

# Florida Birth to Three Learning and Developmental Standards



2004

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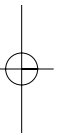
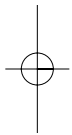
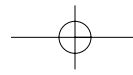
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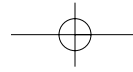
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# Prologue



**FLORIDA PARTNERSHIP FOR SCHOOL READINESS  
BIRTH TO THREE LEARNING AND DEVELOPMENTAL STANDARDS  
Board-Adopted June 21, 2004**

## **PREAMBLE**

The first three years of life is the period of most rapid development for a child. A newborn infant is endowed with well-developed senses and a wide array of reflexive abilities with which to begin the important tasks of meeting their basic physical needs, forming relationships and developing trust, and exploring the world around them. With adequate nutrition, appropriate environmental stimulation, and nurturing and responsive caregiving, infants will grow from being totally dependent to becoming active agents in exploring and shaping their world.

Recent neurobiological research has confirmed that the human brain is not fully developed at birth. Sensitive interactions with people and the environment are necessary to complete the brain's network of connections. Relationships are the "active ingredients of healthy psychological development in the early years" (National Research Council and Institute of Medicine, 2000) and the "prism through which young children learn about the world" (Kaufman Early Education Exchange, 2002). These connections grow most rapidly in the first three years of life and establish the foundation for all future learning.

Each child has a unique natural disposition that will shape behavior and play a significant role in the development of relationships with parents, caregivers, teachers, and other children. From birth, infants will display differences in temperament in qualities such as activity level, biological rhythms, approach/withdrawal, mood, intensity of reaction, sensitivity, adaptability, distractibility, and persistence. Recognizing and understanding these differences is essential to developing nurturing and responsive relationships and creating optimal learning opportunities.

**FLORIDA PARTNERSHIP FOR SCHOOL READINESS**  
**BIRTH TO THREE LEARNING AND DEVELOPMENTAL STANDARDS**  
**Board-Adopted June 21, 2004**

Each child is a part of a family that is rooted in a cultural system of beliefs, values, attitudes, practices, and language that create a shared sense of meaning that is reflected in behaviors, daily routines, and customs. Florida is one of the states leading the trend of increasing diversity in the United States. The rich diversity of the state creates new opportunities and challenges that are particularly important for caregivers and teachers of infants and toddlers to understand. It is very likely that caregivers and teachers will serve families from cultures different from their own and that in a group of children, several cultures may be represented. To understand children's behavior and parents' expectations, caregivers and teachers must be aware of their own culture, show respect for other cultures, learn intercultural communication skills, work in partnership with parents, and plan for diversity as a critical component of the program.

Infants and toddlers are eager and curious learners, gaining knowledge and understanding of themselves and others from every experience in daily living. They will undergo dramatic transformations in every area of development, and growth in one area will influence all other areas. How they approach tasks will depend on their temperament and individual differences; how they understand the world and what has meaning will depend on the cultural context of their family.

The ***Florida Birth to Three Learning and Developmental Standards*** describe age-appropriate understandings related to the ways infants and toddlers explore, recreate, think, reason, and create as they engage in the learning process. As we focus on age-appropriate expectations, it is imperative that individual appropriateness and differences not be overlooked. It is important to remember that not all young children will attain all of the standards by age three. The standards cannot take into account individual variations in development, and should be used as a guide and not an absolute for all children.

## Introduction

The School Readiness Act, Section 411.01, Florida Statutes, was passed unanimously by the Florida Legislature and signed into law by Governor Jeb Bush on June 15, 1999. The act recognized that school readiness programs increase children's chances of achieving future educational success and becoming productive members of society. The act remains the most comprehensive approach to school readiness in the nation. The act created the Florida Partnership for School Readiness and charged it to:

- develop and adopt performance standards and outcome measures for school readiness;
- adopt a system for measuring school readiness that provides objective data that will be useful to state policymakers and local program administrators;
- prepare and submit to the State Board of Education a system for measuring school readiness; and
- adopt a system for evaluating the performance of students through the third grade to compare those who participated in school readiness programs with the performance of students who did not participate to identify strategies for continued successful student performance.

To meet these requirements and to ensure that the system for measuring school readiness was comprehensive and appropriate statewide, a Performance Standards and Outcomes Measures Workgroup and Advisory Committee were formed with representatives of district school systems; providers of public and private child care; health care providers; state agency partners; and state and national experts in child development, children with special needs, and measurement and assessment. The recommendations and findings of this work are summarized in the report ***School Readiness in Florida: Strategies for Defining, Measuring and Advancing Children's School Success (June 27, 2000)***.

The school readiness performance standards for five-year-old children were formally adopted on June 27, 2000. The standards for three- and four-year olds were adopted on September 19, 2001. The preschool standards were published together and broadly

## Introduction, Continued

disseminated in a document entitled ***Florida School Readiness Performance Standards for Three-, Four- and Five-Year-Old Children 2002***. To receive copies of the preschool standards, contact your local school readiness coalition or you may download a full copy at [www.schoolreadiness.org](http://www.schoolreadiness.org).

The preschool standards are widely used by a broad array of early childhood professionals and programs across Florida. Supported by extensive training and technical assistance, providers and teaching teams have used the preschool standards to re-examine their work with young children to improve program services and outcomes for children.

The ***Florida Birth to Three Learning and Developmental Standards*** build on the success of the preschool standards and complete the charge to the Florida Partnership for School Readiness. A list of Partnership Board Members is included in Appendix A. Research on early brain development, as well as studies investigating the strategies that promote lasting gains in competence, have found that the first three years of life is a time when rapid changes occur in all areas of development. These foundation years set the stage for future success.

The infant and toddler standards were developed by the ***Birth to Three Performance Standards Workgroup***. The workgroup was composed of state and national experts representing public, private, and faith-based child care providers; family literacy programs; federal infant and toddler initiatives; health care services; infant mental health services; programs serving infants and toddlers with special needs; university researchers with expertise in measurement and assessment of infants and toddlers; state agency partners; and members of the Florida Partnership for School Readiness. A complete list of workgroup members is included in Appendix B. A cadre of interested citizens and advocacy partners also attended meetings and became actively engaged in the committee work that produced the standards.

## Introduction, Continued

The effectiveness of the workgroup was greatly enhanced by the assistance of colleagues from across the nation who generously shared lessons and products from their own efforts to develop common frameworks. Our acknowledgement and thanks and a list of key collaborators is included in Appendix C.

The ***Florida Birth to Three Learning and Developmental Standards*** are derived from a set of guiding principles regarding developmental expectations for infants and toddlers, the use of the standards, assessment, and accountability. While the focus of this document is on the first two of these areas, issues regarding assessment and accountability flowed logically from the discussions within the workgroup. The guiding principles regarding assessment and accountability were developed to be consistent with the intent of the standards and to assist program administrators and policymakers. A copy of the guiding principles follows in the next section.

The ***Florida Birth to Three Learning and Developmental Standards*** represent the culmination of the work of many individuals. The infant and toddler standards reflect an exhaustive analysis of research, a synthesis of best practices, and a review of standards from other states and organizations. Florida is again in the forefront, with few other states having developed standards for children from birth to three. The infant and toddler standards are conceptually linked to the preschool standards, and together they create a common framework and language for parents, caregivers, and teachers to understand our vision for young children from birth to five.



# Guiding Principles

## I. Principles Regarding Developmental Expectations for Infants and Toddlers

- A. Development begins in the prenatal period and extends throughout life. The early childhood years are an unparalleled time of rapid growth and development.
- B. Nurturing and responsive relationships provide the foundation for healthy growth and development. The most important of these relationships is that between the family and the child.
- C. Development occurs through a complex interaction between genetic factors and environmental experiences.
- D. Optimal growth is achieved when good health and nutrition are combined with nurturing and responsive caregiving. Fostering development depends on providing a safe, orderly, nurturing and appropriately stimulating environment.
- E. Genetic factors and environmental deficiencies can cause developmental delays, but early intervention and appropriate stimulation can maximize development.
- F. Development occurs across multiple domains, including:
  - Physical Health;
  - Approaches to Learning;
  - Social and Emotional;
  - Language and Communication;
  - Cognitive Development and General Knowledge; and
  - Motor Development.

## Guiding Principles, Continued

- G. Development in one domain influences development in other domains, while the timeline for each may vary. At times, development may accelerate in one domain while remaining stable in others. Learning experiences should be organized to build on developmental strengths and maximize connections across domains.
- H. Development proceeds through a predictable sequence of milestones, but there may be wide variations in the pace at which milestones are achieved.
- I. Cultural context influences every aspect of development.
- J. Children's individual differences and temperament influence development and learning.
- K. Children's learning occurs throughout the day through everyday experiences and routines, and not just at designated play and learning times.
- L. Children's learning can be enhanced by families and early childhood teachers who are actively involved in guiding and expanding their play through exploration, imitation, and repetition.
- M. All children can benefit and learn from sharing experiences with other children who have unique strengths and challenges. Children with special needs should be included in settings and programs with typically developing children to the extent possible and appropriate.
- N. There is a strong, direct connection between the early years and later success in school and life.

## Guiding Principles, Continued

### II. Principles Regarding the Use of the Standards

- A. The standards create a framework and common language for families and early childhood teachers to understand appropriate developmental expectations for typically developing infants and toddlers.
- B. The standards can be a useful tool for maximizing the experiences of children with special needs; recognizing a similar sequence of many behaviors and skills may emerge in ways that reflect children's unique strengths and challenges.
- C. The standards cannot take into account individual variations in development and should not be used as a measurement tool for individual children.
- D. The standards can be a useful tool for selecting curricula, improving instruction, and determining whether programs are providing appropriate services and experiences for children.
- E. The standards are not designed or intended to replace a curriculum.

### III. Principles Regarding Assessment

- A. Assessment should be a strength-based process, focusing on the development of the individual child, and assessment data should bring about benefits for the child from whom the data were collected.

## Guiding Principles, Continued

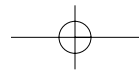
- B. Young children's development is dynamic, and current assessment methodologies may not adequately capture or predict future development or learning. Safeguards for assessment are needed to address concerns regarding the use of data from the testing of young children.
- C. Assessments must take into account the developmental stage of young children and not subject children to assessment processes that are too lengthy, or are administered in unfamiliar settings or by unfamiliar adults. Assessments should use methods that are appropriate to children's developmental or language abilities. This is especially true when assessing children with special needs.
- D. Assessments should incorporate data from different sources taken over time. Parent reports, samples of children's work, and direct observations of children's behaviors are appropriate data sources.
- E. Families are key partners in the assessment process and must play an important role as a source of information about their child's abilities in other settings. They are the primary interpreters of the meaning of a child's behavior, facilitators of their child's growth and development, and participants in discussions of assessment findings and future planning.
- F. Assessments must be administered by staff with appropriate qualifications, training, and supervision.
- G. Assessment instruments must be culturally appropriate and able to accommodate the needs of children who are speakers of other languages.
- H. Assessment instruments should be reliable and normed and validated for the populations of children to be assessed. Special consideration is required when selecting assessment tools for use with children with special needs.

## Guiding Principles, Continued

- I. Families and early childhood teachers should be informed about the appropriate uses and purposes of any assessment, including how assessment is related to standards and any accountability system.

### IV. Principles Regarding Accountability

- A. Comprehensive accountability systems include measures designed to assess program design, implementation, and effectiveness. They also measure children's growth and development in all domains and provide utilization and cost-benefit analysis. No single instrument can be used to meet all these purposes.
- B. Administrators of assessment instruments should ensure that tools and the resulting data are used appropriately to their purposes, and great caution must be exercised not to use data in inappropriate ways.
- C. Comprehensive accountability systems have multiple stakeholders that include families, early childhood teachers, administrators, policymakers, and planners. Effective accountability systems producing the most useful data are developed with input from key stakeholders and content and evaluation experts.
- D. Accountability terminology and findings should promote understanding of lessons learned and challenges, and result in improvements in efficiency and/or effectiveness of program services that benefit children and families.
- E. Data from individual children should not be used for accountability purposes or program-related decisions. However, aggregate or group data may be used for these purposes.



# HOW TO USE

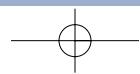
## *THE FLORIDA BIRTH TO THREE LEARNING AND DEVELOPMENTAL STANDARDS*

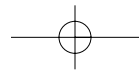
The ***Florida Birth to Three Learning and Developmental Standards*** are based on what we know about children, including what they should know and be able to do along a continuum of development. The infant and toddler standards are grouped around six areas of children's development including:

- Physical Health;
- Approaches to Learning;
- Social and Emotional;
- Language and Communication;
- Cognitive Development and General Knowledge; and
- Motor Development.

These domains are consistent with the six domains in the preschool standards. The domains are a useful way to look at the developmental progression of related skills and abilities. Each domain begins with a description and overview. The domain is divided into four benchmark age periods for infants and toddlers: birth to 8 months, 8 to 18 months, 18 to 24 months, and 24 to 36 months. Each age period is indicated at the top and bottom of the page, and pages within each domain are color-coded for easy reference. Each domain is further divided into themes, indicators, and examples.

Themes are the organizing concepts of each domain and represent the major accomplishments to be achieved in the infant and toddler years. They are identified in the color of the domain with a capital letter. Indicators are the components of each theme. They are identified with a number. There is variation across domains regarding whether the indicators continue across age grouping or whether they change. Below each indicator are examples of behaviors that parents, caregivers, and teachers might observe as a reflection of the achievement of the indicator. The examples are not inclusive, but are illustrative of some of the many ways in which the accomplishment of the indicator may be observed. The examples provided are representative of behaviors





## HOW TO USE

### *THE FLORIDA BIRTH TO THREE LEARNING AND DEVELOPMENTAL STANDARDS*

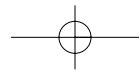
across the span of the age group and are listed in order of typical emergence. Individual children may show some but not all of the behaviors included in the examples and may demonstrate other behaviors that are characteristic of the period and reflect achievement of the indicator. Similar examples appear in several domains and reflect the fact that the same behavior may indicate progress and learning in more than one area. Examples are listed as bullet points below each indicator.

On the far left-hand side of each page there is a highlighted box titled “Questions to Ask Yourself.” The purpose of these questions is to focus parents, caregivers, and teachers on the unique strengths and needs of each child and their role in supporting and promoting growth and development. The questions are posed in a personal voice, but they are equally appropriate for a child in a family or each individual child in a group setting. The questions correspond to each indicator. Other resources designed specifically for parents include the ***Sunrise Skills Builders*** and ***The Best We Can Be: Parents and Children Growing Together***. To receive copies of these publications, contact your local school readiness coalition, or you may download full copies at [www.schoolreadiness.org](http://www.schoolreadiness.org).

Like the preschool standards, the ***Florida Birth to Three Learning and Developmental Standards*** are cross-referenced and aligned with the Head Start Performance Standards, 45 Code of Federal Regulations 1304, 1305, 1308, and Guidance. An indicator that is followed by the letters “H.S.” and a number means that the standard is related to a Head Start Performance Standard. Unlike the preschool standards, there are no other state standards for children in this age group.

The infant and toddler standards are organized to demonstrate continuity with the ***Florida School Readiness Performance Standards for Three-, Four- and Five-Year-Old Children***. It is important to note that the standards could have been organized by age grouping across domains to emphasize development in multiple areas. The presentation of the standards in this format is not intended to imply a straight line of development without interaction across domains or other influences. In addition, while





## HOW TO USE *THE FLORIDA BIRTH TO THREE LEARNING AND DEVELOPMENTAL STANDARDS*

development proceeds through a predictable sequence of milestones, there may be wide variations in the pace at which milestones are achieved, particularly in the early years. No great significance should be given to the specific age period in which an example is provided or a behavior observed, unless there are significant delays or there appear to be interruptions in the sequence of milestones.

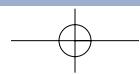
Children who are born early, at very-low birth weight, with disabilities or delays, or with handicapping conditions may also reflect the achievement of the standards in ways that are unique to their strengths and challenges.

If you have questions or concerns about the development of your child, talk with your health care provider. Parents, caregivers and teachers can call the Florida Directory of Early Childhood Services (Central Directory) for more information on early intervention programs, parent support services, and eligibility and diagnostic testing services. The toll free number is:

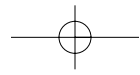
1-800-654-4440.

The ***Florida Birth to Three Learning and Developmental Standards*** will be most helpful when used to optimize the daily experiences of infants and toddlers and strengthen the relationships with key adults. They can be useful in:

- creating a shared framework and common language for parents, caregivers and teachers to understand how infants and toddlers learn and grow;
- setting realistic expectations for young children;

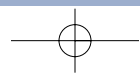
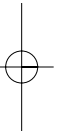
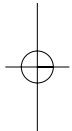


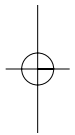
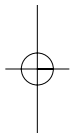
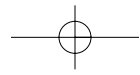




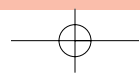
## HOW TO USE *THE FLORIDA BIRTH TO THREE LEARNING AND DEVELOPMENTAL STANDARDS*

- understanding the sequence of development across multiple domains and the important factors that influence development;
- creating safe, appropriate and stimulating environments for infants and toddlers;
- guiding the selection of curricula, toys, equipment, and materials;
- improving classroom instruction;
- enhancing parent skill building, information, and support groups;
- providing pre-service and in-service training for early childhood professionals; and
- refining professional preparation programs.





# Physical Health




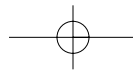
## PHYSICAL HEALTH

During the first three years of life, children's development undergoes changes that are more rapid and dramatic than at any other time in their lives. Transformations in body proportion, coordination and strength, complemented by the increasing complexities of brain development, allow infants and toddlers to make extraordinary gains in physical and sensory coordination, dexterity and balance.

A critical building block that will ensure the success of this development is the physical health and well-being of infants and toddlers. Ensuring optimal health and well-being requires the commitment and vigilance of parents, caregivers, and teachers. Therefore, the standards and indicators that follow focus on what these significant adults can do to support the physical health of infants and toddlers.

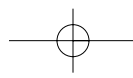
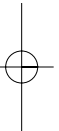
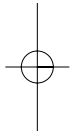
There are two primary components of physical health in infants and toddlers. **Physical health** across all body systems is the first component. This component encompasses the status and monitoring of nutritional, physical, dental, auditory, and visual health. **Wellness** is the second component and is demonstrated when infants and toddlers and their parents, caregivers, and teachers engage with each other to ensure physical health.

While young infants have motor and sensory capacities that permit initial interactions with their environments, they are dependent on their parents, caregivers, and teachers to assure that their physical, dental, nutritional, and other basic needs are met in a timely and appropriate fashion. Older infants demonstrate a more complex array of skills that enable them to become beginning participants in their own health care, but they still require consistent adult attention to ensure the best possible physical health.



Young toddlers begin to develop abilities that facilitate their more active participation in their physical, dental, and nutritional care. They begin to understand the use of self-help routines and are willing to try new behaviors. Older toddlers are able to use their newly emerging independence as a motivator to assume even more responsibility for their basic needs. However, all children three years of age and younger require consistent, caring adult supervision and support to make sure health needs are being met.

Infants and toddlers thrive when provided with attention, encouragement, and intervention of the parents, caregivers, and teachers who love and value them. Maintaining physical wellness requires a partnership among those significant adults and the professionals from the health, mental health, dental, and nutrition fields with expertise in infant and toddler development. These partnerships need to be formed within the context of the environments within which infants, toddlers, and their families live.



# Physical Health

## Birth to 8 Months

### Questions To Ask Yourself

*What behaviors show your young infant is growing and developing? Who could you call with questions?*

*How do you know your young infant is eating enough? What food is appropriate at this age?*

*What does your young infant like to look at? How does she react?*

### A. PHYSICAL HEALTH

#### 1. Shows characteristics of appropriate health and development. H.S./CFR 1304.20(a)(1)(i) – (a)(1)(i)(C)

Young infants demonstrate great progress in their physical growth and development. While this occurs in a predictable sequence, there may be great variations in the rate of development. Optimal development occurs in a safe, healthy, consistent, and nurturing environment provided by all parents, caregivers, and teachers in the infants' lives. Good health and development is being supported by parents, caregivers, and teachers when young infants are:

- showing age-appropriate growth in height and weight (see Tables 1 and 2);
- sitting with support and are progressing towards sitting alone;
- rolling over, back to front;
- showing alertness during waking periods;
- cooing and vocalizing;
- teething.

#### 2. Shows characteristics of nutritional health. H.S./CFR 1304.23(a)(1) – (a)(4)

Good nutrition is necessary for optimal physical, social, and emotional development. Young infants are dependent on their parents, caregivers, and teachers to ensure that their nutritional needs are met in a

consistent, predictable, and appropriate fashion. Good nutritional health is evident when young infants are:

- breastfeeding, if appropriate;
- taking adequate nutrition;
- attaining and maintaining weight appropriate to age and height (see Tables 1 and 2);
- beginning to be introduced to a variety of solid foods.

