying or showing fear.

With each instance in which an aggressor successfully dominates a passive child, a sense of powerlessness builds and, if left unaddressed over time, is likely to build into a pattern of helplessness, poor self-image and self-confidence and/or depression.

- An act of aggression or bullying in a child care setting is nearly always witnessed by other children. These bystanders also play a role in whether or not the incident further develops into a pattern. Bystanders may ignore the behavior or even be drawn into the aggression themselves. Either response will reinforce the aggressor's behavior. But bystanders can also challenge the behavior by directly telling the aggressor to stop, helping the victim or getting the help of an adult. All children can be helped to recognize their responsibility for creating a safe, caring environment where violence toward one another is not tolerated.

TIP 4 Responding to Aggression and Victimization

Early childhood professionals play a critical role in stopping isolated incidences of aggression from becoming patterns of bullying and victimization.

When aggression, either physical or verbal, occurs:

- Intervene immediately to stop the behavior, even if you're not sure it was an intentional act of bullying. Observe body language and facial expressions as well as words and actions to understand the situation.
- Respond with firmness and calm. Each child – the aggressor, the victim and each bystander – needs to know from your words, actions and demeanor that you care about the well-being of each one and are committed to keeping everyone safe.

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- Don't respond aggressively. Even though you may very well feel anger toward the child who was aggressive, especially if aggression is a pattern, responding with actions or words that seem harsh or coercive will only reinforce the aggressor's belief that power and aggression go hand-in-hand.
- Don't ask the children to work out their own solution. In a situation in which one child is dominant over another, neither child has the emotional or social base to be able to navigate a problem-solving process without significant guidance from an adult.

Afterward:

- Stay observant and be ready to step in at the first sign of further aggression or distress in the victim.
- Carry out immediate consequences for the aggressor that are appropriate to the behavior and developmental level and are consistent with program policy.
- Express sympathy and support to the victim and listen carefully to his/her perception of the event. Talk with the child about actions that he/she can take if it happens again and assure him/her that adults and friends can help.
- Express appreciation to any bystanders who tried to stop the aggression or help the victim.



TIP 5 Preventing Aggression and Victimization

One of the most effective strategies for preventing persistent aggressive behavior and victimization is to intentionally build all children's social skills and abilities to manage strong emotions. Slaby, *et al* (1995) identified three of the most important social/emotional competencies for preventing bullying as social problem-solving, empathy and assertiveness.

Building Social Problem-Solving Skills:

- An effective problem-solving process is quite complex, especially for young children. Break up the process into individual skills and focus on one at a time, giving children the opportunity to observe it being used in context and to practice themselves.
- Use a variety of teaching methods to introduce, demonstrate and discuss working through social conflict throughout the curriculum, whether or not there is currently a specific aggression problem. Some strategies that are particularly effective with young children are: using puppets to act out a problem scenario and resolution; children's literature; oral storytelling; pictures; and posters.
- Help children transfer the strategies and skills they've observed and discussed to real-life situations by identifying and briefly discussing how a strategy or skill could be used in the situation or perhaps was used by children to solve a problem.
- Acknowledge the strong emotions often involved in social conflicts and aggression and support children in learning to identify emotions in themselves and others, expressing emotions appropriately and controlling and calming themselves.

Building Empathy:

- Talk with children often about the feelings involved in a situation where aggression is used. Whether in the context of a hypothetical or an actual situation, help children label the feelings of each of the parties involved. Help children read the clues to another person's emotions and intentions. Persistently aggressive children often misread social cues and incorrectly perceive negative intentions in other children.

Building Assertiveness:

- All children will benefit from learning how to speak up for themselves and their needs and wants in a positive, effective way. Some specific behaviors to encourage among young children are:
 - To speak to one another directly rather than depending upon an adult.
 - To ask for and offer things to each other in a polite and non-demanding way.
 - To say "No" politely and to accept "No" as an acceptable response.
- As with other social skills, use demonstrations and stories as well as actual situations in the classroom to illustrate and discuss assertiveness.
- Be sure to teach assertiveness to both girls and boys. Be aware of and correct any differences in perceptions about acceptable behavior based on gender (or other characteristics) related to aggression or compliance.





Theory Into Practice (TIPs): Nutrition

Related Competencies: EC-CKC (26-28)

- 1.2 *Creates pleasant, relaxed, safe and developmentally appropriate meals and snacks.*
- 1.4 *Encourages children to learn and develop self-help skills during meal time and food activities.*
- 1.7 *Responds appropriately to hunger and fullness cues.*



TIP 1 Mealtime Choices as Self-Expression

Mealtime can become stressful when children's preferences for when and what to eat don't align with the schedule and menu of the program. As with many behavior issues, battles lessen when children know that there are consistent routines, rules and consequences in place that aren't negotiable. Consider the following when developing or implementing rules around eating times:

- It's typical for children to go through periods where their appetite changes, where they need more or less food than they have previously. Let them decide when they are hungry and full, with the understanding that food will not be available again until the next meal or snack.
- Children's food preferences change over time as well. Unless a child is visibly suffering from poor nutrition, allow him to choose the foods he eats from among those you offer, even if it's very limited. Do try to include a wide variety of foods of varying textures, temperatures, etc., including familiar and favorite foods, as well as the occasional unfamiliar food.
- Invite children to join in the preparation of the food they will be eating, using health and safety precautions, of course. Children are more likely to try a food that they have helped grow or prepare. Occasionally, make "fun food": veggies with dip, mini-pizzas with veggie faces, etc.
- Invite children's suggestions for menu options, using it as an opportunity to talk about healthy food options.

TIP 2 Mealtime: A Rich Social Context

Meal times present a rich environment to support the social, emotional, cognitive and physical development of children. When children are engaged in well-planned meal times they learn turn-taking, manners, pro-social skills, appropriate conversation and self-regulation. You can use meal and snack times to build relationships by:

- Sitting with children and engaging in meaningful conversation during the meal.
- Utilizing family style dining (you sit with the children, food is passed and the children choose their own selections as per their developmental capabilities).
- Recognizing that children have unique home experiences related to meal times that may impact mealtime behavior.
- Serving familiar foods alongside new foods intended to broaden the child's experience.
- Allowing children sufficient time to eat.
- Involving children, when possible and in developmentally appropriate ways, in food preparation, table setting, clean-up and other mealtime activities.
- Never employing food as a punishment or reward.



TIP 3 Insufficient Food

Recent studies have found that nearly 1 in 4 children under the age of five in Ohio experiences “food insecurity,” defined as not having adequate physical, social or economic access to food that meets their dietary needs for an active and healthy life. The level of food insecurity among young children in Ohio is the third highest in the country. Children who do not have consistent access to adequate food are at risk not only in terms of their physical health and development, but also their social, emotional and behavioral well-being. Food insufficiency and hunger have been consistently associated with aggression, anxiety, poorer academic performance and lower social skills.

- Learn to recognize signs of food insecurity in children, such as irritability, inattention, hoarding or saving food or extreme hunger. They may be more evident at the beginning of the week or after a break from child care.
- Prepare enough food for meals and snacks so that children can have additional servings if they are still hungry. The Child and Adult Care Food Program offers meal reimbursement to eligible programs. Consider making additional snacks available in the classroom if children need them, or providing “to go” bags for children to take home.
- Become familiar with community resources that can assist families, such as the WIC program, county JFS office, food pantries and programs that offer educational programs on meal planning and nutrition. Sharing this information with all families reduces the stigma of singling out an individual family who may be uncomfortable discussing their need.

TIP 4 Obesity and Physical Activity

It is estimated that 1 in 3 children is overweight or obese*. Obesity in children has been associated with an increased risk for depression and other mental health diagnoses and decreased levels of self-esteem. On the other hand, children who engage in regular physical activity are more likely to have higher levels of self esteem and increased concentration and lower levels of stress and anxiety.

- Offer children opportunities for a variety of vigorous physical activities throughout the day. Include both structured (adult-led) activities and free play.
- Offer nutritious foods and beverages in appropriate serving sizes, starting with small portions and allowing seconds if the child is still hungry. Allow children to stop eating when they are full so that they learn to recognize their body’s cues. Be aware of infants’ signals that they are full, such as turning away from a bottle or spoon.
- Incorporate activities to help children learn about nutrition and making healthy choices, such as cooking, gardening or comparing food labels.
- Limit the amount of “screen time” in your program, including television, videos, hand-held video games and computer time.

**Overweight is defined as a Body Mass Index at or above the 85th percentile and lower than the 95th percentile. Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.*







Rema's Story

Rema was off to a good start with this year's class of first graders. She had been able to conduct home visits and gathered some very helpful information from parents about each child's interests, strengths and areas of growth, as well as goals that families had for their child in the coming year.

Rema was also nearly done with the first round of formally assessing children's developmental skill levels. Although the checklist that she used was fairly general, it gave her enough information to see where she needed to adjust her curriculum plans for the group and to make adaptations for individual children who were well ahead or behind the majority of the class in particular skills or concepts.

Fall parent-teacher conferences would be coming up soon and Rema felt confident in the portfolios she and the children had been putting together to share with their families.

However, Rema was giving more thought to one child, Joshua, whose tendency to be unfocused and impulsive had been challenging for her as well as for the rest of the class.

As a result, he had not been able to establish any positive relationships with the other children and Rema was concerned that he was developing a negative reputation within the class.

Joshua's behavior was also keeping him from making much progress in learning new concepts and skills. Rema wanted to keep him from falling too far behind. But mostly, Rema wanted to know how to help Joshua feel good about himself and his ability to maximize his strengths and minimize his challenges.

In preparation for the conference with Joshua's family, Rema began thinking about additional issues that would need to be addressed in order to develop a plan that would enable Joshua to get the most out of this learning environment.



Planning for Joshua's Benefit

- *Besides my notes, what other assessments would help clarify the issues?*
- *He seems to move from activity to activity without becoming involved, but that's just my impression. Would time sampling clarify a pattern of how long he stays engaged in different activities or with different children?*
- *I wonder if Joshua has the same issues in the afterschool program that he attends? How can I connect with the afterschool professional who knows Joshua the best, and who is most likely to collaborate in creating and implementing a plan to support him, while still maintaining the right level of confidentiality?*
- *What other records could I access that might help me better understand how generalized this behavior is? Are there records from his kindergarten year? How about his time in preschool?*
- *At what point do I need to talk with our school psychologist? What are our school procedures and policies that apply in this situation?*
- *Does Joshua's family know about the rights, responsibilities and processes spelled out by federal law for children with special needs? How can I share that information with them in an unthreatening and helpful way?*

Rema's intentional collection and use of objective information about Joshua will provide a solid basis for making decisions on his behalf.



Content Area Facets

The content area of Child Observation and Assessment in the original Core Knowledge document is separated into four subcategories of professional practice:

- 1 Foundations and Principles
- 2 Gathering and Documenting
- 3 Summarizing and Interpreting
- 4 Sharing and Reporting

For each facet, you will find:

Competencies

All aspects of observation and assessment apply to children's social and emotional development and to challenging behavior. So specific competencies have not been identified as they have for other areas of practice.

Theory Into Practice (TIPs)

Provide suggestions for specifically utilizing observation and assessment knowledge and skills to support children's social and emotional well-being and growth and to address behavior that causes concern.

