



California Framework for Infant–Toddler Learning and Development

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Publishing Information

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A Message From the California Department of Social Services

The California Department of Social Services (CDSS) is pleased to present the *California Framework for Infant–Toddler Learning and Development* (IT Framework). The IT Framework is part of the comprehensive effort by the CDSS to strengthen young children’s learning and development through high-quality early learning and care.

More than half of California’s infants and toddlers are cared for by care educators in family child care homes or child care centers or by relatives, friends, or neighbors outside the home. This resource invites care educators to be reflective and intentional in their relationships and interactions, their routines, and their environment and materials as they offer responsive, developmentally appropriate learning experiences. Rather than being a curriculum, this resource is a framework for supporting early learning and development. It is centered around a planning process that care educators use in collaboration with families. The planning process facilitates learning and development through observing, documenting, and reflecting on infants’ and toddlers’ play and exploration.

Planning to support early learning and development requires that care educators understand and respect how infants and toddlers learn. Infants and toddlers have an inborn drive to seek and make sense of experiences and information. When engaged in play or during everyday routines, they often initiate learning. They actively build skills and concepts, wonder and ask questions, and make connections between ideas. Infants and toddlers apply knowledge and skills to explore new concepts and actions, integrate feelings into a developing sense of identity, combine words and phrases to create new thoughts and ideas, perceive things, and move their bodies. The care educator’s role is to support the learning of infants and toddlers by planning possibilities for them to pursue more deeply the ideas, interests, and skills observed in their play and exploration.

Overall, it is our hope that the IT Framework offers care educators practices they can implement on a daily basis to promote infants’ and toddlers’ learning and development through responsive relationships and interactions, routines, and environments and materials.



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Zero to Three

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Table of Contents

Chapter 1: Introduction	11
Opening	11
Organization of the <i>Framework for Infant–Toddler Learning and Development</i>	14
The Context for Early Learning and Development	19
Program Features That Support Infant–Toddler Learning and Development	30
The Infant–Toddler Learning Process: The Starting Point	31
Principles Underlying the Support of Early Learning and Development	37
Closing	40
Chapter 2: Planning to Support Infant–Toddler Learning and Development	42
Opening	42
Learning Contexts for Planning	43
Partnering With Families to Support Children’s Learning and Development	53
The Reflective Planning Cycle to Support Learning and Development	58
Closing	86
Chapter 3: Relationships and Interactions	88
Opening	88
Areas of Practice	95
Closing	136
Chapter 4: Routines	138
Opening	138
Areas of Practice	142
Closing	174
Chapter 5: Environment and Materials	176
Opening	176
Areas of Practice	180
Closing	210

Appendix	212
References	212
Additional Resources Consulted	224
List of Infant–Toddler Learning and Development Foundations	228
List of In-Practice Examples and Learning Stories	234
Glossary	236



Chapter 1: Introduction

Opening

The *Framework for Infant–Toddler Learning and Development* (IT Framework) presents guidance on planning relationships and interactions, **routines**, and **environment** and **materials** to support the learning and development of **infants and toddlers**. Aligned to the *California Infant–Toddler Learning and Development Foundations* (ITLDF), it describes how young children learn and develop across the domains of Social and Emotional Development, Approaches to Learning, Language Development, Cognitive Development, and **Perceptual** and **Motor Development**. The primary audience for this document is **caregivers**, particularly **infant–toddler care educators** in home-based and center-based **early learning and care settings**, along with trainers, coaches, program directors, education coordinators, early interventionists, disabilities specialists, mentors, and supervisors. Families with infants and toddlers and early childhood faculty in higher education will also find this resource useful.

Who are Caregivers and Infant–Toddler Care Educators?

The term *caregiver* refers to the person responsible for the care, well-being, safety, and education of a child. A *caregiver* might be a relative, such as an immediate or extended family member, who takes care of the child in the **child’s home** or the caregiver’s home. A caregiver might also be an *infant–toddler care educator*, a person who provides early learning experiences to support young children’s learning and development in a home-based, center-based, or community-based care environment. The terms *infant–toddler care educator* and *care educator* are mainly used in this document because the primary audience is caregivers who work in home-based and center-based early learning and care settings. The term *caregiver* is used when the text refers to caregiving that is inclusive of families and infant–toddler care educators.

Infants and toddlers have an amazing capacity to engage in learning and to organize and integrate vast amounts of new information. An infant or toddler who is interacting with an adult or other children or exploring how something works reveals an active mind that is discovering and making sense of the surrounding world of people and things. Infants and toddlers experience the world and build knowledge in a **holistic** way during moments of play, exploration, and interaction with other people, objects, and nature. They constantly gather new information and make sense of it. Their minds actively process patterns of movement, sounds, words, and the actions and reactions of people, animals, and objects. They connect new information with what they already know as they build their increasingly complex ways of understanding and knowing.

As infants expand their interactions with people, objects, and nature, they try out emerging skills, discover new actions, and experience feelings in new ways. In moments of play (times when children are free to engage in self-directed play) and everyday routines (such as diapering or feeding), infants observe, experiment, investigate, and invent solutions, trying to figure out how things work. Just about every waking moment, infants and toddlers are busy developing fundamental knowledge and skills. These fundamental competencies are described in the ITLDF (see Appendix B for an overview of the foundations in five domains of learning and development: Social and Emotional Development, Approaches to Learning, Language Development, Cognitive Development, and Perceptual and Motor Development). During the first years of life, children begin to develop their identity, understand and regulate their emotions, build social knowledge and skills, and develop the ability to move their bodies skillfully to explore and accomplish goals. Concepts at the core of science, mathematics, social studies, language, literature, and the arts have their roots in the foundational knowledge and skills that infants and toddlers develop.

For example, as infants explore how things fill up, fit in, and move in space, they build concepts that relate to **spatial thinking**. As infants put one block into a basket, and then another, they develop **number sense**. As they delight in imitating the expressions and actions of a friend while playing,

they build concepts related to social relationships and **culture**. As they share a book with a care educator, pointing to the photo of a dog and saying “Dah,” followed by another “Dah,” they expand their comprehension and use of language and interest in books, the roots of **literacy**. In relationships with infants and toddlers, care educators can support these kinds of experiences through **responsive** interactions in the moment and thoughtful reflection and planning of next steps in learning. This framework guides educators in planning **possibilities** for learning that connect with children’s development of emerging concepts and skills.

Planning to support early learning and development requires that care educators understand and respect how infants and toddlers learn. Infants and toddlers have an inborn drive to seek and make sense of experience and information. When engaged in play or during everyday routines, they often initiate learning, actively building skills and concepts, wondering and asking questions, and making connections between ideas. For children, their learning often occurs as a whole experience. At any given time, they apply knowledge to new concepts and actions, integrate feelings into a developing **sense of identity**, combine words and phrases to create new thoughts and ideas, and perceive things and move their bodies. As infants actively engage in this holistic learning and development, the care educator’s role is to provide possibilities for them to experience, explore, and investigate.

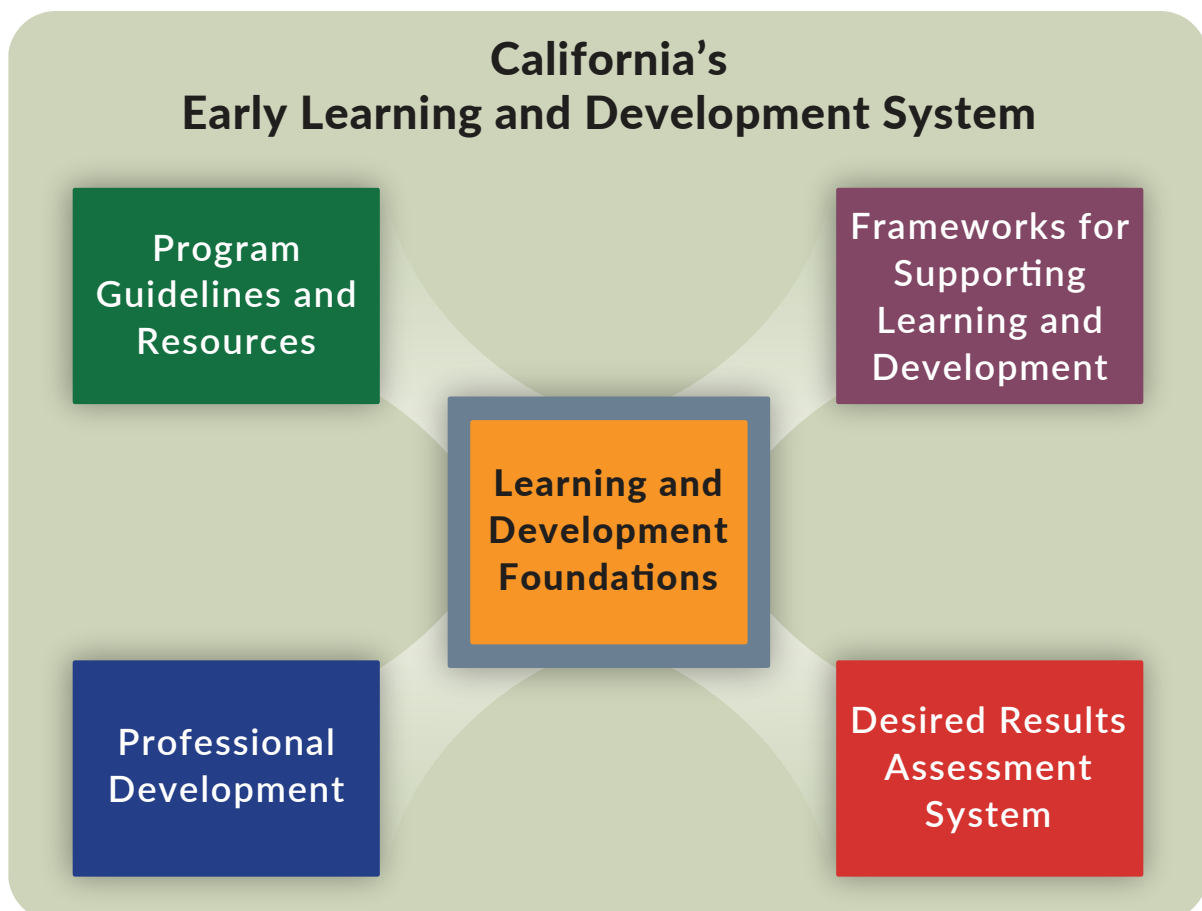
In the infant and toddler field, the term *curriculum* is often used to describe how educators support early learning and development. However, this resource is not a curriculum. Rather, it is a framework for supporting early learning and development. When we observe infants and toddlers as they explore and make sense of people and things, we start to appreciate that they are actively engaged in what we might call their own curriculum. During the first 3 years, children learn how to communicate using language, move from one place to another, adopt cultural patterns for nonverbal communication, build concepts such as **cause and effect**, and develop perceptual and motor skills. With a focus on being responsive to and connecting with the amazing development of infants and toddlers, this resource invites educators to be reflective and intentional in their relationships and interactions, routines, and environment and materials as they offer developmentally appropriate learning experiences.

In the infant and toddler field, the term curriculum is often used to describe how educators support early learning and development. However, this resource is not a curriculum. Rather, it is a framework for supporting early learning and development.

The California Department of Social Services (CDSS) brought together leading experts both in developmental theory and research and in early learning and care practice and sought input from early childhood professionals throughout California to ensure that this resource adequately reflects current research, theory, and widely recommended practices in the infant–toddler field.

Organization of the *Framework for Infant–Toddler Learning and Development*

Overall, the *Framework for Infant–Toddler Learning and Development* describes the types of interactions and experiences, routines, and environment and materials that engage young children in learning and development. This IT Framework is an important part of California's efforts to promote early learning and development aligned to the Infant Toddler Learning and Development Foundations. The IT Framework complements other resources aligned to the IT Foundations such as guidelines for center- and home-based care and the Desired Results assessment system. Along with the other resources, the IT Framework provides core content for the professional development of infant and toddler care educators.



Introductory Chapter

This introductory chapter provides overarching framing and guidance, addressing

- the broader context for early learning and development,
- program features that support infant–toddler learning and development,
- important considerations for how infants and toddlers learn, and
- guiding principles that address how to plan possibilities for early learning and development.

The remaining chapters provide guidance on how to support the learning and development of infants and toddlers. Throughout the IT Framework, short sections spotlight key considerations and research-to-practice considerations, using icons as illustrated in the key below.

Icons to Spotlight Content



Research to Practice



Key Consideration

Chapter on Planning

The “Planning to Support Infant–Toddler Learning and Development” chapter (planning chapter) discusses how care educators plan to support infant and toddler development by engaging in the planning cycle of observing and documenting; studying and interpreting, individually and with others; planning with others; and implementing a plan. By incorporating reflection at every step of the cycle, care educators continually adapt to support children’s learning and development. The planning chapter introduces and discusses how care educators plan to support infant and toddler development in three learning contexts: relationships and interactions, routines, and environment and materials. Discussion and examples illustrate the planning cycle in each of the three learning contexts.

Chapters on Learning Contexts

The remaining chapters, “Relationships and Interactions,” “Routines,” and “Environment and Materials,” each focus on one learning context. Each of these chapters opens with key considerations for supporting children’s learning and development in a focal learning context and connects planning to that context. After the opening, each learning context–focused chapter is organized into several areas of practice to inform how care educators support infants and toddlers. Each chapter includes an area of practice about partnering with families and an area of practice about individualizing the learning context for each child. The remaining areas of practice address topics important for the focal learning context of that chapter. Each area of practice is further organized into specific

practices, with accompanying explanations and short examples that illustrate the specific practices. Although most of the speech of the children and adults is represented in English in the short examples, the communication during actual interactions in an early learning and care setting may occur in any language. Care educators who share the child’s home language—and use it to communicate with the child—support the child’s language development. Communicating in the home language also strengthens the child’s connections to their family’s cultural beliefs, values, and practices. Overall, while the areas of practice and practices illustrate important ways that care educators support infants’ and toddlers’ learning and development, they may not cover every aspect comprehensively.



Throughout each learning context–focused chapter, short sections describe connections to all five domains of the *ITLDF*, using the relevant icon for each domain as illustrated in the graphic below.

Connections With the *Infant–Toddler Learning and Development Foundations*



Connections With Social and Emotional Development



Connections With Approaches to Learning



Connections With Language Development



Connections With Cognitive Development



Connections With Perceptual and Motor Development

Spotlight on Care Educator Practice

Throughout the IT Framework, In-Practice Examples and Learning Stories spotlight care educators’ practices that support children’s learning and development in early learning and care settings. In-Practice Examples offer descriptions of moments of care and invite the reader to reflect on the meaning and application of the illustrated practices. The In-Practice Examples show how care educators support infants and toddlers across home-based and center-based early learning and care settings. They include settings where care educators communicate with multilingual children in their home languages as well as settings where multilingual children primarily experience English. Adjustments and supports that help children with disabilities fully participate in learning experiences are described in various In-Practice Examples. In addition to illustrating different aspects of best practice, the In-Practice Examples highlight how care educators intentionally observe and document; study and interpret, individually and with others; plan with others; and implement a plan to support children’s learning and development. Many of the examples show how care educators reflect together with families to plan ways to help children deepen their relationships and connect their experiences in the community with their play and exploration in the early learning and care setting.

Learning Stories offer one way that care educators might observe, document, and then share their reflections with a child and their family. Learning Stories are often written to the child and include an observation and

often photos of what a care educator or family member has seen a child or children doing in an early learning and care setting or at home. In a Learning Story, the adult adds their interpretation of the child’s competencies and dispositions toward learning. The adult highlights what the child can do and is doing rather than what they cannot do. In writing Learning Stories, care educators may reflect with colleagues, children, and children’s families to consider culture, context, and child development. A Learning Story is part of an authentic, strengths-based, holistic assessment of children. “Learning Stories provide a way to document children’s strengths and improve instruction based on the interests, talents, and expertise of children and their families” (Carr & Lee, 2012, 2019, as cited in Escamilla, 2021). Learning Stories were developed by educators in New Zealand and are integral to Te Whāriki, New Zealand’s Early Childhood Curriculum (Te Tāhuhu o te Mātauraanga Ministry of Education, New Zealand, 2017).

In-Practice Examples offer descriptions of moments of care and invite the reader to reflect on the meaning and application of the illustrated practices.

Learning Stories offer one way that care educators might observe, document, and then share their reflections with a child and their family.

The Context for Early Learning and Development

Social and Environmental Factors

Young children’s development is influenced by social and environmental factors, including lived experiences, cultures, racial-ethnic backgrounds, languages, individual strengths, temperaments, and diverse needs. Children’s experiences in the world are often shaped by interconnected **social determinants** (e.g., economic stability, educational access and quality, health care access and quality, neighborhood and built environment, and social and community context) (U.S. Department of Health and Human Services, n.d.; World Health Organization, n.d.). Social determinants can create high-quality learning opportunities and experiences or lead to inequitable ones that are underresourced or do not accommodate children’s unique strengths and needs. For example, racism leads to some groups having higher status, greater power, more privilege, and more educational opportunities, while others have less power and privilege and fewer opportunities and resources. Another example is disability, which leads to inequities when sensory, physical, cognitive, or social learning differences require additional supports that are not provided. Negative stereotypes, prejudice, and discrimination around disability can limit access to equitable learning opportunities.