#### 3. Demonstrates visual abilities to facilitate healthy growth and development. H.S./CFR 1304.21(b)(3)(i) – (b)(3)(ii)

The visual abilities of young infants contribute to developing skills in all domains. Young infants use their vision to observe their immediate environments and to capture the attention and fascination of the parents, caregivers, and teachers who respond to this interest. Young infants demonstrate growing visual acuity when they are seen:

- tracking a moving object;
- blinking at the flash of a camera;
- following a human face with their eyes;
- moving their eyes in response to motion or movement around them;
- inspecting their own hands;
- gradually coordinating their eye movements to what is in their field of vision.

# Physical Health

## Birth to 8 Months

### Questions To Ask Yourself

*How can you tell if your young infant is listening? What sounds does he like the most?*

*How do you keep toys and other things your young infant puts in her mouth clean? How often do you do cleaning?*

*Do you have a health care provider for routine and emergency care? What questions do you have for him?*

#### 4. Exhibits auditory abilities to facilitate healthy growth and development. H.S./CFR 1304.21(b)(3)(i) – (b)(3)(ii)

Auditory skills provide a foundation for later skills, especially for learning language. Young infants use sounds to communicate with others, and they delight in hearing language. Uses of auditory abilities are observed in young infants when they are seen:

- responding to sound by blinking, startling, crying, or changing their breathing;
- becoming calm when they hear the voices of parents, caregivers, teachers, or familiar environmental sounds such as music playing;
- turning their head in response to sound;
- responding when their name is spoken by parents, caregivers, and teachers by turning and smiling;
- beginning to imitate sounds;
- participating in listening and vocalizing activities.

#### 5. Shows characteristics of oral health. H.S./CFR 1304.23(b)(3)

Oral health profoundly impacts the development of speech, eating ability, and self-concept. As the teeth of young infants begin to emerge, their optimal development requires careful adult attention to cleanliness as well as good nutrition. Good oral health care is supported when young infants are:

- limited to using a bottle at mealtime;

- beginning teething with appropriate teething toys;
- exhibiting clean and healthy-looking gums and teeth;
- starting to drink from a cup.

#### 6. Has regular visits with a primary health care provider. H.S./CFR 1304.20(a)(1)(i) – (a)(1)(ii)(c)

To promote healthy development, every child needs a source of continuous and accessible health care. Young infants should have a schedule of preventive and primary well-child health care to ensure that problems are quickly identified and addressed. Consistent health care and scheduled primary health care appointments are apparent when parents, caregivers, and teachers are:

- maintaining a schedule of well-child checks (see Table 3);
- ensuring that appropriate hearing, vision, developmental, and metabolic screenings and evaluations are administered;
- scheduling timely follow-up of referrals, screenings, and examinations;
- ensuring that immunizations are up-to-date (see Table 4);
- providing fluoride/vitamin supplements if appropriate.

# Physical Health

## Birth to 8 Months

### Questions To Ask Yourself

*What are the signs or symptoms that your young infant is sick? Who would you call?*

*How do you and your young infant most enjoy playing together? Why?*

*Do you have a special way of taking care of routine activities like feeding, bathing, and changing diapers? How does your young infant respond?*

### B. WELLNESS

#### 1. Shows basic physical needs are met.

##### H.S./CFR 1304.21(a)(3)(i)(E)

Young infants must have their basic needs met in order to ensure that their other developmental needs are maximized. Because young infants are completely dependent on the care of their parents, caregivers, and teachers, it is important to be sure that someone is assuming responsibility for overseeing health care needs. This oversight is apparent by young infants:

- having a consistent and reliable primary health care provider;
- being alert during wake periods;
- being provided appropriate clothes for the weather;
- having parents, caregivers, and teachers who are knowledgeable of signs and symptoms indicative of the need to access specific and emergency health care for them;
- receiving care that leads to good hygiene and overall clean appearance.

#### 2. Engages in adult-child interaction.

##### H.S./CFR 1304.21(b)(1)(i) – (b)(1)(ii)

Warm, responsive interactions between young infants and their parents, caregivers, and teachers are essential ingredients in meeting developmental needs. A dependable, appropriate, and warm adult-child relationship is the cornerstone of a young infant's sense

of security and trust. Examples of engagement in adult-child interaction include:

- responding to holding, cuddling, rocking, singing, and comforting techniques by quieting, attending, or smiling;
- vocalizing in response to parents', caregivers', and teachers' words or sounds;
- turning to parents, caregivers, and teachers for comfort during times of stress;
- moving and/or calming to rhythmical movement and music with parents, caregivers, and teachers.

#### 3. Participates in basic health and safety routines.

##### H.S./CFR 1304.21(a)(3)(ii)

Young infants begin to find comfort in the health and safety routines established by their parents, caregivers, and teachers. The predictability of these routines adds to the sense of trust and comfort that young infants experience in everyday interactions. Young infants display familiarity with the routines established by their parents, caregivers, and teachers by:

- anticipating feeding cues by kicking feet or turning head;
- relaxing during bathing routines;
- anticipating sleeping routines by relaxing when rocked;
- responding to vocalizations during diaper-changing routines.

# Physical Health

## 8 to 18 Months

### Questions To Ask Yourself

*What changes have you made as your older infant has become more mobile and independent? What new things can he do?*

*How do you introduce a variety of new foods to your older infant? What can she feed herself?*

*What activities do you do to help your older infant use his eyes? Can you tell if he can see more clearly?*

*What games do you play with your older infant to promote listening and imitation? How does she respond when you call her name?*

### A. PHYSICAL HEALTH

#### 1. Shows characteristics of appropriate health and development. H.S./CFR 1304.20(a)(1)(i) – (a)(1)(i)(C)

Older infants continue to make rapid and predictable advances in their physical growth. This growth provides older infants with more opportunities to explore and discover what their world is all about. Older infants exhibit appropriate general health by:

- showing age-appropriate growth in height and weight (see Tables 1 and 2);
- sitting, crawling, and walking independently;
- demonstrating cooperation as they participate in daily routines;
- developing regular sleeping habits;
- showing interest in people and objects in their environment.

#### 2. Shows characteristics of nutritional health. H.S./CFR 1304.23(a)(1) – (a)(4)

The complex changes taking place in the development of older infants requires parents, caregivers and teachers to ensure that consistent and appropriate nutritional needs are being met. Older infants show that their nutritional needs are being met by:

- eating adequate meals on a fairly regular schedule;
- attaining weight appropriate to age and height (see Tables 1 and 2);
- consuming a variety of healthy foods from all food groups;
- feeding themselves finger foods that they enjoy;

- transitioning from the bottle or breast to a cup.

#### 3. Demonstrates visual abilities to facilitate healthy growth and development. H.S./CFR 1304.21(b)(3)(i) – (b)(3)(ii)

The visual abilities of older infants continue to become more discriminating and refined. They are able to focus on moving objects and notice small details. Their growing eye-hand coordination skills enable them to explore and manipulate the many things they find in their environment. With any necessary corrective devices, older infants demonstrate their visual abilities by:

- tracking a moving object;
- seeing and pointing to things that attract their attention;
- grasping small objects with thumb and forefinger;
- putting beads in a box.

#### 4. Exhibits auditory abilities to facilitate healthy growth and development. H.S./CFR 1304.21(b)(3)(i) – (b)(3)(ii)

Auditory skills continue to provide the cornerstone for language development. Older infants can make finer sound discriminations and continue to respond with recognition and pleasure upon hearing familiar voices. With any necessary corrective devices, they demonstrate their ability to hear and understand sounds by:

- responding appropriately to sound stimuli, such as startling at loud noises or quieting to a lullaby;
- participating in listening and vocalizing activities;



# Physical Health

## 8 to 18 Months

### Questions To Ask Yourself

*How do you care for your older toddler while he is teething? How do you care for his new teeth?*

*How does your health care provider tell you each visit about how your child is growing and developing? How does she share information on what is coming next?*

*How does your older infant let you know what she wants? How do you know when she is satisfied?*

- beginning to imitate words and word sounds;
- moving to music.

### 5. Shows characteristics of oral health. H.S./CFR 1304.23(b)(3)

The oral health of older infants continues to impact emerging language and overall physical health. If they experience dental problems, the discomfort and potential infection have serious ramifications for their well-being. Older infants show that their oral health is being attended to by:

- exhibiting normal eruption of teeth;
- cooperating with daily cleaning of teeth;
- learning to enjoy healthy snacks such as apple slices, banana chunks, and drinks of water;
- decreasing their use of pacifiers and bottles;
- having a dental exam once teeth erupt.

### 6. Has regular visits with a primary health care provider. H.S./CFR 1304.20(a)(1)(i) – (a)(1)(ii)(c)

It is important that the schedule of preventative and continuous health care be maintained for older infants. Early identification and treatment of physical and other developmental problems can lead to better outcomes and help older infants continue to participate actively in their world. Parents, caregivers, and teachers facilitate these visits by:

- maintaining a schedule of well-child checks (see Table 3);
- ensuring appropriate vision, dental, hearing, and developmental screenings and evaluations

are administered;

- ensuring the blood is checked for lead regularly;
- scheduling timely follow-up appointments for referrals, examinations, and screenings;
- ensuring immunizations are up to date (see Table 4);
- providing fluoride/vitamin supplements if appropriate.

### B. WELLNESS

#### 1. Shows basic physical needs are met. H.S./CFR 1304.21(a)(3)(i)(E)

Older infants continue to depend on their parents, caregivers, and teachers for meeting their physical needs. With coaching, support, and humor, older infants can begin to take very small steps toward participating in the meeting of their physical health care. Older infants show that their health needs are being met by:

- having a consistent and reliable primary health care provider;
- having parents, caregivers, and teachers who are knowledgeable of signs and symptoms indicative of the need to access specific or emergency health care for them;
- feeding themselves finger foods, such as soft cooked vegetables, bits of cereal, pieces of toast or crackers, and chunks of fruit;
- receiving care that leads to good hygiene and overall clean appearance;
- using vocalizations, gestures, or words to indicate basic needs.

# Physical Health

## 8 to 18 Months

### Questions To Ask Yourself

*What activities does your older infant find difficult to do?  
How does he enlist your help?*

*How does your older infant anticipate routine activities?  
Does she initiate some part of the routine?*

### 2. Engages in adult-child interaction. H.S./CFR 1304.21(b)(1)(i) – (b)(1)(ii)

While older infants are more active in initiating activities and interactions with others, they still find security and safety in predictable and nurturing relationships with their parents, caregivers, and teachers. Examples of their engagement in adult-child interaction include:

- responding to holding, cuddling, rocking, singing, and comforting techniques by quieting, attending, or smiling;
- vocalizing in response to parents, caregivers, and teachers;
- looking to their parents, caregivers, and teachers when exposed to new surroundings, people, or materials;
- pointing and vocalizing as their parents, caregivers, and teachers read a book to them.

### 3. Participates in basic health and safety routines. H.S./CFR 1304.21(a)(3)(ii)

Older infants find comfort in the health and safety routines established by their parents, caregivers, and teachers. They will initiate these routines and enjoy the interaction with adults that occur during these times. Older infants demonstrate familiarity with routines by:

- anticipating meal times by pointing and reaching;
- vocalizing when they see the tub being filled;
- relaxing during bathing routines and grabbing for the wash cloth;

- participating in getting ready for bed and sleeping routines, such as going to the sink to look for their toothbrush or looking for a book they want to have read to them in bed;
- cooperating with washing hands and brushing of gums and teeth.

# Physical Health

## 18 to 24 Months

### Questions To Ask Yourself

*How does your young toddler use her motor skills? How would you describe her level of activity?*

*How do you encourage your young toddler to start using a spoon? What foods are easiest to eat?*

*What activities help your young toddler recognize different colors? Does he have a favorite?*

### A. PHYSICAL HEALTH

#### 1. Shows characteristics of appropriate health and development. H.S./CFR 1304.20(a)(1)(i) – (a)(1)(i)(C)

The rapid physical growth of the earlier months continues for young toddlers. They are active users of their newly-emerging motor skills, so that the environments for exploration and potential hazards also are expanding. This requires greater attention to ensuring safe environments. Young toddlers exhibit appropriate general health by:

- showing age-appropriate growth in height and weight (see Tables 1 and 2);
- developing independence as they move around in a safe environment;
- meeting age-level expectations in the other five areas of development;
- interacting with other children and adults;
- walking, running, and climbing stairs one step at a time.

#### 2. Shows characteristics of nutritional health. H.S./CFR 1304.23(a)(1) – (a)(4)

Young toddlers take an interest in the food they receive, and find meal times to be wonderful opportunities for engaging others in conversation and in experimenting with food. The demands made by their continued physical growth and the importance of nutrition to overall general health require that parents, caregivers, and teachers continue to supervise young toddlers' food choices and meals. Young toddlers show they are receiving a healthy diet by:

- looking forward to meal time and seeming to enjoy their food;
- attaining and maintaining weight appropriate to their age and height (see Tables 1 and 2);
- feeding themselves, first with hands and then using a spoon;
- consuming a variety of healthy foods from all food groups;
- making personal food choices among several healthy options;
- taking reasonable amounts of food with encouragement from adults.

#### 3. Demonstrates visual abilities to facilitate healthy growth and development. H.S./CFR 1304.21(b)(3)(i) – (b)(3)(ii)

The increasing visual abilities of young toddlers permit finer discriminations across similar objects and people. They use visual stimuli to make selections and show preferences. With any necessary corrective devices, young toddlers demonstrate their growing visual abilities by:

- continuing to develop more precise eye-hand coordination;
- working at turning the key on a wind-up toy;
- holding a book in one hand while turning pages with the other;
- imitating the hand motions of fingerplays, such as to the song "Where is Thumbkin?";
- beginning to name primary colors.

# Physical Health

## 18 to 24 Months

### Questions To Ask Yourself

*What rhymes and songs does your young toddler enjoy? What does this tell you about her?*

*What routines have you developed with your young toddler to take care of his teeth? Does he imitate you brushing your teeth?*

*Do you use each visit with your health care provider as a chance to talk about any difficulties with your child? How does this help?*

#### 4. Exhibits auditory abilities to facilitate healthy growth and development. H.S./CFR 1304.21(b)(3)(i) – (b)(3)(ii)

The auditory skills of young toddlers are becoming more fine-tuned. However, many toddlers still do not hear the varying subtleties of beginning and ending sounds in words. Young toddlers respond with enthusiasm to music, rhythm, laughter, and environmental sounds such as doorbells and chiming clocks. Their behaviors will provide clues as to which sounds are enjoyable and attractive. With any necessary corrective devices, young toddlers demonstrate auditory abilities by:

- recognizing the names of familiar objects and people;
- beginning to use language, such as two-word phrases, to communicate with parents, caregivers, teachers, and peers;
- hearing and responding to instructions;
- participating in simple songs and fingerplays.

#### 5. Shows characteristics of oral health. H.S./CFR 1304.23(b)(3)

Young toddlers continue to gain new teeth. Their emerging fascination with routines extends to include tooth brushing, although they still need help from adults in order to be sure all of the teeth are reached. Young toddlers exhibit oral health by:

- exhibiting continued normal eruption of teeth;
- cooperating with daily cleaning of teeth;
- transitioning from using a pacifier;
- having a comprehensive dental exam.

#### 6. Has regular visits with a primary health care provider. H.S./CFR 1304.20(a)(1)(i) – (a)(1)(ii)(c)

To promote healthy development, every child needs a source of continuous and accessible health care. The schedule of preventive and primary well-child health care should be maintained for young toddlers. Parents, caregivers, and teachers facilitate these visits by:

- maintaining a schedule of well-child checks (see Table 3);
- ensuring appropriate vision, dental, hearing, and developmental screenings and evaluations are administered;
- ensuring the blood is checked for lead regularly;
- scheduling timely follow-up of referrals, screenings, and examinations;
- ensuring immunizations are up-to-date (see Table 4);
- providing fluoride/vitamin supplements if appropriate.

# Physical Health

## 18 to 24 Months

### Questions To Ask Yourself

*How does your young toddler express her needs and feelings? Is she more likely to use her words or actions?*

*What do you least enjoy about playing with your young toddler? Why?*

*What part of routine activities does your young toddler want to do by himself? What does this tell you about him?*

### B. WELLNESS

#### 1. Shows basic physical needs are met.

##### H.S./CFR 1304.21(a)(3)(i)(E)

Although young toddlers exhibit new skills, parents, caregivers, and teachers should not lessen their focus on meeting the physical needs of toddlers. Younger toddlers demonstrate that their basic physical needs are met by:

- having a consistent and reliable primary health care provider;
- demonstrating an interest in actively exploring the environment;
- having parents, caregivers, and teachers who are knowledgeable of signs and symptoms indicative of the need to access specific and emergency health care for them;
- having calm and settled rest periods or naptimes;
- receiving care that leads to good hygiene and overall clean appearance.

#### 2. Engages in adult-child interaction.

##### H.S./CFR 1304.21(b)(1)(i) – (b)(1)(ii)

Warm, responsive interactions between young toddlers and parents, caregivers, and teachers continue to provide the ballast for children's explorations into independence. Despite their desire to "do it for myself," young toddlers seek approval and assistance from the adults who provide comfort and coaching. Examples of engagement in adult-child interaction include:

- responding to holding, hugs, singing, and comforting techniques by quieting, smiling,

or vocalizing;

- vocalizing using two-word sentences in response to parents, caregivers, and teachers;
- responding when their names are called by parents, caregivers, and teachers;
- exploring new environments but returning to their parents, caregivers, and teachers.

#### 3. Participates in basic health and safety routines.

##### H.S./CFR 1304.21(a)(3)(ii)

While young toddlers begin to find comfort in the health and safety routines established by their parents, caregivers, and teachers, they want to begin managing their own self-care routines. Young toddlers demonstrate familiarity with routines by:

- helping to set the table and feeding themselves;
- participating in bathing routines, such as using the wash cloth to clean some body parts themselves;
- participating in sleeping routines, such as getting a book to be read;
- brushing their teeth with help;
- washing and drying their own hands with some supervision.

# Physical Health

## 24 to 36 Months

### Questions To Ask Yourself

*What do you think your older toddler is learning when he is playing actively? How do you know?*

*What kinds of foods does your older toddler select for herself? How do you ensure she eats a balance of healthy foods?*

*What new visual skills does your older toddler display? Do you see any signs that he is having trouble seeing?*

*Can your older toddler tell you in words what she is thinking and feeling? Where does she need help?*

### A. PHYSICAL HEALTH

#### 1. Shows characteristics of appropriate health and development. H.S./CFR 1304.20(a)(1)(i) – (a)(1)(i)(C)

Older toddlers are able to use their bodies and senses in multiple and complex ways to understand and interact with their worlds. Their great energy and enthusiasm requires that their physical conditions be maintained. Older toddlers demonstrate that they are in good health and in safe environments by:

- showing age-appropriate height and weight (see Tables 1 and 2);
- exhibiting adequate sleep and rest care;
- using words to get help when needed;
- kicking a ball;
- developing self-care skills;
- showing the ability to follow simple commands.

#### 2. Shows characteristics of nutritional health. H.S./CFR 1304.23(a)(1) – (a)(4)

The independence and confidence of older toddlers can be seen in their desires to select foods and take charge of their feeding. The supporting and redirecting role of parents, caregivers, and teachers must be exercised with care and patience. Older toddlers show that they are being provided with healthy diets by:

- eating adequate amounts of food from all food groups;
- attaining and maintaining weight appropriate to age and height (see Tables 1 and 2);
- attaining and maintaining a body mass index appropriate to height, weight, and gender

(see Tables 5 and 6);

- consuming healthy beverages such as water, 100% juice, and milk;
- participating, with encouragement, in fixing their own snacks, such as peeling a banana or spreading peanut butter on a cracker.

#### 3. Demonstrates visual abilities to facilitate healthy growth and development. H.S./CFR 1304.21(b)(3)(i) – (b)(3)(ii)

As older toddlers develop an interest in matching, sorting, naming colors, and comparing sizes, their visual ability to take in and use visual stimuli must be nurtured. This is an important time to make sure that their vision is healthy and appropriately developed. With any necessary corrective devices, older toddlers demonstrate visual abilities by:

- continuing to develop eye-hand coordination;
- seeing and discriminating colors;
- having a comprehensive vision examination;
- using corrective and assistive visual devices if appropriate, such as glasses.

#### 4. Exhibits auditory abilities to facilitate healthy growth and development. H.S./CFR 1304.21(b)(3)(i) – (b)(3)(ii)

Older toddlers are able to discriminate among many sounds and words. Their capacity to use their home languages has expanded, and words are used to communicate feelings, ask questions, and express ideas. This is an important time to determine if their auditory abilities are within a typically developing range. With

# Physical Health

## 24 to 36 Months

### Questions To Ask Yourself

*Do you have a dentist for preventive and restorative care? What questions do you have for him?*

*Are you able to keep your appointments for well-child check-ups? Why is this important?*

*What do you do to help your toddler calm himself? What does he do that tells you that he needs more rest or sleep?*

any necessary corrective devices, older toddlers exhibit auditory abilities by:

- using language to communicate with parents, caregivers, teachers, and peers;
- expanding understandable vocabulary;
- hearing and responding to instructions;
- having hearing screening and comprehensive testing if indicated;
- using audiological assistive devices if appropriate, such as hearing aids.