Behavior Links



From Puzzle to Picture

At the center of observation and assessment lies the connection between a child's behavior – what we can see – and all of the internal processes and abilities that we can't see, including thoughts, emotions, memories and perceptions, as well as all of the physiological systems that we tend to assume are always functioning well. Through observing, assessing, recording and interpreting a child's actions, the early childhood professional puts together the behavioral pieces of the puzzle. This is the internal picture of where the child is developing and functioning within the range of expectations for her age and abilities, and where there is a barrier that needs to be removed or accommodated so that she can reach her full potential.

Putting Skills into Practice

Observation and assessment puts into practice all that we know about children's typical development and learning, not just in the areas that are more frequently assessed, such as math or literacy, but also in the domains of children's social and emotional development. When the early childhood professional knows the typical developmental tasks and challenges of children within the age range of her group, she will have appropriate expectations for their behavior. She can correctly interpret when emotional outbursts or social conflicts are likely caused by frustration with developmental limitations.

Proactive and Responsive

Observational assessment is both a proactive and responsive tool when working with young children. Proactively, as the early childhood professional plans environments and activities for children, she utilizes the information she has already gathered about their strengths, limitations and interests. As children engage in the environment and activities she has provided, she again observes and assesses both the child and the activities and environment, gathering more information that will guide her decisions about how best to support each child. When integrated into the professional's everyday practice, this cycle of assessing, planning and implementing can prevent many of the types of misbehavior that are commonly reported in early childhood programs.

Part of the Ongoing Cycle

In addition to being part of the ongoing cycle of teaching/caregiving for every child, observation and assessment are also critical to responding effectively when a child's behavior signals that something is amiss. Every early childhood professional who desires to become skilled at understanding, guiding and managing children's behavior must commit to learning the knowledge and skills involved in observation and assessment. Not only are observing and interpreting essential when responding to a behavior concern, the skills of recording and sharing assessment information with families and other professionals become essential as well, as all partners work together to create a formal plan for addressing whatever issues are challenging the child.



Theory Into Practice (TIPs): Foundations and Principles

TIP 1 What is Assessment?

In simple terms, to assess is to gather information about the current status of someone's or something's level of functioning. When thinking about the ways in which assessment can be used to find out how well each child is doing emotionally and socially in an early childhood environment, it's important to think about a variety of lenses that can be used to view emotional and social well-being from all angles:

- Assess an individual child's skill level or understanding, including social skills and concepts and emotional skills and concepts.
- Assess social interactions among children and group behavior.
- Assess adult-child interactions.
- Assess the effects of the psychological, as well as physical, environment on the children.
- Assess the environment and activities and their effectiveness in engaging children in intended ways.

TIP 2 A Foundation in Child Development

Early childhood professionals who conduct child observations should have an understanding of children's social/emotional development and the relationship to their development in other domains. This understanding includes a knowledge base of the wide range of skills and abilities children can exhibit and still be on track developmentally. Seek knowledge and skill in the following areas:

- The range of typical development in all developmental domains, including emotional and social development.
- Developmental milestones and the progression of development of children's social understanding and competence and children's emotional understanding and ability.
- Ways that children can differ individually in their emotional development and their social development.
- Factors that influence emotional development and social development, including various cultural or parenting influences, early experiences, individual temperament, etc.
- Early signs of various, more common types of developmental delays and disabilities, including accompanying behavior that may interfere with a child's peer relationships or may be misinterpreted as defiance, non-compliance, etc.
- Methods and tools for assessing social and emotional development.
- Factors that influence a child's performance during assessment.





Theory Into Practice (TIPs): Gathering and Documenting

TIP 1 Know the “Why”

The first step in observation and assessment is identifying the reason for collecting information. From the perspective of children’s behavior, two primary uses of assessment data are evident:

- To determine the level of understanding and ability of each child in order to plan environments and experiences that will optimize each one’s engagement and minimize frustration and boredom.
- To collect information about a child’s inappropriate or challenging behavior (*e.g.* frequency, circumstances) for the purpose of identifying possible causes and solutions.

TIP 2 Observational Anecdotes and Undesirable Behavior

When collecting information about behavior that is of concern:

- Describe in writing what happened before, during and after the behavior, using objective language; include as much information about the context as may be relevant (*e.g.* what other children or adults were involved or nearby, time of day, day of the week, environmental stimulation such as noise level, area of the room/playground, etc.).
- All staff who may observe the behavior should be involved in collecting and recording information.
- Make sure that the collected information (*e.g.* notebook) is not accessible to parents, staff or other individuals who are not involved in addressing the particular situation.

TIP 3 Effective Assessment Practices

When gathering assessment data about a child’s social or emotional comprehension or functioning, remember these key principles:

- The assessment method or instrument should be appropriate for the child’s age, language mastery and culture, and appropriate for the skill or understanding of interest.
- Formal assessment tools (*e.g.* checklists, rating scales) should be evidence-based and used by those who have been trained in their use.
- The validity of the assessment will be highest when the assessment materials, setting and tasks are very familiar and engaging to the child or children.
- Multiple observations should be made whenever possible to gather a reliable picture of children’s understanding and functioning.
- Informal assessment documentation, such as anecdotal notes, children’s drawings, photographs/video, etc., can add richness and depth to the understanding of a child’s social or emotional development.

TIP 4 Gathering Information from Families

Information from parents and/or family members will be useful for gaining a complete and accurate assessment of a child, whether the interest is in determining current developmental levels or in identifying factors involved in behavior of concern. Establishing the following practices can be helpful in creating a system of information gathering and sharing with families:

- Obtain information when a child enrolls such as using an in-take information sheet containing questions related to social/emotional development.
- Share information informally on a daily basis (either verbal or written) or formally such as parent/teacher conferences.
- Using a parent-completed tool (*e.g.* ASQ) at regular intervals for all children provides an individual profile of each child’s development and promotes ongoing discussion with parents (not just when problems arise).
- When a concern arises, involve a parent/family member early on by describing the behavior objectively and asking if the behavior has been noticed at home. Include the parent/family member as a partner in the process of gathering more information, while being sensitive to his/her response to the fact that you have a concern.



Theory Into Practice (TIPs): Summarizing and Interpreting

TIP 1 Using Assessment Information in Curriculum Planning

Once information about children has been systematically gathered and recorded, it then needs to be utilized in decision making. Decision making with regard to all children involves planning and evaluating the curriculum – experiences and environments – based on the information gathered about the needs, strengths and interests of all of the children in the group. When children's days are filled with activities and experiences that reflect and support their current level of progress cognitively, linguistically, socially, emotionally and physically, then conflicts and behavior born out of frustration and boredom will be greatly minimized.



TIP 2 Using Assessment Information to Address Challenging Behavior

Decision making with regard to children whose behavior is concerning involves using the observation and assessment information to identify possible causes of the behavior and to develop a strategy to address the factors involved.

- Involve parents/families in the development of the strategy, to the greatest degree possible.
- Focus discussion on written observations and assessments.
- Acknowledge the validity of different perspectives and set a goal of creating a behavior plan that takes into consideration all views.
- Ensure that the plan includes:
 - Goals for the child that are specific, observable, and achievable.
 - Delineated responsibilities for participating adults (staff, administrator, parent/family members, specialists).
 - A timeline for implementation and a date for evaluation of the plan's effectiveness.
- Recognize that arriving at a strategy that results in positive change in a child's behavior may take multiple attempts and that the success of a strategy may be defined very differently, depending upon the factors influencing the behavior.

TIP 3 Supporting Individual Development with Assessment Information

To incorporate assessment data about children's social and emotional development into curriculum planning:

- Develop a method for ensuring that individual children's needs are met as part of curriculum planning. For example code the child's name on the back of the lesson plan with reference to the activity.
- Incorporate written goals for every aspect of development, including social skills/ understanding and emotional skills/ understanding, into the daily experiences of every child. Remember that these goals can be accomplished in many varied ways: in routines, during play, in child-directed activity and adult-directed activity, in large or small groups or in individual activity, indoors or outdoors, etc.
- Become very familiar with each child's current level of skill-building. Being cognizant of each child's developmental goals throughout the day enables you to make each moment an opportunity to strengthen or extend a child's learning.



Theory Into Practice (TIPs): Sharing and Reporting

TIP 1 Maintaining Ethical Standards

High ethical standards should be maintained for the sharing and reporting of all information regarding individual children but it is critical when there is a concern about a child's behavior. Very often, the behavior has been noticed, and may be of concern, to other parents, particularly if the behavior has aggressive or threatening to other children.

All professionals involved in working with the child and his/her family need to be clear about the expectations for sharing and reporting information about individual children:

- Programs should have detailed written policies related to confidentiality, sharing reports and meeting with parents.
- Reports should be written using objective, non-judgmental, strength-based language. For example for a 2-year-old under Social/Emotional skills write: "Shows strong sense of self by saying 'No' to a request" instead of "He defies me by saying 'No' all the time."
- Information should only be shared with families and other professionals involved in working with the child. Assessment records should be inaccessible to anyone who is not accountable for them.
- Involved staff should be consistent in their response to concerned or interested parents of other children in the group, conveying assurance that the situation is being addressed without compromising confidentiality or the trust of the family involved. Sensitive information about children and families is never discussed with uninvolved staff within the program or with anyone outside of the program.

TIP 2 Talking with Families About Challenging Behavior

Discussing a child's difficult behavior can be a very emotional experience for parents. Sharing assessment information and discussing strategies should be carried out with sensitivity:

- Be a considerate professional when talking to parents, using strength-based language and focusing on solutions and strategies.
- Ensure that sensitive conversations can take place in a location where confidentiality and privacy can be maintained.
- Listen to the parents/family members and read body language. Be aware that different family members may be thinking and feeling very differently about the information you are sharing, particularly if it involves problem behavior or a suspected disability.
- Be knowledgeable about and sensitive to any cultural differences that may affect the communication process (*e.g.* the way respect is conveyed, how disagreement is handled).
- Do not share opinions, but rather thoughtful comments based on observational evidence.
- Avoid a focus on blame; steer the conversation toward suggestions for addressing the issues and incorporate positive language as much as possible.





Mario's Story

Mario enjoys his position as a co-teacher in the 4-year-old room. He gets particular satisfaction out of working with the boys in his classroom who don't have an active father figure in their lives – four of them this year. The boys, as well as their families, really seem to appreciate the time he takes to get to know them individually and the impact of his consistent modeling of positive attitudes and behaviors.

Although Mario has come to expect a certain level of social conflict as typical for 4-year-old boys, who are figuring out how to negotiate their wants with everyone else's, he has noticed that one of the boys, Malcolm, has been getting into more scrapes than usual lately. The youngest son of a family who recently immigrated,

Malcolm had been adjusting well in the three months since he had been enrolled. Mario had the beginnings of a good relationship with Malcolm's mother, although the language barrier was a challenge.

Mario knew that considering the context of behavior problems was an important step. In looking over his observational notes from the past three weeks, Mario noticed that most of the conflicts were happening on Fridays and Mondays, leading him to suspect that something outside of school was affecting Malcolm's behavior in some way. After a conversation with his co-teacher and director, Mario has concluded that the next step is to talk with Malcolm's mother.

Mario's director has challenged him to think through the following questions as he anticipates the conversation:

- Will Malcolm's mother feel comfortable talking about this? If not, how can I lessen the anxiety she might be feeling? What might her fears be?
- How can I make sure that our communication is as clear as possible? Is there someone in their family or in the immigrant community with whom she would be comfortable who could act as an interpreter, if necessary?
- What do I know about parenting behaviors, expectations and values in their culture? How can I learn more? How will that information be helpful as we discuss a plan to help Malcolm?