To provide equitable learning opportunities for all children, early learning and care should actively and intentionally focus on diversity and inclusion and work to rectify inequitable policies, practices, and distribution of resources, such as

exclusionary discipline or discontinuity of care (California Department of Education [CDE], 2022; Cosse et al., 2018). As stated in the National Association for the Education of Young Children (NAEYC) position statement on advancing equity, “All children have the right to equitable learning opportunities that help them achieve their full potential as engaged learners and valued members of society” (NAEYC, 2019, p. 1). Unlike equality, which means everyone is treated the same, equity means everyone receives the support they need to develop in a healthy way and participate fully with others.

Family and Community History

The experiences of children and their families in early learning and care settings are impacted by the historical treatment of their communities. **Systemic oppression** and experiences of injustice have adversely affected communities, families, and their children for generations and have led to **intergenerational trauma** (Administration for Children & Families, n.d.; CDE, 2022). The intergenerational experience of racism has resulted in an opportunity gap and **biased** discipline that leads to disproportionate rates of expulsion and suspension of boys of color (CDE, 2022; Meek et al., 2020). Generation after generation, families of color have been vulnerable to the adversity of racism and work to respond with their strength and **resilience**. For many Black and African American families, building on cultural strengths or core **protective factors** is critically important in understanding and supporting children’s development and well-being (Lloyd et al., 2022).

Tribes and tribal communities have experienced injustice over centuries that continues today. Historically, these communities have been impacted by state and federal family separation policies and practices. Children were removed from their homes and tribal communities and not allowed to speak the **traditional languages** of their homes and communities or engage in meaningful cultural practices. These factors and others have resulted in historical and current adverse conditions that have led to intergenerational and historical trauma (Administration for Children & Families, n.d.). Throughout this experience, Tribes and tribal communities have depended on rich cultural values and practices to strengthen the development and well-being of children and families (Wesner et al., 2022).

Children whose families had to resettle in the United States, such as immigrants or refugees from the Middle East/North Africa, Eastern Europe, Mexico, Central America, and Southeast Asia, experience many threats to their well-being, including poverty, discrimination, **malnutrition**, emotional vulnerability, and personal and family mental health conditions (Bouza et al., 2018; Murray, 2019; Scharf et al., 2021). These disruptive experiences faced by families and communities contribute to **trauma**. For example, immigration enforcement policies that lead to forced family separations have negatively impacted the health, sense of security, and overall well-being of children from immigrant communities (Finno-Velasquez et al., 2018). Like Black and African American communities and Tribes and tribal communities, immigrant families use cultural strengths to promote the development and well-being of children and families (Brown, 2015).

Care educators must “ensure that all children see themselves and ... others within and beyond their community, positively reflected in the design and implementation of pedagogy, curriculum, learning environment, interactions, and materials” (NAEYC, 2019, p. 7). Young children need to see their daily experiences and those of others reflected in their early learning and care settings. It is essential that early development is understood within this perspective. When care educators “celebrate diversity by acknowledging similarities and differences and provide perspectives that recognize beauty and value across differences” (NAEYC, 2019, p. 7), all infants and toddlers can thrive. Embracing the strengths of children and families while providing warm, caring, and responsive interactions is essential for the well-being and healthy development of children, especially those who have experienced stress and trauma, including intergenerational trauma. Supportive, loving environments where children feel appreciated for who they are and feel emotionally and physically safe and secure help them cope with stress and build resilience. To provide this kind of nurturance, care educators need to have their well-being supported. As part of this support, time for self-care and the availability of mental health consultation are

Supportive, loving environments where children feel appreciated for who they are and feel emotionally and physically safe and secure help them cope with stress and build resilience.

essential, especially when care educators are caring for children who have experienced trauma (CDE, 2019b).

The Essential Role of Family and Culture

Relationships with caregivers are crucially important in infants' and toddlers' learning and development, in both the home and the early learning and care setting. The social and environmental contexts where those relationships unfold also have a powerful impact. Cultural values and beliefs inform caregiving practices, which, in turn, influence children's development. For example, research suggests that families' cultural values and home practices can influence the development of their children's approaches to learning skills, including children's **initiative** and how they show curiosity (Bustamante & Hindman, 2020).

The lived experiences of children influence how they engage in social interactions and develop relationships. Families have their own ways of interacting with children and carrying out care routines. The lived experience of each family is unique. Because families differ from each other, including how they understand and practice their culture, each family and child who enters early learning and care settings differs from every other child and family. In other words, two children from the same culture will differ from each other. Only through communicating with each child's family can care educators begin to understand and support each child's unique development (Lang et al., 2016).

Practicing ongoing self-reflection creates the opportunity for care educators to uncover

preferences, biases, beliefs, and expectations that may shape their own views on caregiving practices. Awareness of their own perspectives helps care educators effectively partner with families to learn how to support children on different developmental paths in a way that is responsive to each child's strengths, interests, and needs. Establishing authentic **family partnerships** based on trust, mutual respect, and back-and-forth communication promotes continuity between the home and the early learning and care setting (Cook et al., 2024). These partnerships create a welcoming environment that children can easily connect with, which strengthens their **sense of belonging** and joy of learning.

Creating safe, emotionally secure, and welcoming spaces for children and their families also includes understanding potential sources of stress and trauma that may affect children's development. Sources of stress or trauma may include, but are not limited to, poverty, food and housing insecurity, domestic violence, gender-based violence, neglect, racism, immigration, and forced migration, as well as family separations and death or illness of a parent or family member. Implementing healing practices for children, families, and care educators can act as a buffer against the potential effects of adverse experiences (Bartlett, 2021). Information on these healing practices, which includes mental health consultation and self-care for care educators to help them better support children and families, can be found in *Trauma and Young Children: Teaching Strategies to Support and Empower*, a publication from NAEYC (Erdman et al., 2020).

Infants and toddlers make meaning of their experiences in the context of their families' cultural beliefs, values, and practices as they learn and develop. Care educators can build on children's prior knowledge and experiences. Examples in California's ITLDF (CDSS, 2025) recognize and value the broad range of ways children of diverse racial-ethnic backgrounds, abilities, cultures, and languages might demonstrate their developing skills and knowledge. In addition, some examples identify specific cultural practices and experiences that children draw on to make meaning as they are learning.

The ITLDF inform how care educators can responsively engage with the children, families, and communities they serve. In practice, care educators need to build a shared understanding through relationships with families based on

two-way communication to create culturally responsive and affirming early learning experiences for infants and toddlers. For children and families who have experienced trauma, trauma-informed care can provide additional support for culturally responsive and affirming early learning experiences (Erdman et al., 2020; Nicholson et al., 2023).

Individual Differences

Different experiences within the family and the community contribute greatly to the uniqueness of each child. Within a family, the timing and intensity of experiences may differ between siblings. In addition, children differ in their **temperament tendencies**, which develop through the interaction between a child's biological makeup and their experience within the family and community. Research shows that the



impact of a responsive relationship varies from child to child (Belsky, 2013). While every child benefits from an emotionally secure, responsive relationship, some benefit more than others. In addition, the absence of an emotionally secure relationship affects all children, some more than others (National Scientific Council on the Developing Child [NSCDC], 2015). For all children, a responsive relationship is important for learning and development.

A one-size-fits-all approach to supporting early learning and development will not meet the needs of all children (NSCDC, 2024). Within a responsive relationship, care educators need to adapt to each unique infant or toddler. A general developmental approach to early learning and care must have built-in flexibility to support and engage each child’s individual strengths, interests, and needs.

Every child brings their own distinct perspective into the early learning and care setting, which is a reflection of the amazing diversity of how children experience and express their learning and development. Each child enriches our understanding of human potential. Care educators have the incredible opportunity to nurture every child’s learning and development

Within a responsive relationship, care educators need to adapt to each unique infant or toddler.

by creating a supportive and inclusive environment that values and encourages each child’s approach to learning and development. In certain situations, some children may have diverse abilities that could benefit from personalized supports as they develop and learn. In supporting the individual strengths and needs of each child, care educators often benefit from working with other professionals such as coaches, consultants, or specialists who may be supporting a child and family. Partnering with these professionals can help care educators understand a child’s strengths, needs, and background through supporting recognition of and reflection on the strengths, needs, and backgrounds that care educators bring to nurturing infants and toddlers.

Early Experiences With Language

Young children from birth to 3 years old develop and learn foundational language knowledge and skills in the languages and **language varieties** of their homes, communities, and early learning and care settings. The spoken and signed languages and language varieties children experience support their development in other domains, as language is foundational for all learning. In the early learning and care setting, care educators play an essential role in early language development as they communicate and interact with infants and toddlers. Sustained experience with any language, either spoken or signed, is central to children’s language development. Whether a child experiences

language interactions in a spoken language like Spanish or Mandarin or a signed language like American Sign Language (ASL), these interactions establish a strong foundation. In addition, care educators foster the use of the languages and language varieties children are learning at home.

Infants and toddlers who are multilingual are developing two or more languages at the same time. **Multilingual children** are developing

foundational language abilities in the context of their relationships in their homes and communities. In California, approximately 60 percent of young children live in a family where a language other than English is spoken (Giang & Park, 2022). It is important to note that research indicates that multilingualism does not confuse children, nor does it cause or worsen any existing communication- or language-learning delays and disabilities (NASEM, 2017; Paradis et al., 2021).



Key Consideration Multilingual Children

In this document, the term **multilingual child** refers to a child who is developing two or more languages in the context of their family, community, or early learning and care setting (CDSS, 2025). The term *multilingual children* may overlap or be inclusive of other frequently used terms, such as **dual language learner** or **multilingual learner**. A *dual language learner* is a child learning a second language while continuing to develop their first language. It is often used for children from birth to 5 years old (NASEM, 2017). *Multilingual learner* is a broad term that encompasses multilingualism for children birth through elementary and secondary education (CDE, 2020). Research demonstrates that multilingualism is an asset that affords children linguistic, social, and cognitive developmental strengths and becomes a foundation for lifelong learning (August et al., 2014; Dickinson et al., 2004; Genesee, 2010, 2016; National Academies of Sciences, Engineering, and Medicine [NASEM], 2017).

Meaningful language and literacy experiences in the earliest years of life establish a strong foundation for learning in school and beyond (Dickinson et al., 2013; NASEM, 2017). Children benefit when they can keep developing their ability to use their home language as they experience other languages in early learning and care settings. The use of a child’s home language in an infant–toddler care setting contributes to continuity of care between the home and the early learning and care setting, which supports a child’s sense of belonging.

In some Tribes and tribal communities, traditional languages are the focus of language revitalization efforts to strengthen ties to cultural knowledge and practices, which are a source of strength and resilience (Grenoble, 2021; Marshall & Antoine, 2023; Whalen et al., 2022). In some communities, traditional languages might be used by families in the home or with elders in the community as part of cultural events. In addition, some Tribes and tribal communities engage in language revitalization efforts and actively use the traditional language in cultural practices within early learning and care settings (Waters et al., 2024).

Communicating With Families About Language Goals and Experiences

The key to supporting all children is to provide learning experiences and environments based on an ongoing understanding of each child’s interests, strengths, needs, ways of communicating, and family priorities and cultural experiences. It is essential that care educators communicate with families to learn about which

languages they use with their children and their goals for their children’s language development.¹ For example, two families may share the long-term goal for their child to be multilingual but make different choices for infant–toddler early learning and care. One family may share that they speak Korean at home and that they have chosen an infant–toddler care center where care educators speak English with the children. Another family may share that they speak Spanish at home with the child and that they have chosen a family child care home where the care educators use Spanish primarily with the children.

As care educators listen to and learn from families, it is important for them to share information about the benefits of multilingualism and the critical role the family plays in their child’s continued development of the home language. When care educators and families share a language, they can partner to provide experiences with the home language in the home and the early learning and care setting, which will strengthen the child’s overall language development. When care educators and families do not share a language, care educators can use various strategies to facilitate communication and understanding. For example, they

- partner with coworkers or family volunteers who speak the child’s home language;
- learn a few words and phrases from the family that can be used with the child;
- use interpreters to communicate with families and gain insights into the family’s goals, priorities, and care practices as well as what a child knows and is able to do

¹ To learn more about how to listen to and learn from families, [Gathering and Using Language Information That Families Share](https://headstart.gov/publication/gathering-using-language-information-families-share) is a helpful resource from Head Start (2020) available at: <https://headstart.gov/publication/gathering-using-language-information-families-share>.

(additionally, translation technology tools can be helpful); and

- partner with the child and family’s community to learn more about the community, culture, and traditions.

Language and Communication in the Early Learning and Care Setting

Young children develop their multilingual capabilities by using their home languages and traditional languages in their learning and daily interactions with their families, community members, peers, care educators, and other caregivers. Through rich, sustained experiences with language over time, young children develop early foundations in one or more languages. The ways that children and care educators use language in early learning and care settings to support strong child outcomes may include one or more of the following:

- Children communicate entirely in their home language while in the early learning and care setting. When a care educator does not share the same home language with the child, they respond and communicate interest, attention, and warmth nonverbally.
- Children **code-switch**, combining their home language and the language of their early learning and care setting to communicate with caregivers and peers. Code-switching is one example of how children **translanguage**. Children translanguage when they use resources from all the languages they are developing to learn and communicate.
- Children and care educators use traditional languages from Tribes and tribal

communities, making connections with cultural beliefs and practices.

- Care educators communicate in the child’s home language when they are proficient in that language and comfortable using that language with infants and toddlers. In addition to using language in two-way communication with children, care educators can provide a variety of experiences in the child’s home language, such as reading books, telling stories, singing songs, and doing finger plays.
- Care educators provide rich language interactions in a language the child is still developing. Care educators use key words and phrases in a child’s home language that are associated with interactions, routines, or environment and materials they have identified in partnership with families, even when the care educators do not speak the home language fluently.
- Care educators invite families to provide written and recorded spoken examples of a child’s significant words in their home language and to add to this list as their child continues to develop language.

Using language when communicating with children requires focused attention on each child’s experiences with languages and an understanding of how to support their language development. The progress that infants and toddlers make as they learn one or more languages varies greatly from child to child. For example, some children enter early learning and care settings before they use language to communicate and rely primarily on nonverbal communication, while others may enter with

a strong base in their home language. Care educators need to be intentional in **scaffolding** communication and using nonverbal means as they support multilingual children in integrated learning experiences. In all cases, when care educators are developing a safe, nurturing relationship with children, children have

the security to develop their language and communication. Overall, children’s continued language development in one or more languages supports their development across the social and emotional development, approaches to learning, cognitive development, and perceptual and motor development domains.



Key Consideration How Infants and Toddlers Communicate

Infants and toddlers communicate verbally and nonverbally in varied ways, including through spoken language, sign language, **augmentative and alternative communication (AAC) devices**, vocalizations, gestures, gaze, and facial expressions.

An important consideration in communicating with children is that care educators strengthen their relational experiences with infants and toddlers by using language that affirms each child’s identity. To accommodate different family preferences, care educators use both person-first language (e.g., a child with a visual impairment) and identity-first language (e.g., a Deaf child). Communication with a child’s family to learn about their preferred way of representing their infant’s or toddler’s identity is essential.

Inclusivity and Universal Design for Learning

Universal Design for Learning is critically important for promoting inclusivity when planning to support early learning. Universal Design for Learning is an approach that offers guidelines for supporting all children through using multiple means for engagement, representation, action, and expression (Gordon, 2024). For example, terms such as *communicates*, *responds*, *shares*, and *replies* convey respect for the diverse ways infants and toddlers communicate, make sense of things, and learn. These terms also ensure the inclusion of any language and any form of communication, such as spoken or signed language, finger

spelling, pictures, augmentative and alternative communication (AAC) devices, gesturing, or eye gaze. The terms *identifies* and *indicates* or *points to* are used to represent multiple ways of referring to objects, people, or events in the environment. Actions such as scribbling, modeling with different materials, pretend play, and movement are used to describe how children might demonstrate their understanding and skills in ways other than using verbal language. This inclusive approach honors and validates every child’s way of engaging with people and the physical environment to learn.



Key Consideration

Children With Disabilities or Developmental Delays

The term *children with disabilities* or *developmental delays* is used to maintain people-first language rather than identify children solely based on their disability. At the same time, the term is not meant to identify a homogenous or monolithic group (National Center on Disability and Journalism, 2021) but rather to refer to a group of children with individual disabilities and diverse strengths and needs. *Children with developmental delays* describes infants and toddlers under 3 years of age who may not have been identified as having a disability but are experiencing a developmental delay in areas such as cognitive, physical, communication, social and emotional, or adaptive development and need early intervention services to support their learning and development (Individuals with Disabilities Education Act, 2004). Care educators should always engage with families to discuss their preferences for talking about their children’s **individual differences** and needs.