#### 5. Shows characteristics of oral health.

##### H.S./CFR 1304.23(b)(3)

Oral health continues to impact the development of older toddlers' speech, nutrition habits, social interaction skills, and self-concept. Older toddlers exhibit oral health by:

- exhibiting continued normal eruption of teeth;
- beginning to independently brush their teeth with some supervision;
- eliminating the use of a pacifier;
- having a comprehensive dental examination.

#### 6. Has regular visits with a primary health care provider. H.S./CFR 1304.20(a)(1)(i) – (a)(1)(ii)(c)

To promote healthy development, every child needs a source of continuous and accessible health care. Older toddlers should have a schedule of preventive and primary well-child health care to ensure that problems are quickly identified and addressed. Parents, caregivers, and teachers facilitate these visits by:

- maintaining a schedule of well-child checks

(see Table 3);

- ensuring appropriate vision, dental, hearing, and developmental screenings and evaluations are administered;
- ensuring the blood is checked for lead regularly;
- scheduling timely follow-up of referrals, screenings and examinations;
- ensuring immunizations are up-to-date (see Table 4);
- providing fluoride/vitamin supplements if appropriate.

### B. WELLNESS

#### 1. Shows basic physical needs are met.

##### H.S./CFR 1304.21(a)(3)(i)(E)

As older toddlers gain greater mobility and control of their immediate environments, it is imperative that their basic physical needs are met. This will ensure that the toddlers have the stamina and capacity to take advantage of all the new opportunities available to them. Older toddlers demonstrate that these basic needs are met by:

- having a consistent and reliable primary health care provider;
- having parents, caregivers, and teachers who are knowledgeable of signs and symptoms indicative of the need to access specific and emergency health care for them;
- exhibiting good hygiene and overall clean appearance;

# Physical Health

## 24 to 36 Months

### Questions To Ask Yourself

*How do you and your older toddler enjoy conversation? What do you like to talk about?*

*Does your older toddler use routine activities in pretend play? Why is this important?*

- having calm and settled rest periods or naptimes;
- having inside and outside environments to play in that are safe and contain equipment that enhances motor development;
- receiving care that leads to good hygiene and overall clean appearance.

### 2. Engages in adult-child interaction.

#### H.S./CFR 1304.21(b)(1)(i) – (b)(1)(ii)

As older toddlers actively engage with other children and adults, they do so with confidence when trusting parents, caregivers, and teachers are available for guidance, comfort, and sharing. Great patience is required of these adults as they provide opportunities for independence while remaining available and accessible to the toddlers. Examples of engagement in adult-child interaction include:

- responding to holding, hugs, singing, and comforting techniques by quieting, smiling, or vocalizing;
- engaging in simple conversation;
- seeking reassurance from parents, caregivers, and teachers;
- taking the suggestions of parents, caregivers, or teachers.

### 3. Participates in basic health and safety routines.

#### H.S./CFR 1304.21(a)(3)(ii)

Older toddlers take pleasure in independently engaging in routines. They are determined to use their newly acquired skills to venture out in the world, even if their plans and skills are not quite up to the tasks. Older

toddlers demonstrate familiarity with routines by:

- participating with bathing routines such as helping to dry themselves;
- participating in sleeping routines such as getting and arranging their bedtime comfort items;
- feeding themselves without help;
- brushing their teeth with some supervision.





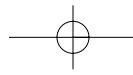
# Approaches to Learning

## APPROACHES TO LEARNING

“Approaches to learning” is a unique domain of children’s development because it involves the specific skills that are learned in the other domains of development. Each of the other domains reflects specific content knowledge or skills that document what children know and can do. Approaches to learning, however, is not about specific content knowledge or skills. It is about how these skills are acquired in all other domains. Regardless of what infants and toddlers are learning, they must use their approaches to learning skills as positive strategies for directing this learning.

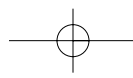
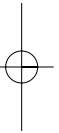
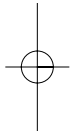
When parents, caregivers, and teachers consider a child’s approaches to learning, they observe infants’ and toddlers’ interest in exploring their immediate, familiar environment, as well as their interest in solving the challenges of learning about the more novel, larger world. Infants and toddlers are very attentive to their surroundings, which is an important ingredient in the development of social and emotional self-regulation. This **eagerness and curiosity** to engage with their environment is the first component of approaches to learning. The second component, **persistence**, is demonstrated as infants and toddlers engage in and continue to work at challenging tasks, even after encountering setbacks and obstacles. A third component of approaches to learning is **creativity and problem-solving**. This is the capacity to adapt familiar materials, activities, and strategies to new situations and goals. These approaches to learning components are critical skills that facilitate learning in all of the other domain areas.

During the first three years of life, these emerging skills are highly dependent upon the quality and quantity of interactions with supportive parents, caregivers, teachers, and peers. As an example, acquisition of expressive language skills requires the use of all three components of approaches to learning. Shortly after birth, young infants show eagerness and curiosity when they listen attentively to the voices of their parents, caregivers, and teachers. Later they take turns making sounds as supportive parents,



caregivers, and teachers repeat and reinforce the spontaneous, simple sounds that infants make. As these adults gradually expand and reinforce these sounds, infants seek out these experiences, and persist in practicing, producing and flexibly expanding these utterances. Older infants, young toddlers, and older toddlers build upon the expressive language skills acquired at early ages. Their continued curiosity, persistence, and problem-solving must be supported by engaged parents, caregivers, and teachers. Similar examples could be provided in each of the other domains of development.

The approaches to learning domain involves these distinct behavior patterns that children display as they engage in learning tasks across all developmental domains and reflects how children learn. Infants and toddlers learn best when eagerness and curiosity, attention and persistence, and creativity and problem-solving are encouraged and supported in all domains of early development.



# Approaches to Learning

## Birth to 8 Months

### Questions To Ask Yourself

*What objects, sounds, and people attract your young infant's curiosity and interest? How can you tell?*

*What kinds of experiences does your young infant seem to like the most? How do you know when to keep going or stop?*

*How does your young infant begin to explore her body and the things around her? What kinds of sounds does she make to begin to communicate with you?*

### A. EAGERNESS & CURIOSITY

#### 1. Shows awareness of and interest in the environment. H.S./CFR 1304.21(b)

Young infants display interest in their surroundings. They develop natural curiosity about themselves and interact with their immediate environment. Young infants demonstrate eagerness and curiosity by:

- turning in the direction of the source of familiar voices and sounds;
- reacting to new objects, voices, and sounds by becoming either more quiet or more active or changing their facial expressions;
- gazing attentively at talking parents, caregivers, and teachers when being fed or changed;
- exploring an object using all their senses, such as rubbing it against their cheek, putting it in their mouth, watching it as they wave it back and forth in front of their face, or banging it on the tray of their highchair or on the floor;
- extending their arms to lift their head and chest up to see further;
- babbling when alone, trying several different sounds, or responding to someone who is talking to them.

### B. PERSISTENCE

#### 1. Pays attention briefly and tries to reproduce interesting and pleasurable effects and events. H.S./CFR 1304.21(b)

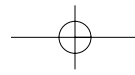
Young infants depend on parents, caregivers, and teachers for emotional and physical support. They begin to attend to and repeat interactions and behaviors that are pleasurable and that meet their needs. They show persistence by:

- grasping, releasing, re-grasping, and re-releasing an object;
- lifting their arms up, while crying, to be picked up and comforted;
- kicking or swatting a mobile to repeat a sound or a motion;
- consistently reaching for toys and objects;
- exploring books repeatedly with their hands and mouths and looking at pictures.

### C. CREATIVITY & PROBLEM-SOLVING

#### 1. Notices and shows interest in and excitement with familiar objects, people, and events. H.S./CFR 1304.21(b)

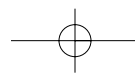
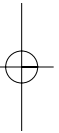
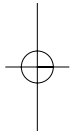
Although limited in intentionality and ability, young infants begin to explore their surroundings and modify their responses to meet their needs. Ways that young infants demonstrate creativity and problem-solving include:



# Approaches to Learning

Birth to 8 Months

- inspecting their own hands, fingers, feet, and toes by touching, looking, and mouthing;
- turning toward and tracking voices, people, and objects;
- raising their bottle as the level of milk drops;
- rolling from their back to their stomach when looking for a toy;
- dropping a toy or object and looking for it;
- using multiple senses at one time to explore objects by looking, touching, mouthing, and banging.



# Approaches to Learning

## 8 to 18 Months

### Questions To Ask Yourself

*How does your older infant use motor skills to explore the world around him?*

*Does he prefer to use his hands and fingers or his entire body?*

*What activities does your older infant enjoy doing over and over again? How does she show you that she needs help?*

*What favorite roles or activities does your young infant enjoy imitating? What materials does he use for pretend play?*

### A. EAGERNESS & CURIOSITY

#### 1. Shows eagerness and curiosity as a learner. H.S./CFR 1304.21(b)

Older infants are naturally curious about themselves, and are curious about the world around them. Older infants demonstrate eagerness and curiosity by:

- looking to parents, caregivers, and teachers when a stranger approaches;
- showing pleasure and encouraging continued interaction when they are being read to, by vocalizing and smiling;
- exploring spatial relationships by attempting to fit their bodies in boxes or tunnels or fingering holes in a pegboard;
- imitating familiar activities such as cooking and stirring, putting a pretend telephone to their ear, or initiating a familiar game such as peekaboo;
- showing interest in new experiences such as reaching out to touch rain or stopping play to watch a garbage truck;
- playing side-by-side with another child using the same or similar toys.

### B. PERSISTENCE

#### 1. Attends briefly and persists in repetitive tasks. H.S./CFR 1304.21(b)

As older infants begin to make sense of their environment, they start developing the ability to sustain attention for longer periods of time. They look to their

parents, caregivers, and teachers for both emotional and physical support. Older infants show persistence by:

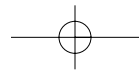
- wanting to hear the same song or be read the same book over and over again with their parents, caregivers, and teachers;
- filling a container with small objects and dumping them out repeatedly;
- taking turns in back-and-forth sound play with parents, caregivers, and teachers by responding to adults' speech and producing words or babbling sounds trying to imitate the adult's inflections;
- tugging on the sleeve of parents, caregivers, and teachers, or moving, pointing, or motioning to objects out of reach to get help;
- remembering the location of a favorite object and searching for it where it is usually stored.

### C. CREATIVITY & PROBLEM-SOLVING

#### 1. Approaches and explores new experiences in familiar settings. H.S./CFR 1304.21(b)

Older infants are beginning to understand that just because an object or person is not visible does not mean they have disappeared forever. They learn that certain actions can produce certain results. Older infants are active and initiate exploration. They learn as they move, using their senses to explore. Examples of creativity and problem-solving include:

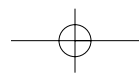
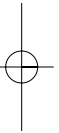
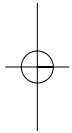
- substituting a stuffed animal for their preferred blanket to calm themselves when hurt, frightened,



# Approaches to Learning

8 to 18 Months

- or angry or when feeling stressed or tired;
- reacting to the sound of music with movement;
- feeding the baby doll with a bottle;
- pretending to lock and unlock a door using a toy key;
- spotting a cat and saying, "dog";
- participating in spontaneous interactions with peers, like making silly faces or imitating sounds.



# Approaches to Learning

## 18 to 24 Months

### Questions To Ask Yourself

*When does your young toddler enjoy trying out new skills and exploring independently? Is she curious or shy about unfamiliar things?*

*What strategies does your young toddler use if he does not succeed with a task? How can you help without interfering with his emerging independence?*

*How does your young toddler change her play in a new situation or when favorite props are unavailable? How can you encourage her creativity?*

### A. EAGERNESS & CURIOSITY

#### 1. Shows eagerness and curiosity as a learner. H.S./CFR 1304.21(b)

With increasing mobility, young toddlers can expand their boundaries for exploration of the environment. Parents, caregivers and teachers provide the secure base that permits this venturing out into the world. Young toddlers demonstrate eagerness and curiosity by:

- using facial expressions to show excitement;
- pointing to an unfamiliar picture in a story book and looking to their parents, caregivers, and teachers for the name of the object;
- beginning to explore the environment independently, first with their parents, caregivers, and teachers and then venturing further away from the adults;
- eagerly seeking and taking pleasure in new skills and independence, such as climbing up the stairs and clapping at their success;
- trying new art materials such as play dough or finger painting, musical instruments, or other new toys.

### B. PERSISTENCE

#### 1. Attends for longer periods of time and persists at preferred activities. H.S./CFR 1304.21(b)

With refinement of gross and fine motor skills, young toddlers can persist at preferred activities. Parents, caregivers, and teachers may be looked to for

assistance, but younger toddlers will want to try many activities themselves. Young toddlers show persistence by:

- enjoying playing the same music and movement activity over and over;
- insisting on choosing what to wear;
- asking parents, caregivers, and teachers to read the same book over and over again;
- trying various shapes in a shape-sorting toy until the shape finally fits;
- bringing over and climbing into a chair to obtain a toy after reaching for it unsuccessfully;
- insisting on completing a task even when assistance is needed.

### C. CREATIVITY & PROBLEM-SOLVING

#### 1. Delights in finding new properties and uses for familiar objects and experiences. H.S./CFR 1304.21(b)

Beginning to explore the environment independently and with intentionality, young toddlers show more interest in objects. They imitate others and enact familiar events with objects and toys. Young toddlers demonstrate their creativity and problem-solving by:

- viewing a table from both above and below, and examining the back and sides of a television;
- enjoying sand and water activities;
- modeling everyday activities and pretending to be a mommy, daddy, or baby;
- stomping their feet loudly to loud music and tiptoeing to soft music.



# Approaches to Learning

## 24 to 36 Months

### Questions To Ask Yourself

*What does your older toddler like to talk about? How can you encourage conversation to increase his language skills and knowledge of the world?*

*What are your older toddler's favorite stories, toys and activities? What does this tell you about her?*

*How does your older toddler use familiar things in new and imaginative ways? What do you think he is learning through pretend play?*

### A. EAGERNESS & CURIOSITY

#### 1. Shows eagerness and curiosity as a learner. H.S./CFR 1304.21(b)

Older toddlers eagerly explore their environments, showing curiosity and awareness of change, as well as interest in what others are doing. They expand their own behaviors by imitating those of adults and other children. Older toddlers show eagerness and curiosity by:

- playing beside other children and imitating the play of another child;
- imitating adult activities such as reading a magazine or helping to set the table;
- showing interest in patterns such as sorting colored pegs into single-color piles, or putting all the small buttons in one container and the big buttons into another container;
- enjoying opportunities to help parents, caregivers, and teachers, such as assisting with setting the table or folding the clothes;
- asking questions related to a story or activity.

### B. PERSISTENCE

#### 1. Spends more time engaging in child-initiated activities and seeks or accepts help when encountering a problem. H.S./CFR 1304.21(b)

With refinement of gross and fine motor skills, young toddlers can persist at preferred activities. Older toddlers pay attention to interesting activities. They enjoy repeating favorite activities, and seek and accept help while persisting with difficult tasks. Older toddlers

demonstrate persistence by:

- insisting on feeding themselves and pouring juice at snack time, with spilling gradually decreasing ;
- requesting that their favorite books be read over and over;
- participating in their parents', caregivers', or teachers' story book reading by listening to the story, turning the pages, and pointing to pictures;
- using suggestions to find missing pieces of a toy or to try something new with the play dough.

### C. CREATIVITY & PROBLEM-SOLVING

#### 1. Explores the environment with purpose and flexibility. H.S./CFR 1304.21(b)

Older toddlers use familiar materials in flexible and inventive ways. They show excitement about new properties that emerge as they play with familiar materials and explore new toys and materials. They enjoy imitating roles, characters, and animals during play. Examples of creativity and problem-solving include:

- enjoying opportunities to use art materials such as markers, paints, and play dough;
- using objects together as tools as in using sticks and a stool to reach a toy;
- scribbling on a piece of paper to create a "shopping list";
- using pegs with play dough as candles for a birthday cake;
- acting out familiar life scenes such as picking up a bag or lunchbox and saying, "I'm going to work."

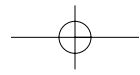


# Social & Emotional

## SOCIAL & EMOTIONAL

Infants and toddlers have amazing capacities that support their social interchanges. Their relationships are influenced by their temperaments and by the cultural context in which these interchanges occur. Each cultural group may have differing expectations of typical developmental milestones for children, and caregivers and teachers must be aware of and sensitive to these differences when working with families from cultures different than their own. For example, different cultural groups have different standards regarding how emotions are expressed and managed, making the task of emotional regulation particularly challenging for infants and toddlers who must move back and forth between different cultural environments.

There are three components of social and emotional development in infants and toddlers. ***Trust and emotional security*** is developed as a direct result of relationships formed with a small number of family members, familiar caregivers, and teachers. These early relationships provide the foundation that supports exploration of the environment, learning, and the development of relationships with others. ***Self-regulation*** is the second component and involves the developing ability to manage needs and emotions. Over time, infants and toddlers move from helplessness to competence. They accomplish tasks that include everything from conforming to the day-night rhythm of their family and culture to signaling their needs to responsive adults to learning to manage powerful emotions. These growing abilities to regulate behaviors are strongly influenced by culture, by infants' and toddlers' relationships with others, and by the growing maturity and integration of several areas in their brain. The third component of social-emotional development is ***self-concept***. From warm and responsive reciprocal relationships, infants and toddlers develop a sense of self as increasingly competent and confident.



Young infants are very dependent on the assistance of their parents, caregivers, and teachers to meet their physiological and emotional needs. When care is sensitive and responsive, infants learn that their world is safe and that they can trust others to meet their needs. Non-responsive and insensitive care creates a sense that people and the environment are not consistent or trustworthy. Without this basic trust, infants and toddlers find it hard to take risks or to develop a positive sense of self. With sensitive caregiving, infants can move into toddlerhood ready to use their increasing motor, language, and cognitive skills with confidence.

Toddlers acquire strategies for adapting their emotions or feelings within a variety of settings and with a limited number of people. Because they still have limited verbal skills to describe their feelings, toddlers often express their feelings through actions. Emotions, including angry conflicts, can help toddlers develop new understandings about others' feelings and motives. Their successful emotional development is linked to their relationships with their parents, caregivers, and teachers and the adults' knowledge and abilities to respond to toddlers' individual and temperamental differences.

Infants and toddlers have their own temperament which in turn impacts how they respond to new experiences. Through observation and interactions, parents, caregivers, and teachers can come to understand and appreciate these unique characteristics. When nurturing adults offer a balance of simple choices and boundaries, they support each child's growing sense of confidence and independence.

# Social & Emotional

## Birth to 8 Months

### Questions To Ask Yourself

*How does your young infant communicate with you? How do you respond?*

*What kinds of experiences does your young infant seem to like the best? How do you know?*

*How does your young infant let you know when she has had enough? What happens if you keep going?*

### A. TRUST & EMOTIONAL SECURITY

#### 1. Forms and maintains secure relationships with others. H.S./CFR 1304.21(a)(1)(i); (a)(1)(ii)

Having positive relationships with consistent familiar adults is a prerequisite if young infants are to develop trust and emotional security. When care is sensitive and responsive, infants learn they can depend on others to meet their needs. Young infants demonstrate the ability to form relationships by:

- exhibiting mutual eye gazes during routine caregiving activities;
- listening attentively, observing facial expressions, and then responding by cooing, smiling, crying, or reaching out to parents, caregivers, and teachers;
- turning their head, looking away, frowning, and/or arching their back to end or avoid interactions;
- demonstrating a strong preference for parents, caregivers, and teachers by kicking or squealing or becoming upset when these adults leave the room;
- stiffening and leaning away from a stranger who tries to pick them up;
- imitating the actions of their parents, caregivers, or teachers such as clapping their hands.

#### 2. Responds to the environment. H.S./CFR 1304.21(a)(1)(iii)

Young infants whose physical and emotional needs are met are much more likely to demonstrate an interest in exploring their environments. Adults support their

interest in the environment by making themselves physically and emotionally available and by making certain that the environment is both safe and interesting. Young infants demonstrate responsiveness to the environment by:

- responding to touch by relaxing when their back is rubbed;
- responding to sound by cooing when songs are sung by parents, caregivers, and teachers;
- responding to light and dark by squinting when lights are turned on in a dark room;
- responding to temperature by crying to show that they are uncomfortable;
- looking around while being held on the shoulders of parents, caregivers, and teachers;
- reaching for and grasping objects.