Anticipating the Conversation with Malcolm's Mom

- *How can I present my concerns about Malcolm without sounding judgmental about him or about her parenting? How can I communicate my respect for her as his mother and for his family?*
- *What questions do I need to ask her that will help us understand what is causing this change in Malcolm's behavior? Has she noticed the same pattern of difficult behavior around the weekends? Is there something about the weekends that has been different lately?*
- *How can I let her know that I want us to work together for Malcolm's well-being, and that I will support and respect her opinions, wishes and choices? What will our next steps be?*

Although Mario is a bit nervous about initiating this problem-solving process, his questions reflect attitudes and intentions that will go a long way toward ensuring that the process will lead to a solution to Malcolm's behavior issues and a stronger relationship with the family.



Content Area Facets

The content area of Family and Community Relations in the original Core Knowledge document is separated into five subcategories of professional practice:

- 1 Valuing Families
- 2 Positive Family-Professional Relationships
- 3 Supporting Family Connections
- 4 Community Collaborations
- 5 Impact of Culture, Community and Family Systems

For each facet, you will find:

Competencies

Nearly all of the competencies related to family and community relations are relevant to supporting children's social and emotional development and to addressing issues of challenging behavior. So specific competencies have not been identified as they have for other areas of practice.

Theory Into Practice (TIPs)

Provide suggestions to consider when focusing specifically on children's social and emotional well-being and growth or behavior that causes concern. These strategies are grouped under Family Partnerships and Community Partnerships.

Behavior Links



Influential Factors

Children exist within family, cultural and community contexts that profoundly influence their sense of self and others, their development of social and emotional competence, and the behavior that they exhibit. Understanding the influence of these factors is essential to developing strategies to support children's healthy social and emotional development and to build positive behaviors.

Working with Families

In order to support children effectively, early childhood professionals also need knowledge and skill in communicating and working in partnership with families in ways that are respectful, based on identifying the child and family's strengths, and focused on identifying solutions. Establishing consistent, positive strategies between home and early childhood programs is critical to ensuring the greatest impact for children.

Collaborating with Community

Early childhood professionals are more effective in supporting children's social and emotional well-being and building positive behaviors when they are aware of, and collaborate with, community services and professionals to meet the needs of children with challenges that are affecting their behavior.



Theory Into Practice (TIPs): Family Partnerships

TIP 1 Reflecting Families

Children's emotional well-being, sense of identity and understanding of others is strongly tied to their experience within a family. They benefit from being in an early childhood environment in which they can see themselves and their families reflected. A supportive environment can include:

- Providing culturally appropriate materials (dolls, posters, books, puzzles, models, etc.).
- Integrating home-like materials into the classroom (baskets, plants).
- Displaying pictures of children with their families.
- Planning opportunities to have families participate on site or through other activities (playing instruments, reading a book at story time, sharing their skills).

TIP 2 When Expectations Conflict

Families have opinions about what is best for their child and often naturally advocate on his behalf. Many factors influence families' expectations regarding emotional and social outcomes for children. These expectations may be in conflict with those of the early childhood program or professional. Or they may be challenged when a child is not meeting expectations.

When issues arise, you should:

- Recognize potential areas of disagreement and begin a dialogue with the family.
- Identify potential contributing factors.
- Employ effective problem-solving strategies.
- Utilize the appropriate level of conflict resolution.

TIP 3 Gaining Understanding of the Family Context

Children's home life shapes them and frames their perceptions of, and responses to, other environments. When professionals communicate with families they gain an understanding of the family systems that impact children's perceptions, interactions and behavior. Discussions with families provide information, assistance and insight regarding:

- Families' expectations of children's behavior.
- Caregiving styles.
- Home environments and organization.
- Family schedules including sleep and meal patterns.
- Quality of family support system including extended family and others.
- Child's prenatal and developmental history.

TIP 4 Collaborating for Children's Well-Being

Collaborating with a child's family is critical to designing and implementing individualized strategies to support the child's emotional well-being such as:

- Allowing for periods of transition as children adjust to differing caregiving styles and expectations.
- Creating an environment that supports the physical needs of the child (food, sleep, private space).
- Providing a consistent schedule that allows some flexibility for individual needs.
- Selecting classroom strategies that will best support the child's development.
- Ensuring consistent teaching staff and primary caregiving.



Family and Community Relations

TIP 5 Alleviating Family Stress

When a child has chronic health needs, a developmental delay or disability, or persistent behavioral challenges, it frequently creates stress within the family for a variety of reasons. Early childhood professionals can be a tremendous source of support by:

- Acknowledging the added stress that special needs bring and communicating a commitment to partner with them to meet the needs of their children.
- Creating a welcoming, inclusive environment for families and children with diverse needs and intentionally encouraging positive attitudes and behaviors among children toward others of all abilities.
- Keeping a current list of resources that are available in the community and facilitating relationships between families and community service providers, health professionals, etc.
- Gaining, and sharing with families, a clear understanding of the rights and responsibilities for children with special needs and their families that are required by federal law in IDEA (Individuals with Disabilities Education Act).
- Supporting families as they navigate the systems that provide services for their children and encouraging them to effectively advocate for their children.
- Participating in, and advocating for, local community needs assessments to assure that gaps in services for children and families are identified.

TIP 6 Communicating Children's Progress with Families

Children's developmental needs are supported when early childhood professionals keep families updated concerning children's progress, especially in their social and emotional development. Consider strategies for providing families with information about supporting social-emotional development in young children and dealing with challenging behavior:

- Include information concerning the support of social-emotional development of young children in enrollment materials.
- Informally share positive news about the child with each parent daily. This practice is especially important for families who have concerns about a child's social or emotional well-being. Good news is critical to share, even if there are also set-backs to report.
- Be willing and able to share with families information about children's social and emotional development and specific ways that the curriculum and environment support it. Provide explanations informally, through everyday conversations, as well as formally, through parent-teacher conferences, newsletters, presentations, etc.
- Share information about community events sponsored by support agencies where families can learn more about healthy and effective parenting (e.g. health fairs, parenting days, community baby showers, county fairs, etc.).

TIP 7 Facilitating Family Connections

Interactions with other families offer support to families raising children. Support systems vary greatly among families due to factors such as family relocations or other circumstances that might cause isolation. Families may have support systems with extended family and/or friends but those support systems may not include parents of young children.

You can help strengthen existing support systems for families by offering opportunities to network among the enrolled families. To do so, you can provide opportunities at family-friendly times for families to network or form groups for support. Consider the following supports for family-to-family connections:

- Offer space for families to informally meet, such as a parent lounge or resource library.
- Provide on-site child care during parent meetings.
- Offer refreshments or a light meal before an evening meeting.
- Arrange for presenters or facilitators based on the interests of families.
- Provide meeting space for both large and small groups.



Theory Into Practice (TIPs): Community Partnerships

TIP 1 Connecting Family with Community Resources

Children can suffer a number of negative physical and emotional outcomes when their families are living in stressful situations. Communities and counties offer services that can strengthen families, help them meet basic needs and provide connections to resources. As additional resources reduce the stress on and within the family, parents are better able to provide a healthy and happy home environment for their children.

You may be able to assist by identifying opportunities for specialized referral based on individual family needs, such as:

- Referrals for family support services.
- Prevention and intervention of domestic violence.
- Basic services related to food, housing, employment, health needs, etc.
- Education and job training.
- Support groups.
- Parenting classes.



TIP 2 Effective Professional Partnerships

Early childhood professionals can serve a critical role in developing effective relationships with other professionals who may work with the children and families in their program. When professionals collaborate with one another, and with families, in setting goals for children and frequently communicating strategies and progress, children are much more likely to experience consistent and effective support across the various environments and programs. This collaboration and consistency among professionals is as critical for fostering children's social and emotional well-being as it is for other areas of development.

- Effective partnerships must be established between afterschool program staff and school personnel to share information about school-age children.
- An effective process of communication and information sharing must be implemented with professionals who are providing services directly to children (special education specialists or therapists, mental health consultants, etc.). Regular opportunities need to be provided for all those working with a child to share information with one another.

- If a child has an identified disability, and an Individualized Family Service Plan (age 0-2) or Individualized Education Plan (age 3-5) is being developed or is in place, the parents can request that their child care provider/teacher be part of the planning team. Teachers/caregivers should not only be knowledgeable about IEPs and IFSPs in general, but also be willing to participate on a team, if asked. Regardless of whether or not a teacher/caregiver is part of the planning team, however, he should develop a relationship with the family that encourages collaboration in discussing and implementing goals and supports for the child both at home and at school.
- Relationships with family support agencies in the community should be initiated and nurtured on an ongoing basis. This way, when their services are needed for a specific situation, the relationship can expedite the process of meeting the family's needs.



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Jungsook's Story

Jungsook is considered by everyone to be the master teacher at the center, not just because she's been there more than 15 years, but because she has gained a wealth of wisdom through formal and informal education and experience with the whole spectrum of challenges one might expect in a program serving such a diverse community. She even received last year's Teacher of Excellence award from the Ohio Association for the Education of Young Children.

In her most recent annual review, Jungsook's director, Tamika, suggested that she give her professional development plan for the coming year more thought than usual, encouraging her to pursue a new direction that would keep her work fresh and invigorating.

Tamika's feedback included her perspective of Jungsook's strengths: the ability to communicate and collaborate with even the most challenging of parents; a remarkable compassion for children with special needs and a passion for including them in meaningful ways in every part of the program; and a growing awareness and concern about the common practice among early childhood programs of "disenrolling" children with particularly challenging behavior.

Armed with Tamika's comments, Jungsook began exploring some options.

Although it's true that I love working with the children with special needs whom I have known over the years, there is so much more I could learn.

- What is it that I am most curious about? A particular disability or delay? A particular age group? Some aspect of the process of identifying special needs and services?
- What would be the most feasible way for me to develop more specialized knowledge and skills?



I often find myself in the role of giving advice to the less experienced teachers.

- *Would it be possible to create a more formalized role of mentor for myself?*
- *Is that something that's needed beyond my center? Would I enjoy doing that? What skills might I need to hone?*
- *If a formal role isn't possible at this point, what are some other ways I could share my knowledge and skills with others in a more strategic way?*

Tamika's right, I have become more aware, and angry about, children who are passed from program to program because no one has the patience or expertise, or will to go through the hard work, to find real solutions. Surely I'm not the only one who wants to draw attention to the sad fate of these children and help our field do a better job of working for their well-being.

- *I wonder how I could find other concerned professionals and maybe join advocacy efforts already under way?*
- *What organizations might I be able to connect with?*

As Jungsook thought about the possibilities, she could feel an excitement about her profession that she hadn't even realized she had lost.



Content Area Facets

The content area of Professional Development in the original Core Knowledge document is separated into four subcategories of professional practice:

- 1 Professionalism in Practice
- 2 Continuous and Reflective Professional Development
- 3 Leadership and Advocacy
- 4 Ethical Standards and Professional Guidelines

For each facet, you will find:

Competencies

Nearly all of the competencies related to professional development are relevant to supporting children's social and emotional development and to addressing issues of challenging behavior. So specific competencies have not been identified as they have for other areas of practice.

Theory Into Practice (TIPs)

Provide suggestions to consider when focusing specifically on children's social and emotional well-being and growth or behavior that causes concern.