As each child’s capabilities and needs are unique, some children may benefit from additional supports or adjustments, such as accommodations, adaptations, or modifications to learn and demonstrate skills:

- accommodations (e.g., limiting background noise and other distractions, using seating that is flexible, using visual cues, or providing additional learning supports by **modeling** or prompting);
- adaptations to materials (e.g., using eating utensils that are shorter in length with wider handles); or
- modifications to ways care educators and children interact (e.g., using a tablet with an app to communicate with a child and support their language learning).

When a child has an Individualized Family Service Plan (IFSP), care educators should consult and collaborate with the family and the rest of the IFSP team. This collaboration will support the outcomes included in the IFSP as part of inclusive learning experiences. Care educators can implement accommodations, adaptations, and modifications as specified in a child’s IFSP.²



² For more information on early intervention for infants and toddlers with disabilities in California, visit the [Early Start program site](https://www.dds.ca.gov/services/early-start/) (https://www.dds.ca.gov/services/early-start/).

Program Features That Support Infant–Toddler Learning and Development

The impact of planning to support learning is either enhanced or limited by how care and learning experiences are organized in an early learning and care setting. Creating a strong foundation for planning and implementation is essential. Program policies that support effective planning and implementation include the following:

- Primary care—assigning a **primary care educator** to each child and family
- Small groups—creating small groups of children and care educators
- Continuity—maintaining consistent care educator assignments and groups over time
- Individualized care—responding to individual needs, abilities, and schedules
- Culturally and linguistically responsive care—maintaining cultural and linguistic continuity between home and program through authentic, meaningful back-and-forth communication and collaboration with families
- Inclusion of children with disabilities—nurturing a sense of belonging and providing appropriate additional supports or adjustments for children with disabilities

While centers for infants and toddlers need to be intentional in organizing care according to the policies of primary care and continuity of care, some smaller home-based care settings often already provide primary relationships that develop over time. Both home-based settings with a large group and centers usually have to organize their environment and routines to offer infants and toddlers care experiences in small groups. In addition, both home-based settings and centers need to be thoughtful about how they ensure children’s care is individualized, responsive to culture and language, and inclusive.

More comprehensive descriptions of the six recommended program policies can be found in the *Infant/Toddler Learning and Development Program Guidelines* (CDE, 2019a), a companion document to the ITLDF and this document.

The Infant–Toddler Learning Process: The Starting Point

Research has uncovered a vast amount of information about how young children learn and how that learning is best facilitated. It has shown that infants are ready to learn from birth. They absorb information from the sights, sounds, and scents around them to store the information, sort it out, and use it. This information helps infants understand the world and the people around them. Research has also shown that infants and toddlers are quite dependent on primary relationships for their emotional and physical needs to be met. Aware of infants' and toddlers' needs, care educators plan their interactions with them to address both the vulnerability and competence of infants and toddlers. They simultaneously attend to the children's need for close, consistent relationships with nurturing adults and to the children's active curiosity and motivation to learn.

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Infant and Toddler Development and Its Facilitation

Because everything is new to infants and toddlers, and their brains are developing rapidly, infancy is a unique period of life that calls for unique responses from caregivers. The ways infants and toddlers think, feel, and function differ somewhat from the ways children in the developmental periods of preschool, middle childhood, and adolescence think, feel, and function. **Synapse formation** in different developmental areas peaks at different times from birth to age 3. The NSCDC (2007) characterizes brain development during infancy in the following way:

Because low-level circuits [connections in the brain] mature early and high-level circuits mature later, different kinds of experiences are critical at different ages for optimal brain development, a concept called *age-appropriate experience*. Soon after birth, basic sensory, social, and emotional experiences are essential for optimizing the architecture of low-level circuits. At later ages, more sophisticated kinds of experiences are critical for shaping higher-level circuits. When adults or communities expect young children to master skills for which the necessary brain circuits have not yet been formed, they waste time and resources, and may even impair healthy brain development by inducing excessive stress in the child. (p. 4)

Four Aspects of Infant–Toddler Development

Four major aspects of infant–toddler development illuminate the kinds of sensory-motor, social, emotional, and language and communication experiences that are essential for optimizing the brain’s developing architecture. The following four aspects of infant–toddler development call for a special approach to planning for and supporting their learning:

- Infants and toddlers follow their own development and learning agenda.
- Infants and toddlers learn **holistically**.
- Infants and toddlers experience major developmental transitions in their first 3 years.
- Infants and toddlers are in the process of developing their first **sense of self**.

The following overview describes these distinct aspects of infant–toddler learning and development.

Infants and Toddlers Follow Their Own Learning and Development Agendas

All humans are internally driven to learn and develop. This internal drive functions in slightly different ways and degrees at different points in life. The infant’s or toddler’s learning agenda is much more focused on fundamental knowledge and skills than an older child’s agenda is. The foundations for later learning in all domains are set during the first 3 years. For example, infants and toddlers are primed to

- seek and form relationships with people who will nurture and protect them;
- develop their capacity to regulate their emotions;
- focus their attention on exploring and making sense of people and things;
- develop language to communicate and share meaning with others;
- construct knowledge of basic concepts, such as the relationship between cause and effect and how things move and fit in space;
- master emerging small-muscle and large-muscle skills; and
- use their bodies and senses to take in information about their environment, other people, and themselves to play, explore, and learn.

Infants and toddlers actively engage in developing these competencies in more or less the same general sequence. The common path of learning and development that children are on, however, depends on ongoing interaction with adults. Without adults, infants and toddlers are unable to pursue their learning and development agenda. In fact, at the core of their agenda is interacting with adults to have essential relationship

experiences. An understanding of the importance of relationships for infants and toddlers is the starting point in supporting their early learning and development.

The ITLDF reflect the birth-to-3 learning and development agenda. From the beginning of life, infants and toddlers seek out relationships and develop the skills that will help them survive and prosper in their early months and years. In addition to responsive relationship experiences, caregivers create the environments and routines to nurture and support infants and toddlers as they learn and develop. Infants and toddlers are internally driven to communicate with others, to move, to explore and manipulate objects, and to solve problems. They focus on the topics of greatest importance without prompting from adults. What infants and toddlers need are relationships and interactions, experiences, environments, and routines that closely match their learning and development agenda.

The learning agenda of infants and toddlers makes up much of the learning and development they engage in during the first 3 years of life. In addition, a portion of their learning centers around experiences introduced by adults. These experiences are often culturally based. For example, a child may learn how to use utensils at mealtime or understand rules about when and how to communicate with adults. A child may also learn a particular skill from a family member, such as how to greet someone or how to interact with a pet. A child learns culturally based ways of using books through observing and imitating adults as well as through specific guidance from adults. These kinds of learning experiences are meaningful and important in the context in which the child is developing. Their effectiveness often depends on the knowledge and skills infants and toddlers develop through the self-initiated

and self-directed play and exploration of the environment, spontaneous interactions with their caregivers, and everyday routines.

Infants and Toddlers Learn Holistically

Infants and toddlers take in information continuously, naturally, and fluidly. Although they often focus on one thing at a time, that focus can change quickly. From their interactions, observations, and actions, they pick up all kinds of information that they use to build knowledge and skills. A single interaction can lead to learning about many things in several areas. Although a child may start an experience by focusing on something of interest in one domain, the physical, emotional, intellectual, social, and language components of that experience are processed almost simultaneously. The infant or toddler explores and takes in different kinds of information from each interaction with people and things.

Because infants and toddlers learn in a holistic way, they may not always focus on the concept or idea that an adult may wish to emphasize. If adults structure interaction with the purpose of creating specific outcomes in a particular content area—for example, language or shapes—they will often miss the child’s larger learning experience. Rather, plans to help with infant or toddler learning are best created in ways that reflect the child’s openness to all aspects of an experience. For example, a care educator may think that crafting a learning experience on colors for a child around 24 months old will result in specific learning about color, but the child may not separate the information about colors from other information gained from the experience. Narrowing the focus of learning may not match with how a 2-year-old learns at that moment. The child’s focus may switch to the

part of the interaction that is personally more important, such as the texture of the materials used to display color, the movement of the wrist to transfer the color from brush to paper, the emotional tone used in the interaction, or the social style the adult uses to introduce the activity. From the perspective of the child, the experience may end up having little to do with colors. Adults can better facilitate learning by attending to the many learning possibilities that each experience may hold for an infant or toddler.

Development in the First Three Years

During the first 3 years of life, much of a child’s life is organized around the tasks of developing security, exploration, and identity. While children attend to all three of these tasks throughout infancy, each generally takes center stage at different points in development. A developmental task becomes more or less prominent as developmental transitions occur. The child’s behavior starts to change and reflects a new way of organizing experiences. Through understanding these developmental changes, care educators can adapt to how children approach play, exploration, and learning.

Security. From birth until the age of about 8 months, most infants organize their attention and behavior around developing a sense of security. During the first months of life, infants concentrate on seeking security, nurturance, and protection. They explore their immediate environment through using their senses and their ever-expanding ability to move. With the growing awareness that they are dependent on adults for care, they begin to appreciate that they are individuals with separate identities.

Adults who provide care for young infants need to be especially attentive to the children’s need

to feel secure. Physical comfort and responsive care that help young infants regulate themselves will build their confidence in self and in the care provided by others.

Exploration. Infants’ focus on security during the first months of life leads to organized relationship behavior. During the months that follow, infants increasingly use close relationships as secure bases as they try out their growing mental and physical capacities for exploration. Captivated by the exciting world in front of them, they explore through moving, inspecting, and manipulating things.

Children from about 8 to 18 months of age often use their developing perceptual and motor skills to move out and explore the environment around them—on their own for brief periods of time and no longer physically bound to the adult. Those who develop a secure attachment or attachments have a secure base for active exploration. Still needing security, children in this age period check in with their caregiver as they explore. They also seem to be practicing independence, motivated by a powerful urge to explore, but still quite dependent on the trusted adult to be there when needed. At this age, children look to their caregivers to validate their explorative bursts and to show confidence in their developing competence.

As children actively explore during this age period, adults need to adjust the ways in which they care for the infant, provide security, and relate to the child’s growing sense of self. Children of this age prosper when they have a safe, secure environment and are allowed to use the caregiver as a base of security from which they can journey back and forth for emotional refueling and maintain a connection with the

caregiver through eye contact, facial expressions, or vocal or verbal communication.

Identity. Children from about 18 to 36 months of age change their main focus to identity. They concentrate on issues of *me* and *mine*, notions of *good* and *not so good*, and concepts of *self* and *other*. Interactions with others lead to learning about themselves as independent, dependent, and interdependent beings in a group. They interpret their sense of security and their explorations in these different ways. Infants now explore not only the environment around them but also their power to change it. Frequently, they say “no” or “stop” to resist those who have been providing them emotional security to see how far they can go on their own and be separate. At other moments they seek connection and a feeling of belonging. They are consumed with exploring and making choices, and they start to learn about the consequences that result from their choices.

To assist children’s growth toward a sense of self and belonging, the adult needs to switch to supporting children’s exploration of identity. Care educators help children in this age period with security and exploration by setting boundaries that guide children in learning rules of social behavior and by letting each child know that a trusted adult will be emotionally available when needed, especially during stressful moments.

These developmental transitions can be challenging for a care educator because the type of care shifts as children go through rapid changes during the first 3 years of life. The care educator can be mindful of the children’s major focus during each developmental period (security, exploration, or identity) while planning to support learning and development in areas such as

empathy, impulse control, communication, early literacy, number sense, and large motor skills.

Infants Are in the Process of Developing Their First Sense of Self

During the first 3 years of life, children develop a sense of who they are. One way infants and toddlers build their first sense of self is through experiences of how others treat them. They receive important messages from others: “I am a person who is liked, encouraged, given choices, protected, listened to, or I am not.” Through their responses, care educators profoundly influence a child’s first sense of self. They contribute to shaping the way infants and toddlers see themselves. Children at the beginning of life are completely trusting and open, eagerly taking in messages from the adults who provide care for them. Children do not judge as appropriate or inappropriate the ways in which adults treat them or what adults allow and expect them to do but rather use adults’ responses to them to build a first “opinion” of self.

The distinction between the infant or toddler developing a first sense of self and the older child continuing to define a sense of self first established during infancy is an important consideration when providing care. Although adults still have a profound influence on 4-year-old children’s sense of self, older children already have some sense of themselves as individuals and can assert themselves and express how they see things. For example, they may resist eating food they do not like and judge someone who tries to make them eat such food as mean or unfair. In contrast, even when infants resist eating certain foods, they do not consciously judge the person trying to feed them. Instead, they take in the ways they are treated as examples of how things are and then expect these behaviors:

“This is the way people feed me,” “This is the way people express emotions,” “These are things that cause people to be upset with me,” “These are the ways to approach people,” and “This is how my curiosity is accepted or not.” Thus, creating a warm, caring, personal relationship with the infant is more than a nice thing to do. It significantly contributes to a child’s developing sense of self.

What the Four Aspects of Development Mean for Supporting Early Learning

The four aspects of infant and toddler development call for support that is individually adapted to who infants and toddlers are and who they are becoming. Because children move so rapidly through distinct developmental periods during the first 3 years, adults need to respect, observe, and be responsive to each child’s learning agenda. Because early learning is holistic, plans to facilitate infants’ and toddlers’ learning should reflect consideration of all the domains of development that may be part of an experience. Because infants and toddlers relate to security, exploration, and identity formation differently at different times during development, adults can be most effective when their responses to each child fit with the child’s developmental level. Finally, because infants and toddlers are in the early stages of becoming aware of themselves as individuals and do not yet judge the appropriateness of messages they receive from others, adults need to be particularly sensitive to their role in shaping each infant’s or toddler’s sense of self. An understanding of these different factors that make infancy unique leads to a fundamental question: How can planning to support early learning and development optimally meet the children’s emerging knowledge, skills, competencies, interests, and needs?

Principles Underlying the Support of Early Learning and Development

To address how to plan possibilities for early learning, we start with a set of principles. The following principles stem from what is known about early learning and development and the relationships and environments in which it happens.

- **Infants and toddlers develop best in the context of supportive, affirming, and nurturing relationships and environments.** Infants and toddlers are competent, yet vulnerable, at every stage of development. Supportive, responsive, and consistent relationships with caregivers provide infants and toddlers with a secure base from which to explore, engage with others, and seek support when needed. In emotionally safe and secure relationships, infants and toddlers have many opportunities to follow their interests, learn how to engage and communicate effectively, make meaning, express their emotions, solve problems, and build relationships with caregivers and other children. Responsive relationships and environments help children feel emotionally and physically safe and experience security and a sense of belonging.
- **Families, their cultures, and home languages are fundamental to early learning and development.** Every child is unique, with many strengths rooted in their relationships with their families and in their communities, cultures, languages, practices, and experiences. Infants and toddlers come from a wide variety of racial-ethnic, cultural, and linguistic backgrounds and life experiences. Relationship-based, responsive, and inclusive infant–toddler early learning and care settings value, respect, and build on the backgrounds and experiences of each child. Learning experiences that authentically connect with children’s cultural, racial-ethnic, and linguistic experiences in their families and



communities strengthen the children’s **sense of identity and belonging.**

- **Family and community partnerships create meaningful connections and support children’s and families’ sense of belonging.** Meaningful, authentic collaborations with families grow from authentic, respectful, reciprocal relationships in which families and care educators share responsibility for the well-being, learning, and development of children. Care educators engage families through culturally and linguistically affirming interactions. They seek to learn with and from families about each family’s goals, values, and aspirations for their child. Reciprocal relationships between care educators and families build meaningful two-way collaboration and foster connections between the home and early learning and care setting that support children’s learning and promote a sense of belonging for children and their families.
- **Infancy is a unique stage of life that is important in its own right.** Infants and toddlers are developing their first relationships; they are making sense of the world, people, and things that are completely new to them through active exploration and discovery; their brains are developing more rapidly than at any other time in life; and they are developing the amazing ability to communicate with language and balance and move their bodies. Infants and toddlers also develop a sense of security and safety when provided a healthy first relationship. All of this new, foundational learning and development makes infancy the unique period of life that it is.
- **Responsiveness to children’s self-initiated exploration fosters learning and development.** Research shows that responsive care and nurturance not only promote the development of emotional security in children but also their learning and development in general. For example, when compared with young infants who receive nonresponsive care, young infants who receive consistent, appropriate, and prompt responses cry less often when they are older. Being responsive to **nondistress cues** from children, such as their interest in being playful, may have an impact. For example, children who experienced a high level of responsiveness to their nondistress signals at 4 months of age were more advanced in their language development and play at 13 months of age than children who experienced less responsiveness (Bornstein, 2012).
- **Early learning and development are integrated.** Infants and toddlers learn in a holistic way rather than one domain at a time. They are active, curious learners who are internally motivated to use all of their abilities to explore and interact with their social and physical environments. Their motivation to learn is enhanced when their interactions with caregivers are responsive and emotionally supportive.
- **Children’s home languages are an asset and establish a strong foundation for learning and development in all domains.** Learning more than one language is a strength, with broad benefits that encompass linguistic, social, and cognitive growth, including when children have an underlying intellectual or language learning delay or disability. Nurturing the home language (including in

multilingual homes) builds connections with family and community, supports children’s social and identity development, and sets a foundation for future success.