### B. SELF-REGULATION

#### 1. Develops early emotional regulation. H.S./CFR 1304.21(a)(3)(i)(A) – (a)(3)(i)(E)

Emotions can be extreme in early infancy, and young infants manage their emotions largely through the support provided by their relationships with adults. They need attentive and responsive parents, caregivers, and teachers to help them recognize, categorize, and express their emotions and feelings. Their ability to recognize and express emotions occurs in the context of relationships and is influenced by physical well-

# Social & Emotional

## Birth to 8 Months

### Questions To Ask Yourself

*What soothes your young infant? What most distresses him?*

*What kinds of play do you enjoy most with your young infant? How does she show her pleasure?*

*Does your young infant respond differently to you than to strangers? How does her behavior change?*

being, brain development, temperament, and cultural expectations. Young infants demonstrate early emotional regulation by:

- crying when they are hungry, uncomfortable, or unhappy;
- stopping crying, often, when they are cuddled and held by parents, caregivers, and teachers;
- turning their head and breaking eye contact, frowning, and/or arching their back when over-stimulated;
- kicking their legs in excitement and settling when they see their parents, caregivers, and teachers;
- raising their arms to parents, caregivers, and teachers for comfort or to be picked up.

### 2. Develops early behavioral regulation.

#### H.S./CFR (a)(3)(i)(A) – (a)(3)(i)(E); (b)(2)(i); (b)(2)(ii)

The first few months of life are ones of remarkable transformation as infants adjust to life outside their mothers' bodies. They must accomplish tasks on their own or by getting the attention of responsive parents, caregivers, and teachers. These tasks include acquiring day-night wake and sleep rhythms, and learning to soothe and settle once their basic needs are met. Young infants show early behavioral regulation by:

- stopping crying when they are picked up;
- quieting when swaddled in a comfortable blanket;
- sucking on their hand to calm themselves before falling asleep;

- relaxing when cuddled and rocked or spoken to in a soft soothing voice;
- returning to sleep once awakened by a sound or movement.

### 3. Develops early social problem-solving. H.S./CFR 1304.21(b)(2)(i) – (b)(2)(ii)

Social problem-solving refers to the knowledge, understanding, and skills needed to cope in social situations. The foundation for the development of social problem-solving begins as young infants quickly learn how to gain the help and attention of parents, caregivers, teachers, and others to get their needs met. Young infants demonstrate these abilities by:

- smiling at others;
- babbling or cooing and pausing to wait for a response from their parents, caregivers, and teachers;
- crying, rocking back and forth, and lifting their arms to signal for help from their parents, caregivers, and teachers;
- looking at and possibly crying themselves when another child cries;
- gaining the attention of peers through vocalizations, reaching out, and smiling.

### C. SELF-CONCEPT

#### 1. Forms and maintains mutual relationships with others. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v)

From infancy, warm and responsive reciprocal

# Social & Emotional

## Birth to 8 Months

### Questions To Ask Yourself

*How does your young infant explore his own body? How does he explore your body?*

*How does your young infant learn she can make things happen? What does she do?*

relationships are the basis for a strong self-concept. When their relationships with parents, caregivers, and teachers are affectionate, young infants develop a sense of themselves as being loved and wanted. They learn relatively quickly that imitating the affections of adults results in more positive interactions. Young infants show the beginning development of mutual relationships by:

- responding to the presence of parents, caregivers, and teachers by kicking their feet and smiling;
- imitating and terminating a social smile and repeating the behavior as parents, caregivers, and teachers respond;
- reaching for and preferring to be held by parents, caregivers, and teachers;
- cuddling their head on the neck and shoulder of parents, caregivers, and teachers;
- trying to imitate the kisses of their parents, caregivers, and teachers.

### **2. Becomes aware of oneself as a unique individual while still connected to others. H.S./CFR 1304.21(a)(3)(i)(A) – (a)(3)(i)(E)**

Young infants are developing a sense of who they are and what they can do. They explore the boundaries of their bodies and work to regulate their biological rhythms. Young infants have their own temperaments and personalities that affect how they respond to new experiences. They demonstrate an emerging awareness

of self and others by:

- noticing and exploring their own hands, eventually becoming aware that their hands are attached and they are in control of making them do things;
- exploring the face and other body parts of parents, caregivers, and teachers;
- beginning to look and smile at themselves in the mirror;
- covering their eyes to encourage a game of peekaboo;
- repeating an action such as banging their hands on the table or pretending to sneeze when it makes other people laugh.

### **3. Demonstrates emerging sense of competence and confidence in growing abilities. H.S./CFR 1304.21(b)(2)(i) – (b)(2)(ii)**

Through interactions with parents, caregivers, and teachers, young infants develop a growing awareness of their ability to make things happen. They show this emerging awareness by:

- recognizing that parents, caregivers, and teachers respond to their cues (for example, crying, squirming, turning away) and stop playing or interacting;
- kicking a mobile to make it move over and over again;
- crying in particular ways to get their needs met;
- moving toward and getting a favorite toy, then smiling.

# Social & Emotional

## 8 to 18 Months

### Questions To Ask Yourself

*How interested is your older infant in playing with other children? What does he do?*

*What changes have you noticed in the way your older infant plays? Does she use toys in new ways?*

*How does your older infant communicate his feelings? How do you respond?*

### A. TRUST & EMOTIONAL SECURITY

#### 1. Forms and maintains secure relationships with others. H.S./CFR 1304.21(a)(1)(i); (a)(1)(ii)

Older infants continue to rely heavily upon their relationships with trusted adults in order to get their needs met. Increases in cognitive and motor development also promote older infants' interest in their environments and in other children. These advances increase the kinds of strategies used by older infants to communicate needs and interact with others. Older infants demonstrate the ability to form and maintain secure relationships with others by:

- engaging in interactive games;
- showing a strong preference for parents, caregivers, and teachers through behaviors such as glancing back and seeking comfort from them in times of exploration;
- becoming distressed in the presence of unfamiliar adults;
- showing affection, such as hugs and kisses;
- beginning to enjoy and initiate humor, such as laughing in response to games;
- beginning to show interest in other children, playing side-by-side using the same or similar toys.

#### 2. Responds to the environment.

##### H.S./CFR 1304.21(a)(1)(iii)

As older infants' mobility increases, they discover a whole new world to explore. In the absence of "don't touch" commands, they are able to reach out, try new

things, and move to new spaces when they have learned that the spaces are safe and full of opportunities to explore. They experiment with everything that comes within their reach. They push, pull, taste, bang, and dump. Older infants especially like manipulating or exploring household items such as plastic cups, wooden spoons, pots, pans and lids. They show responsiveness to the environment by:

- knowing and accepting their blanket when handed to them;
- becoming familiar with their surroundings and enacting familiar routines such as splashing water when placed in their bath tub;
- enjoying new sand toys in the sand box;
- using familiar objects in new and different ways, such as using a shoe for a telephone.

### B. SELF-REGULATION

#### 1. Demonstrates developing emotional regulation. H.S./CFR 1304.21(a)(3)(i)(A) – (a)(3)(i)(E)

Older infants are becoming much clearer and precise about how they are feeling. They can let parents, caregivers, and teachers know with much more accuracy what they love and what they do not like. They are beginning to recognize the emotional cues of others. They use this growing awareness to guide how they respond to familiar and unfamiliar experiences, events, and people. Older infants show these skills by:

- continuing to use a comfort object, such as a blanket or stuffed toy, for security when feeling stressed



# Social & Emotional

## 8 to 18 Months

### Questions To Ask Yourself

*How does your older infant react when you leave? What helps make it easier?*

*How does your older infant get your attention? How do you know what she wants?*

*How does your older infant check in with you? When does this happen the most?*

- or upset;
- looking toward their parents, caregivers, and teachers for help when becoming upset;
- showing beginning signs of jealousy and attempts to adapt, such as crawling to and raising their arms to parents, caregivers, and teachers who are holding another child;
- recognizing the smiles on their parents', caregivers', and teachers' faces and continuing to move to the music or other encouraged activities.

### 2. Demonstrates developing behavioral regulation. H.S./CFR (a)(3)(i)(A) – (a)(3)(i)(E); (b)(2)(i); (b)(2)(ii)

Older infants begin to develop new mechanisms for coping in stressful situations. Attentive and responsive parents, caregivers, and teachers provide good role modeling, positive guidance, and support as older infants try to effectively manage their behavior. Their reaction to limits and their demonstration of self-control is evidence of a developing ability to regulate their behaviors. Examples of developing behavioral regulation include:

- responding positively to redirection by parents, caregivers, and teachers;
- using transitional objects such as a blanket or bear, pacifier or thumb to calm themselves when tired;
- looking to their parents, caregivers, and teachers for reassurance and guidance;
- demonstrating the ability to be comforted by parents, caregivers, and teachers when frightened;
- beginning to recognize boundaries while not yet

having the capacity to stop their impulses, such as looking back to the adult while approaching a forbidden object and saying “no-no.”

### 3. Demonstrates developing social problem-solving. H.S./CFR 1304.21(b)(2)(i) – (b)(2)(ii)

Older infants look to their parents, caregivers, and teachers for help when things do not happen as expected. They begin to develop an awareness of the power of their gestures and words in making things happen. Older infants demonstrate social problem-solving by:

- vocalizing and pointing to get parents', caregivers', and teachers' attention;
- looking to parents, caregivers, and teachers for help when they fall down while attempting to walk;
- moving near parents, caregivers, and teachers when a stranger enters the room;
- screaming “No!” and getting the attention of their parents, caregivers, and teachers when another child takes a toy.

### C. SELF-CONCEPT

#### 1. Forms and maintains mutual relationships with others. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v)

Relationships continue to play an important role in older infants' developing sense of self. They continue to look toward their parents, caregivers, and teachers for cues about themselves and their environment, and their relationships with peers may begin to affect their sense of self. Affectionate and loving exchanges help older



# Social & Emotional

## 18 to 24 Months

### Questions To Ask Yourself

*How does your young toddler ask for help? Who does she turn to most often?*

*How does your young toddler explore his environment? What does this tell you about him?*

*How does your young toddler show you he is beginning to understand how others feel? What does he do?*

### A. TRUST & EMOTIONAL SECURITY

#### 1. Forms and maintains secure relationships with others. H.S./CFR 1304.21(a)(1)(i); (a)(1)(ii)

With growth in motor and language development, young toddlers are much more verbal and active social partners. However, they continue to rely upon relationships with others to navigate their environment. Tensions can surface as young toddlers begin to assert their independence. Young toddlers demonstrate their ability to deepen relationships by:

- continuing to actively seek out parents, caregivers, and teachers;
- seeking help from trusted parents, caregivers, and teachers;
- showing empathy for familiar others, especially those perceived to be hurt or sad;
- continuing parallel play;
- waiting briefly, on occasion, for a turn;
- exhibiting emerging social play such as seeking out parents, caregivers, and teachers to help with feeding a doll or covering the doll with the blanket.

#### 2. Responds to the environment. H.S./CFR 1304.21(a)(1)(iii)

Young toddlers are very curious about their ever-expanding environment. Having mastered walking and experimented with running and other forms of gross motor movement, young toddlers actively explore their environment. They show responsiveness by:

- becoming increasingly able to move around their environment, such as leaving the sand box to pull

the toy duck across the yard, while occasionally making eye or vocal contact with their parents, caregivers, and teachers;

- using adults as tools, as in asking to be picked up to reach the toy on the shelf;
- engaging with objects, as in bouncing up and down on the riding horse;
- beginning to use a book appropriately by opening it and looking at the pictures rather than banging it on the floor.

### B. SELF-REGULATION

#### 1. Demonstrates increasing emotional regulation. H.S./CFR 1304.21(a)(3)(i)(A) – (a)(3)(i)(E)

Young toddlers are developing an awareness of their abilities to use emotional responses to manipulate and influence the behavior of others in their environment. They continue to require support from parents, caregivers, and teachers as they develop skills needed to adapt to a range of emotional feelings. Examples of emotional regulation include:

- using emotional expressions to obtain desired objects, such as pouting, whining, and crying;
- seeking and responding to comfort from parents, caregivers, and teachers when frightened or upset;
- patting a crying child on the back as their parents, caregivers, and teachers help the hurt child;
- beginning to recognize that others smile when they smile, and others look unhappy when they cry.

# Social & Emotional

## 18 to 24 Months

### Questions To Ask Yourself

*How does your young toddler respond to a simple direction? How do you encourage her?*

*What strategies does your young toddler use to get what she wants? Is she more likely to use words or actions?*

*How does your young toddler use his relationship with you to build his independence? Why is this important?*

### 2. Demonstrates increasing behavioral regulation. H.S./CFR (a)(3)(i)(A) – (a)(3)(i)(E); (b)(2)(i); (b)(2)(ii)

As young toddlers are exploring their environments, clear limits need to be set in order to assist them in their development of self-control. Learning to accept limits while developing an “I can do it” attitude is a delicate balance that begins during these toddler months.

Young toddlers demonstrate behavioral regulation by:

- stopping and looking at their parents, caregivers, and teachers when their names are called;
- following two-step directions;
- beginning to attend during short, focused activities, such as listening to simple stories being read;
- beginning to end tantrums with some redirection;
- stopping pushing another child when their parents, caregivers, and teachers give a look of disapproval and a verbal statement to stop the behavior.

### 3. Demonstrates increasing social problem-solving. H.S./CFR 1304.21(b)(2)(i) – (b)(2)(ii)

Young toddlers express their feelings and emotions through their gestures, movements, vocalizations, and words. Their bouts of interaction with peers, often through back-and-forth imitation or parallel play, get longer. They often try to solve problems physically, so they need attentive parents, caregivers, and teachers to help them develop verbal and nonverbal skills that are not as aggressive. Young toddlers demonstrate social problem-solving skills by:

- seeking comfort from parents, caregivers, and teachers when hurt or frightened;

- calling for help from parents, caregivers, and teachers when another child grabs their puzzle;
- moving around another child that is in their way as they try to climb the slide;
- saying “mine” to a child who takes their toy.

### C. SELF-CONCEPT

#### 1. Forms and maintains mutual relationships with others. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v)

In the presence of trusted parents, caregivers, and teachers, young toddlers feel secure to move away, explore, and do things independently, contributing to a positive sense of self. Their warm reciprocal relationships with adults also provide the foundation for increased interactions with peers. Young toddlers show mutual relationships by:

- crying when their parents leave them at their early education and care setting but settling in with the help of caregivers and teachers;
- climbing and sliding, with occasional trips to touch their parents, caregivers, and teachers;
- hiding behind parents, caregivers, and teachers as a new person talks to them;
- looking across the room to their parents, caregivers, and teachers periodically when playing with peers;
- yelling “Hi!” to parents, caregivers, and teachers when they see them across the parking lot.

# Social & Emotional

## 18 to 24 Months

### Questions To Ask Yourself

*What behaviors do you find most difficult to handle? Why?*

*What does your young toddler do well? How do you help build her confidence?*

### 2. Becomes aware of self as a unique individual while still connected to others. H.S./CFR

#### 1304.21(a)(3)(i)(A) – (a)(3)(i)(E)

As language improves, young toddlers become more demanding in conveying their likes and dislikes. They may seem to be very self-centered, as everything becomes “mine.” They show their growing awareness of self by:

- yelling, “Mine, mine!” when another child picks up a doll;
- showing particular interest in a special book or music tape;
- using, “I”, “mine”, and “me” often;
- pointing to and naming several of their own body parts.

### 3. Demonstrates increasing sense of competence and confidence in growing abilities. H.S./CFR

#### 1304.21(b)(2)(i) – (b)(2)(ii)

Young toddlers are busy trying to figure things out. With the support of nurturing parents, caregivers, and teachers, they develop competence and confidence through their frustrations as well as their successes. Examples include:

- continuing to dance as parents, caregivers, and teachers applaud;
- “drawing” or scribbling with a crayon and showing their parents, caregivers, and teachers;
- attempting to take off an open coat without help, not giving up if they are not immediately able to take off the coat, and/or telling adults that they do not want help in trying to take off the coat;

- seeking help from parents, caregivers, and teachers after trying unsuccessfully to open a container;
- using words to get their needs met, as in, “More juice.”

# Social & Emotional

## 24 to 36 Months

### Questions To Ask Yourself

*How does your older toddler play with other children? How does he manage conflict?*

*What kind of play does your older toddler most enjoy? How has her play changed, as she has gotten older?*

*How does your older toddler handle difficult situations or feelings? What helps him cope?*

### A. TRUST & EMOTIONAL SECURITY

#### 1. Forms and maintains secure relationships with others. H.S./CFR 1304.21(a)(1)(i); (a)(1)(ii)

Older toddlers still need the support of adults as they increase their interest in social relationships with others, especially peers. Older toddlers continue to struggle with feelings of independence and dependence, a tension that greatly affects social relationships. They demonstrate the ability to begin to form more complex relationships by:

- seeking support from parents, caregivers, and teachers to address conflicts with peers;
- taking on the role of an adult figure in pretend play;
- responding to another child's or adult's distress with efforts to assist;
- insisting on routines for transitions such as when a parent is leaving or when it is time to get ready for bed;
- engaging in positive social play alongside other children and, on occasion, with other children;
- starting to imitate adult social behaviors such as using words like "please" and "thank you."

#### 2. Responds to the environment.

##### H.S./CFR 1304.21(a)(1)(iii)

Older toddlers continue to be curious and interested in learning more about their environments. Increases in cognitive and language development expand their abilities to interact in more complex ways. For example, older toddlers may engage in more goal-directed exploration rather than trial and error. They show

responsiveness to the environment by:

- trying out new games and toys;
- becoming more comfortable when entering new environments such as the grocery store or a new neighbor's home when with parents, caregivers, or teachers;
- playing with toys meaningfully, such as preparing a meal in housekeeping;
- using play materials in the intended way, such as building with blocks rather than throwing them, or keeping water in the water table.

### B. SELF-REGULATION

#### 1. Demonstrates increasing emotional regulation. H.S./CFR 1304.21(a)(3)(i)(A) – (a)(3)(i)(E)

The emotional lives of older toddlers are more complex, as they begin to experience emotions that emerge from their growing ability to understand social expectations. Emotions like pride, shame, guilt, and embarrassment surface, and older toddlers often swing from extreme excitement to utter dismay. Their desires may exceed their physical abilities as well as their abilities to fully understand consequences. As parents, caregivers, and teachers recognize the range of emotions expressed and provide guidance, older toddlers learn to manage their emotional reactions. Examples of emotional regulation include:

- using words or crying to get someone's attention;
- engaging in reassuring self-talk or changing goals when frustrated or frightened;

# Social & Emotional

## 24 to 36 Months

### Questions To Ask Yourself

*What new skills has your older toddler acquired to help take care of himself and learn how to be with others? How do these changes affect you?*

*How does your older toddler use words to get information or solve problems? What does this tell you about her?*

*How does your older toddler cooperate with other children and adults? What do you think he is learning?*

- re-enacting a stressful event, such as a doctor visit, in dramatic play;
- beginning to understand and use emotionally charged words, such as, "I'm mad," to get their needs met, as opposed to simply acting out their needs;
- feeling badly and expressing concern about breaking established rules, such as saying, "Only one person on the ladder to the slide."

### 2. Demonstrates increasing behavioral regulation. H.S./CFR (a)(3)(i)(A) – (a)(3)(i)(E); (b)(2)(i); (b)(2)(ii)

Older toddlers demonstrate the ability to play beside other children and to seek adult help when their interactions become difficult. This help may be sought through words and gestures, and they can wait a short time for gratification. Older toddlers still are trying out new behaviors while testing and learning about limits. Clear limits and continued positive guidance facilitate the development of behavioral regulation. Older toddlers demonstrate behavioral regulation by:

- continuing to develop social play;
- listening to and following the rules in small group activities, such as playing Follow the Leader or not pushing their neighbors at story time;
- waiting a turn;
- continuing to use comfort objects such as blankets and stuffed animals to calm themselves.

### 3. Demonstrates increasing social problem-solving. H.S./CFR 1304.21(b)(2)(i) – (b)(2)(ii)

Older toddlers begin to understand authority and simple rules, including the consequences of not

following the rules. Although some physical aggression may continue, they are better able to solve problems with words as their language grows. Older toddlers have a sense that understanding roles and relationships will help them solve problems. Examples of social problem-solving include:

- seeking help from parents, caregivers, and teachers when another child takes their toy;
- telling another child "No. Stop!" when their toy is taken;
- putting away toys when asked by parents, caregivers, and teachers;
- sharing occasionally.

### C. SELF-CONCEPT

#### 1. Forms and maintains mutual relationships with others. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v)

Older toddlers enjoy exploring and doing things independently, but they need to be close to their parents, caregivers, and teachers to feel secure, especially as they establish relationships with peers. Positive interactions are more likely to occur among toddlers who often play with one another. Older toddlers demonstrate the development of mutual relationships by:

- running for comfort to their parents, caregivers, and teachers after falling down;
- initiating play with a familiar peer;
- looking for an older sibling when several children are playing with them in their yard;
- enjoying an art activity with a friend;

# Social & Emotional

## 24 to 36 Months

### Questions To Ask Yourself

*How does your older toddler describe herself in pictures or words? What does this tell you?*

*What evidence do you see that your older toddler is becoming more accomplished and independent? How does this change your relationship with him?*

- approaching a new person after their parents, caregivers, and teachers have talked to the person for a while.