Behavior Links



Earning the Title “Professional”

In order to earn the trust, respect and high regard of the label “professional,” those who work with young children and their families must consistently display attitudes, language and actions that are characterized by a core set of beliefs and values:

Children's well-being is the motivating force at the core of practices and decisions, both great and small.

The infinite diversity among children and families is a positive aspect of the work.

There is always more to learn about children and their families and how best to support them.

Professional knowledge should be the primary basis for practices and decisions rather than personal opinion or experience.

Standards of best practices in the early care and education field can form the basis for an individual's own plan to achieve a higher level of professionalism.

Supporting and Guiding Behavior

At no time are these standards of professionalism more tested than in the area of supporting and guiding children's behavior. The level of an individual's professionalism will be measured by the degree to which their approach to children's behavior reflects the beliefs and values listed above.

The fact that children's behavior is often more complex and puzzling than it may appear on the surface is all the more reason for the early childhood professional to approach this important area of practice with an attitude of teachability, a determination to think positively about each child and his/her family, and a commitment to accessing and applying all available resources in support of every child's healthy social and emotional development.



Theory Into Practice (TIPs): Professional Development

TIP 1 Building Your Own Knowledge and Competency

Supporting children's social and emotional development and responding constructively to troubling behavior requires a commitment to continual learning and skill development. Current information from researchers and experts in children's development and behavior should form the basis of daily practice. In order to benefit from new knowledge in the field, be sure to:

- Seek professional development opportunities that provide information about individual differences in children's development, including the influence of those differences on behavior.
- Seek professional development opportunities that provide information about working with families, particularly in challenging situations.

Professional development opportunities can come in a wide variety of forms, such as: personal reading (particularly when accompanied by reflection and discussion with colleagues); educational workshops or courses; online learning; and mentoring/coaching/technical assistance from a more knowledgeable/skilled professional.

TIP 2 Reducing the Stress of Dealing with Challenging Behavior

Maintaining a positive, solution-focused approach throughout the process of dealing with challenging behavior can be difficult but is an essential skill for professionals. Identify support strategies for yourself when needed, and be willing to help your professional peers do the same.

- Recognize your own stress signals and the responses that are most helpful to you.
- Identify another professional – a fellow staff member, caregiver or colleague – who can step in to provide you with a brief respite when working with a child's difficult behavior becomes too demanding.
- Limit your discussion of the situation to other professionals who will be empathetic to you while also maintaining a positive, solution-based attitude.
- Look for evidence of positive change, no matter how small, and provide specific verbal feedback and encouragement. Remember that positive reinforcement is a powerful influence on everyone, so use it with children, family members, co-workers and other professionals, and even with yourself.

TIP 3 Valuing Multiple Perspectives

Professionalism in practice includes recognizing the value in perspectives other than your own. Beliefs and practices regarding children's social and emotional development and behavior can vary widely across individual professionals and family members. When family members and colleagues know that their perspectives will be heard, they will be much more likely to listen to yours.

- Listen with an attitude of openness.
- Be willing to learn, change or compromise.
- Acknowledge the expertise and unique knowledge that others bring to the conversation.
- Acknowledge reasonable differences without making judgments.
- Respect one another's right to have a different opinion.
- Find common ground that you can build on.

If these attitudes and actions are practiced with family members and professional colleagues on a daily basis, when conflicts arise, a strong foundation will already exist for finding a resolution together.



Professional Development

TIP 4 Taking Responsibility

Part of professionalism is taking responsibility for your own development and learning in every area of practice. A good starting place is to reflect on your own practice on a regular basis, especially with regard to supporting children's social and emotional development and effectively guiding their behavior. Seek out opportunities to strengthen your areas of knowledge and skill that are relatively weak. Seek out opportunities to share knowledge and skills in which you are strong with other professionals.

- Based on focused reflection, create a professional development plan that includes the areas of behavior management and social and emotional development.
- Seek professional development opportunities, respected resources and highly knowledgeable and skilled individuals from whom you can gain additional knowledge to improve and/or change practices.
- Continue the process of focused reflection, particularly as you implement various strategies for approaching challenging behaviors. Note those situations in which you needed additional knowledge or skill or in which your knowledge and skill was particularly effective.
- Seek a learned professional as your mentor.
- Become a mentor for new professionals. Those new to the field are often especially uncertain and unskilled in interpreting and responding to challenging behavior. Being able to "listen in" on the decision making process of a skilled professional and observe the results of effective strategies can be a very powerful learning opportunity.

TIP 5 Being a Leader and Advocate

Although leadership and advocacy on behalf of young children and high quality care and education programs applies to all areas of practice, it is important to recognize its value in supporting professional practice that enables children to thrive emotionally and socially. Use what you know from research and expert practice about children's development, learning and behavior to:

- Inform curriculum decisions, ensuring that social and emotional objectives and goals are addressed as frequently as other developmental and learning goals.
- Inform program policies regarding responding to children's challenging, inappropriate or harmful behaviors.
- Advocate on behalf of children with challenging behaviors and inform the field about the long-term negative outcomes for children and families who experience repeated expulsion from early childhood programs.
- Educate less knowledgeable and skilled colleagues about emotional and social development, proactive behavior strategies, strategies for responding to challenging behavior, the link between disabilities/delays and inappropriate behavior, and supporting and collaborating with families.

TIP 6 Maintaining Ethical Standards

- Study the code of ethics for your profession. Reflect on your personal values and recognize the difference between personal values and professional ethics. Pay particular attention to ethical standards related to the relationships that lay at the heart of social and emotional development.
- Consider family and cultural differences in interactions with families about their child's needs and apply ethical standards that are relevant to working with diverse families.
- Keep all sensitive communications and printed information/records regarding individual children and families private and confidential. Information should be kept confidential from uninvolved staff/colleagues, uninvolved members within the family, other families within the program who are not involved, etc.



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- ## Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes



Part 3

Valuable Extras

67



Here is general information about disabilities and disorders in young children that:

- Are the most commonly occurring.
- Are not obvious and may not be detected by parents and families.
- Often include behaviors that may be misinterpreted as intentional misbehavior.

This information is not intended to be used to “diagnose” children, but to help you decide whether or not to pursue formal assessment by a trained mental health or special education professional.

Information on these pages has been used with permission from the NICHCY (National Dissemination Center for Children with Disabilities) unless otherwise noted. For more on specific disabilities/disorders from education/advocacy organizations, see pages 97-99.





Attention-Deficit/Hyperactivity Disorder

What is It?

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a condition that can make it hard for a person to sit still, control behavior and pay attention. These difficulties usually begin before the person is 7 years old. However, these behaviors may not be noticed until the child is older. Doctors do not know what causes AD/HD. However, researchers who study the brain are coming closer to understanding its cause. They believe that some people with AD/HD do not have enough of certain chemicals (called neurotransmitters) in their brain. These chemicals help the brain control behavior.

How Common is It?

As many as 5 out of every 100 children in school may have AD/HD. Boys are three times more likely than girls to be diagnosed with AD/HD.

What Are the Red Flags?

Three types of AD/HD have been identified.

[Note that many of these behaviors are developmentally typical for children under age six, and will be especially prevalent if activities or environments provided for children are not age appropriate.]

Inattentive Type:

Many children with AD/HD have problems paying attention. These children often:

- Do not pay close attention to details.
- Can't stay focused on play or school work.
- Don't follow through on instructions or finish school work or chores.
- Can't seem to organize tasks and activities.
- Get distracted easily.
- Lose things such as toys, school work and books.

Hyperactive-Impulsive Type:

Being too active is probably the most visible sign of AD/HD. The hyperactive child is "always on the go." These children also act before thinking (called impulsivity). For example, they may run across the road without looking or climb to the top of very tall trees.

They may be surprised to find themselves in a dangerous situation. They may have no idea of how to get out of the situation. Hyperactivity and impulsivity tend to go together.

Children with the hyperactive-impulsive type of AD/HD often may:

- Fidget and squirm.
- Get out of their chairs when they're not supposed to.
- Run around or climb constantly.
- Have trouble playing quietly.
- Talk too much.
- Blur out answers before questions have been completed.
- Have trouble waiting their turn.
- Interrupt others when they're talking.
- Butt in on games others are playing. (APA, 2000, p. 86)

Combined Type:

Children with the combined type of AD/HD have symptoms of both of the types described above. They have problems with paying attention, with hyperactivity and with controlling their impulses. Of course, from time to time, all children are inattentive, impulsive and too active. With children who have AD/HD, these behaviors are the rule, not the exception. These behaviors can cause a child to have real problems at home, at school and with friends. As a result, many children with AD/HD will feel anxious, unsure of themselves and depressed. These feelings are not symptoms of AD/HD. They come from having problems again and again at home and in school.



Autism/Pervasive Developmental Disorder

What is It?

Autism/Pervasive Developmental Disorder (PDD) is a neurological disorder that affects a child's ability to communicate, understand language, play and relate to others. PDD represents a distinct category of developmental disabilities that share many of the same characteristics.

The different diagnostic terms that fall within the broad meaning of PDD include Autistic Disorder, Asperger's Disorder, Rett's Disorder, Childhood Disintegrative Disorder and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS).

While there are subtle differences and degrees of severity among these conditions, treatment and educational needs can be very similar for all of them. A diagnosis of autistic disorder is made when an individual displays six or more of 12 symptoms across three major areas: social interaction, communication and behavior. IDEA (Individuals with Disabilities Education Act) defines the disorder as "a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences."

The causes of autism or PDD are unknown. Currently, researchers are investigating areas such as brain development, structure, genetic factors and biochemical imbalance in the brain as possible causes. These disorders are not caused by psychological factors

How Common is It?

Information from the National Institute of Mental Health and the Centers for Disease Control and Prevention (CDC) indicates that between 2 to 6 per 1,000 children (from 1 in 500 to 1 in 150) have some form of autism/PDD. These disorders are four times more common in boys than in girls, although Rett's Disorder has only been reported and diagnosed in girls.

What Are the Red Flags?

Some or all of the following characteristics may be observed in mild to severe forms:

- Communication problems (e.g. using and understanding language).
- Difficulty relating to people, objects and events.
- Unusual play with toys and other objects.
- Difficulty with changes in routine or familiar surroundings.
- Repetitive body movements or behavior patterns.

Children with autism or PDD vary widely in abilities, intelligence and behaviors. Some children do not speak; others have language that often includes repeated phrases or conversations. Children with more advanced language skills tend to use a small range of topics and have difficulty with abstract concepts. Repetitive play skills, a limited range of interests and impaired social skills are generally evident as well. Unusual responses to sensory information—for example, loud noises, lights, certain textures of food or fabrics—are also common.



Blindness/Visual Impairment

What is It?

The terms partially sighted, low vision, legally blind and totally blind are used in the educational context to describe students with visual impairments. Visual impairment is the consequence of a functional loss of vision, rather than the eye disorder itself. Eye disorders which can lead to visual impairments can include retinal degeneration, albinism, cataracts, glaucoma, muscular problems that result in visual disturbances, corneal disorders, diabetic retinopathy, congenital disorders and infection.

How Common is It?

The rate at which visual impairments occur in individuals under the age of 18 is 12.2 per 1,000. Visual impairments can range from slight to severe.

What Are the Red Flags?