- **Children demonstrate varying strengths and needs in their learning and development across domains.** Each child develops in their own unique way and at their own pace. Some children may develop a particular skill early, while others may need more time to develop that skill. How children go about learning also varies from child to child. A child’s individual learning path is influenced by many factors, including their temperament; racial-ethnic, cultural, and linguistic experiences; living conditions; personal strengths, interests, abilities, and dispositions; and whether they are experiencing, or have experienced, toxic stress or trauma. Responsive care educators offer learning experiences that build on each child’s strengths; are meaningful; and connect with each child’s diverse strengths, interests, and needs.
- **Infants and toddlers have different ways of knowing and may express their knowledge and skills across domains through various means.** Infants and toddlers may express their understanding and communicate in various ways, including vocalizations, facial expressions, and nonverbal gestures. As infants and toddlers develop, they may use their home languages or a combination of all the languages they are learning to express themselves and share meaning with others. Infants and toddlers may also use different communication modalities, such as nonverbal gestures, a picture exchange system, or an augmentative and alternative communication (AAC) device.
- **Play offers engaging, joyful opportunities for learning and development in every domain.** Through supporting infants’ and toddlers’ self-initiated and self-directed play and exploration, early learning and care settings provide a powerful context for engaging social interactions, **meaning making**, discovery, self-expression, problem-solving, creativity, and learning. Infant–toddler learning and care settings support children’s play by providing uninterrupted time in high-quality early learning environments with a variety of choices or possibilities for child-directed play, exploration, and discovery.
- **Intentional planning enhances children’s development through learning opportunities designed to be responsive to individual children’s strengths, interests, experiences, and needs.** Care educators intentionally communicate with families and use observation, documentation, and reflection to build their knowledge of individual children’s strengths, interests, questions, experiences, and needs. With a growing understanding of each child, care educators plan supportive approaches to interactions, predictable routines, and diverse learning and care environments that promote children’s play, exploration, discovery, and meaning making.

- **Time for reflection and planning enhances educators’ supportive role.** Infant–toddler care educators are professionals who serve an important role in society. In nurturing the development of infants and toddlers, care educators engage in an ongoing process of observing and documenting; studying and interpreting, individually and with others; planning with others; and implementing a plan to provide individualized and small group learning experiences. As increasing numbers of children with diverse backgrounds and learning support needs, including children with disabilities, participate in early learning and care settings, collaboration and communication are essential to extend the benefits of high-

quality, equitable, and inclusive care to all children. Planning to support learning and development requires time for educators to reflect on observations and documentation and plan strategies that foster children’s progress in building knowledge and developing skills. Early learning and care settings that effectively support intentional planning allocate time in care educators’ schedules for both individual and team reflection and planning. With appropriate support, educators can grow professionally through a continuous process of learning together and exploring ways to be responsive to young children’s learning interests and needs.

These principles have guided the development of this document and provided the foundation for the planning process and practices described in the next chapter, “Planning to Support Infant–Toddler Learning and Development.”

Closing

In their interactions, play, and exploration, infants and toddlers actively engage in learning and discovery. When interacting with infants and toddlers, care educators experience firsthand how young children make meaning in their relationships with others. In their play, infants and toddlers are also constantly exploring to make sense of how things in their world work. Their engagement in play and learning is influenced by their family; social and environmental factors, including their lived experience, cultures, racial-ethnic backgrounds, and languages; individual strengths; temperament; and varied needs. In developing a responsive relationship with an infant or toddler and supporting each one’s

learning and development, the care educator understands the child as an individual. A partnership with the family is key in building a complete picture of each child’s learning and development. As the care educator develops their relationship with each child, they appreciate and love the child for who they are. The care educator shares in the joy each child experiences when feeling emotionally connected, making a discovery, testing an idea, or taking on a new challenge. The chapters that follow illuminate how the care educator continually plans for and supports each child’s next step in their amazing journey of learning and development.



Chapter 2: Planning to Support Infant–Toddler Learning and Development

Opening

In planning to support learning and development during the birth-to-3 age period, **infant–toddler care educators** (care educators) focus on how **infants and toddlers** engage in interactions and play, both in their relationships with adults and peers and when they interact with objects and the **environment**. Infants and toddlers are trying to make sense of the world around them. They make connections in their brain more rapidly than at any other time in life about how people relate to each other and how things work (Gilmore et al., 2018; Ilyka et al., 2021). Many infants and toddlers are preverbal, and all of them communicate nonverbally. To be supportive of infants and toddlers, **caregivers** who develop relationships with them need to be observers of the children’s nonverbal cues. Care educators who are mindful of the ways in which each infant or toddler experiences moments of interaction and play can make discoveries about the focus of a child’s self-directed learning. In response, care educators can plan **possibilities** for further exploration that align with a child’s learning and development.

Two major considerations make up planning to support infant and toddler learning and development. The first consideration is the context for planning. In infant and toddler **early learning and care settings**, care educators plan around three learning contexts: relationships and interactions, **routines**, and the environment and **materials**. Each of these contexts offers exciting possibilities for learning. The second consideration is how to engage in ongoing planning. Effective planning starts with partnering with an infant’s or toddler’s family. Through collaborating with each family, care educators deepen their understanding of each child’s strengths, interests, needs, and lived experiences. Care educators discover ways to establish a secure relationship with each child and build on the strengths each child brings with them into the early learning and care setting.

Through collaborating with each family, care educators deepen their understanding of each child’s strengths, interests, needs, and lived experiences.

Care educators combine what they learn through **family partnerships** with a planning process cycle that includes the following steps: observing and documenting, studying and interpreting, developing plans, and implementing plans. Although reflection is not a step in the process, it is important at every step. Care educators reflect on their relationships with children and the meaning of children’s play, exploration, and discovery throughout the planning process.

This chapter begins with a description of the three learning contexts for planning to support early learning and development. These three learning contexts are addressed in-depth in the following chapters. After introducing the learning contexts, this chapter considers the role of family partnerships in planning, followed by a discussion of the reflective planning cycle to support infants and toddlers as they engage in self-directed play, exploration, and discovery (California Department of Education, 2012).

Learning Contexts for Planning

As care educators plan to support early learning and development, they give in-depth attention to the contexts of relationships and interactions, routines, and the environment and materials. Each of these contexts is discussed in the next three chapters. While planning for each context, care educators also keep in mind how these three contexts work together in the daily experience of infants and toddlers.

Relationships and Interactions

This learning context focuses on the relationships infants and toddlers develop with their care educators and other children and their interactions within those relationships. Care educators interact with infants and toddlers nonverbally and verbally and engage in early socialization around expectations and rules. Their relationships develop through interactions that occur during routines, such as feeding or diapering; organized learning experiences, such as singing a song or doing a finger play; and being **responsive** to infants and toddlers when they express strong feelings, such as delight, sadness,

anger, or frustration. Primary care relationships with infants and toddlers in small groups allow care educators to build responsive relationships and interact with children in ways that foster the children’s exploration of ideas and experiences and expand their learning (California Department of Education, 2019).

Through verbal and nonverbal interaction, care educators act as guides, listeners, and “problem-posers” for infants and toddlers. Posing a problem is a type of **provocation** that care educators offer to children. Provocations invite children to explore a new possibility for extending their play.

Care educators also communicate messages about what is important, how to treat others, and ways of doing things that children absorb through interactions, observations, and emotional responses. In their interactions, care educators may communicate **biases** toward a cultural, racial, or ethnic group that they are not aware that they have (Blackson et al., 2022). In their efforts to provide supportive relationships and responsive interactions with every infant or toddler, care

educators reflect on their feelings and behaviors by themselves and with colleagues to become aware of their feelings about individual children and their responses to them. Care educators also engage in professional learning about providing culturally responsive care. The insights and understanding care educators gain through self-reflection and professional learning help them to be responsive to every child with whom they are developing a caring relationship.

An infant or toddler may show a preference for familiar patterns and customs, such as the language they experience daily with their family (Choi & Luo, 2023; Marno et al., 2016; Soley & Sebastián-Gallés, 2015). An important part of developing responsive relationships is using simple language and care patterns that can create continuity of experience for children and strengthen connections between their learning with their family and their learning with the care educator. Ongoing observation and reflection inform how responsive care educators interact with children and initiate learning experiences. For example, a care educator might imitate a young infant’s coo, sing a family song, or do a finger play with one child or with a small group of children.

From the start of life, infants and toddlers often initiate interaction with the adults who nurture them. As infants and toddlers develop, they initiate increasingly complex verbal interactions and experiences such as playing a simple game, bringing a book to an adult, pointing to a family photo, or singing a song. Whether care educators or children initiate interactive play, the care educator’s role is to observe children’s responses with wonder and to notice and listen for their ideas or interests, which may come through gestures, other body movements, facial

expressions, sounds, or words. By observing and listening, the care educator may then responsively engage in interaction with each child. This observation can inform the care educator about when to engage with children who are focused on their exploration and how to make a comment that relates to the child’s play.

When interacting with an infant or toddler, a care educator watches for engagement cues. Children may invite a care educator to interact with them by looking up at the care educator, vocalizing, or pointing. Continuing to observe, the care educator can offer an affirming comment or question that connects with the child’s communication. For example, a care educator observing a child who is stacking blocks and placing different shaped ones as the tower gets taller might respond when the child says, “Look!” by commenting, “You stacked so many blocks together. The tower you made is very tall.” Describing what the child does promotes language development by connecting words to actions.

Sometimes the care educator may provide individual children with **scaffolds**, such as supportive language, ideas, or movements that draw a child into exploring a more complex idea, concept, or movement. For example, an **open-ended question** is a scaffold that may prompt a child to extend their idea and lead to new and more complex exploration or thinking. When a child repeatedly does the same thing to try to fit a puzzle piece, a care educator might ask, “What else might you do to fit that piece in a puzzle?” The following In-Practice Example illustrates how a care educator extends a child’s interest in the reflection of light and color by responding to the children’s self-initiated exploration.

In-Practice Example

Lucila, Aidan, and Qing’s Explorations of Color and Light

During a moment of play in the art area, care educator Joette watches as 2-year-old Lucila picks up a wooden frame that encloses two sheets of blue plexiglass. Lucila puts her eyes up close to the plexiglass and peers through. She holds the frame out to Joette, gesturing for her to take it.

Joette responds, “You want me to see what you saw, don’t you? I’d love to!” Joette looks through and exclaims, “I see everything blue! Here, your turn, Lucila.” Lucila looks through the plexiglass in the wooden frame again. Aidan, another 2-year-old, walks up and reaches for a different frame, this one with yellow plexiglass inside. The two children laugh together as they move the frames back and forth in front of their eyes. Joette watches and then picks up a third frame, which has red plastic sheets. She holds it near the window, and a red patch appears on the floor. She gestures to the two toddlers and says, “Oh, look what’s over here!” They rush to the red patch. Lucila steps onto the red patch and laughs with excitement. “It made red!” she says. “Yes!” says Joette, “Will yours make a color on the floor, too? You want to try?” Lucila holds her frame to the sun, sees a blue spot, and says, “Yes, I made blue!”

Joette notices that 2-year-old Qing is quietly observing. Qing is new to the early learning and care setting and is experiencing English for the first time. From talking with Qing’s family, Joette knows that Qing experiences Mandarin at home and in their community. Joette has been especially focused on building a responsive relationship with Qing and has communicated with Qing’s family to find ways to help Qing adjust to the new setting. Joette has already learned a few key words and phrases in Mandarin to use like “Good Morning” at arrival time, and “Thank You” or “Want some help?” during mealtime.

After noticing Qing’s interest in the wooden frames with colored plexiglass earlier this week, Joette learned some colors in Mandarin. Starting the activity again, Joette holds a red plastic sheet near the window. When the red patch appears on the floor, Joette says in Mandarin, “红” (red). Qing comes over, smiles at Joette, and starts to laugh with the other children. Lucila tries to say “red” in Mandarin. Qing picks up a blue plastic sheet, holds it up, and says in Mandarin, “蓝” (blue). Joette repeats “蓝” while looking and gesturing encouragingly at Lucila and Aidan, who then join her in saying “蓝” (blue). Joette then offers Qing a high-five and says in a mix of Mandarin and English, “谢谢 Qing!” (Thank you, Qing!).

**Reflections on
the In-Practice
Example**

The care educator’s reflection on this series of interactions might inspire some new ideas to provoke the children’s thinking. As children begin to explore color and filtering of light, the care educator might decide to set up several transparent, colored objects in addition to the wood-framed transparencies (plastic bottles with colored water or semitransparent colored fabric) in the windowsill to invite children to explore further and discover the way light and color work together. Depending on how children respond, the care educator might also add some of the transparent, colored materials to the outside environment. The care educator could continue to use Mandarin words and phrases to connect with Qing and encourage play among the three children.

Routines

This context includes mealtimes, diaper changes, nap times, cleanup, drop-offs, and pickups. Intentional planning and support during these times invites infants and toddlers to participate in ways that deepen their relationship experiences and emotional security and offer possibilities for developing skills and concepts. Routines offer natural opportunities for children to apply emerging knowledge and skills. Care educators integrate engaging possibilities for learning into the everyday rituals of drop-offs, pickups, mealtimes, nap times, diaper changes, transitions, handwashing, setup, and cleanup, both indoors and outdoors. For example, a care educator might sing a soothing or calming song to a 5-month-old in the child’s home language at the start of a diaper change.

When encouraged to participate, infants and toddlers usually take an active interest in daily routines. For example, when invited to choose between two outfits, a 10-month-old may look at one outfit and then the other several times before excitedly pointing at one of them. A crawling infant may happily climb the steps to the diapering table, as the care educator stands close to support the child if needed. Two-year-olds often enthusiastically use emerging skills during daily routines. For example, children enjoy putting cups on the table for a meal or clearing used dishes from the meal table. As the following In-Practice Example illustrates, daily routines offer opportunities for children to engage in learning and development in several domains.

In-Practice Example

Mealtime With Knut, Bella, Luna, and Grayson

Four children in the 2- to 3-year-old age range are seated at a low table for lunch. Aziza, their **primary care educator**, sits with them at the table. To Aziza’s right, on a low bench, is a bin that holds everything she needs for the meal. Aziza offers two bowls to Knut and says, “Here is one for you. Please pass the other one to Bella.” Aziza passes out the other two bowls in the same way.

Aziza places a plate of quesadillas on the table and offers small plastic tongs to Grayson. “Would you like to serve yourself a quesadilla? Let’s ask Luna if she would like you to serve her one, too, or if she wants to serve herself.” Grayson grabs the tongs and, after a few tries, manages to pick up a quesadilla and drops it into his bowl. While Grayson serves himself, Aziza asks, “Luna, *¿Quieres una quesadilla? Grayson te puede servir. ¿O quieres servirte?*” (Luna, do you want a quesadilla? Grayson can serve you. Or do you want to serve yourself?). Luna points to the tongs, nodding in response. Aziza asks Grayson to pass the tongs to Luna. The children and care educator continue talking, figuring out who would like to be served a quesadilla and who would like to serve their own.

Aziza then takes out a bowl of apples and a cutting board. As she cuts the apples into slices, Aziza places them in a bowl with tongs and passes the bowl to Bella, who proceeds to put one apple slice in her bowl and then starts to reach for a second piece. The care educator says, “It looks like you are hungry for apples. Let’s check with your friends to see if anyone else would like an apple too.” As the other children express interest in the apples, Bella passes the bowl to Knut. “Thanks, Bella, for taking care of your friends.”

After the children have served themselves, Aziza asks, “Is anyone thirsty? Shall we get out the water?” The children all say, “Yes!” Aziza gets out four cups and asks the children to help her pass them out. Then she fills a small pitcher halfway full of water and asks Knut, “Would you like to pour?” Knut wraps his hand around the handle of the pitcher and tips the cup over the glass. A little bit of water spills. Aziza comments, “You got some in your cup! Here is a little cloth you can use to wipe up the water on the table.” Knut carefully wipes the table and then walks over to put the wet cloth into the basket near Aziza. When Luna spills some while she is pouring, Knut jumps up and says, “I’ll get a cloth,” and returns to the table to wipe again. Aziza comments, “Thank you, Knut, for helping Luna clean up.” As the children finish eating, Aziza shows them the compost bucket on the table where they can put the food they did not eat.

As the children are leaving the table, Aziza asks, “Who would like to go with me to feed the food scraps to the worms in our worm bin? Bella, it’s your turn to bring the bucket out.” Aziza hooks the small compost bucket onto Bella’s therapeutic walker, and they head outside. The others follow while the educator reminds everyone, “After this, we can wash our hands.” The group excitedly moves to the worm bin, with Bella bringing the bucket.