### 2. Becomes aware of oneself as a unique individual while still connected to others. H.S./CFR 1304.21(a)(3)(i)(A) – (a)(3)(i)(E)

Older toddlers try to do many different things. With their growing experiences, they gain a greater understanding of themselves as separate from others. They also gain a greater understanding of roles and relationships, including membership in their family and care settings. Older toddlers show their awareness by:

- pointing to themselves in a photograph;
- noticing that another child has brown hair like they do;
- identifying “boys” and “girls”;
- talking about their families;
- referring to themselves by characteristics such as “smart” or “strong.”

### 3. Demonstrates increasing sense of competence and confidence in growing abilities. H.S./CFR 1304.21(b)(2)(i) – (b)(2)(ii)

Older toddlers assert their independence and thrive on accomplishing things by themselves. As parents, caregivers, and teachers set limits and provide comfort and enthusiasm, older toddlers develop confidence and competence in their growing abilities. Examples include:

- climbing higher and higher on the playground structure even though parents, caregivers, and teachers ask them to stop;

- opening their own lunchbox and showing how they did it;
- insisting on carrying their own plate to the table but crying when they spill some food;
- wanting to dress themselves;
- showing increased interest in toileting.





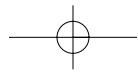
# Language & Communication

## LANGUAGE & COMMUNICATION

Infants are born “wired” for language. They come into the world able to recognize human speech and different sounds. Young infants use their own sounds, facial expressions, and body movements to communicate their feelings and needs. They gaze intently at the faces of their parents, caregivers, and teachers and quickly learn to direct the adults’ attention to particular objects by “pointing” with their eyes. Young infants enjoy the responses when they smile and coo. Older infants become adept at expressing themselves through gestures, babbling, and their first words. They enjoy having books read to them and listening to stories. They like to be included in activities going on around them.

Young toddlers learn new words every day. They begin stringing words together into their first two-word sentences. They understand that pictures represent real objects, and delight in imitating familiar routines and using pictures to represent ideas in their play. The scribbles of young toddlers become purposeful and are evidence of early writing skills. Three- or four-word sentences are typical for older toddlers, as are an appreciation for books and a preference for particular books.

There are four components to language development in infants and toddlers. ***Listening and understanding*** refers to receptive language. “Talk” is essential, and when infants and toddlers are exposed to rich vocabularies, they learn the words that will be needed when their early reading experiences begin. When parents, caregivers, and teachers talk to infants, the hearing, social, emotional, and language centers of the brain are all activated. ***Speaking*** refers to expressive language, which is what is said or expressed to others. Spoken or sign language has several elements to it, including the production of sounds or signs, rules of the language, and the social aspects of speech.



**Early reading** is a complex task of recognizing and understanding the meaning of a set of language symbols that describe people or objects, feelings, events, relationships, and ideas. The foundation for reading is built in the infant and toddler years, beginning with listening and speaking the language of the home. **Early writing** is the ability to express ideas and meaning through the use of symbols to represent language. Writing encompasses both the motor and cognitive elements of language and communication.

Language and the power to communicate develop through interactions. It is motivated by the desires of infants and toddlers to communicate their individual needs and is enhanced by the amount and richness of the language experiences provided to them. Parents, caregivers, and teachers are powerful contributors to the developing language and communication skills of infants and toddlers. They encourage language and literacy by talking with children, by reading to them, by responding to their language, and by expressing joy in their emerging abilities.

For children who are learning English as a second language, development and maintenance of the vocabulary and concepts in their primary language increases the likelihood that they will become readers and writers of English. Children becoming bilingual from birth appear to develop each language as they would had they been reared with only one language. Developing a sound foundation in two languages requires a partnership among parents, caregivers, and teachers to ensure that a rich, bilingual environment is consistently available to infants and toddlers.

# Language & Communication

## Birth to 8 Months

### Questions To Ask Yourself

*What kind of sounds calm your young infant?*

*What kinds of sounds make him excited?*

*How does your young infant communicate with you? How does she let you know she has had enough?*

*What kinds of books, rhymes, music, and fingerplays do you and your young infant enjoy? What does this tell you about him?*

### A. LISTENING & UNDERSTANDING

#### 1. Responds to frequently heard sounds and words. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)

Young infants begin to understand their worlds by listening to the sounds around them and to the language of the parents, caregivers, and teachers who interact with them. They learn to distinguish the voices of the most important and consistent adults in their lives. Young infants show response to sound by:

- moving their arms and legs when they hear a familiar voice;
- startling, blinking, or opening their eyes wider when hearing a loud noise, such as the dog barking or a pan falling to the floor;
- turning their head toward a sound, such as a phone ringing or older brothers or sisters at play;
- gazing at the faces of their parents, caregivers, and teachers as they talk and make facial expressions;
- responding by turning and smiling when their name is spoken by parents, caregivers, and teachers;
- paying attention to the language used in their home.

### B. COMMUNICATING & SPEAKING

#### 1. Uses a variety of sounds and movements to communicate. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)

Starting at birth, young infants build connections between sounds, gestures, and meaning. During the

first months of life, an infant communicates with gazes, cries, coos, smiles, and frowns to make their interests and their needs known. They use their eyes to direct attention to particular things and enjoy making sounds back and forth with responsive parents, caregivers, and teachers. They begin to use syllables as a way to communicate their wants and needs, along with their bodies. Young infants demonstrate the use of sounds and movements to communicate by:

- using cries and body movements to gain parents', caregivers', and teachers' attention;
- experimenting with different types of sounds, such as making raspberries or popping lips;
- taking turns making sounds with their parents, caregivers, and teachers;
- beginning to coo, using vowel sounds like *aah*, *eee*, *ooo* and other speech sounds that are consistent with their home language;
- babbling, using repeated syllables such as *ma ma ma*, *ba ba*;
- using their bodies to communicate, such as waving and pointing and holding their hands to their eyes to play peekaboo.

### C. EARLY READING

#### 1. Shows enjoyment of the sounds and rhythms of language. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(2)(ii)

Early experiences sitting on the laps of parents,

# Language & Communication

## Birth to 8 Months

### Questions To Ask Yourself

*How does your young infant let you know what she is interested in? What kinds of things does she reach for?*

*How does your young infant imitate you? Why is imitation important?*

caregivers, and teachers begin to familiarize young infants with the conventions of reading and talking about stories. These pleasurable experiences have a lasting impact. Young infants can distinguish among different voices, and they learn to respond to facial expressions and various tones of voice. They respond to language and show enjoyment of the sounds and rhythms of language by:

- exploring sounds as they babble and imitate;
- exploring books by chewing, shaking, and banging;
- focusing their attention on picture books with bold, colorful, and clear images;
- babbling while looking at a book with their parents, caregivers, and teachers.

### D. EARLY WRITING

#### 1. Develops eye-hand coordination and more intentional hand control. H.S./CFR 1304.21(a)(4)(i); (a)(4)(ii); (b)(2)(ii)

Learning to write is a very long journey that begins in infancy. Young infants learn control over their movements as they reach out, grasp, and release objects. They also move their arms across the middle of their bodies, which prepares them to learn to use both sides of the body together. They are able to follow the movement of objects with their eyes, pass objects from one hand to the other, and grasp objects for longer periods of time. Young infants show developing eye-hand coordination by:

- following a moving object with their eyes;
- reaching, grasping, and putting objects in their mouths;
- bringing their hands together at the middle of their bodies;
- holding toys with both hands;
- passing objects from one hand to the other;
- mimicking hand clapping and waving “bye-bye.”

#### 2. Watches activities of others and imitates sounds, facial expressions, and actions. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(2)(ii)

Letters and written words are symbols for sounds. Written words are symbols for real objects, people, places, or thoughts and feelings. The idea of one thing representing another is an understanding that children develop as they grow. Young infants begin this process by watching the people around them. Later, they imitate the faces and the facial expressions that they see. Young infants demonstrate imitation of sounds and facial expressions by:

- gazing into the eyes of their parents, caregivers, and teachers as they nurse or drink from a bottle;
- watching the faces of their parents, caregivers, and teachers during routine activities such as diaper changing and bathing;
- responding with a smile in response to a smiling face;
- imitating cooing sounds made by their parents, caregivers, and teachers.

# Language & Communication

## 8 to 18 Months

### Questions To Ask Yourself

*How do you know that your older infant understands what you say? How does he respond to you?*

*How does your older infant let you know how she is feeling and what she needs? How do you let her know you understand?*

*How does your older infant like to read with you? What are his favorite books?*

### A. LISTENING & UNDERSTANDING

#### 1. Shows increased understanding of gestures and words. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)

As language is repeated, older infants begin to attach meaning to the sounds and words they hear. They focus on the sounds of their home languages, which are those languages they hear most often. As parents, caregivers, and teachers play simple games, use rich vocabularies, ask questions, and repeat words and rhymes, older infants begin to show understanding by:

- stopping, sometimes, when told: “No-no!”;
- paying attention to interesting things in the environment when prompted;
- looking in the right place when asked, “Where is the kitty?”;
- focusing on books and pictures as parents, caregivers, and teachers describe what they see.

### B. COMMUNICATING & SPEAKING

#### 1. Uses consistent sounds, gestures, and some words to communicate. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)

Older infants use sounds to capture the attention of people important to them. They begin to use meaningful sounds that are associated with words and enjoy playing with strings of sounds that may include some words. By eighteen months, older infants start to experience a language explosion, and they begin to substitute words for sounds as a way of communicating

their needs. They show skills in this area by:

- pointing, gesturing, or making sounds to indicate wants and needs;
- producing the sounds found in their home language;
- saying a few words such as *dada* and *mama*;
- using gestures, sounds, words, and movements to initiate an interaction or game such as Patty-Cake or This Little Piggy;
- using word-like sounds to get their needs met, such as pointing to the dessert on their plate and jabbering, indicating, “I want some of that!”;
- using one-word utterances or short phrases to influence the actions of others, such as “stop,” “no,” and “mine.”

### C. EARLY READING

#### 1. Builds and uses vocabulary through direct experiences and involvement with pictures and books. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(2)(ii)

Older infants use a variety of sounds to communicate. One way they learn words is as parents, caregivers, and teachers talk to them and look at and read books with them. Their emotional security with these adults enables them to become active participants in “reading.” Older infants begin to mimic the words from the books or point to pictures they have seen many times and say a word that sounds like the label the adult has been using. They understand much more language than they can reproduce. Babbling becomes consistent and



# Language & Communication

## 18 to 24 Months

### Questions To Ask Yourself

*How does your young toddler show you that she can follow a simple direction? Is she more likely to use her words or actions?*

*How many words does your young toddler use regularly? What new words has he learned recently?*

*When are the best times for you to have a conversation with your young toddler? What does she like to talk about?*

## A. LISTENING & UNDERSTANDING

### 1. Gains meaning through listening.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)

Young toddlers understand many words. They can answer simple questions and follow two-step directions. The language of toddlers begins with naming and pointing to people and objects, and then develops into using two- and three-word sentences. Young toddlers are interested in words and their meanings. The more words they hear, the more words they learn. For young toddlers learning English as a second language, it is important that they are able to maintain their home language while also learning English. As caring and patient parents, caregivers, and teachers talk, make suggestions, and give directions, young toddlers demonstrate the ability to understand what is said to them by:

- pointing to body parts when asked, “Where is your nose?” or “Where is your belly button?”;
- putting toys back on the shelf when prompted and helped by caring parents, caregivers, or teachers;
- patting a picture of a dog in a story book when asked, “Where’s the dog?”;
- finding their shoes when it is time to get dressed.

## B. COMMUNICATING & SPEAKING

### 1. Uses a growing number of words and puts words together. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)

Although language acquisition is very individual and grows at very different rates for each child, vocabulary

increases rapidly for most young toddlers. For children learning English as a second language, respecting and using their home language while introducing English is the best way to help support their communication and speaking skills. Young toddlers move from naming familiar objects to using words heard in stories and from other experiences. More and more words come into their vocabularies, until, for most toddlers, new words appear at a rate almost too fast to track. Young toddlers learn to use these words with increasing accuracy. They show increasing mastery of words by:

- naming pictures in their books;
- using two-word sentences, “All gone,” “Go bye-bye,” perhaps alternating between using their home language and English;
- using negatives, (“no”) and question words, (“why” and “what?”);
- imitating words heard and gestures seen;
- inventing new words for fun or as they experiment with language and vocabulary.

### 2. Attends to and tries to take part in conversations. H.S./CFR 1304.21(a)(1)(i) – 1304.21(a)(1)(v); (b)(1)(i)

Young toddlers enjoy participating in conversations with the people around them. As their vocabularies increase, they can understand what others are talking about, and they want to be involved. They learn that asking questions is one way to keep the attention of parents, caregivers, and teachers. Young toddlers use the language they hear most frequently, and they repeat these words and phrases during pretend play. They demonstrate these skills by:



# Language & Communication

## 18 to 24 Months

### Questions To Ask Yourself

*Does your young toddler recognize pictures of familiar people and objects? How does he make connections between the pictures and his own experience?*

*How does your young toddler show that she is excited about a book?*

*How do you encourage your young toddler to make scribble drawings? Do you have a special place to display her work?*

- engaging in language turn-taking and responding to parents, caregivers, and teachers;
- imitating the flow of conversations as they talk with people or during pretend play, perhaps alternating between using their home language and English;
- repeating themselves or trying different approaches until someone responds to them;
- asking many questions;
- talking on a toy telephone in pretend play.

### C. EARLY READING

#### 1. Learns that pictures represent real objects, events, and ideas (stories). H.S./CFR 1304.21(a)(1)(i) – 1304.21(a)(1)(v); (b)(2)(ii)

Just as the language of young toddlers begins with naming and pointing to people and objects, they engage with books by pointing and naming the pictures. Parents, caregivers, and teachers read, talk about the pictures in books, and ask and answer questions of young toddlers. Through this process, young toddlers discover that the words and pictures in books correspond to things in their own worlds. They demonstrate their understanding that pictures represent real objects and events by:

- bringing books to their parents, caregivers, and teachers to read;
- pointing to the appropriate pictures in a book when asked;
- repeating portions of familiar and rhythmic text;
- talking about pictures and labeling objects in books;

- beginning to make connections between their own experiences and ideas in books and stories.

#### 2. Shows motivation to read.

##### H.S./CFR 1304.21(a)(4)(iii) – (a)(4)(iv); (b)(2)(ii)

Literacy develops through experience. Leisurely, intimate book reading is a pleasurable experience that is motivating to young toddlers. When they have access to books and other forms of print, and when parents, caregivers, and teachers are willing and committed to sharing reading and talking experiences, young toddlers show the motivation to “read” by:

- picking out a favorite book and bringing it to parents, caregivers, and teachers;
- insisting on reading a book over and over;
- having a favorite book;
- pretending to read books;
- asking parents, caregivers, and teachers to repeat favorite rhymes, fingerplays, or stories.

### D. EARLY WRITING

#### 1. Makes purposeful marks on paper.

##### H.S./CFR 1304.21(a)(4)(i); (a)(4)(ii); (b)(2)(ii)

Young toddlers are fascinated with the tools used for writing. They want to use pencils, markers, paints, and brushes. Without supervision, they will decorate walls, books, and all other surfaces. Young toddlers enjoy watching parents, caregivers, and teachers write, and they like to imitate the process. They create many different kinds of scribbles, some of which are organized. Young toddlers demonstrate early writing attempts by:

# Language & Communication

## 18 to 24 Months

### Questions To Ask Yourself

*What are some of the ways your young toddler uses pretend play? How do you play along?*

- scribbling spontaneously, often using circular motions;
- making marks on paper with purpose;
- using a variety of tools such as pencils, markers, crayons, and paints;
- drawing horizontal and some vertical lines.
- asking parents, caregivers, and teachers to write on their paper.

### 2. Uses beginning representation through play that imitates familiar routines. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(2)(ii)

As with early reading, early writing develops as young toddlers understand that print gives messages, tells stories, can be read, and can be created by young toddlers themselves. Part of understanding the power of representation is learned as toddlers participate in dramatic play, act out stories, sing songs that utilize hand motions, and memorize fingerplays. Young toddlers imitate those actions they are most familiar with, and those they most often observe. They demonstrate this by:

- attempting to feed, dress, or cuddle their dolls and stuffed animals;
- crawling around on hands and knees, pretending to be a dog or cat;
- climbing into a box and making motor sounds;
- using a toy telephone to “talk to mommy.”

# Language & Communication

## 24 to 36 Months

### Questions To Ask Yourself

*How often do you and your older toddler sit together to read a book or tell a story? Can he answer questions about the book or story?*

*How easy is it for your older toddler to tell you what she wants and needs? Can she tell you about how she is feeling?*

### A. LISTENING & UNDERSTANDING

#### 1. Gains meaning through listening.

**H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)**

Older toddlers are increasingly able to use what they hear to make sense of their worlds. They continue to understand many more words than they can speak. They begin to understand ideas, requests, and references to time (“now” and “later”). They are very invested in books and reading and ask for books to be read to them at all times during the day. They have favorites and can listen with understanding, even when the story is being read to a group rather than one-to-one. Older toddlers demonstrate their ability to understand words, conversations, and stories by:

- listening to books with parents, caregivers, and teachers for longer periods of time;
- listening to short stories and reacting to funny parts by smiling or laughing;
- singing simple songs or repeating simple fingerplays and rhymes with help;
- listening in small groups as parents, caregivers, and teachers read picture books;
- responding appropriately to questions about picture books being read by parents, caregivers, and teachers;
- understanding and reacting to gestures.

### B. COMMUNICATING & SPEAKING

#### 1. Speaks clearly enough to be understood by most listeners. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)

Older toddlers enjoy the power of language because they now realize that words can make things happen. They have the ability to use words to indicate needs, make demands, or share experiences. They are beginning to use some of the rules of grammar as they speak, sometimes making errors when using words that are exceptions to the rule. For older toddlers learning English as a second language, errors are quite common, as they have different sets of rules that they are learning. Older toddlers speak in sentences more often. They demonstrate the ability to speak clearly and be understood by:

- using language with increasing clarity, ordering words in ways that adults do (for example, “drink juice,” or “Daddy give”), combining two-word sentences, or adding new words;
- using words to describe activities in picture books or to describe the function of an object;
- enjoying repeating songs and rhymes;
- beginning to add descriptive words, “Bad dog,” “Pretty flowers,” “Big ball”;
- beginning to use rules of grammar in their speech, using personal pronouns “I,” “you,” “me”; plurals; and an increasing number of position words such as “up,” “under,” “on,” and “behind.”

# Language & Communication

## 24 to 36 Months

### Questions To Ask Yourself

*Does your older toddler ask a lot of questions? Why does he do that?*

*How often does your older toddler ask you to read her favorite books? Does she hold the book and turn the pages while you read?*

*Does your older toddler have a favorite story that he likes to tell? How do you encourage story-telling?*

## 2. Participates in conversations.

### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(1)(i)

Older toddlers love to engage in conversation. They enjoy asking “why” questions to keep a conversation alive. They are more able to converse with peers, and conversations become more focused. Older toddlers show they can participate in conversations by:

- using experiences, toys, books, or pretend play to engage others in conversation;
- recognizing that a pause means it is their turn to talk;
- asking questions as a way to keep a conversation going;
- using questions to get the attention of parents, caregivers, teachers, and peers;
- enjoying conversations at snack time or during play, and changing topics rapidly.

## C. EARLY READING

### 1. Shows growing interest in print and books.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(2)(ii)

Older toddlers use words to tell stories, share feelings and ideas, recall events, and give instructions. New words are learned through stories, songs, games, and adult-child conversation. During adult-to-child reading experiences or in small groups, older toddlers talk about the pictures, retell parts of the story, and request multiple readings. It is the talk and joint attention that surrounds reading that helps older toddlers connect the story to their lives. They learn that the pictures in

a book are symbols for real objects and that the writing represents spoken language. Older toddlers show that they are building full vocabularies and an appreciation for print and books by:

- showing enjoyment and engagement in stories, songs and rhymes;
- retelling familiar stories in their own words;
- commenting on characters in books;
- pointing to pictures and asking questions or adding information;
- requesting their favorite books be read over and over;
- demonstrating some book-reading skills such as holding a book upright and turning pages right to left.

### 2. Shows motivation to read.

#### H.S./CFR 1304.21(a)(4)(iii) – (a)(4)(iv); (b)(2)(ii)

While they are powerfully self-motivated to learn with their whole bodies, older toddlers’ understanding of literacy concepts emerges from interactions with parents, caregivers, and teachers that focus on oral and written language. The motivation and interest they develop through these joint language activities promote positive feelings about reading and literacy experiences. It is the love of books and excitement of reading that will make them ready to do the hard work of decoding symbols or reading on their own. Older toddlers show the motivation to read by:

- asking parents, caregivers, and teachers to read a book over and over;

# Language & Communication

## 24 to 36 Months

### Questions To Ask Yourself

*How does your older toddler hold a crayon or marker? Which hand does he use the most?*

*How does your older toddler use her imagination? What do you think she is learning through pretend play?*

- retelling favorite stories;
- asking parents, caregivers, and teachers to read signs and other pieces of information;
- using “reading” in play activities;
- choosing books, sometimes, over other activities.