Red Flags in Infants:

The visual system is not fully functioning at birth; some functions, such as detection of the full spectrum of colors, adult-like acuity (focus) and binocular vision (depth perception) continue to develop throughout the first year or more of infancy. However, the following abilities develop very early and should be seen starting from birth through the first 6 to 8 months (listed in the order they develop).

- Follows movement with eyes.
- Stares at bold patterns, faces or moving object for several seconds.
- Reaches for objects with increasing accuracy.
- Mimics facial expressions and movements.
- Alternates exploring objects visually with exploring them tactilely (with their hands and mouths).
- Responds to the sight of a familiar person.
- Investigates small objects visually while manipulating them with finger and thumb (e.g. looks at and picks up a raisin).

If these behaviors are consistently missing from an infant's daily exploration with his or her environment, it may be an indication of vision loss or impairment.

Red Flags for Preschoolers and Up:

The following behaviors may indicate a vision problem as children get older:

- Consistently sitting very close to the TV or holding a book very close.
- Squinting.
- Tilting the head to see better.
- Frequent eye rubbing when the child is not sleepy.
- Sensitivity to light.
- Excessive tearing.
- Closing one eye to read, watch TV or see better.
- Avoiding activities that require near vision, such as coloring or reading, or distance vision, such as playing ball or tag.
- Complaining of headaches or tired eyes.

"Red flags" adapted from content from the American Optometric Association.



Deafness and Hearing Loss

What is It?

Hearing specialists describe deafness or hearing loss in a number of different ways:

1. **When the loss occurred:** congenital (at birth) or acquired (occurring after birth).
2. **Where the damage is located within the auditory system and whether it's in one or both ears:**
 - Conductive loss: damage or obstructions in the outer or middle ear.
 - Sensorineural loss: Damage to the delicate sensory hair cells of the inner ear or the nerves that supply it.
 - Mixed loss: A combination of both conductive and sensorineural.
 - Central hearing loss: Damage or impairment to the nerves of the central nervous system.
3. **Characteristic of sound** that is not "heard" or processed normally as a result of the loss. Loss may affect the ability to hear sound's loudness (measured in decibels) or its pitch or frequency (measured in hertz) within the normal range of human hearing. Sometimes both are affected.
4. **Severity** of hearing loss. This is generally described as slight, mild, moderate, severe or profound, depending upon how well a person can hear the intensities or frequencies most associated with speech.

How Common is It?

Hearing loss occurs in approximately 1 to 4 out of 1,000 newborns. Unfortunately, the average age of detection of severe hearing loss is somewhere between 14 months and 3 years of age, with detection for milder hearing loss often not occurring until 5 to 6 years of age. Because of the critical impact of hearing on early language development, early detection is extremely important.

What Are the Red Flags?

As children reach an age where they begin to express their independence, it's common for hearing loss to be mistaken for defiance. Because hearing loss can occur at any age, it's important to consider it as a possible cause whenever a child appears to be ignoring others. For a hearing checklist for older children, visit www.pamf.org/hearinghealth/facts/children.html

Hearing problems may be indicated if a child does NOT routinely show the following behaviors:

Birth to 4 Months

- Awaken or stir at loud sounds.
- Startle at loud noises.
- Calm at the sound of a familiar voice.
- Respond to a familiar voice.

4-9 Months

- Turn eyes toward source of familiar sounds.
- Smile when spoken to.
- Notice rattles and other sound-making toys.
- Make babbling sounds.
- Seem to understand simple word/hand motions such as "bye-bye" with a wave.

9-15 Months

- Babble a lot of different sounds.
- Respond to his/her name.
- Respond to changes in the tone of a voice.
- Say "ma-ma" or "da-da"
- Understand simple requests.
- Repeat some sounds you make.
- Use his voice to attract attention.

15-24 Months

- Point to familiar objects when they are named.
- Listen to stories, songs, rhymes.
- Follow simple commands.
- Use several different words.
- Point to body parts when asked.
- Name common objects.
- Put two or more words together.

Adapted from National Institute on Deafness and Other Communication Disorders



Intellectual Disability (Formerly Mental Retardation)

What is It?

Intellectual disability is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself and social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with intellectual disability may take longer to learn to speak, walk and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn. Although there are many causes of intellectual disability, the most common are:

1. **Genetic conditions** (e.g. Down syndrome, fragile X syndrome, phenylketonuria)
2. **Problems during pregnancy** (e.g. fetal alcohol syndrome)
3. **Problems during labor or birth**
4. **Diseases, extreme malnutrition or exposure to toxic materials**

How Common is It?

As many as 3 out of every 100 people in the country have an intellectual disability (The Arc, 2001). Nearly 614,000 children ages 3 to 21 have some level of intellectual disability and need special education in school (Twenty-Sixth Annual Report to Congress, U.S. Department of Education, 2006). In fact, 1 out of every 10 children who need special education has some form of intellectual disability.

What Are the Red Flags?

Intellectual disability is diagnosed by looking primarily at:

- The ability of a person's brain to learn, think, solve problems and make sense of the world, called intellectual functioning.
- Whether the person has the skills he or she needs to live independently, called adaptive functioning, which include self-care, communication and social skills.

There are many signs of intellectual disability. For example, children with intellectual disability may:

- Sit up, crawl or walk later than other children.
- Learn to talk later or have trouble speaking.
- Find it hard to remember things.
- Not understand how to pay for things.
- Have trouble understanding social rules.
- Have trouble seeing the consequences of their actions.
- Have trouble solving problems.
- Have trouble thinking logically.

About 87% of people with intellectual disability will only be a little slower than average in learning new information and skills. When they are children, their limitations may not be obvious. They may not even be diagnosed as having intellectual disability until they get to school.



Learning Disability

What is It?

Learning disability is a general term that describes specific kinds of learning problems. A learning disability can cause a person to have trouble learning and using certain skills. The skills most often affected are: reading, writing, listening, speaking, reasoning and doing math. A person may have difficulty in only one of these areas or more than one. Researchers think that learning disabilities are the result of differences in the way the brain functions, specifically how it processes certain types of information, such as symbols on a page. Children with learning disabilities usually have average or above average intelligence; however, their brain processes certain information differently.

How Common is It?

As many as 1 out of every 5 people in the United States has a learning disability. Almost 3 million children (ages 3 through 21) have some form of a learning disability and receive special education in school. In fact, more than half of all children who receive special education have a learning disability (Twenty-Sixth Annual Report to Congress, U.S. Department of Education, 2006).

What Are the Red Flags?

Because of the nature of learning disabilities, they tend not to be noticed until a child enters school and achievement is more dependent on reading, writing, math and reasoning. There is no one sign that shows a person has a learning disability. Experts look for a noticeable difference between how well a child does in school and how well he or she could do, given his or her intelligence or ability. There are also certain clues that may mean a child has a learning disability. A child probably won't show all of these signs or even most of them. However, if a child shows a number of these problems, then parents and the teacher should consider the possibility that the child has a learning disability.

When a child has a learning disability, he or she may:

- Have trouble learning the alphabet, rhyming words or connecting letters to their sounds.
- Make many mistakes when reading aloud, and repeat and pause often.
- Not understand what he or she reads.
- Have more than average trouble with spelling.
- Have very messy handwriting or hold a pencil awkwardly.
- Struggle to express ideas in writing.
- Learn language late and have a limited vocabulary.
- Have trouble remembering the sounds that letters make or hearing slight differences between words.
- Have trouble understanding jokes, comic strips and sarcasm.
- Have trouble following directions.
- Mispronounce words or use a wrong word that sounds similar.
- Have trouble organizing what he or she wants to say or not be able to think of the word he or she needs for writing or conversation.
- Not follow the social rules of conversation, such as taking turns and may stand too close to the listener.
- Confuse math symbols and misread numbers.
- Not be able to retell a story in order (what happened first, second, third).
- Not know where to begin a task or how to go on from there.



Sensory Processing Disorder

What is It?

We are constantly receiving input to our brains from our five senses. In most people, the brain is able to process the onslaught of input, selectively interpreting and attending to some nerve impulses but ignoring the vast majority. In some people, however, the brain's ability to "read" sensory input from the environment – how things feel, sound, look, smell or taste – doesn't function normally. Their brain may not pick up enough of the sensory signals, or it may be too sensitive, so sensations are too intense or overwhelming. Or the brain's sensory filtering system may not function well, resulting in the inability to ignore or relegate to the background the majority of sensory signals from the environment.

This disorder is called Sensory Processing Disorder. Symptoms of SPD, like those of most disorders, occur within a broad spectrum of severity. While most of us have occasional difficulties processing sensory information, for children and adults with SPD, these difficulties are chronic and they disrupt everyday life.

How Common is It?

Research by the SPD Foundation indicates that 1 in 20 children experiences symptoms of Sensory Processing Disorder significant enough to affect their ability to participate fully in everyday life.

What Are the Red Flags?

Sensory Processing Disorder may involve only one of the senses or it may involve several. The disorder may involve under-responsiveness – the brain doesn't pick up or interpret the sensory signal as strongly as it should. If sensory information is too dull or not processed normally, the child will not seem to respond to touch and other sensory information. These children may "seek out" more physical stimulation. Or the disorder may be over-responsiveness – the brain perceives sensory signals much more strongly than the average person's brain. These children seem to "over-react" to sounds, touches, the feel of certain foods in their mouths, etc.

Red flags that may indicate a child needs to be formally assessed for SPD are:

Over-Responsiveness:

- In infants, is very irritable when being dressed or changed; in older children, complains about tags in clothes, seams in socks or clothing being uncomfortable or "itching"
- In infants, startles easily, is irritated by noisy rooms; in older children, complains about loudness of sounds.
- In infants, resists crawling on certain surfaces; in older children, dislikes the feel of sticky or messy items like glue or fingerprint.
- Cannot calm self; often irritable and prone to tantrums.
- Refuses to eat particular foods because of the feel of them in the mouth or on the lips.
- Reacts strongly to smells, even objects that do not seem to have much of an odor.
- Gets hives easily and/or skin is very sensitive to touch; complains of prickles or describes unusual sensations in their skin (like bugs are crawling on them, tickling sensations or skin tingles).

Under-Responsiveness:

- Does not seem to "feel" items well: may crush things held in their hand, hold on to object too tightly, break crayons, etc.
- Has problems with balance (e.g. fears going down stairs).
- Often wants to have their back, arms or legs rubbed.
- Frequently lies across the table or on floor.
- Runs into objects and/or people, does not seem to understand where their body is in space.
- Craves movement.

Content from the Sensory Processing Disorder Foundation Web site and from Doris A. Fuller, Outreach Coordinator at the SPD Foundation.



Speech and Language Disorders

What is It?

A child's communication is considered delayed when the child is noticeably behind his or her peers in the acquisition of speech and/or language skills.

Speech disorders refer to difficulties producing speech sounds or problems with voice quality.

They might be characterized by:

- *An interruption in the flow or rhythm of speech, such as stuttering*
- *Problems with the way sounds are formed*
- *Difficulties with the pitch, volume or quality of the voice. There may be a combination of several problems*

A language disorder is an impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics of language disorders include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary and inability to follow directions.

Although the characteristics of speech and language disorders are not likely to be misinterpreted as misbehavior, the frequent frustration that these children are likely to experience when they are unable to communicate well with others often leads to anger, aggression or withdrawal.

How Common is It?