**Reflections on
the In-Practice
Example**

During this mealtime, the care educator engaged children as active participants in the mealtime routine. She gave them time and space to practice developing physical skills such as passing the bowls, using the tongs to serve food, pouring water from the pitcher, and wiping the table. At the same time, the care educator used language to help the children build language skills. Through the care educator’s suggestion to see if other children wanted an apple, they experienced **empathy** and caring for one another. By engaging children in their home language and welcoming children’s use of a language they use in their community, the care educator promoted a **sense of belonging**. These examples are just some of the many learning possibilities this mealtime routine offered.

Environment and Materials

This context includes the design and use of the physical space and the selection of play materials that reflect children’s and families’ **cultures** and lived experiences to promote meaningful connections and add interest and complexity to the children’s play. Providing a thoughtful selection of developmentally appropriate materials invites infants and toddlers to explore experiences that affirm and challenge their emerging skills, concepts, and ideas. Care educators plan safe indoor and outdoor physical environments in affirming and inclusive ways to promote play, curiosity, exploration, discovery, and learning. Intentionally designed play spaces for children are like a studio for an artist or a laboratory for a scientist. When the physical environment is planned with children’s self-initiated learning in mind, they encounter places where they can freely explore what things are like and how things work.

To support children’s self-directed play and learning, care educators create environments

with related types of materials organized together to offer children choices for play. A predictable, well-organized inventory of developmentally appropriate and accessible materials offers possibilities for children to extend their active search for knowledge. Children can also apply and practice emerging skills and develop concepts while they play.

Infants and toddlers need a rich variety of developmentally appropriate materials, including open-ended, natural, found, and repurposed items that are visible and easily accessible. Baskets and other containers, including big boxes to build with and climb into, allow young children to pursue their love of collecting and moving things from one place to another. Another consideration is offering children materials they can use for mark-making, including paper of different sizes and textures, various items such as large crayons, markers, and tape. While these types of materials are mainly kept in one area so children can easily find them, both children and care educators may move them to other areas as children’s play, exploration, and learning

unfolds. Art materials such as paint, brushes, clay, and glue can be visibly displayed, yet out of reach, so children can ask to use them with a care educator’s help.

When organizing an environment for infants and toddlers, it is important for care educators to keep in mind that the children learn in an integrated way (Lally et al., 2009). Children’s integrated learning can happen in any indoor or outdoor space. For example, two 2-year-old children are sitting outside in a big pile of leaves with their *tía* (aunt), who cares for them while their father is at work. They are smelling the leaves, tearing them, throwing them in the air, singing “*¡Qué llueva!*” and laughing as they throw more leaves in the air. These children are using their small and large muscles, creativity, sensory perceptual skills, language, and social–emotional skills. Children thrive in early learning and care environments that are organized to offer opportunities for active movement, inside and outside play, places to feel cozy and relax, and messy play. Areas in an environment can be used flexibly to allow for a variety of learning experiences.

One exciting part of creating environments for infants and toddlers is that the indoor environment can be taken outdoors, and the outdoor environment can be taken indoors. For example, a blanket on a grassy area in the shade can be a place where 4- or 5-month-olds explore objects and try to move their bodies in new ways. Both indoor and outdoor environments can offer multiple possibilities for children to extend their play, exploration, and **meaning making**.

As care educators plan possibilities for learning, they consider ways to make changes, augment, or add new items to the basic inventory of materials. Plans that focus on the environment can extend or add complexity to the children’s play. Care educators also need to consider what additional supports or adjustments, such as accommodations, adaptations, and modifications, should be made to provide greater access for children with disabilities. As the care educators arrange the environment, they anticipate observing and learning more about the children and how they engage in new possibilities for play, exploration, and meaning making. The following In-Practice Example describes the play and exploration of two infants around 8 months of age in a new play space their care educator set up for them.

In-Practice Example

Junlai and Andrea Crawl and Explore

Junlai and Andrea, along with two other crawlers, are on a large blanket extended over the ground in the outdoor yard. In one corner, the care educators have placed several low, wide baskets, each holding a variety of objects. The care educators' intent is to create an area with developmentally appropriate materials and toys to grasp and discover. Junlai crawls to the edge of one of the baskets and pauses. He peers inside and sees a variety of hand-sized rings—some metal, some smooth wood. There are also two round baskets, identical except in color. One is blue, one is green. Junlai reaches into the basket and grabs one of the wooden rings. He waves it up and down, watching it move, and then rolls up onto his side and mouths the smooth edge. He turns his gaze back to the basket. He rolls back onto his stomach, drops the ring, and reaches for one of the other rings in the basket—the large metal canning-jar ring. He repeats a similar series of actions with this ring. He then turns his gaze to search for the first ring, and as he does so, he drops the one he has been **mouth**ing. He crawls over to retrieve the first ring.

In the other corner of this outdoor play space, the care educators have set up an area for active movement. Andrea, who has been crawling for several weeks, crawls in the direction of a low cushion, placed near a low, hollow cube that is just the right size for crawling through. Andrea places one hand and then the other on the cushion and begins to pull up onto the soft surface. She inches her body forward in rhythmic bursts of movement and, little by little, climbs over the cushion. She leans to the side to look through the hollow cube and pats the bottom of it. She then returns to the soft cushion and climbs back down. She smiles, turns in a full circle, and moves up once again onto the cushion, this time from the opposite side.

Reflections on the In-Practice Example

This In-Practice Example shows two different kinds of outdoor play areas set up for infants who are about 8 months of age. In one corner, care educators have prepared an array of objects, carefully selected to offer distinct yet similar physical properties and features for infants to explore with their eyes, mouths, hands, and other parts of their bodies. Junlai reaches for and grasps an object and then brings it to his mouth. He uses his memory as he drops the second ring and searches for the first one that he had. In another corner, the care educators have created a space that provides a variety of low surfaces to challenge infants to crawl in new ways. Andrea practices her developing motor skills as she climbs up and down on the cushion. In choosing to go up the other side of the cushion, she might be exploring whether she can also climb up that side or anticipating (predicting) that she can also move up that side.

To take full advantage of learning possibilities offered by a well-organized environment, children need long periods of uninterrupted time for self-initiated play. Care educators facilitate infants' self-initiated learning by thoughtfully organizing materials and setting up play areas and then observing with wonder what the children do. Infants and toddlers thrive when they have opportunities to explore and manipulate materials in ways of their own choosing, without interruption. Such moments of active play and exploration allow care educators to observe children's play to discover what engages each

infant's or toddler's interest. Care educators also note individual children's developmental progress. Such notes are often useful when care educators complete an observational assessment such as the California's Desired Results Developmental Profile (DRDP; California Department of Social Services & California Department of Education, 2025).¹ The following In-Practice Example illustrates the value to both infant and care educator of uninterrupted play in a thoughtfully created, well-organized environment.



1 Because the DRDP is widely used in California's early learning and care settings, reference is made to it throughout this chapter when formal assessment of children's learning and development is discussed. Other observational assessments could be used in the same ways that the DRDP is used, as described in this document.

In-Practice Example Supporting Jacob’s Development Through Uninterrupted Play

Care educator Angelica watches as 9-month-old Jacob plays with a small basket that he has pulled from a collection of small baskets in a corner of the room. As Angelica observes Jacob’s play, she is struck by how intently he is exploring this basket and how he seems to experiment with it. She continues to watch and then pulls out her notebook, which she keeps in her pocket. She writes the following:

Observation. Jacob, lying on his stomach, holds a round, plastic, open-weave basket. He waves it with a stiff arm. He drops it to the ground and watches as it lands upright and wobbles on its circular bottom. Jacob watches as the wobbling basket slows and then stops. With his open palm, he taps the edge of the basket with enough force to set the basket wobbling again. He watches as it settles to a stop. Again, he taps the edge, but this time much harder. The basket flips over. Jacob’s eyes widen as he inspects the now upside-down basket lying perfectly still on the floor. Jacob slaps his hand onto the basket and moves it from side to side with his hand. As he does this, the basket makes a scraping sound against the floor. He smiles and laughs. He pushes the basket again and laughs as he makes the same scraping sound.

Conversation with the family. Later in the day, Angelica retrieves the anecdotal note she wrote about Jacob’s play with the basket. She wants to share it with Jacob’s father when he arrives to pick up Jacob at the end of the day. She invites Jacob’s father to hear about Jacob’s little experiment with physics—with how things move in space. After she shares her observation, Jacob’s father shares a similar observation he made of Jacob at home. Jacob loves to pull the cans out of a low cupboard in the kitchen. He has discovered that when they fall over, he can roll them across the floor. Every time one starts rolling, he lets out a giggle. He also experiments with putting the cans straight up and tries pushing them in various ways. Angelica is delighted to hear the father’s observation and wants to write a Learning Story to Jacob that includes both observations.

Reflections on the In-Practice Example

This In-Practice Example illustrates how Angelica’s observation of Jacob’s uninterrupted play in the environment led to documenting Jacob’s exploration of how objects move and how he can cause different things to happen with them. The documentation captured Jacob’s joy as he made discoveries. When Angelica later shares the anecdotal note with Jacob’s father, he shares an observation of Jacob’s play at home. This exchange of observations strengthens their mutual fascination in Jacob’s play and joy as he makes discoveries. It opens the door for Angelica and Jacob’s father to work together in finding ways to support Jacob’s continued exploration and discovery at home and in the early learning and care setting.

Planning for Each Learning Context

Planning to support the learning and development of infants and toddlers focuses on planning possibilities in the learning contexts of relationships and interactions, routines, and environment and materials. As care educators begin to plan, they reflect on their developing relationship with each child, asking themselves how each child is using the relationship as a base for learning. They seek ways to become more responsive in their relationship with each child in their care. Care educators also reflect on the children’s questions, the investigations children initiate, and the meaning children make as they play and make discoveries. Care educators observe and document children’s developing relationships and engagement in play,

exploration, and learning. Later, care educators share their observations and documentation with the children, their colleagues, and the children’s family members and reflect together. Through ongoing reflection, care educators discover the meaning children reveal in their interactions, play, and exploration. The knowledge that care educators gain helps them plan new possibilities for children to consider in continuing to develop their relationships and their **sense of identity and belonging** or to explore an idea or skill. The new possibilities care educators offer often extend or add complexity to the children’s interactions, play, and exploration. A detailed description of the reflective planning cycle appears later in this chapter.

Partnering With Families to Support Children’s Learning and Development

As In-Practice Examples throughout this chapter illustrate, supporting early learning and development involves three partners:

- the infant or toddler, who actively pursues their own learning
- the infant’s or toddler’s family members, who provide fundamental relationship experiences for the child and are the first teachers that support the child’s learning and development
- the care educator, who forms relationships with the infant and family, learns from them, and offers insight and ideas that bring the partnership together

Each child, family, and care educator has a unique perspective in creating learning experiences, and each relies on the other to implement the next steps effectively.

Infants’ and toddlers’ experiences with their families and in their communities are a powerful source of learning for them. Care educators nurture children’s appetites for learning and meaning making by building on the knowledge children bring to the early learning and care setting. When care educators embed elements of the children’s home and community in the early learning and care setting, the children encounter familiar concepts, language, and materials. This familiarity creates fertile ground

for meaning making and helps infants and toddlers explore the environment and materials with comfort and ease.

Just as important, connections between experience within the family and in the early learning and care setting support children emotionally and socially and nurture their sense of identity and belonging. This emotional support helps children feel secure and allows them to explore and experiment with new objects and take on and solve problems in a new setting. The key is to partner with each family to find out which objects, events, and experiences may be

meaningful for each individual child. Discovering what may be personally meaningful for a child increases the chance of fully engaging that child in meaning making and learning.

When observing and reflecting on a child’s experiences in an early learning and care setting, it is important for the care educator to hold in mind the child’s whole lived experience. The meaning of what the care educator observes in the early learning and care setting is best understood through what they learn in partnership with the child’s family.

Considerations When Supporting a Child Who Has Experienced Trauma

Trauma can result from the loss of or separation from a loved one; from intentional violence, such as physical abuse, sexual abuse, or domestic violence; or from natural disaster, accidents, or war. The National Child Traumatic Stress Network (NCTSN, 2010) reports that “young children also may experience traumatic stress in response to painful medical procedures or the sudden loss of a parent/caregiver” (p. 2). Research has also established that infants and toddlers may experience trauma when they perceive events that may threaten their safety or the safety of their family members and other caregivers (NCTSN, 2010).

The following In-Practice Example reveals the multiple considerations that help the care educator understand how a child who may be experiencing trauma is interacting in the setting, how the care educator might be supportive of the child and the family, and how the experience may affect the care educator personally (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement, 2020).

In-Practice Example

Junior Misses His Papa

Two-and-a-half-year-old Junior lives with his mother, Serena, and his father’s sister, Aunt Dorie. Junior’s father, Kai, has been incarcerated 40 miles away for the past 4 months, and Serena has had to take on extra hours at work, which means that Junior is spending longer hours in child care. Junior, his mom, and Aunt Dorie travel by bus to see his father once a month. Junior has been in Ms. Claudia’s family child care home since he was 6 months old. He has been an active, energetic, and social toddler. He loves to climb and build tall stacks of blocks, using boxes and other found cardboard pieces that are in the learning environment that Ms. Claudia created.

In the past few months, Junior has been crying at drop-off and kicks at Ms. Claudia when she tries to hold him. When other children come close to Junior when he is building something, he pushes them away, shouting, “No, you go!” When Ms. Claudia communicates with Junior’s mom about Junior being upset, Junior’s mom says that he has been sad and crying at home and doesn’t want her to leave the room. She says he has been waking in the night calling out for his papa. When Ms. Claudia asks her about the visits to see his papa, Junior’s mom says he plays and then holds on to his father and cries when they have to leave. Ms. Claudia expresses how much Junior loves and misses his father. She asks if Junior’s mom and Aunt Dorie can meet with her to discuss ways they can work together to support Junior. Serena agrees that this would be helpful and asks if she can invite her social worker to come to their meeting. Ms. Claudia agrees that this would be a good idea.

Junior’s mom also mentions to Ms. Claudia that she is concerned about other families in the program knowing that Junior’s papa is incarcerated. Ms. Claudia reassures her that this information is kept confidential. When they meet with the social worker, Junior’s mom expresses her concern about Junior missing his father. She and Dorie share recent observations of Junior at home. Ms. Claudia says that she wants Junior to feel comfortable and secure with her again and to resume his active play with the other children. They all agree that Junior is expressing his sadness, confusion, anger, frustration, and worry through his behavior.

Together, they discuss strategies that they can use both in the family and at the family child care home to support Junior. Ms. Claudia asks Junior’s mom and Dorie for ideas about ways to comfort Junior. Junior’s mom and Dorie share that he likes to have his back rubbed and that he likes to be wrapped up in a blanket. Ms. Claudia and the social worker share that Junior might appreciate photos of his papa, Kai, including photos taken with his papa and him during their monthly visit, to help Junior relax and feel more connected with his papa. They ask if there is something that could comfort Junior. Aunt Dorie suggests one of Kai’s favorite bandanas for Junior to keep with him at home and in child care.

Ms. Claudia also suggests that since Junior seems to want some alone time when he is building things, she can provide a protected space for him to do his construction work. The social worker mentions that Ms. Claudia could add some people figures and a small toy bus to this area for Junior. The social worker thinks Junior might play with these things to explore his feelings related to the bus trips to visit his papa.

The social worker asks Junior’s mom and Aunt Dorie if they have any other ideas. Junior’s mom shares that sometimes she makes up songs about Junior’s papa and sings them to him when he is falling asleep. For example, “Papa loves his baby, Papa loves his baby, Papa loves his Junior, oh, so much.” Junior always says, “Again.” Ms. Claudia asks if Junior’s mom thinks it would be helpful if she sang this song to Junior too.

Ms. Claudia asks Junior’s mom and Aunt Dorie if there are special activities that Junior likes to do with his papa. Aunt Dorrie says Junior loves to play peek-a-boo using his papa’s ball cap, and he and his papa love playing roll the ball to each other. Ms. Claudia shares ways she can talk to Junior about the games he likes to play with his papa. Ms. Claudia also suggests that she could invite Junior to draw or paint a picture that he could give to his papa the next time he visits him.

The social worker asks if it might be possible to make a recording of Junior’s father talking or singing to him that they could share with Junior. She explains that this would allow Junior to be able to hear his papa’s voice when he is missing him.

The social worker also suggests that when Junior is expressing his feelings, they can offer comfort and, when appropriate, possible names and reasons for the feelings. For example:

- “You look sad. I see you crying when you say good-bye to your mama.”
- “Maybe you are missing your papa too.”
- “Maybe you are sad when you say bye-bye to your papa too.”
- “Would you like me to give you a hug, or should we look at your family book?”
- “When you feel better, we can go outside and climb on your favorite slide.”