### D. EARLY WRITING

#### 1. Uses scribbles and unconventional shapes to convey messages. H.S./CFR 1304.21(a)(4)(i); (a)(4)(ii); (b)(2)(ii)

The scribbling of older toddlers begins to resemble understandable print. They are able to distinguish between writing words and drawing pictures, and they begin to purposefully use symbols and drawings to express their thoughts or represent experiences or objects in their environments. They call attention to their own writing attempts, and they recognize common signs found in their environments. Older toddlers begin to distinguish letters of the alphabet from other types of symbols, and they demonstrate understanding of the writing process by:

- calling attention to their own scribbles;
- holding a pencil with thumb and forefinger instead of their fist;
- rolling, pounding, squeezing, and controlling play dough;
- using figures and shapes to convey meaning;
- pointing to and naming the “Stop” sign;
- telling parents, caregivers, and teachers about their drawings, and asking the adults to write their stories.

#### 2. Uses more complicated imitative play as symbolic thought processes and mental concepts or pictures are developed. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(2)(ii)

Older toddlers’ imaginative play takes on new dimensions during this stage. They are beginning to use play materials as symbols for things they have observed and experienced. They re-enact these experiences and can play for short periods of time in their own world of imagination. “Storytelling” is enhanced when parents, caregivers, and teachers join the pretend play. Older toddlers may pretend many activities they see in their lives, such as:

- pretending to cook food using housekeeping props;
- carrying a bag or purse around the room, stuffing it with a variety of small items;
- bringing a “cake” from the sand area and expecting parents, caregivers, and teachers to “eat it”;
- stacking several blocks and then calling it “my house”;
- making scribbles on paper and wanting to mail the “letter” to someone.



# Cognitive Development & General Knowledge


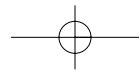
## COGNITIVE DEVELOPMENT & GENERAL KNOWLEDGE

During the first three years of life, infants and toddlers experience rapid growth in cognition and general knowledge. Cognitive development refers to the strategies that children employ to explore and learn about their world. Infants and toddlers are discovering how to learn and how to solve problems. General knowledge is the accumulation of information gained through their explorations that infants and toddlers need to enrich their daily interactions with people, objects, and events and to begin problem-solving and creative thinking.

The linkage between nurturing early experiences and cognitive development has been strongly confirmed by recent research on the infant's developing brain. Scientists have helped parents, caregivers, and teachers understand that safe, healthy, and supportive pre-natal and infant/toddler environments are critical for ensuring that children are able to grow and develop optimally.

Infant and toddler cognitive development has three different components. The first is ***exploration and discovery***, which is the way in which infants and toddlers learn about their world. Initially using their senses and reflexes, infants' spontaneous responses become more purposeful and intentional as they gain mobility and understanding. Toddlers' expanding physical and motor capacities enable them to engage in ever-widening explorations and experiences. New brain connections are formed through these exploratory experiences.

The second component is ***concept development and memory***, which involves learning the relationship between objects and experiences. Young infants can only understand and respond to those people and things that are within their immediate worlds.

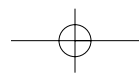


Older infants and toddlers are able to keep an array of memories in their minds, so they can label these objects and relate them to previous experiences. Understanding broader concepts, like color and size, gives older toddlers competence in approaching new situations.

***Problem-solving and creative expression***, the third component, emerges as infants seek out strategies for meeting their immediate needs. Toddlers are able to identify obstacles, and test ways to overcome them, and can use a variety of ways to express themselves.

The integration of these three components is the foundation of cognitive development. Development unfolds as children acquire information through relationships and experiences, process the inter-relatedness of these experiences, and learn to make sense of their world. Integration happens best as infants and toddlers imitate, repeat, and actively “make things happen”. This increasingly purposeful and responsive capacity for “connecting the dots” among relationships and objects is central to cognitive development.

Cognitive development occurs not just at a specified learning time. It happens throughout daily activities and routines. Parents, caregivers, and teachers are challenged to bring order and meaning to that environment, provide new experiences, and help infants and toddlers make the connections between past events and current experiences throughout the day.





# Cognitive Development & General Knowledge Birth to 8 Months

## Questions To Ask Yourself

*How would you describe your young infant's temperament? Is he very excitable or more laid-back?*

*How does your young infant communicate with you? How do you respond?*

*How does your young infant use her senses to explore the world around her? What does she do?*

*How does your young infant respond to familiar sounds and movements? What does she do?*

## A. EXPLORATION & DISCOVERY

### 1. Responds in simple ways to people and objects. H.S./CFR 1304.21(a)(4)(iv); (b)(1)(ii)

Young infants are very sensitive and responsive to touch, sounds, light, and voices in their world. Many of their responses are reflexive. Infants respond to people and things by:

- responding to too much stimulation by looking away, crying, yawning, or sleeping;
- responding to loud noises by being startled or crying;
- being comforted by familiar voices;
- laughing aloud when lightly tickled;
- looking at and then reaching for a bottle or toy;
- looking at picture books with parents, caregivers, and teachers.

### 2. Establishes primary relationships. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv)

Young infants begin to establish relationships with others and to become interested in objects within their vision. They make sense of their world through interactions with parents, caregivers, and teachers by:

- looking longer at human faces than at objects;
- inspecting their own hands, feet, fingers, and toes;
- smiling at familiar faces;
- babbling and then pausing to wait for parents, caregivers, and teachers to respond;
- responding to familiar words like bottle, blanket, teddy bear, etc.

### 3. Begins to make things happen. H.S./CFR 1304.21(a)(4)(ii); (b)(1)(ii); (b)(1)(iii)

Young infants are not purposeful in their actions but rather accidentally make things happen. During the first six months, their movements are dominated largely by reflexes. Discovery evolves as they use their senses to discover the world around them. They inspect their fingers and toes, stare at people's faces, touch and put things in their mouths, follow sounds, and watch moving things. This process of discovery through their senses lays the foundation for cognitive development. Young infants actively inspect their surroundings and explore objects by:

- gazing at faces to engage others;
- reaching and grabbing things;
- touching and mouthing everything;
- banging utensils, blocks, and toys on the floor or table.

## B. CONCEPT DEVELOPMENT & MEMORY

### 1. Responds in simple ways to people and objects. H.S./CFR 1304.21(b)(1)(i) – (b)(1)(iii)

Young infants learn that when they cry, someone will come. To them, only things and people in the immediate visual field exist. If they cannot see it, it does not exist. Young infants recognize what is familiar and what is new by:

- imitating familiar sounds and movements;

# Cognitive Development & General Knowledge Birth to 8 Months

## Questions To Ask Yourself

*What do you say or do that gets the biggest reaction from your young infant? How does he react?*

*How does your young infant show you purposeful behavior? Do you respond in a predictable way?*

*How does your young infant respond to moving with you to rhymes or music? What does this tell you about him?*

*How does your young infant let you know what she wants and how she is feeling? How do you respond?*

- reaching for breast or bottle when hungry;
- exhibiting pleasure at seeing their parents, caregivers, and teachers;
- watching and following the movement of a mobile over the crib;
- following both horizontal and vertical movements of objects.

### 2. Establishes primary relationships.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv); (b)(1)(i)

The emergence of memory can be seen as young infants move from indiscriminate smiling to smiling at familiar faces and recognizing familiar objects like a bottle or pacifier. Young infants show a clear preference for familiar people and things by:

- knowing family members;
- anticipating feeding time;
- responding by turning and smiling when their name is spoken by parents, caregivers, and teachers;
- showing pleasure when presented with a familiar object like their bottle or teddy bear.

### 3. Begins to make things happen.

#### H.S./CFR 1304.21(a)(4)(i) – (a)(4)(iv)

Although many actions are unintentional, young infants quickly learn there are predictable responses to their actions. These responses prompt the beginning of intentional behavior. Young infants demonstrate the ability to intentionally reach, drop, cry, and repeat actions by:

- crying when in need of something;
- using different facial expressions to express different emotions;
- enjoying repeating a newly learned activity;
- reaching for a mobile to make it move.

## C. PROBLEM-SOLVING & CREATIVE EXPRESSION

### 1. Responds in simple ways to people and objects.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv); (a)(4)(i) – (a)(4)(ii)

Young infants have some sensory awareness which they use to recognize and respond to familiar people and objects. Then they can begin to examine new things that they encounter. Young infants demonstrate the ability to apply knowledge to new situations by:

- beginning to differentiate between strangers and familiar people;
- anticipating being lifted to be held, fed or changed and moving their body accordingly;
- smiling as they figure out how to move around an object;
- moving to music with parents, caregivers, and teachers;
- imitating facial expressions, sounds, and gestures.

### 2. Establishes primary relationships.

#### H.S./CFR 1304.21(b)(1)(i) – (b)(1)(iii)

Young infants depend on parents, caregivers, and teachers to solve problems for them, and they quickly

# Cognitive Development & General Knowledge Birth to 8 Months

## Questions To Ask Yourself

*What kinds of toys or objects does your young infant seem most interested in? How does she play with them?*

learn how to get their attention for help. They indicate pleasure when these adults are nearby and will initiate interactions through sounds and body language. Young infants demonstrate understanding of primary relationships by:

- beginning to smile as a social interaction;
- seeking out parents, caregivers, and teachers for play;
- stretching out arms in a motion to be picked up;
- vocalizing to communicate needs.

### 3. Begins to make things happen.

#### **H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv)**

Young infants use their senses in simple ways to solve problems. Increasing fine motor skills allows them to reach and grasp things they desire. Greater visual capacities let them look beyond their crib to see. Many actions are accidental at first, but young infants quickly learn to make things happen by:

- crying in different ways for different reasons;
- reaching for objects within view;
- raising their bottle as the level of milk drops;
- playing with a single toy for two to three minutes;
- banging a block on the floor and smiling at the noise.

# Cognitive Development & General Knowledge 8 to 18 Months

## Questions To Ask Yourself

*What are your older infant's favorite activities? What does this tell you about her?*

*How does your older infant like to read with you? How does she show her enjoyment?*

*How does your older infant use his body to explore the environment and try new things? What new things can he do?*

*What new ways does your older infant have to communicate what she is wanting, thinking and feeling? How does this change your communication?*

## A. EXPLORATION & DISCOVERY

### 1. Responds in varied ways to people and objects. H.S./CFR 1304.21(a)(4)(iv); (b)(1)(ii)

Older infants respond to the environment with a growing sense of independence and understanding. The world becomes much larger as they become mobile. They see something and are able to move toward it, grab it, and explore how it works. Secure attachments with parents, caregivers, and teachers make it safe to explore and come back to welcoming arms. Older infants are able to manipulate objects and appear to marvel at what people and objects can do by:

- excitedly rolling a ball to parents, caregivers, and teachers again and again;
- holding a toy phone to their ear and "talking";
- laughing aloud as their older sibling makes funny noises;
- twisting away when told they cannot do something;
- following one-step directions;
- showing pleasure and attempting hand movements to some fingerplays.

### 2. Establishes more complex relationships. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv)

Older infants are beginning to notice characteristics of themselves and others. Often they use imitation as a strategy to engage others. Increasingly, they can point, babble, or gesture to make their desires known. Older infants demonstrate the ability to relate to people and things as they explore and discover by:

- making faces back at parents, caregivers, and teachers;
- reaching out to be picked up when they want attention;
- showing objects to parents, caregivers, and teachers;
- trying to help with bathing or changing;
- showing pleasure when read to by smiling or using words such as "Yea!" or "More!"

### 3. Initiates more events. H.S./CFR 1304.21(a)(4)(ii); (b)(1)(ii); (b)(1)(iii)

Older infants utilize movement and sensory exploration to learn. Increased motor skills facilitate discovery, as they manipulate, dump and fill, pull, push, and move things around. Actions clearly become intentional as the older infant explores the environment and tries things out by:

- shaking toys to elicit a response or sound;
- repeatedly splashing water while taking a bath;
- filling and dumping sand, toys, and blocks;
- taking things apart;
- dropping a toy or a bottle on the floor and watching to see what happens.

## B. CONCEPT DEVELOPMENT & MEMORY

### 1. Responds in varied ways to people and objects. H.S./CFR 1304.21(b)(1)(i) – (b)(1)(iii)

Older infants develop richer relationships to their surroundings and objects which take on new meanings as their memory improves and they learn how things

# Cognitive Development & General Knowledge 8 to 18 Months

## Questions To Ask Yourself

*How does your older infant begin to imitate sounds or action from the past? What does this tell you?*

*How has the play of your older infant changed? How does he initiate actions and respond in new ways?*

*Does your older infant have clear preferences about people, food and activities? How does she let you know what she wants?*

work. They respond to people and things through their understanding of the world around them by:

- finding hidden objects;
- asking for more;
- showing a preference for favorite books;
- pointing to indicate their needs;
- vocalizing when being read a familiar book.

### 2. Establishes more complex relationships.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv); (b)(1)(i)

Improvement in memory facilitates a rapid increase in receptive and expressive language. Increased language abilities improve communication and the way in which older infants relate to people and things. Older infants increasingly understand and remember people and things in their environments. They demonstrate the emergence of more complex relationships by:

- looking at, going over to, and touching their parents, caregivers, and teachers;
- protesting when left with unfamiliar people;
- pointing to pictures of family, body parts, or animals;
- beginning to imitate people who are not present doing a familiar activity;
- showing preference among play partners;
- responding to simultaneous verbal and gesture commands.

### 3. Initiates more events.

#### H.S./CFR 1304.21(a)(4)(i) – (a)(4)(iv)

The memory capacity of older infants has expanded, and they are capable of developing new concepts. Now they are able to initiate and respond to their environment in new ways. Older infants initiate activities by:

- pulling the cover off a toy hidden from view;
- enacting familiar events or household chores;
- pretending to call their parents, caregivers, or teachers on the phone;
- making a detour to retrieve an object;
- playing with nesting toys.

## C. PROBLEM-SOLVING & CREATIVE EXPRESSION

### 1. Responds in varied ways to people and objects.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv); (a)(4)(i) – (a)(4)(ii)

Older infants can increasingly respond to others as communication skills expand. Increased memory helps them recall and have clear preferences about who they like, what they like, and how they like it in order to solve problems and express themselves. Getting the desired response from people and objects is achieved by:

- saying “no-no”;
- pushing aside unwanted food;
- making choices related to toys and clothing;
- moving away from a loud vacuum cleaner;
- attempting hand movements to fingerplays.

# Cognitive Development & General Knowledge 8 to 18 Months

## Questions To Ask Yourself

*How does your older infant get you to help him? What does he do to get and focus your attention?*

*How does your older infant explore new toys? What can you do to help?*

### 2. Establishes more complex relationships.

#### H.S./CFR 1304.21(b)(1)(i) – (b)(1)(iii)

Increased problem-solving skills accelerate older infants' ability to relate to others and get what they want. Their increased communication skills help them inquire, confirm, and indicate their intentions. They now can try multiple strategies for getting and maintaining attention, and for getting their needs met. Older infants demonstrate their ability to relate to people and things by:

- imitating their parents, caregivers, and teachers;
- looking to parents, caregivers, and teachers for help;
- using a stick or object to obtain something out of reach;
- reaching out to be picked up when they want attention;
- occasionally saying "no" instead of hitting when another child takes a toy.

- enjoying messy activities, such as finger painting;
- moving to rhythms;
- choosing to do a simple puzzle.

### 3. Initiates more events.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv)

Increased memory, receptive language, and fine and gross motor skills provide older infants with new options for solving problems and expressing themselves creatively. Their increasing knowledge of cause and effect helps them make things happen by:

- pointing, gesturing, and making sounds to indicate what they want;
- pointing to a picture and looking for parents, caregivers, and teachers to name the picture;

# Cognitive Development & General Knowledge 18 to 24 Months

## Questions To Ask Yourself

*How does your young toddler respond to a request or simple direction? How can you encourage him?*

*How does your young toddler play with other children? What does this tell you?*

*How does your young toddler use her verbal and motor skills in exploration and discovery? How does she test her ideas?*

## A. EXPLORATION & DISCOVERY

### 1. Shows more complex responses to people and objects. H.S./CFR 1304.21(a)(4)(iv); (b)(1)(ii)

Increased interaction with people and things enables young toddlers to engage in simple games and pretend play, purposefully seek out new experiences, and practice newly learned skills. Young toddlers respond to people and things by:

- stating clear preferences regarding colors, foods, and clothes;
- placing items in containers then pouring them out, over and over;
- following two-step directions;
- responding to requests like, "Please sing to me";
- describing activities such as, "Me eat";
- speaking in short sentences (one- to three-word sentences) and using and misusing plurals (for example, saying "feets" for "feet").

### 2. Expands relationships.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv)

Young toddlers engage in parallel play, working beside, but not usually with other children. They understand how to use familiar objects appropriately and may experiment with new uses for these objects. Language skills are developing, including responding to questions and verbalizing possessives including "me" and "mine." By being an explorer, the child discovers how different objects work and asks questions. Young toddlers' increasing ability to relate can be seen by:

- taking care of their hair using a comb or brush as their sibling does likewise;
- finding their blanket at nap time;
- pulling on the hand of parents, caregivers, and teachers when wanting to communicate;
- playing dress-up and imitating the behaviors of parents, caregivers, and teachers;
- verbalizing "mine" when showing a favorite object.

### 3. Initiates more complex interactions.

#### H.S./CFR 1304.21(a)(4)(ii); (b)(1)(ii); (b)(1)(iii)

Young toddlers are able to explore their environment in more complex ways because of growing vocabularies and better motor skills. Because of natural curiosity, daily living is a constant state of discovery. Young toddlers learn how their bodies work by interacting with people and things in their environment. They enjoy activities that involve pushing and pulling as well as concepts of over, under, and around. They make things happen by:

- activating toys such as a jack-in-the-box;
- exploring the contents of cabinets and drawers;
- stacking blocks and knocking them down;
- successfully completing simple inset puzzles;
- hooking toys together;
- poking, dropping, pushing, pulling, and squeezing objects to see what will happen.

# Cognitive Development & General Knowledge 18 to 24 Months

## Questions To Ask Yourself

*How does your young toddler show you he understands he is the cause of events? Why is this important?*

*How does your young toddler react to unfamiliar people? What can you do to make her more comfortable?*

*What games or stories does your young toddler enjoy repeating over and over? What is she learning?*

*What are some ways your young toddler uses pretend play? What can you learn from this?*

## B. CONCEPT DEVELOPMENT & MEMORY

### 1. Shows more complex responses to people and objects. H.S./CFR 1304.21(b)(1)(i) – (b)(1)(iii)

Young toddlers thrive on routines and familiar objects like a favorite blanket. They demonstrate the ability to recognize themselves as the cause of events. They respond to people and things by:

- associating spoken words with familiar objects or actions;
- spilling milk and saying “uh-oh”;
- matching sounds to pictures of animals;
- repeating words over and over.

### 2. Expands relationships.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv); (b)(1)(i)

Young toddlers relate to parents, caregivers, and teachers by using verbal and nonverbal communication. They are beginning to understand concepts like time and space, and are developing a greater understanding of object permanence. These concepts are demonstrated by:

- beginning to identify with children of the same gender and age;
- insisting that every object is “mine”;
- understanding that their parents will read a book after their teeth are brushed during their bedtime routine;
- occasionally asking about a favorite adult when the adult is not present.

### 3. Initiates more complex interactions.

#### H.S./CFR 1304.21(a)(4)(i) – (a)(4)(iv)

Young toddlers develop new understandings through exploration of their environments. Repeating actions and experiences provide the foundation for developing memory for details and routines. Young toddlers make things happen by:

- pulling or pushing a wagon or cart around the play area possibly putting toys in it;
- exploring pegboards with fingers, and trying to put objects into holes;
- asking to hear their favorite song over and over;
- placing items back in their “correct” place, as in putting an empty juice can in the trash;
- searching for removed or lost objects.

## C. PROBLEM-SOLVING & CREATIVE EXPRESSION

### 1. Shows more complex responses to people and objects. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv); (a)(4)(i) – (a)(4)(ii)

Increased social skills, vocabulary, memory and motor skills enable young toddlers to more effectively respond to problems in their environment. They are also increasingly interested in creative activities. Young toddlers show this by:

- identifying their own clothing items;
- trying out various ways to get their arms into the sleeves of a jacket;



# Cognitive Development & General Knowledge 18 to 24 Months

## Questions To Ask Yourself

*What are the signs your young toddler is getting frustrated? How can you avoid a tantrum?*

*How does your young toddler solve problems using new skills? How has he surprised you?*

- demonstrating assertiveness by saying “No!” or “Me do it!” when parents, caregivers, and teachers try to help with self-care tasks;
- using cups and other containers in their play with sand and water;
- using negotiation and language, with the help of parents, caregivers, and teachers, to solve problems when playing with peers.