More than 1.4 million students served in the public schools' special education programs in the 2002-2003 school year were categorized as having a speech or language impairment (Twenty-Sixth Annual Report to Congress, U.S. Department of Education, 2006). This estimate does not include children who have speech/language problems secondary to other conditions such as deafness.

What Are the Red Flags?

According to the American Speech-Language-Hearing Association, indications that a child needs further assessment for speech or language disorders may be:

Problems Producing Speech in Younger Children:

- Does not coo or babble as an infant.
- First words are late and they may be missing sounds.
- Only a few different consonant and vowel sounds.
- Problems combining sounds; may show long pauses between sounds.
- Simplifies words by replacing difficult sounds with easier ones or by deleting difficult sounds (although all children do this, the child with a speech disorder does so more often).

Problems Producing Speech in Older Children:

- Makes inconsistent sound errors that are not the result of immaturity.
- Can understand language much better than he or she can talk.
- Has difficulty imitating speech, but imitated speech is more clear than spontaneous speech.
- May appear to be groping when attempting to produce sounds or to coordinate the lips, tongue and jaw for purposeful movement.
- Appears to have more difficulty when he or she is anxious.
- Is hard to understand, especially for an unfamiliar listener.

Problems Understanding Language (Spoken or Written):

This is called a "language-based learning disability" where the child has difficulty:

- Expressing ideas clearly, as if the words needed are on the tip of the tongue but won't come out. What the child says can be vague and difficult to understand (e.g. using unspecific vocabulary, such as "thing" or "stuff" to replace words that cannot be remembered). Filler words like "um" may be used to take up time while the child tries to remember a word.
- Learning new vocabulary that the child hears and/or sees.
- Understanding questions and following directions that are heard and/or read.
- Recalling numbers in sequence (e.g. telephone number).
- Understanding and retaining the details of a story's plot.
- Reading and comprehending material.
- Learning words to songs and rhymes.
- Telling left from right, making it hard to read and write since both skills require this directionality.
- Learning the alphabet and numbers.





Milestones: Birth – 5 Years

Social and emotional milestones are often harder to pinpoint than signs of physical development. This area emphasizes many skills that increase self-awareness and self-regulation. Research shows that social skills and emotional development (reflected in the ability to pay attention, make transitions from one activity to another, and cooperate with others) are a very important part of school readiness.



Birth to 3 Months

Babies spend a lot of time getting to know their own bodies.

They:

- Suck their own fingers
- Observe their own hands
- Look at the place on the body that is being touched
- Begin to realize she is a separate person from others and learn how body parts, like arms and legs, are attached

Infants are interested in other people and learn to recognize primary caregivers.

Most Infants:

- Can be comforted by a familiar adult
- Respond positively to touch
- Interact best when in an alert state or in an inactive and attentive state
- Benefit from short, frequent interactions more than long, infrequent ones
- Smile and show pleasure in response to social stimulation

3 to 6 Months

Babies are more likely to initiate social interaction.

They Begin to:

- Play peek-a-boo
- Pay attention to own name
- Smile spontaneously
- Laugh aloud

6 to 9 Months

Babies show a wider emotional range and stronger preferences for familiar people.

Most Can:

- Express several clearly differentiated emotions
- Distinguish friends from strangers
- Respond actively to language and gestures
- Show displeasure at the loss of a toy



Social-Emotional Milestones



9 to 12 Months

As they near age one, imitation and self-regulation gain importance.

Most Babies Can:

- Feed themselves finger foods
- Hold a cup with two hands and drink with assistance
- Hold out arms and legs while being dressed
- Mimic simple actions
- Show anxiety when separated from primary caregiver

1 to 2 Years

Children become more aware of themselves and their ability to make things happen. They express a wider range of emotions and are more likely to initiate interaction with other people.

At this Stage, Most Children:

- Recognize themselves in pictures or the mirror and smile or make faces at themselves
- Show intense feelings for parents and show affection for other familiar people
- Play by themselves and initiate their own play
- Express negative feelings
- Show pride and pleasure at new accomplishments
- Imitate adult behaviors in play
- Show a strong sense of self through assertiveness, directing others
- Begin to be helpful, such as by helping to put things away

2 to 3 Years

Children begin to experience themselves as more powerful, creative “doers.” They explore everything, show a stronger sense of self and expand their range of self-help skills. Self-regulation is a big challenge.

2-Year-Olds Are Likely to:

- Show awareness of gender identity
- Indicate toileting needs
- Help to dress and undress themselves
- Be assertive about their preferences and say no to adult requests
- Begin self-evaluation and develop notions of themselves as good, bad, attractive, etc.
- Show awareness of their own feelings and those of others, and talk about feelings
- Experience rapid mood shifts and show increased fearfulness (for example, fear of the dark, or certain objects)
- Display aggressive feelings and behaviors



Social-Emotional Milestones



Children enjoy parallel play, engaging in solitary activities near other children.

They Are Likely to:

- Watch other children and briefly join in play
- Defend their possessions
- Begin to play house
- Use objects symbolically in play
- Participate in simple group activities, such as singing, clapping or dancing
- Know gender identity

3 to 4 Years

As their dexterity and self-help skills improve, 3-year-olds become more independent.

Most Can:

- Follow a series of simple directions
- Complete simple tasks with food without assistance, such as spreading soft butter with a dull knife and pouring from a small pitcher
- Wash hands unassisted and blow nose when reminded

Children become more interested in other children.

They Are Now More Likely to:

- Share toys, taking turns with assistance
- Initiate or join in play with other children and make up games
- Begin dramatic play, acting out whole scenes (such as traveling, pretending to be animals)

4 to 5 Years

At this age, children are more aware of themselves as individuals.

They:

- Show some understanding of moral reasoning (exploring ideas about fairness and good or bad behavior)
- Compare themselves with others

4-year-olds are very interested in relationships with other children.

They:

- Develop friendships
- Express more awareness of other people's feelings
- Show interest in exploring gender differences
- Enjoy imaginative play with other children, like dress up or house
- Bring dramatic play closer to reality by paying attention to detail, time and space



Alignment Table of Related Documents



Child Growth and Development

| CKC Content Area | Infant Toddler Program Standards | Early Learning Program Guidelines (Pre-K) | Afterschool Program Quality Guidelines |
|--------------------------|---|--|--|
| Developmental Processes | <p>Standard – Individualized Care</p> <p>Goal: Infants and toddlers experience individualized care in ongoing primary relationships with their care teachers.</p> <p>Goal: Infants and toddlers participate in personal care routines that are individually and culturally responsive.</p> | <p>Section II.2.1.1</p> <p>Educators demonstrate their understanding of child development by:</p> <ul style="list-style-type: none"> • Planning experiences that reflect knowledge of the universal stages of development and developmental milestones. • Adjusting experiences to meet the uniqueness of individual children. • Incorporating knowledge of each child's social and cultural context and how they impact development and learning. | <p>Area 1: Programming & Curriculum Indicator 1.2.2</p> <p>Supports the development of the whole child/youth by addressing individual physical, cognitive, social, emotional and language needs.</p> |
| Nurturing Relationships | <p>Standard – Individualized Care</p> <p>Goal: Infants and toddlers experience individualized care in ongoing primary relationships with their care teachers.</p> | <p>Section II.2.2</p> <p>Educators demonstrate nurturing and supportive relationships with children to promote self-assurance and competence.</p> | <p>Area 2: Interpersonal Relationships Guideline 2.1 (All Indicators)</p> <p>Program staff engage children and youth in positive ways and intentionally build individual relationships.</p> |
| Appropriate Environments | <p>Standard – Environmental Supports</p> <p>Goal: The indoor and outdoor environment is safe and healthy, and supports infants and toddlers' abilities to explore, make choices, and access play materials.</p> | <p>Section II.1</p> <p>The learning environment is safe, clean, attractively arranged and meets all licensing specifications.</p> <p>Section II.1.2</p> <p>The organization of the classroom helps children develop self-management, conflict-resolution and social interaction skills.</p> <p>Section II.1.3</p> <p>A variety of age-and developmentally appropriate materials and equipment are available indoors and outdoors.</p> | <p>Area 1: Programming & Curriculum Indicators</p> <p>1.1.1</p> <p>Program staff consider all children/youth's ages, interests, needs, learning styles and abilities in planning the program/curriculum and designing the environment.</p> <p>1.3.3</p> <p>Staff adapts curriculum to accommodate the interests, abilities and levels of engagement and development of individual children/youth.</p> |



Learning Environments and Experiences

| CKC Content Area | Infant Toddler Program Standards | Early Learning Program Guidelines (Pre-K) | Afterschool Program Quality Guidelines |
|------------------------------|---|--|--|
| Interactions & Relationships | <p>Standard – Individualized Care</p> <p>Goal: Infants and toddlers experience individualized care in ongoing primary relationships with their care teachers.</p> | <p>Section II.2.2 Educators demonstrate nurturing and supportive relationships with children to promote self-assurance and competence.</p> <p>Section II.2.2.1 Educators demonstrate respect for children through their actions and language.</p> <p>Section II.2.2.4 The classroom climate is one of respect, encouragement, trust and emotional security.</p> | <p>Area 1: Programming & Curriculum Indicators</p> <p>1.1.2 Staff engage children/youth in program/ curriculum planning and decision making and provide children/youth regular opportunities for feedback.</p> <p>1.1.3 Staff and children/youth work together to define and communicate program expectations and guidelines.</p> <p>Area 2: Interpersonal Relationships</p> <p>Guideline 2.1 (All Indicators) Program staff engage children and youth in positive ways and intentionally build individual relationships.</p> <p>Guideline 2.2 (All Indicators) Opportunities are provided for children/youth to learn, practice and strengthen appropriate social skills and to build a sense of community.</p> |



Alignment Table of Related Documents

| CKC Content Area | Infant Toddler Program Standards | Early Learning Program Guidelines (Pre-K) | Afterschool Program Quality Guidelines |
|-----------------------|--|--|--|
| Physical Environments | <p>Standard – Environmental Supports</p> <p>Goal: The indoor and outdoor environment is safe and healthy, and supports infants and toddlers' abilities to explore, make choices and access play materials.</p> | <p>Section II.1.3</p> <p>A variety of age- and developmentally-appropriate materials and equipment is available indoors and outdoors and include at a minimum:</p> <ul style="list-style-type: none"> • Dramatic play equipment and props • Sensory materials • Materials that support learning in all content areas – language and literacy, mathematics, science, social studies, the arts, etc. • Gross motor equipment for climbing, balancing, pushing, riding, etc. | <p>Area 2: Interpersonal Relationships</p> <p>Indicator 2.1.2</p> <p>Staff intentionally creates a physical and emotional environment that nurtures a sense of belonging in children and youth.</p> <p>Area 4: Program Environment</p> <p>Guideline 4.1 (All Indicators)</p> <p>The program environment, space and equipment are designed to meet the development and learning goals for children/youth.</p> |
| Learning Experiences | <p>Standard – Individualized Care</p> <p>Goal: Infants and toddlers experience individualized care in ongoing primary relationships with their care teachers.</p> | <p>Section II.1.2</p> <p>A comprehensive early childhood curriculum is utilized to address child development objectives and Ohio's Early Learning Content Standards.</p> <p>Section II.2.1.2</p> <p>Educators advance children's learning by providing opportunities for children to explore their interests through play and free choice.</p> | <p>Area 1: Programming & Curriculum</p> <p>Guideline 1.1 (All Indicators)</p> <p>Programming/curriculum is child/youth centered.</p> <p>Guideline 1.2 (All Indicators)</p> <p>Programming/curriculum is developed to meet the unique needs of all children and youth.</p> <p>Guideline 1.3 (All Indicators)</p> <p>Staff are intentional about planning rich and meaningful experiences to enhance learning.</p> |