Later in the day, as Ms. Claudia reflects on the meeting with the family and the social worker, she feels positive about the ideas they have come up with to support Junior and thankful for their collaboration. She also realizes that this situation is bringing up some sadness for her from her own childhood. Knowing from professional learning on trauma-informed care that practicing self-awareness, addressing personal issues, and applying self-care techniques contribute to developing affirming, warm relationships with children, she decides to reach out to a mental health consultant for help with these feelings.

**Reflections
on In-Practice
Example**

This In-Practice Example of a 2 ½-year-old child who may be experiencing trauma from missing his father illustrates how a care educator comes to understand the child’s behavior through careful observation and communication with the child’s family. As this example illustrates, infants and toddlers often are unable to use words to communicate their reactions to stress or trauma, which may make a child’s stress reaction less observable or apparent.

Trauma-Informed Care

The Center on the Developing Child identifies at least one stable caring and supportive relationship as essential for a young child who has experienced or is experiencing trauma. Early learning and care settings can create the possibility for a stable relationship with a care educator by implementing primary care and continuity of care (California Department of Education, 2019). Other practices cited by the Center on the Developing Child include helping children develop a sense of mastery and self-confidence, promoting the development of executive function and self-regulation skills, and creating a supportive climate for affirming faith and cultural traditions (National Scientific Council on the Developing Child, 2015).

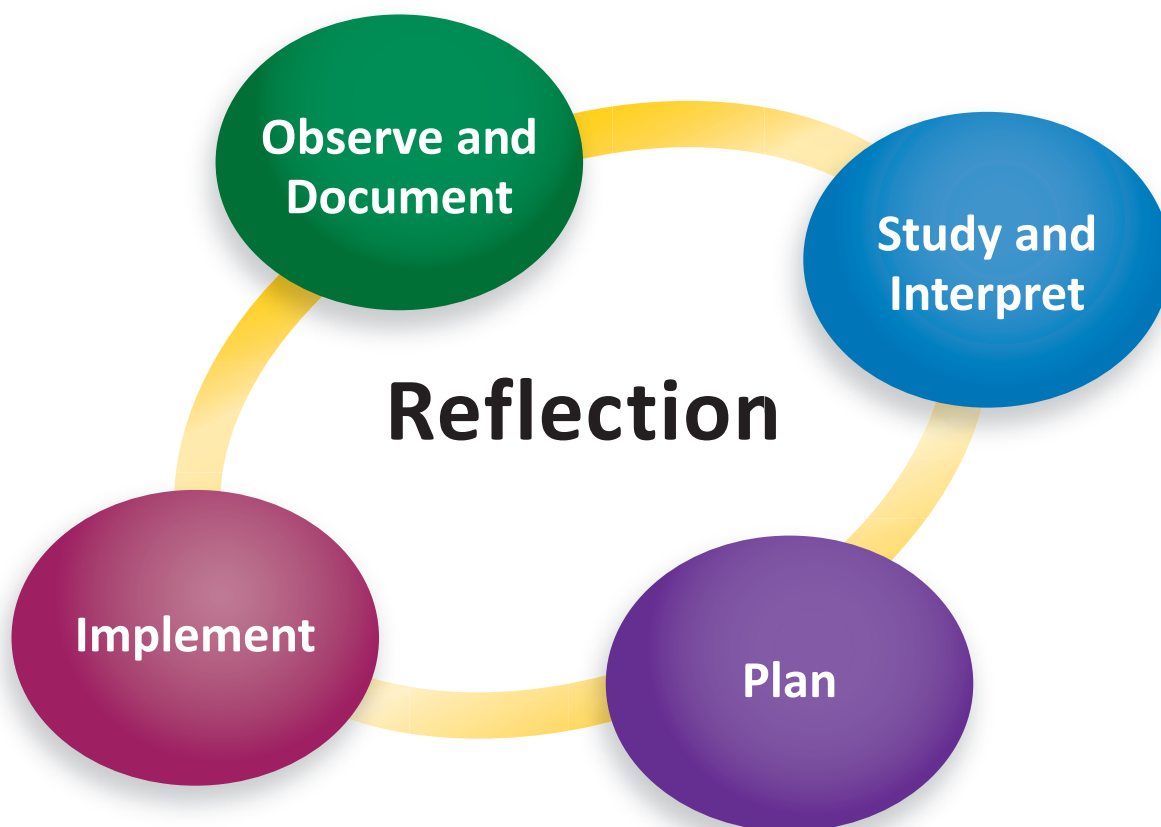
Early learning and care settings can assist young children who have experienced trauma through ensuring stable relationships with care educators, providing a safe environment with predictable routines, and supporting play as a way for children to explore their feelings (Lieberman, 2006). It is also important for care educators to work collaboratively with family members and consult with a mental health professional. Another major consideration for care educators is their own feelings and stress around caring for a child who has experienced or is experiencing trauma. Self-care and consultation with a mental health professional are two recommended practices to manage stress responses when caring for children who have experienced trauma.²

² The National Child Traumatic Stress Network provides helpful resources on trauma-informed care at <https://www.nctsn.org/trauma-informed-care> and early childhood trauma for children birth to 6 years old at <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma>.

The Reflective Planning Cycle to Support Learning and Development

The reflective planning cycle to support early learning and development includes the steps of observing and documenting; studying and interpreting, individually and with others; planning with others; and implementing a plan. At each step of the cycle, care educators are reflective. They reflect when

- observing children interact, play, and explore;
- documenting their observations;
- studying and interpreting documentation, individually and with others;
- planning learning experiences with others; and
- implementing plans for strengthening their relationship with each child or for extending or adding complexity to children’s play and exploration.



Care educators find it particularly helpful to share documentation of children’s learning with the children’s family members. Sharing can be done through observation notes, photos, videos, and samples of children’s creations. When families and care educators reflect together on documentation to interpret children’s interactions, play, exploration, and learning, family members offer insights into the children’s behavior and ideas, as well as share goals and priorities for their children at home and in the community. Families and care educators together discover and plan ways to connect the children’s experiences in the early learning and care setting with their experiences at home and in the community.

Observing and Documenting

Planning to support the learning and development of infants and toddlers begins with care educators discovering, through careful observation and documentation, each child’s self-directed learning. Observation is an essential skill in the care of infants and toddlers, and documentation allows care educators to hold in memory what they observe. When care educators mindfully observe and document, they find out how individual children make meaning and make discoveries within everyday moments of interactions, play, and routines.



When observing and documenting infants’ and toddlers’ interactions and play, care educators

- discover how individual children make meaning, that is, how a child expresses or shows feelings, how a child responds to others’ feelings, how a child expresses ideas and pursues questions, and how a child responds to the impact of their actions on objects or other people, and
- gather evidence that pertains to each child’s social and emotional development, approaches to learning, language development, cognitive development, and **perceptual** and **motor development**.

Observing and documenting for the purpose of understanding means carefully watching, listening, and recording individual children’s behavior and learning with wonder, thoughtful intention, and reflection. When children are emotionally and physically safe, a care educator discovers small scientists at work—gathering information, asking questions, comparing, making and evaluating predictions through their actions, experimenting, and over time, building a wide range of concepts and skills.

Observing and Listening

By observing and listening to children with care and attention, we can discover a way of truly seeing and getting to know them. By doing so we also become able to respect them for who they are and what they would like to communicate to us. We know that to an attentive eye and ear, infants communicate a great deal about themselves long before they can speak. Already at this stage, observing and listening is a reciprocal experience, because in observing how the children learn, we learn.

—L. Gandini and J. Goldhaber, in *Bambini: The Italian Approach to Infant/Toddler Care*

The Observation and Documentation Process

Care educators use their knowledge and rely on all their senses as they observe and document, take notes, reflect on, and interpret children’s behavior. They constantly ask themselves what the children’s actions mean to better understand each child, to share observations with the children’s families, and eventually to plan additional possibilities for learning. Just as important, care educators observe relationships in the early learning and care setting. Their observations reveal valuable information about the quality of relationships (e.g., child–care educator, child–child, care educator–care educator, child–family member, and care educator–family member relationships, as well as the care educator’s relationship with the group of children).

As care educators observe, they document, gathering and holding evidence of children’s exploration and interests for future use. A common form of documentation in early learning and care settings is a written note, often referred to as an *observation anecdote*. Other forms of documentation include photos, video

recordings, and work samples (for children older than 24 months). Documentation serves a dual purpose:

- First, it holds memories of care educators’ observations of children’s learning—the children’s expressions of feelings, ideas, concepts, and skills. Care educators can use anecdotal notes and other evidence to deepen their understanding of children’s learning, development, and well-being and to support periodic standardized assessment of each child’s progress.
- Second, documentation also guides care educators as they determine next steps in ongoing, day-to-day planning to provide responsive relationship experience and to extend and make more complex possibilities for learning.

Sometimes care educators make a mental note when they are caring for children or interacting with them. Later, they may write down what they observed earlier. Other care educators may routinely carry a notepad. When they see

something noteworthy, they jot down notes to be used in a more complete documentation later. They may also take a photo, or, if caring for older 2-year-olds, they may keep a sample of each child’s work.

Documentation tools include notepads (both paper and electronic devices), audio- and video-recording devices, and cameras. To take photos, care educators often arrange to have a small camera or even a separate phone with a camera to avoid being distracted by their phone while caring for children. Care educators also include in their documentation items produced by older children such as drawings.

Documentation provides a valuable history of a child that is meaningful for care educators, the child, and the child’s family. Learning Stories are one kind of documentation that captures a child’s history (for more information on Learning Stories see the “Introduction” chapter). For example, based on documentation presented in the In-Practice Example for the environment and materials learning context, the Learning Story “Jacob Investigates Movement” describes how a child investigates movement by exploring possibilities with play materials in the environment.



Learning Story: “Jacob Investigates Movement”

Dear Jacob,

Today, I watched you as you gathered information about what a basket is like and how it moves. When you approached the basket, you touched the edge, and it began to wobble. I watched the surprise and delight on your face, as if to say, “Wow! It wobbles back and forth! Oh, that was fun to watch! Can I make it happen again?” You then reached for the edge of the basket, and it wobbled again and again. You were like a scientist, exploring, observing, predicting, and testing your ideas over and over, discovering that you can make the basket move in some predictable ways. In one of your experiments, the basket flipped over, and you looked surprised as if to say, “Oh, I didn’t expect that!” But now you had a new question to explore: “What happens when I push down on the edge of the basket now?” Your face and body movements expressed surprise, as if to say, “Hmm. That wasn’t what I expected. I thought it would wobble back and forth like it did before, but it is still. I’ll try that again. Hmm. A noise ... I like that! Let’s see if I can make that again.” When I shared this story with your dad, he told me about the experiments that you do at home with the cans from the cupboard. You take them out of the cupboard and notice that some roll and some don’t. You seem to enjoy testing your theories of movement on the cans both when they are on their side and when they are standing up.

I learn so much by watching your experiments, Jacob. You are exploring so much about physics, gravity and friction, movement of different objects, and **cause and effect**. You are a keen observer and a dedicated scientist, able to make and test your predictions again and again, with just as much interest in the unexpected outcomes as those you expected. When the basket didn’t wobble, you developed a new way to test your idea. I look forward to your continued exploration of the world around you and to celebrating your future discoveries!

Angelica

Each documentation method yields different information. By using multiple types of documentation tools rather than just a single tool, care educators can often gain a more complete picture of a child’s learning and development. For example, video recordings do not necessarily capture complete information, because a significant action may occur outside the focus of the camera. For this reason, it may be helpful to make notes after recording a video example to create more complete documentation. With every type of documentation, care educators focus on collecting observational data that provide clear, vivid evidence of children’s learning and development.

Observation and documentation occur throughout the day—during care routines; at drop-off and pickup times; during cleanup times and transitions; and while children spontaneously engage in play, exploration, and interactions. Observing and reflecting on each moment means being present with children and attending to their

interactions with others and the environment. This mindful presence is different from participating in children’s play or directing their play. Whether for 1 minute or 15, an attentive, mindful presence means watching and waiting to see what happens as infants and toddlers, for example, play, explore the environment, participate in routines, ask a question, or seek emotional support. By observing, wondering, and reflecting, care educators gain an increasingly complete picture of children’s exploration and discovery.

Daily observations are combined with information from the child’s family, for example, how their child slept the night before or the current focus of their child’s play at home. Care educators who observe regularly and document a child’s daily experiences are better able to offer responsive care in predictable relationships as well as offer engaging possibilities for extending learning to each child.

Being Responsive While Observing and Documenting

One of the challenges for care educators is providing sensitive, responsive care to infants and toddlers while observing and documenting their behavior, interactions, play, and exploration. Learning how to address this challenge takes practice and time. Above all, care educators make sure that the need to observe for reflective planning does not interfere with nurturing the children. The highest priority for care educators is to be responsive to the immediate feelings, interests, and needs of the children.

Care educators in large home-based or center-based settings can coordinate how they work together to observe and document children’s behavior, interactions, and play. In large early learning and care settings, one care educator might observe and document while the other interacts with the children. They can take turns doing each activity. Whether working in a team

or working alone, care educators set up their space to make documentation easy, such as placing cameras and note cards in the indoor and outdoor areas or in apron pockets so they can take photos or write notes quickly and easily.

Mindfully observing while still actively participating in a child’s care may be described as participatory observation. When care educators observe and document, they actively provide predictable care, remaining emotionally and physically available to the children. They are responsive to children, interact with children, and give emotional comfort while observing. As they observe, they give full attention to what the children are doing. The care educators’ mindful presence allows them to gather information about the infants or toddlers that helps with understanding the children’s development and well-being and supporting the children’s learning.

Mindfully observing while still actively participating in a child’s care may be described as participatory observation.

The Responsive Process: Watch, Ask, Adapt

In the Program for Infant–Toddler Care (PITC) approach, responsive care educators are continually observing children. “Watch,” or observation, is the first step of the PITC’s three-step responsive process of “Watch, Ask, Adapt” (Lally, 2024). Observation allows care educators to read an infant’s or toddler’s cues to better understand the child and to meet their needs moment by moment. One of the core practices of the PITC is helping infants and toddlers to establish secure bases for exploration and learning. The moment-by-moment observing of children’s messages and prompt, sensitive responses of the care educators strengthen their relationships with children and promote the development of secure attachments.

The PITC’s Watch, Ask, Adapt process works hand in hand with planning possibilities for learning that include observation, documentation, and assessment. Care educators observe to read children’s cues, interact responsively, and build relationships with infants. In this process, care educators also later document and reflect on their observations, which helps them to deepen their understanding of children’s learning, development, and well-being and discover ways to support them.

The Responsive Process

Step One: **WATCH**

Begin by just watching, not rushing to do things for the child.

Watch for both nonverbal and verbal cues.

Step Two: **ASK**

Ask yourself: What message is the child sending?

What are the emotional, social, intellectual, and physical parts to the child’s message?

Does the child want something from me at this moment? If so, ask the child nonverbally and verbally: “What are you communicating?”

Note that this Ask step is as much about reflectively wondering and asking oneself what the child’s message means as it is about asking the child.

Step Three: **ADAPT**

Adapt your actions based on what you believe to be the child’s interest, idea, question, request, or need.

Watch how the child responds to your actions. Modify your actions based on the child’s response and watch, ask, and adapt again.

For example, in the Watch, Ask, and Adapt process, a care educator may say to themselves or to the child, “I see you reaching for my hand and bringing it to your mouth. I wonder if you would like a chew toy to bite on. You don’t seem interested in this one. Let’s see if you’d like a little washcloth to bite.” Or at another time, “When I said good morning, you turned away. I’ll give you a little more time before I get close.” Or during a diaper change, “You’re reaching for your diaper. Would you like to help me unfasten it?”

Focus of Observation and Documentation

When observing and documenting, care educators note nonverbal and verbal aspects of the child’s behavior and the situation, including the actions of nearby adults, other nearby children, aspects of the environment, and time of day. As care educators observe, they note what occupies infants’ or toddlers’ minds and bodies. Infants’ or toddlers’ gestures, gaze, sounds, and actions convey what interests them and what they are trying to figure out. Care educators document observations of infants’ or toddlers’ interactions with people and things that they find meaningful.

When observing, care educators may choose to focus on specific aspects of development or exploration, such as

- individual attributes and temperamental tendencies of each child,
- signs of competence and vulnerability of each child,
- nonverbal and verbal interactions each child has with other children and adults,
- ways in which the small group of children functions, and
- each child’s explorations of materials and places in the environment.

The care educator focuses on the child’s behavior, play, exploration, interests, and behavior, staying open to everything that occurs. For instance, a care educator may see that a child watches, reaches for, and eventually approaches shiny things, such as a hand-sized metal bell. When the child picks up the bell, the bell makes a noise—and the child quickly learns how to repeat the noise many times by shaking the bell.

In exploring this object, the child has made a discovery about cause-and-effect relationships. The care educator then makes a mental note and holds in memory observations such as this one. Later documentation of the memory will help in planning how to assist the child with exploring further and making discoveries about similar types of objects.