## 2. Expands relationships.

### H.S./CFR 1304.21(b)(1)(i) – (b)(1)(iii)

Young toddlers demonstrate a sense of being a separate, independent person, but they enjoy interacting with parents, caregivers, teachers, and peers. Familiar objects and people provide the toddler with a sense of safety and comfort that supports problem-solving and creative expression. Young toddlers learn the steps to get what they want through trial and error. They learn the problem-solving sequence and relate to people and things by:

- developing their own likes and dislikes;
- wanting to get their own way even if it conflicts with parents, caregivers, and teachers;
- becoming frustrated because they often want to do things that the adult world cannot allow;
- seeking the attention of their parents, caregivers, and teachers as they experiment with play dough;
- using objects for other than their intended purposes.

## 3. Initiates more complex interactions.

### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv)

Increased mobility and motor coordination skills enable young toddlers to locate objects that are not in their immediate environment. By engaging in imaginative play and using their developing abilities to recognize similarities and differences, young toddlers demonstrate the ability to initiate expanded problem-solving and creative expression abilities by:

- using trial and error to fit different shapes into holes or to stack rings in order;
- using a spoon to get food into their mouths;
- threading beads by coordinating a string into the bead opening;
- crying to get their way;
- using materials such as pencils, paints, and play dough in different and varied ways.

# Cognitive Development & General Knowledge 24 to 36 Months

## Questions To Ask Yourself

*What does your older toddler like to talk about? How does he ask for help?*

*How does your older toddler use objects as tools? How has this changed her play?*

*How active is your older toddler? Does he seem to be in constant motion or is he happy to sit and play quietly for long periods, or is he somewhere in between?*

*How has the play of your older toddler become more complex and abstract? What does this mean?*

## A. EXPLORATION & DISCOVERY

### 1. Demonstrates discriminating responses to people and objects. H.S./CFR 1304.21(a)(4)(iv); (b)(1)(ii)

Older toddlers' expanded vocabulary and cognitive structures provide more options for responding to the results of their explorations. Older toddlers demonstrate these increasing abilities by:

- verbalizing observations, such as, "Milk gone!" "Daddy here!";
- asking for help when needed;
- labeling or describing "drawings" or scribbles;
- washing hands when directed, or picking up toys at clean-up time;
- finding details in a favorite picture book.

### 2. Engages in multiple productive relationships. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv)

Older toddlers are now interested in details and how things go together. They use objects as tools for learning rather than just exploration, and they use language to express feelings, needs, fears, and relationships. These developmental changes in relating can be seen by older toddlers:

- digging through sand at the sand table to find every hidden toy;
- choosing toys or activities based on who is playing;
- making play dough creations;
- asking questions after being read to, like "Why did Jack want the beans?";
- sometimes saying "Please" and "Thank you" without prompting.

### 3. Initiates rich and varied events.

#### H.S./CFR 1304.21(a)(4)(ii); (b)(1)(ii); (b)(1)(iii)

Exploration is a driving force for curious older toddlers. Constantly on the go, they are true explorers—seeking details and wanting to know what objects can do. Leaps in language allow them to use questions to investigate the world. They make things happen by:

- exhibiting high levels of energy shown in seemingly constant movement;
- climbing and jumping on furniture and outside toys;
- taking things apart, stacking, sorting, tracing, etc.;
- repeatedly doing the same puzzles;
- inspecting moving parts of toys such as the wheels and doors of a toy truck;
- persistently asking, "Why?"

## B. CONCEPT DEVELOPMENT & MEMORY

### 1. Demonstrates discriminating responses to people and objects. H.S./CFR 1304.21(b)(1)(i) – (b)(1)(iii)

Older toddlers are beginning to understand abstract concepts such as *now* and *later*, *over* and *under*, and symbols like stop signs or store signs for favorite toys or food. This increasing depth of understanding and recall is demonstrated by:

- participating in rearranging the room;
- wanting to be assigned a "job";
- singing several songs, poems, or finger plays with their parents, caregivers, and teachers;
- putting an object "on top of" or "under" the table, upon request;

# Cognitive Development & General Knowledge 24 to 36 Months

## Questions To Ask Yourself

*How does your older toddler make friends? Why is this an important new milestone?*

*How does your older toddler use her imagination? What do you think she is learning through pretend play?*

*How does your older toddler play in groups with other children or adults? What new activities can you do?*

- answering questions about prior events.

## 2. Engages in multiple productive relationships.

### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv); (b)(1)(i)

Although the family is still central, the older toddler makes friends with peers. They passionately express feelings, unaware that others may feel differently. They are now able to relate current experiences to past experiences and create generalizations to explain events. Their concept of relatedness is demonstrated by:

- laughing at funny things;
- stomping their foot when they are mad or angry;
- identifying a best friend;
- remembering that their grandparents live far away;
- using words to describe feelings, like being “happy” or “sad.”

## 3. Initiates rich and varied events.

### H.S./CFR 1304.21(a)(4)(i) – (a)(4)(iv)

Older toddlers demonstrate the development of concepts and memory by showing an awareness of quantity, recreating familiar events in play, and sorting objects by a variety of identifiable characteristics. Their range of options for taking control of their environments has expanded. They make things happen by:

- wanting to tell you their age;
- lining objects up in one-to-one relationships like shoe/sock, fork/plate, car/garage;
- asking questions that include, “How many?” or “How much?”;

- sorting beads by color or by size;
- pretending to be a character from a story or TV show;
- completing three-or four-piece puzzles.

## C. PROBLEM-SOLVING & CREATIVE EXPRESSION

### 1. Demonstrates discriminating responses to people and things. H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv); (a)(4)(i) – (a)(4)(ii)

Older toddlers are very responsive to people and environmental events. For instance, loud noises may frighten them or cause them to be curious. Responses to adults become more controlled, and play with others begins to take on importance. They demonstrate the development of rhythm and show a beginning understanding of humor. Older toddlers demonstrate these abilities by:

- beginning to enjoy small-group activities facilitated by parents, caregivers, and teachers;
- taking on roles during pretend play;
- joining in or trying to sing songs and fingerplays without encouragement;
- demonstrating the ability to move in time with music;
- persisting with objects or with frustrating toys;
- imitating other children’s play or beginning to play with others in associative play.

# Cognitive Development & General Knowledge 24 to 36 Months

## Questions To Ask Yourself

*How does your older toddler understand and express his feelings? Can he respond to the feelings of others?*

*How does your older toddler actively create different ways to play or express herself creatively? What is she learning when she is playing actively?*

### 2. Engages in multiple productive relationships.

#### H.S./CFR 1304.21(b)(1)(i) – (b)(1)(iii)

Older toddlers are extremely expressive of feelings. Tantrums are typical as they experiment with ways to interact with others and solve problems. They are able to respond to other's feelings and will attempt to "make things better." Tactile experiences like finger painting become an outlet for self-expression. These changes in development are demonstrated by:

- pointing to pictures that represent feelings (sadness, joy, anger) and naming the emotions;
- comforting crying peers;
- role-playing with dolls;
- hitting or hugging playmates to initiate interactions;
- clapping with joy;
- naming parts of their pictures.

### 3. Initiates rich and varied events.

#### H.S./CFR 1304.21(a)(1)(i) – (a)(1)(iv)

Older toddlers learn mostly through trial and error. You can see them experimenting as they try to get what they want or make things happen the way they want. This trial-and-error approach is demonstrated by:

- bringing others into their play: "Let's go on a bus ride. Here are the seats, and you be the driver";
- getting out art supplies to do a project but forgetting things or not getting enough;
- taking toys from the dress-up corner to the block area for play;
- peeling paper off a crayon to continue coloring;

- turning puzzle pieces in various directions to complete the puzzle;
- making up words.



# Motor Development


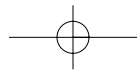
## MOTOR DEVELOPMENT

The first three years of a child's life are a time of amazing growth and development. Infants and toddlers are learning about themselves and their environments through the use of their increasingly complex abilities to move their own bodies. They can manipulate objects and explore the environment by using their senses. These capacities serve as a foundation for later learning, so parents, caregivers, and teachers will want to encourage and nurture motor development.

There are three components of motor development in infants and toddlers. **Gross motor development** refers to the use, refinement, and coordination of large muscles in the body. **Fine motor development**, the second component, involves the use, refinement, and coordination of small muscles. Eye-hand coordination is a particularly important skill that develops during the early years. The growing ability to accomplish health and self-care routines independently and interdependently with parents, caregivers, and teachers makes up **self-help skills**, the third component.

Young infants may not have great control over body movements, since reflexive actions constitute their first motor behaviors. As young infants gain in body strength and integrate information provided by their senses, the use of their bodies for exploration and control emerges. Large muscle development facilitates older infants' abilities to move through the environment unaided by an adult. Crawling and creeping and taking those first steps become favorite activities.

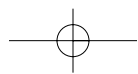
Young toddlers demonstrate more purposeful control over both large and small muscles. They are able to more fully explore the world and to participate more actively in their own self-care. The sheer joy of "toddlng" and walking engages young toddlers, who



can now explore many new objects and spaces. These emerging motor skills help toddlers in other areas of development. For example, exploration of their environment fosters cognitive skills such as retaining memories, exhibiting curiosity, and testing out “What if?” questions.

Older toddlers begin combining motor skills to accomplish increasingly challenging and purposeful tasks. Their abilities are not always equal to their desires, which is frustrating. Older toddlers want to be independent and to try many tasks without adult assistance. With repeated practice and encouragement from parents, caregivers and teachers, toddlers become more comfortable and confident in their developing motor skills.

The pace of motor development during the earliest years is greater than during any other developmental period. Changes in body proportion and physical capacity, as well as the complex development of the brain, facilitate gains in dexterity, balance, and motor coordination. This time is an important opportunity for parents, caregivers and teachers to provide a safe environment for exploration, excitement about newly emerging abilities, and respect for individual differences.



# Motor Development

## Birth to 8 Months

### Questions To Ask Yourself

*How does your young infant use her body to explore? Which positions does she like the best and least?*

*What kind of toys or objects does your young infant seem most interested in? How do you know?*

*What are the first signs that your young infant is beginning to get involved with feeding? How does he tell you what he wants?*

### A. GROSS MOTOR DEVELOPMENT

#### 1. Demonstrates beginning signs of balance, control, and coordination. H.S./CFR 1304.21(a)(5)(i); (a)(5)(iii); (b)(3)(i)

As young infants grow, they begin to gain control of their bodies. Gross motor development focuses on arm, body, and leg movements. Tone, strength, and coordination improve progressively from head to toe. While the sequence of development is predictable, there is wide variation in each young infant's timetable. Young infants demonstrate some balance, control, and coordination by:

- turning their head from side to side, kicking their feet, and moving their hands;
- pushing their chest and head off the floor;
- sitting with support and, later, without support;
- standing firmly on legs and bouncing actively when held in standing position;
- pivoting in a circle when on their tummies and using arms to pull their body along on the floor;
- rocking back and forth on hands and knees, and beginning to crawl.

### B. FINE MOTOR DEVELOPMENT

#### 1. Demonstrates beginning signs of strength, control, and eye-hand coordination. H.S./CFR 1304.21(a)(5)(ii); (a)(5)(iii); (b)(3)(ii)

Although early movements may be reflexive and seemingly random, young infants develop more purposeful actions over time. They use their vision and hands to explore large and small objects that are within their reach. Young infants show initial fine motor development by:

- holding fingers in tight fists;
- grasping their parents', caregivers', or teachers' fingers;
- mimicking hand clapping or a good-bye wave;
- reaching for and grasping objects such as rattles, soft toys and blocks;
- playing with their fingers and putting their hands in their mouth;
- looking at and transferring objects from hand to hand.

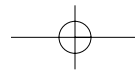
### C. DEVELOPMENT OF SELF-HELP SKILLS

#### 1. Demonstrates beginning participation in self-care. H.S./CFR 1304.21(a)(3)(i)(B); (b)(1)(iii)

Newborns and young infants are very dependent on their parents, caregivers, and teachers to meet basic needs. While self-help skills emerge slowly, even young infants can participate in their own self-care. Young infants demonstrate the emergence of interdependent self-help skills by:

- coordinating sucking, swallowing, and breathing when feeding;

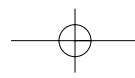
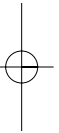
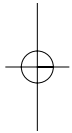




# Motor Development

## Birth to 8 Months

- turning their head toward the bottle or breast when their cheeks are stroked;
- holding their bottles;
- drinking from a cup with help;
- moving pureed food to the back of the mouth to swallow;
- beginning to feed themselves simple finger foods such as crackers or cereal.



# Motor Development

## 8 to 18 Months

### Questions To Ask Yourself

*What physical activities does your older infant enjoy? Is his need for physical activity the same or different from yours?*

*What are some ways that your older infant shows increasing control of her body and greater coordination? What do you need to do to make your home a safe place to go exploring?*

*Does your older infant cooperate with dressing and bathing? How does he help?*

### A. GROSS MOTOR DEVELOPMENT

#### 1. Demonstrates increased balance, control, and coordination. H.S./CFR 1304.21(a)(5)(i); (a)(5)(iii); (b)(3)(i)

Older infants begin to move independently and explore their worlds. They climb and reach for objects on tables. They are preoccupied with controlling their movements and finding new ways to get around in the world. Examples of increased balance, control, and coordination include:

- sitting in a chair without support;
- crawling on hands and knees;
- moving from sitting to standing while holding onto a chair or toy with little difficulty;
- walking sideways along furniture (cruising) and walking with one or both hands held;
- walking without help;
- climbing up stairs and walking downstairs with one hand held.

### B. FINE MOTOR DEVELOPMENT

#### 1. Demonstrates increased strength, control, and eye-hand coordination. H.S./CFR 1304.21(a)(5)(ii); (a)(5)(iii); (b)(3)(ii)

Older infants are more able to interact with other people and with objects, although they use their whole arms and not just their hands for fine motor activities. They are beginning to develop plans for how those interactions should occur, even when their plans just do not seem to work at times. Older infants continue to

explore their world and demonstrate increased strength, control, and eye-hand coordination by:

- using two objects together, such as putting a spoon in a cup and moving the spoon around;
- picking up a block with thumb and forefinger (pincer grasp);
- building a tower of two to four cubes;
- pointing to get the attention of parents, caregivers, and teachers;
- turning pages of a large book;
- using two hands in opposition, such as holding a toy telephone in one hand while using the other hand to “dial the number.”

### C. DEVELOPMENT OF SELF-HELP SKILLS

#### 1. Demonstrates increased participation in self-care. H.S./CFR 1304.21(a)(3)(i)(B); (b)(1)(iii)

While older infants are still dependent on their parents, caregivers, and teachers to meet basic needs, they are becoming interested in participating in everyday routines. Simple self-help skills are learned through much repetition, imitation, and adult narrations about what is happening. Older infants display self-help skills by:

- feeding themselves finger foods, such as soft, cooked foods or bits of cereal;
- cooperating with dressing by poking their arms into the sleeves and undressing by pulling off a sock;
- providing assistance in picking up toys;
- beginning to use a spoon and cup for feeding;
- vocalizing and gesturing to indicate their wants.



# Motor Development

## 24 to 36 Months

### Questions To Ask Yourself

*Where can your older toddler play safely outdoors? What kind of outdoor games does she enjoy?*

*What kind of materials and activities can you provide to help your older toddler develop strength, hand control and coordination? How do you encourage him?*

*What skills of daily living, like pouring a cup of juice or zipping a jacket, can your older toddler do? Which ones can she do by herself, and which ones does she need help or direction to finish?*

### A. GROSS MOTOR DEVELOPMENT

#### 1. Demonstrates advancing balance, control, and coordination. H.S./CFR 1304.21(a)(5)(i); (a)(5)(iii); (b)(3)(i)

Older toddlers continue to develop their independence through coordinated, purposeful activities. Movement now occurs not just for the pleasure it brings, but with a goal in mind. Older toddlers will practice a new skill over and over. Older toddlers demonstrate balance and control by:

- jumping in place and off low objects, such as a step;
- stopping and turning while running;
- walking up and down stairs independently, using alternating feet without holding the rail;
- jumping with both feet together and climbing up the steps of a toddler gym;
- walking on tiptoes for a short distance;
- riding a tricycle using pedals.

### B. FINE MOTOR DEVELOPMENT

#### 1. Demonstrates advancing strength, control, and eye-hand coordination. H.S./CFR 1304.21(a)(5)(ii); (a)(5)(iii); (b)(3)(ii)

Fine motor development focuses on eye-hand coordination skills that involve reaching, grasping, and manipulating objects. Older toddlers begin to show skills that have a purpose. Their actions are smooth, specific, and more accurate. They display strength, control, and eye-hand coordination by:

- pouring and dumping water, sand, or other materials from container to container;

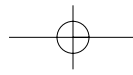
- pulling apart large pop-it beads and trying to push them together again;
- using one hand to turn the pages of a book;
- watching lines and squiggles appear as they move their marker or the paint brush over a piece of paper, and learning that their hand is in control of how the marks appear;
- building a tower of ten blocks;
- doing the hand motions as they sing "Where is Thumbkin?"

### C. DEVELOPMENT OF SELF-HELP SKILLS

#### 1. Demonstrates active participation in self-care. H.S./CFR 1304.21(a)(1)(v); (a)(3)(i)(B); (b)(1)(iii)

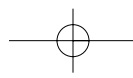
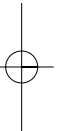
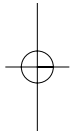
Older toddlers are developing the ability to cope independently, interdependently, and responsibly with a growing number of daily living skills. They are gaining understanding of their world by adhering to specific routines for dressing, feeding, toileting, and bathing. They frequently express firm opinions about exactly how they want self-care routines to be accomplished. Older toddlers show self-help skills by:

- helping to prepare simple foods;
- insisting on washing and drying their own hands;
- brushing their teeth with some supervision;
- dressing themselves with help for the hard things, such as getting their arms into sleeve holes after pulling the shirt over their heads;
- helping with toileting, by pulling their pants down and up;
- feeding themselves without help, using a spoon and often a fork.