Health, Safety and Nutrition

| CKC Content Area | Infant Toddler Program Standards | Early Learning Program Guidelines (Pre-K) | Afterschool Program Quality Guidelines |
|------------------------------|---|---|--|
| Health, Safety and Nutrition | <p>Standard – Environmental Supports</p> <p>Goal: The indoor and outdoor environment is safe and healthy, and supports infants and toddlers' abilities to explore, make choices, and access play materials.</p> | <p>Section I.1 The early education and care program facilitates and supports the healthy development of the children it serves.</p> <p>Section I.1.1 Health and developmental screenings of all children occur within 60 days of each child's entrance into the program.</p> <p>Section I.1.4.2 The early education and care program provides families with information and guidance regarding nutrition, physical health, safety, fitness and healthy lifestyles.</p> <p>Section I.1.4.1 The early education and care program provides a nutritious breakfast, lunch and snacks that meet USDA guidelines.</p> | <p>Area 5: Health and Safety</p> <p>Guideline 5.1 (All Indicators) Program policy and staff practices support wellness and the prevention of disease and harm.</p> <p>Guideline 5.2 (All Indicators) Program policy and staff practices ensure an effective and timely response to health or safety concerns.</p> <p>Guideline 5.3 (All Indicators) Health and wellness practices are sensitive to the diversity of children and families.</p> |



Child Observation and Assessment

| CKC Content Area | Infant Toddler Program Standards | Early Learning Program Guidelines (Pre-K) | Afterschool Program Quality Guidelines |
|----------------------------------|--|---|--|
| Child Observation and Assessment | <p>Standard – Family Centered Practice</p> <p>Goal: Program leaders and care teachers work with families to support the health and well-being of infants and toddlers.</p> <p>Standard – Individualized Care</p> <p>Goal: Infants and toddlers experience individualized care in ongoing primary relationships with their care teacher.</p> <p>Standard – Professional Practice and Competencies</p> <p>Goal: Program leaders and care teachers systematically engage in reflective practice to support the care and learning of infants and toddlers.</p> | <p>Section II.1.3 Assessments are used to make, adjust and refine instructional decisions and to evaluate progress.</p> <p>Section II.1.3.1 The curriculum-based assessment includes goals and a process to measure progress of motor, social, emotional, language, cognitive and creativity development and acquisition of general knowledge and skills.</p> <p>Section II.1.3.3 Educators use formal and informal [curriculum-based] assessment evidence and data, including information from families, to plan, differentiate and adjust instructional practices to support learning.</p> <p>Section III.2.1.2 Educators engage with families to share and receive information about their children.</p> | <p>Area 1: Programming & Curriculum Guideline 1.4 (All Indicators) Curriculum planning is informed by ongoing appropriate assessment.</p> |



Family and Community Relations

| CKC Content Area | Infant Toddler Program Standards | Early Learning Program Guidelines (Pre-K) | Afterschool Program Quality Guidelines |
|------------------|---|--|---|
| Families | <p>Standard – Family Centered Practices</p> <p>Goal: Care teachers communicate with families to connect the home and program.</p> | <p>Section II.1.2.6 The curriculum provides information and guidance to educators to develop children’s understanding of diversity of culture, family composition, differing abilities, language and gender.</p> <p>Section III.2.1 Families have multiple and varying opportunities to participate in their children’s education.</p> <p>Section III.2.1.1 Educators have a working knowledge of children’s home and cultural experiences.</p> <p>Section III.2.1.2 Educators engage with families to share and receive information about their children.</p> <p>Section IV.1 Program leadership communicates with families, school administrators, and community organizations for the purpose of coordination and continuity of services.</p> <p>Section IV.1.1 Communication among community agencies, schools, organizations and families benefit children.</p> | <p>Area 1: Programming & Curriculum Indicator 1.2.3 Programming/curriculum incorporates the diversity of all children/youth, families and communities.</p> <p>Area 2: Interpersonal Relationships Indicators</p> <p>2.3.1 Effective communication is modeled and encouraged among children/youth, program staff, families and stakeholders.</p> <p>2.3.5 Staff communicate with families concerning their children/youth with sensitivity, respect and confidentiality.</p> <p>2.4.2 Program encourages and facilitates the development of positive relationships between families and staff by offering a wide variety of opportunities for meaningful family involvement that take into account the diversity among families.</p> <p>2.4.5 Program respects and supports the important role of the family in each child/youth’s life, encourages positive relationships between children/youth and their families, and provides support for building positive family relationships by connecting families to community resources and services when appropriate.</p> |



Alignment Table of Related Documents

| CKC Content Area | Infant Toddler Program Standards | Early Learning Program Guidelines (Pre-K) | Afterschool Program Quality Guidelines |
|--------------------------|---|--|--|
| Families continued | | | <p>Area 4: Program Environment Guideline 4.2 (All Indicators) The program environment reflects respect for families.</p> <p>Area 6: Administrative Practices Indicator 6.1.2 Participants, families, staff and board members are involved in long-term decision making and strategic planning efforts.</p> |
| Community Collaborations | <p>Standard – Community Connections Goal: The program develops mutually beneficial relationships with the community to address the needs of infants and toddlers comprehensively.</p> | <p>Section IV.1 Program leadership communicates with families, school administrators and community organizations for the purpose of coordination and continuity of services.</p> <p>Section IV.1.1 Communication among community agencies, schools, organizations and families benefit children.</p> | <p>Area 1: Programming & Curriculum Indicator 1.3.7 Staff seeks out community resources and partners to extend/enhance the curriculum.</p> <p>Area 2: Interpersonal Relationships Indicator 2.4.3 The program encourages and facilitates the development of positive relationships between program staff and school staff by initiating and maintaining multiple avenues of communication and, where applicable, collaboration.</p> <p>Area 6: Administrative Practices Guideline 6.6 (All Indicators) Partnerships are sought and maintained to support program goals.</p> |



Professional Development

| CKC Content Area | Infant Toddler Program Standards | Early Learning Program Guidelines (Pre-K) | Afterschool Program Quality Guidelines |
|--------------------------|---|---|---|
| Professional Development | <p>Standard – Professional Practice and Competencies</p> <p>Goal: Program leaders and care teachers systematically engage in reflective practice to support the care and learning of infants and toddlers.</p> <p>Goal: Program leaders commit time and resources to support the professional development and reflective practice of teachers.</p> | <p>Section II.2.3 Educators demonstrate reflective practices.</p> <p>Section II.2.3.1 Educators meet on a regular basis to reflect on children's experiences and to share curriculum ideas and teaching strategies.</p> <p>Section II.2.3.2 Educators do not work in isolation but rather work within a teaching team, or with a teaching peer and/or coach-mentor to support their professional growth.</p> <p>Section II.2.3.3 Educators engage in a continuous improvement process such as:</p> <ul style="list-style-type: none"> • Ongoing, job-embedded professional development • Peer reviews • Advanced degree programs • National program accreditation • National teaching credential | <p>Area 3: Professionalism</p> <p>Guideline 3.1 (All Indicators) Program practices guarantee that staff and volunteers are highly qualified.</p> <p>Guideline 3.2 (All Indicators) Staff members are engaged as active partners.</p> <p>Guideline 3.5 (All Indicators) Staff participation in a professional community is encouraged and supported.</p> |

Notes



A series of horizontal blue lines for taking notes, spanning the width of the page below the header.





Social Emotional Foundations: The CSEFEL Pyramid – A Holistic Approach

Developed by the faculty of the national Center on the Social and Emotional Foundations for Early Learning (CSEFEL), this Pyramid Model shows a holistic approach to supporting children's social and emotional development. The Pyramid identifies four systematic and effective components that build on one another to promote children's well-being. These four components are represented by the four levels of the pyramid. We reprint the diagram with CSEFEL's permission.

Pyramid Levels

Level 1: An effective workforce is the broadest, most foundational strategy available to early learning programs for promoting the general development of all children.

Level 2: Early learning programs promote all children's healthy social-emotional development two ways: by creating environments that meet children's social and emotional needs, and by ensuring relationships among adults and children are nurturing and responsive to children.

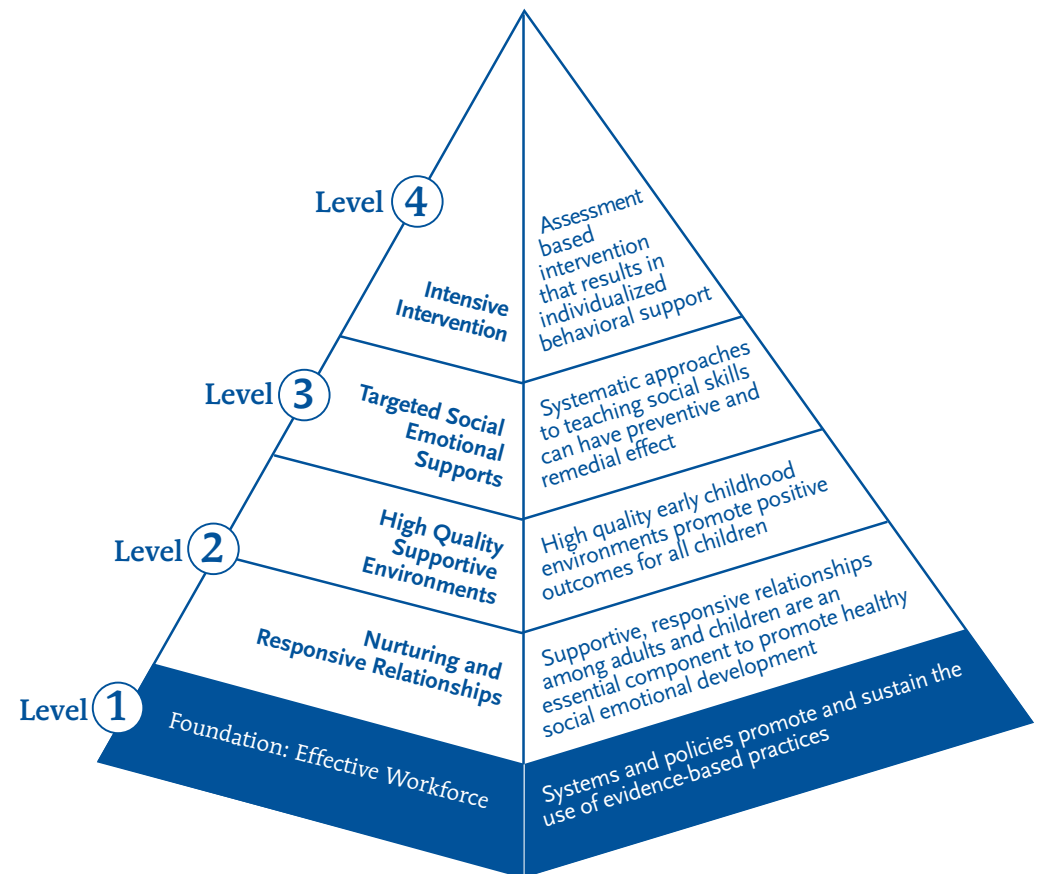
Level 3: Early learning programs must intentionally implement specific strategies that have been shown to prevent problem behaviors for young children.