During the same observation, the care educator may also notice and address barriers to learning. For example, the care educator may see that the child seems unable to hear the soft ring of the bell when there are loud sounds nearby, such as the crying of a baby or tumbling block towers. In addition, the care educator might notice that a child has heightened sensitivity to noises that prevents them from focusing on play and exploration. Information about such barriers is used in planning how to facilitate learning. In the case of loud sounds, the environment may need to be adapted to create some quieter spaces. Another type of barrier to learning may be related to trauma a child has experienced. When a child has experienced or is experiencing trauma, the principles of trauma-informed care provide critically important guidance for the family members and care educators who are caring for the child (Bartlett et al., 2016; Nicholson et al., 2023).

At another time, the care educator may observe that children have an emerging interest in looking at things together with the care educator (joint attention). When sharing books with the children, the care educator may notice that two of them spend a long time looking at each picture, while another child prefers to turn the pages quickly. Although all three children were interested in

books, the way they explored the books differed. The care educator continued to observe and document each child’s interaction with books, noting how their interest and exploration progressed as each child developed over weeks and months.

During an observation, a care educator may also observe unexpected behaviors or actions that concern them, such as an infant pulling the hair of a nearby child or a child leaning over to bite the arm of another child. In addition to moving closer to the child to create safety in a gentle way, these moments are important for the care educator to observe carefully and ask themselves, “What happened just before the biting?” “What is this child noticing, experiencing, feeling, curious about, or interested in?” “What might this child be expressing or testing?” “What might the child want or need from me?” It is also important for the care educator to be aware of their own feelings and responses while observing. To respond to both children in this type of situation

with full, empathetic attention, a care educator may benefit from reflecting with a trained early childhood reflective mentor or consultant when available, by themselves or with a supportive colleague, to understand their own feelings and to develop empathy and understanding for both children. For care educators who work alone, they might connect with other care educators and provide support for each other. Upon reflecting on their own feelings and those of both children, the care educator will be in a better position to respond to both children with calm, comfort, empathy, and support. Observation, documentation, and reflection on these kinds of interactions can provide valuable information to care educators about individual children’s vulnerabilities and sensitivities as well as what activates a strong emotional response in them. This process also helps care educators better understand each child’s strengths, each child’s self-calming ability, how each child emotionally regulates themselves, and environmental factors that affect each child.

Studying and Interpreting

As care educators study their observations and documentation and share and discuss them with others, ideas emerge for the next steps on how to extend or expand children’s exploration, problem-solving, thinking, interactions, and language. Care educators also discover ways to support each child’s well-being. Studying observations and documentation supports an ongoing assessment of each child’s progress in learning and helps with understanding each child’s emotional strengths and needs in their relationships with others.

When studying documentation, care educators need to reflect on their own responses to each child and determine whether they are giving more attention to some children and excluding others. The following question can guide the care educator’s self-reflection: Are their interpretations of the same behavior different for different children depending on the children’s race, ethnicity, or whether the children have a disability?

As care educators reflectively study and interpret observations and documentation, they wonder and ask themselves questions that may include the following:

- What is each child noticing, sensing, feeling, experiencing, understanding?
- What is each child curious about? What meaning is each child making?
- What is each child exploring, or what questions is each child wondering about?
- How might the relationships between children and between each child and their care educator be described?
- How might the child’s interests and meaning-making moments be expanded?
- What is each child’s progress across all developmental domains? What domains might a child need support with?
- How are the care educators influencing each situation?
- What might a family member like to know about the child or the group?
- How does each child communicate? What kinds of situations and experiences lead to conversations and complex language?

Care educators study their observation notes and other documentation both individually and with colleagues and family members. It is important to take time to slow down, review, and think about each child **holistically**, including their play and exploration, lived experience, culture, language, meaning making, temperament, interests, strengths, and needs. Time for reflection helps educators deepen their understanding of each child and leads to ideas on how to continue to support that child’s learning and development.

When studying anecdotal notes, photos, videos, and work samples of things children create, care educators piece together ways to portray the development of the infants and toddlers in their care. Care educators may compile this information in many ways, including the following:

- gaining insights by watching the same video-recorded interaction several times. This type of review may lead to piecing together video clips to create a sequence of key moments. The edited video material might illuminate how one learning experience connects with another. Notes about the child’s behavior and the situation when the video is recorded can add meaning to a video recording.
- putting a set of photographs side by side to show a sequence of actions or learning experiences. This technique can shed light on a wide range of learning experiences (e.g., a child’s understanding of routines or a child’s fine motor development).
- comparing observation notes several weeks after completing an observational assessment of a child’s learning and developmental progress. The observation notes may reveal why a child is making rapid progress in one developmental domain while continuing to practice at about the same skill level in another domain.
- reviewing different pieces of documentation (video recordings, notes, photographs, and so forth) to deepen their understanding of an individual child. For example, a care educator might record an audio sample of a **multilingual child’s** language or record a video clip of a child using American Sign Language (ASL). If the care educator does not communicate using the child’s language, they can listen to the audio clip or watch the video together with the child’s family or a care educator who speaks the child’s home language, who can translate the child’s language. When collaborating with the family in this way, the care educator can learn to identify some of the key words that might help with communication later.
- using various forms of documentation to create a Learning Story, which is written for the child and includes observation notes, photos, the care educator’s interpretation, and the family’s perspective. The Learning Story may also connect an observation to past observations to show themes and the growth of the child.
- reviewing documentation with other care educators, the child, or family members to invite multiple interpretations of the documentation. These different reflections on the documentation can deepen a care educator’s understanding of the child’s learning and development.
- displaying or sharing sequences of photos for families to observe and discover children’s ideas. Each family’s interpretation of a sequence of photos can offer the care

educator insights into different ways of understanding a child’s learning experience.

There are countless possibilities for increasing one’s appreciation of early learning and development through the study and interpretation of anecdotal observations, photos, audio recordings, video recordings, and work samples of children’s creations. Such documentation has the potential of serving multiple purposes:

- Notes, photos, and videos may be used to make visible a child’s learning focus. A care educator may document over several days a child’s interest in naming objects. The documentation may include notes on new words the child has recently learned, photos of the child’s pointing behavior, and notes on the types of things that particularly interest the child.
- Photos of pretend play, block building, or experiences of children in the 2-year-old age range may be organized for display around the room. The children may look at the photos of their play and use ideas suggested by the photos to inspire continued exploration. Observing children’s interaction with this documentation can also provide clues to care educators about the children’s interpretation of their behavior, play, and exploration.
- Notes or audio samples to document language development might show a child using single words and moving toward using two-word phrases consistently.
- A team of a bilingual, Spanish-speaking care educator and a monolingual, English-speaking care educator might arrange for

the Spanish-speaking care educator to take notes on a child’s expanding Spanish skills, while the monolingual, English-speaking care educator documents the child’s English language and communication development.

- Sequenced photos or videos of a child exploring paper or creating a drawing or painting can offer a richer understanding of the child’s questions, interests, and ways of exploring the materials. Children’s reflections on their own creations offer insight into a child’s thinking that one cannot gain from a child’s end product alone.
- Care educators who work as a team may plan based on observation and documentation. They may reflect on documentation taken over several days that shows children’s **cruising** behavior. In studying and discussing the documentation, the care educators may decide to add a new piece of equipment to the room to provide the children with an opportunity to explore their newly developing motor skills.
- Care educators may offer Learning Stories or simply combine photos with notes to create a book of each child’s learning experiences to share with the child and their family. They can look at each child’s book with family members to share the child’s joy of learning.
- Notes, photos, and other items a care educator collects can be used as documentation for assessment. For example, a set of photos that show a child’s exploration of how things fit and move in space may be used to support a rating on the “Spatial Relationships” measure of the Desired Results Developmental Profile (DRDP) or similar observational assessment.

Ongoing study and interpretation of observations and documentation continually give insights into each child’s learning and development. The understanding a care educator gains is enriched through reflection with the child and the child’s family. The knowledge a care educator and the family develop together can guide planning to offer new possibilities for the child to explore, both in the early learning and care setting and in the family’s environment.

Using Knowledge of Learning and Development to Study and Interpret Documentation

The effort to create responsive, affirming, and inclusive learning contexts and plan possibilities for learning depends on an accurate understanding of learning and development. The *California Infant–Toddler Learning and Development Foundations* (ITLDF) were developed to support preparation for reflectively studying, analyzing, and interpreting children’s

learning and development and for planning how to support it (California Department of Social Services, 2025). Knowledge of the foundations gives care educators insights into the fundamental competencies and developmental needs of infants and toddlers. By observing children with the ITLDF in mind, care educators can see and understand so much



more of the learning and development that is happening. When care educators reflect on their observations and documentation, they can use the ITLDF to interpret what might be the focus of the infant’s or toddler’s behavior, play, and exploration. In this way, care educators apply

what they know about early development and learning to the children’s interactions and play. The following In-Practice Example of a child’s play in the environment centers on Foundation 1.1 Cause and Effect in the Cognitive domain.

In-Practice Example Observing as Kaysha Explores Cause and Effect

Observation. Kaysha, a 30-month-old child, holds an empty cup under a slow stream of water that flows from a hose. The hose rests on a rock pathway, where tiny plants have grown between the flat rocks. Kaysha pours the water she gathered in the cup onto the rocks and watches as it soaks into the plants and disappears. Her gaze shifts to a trickle of water that meanders down a sloped patch of dirt and darkens the dry dirt. She bends down to touch the wet dirt. She fills the cup again. This time, she pours the water over the dirt, watching the ground absorb it. She fills her cup again and pours the water onto the dirt. She repeats this action three more times. Each time the water pools on the surface of the dirt, she expresses a long, excited, “Yeah!” but becomes quiet when the water seeps into the dirt.

Documentation. The care educator documents this observation of Kaysha’s play with a clear, descriptive anecdote. They make no assumptions about why Kaysha did what she did. For example, they do not assume that Kaysha was happy or frustrated. Nor do they analyze the learning within the play. Instead, the care educator’s focus is on accurately capturing a vivid image of the play. With this observation available as a written anecdote—a brief story of what they observed—the care educator can return to it later to reflect on the documentation, using the Cause and Effect foundation to interpret the meaning of Kaysha’s play and exploration.

Reflections on In-Practice Example

In this In-Practice Example, accurate documentation holds the memory of Kaysha’s play that the care educator can later share and discuss with the family and other care educators. Without this documentation to support the care educator’s observation, the memory of Kaysha’s play might have been clouded by their beliefs about what is important and what is not. Some aspects might have been remembered, while others might have been forgotten.

Documentation gives a more complete, accurate picture of a child’s engagement in interaction, play, exploration, and learning. It opens the door for the family and the care educator to discuss the documentation of the child’s actions and use concepts from the ITLDF to identify and interpret the child’s learning and development. In the case of Kaysha’s discoveries with water, what emerged from such reflection and discussion was the following written interpretation of her observed play.

In-Practice Example Reflecting on the Observation of Kaysha’s Exploration

Care educator’s follow-up interpretation. It seems like Kaysha might be thinking, “So what happens when I fill this empty cup with water and then pour it over the rocks?” And then she gets excited when she sees that the rocks change color. She appears to want to make it happen again and repeats her actions. It is like a little experiment.

Care educator reflects on documentation with the family. Kaysha’s family describes how she likes to pour water into different cups when she is in the bath, so the care educator added to the documentation Kaysha’s interest in exploring the ideas of empty and full and how the cup can be used to move the water from one place to another.

In the observation from the early learning and care setting, Kaysha also seems to be studying the water’s interaction with the rocks, plants, and dirt. Maybe when she pours the water on the dirt, and the water disappears, she wonders about what’s happening. It is as if she is saying to herself, “Where did the water go?” But then she seems to be looking at the dirt and how it now looks different—a shade darker in color. When she pours water on the dirt, it is as if she has moved on to a new experiment, namely, whether she can make the dirt change color, possibly the way she made the rock change color. She seems to get excited for a moment by the little pools of water she makes. But her excitement seems to fade when the pools disappear into the ground. Maybe in repeating her actions over and over, she is trying to make the pools not go away. Her actions get more rapid. Maybe she is thinking, “I’ll try pouring lots of water really fast to see if I can make the little pools stay.” It appears that Kaysha is discovering how water affects objects and changes them. She is also experimenting with amounts of water, transporting water, the transformation of water, and the force of water. Kaysha is also continually engaging in the cyclical scientific process of observation, predicting, testing, and analyzing results of her actions. She demonstrates a high level of interest, perseverance, and attention in her self-initiated investigation.

Care educator adds documentation to Kaysha’s portfolio. Kaysha’s care educator decided to put the observational anecdote in Kaysha’s portfolio. They inserted it into a section where they had put earlier documentation of Kaysha’s play and interactions. This documentation of Kaysha’s exploration of water served as useful evidence in understanding the development of her approaches to learning and cognitive skills.

**Reflections
on In-Practice
Example**

This In-Practice Example illustrates how a care educator and the child’s family study documentation and determine that it provides a good description of a child’s learning and development, they add it to the child’s portfolio to keep evidence of the child’s developmental progress. Using observation and documentation in this way helps care educators and families to broaden and deepen their understanding of each child’s learning and development on a day-to-day basis.

Documentation makes it possible for care educators to keep an accurate record of each child’s interests, feelings and behavior, relationships with others, approaches to learning, concept and skill development, and perceptual and motor development. It also allows them to gather evidence for periodic assessments and to plan for new possibilities for children to explore within their play.

Assessment Based on Observation and Documentation

Observing and documenting how children explore and play with newly introduced materials or ideas often makes it possible for care educators to assess children’s developmental progress using an assessment instrument such as the DRDP. The following In-Practice Example illustrates how a care educator can use documentation focused on the environment and materials learning context to complete the Desired Results Developmental Profile (DRDP).

In-Practice Example

Planning to Support Li’s Learning and Development

Li is an 18-month-old toddler. Each day, she brings her care educator, Carol, a favorite book about farm animals. Li’s mother had told Carol how much Li loved that particular book, and Carol placed a copy in the book interest area.

Carol begins to wonder how she might support Li’s interest and build on it to add increasingly complex play encounters for Li and the other toddlers in the room. She and her care educator colleague discuss possible materials to add to the learning environment. They decide to take Li’s favorite book, which has a photo of a farm animal on each page, make a color copy of each page, put the copies inside plastic covers, and attach self-sticking fabric to the back of each copy. They put these photos in a basket near a felt board, which is on the back of a shelf divider that separates quiet space from space for more active movement. The care educators place a play barn, with plastic farm animals, nearby. They collect farm-animal puppets and put them in a basket in this area, and they add a selection of other cardboard books about farms or farm animals. They also decide to add some materials for children to use creatively, such as blocks and pieces of cloth, with the idea that observing children using these materials with the animals may give them more information about how the children think about and relate to the animals.

Before the care educators finish adding materials, they discuss how these additional possibilities for play and explorations might help the children build some of the foundational competencies for this age. In reflecting on their documentation of children’s play and exploration, the care educators discuss how the materials support language development; social and symbolic play; concepts such as number, space and size, **classification**, and matching; and interest in books, stories, and songs. The care educators thought that their ideas might offer a way to observe the 18-month-olds’ emerging competencies that relate to some of the DRDP measures for which they wished to collect additional evidence.

Reflections on In-Practice Example

This In-Practice Example shows how care educators regularly add anecdotes, photos, or samples of things a child creates to their portfolio. These various types of documentation provide evidence for ongoing assessment of each infant’s or toddler’s developmental progress.

Care educators can share with a family their child’s paper copy or digital portfolio to support the family’s ongoing reflection and dialogue with the care educator about the child’s interactions, feelings, interests, explorations, and growth. Though care educators may use the portfolio to complete formal assessments periodically, such as every 4 months or every 6 months, sharing an updated portfolio with the child’s family regularly is important. In an example of how

documentation might be shared with a family, the Learning Story “Etta on the Move!” describes how a 5-month-old child explores her developing movement skills when given uninterrupted time to move and play in the environment. This Learning Story also shows how documentation can be used to complete an assessment of a child’s developmental progress in multiple domains.

Learning Story: “Etta on the Move!”

Dear Etta,

Your 5-month birthday is just around the corner, and you are energetically moving toward it. When you were around 3 months old, you learned how to roll yourself over from your back to your stomach. Once on your stomach you would push and kick your legs and push your head and chest off the floor using your hands. You would work like this for several minutes before you would get tired and begin to fuss. Your dada and I talked about what we should do when this happened. We decided that we would get down with you so we could see your face and talk to you and give you a little more time to work in that position. When it was clear that you were done being on your stomach, we would help you roll onto your back.

Sometimes you would kick and look around on your back, but soon you would plop over onto your stomach again. It was interesting to us as we watched you do it because it didn’t seem like you wanted to be on your stomach, but you did want to work on the act of rolling. Your mama and dada, Lola and Lolo who visit you every week, and I have all been watching how your movements on your tummy are changing. Your Lola describes how your legs bend and stretch out with your feet digging into the blanket. Your Lolo notices that when you have your diaper off, you can move much more easily. Your dada saw you lift your body off the ground using just your hands and feet. I have noticed that a few times you have bent both knees and pushed your legs out so that you could inch forward, and your mama sent us a photo of you a couple of feet away from the blanket she had put you on, so clearly you are now “on the move.”