## **APPENDIX A**

### Florida Partnership for School Readiness *Board Members*



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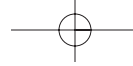
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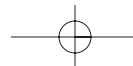
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## **APPENDIX B**

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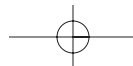
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# **APPENDIX C**

## Acknowledgements



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The work of the Florida Birth to Three Performance Standards Workgroup was informed, supported, and enhanced by several state and national organizations and experts. Infant and toddler standards developed in other states, assessment instrument standards, books and resources from national organizations, and current articles on infant and toddler development were utilized in developing the standards. In addition, presentations from several national and state experts were made at two workgroup meetings. The standards further benefited from review by a panel of national experts and a focus group of teachers and parents. In appreciation for this assistance, the Workgroup acknowledges the following:

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### **Resource Materials and Organizational Resources**

*Ages and Stages Questionnaire*

*Arkansas Framework for Infant and Toddler Care*

*California Desired Results*

*Creative Curriculum*

The David and Lucile Packard Foundation

*Early Learning Accomplishment Profile*

The Ewing Marion Kauffman Foundation

*From Neurons to Neighborhoods: The Science of Early Childhood Development*

*The Handbook of Child Psychology*

*The Infant Mental Health Handbook*

*Kentucky Early Childhood Standards*

*Maine Early Learning Results*

*The Ounce Scale*

*Washington Framework for Achieving the Essential Academic Learning Requirements*

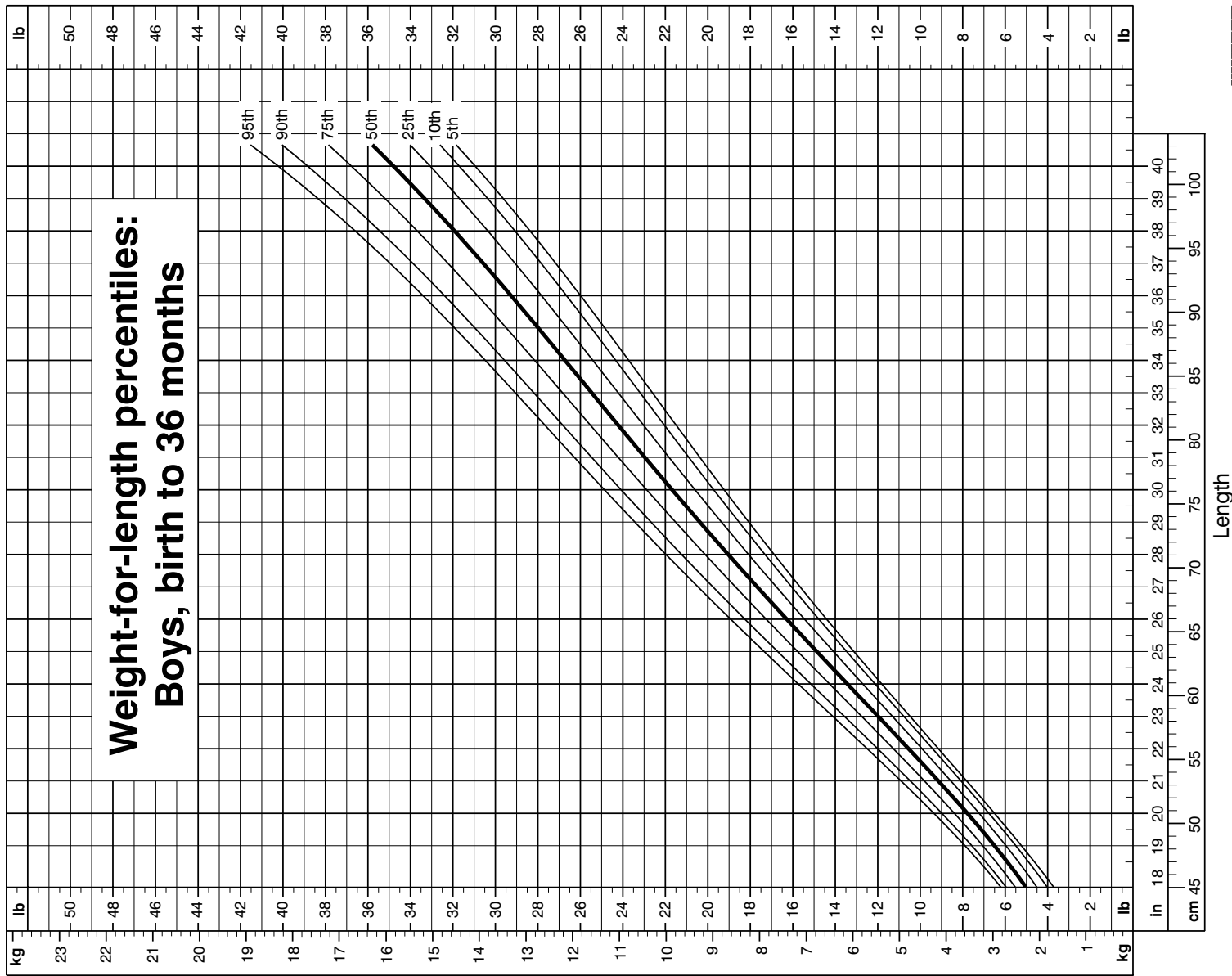
Zero to Three

# TABLE 1

## Height and Weight Chart for Boys

### CDC Growth Charts: United States

#### Weight-for-length percentiles: Boys, birth to 36 months



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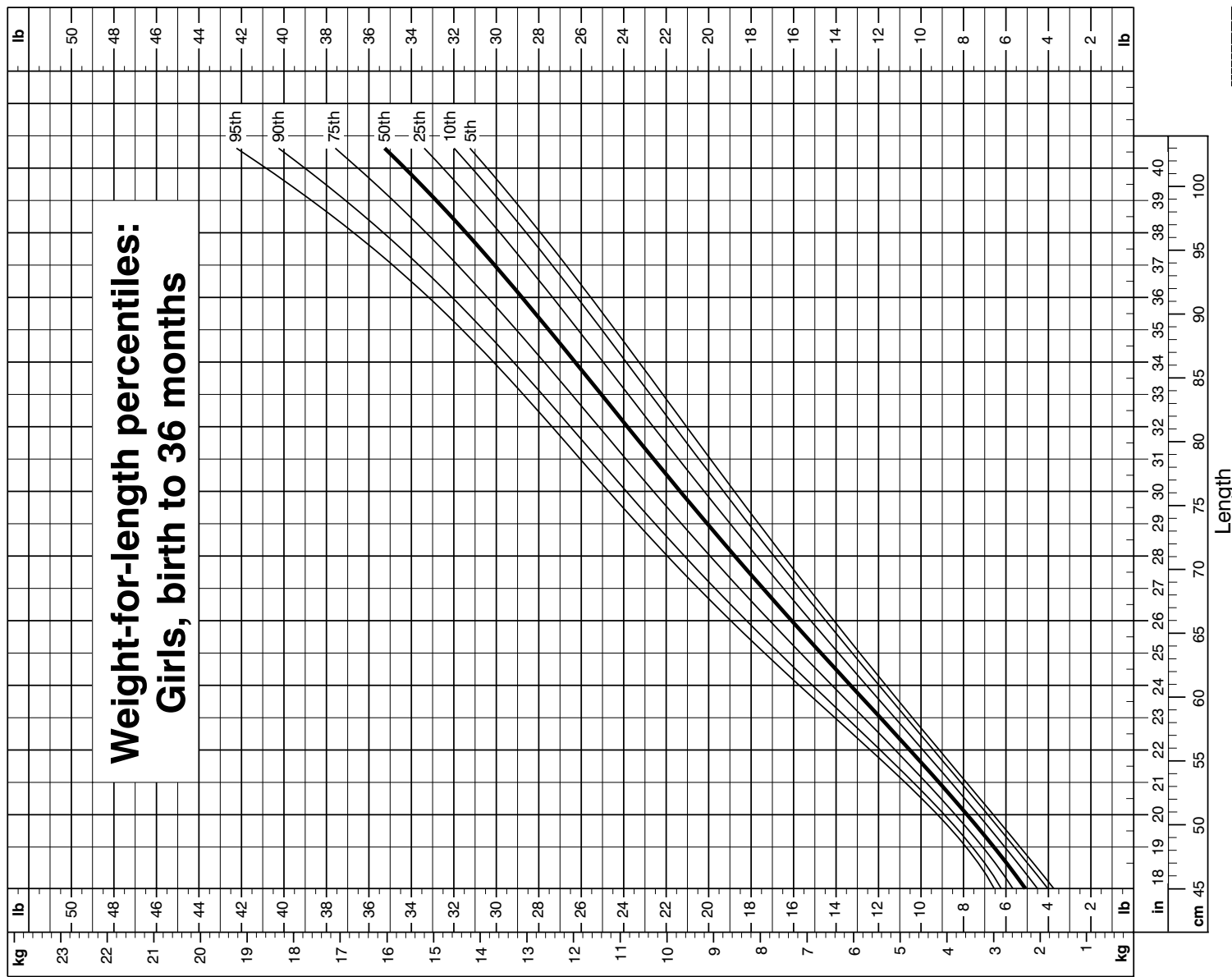
Published May 30, 2000 (modified 6/8/00).  
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

## TABLE 2

### Height and Weight Chart for Girls

#### CDC Growth Charts: United States

#### Weight-for-length percentiles: Girls, birth to 36 months



Published May 30, 2000 (modified 6/8/00).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with  
 the National Center for Chronic Disease Prevention and Health Promotion (2000).



# TABLE 3

## Recommended Schedule For Well-Child Visits

### Recommendations for Preventive Pediatric Health Care (RE9535)

Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care**.

AGE <sup>5</sup>	INFANCY <sup>4</sup>								EARLY CHILDHOOD <sup>4</sup>				MIDDLE CHILDHOOD <sup>4</sup>				ADOLESCENCE <sup>4</sup>												
	PRENATAL <sup>1</sup>	NEWBORN <sup>2</sup>	2-4d <sup>2</sup>	By 1mo	2mo	4mo	6mo	9mo	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y
<b>HISTORY</b> Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MEASUREMENTS</b> Height and Weight Head Circumference Blood Pressure		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>SENSORY SCREENING</b> Vision Hearing		S O <sup>7</sup>	S S	S S	S S	S S	S S	S S	S S	S S	S S	S S	O <sup>6</sup> O	O	O	O	O	O	S S	O O	S S	S S	O S	S S	O S	S S	O S	S S	S S
<b>DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT<sup>8</sup></b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PHYSICAL EXAMINATION<sup>9</sup></b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PROCEDURES-GENERAL<sup>10</sup></b> Hereditary/Metabolic Screening <sup>11</sup> Immunization <sup>12</sup> Hematocrit or Hemoglobin <sup>13</sup> Urinalysis			←•→	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PROCEDURES-PATIENTS AT RISK</b> Lead Screening <sup>14</sup> Tuberculin Test <sup>17</sup> Cholesterol Screening <sup>18</sup> STD Screening <sup>19</sup> Pelvic Exam <sup>20</sup>									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>ANTICIPATORY GUIDANCE<sup>21</sup></b> Injury Prevention <sup>22</sup> Violence Prevention <sup>23</sup> Sleep Positioning Counseling <sup>24</sup> Nutrition Counseling <sup>25</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>DENTAL REFERRAL<sup>26</sup></b>									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (1996).
- Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and instruction and support offered. Every breastfeeding infant should have an evaluation 48-72 hours after discharge from the hospital to include weight, formal breastfeeding evaluation, encouragement, and instruction as recommended in the AAP statement, "Breastfeeding and the Use of Human Milk" (1997).
- For newborns discharged in less than 48 hours after delivery per AAP statement "Hospital Stay for Healthy Term Newborns" (1995).
- Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- If the patient is uncooperative, rescreen within 6 months.
- All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, "Newborn and Infant Hearing Loss: Detection and Intervention" (1999).
- By history and appropriate physical examination; if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
- At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
- These may be modified, depending upon entry point into schedule and individual need.
- Metabolic screening (eg, thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
- Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
- See AAP *Pediatric Nutrition Handbook* (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (eg, premature infants and low birth weight infants). See also "Recommendations to Prevent and Control Iron Deficiency in the United States. *MMWR*. 1998;47 (RR-3):1-29.
- All menstruating adolescents should be screened annually.
- Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
- For children at risk of lead exposure consult the AAP statement "Screening for Elevated Blood Levels" (1998). Additionally, screening should be done in accordance with state law where applicable.
- TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done upon recognition of high-risk factors.
- Cholesterol screening for high-risk patients per AAP statement "Cholesterol in Childhood" (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
- All sexually active patients should be screened for sexually transmitted diseases (STDs).
- All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
- Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP *Guidelines for Health Supervision III* (1998).
- From birth to age 12, refer to the AAP injury prevention program (TIPP<sup>®</sup>) as described in *A Guide to Safety Counseling in Office Practice* (1994).
- Violence prevention and management for all patients per AAP Statement "The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level" (1999).
- Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement "Positioning and Sudden Infant Death Syndrome (SIDS): Update" (1996).
- Age-appropriate nutrition counseling should be an integral part of each visit per the AAP *Handbook of Nutrition* (1998).
- Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

**Key:** • = to be performed      \* = to be performed for patients at risk  
 S = subjective, by history      O = objective, by a standard testing method  
 ←•→ = the range during which a service may be provided, with the dot indicating the preferred age.

**NB:** Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (eg, inborn errors of metabolism, sickle disease, etc) is discretionary with the physician.  
 The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright ©1999 by the American Academy of Pediatrics. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

## TABLE 4 Immunization Schedule

### When Do Children and Teens Need Vaccinations?

Age	Hep B Hepatitis B	DTaP Diphtheria, tetanus, pertussis	Hib <i>Haemophilus influenzae</i> type b	Polio	PCV Pneumococcal conjugate	MMR Measles, mumps, rubella	Varicella Chickenpox	Influenza
Birth	✓ <sup>1</sup>							
1 month								
2 months	✓ <sup>2</sup>	✓	✓	✓	✓			
4 months		✓	✓	✓	✓			
6 months	✓ <sup>3</sup>	✓	✓ <sup>4</sup>	✓	✓			✓ (6–23 mos) (given for each influ- enza season; first time vaccinees should receive 2 doses spaced 1 mo apart)
12–18 months		✓ (15–18 mos)	✓ (12–15 mos)		✓ (12–15 mos)	✓ (12–15 mos)	✓ (12–15 mos)	✓
19–47 months	Catch-up <sup>5</sup>	Catch-up <sup>5</sup>	Catch-up <sup>5</sup> (to 5 years)	Catch-up <sup>5</sup>	Catch-up <sup>5</sup>	Catch-up <sup>5</sup>	Catch-up <sup>5</sup>	
4–6 years		✓		✓		✓		
11–12 years		✓ (Td only)		Catch-up <sup>5</sup>	Catch-up <sup>5</sup>			
13–18 years		Catch-up <sup>5</sup>			Catch-up <sup>5</sup>	(unvaccinated children at this age need 2 doses)		

<sup>1</sup> All infants should be vaccinated prior to hospital discharge.

<sup>2</sup> Infants who receive hepatitis B vaccine at birth may receive up to 4 doses.

<sup>3</sup> If the infant’s mother is HBsAg-positive, a minimum of 3 doses of hepatitis B vaccine should be given by 6 months of age.

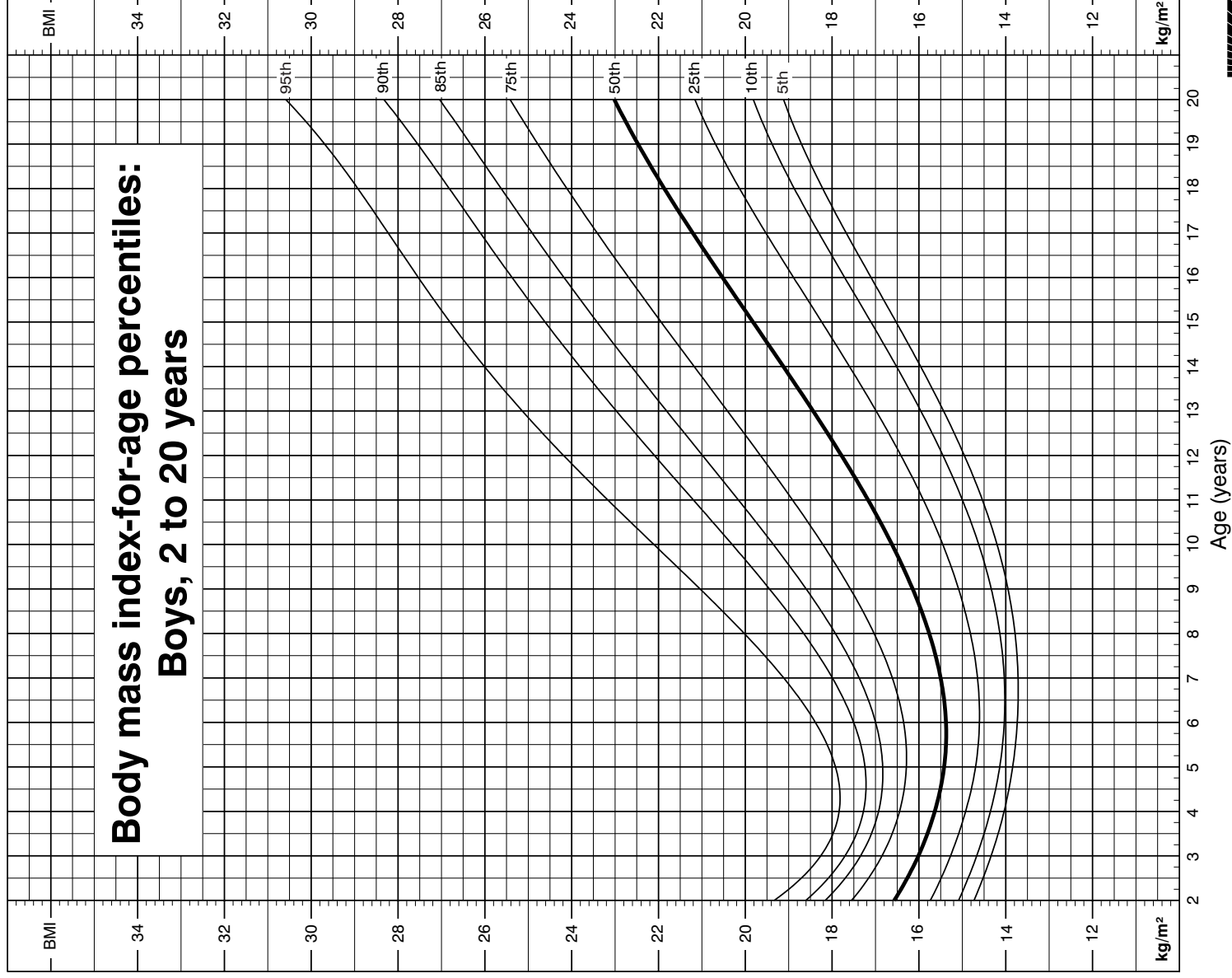
<sup>4</sup> A dose of Hib vaccine at 6 months of age is not needed if either PedvaxHib or Comvax was used for doses #1 and #2.

<sup>5</sup> Vaccinations that have been delayed or missed entirely should be given as soon as possible, including throughout the “catch-up” period.

Children 2 years of age and older may need additional vaccines, such as hepatitis A, pneumococcal polysaccharide, meningococcal, or influenza. Talk to your health care provider.

**CDC Growth Charts: United States**

**Body mass index-for-age percentiles:  
Boys, 2 to 20 years**



Published May 30, 2000.  
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

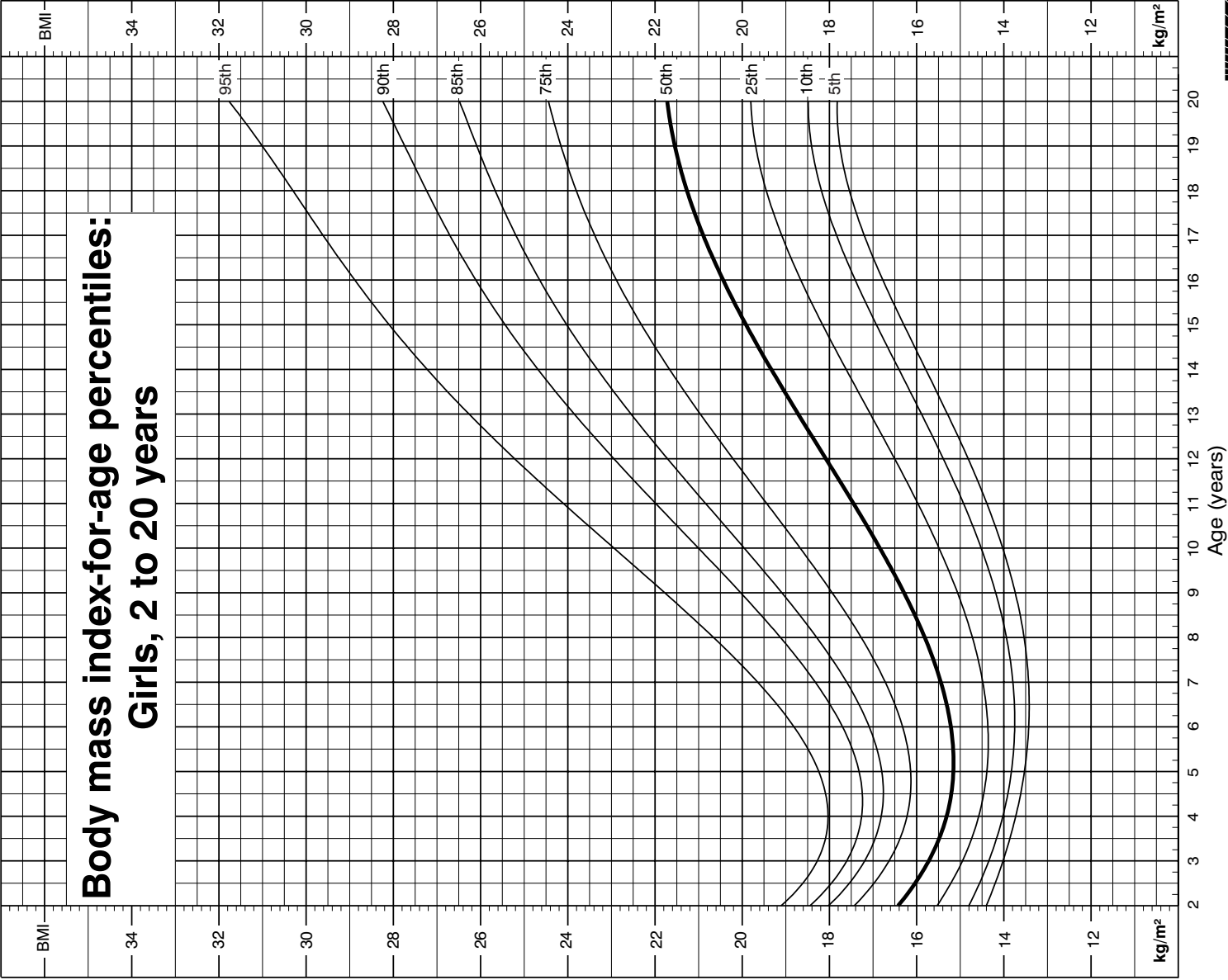


**TABLE 5**  
**Body Mass Index for Boys**

**TABLE 6**  
**Body Mass Index for Girls**

**CDC Growth Charts: United States**

**Body mass index-for-age percentiles:  
 Girls, 2 to 20 years**



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