Level 4: Early learning programs must access community professionals who can provide intervention services and strategies for supporting young children with mental health needs or serious and persistent problem behavior.

The SE Field Guide is also Holistic

This SE Field Guide uses this approach by providing information and strategies that:

- Promote all young children's social and emotional development and learning.
- Can help prevent the majority of challenging behaviors found in the typical early childhood classroom.
- Help early childhood professionals know when and how to connect with mental health or behavior specialists to meet the needs of children with more severe problems.





Reading and Internet Sources

Social-Emotional Development and/or Challenging Behavior

Center on the Social and Emotional Foundations for Early Learning (CSEFEL)

- Fact sheets on 21 different aspects of social-emotional development and challenging behavior
 - Resources for parents
 - Training materials
- www.vanderbilt.edu/csefel

Epstein, A. S. (2009). *Me, You, Us: Social-Emotional Learning in Preschool*.

Ypsilanti, MI: HighScope Educational Research Foundation.

“**Eyes on Bullying**”: Toolkit, Web site with information, resources and tele-seminars on bullying prevention and response.
www.eyesonbullying.org

Gartrell, D. (2004). *The Power of Guidance: Teaching Social-Emotional Skills in Early Childhood Classrooms*. Clifton, NY: Delmar Learning.

Kaiser, B., & Rasminsky, J.S. (2007). *Challenging Behavior in Young Children: Understanding, Preventing and Responding Effectively*. (2nd ed.) Boston, MA: Pearson Education.

Marion, M. (2006). *Guidance of Young Children*. (7th ed.) Upper Saddle River, NJ: Prentice Hall

Riley, D., San Juan, R., Klinkner, J., & Ramminger, A. (2008). *Social and Emotional Development: Connecting Science and Practice in Early Childhood Settings*. St. Paul, MN: Redleaf Press.

Slaby, R., Roedell, W., Arezzo, D., & Hendrix, K. (1995). *Early Violence Prevention: Tools for Teachers of Young Children*. Washington, DC: National Association for the Education of Young Children.

Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI):

Web-based collection of resources and information funded by the U.S. Dept. of Education, Office of Special Education Programs.
www.challengingbehavior.org

Areas of Professional Practice

Child Growth and Development

Honig, A. (2002). *Secure Attachments: Nurturing Infant/Toddler Attachment in Early Care Settings*. Washington, DC: NAEYC.

Kristal, J. (2005). *The Temperament Perspective*. Baltimore, MD: Paul H. Brookes Publishing.

Ohio's Early Learning Content Standards

www.ode.state.oh.us

Ohio's Infant & Toddler Guidelines

www.occr.org/guidelines.htm

Child Observation and Assessment

Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)

Screening instrument for infants and young children to determine who would benefit from an in-depth evaluation in the area of social-emotional development.
www.agesandstages.com/asq/asqse.html

Devereux Early Childhood Initiative (DECI)

Assessments for infant-toddlers, preschool children and a clinical level form as well as various educational tools.
www.devereux.org

Cultural and Linguistic Diversity

Gonzalez-Mena, J. (2008). *Diversity in Early Care and Education: Honoring Differences*. New York, NY: McGraw-Hill.

Tabors, P. (2008). *One Child, Two Languages: A Guide for Early Childhood Educators of Children Learning English as a Second Language*. Baltimore, MD: Paul H. Brookes Publishing.

Family and Community Relations

Keyser, J. (2006). *From Parents to Partners: Building a Family-Centered Early Childhood Program*. St. Paul, MN: Redleaf Press.



Resources

Health, Safety and Nutrition

American Academy of Child and Adolescent Psychiatry (2004).

Lead Exposure in Children Affects Brain and Behavior. Facts for Families #45.

www.aacap.org/cs/root/facts_for_families/facts_for_families

American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education (2002). Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. (2nd ed.) Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association.
www.nrckids.org

Centers for Disease Control: Lead Poisoning

www.cdc.gov/nceh/lead

Nemours Health & Prevention Services (2009).

Best practices for physical activity: A guide to help children grow up healthy for organizations serving children and youth. Newark, DE: The Nemours Foundation.

www.healthykidshealthyfuture.com

Nord, M. (2009). Food Insecurity in Households with Children: Prevalence, Severity and Household Characteristics. Economic Information Bulletin #56.

Washington, DC: Economic Research Service, USDA.

www.ers.usda.gov/Publications/EIB56/EIB56.pdf

Ohio Childhood Lead Poisoning Prevention Program (Ohio Department of Health).

www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/leadch1.aspx

Sigman-Grant, N. (2010). Food Insecurity and Childcare. Nutrition Action, 13(2).

www.healthychild.net

Professional Development

Feeney, S., Freeman, N. (1999). Ethics and the Early Childhood Educator:

Using the NAEYC Code. Washington, DC: NAEYC.



Organizations

This list is about disabilities and disorders in young children and young children's social and emotional development and health. It's not intended to be exhaustive or to be an endorsement of the organizations listed, but to give readers a starting point in finding more information about specific conditions.

General Information

Collaborative for Academic, Social and Emotional Learning (CASEL)

A not-for-profit organization that works to advance the science and evidence-based practice of social and emotional learning.

(312) 226-3770
www.casel.org

National Institute of Child Health and Human Development

A to Z health and human development topics: includes information on many disabilities, disorders and developmental issues.

(800) 370-2943
www.nichd.nih.gov/health/topics

National Dissemination Center for Children with Disabilities (NICHCY)

Information includes fact sheets and resources for many disabilities.

(800) 695-0285
www.nichcy.org

NYU Child Study Center

Information includes fact sheets and resources on many mental health disorders in children.

(212) 263-6622
www.aboutourkids.org

Advocacy & Information Organizations for Specific Disabilities, Disorders or Issues

AD/HD

Children & Adults with Attention-Deficit/Hyperactivity Disorders (CHADD)

(800) 233-4050
www.chadd.org

Autism Spectrum Disorders

Asperger Syndrome Education Network

(732) 321-0880
www.aspennj.org

Autism Information Center

(800) CDC-INFO (800-232-4636)
www.cdc.gov/ncbddd/autism/index.htm

Autism Society of America

(800) 328-8476
www.autism-society.org

Burkhart Center for Autism Education and Research

Helpful resources for teachers, including information for understanding and responding to difficult behavior.

(806) 742-1998 ext. 458
www.educ.ttu.edu/edsp/burkhartproject/ModuleThree/Behavior_In_ASD/antecedents.htm

First Signs, Inc.

Focused on early detection of autism and other developmental delays/disabilities.

(978) 346-4380
www.firstsigns.org



Behavioral/Emotional Disturbance

American Academy of Child and Adolescent Psychiatry

Fact for families offers fact sheets on an exhaustive range of psychological conditions and disorders.

www.aacap.org/cs/root/facts_for_families/facts_for_families

Blindness/Visual Impairment

American Council of the Blind

(800) 424-8666

www.acb.org

Blind Children's Fund

(989) 779-9966

www.blindchildrensfund.org

College of Optometrists in Vision Development

Section addressing vision problems and learning.

www.covd.org/Home/AboutVisionLearning/tabid/102/Default.aspx

Optometric Extension Program Foundation

Section of the Web site offers information about the development of vision in young children and identify vision problems.

(949) 250-8070

www.oepf.org/Patients&ParentsHome.php

Deafness/Hearing Loss

Alexander Graham Bell Association for the Deaf and Hard of Hearing

Focused on childhood hearing loss and early intervention.

(202) 337-5220

www.agbell.org

American Society for Deaf Children

(866) 895-4206

www.deafchildren.org

Hands and Voices

Particularly aimed at parents of children with deafness or hearing loss.

(866) 422-0422

www.handsandvoices.org

National Institute on Deafness and Other Communication Disorders

Information Clearinghouse

Includes information on hearing, ear infections and deafness.

(800) 241-1044

www.nidcd.nih.gov

Developmental Delays

American Association on Intellectual and Developmental Disabilities

(800) 424-3688

www.aamr.org

Developmental Delay Resources

(800) 497-0944

www.devdelay.org

First Signs, Inc.

Focused on early detection of autism and developmental delays/disabilities.

(978) 346-4380

www.firstsigns.org

Gifted and Talented

National Association for Gifted Children

Offers "The Mile Marker Series" which provides information for parents about issues and questions they may face anywhere along the journey of parenting a gifted child, including behavioral and emotional issues.

Available in CD format in their online store at a reasonable price.

www.nagc.org/index.aspx?id=3546

Intellectual Disability (Formerly Mental Retardation)

American Association on Intellectual and Developmental Disabilities

(800) 424-3688

www.aamr.org

Arc

(800) 433-5255

www.thearc.org

Fragile X Research Foundation

(978) 462-1866

www.fraxa.org



Learning Disabilities

Neurological disorders that affect the brain's ability to store, process or communicate information. Includes difficulties with reading, writing, math, fine motor skills, auditory processing and visual processing.

Great Schools

Web-based information includes section on learning difficulties by grade level.
www.greatschools.org/special-education.topic?content=1541

Learning Disabilities Association of America

(888) 300-6710
www.ldaamerica.org

Learning Disabilities Resources Online

Includes information on early detection.
www.ldonline.org

National Center for Learning Disabilities

Resource section for early educators, focused on early literacy.
(888) 575-7373
www.ld.org

Sensory Dysfunction

National Institute on Deafness and Other Communication Disorders

Information clearinghouse including information on balance.
(800) 241-1044
www.nidcd.nih.gov

Sensory Processing Disorder Foundation

Large library of online articles.
(303) 794-1182
www.spdfoundation.net

Speech and Language (Communication) Disorders

American Speech-Language-Hearing Association

(800) 638-8255
www.asha.org/public

Childhood Apraxia of Speech Association

Sponsors the education/support program, Apraxia-Kids.
www.apraxia-kids.org

Council for Exceptional Children

Includes information on communication disorders in children.
(888) 232-7733
www.cec.sped.org

National Institute on Deafness and Other Communication Disorders

Information clearinghouse including information on voice, speech and language.
(800) 241-1044
www.nidcd.nih.gov



Ohio Contacts

Ohio Non-Profit Organizations

Ohio Federation for Children's Mental Health

(513) 761-6030
www.ohiofederation.org

Voices for Ohio's Children

Child advocacy group.
Columbus: (614) 225-9073
Cleveland: (877) 881-7860
www.vfc-oh.org/cms/site/841df35d572b686e/index.html

Ohio State Agencies/Programs

Ohio Department of Developmental Disabilities

(877) 464-6733
<http://odmrdd.state.oh.us>

Ohio Department of Education, Office for Exceptional Children

(614) 466-2650, (877) 644-6338
<http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=967&ContentID=11843&Content=76973>

Ohio Department of Health: Healthy Child Care Ohio (HCCO)

(614) 644-8389
www.odh.ohio.gov/odhPrograms/ei/ch_care/childcare1.aspx
Nurse consultants contact information:
www.occrra.org/files/hcco/HCCOConsultants.pdf

Ohio Department of Health: Help Me Grow (Early Intervention)

(614) 644-8389, (800) 755-GROW (800-755-4769)
www.ohiohelpmegrow.org

Ohio Department of Health: Ohio Childhood Lead Poisoning Prevention Program

(614) 728-9454
www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/leadch1.aspx

Ohio Department of Mental Health

(877) 275-6364
www.mh.state.oh.us

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