Etta, it is so fun to watch the determination you bring to discovering how your body works and how you are almost continually exercising all parts of it. I can see the strength in your legs, arms, hands, and back and notice how you experiment with different ways of coordinating all of your movements. I also appreciate that you communicate to us when you are done working and need a break. I am going to

experiment with a couple of different surfaces, such as a firm mat, the wood floor, and a low carpet to see how each affects your comfort and your ability to move.

Your family and I are enjoying watching you discover the art of movement, just as we enjoy the smile that you generously share with us when we make eye contact with you.

Your care educator,
Issa

Here are some of the developmental skills that Etta is demonstrating from the Desired Results Developmental Profile:

Physical Development 2: Gross Locomotor Movement Skills: Etta is exploring her **gross motor skills** as she moves into and out of positions or creeps, crawls, or scoots on her bottom.

Social and Emotional Development 2: Social Awareness: Etta is responding to familiar faces by looking and smiling.

When completing assessments such as the DRDP, care educators combine observation and documentation with information from the family and other care educators to determine the child’s progress in various developmental domains. Periodic assessments produce profiles of each child’s developmental progress. These

assessment profiles give the care educator and the family a general orientation for supporting their infant’s or toddler’s learning and development. Assessment information can also contribute to the care educator’s and family’s understanding of possible next steps in each child’s exploration and meaning making.

Planning

As care educators reflect on documentation of infants’ and toddlers’ interactions, play, and exploration, they discover possibilities for continuing to build a warm, affirming relationship with each child and for sustaining, extending, and helping each child make their play more complex. Care educators review ideas for possible next steps in a child’s efforts to make sense of things, investigate a question, or solve a problem. These steps might include being intentional in the ways care educators

- interact with the infant or toddler;
- encourage the infant’s or toddler’s participation in routines; or
- introduce changes in the environment and new materials, including opportunities for each child to practice and build emerging skills.

Care educators include in such plans ways to support the learning of individual children, consistently adapting the experiences to ensure full participation of every child in the setting. The following In-Practice Example illustrates how one care educator and her colleagues created a plan centered on the routines learning context.



In-Practice Example

Planning to Support Children’s Use of Serving Utensils at Mealtime

Sylvia, a primary care educator caring for her small group of children around 15 months of age, has observed the children showing interest in reaching for the utensils that she uses to serve the meal. Sylvia decides it is time to invite her group of children to begin using serving utensils during meals. When she does so, she notices that the children struggle a bit but are genuinely interested in using these tools. Sylvia and her co-educators, Sandra and Tatyana, reflect on the children’s strong interest but still emerging skills in using these tools. The care educators discuss ways to add simple tools to different areas in the environment to expand opportunities for the children to use them. They collect a variety of simple tongs, spoons with short handles, bowls, cups, and spatulas. They include adaptive serving utensils with bigger handles or with straps to attach to a child’s hand. They place the new objects in several baskets and include containers with large pinecones, hand-sized felt balls, a variety of plastic lids, and palm-sized wood pieces to offer children things to practice with using the serving utensils. They also plan to continue to offer the children a chance to serve themselves using the same variety of utensils during meals that they have been using to practice. The care educators plan to observe how the children’s skills develop and make any needed adjustments.

Reflections on In-Practice Example

As this In-Practice Example describes, the care educators reflect on documentation and plan possible next steps in each child’s learning. As they reflect, they wonder about how each child might play with the new objects and what each child is likely to be curious about over the next days or weeks.

Planning With a Sense of Wonder

When reflecting on documentation, care educators often think ahead and predict what might happen next. For example, if a care educator has documented with a photo and a note that a child has begun to stand up while holding onto something, the next step for that child’s motor development is likely to be cruising, or moving from place to place while standing and holding on to something for support. With this thought in mind, the care educator can review the environment for supports on which the child might pull up to a standing position and begin to cruise. This review may lead to adding supports and arranging equipment and furnishings in the environment for the new cruiser.

As the following In-Practice Example around planning for the environment and materials learning context illustrates, sometimes care educators find themselves wondering or trying to figure out a child’s interest when the child is doing surprising or unexpected things.

In-Practice Example Planning to Support Emma’s Exploration of Objects

A care educator notices that Emma is spending a lot of time pulling the leaves off the plants in the yard. Inside, the care educator observes that Emma tears the paper off the table and dumps baskets of blocks. After sharing the observation with a colleague, the two care educators wonder if Emma was exploring how things can change by taking things apart or reversing things like dumping. The care educators consider possible questions that Emma may be exploring: What’s inside of things? Do things look different when they are apart? Can things go back together? The care educators wonder if they might offer things that Emma could take apart as well as things she could put back together or reattach. When reflecting on some possible materials to offer Emma, the care educators think about paper of different sizes and textures and various nontoxic plants, including mint and other fragrant leaves. The care educators also ask themselves how Emma might engage with blocks that stick together and come apart and what the child might do with tape.

Reflections on In-Practice Example

This In-Practice Example illustrates how care educators might consider several possibilities when planning. As they discuss each one, they decide on their next plan for supporting a child’s continuing exploration.

Care educators who use reflective planning over time become more attentive and responsive to each child’s ongoing development. They become more attuned to changes in each child’s behavior and how the child is or is not using the relationship with the care educator as a secure base for continued exploration. As they plan possibilities for adding complexity to learning, care educators continually adjust the

emotional support they give to each child to help them engage in play and exploration with other children. While focusing on individual children, care educators keep in mind the learning of the group of children. The next step in the In-Practice Example of Kaysha’s interest in exploring water shows how study of one child’s learning focus may extend to other children.

In-Practice Example

Continued Planning to Support Kaysha’s and Her Peers’ Exploration of Objects

While discussing observations of Kaysha’s exploration of water, the care educators began to wonder whether other children around Kaysha’s age might be interested in filling and pouring containers of water as well as curious about where it goes when poured on different surfaces. The care educators brainstormed ideas on how to include experiences with pouring water in the sand or dirt area and on the cement surfaces in the yard. They considered adding paint brushes to buckets of water to see if this could broaden children’s exploration of water on different surfaces. The care educators noted that such experiences might offer opportunities for presenting problems that might engage the children’s emerging interest in cause and effect. These experiences might also promote children’s exploration of the ways different surfaces influence how water moves. The care educators also wondered whether they would observe how the children might work together in such play. The care educators reflected on both familiar and new vocabulary that might become a part of the children’s exploration of water.

Reflections on In-Practice Example

With a focus on interactions and the environment and materials, this In-Practice Example suggests possibilities for extending and adding complexity to children’s learning across several domains. The care educators wonder about how the possibilities they introduced might spark learning related to cognitive development, social and emotional development, and language development. Ideas might emerge for next steps to engage each child’s learning and development in the learning contexts of relationships and interactions, routines, and environments and materials.

Strategies for Planning to Support Learning

Sometimes a care educator creates a plan of possibilities with many of their brainstormed ideas. In planning to extend a learning experience, the care educator reduces the list of ideas to one or two that relate directly to the interests and abilities of a child or a small group of children. Once a plan for the next step in supporting a child’s learning and development is set, the care educator introduces the new possibility in a way that allows the child to make choices and interact freely and creatively with the experience, material, or change in the environment.

A new learning experience may include a scaffold to support a child’s continued exploration of a concept or skill. The support a care educator provides to a child or small group of children helps them learn new concepts or skills. Scaffolding may include giving developmentally appropriate guidance, encouragement, or **modeling**. The support is provided in a way that allows the child or children to actively engage in the learning experience. The help is gradually reduced as the child or children become able to apply a concept or practice a skill on their own.

Some care educators refer to a planned learning experience that builds on an idea or skill a child is exploring as a provocation. For example, a care educator might have observed that the children are interested in repeatedly filling a small box with plastic balls and dumping out the balls. The next day the care educator offers a provocation outside by placing different sized buckets in the sandbox and other buckets near a water spigot that the children use. The care educator wonders if the children will fill up the buckets with sand or

water and dump them out or do something else with the buckets.

Plans can be brief and flexible, because the general principle of responsiveness to the infant’s or toddler’s interests and needs guides what the care educator does next. The implementation of a plan may produce an unexpected or surprising result. A surprise, in turn, may lead to new insights: a chance to fine-tune understanding of the child’s exploration and meaning making.

Planning With Families

The care educator often plans to extend or support a child’s exploration or meaning making based on reflection with the child’s family. Planning presents an opportunity for strengthening relationships between care educators and families and for fostering family engagement in the children’s care. Throughout the planning phase, care educators can communicate and collaborate with family members. In large home-based and center-based settings, partnering can extend to fellow care educators. In all settings, changes in routines may be a particularly important focus of communication with family members and colleagues.

Including family members when planning builds the partnership, acknowledges the family’s role as the child’s primary teacher, and provides them with opportunities to communicate about their child. Family members may also be interested in watching for changes in their child’s behavior that result from adaptations made in the setting. Communicating about plans can be a powerful way for educators and families to come together to share the amazing experience of observing and supporting children’s learning and development.

Implementing a Plan

Once a plan is written, care educators implement it. While implementing a plan, care educators continue to observe, document, and reflect. The planning cycle continues as care educators watch to discover how children respond and show evidence of their learning and development during the experience.

Planned adaptations to interactions, routines, and the environment and materials need to keep relationships at the center of their experiences. They also need to show respect for the competencies that infants and toddlers bring to each interaction or routine. To work well, implementation should adapt to the infant’s or toddler’s changing interests and needs during each day. In this way, the support will be responsive to what the infants and toddlers bring to each new situation and to what they seek from it. An effective approach to implementation

- orients the care educator to the dual role of observer and facilitator of learning;
- allows the care educator to read the cues of each infant or toddler and interact responsively;
- addresses the whole learning experience of each child; and
- accounts for developmental levels but also allows for individual variations in temperament, culture and language, lived experience, and amount of support such as scaffolds, approach, and pace.

The care educator’s approach to implementation is complemented by providing

- a safe and interesting place for learning;
- a sense of belonging to all children;
- a variety of materials, particularly **open-ended materials**, that are safe and developmentally appropriate for the individual interests and needs of each infant or toddler;
- organization of learning and care in small groups;
- adherence to policies that support continuity of relationships with the care educator or care educators;
- materials, routines, and interactions that reflect children’s home languages and cultures; and
- strong two-way connections with the child’s family.

Offering a provocation to a child or small group of children with a mindset of curiosity and wonder helps the care educator focus on how the child or children respond to the offering rather than on the care educator’s expectations around the experience. Staying open to children using the materials in unexpected ways, including exploration and learning that were not a part of the plan, helps care educators to focus on children’s interests, ideas, and questions.

Reflecting on Implementation

After implementing a plan, care educators reflect on their observations and documentation to assess the plan’s impact. Their reflection may give them additional ideas for supporting the children’s learning. At the same time, they assess individual children’s learning and developmental progress. For example, care educators might reflect on the following questions:

- Are children responding as we had predicted, or were there surprises?
- What do the children’s responses reveal? How might the children’s interests or intentions be described? What questions, theories, concepts, and ideas are the children exploring in their play?
- Are children showing evidence of progress on any of the measures of an observational assessment such as the DRDP?
- How did my observation and assessment methods document the child’s strengths and approaches to learning?
- How can I adjust my approach to better support each child’s development?
- What else might I learn about or what additional resources might be helpful?

The following In-Practice Example describes how the care educators Sandra, Sylvia, and Tatyana reflected on their observation and documentation of an idea they implemented to introduce simple tools in the environment.

In-Practice Example

Reflecting After Implementation With a Small Group of 16-Month-Olds

At their next planning meeting, Sandra, Sylvia, and Tatyana gathered to share the observational notes each had written in response to adding the new utensils. Sylvia noticed 17-month-old Germaine moving the large spoon inside one of the tall, hollow cylinders with felt balls in it. He did it as if he were mixing something. Sylvia decided to put this observation in Germaine’s portfolio, in the sections on **imitation**, symbolic play, and **fine motor skills**.

The care educators wondered about ways to include Leah, a 16-month-old child who uses a feeding tube. They met with Leah’s family to explore the following question: Are there ways to incorporate Leah’s ways of taking meals? Working with Leah’s parents, the care educators decided to find two cloth dolls and sew a self-sticking fabric patch onto the dolls’ stomachs so that the children could attach the pretend feeding tube and syringe. They purposely used two dolls so that Leah’s friends could also explore and connect with Leah.

The care educators also wondered about ways to include kitchen utensils made of materials other than plastic, such as bamboo or metal, to expand the children’s experience with the physical properties of these materials. The care educators decided to post near the sign-in area a brief photo document of the children’s utensil play to invite the children’s families to bring in safe utensils for the play. As part of the request, they asked families to bring in utensils that are typically used in their homes.

**Reflections
on In-Practice
Example**

This In-Practice Example introduces how each day, care educators introduce or implement possibilities for extending children’s learning and development. As this example illustrates, their plan includes introduction of materials in the environment that encourage different kinds of skills development, social understanding, and connections with children’s experiences in their homes.

Each child’s unique experiences, thoughts, feelings, interests, and needs influence the way implementation occurs. How each infant or toddler responds to a care educator’s provocations is unpredictable. Once a provocation or possibility is introduced, the care educator observes what each child does and is responsive to individual children’s ideas and ongoing engagement in learning. The children often encounter new problems, ask questions, or investigate an idea that occurs to them in the moment. Through ongoing observation and reflection, a care educator can discover ways to continue supporting the children as they take their play and exploration in a new, unanticipated direction.

**Key to Successful Implementation:
Resources to Support the Planning
Process**

Implementation depends on all steps in the reflective planning process being well-supported. Care educators need support, time, and equipment to observe and collect and organize documentation. Observation takes place within a system of primary care and often during a moment of care (e.g., when diapering,

feeding a young infant, or comforting an upset child). Ongoing observation, documentation, and reflection help care educators get to know each child and can bring wonder, discovery, and joy to a care educator’s day. Care educators who work by themselves in in-home care settings can join networks to share their experience with other care educators. In large early learning and care settings, care educators who team together often organize their work schedules to allow one or the other to spend some time collecting and reviewing documentation. With increased emphasis on learning from observation and documentation, administrators of large early learning and care settings allocate time in care educators’ work schedules for the purpose of observing and documenting, studying and interpreting documentation, assessing development, planning for individual children’s learning, and implementing plans. Administrators also support care educators with equipment to record observations and make learning and development visible. Organizations and networks that support in-home care educators can help them use and sometimes acquire equipment to observe and document children’s interactions, play, exploration, and meaning making.

Closing

When well-supported, care educators can develop sensitive, responsive relationships with infants and toddlers. They can also develop respectful relationships with families and partner with them to create continuity between the children’s experiences with their families and those in the early learning and care setting. Care educators’ work becomes rewarding when they embrace each child as an individual with their own temperament, culture and languages, lived experience, strengths, interests, and vulnerabilities. With the whole child in mind, care educators respond to each child’s need for warm, affirming, predictable relationships that provide

a secure base for play and exploration. Care educators observe, document, and reflect on how each child interacts with people and things in the contexts of relationships and interactions, routines, and the environment and materials. They meet infants and toddlers where they are emotionally and developmentally, helping them through difficult moments and nurturing their curiosity and sense of wonder. Through reflection and study, care educators discover what the children are trying to make sense of and create possibilities for children to pursue their interests, ideas, and questions more deeply, with excitement and joy.



Chapter 3: Relationships and Interactions

Opening

Infants and toddlers learn and develop across many contexts. This chapter discusses key considerations and practices to support learning and development in the context of relationships and interactions in **early learning and care settings**.

Relationships and Interactions as a Context for Learning and Development

Relationships and interactions are at the heart of early learning and development. Children learn and grow through interactions with adults and peers. These interactions usually take place as part of ongoing, meaningful relationships. When infants and toddlers are in the care of individuals outside their family, secure primary relationships with **responsive infant–toddler care educators** (care educators) support their development. Through consistent and responsive interactions, care educators build children’s self-confidence and support their learning. Although every child learns and develops through interactions with others, each child’s learning and development varies based on their lived experiences, cultural identity, home languages, and racial-ethnic identity, among many other factors.

The term *interactions* refers to times when children engage with other people. Interactions might occur during daily **routines**, indoor and outdoor play, or any moment in the day when the child is alert and responsive. Within each of these situations, care educators interact with children in a variety of ways:

- communicating back and forth, like in a conversation. This communication can be verbal, nonverbal, or both.
- observing a child who is engaged in play and exploration alone or with others while remaining emotionally and physically available to the child. In this situation, the care educator watches for cues, such as a look, a vocalization (coo, babble, or whimper), or a gesture from the child that indicates interest in interacting with them.
- providing **modeling** or **scaffolding** for children. Scaffolding is intentional support or help that care educators provide to children to help them learn new skills. Scaffolding can involve giving guidance, providing encouragement, or modeling when needed. Care educators gradually reduce this help as children become more capable.

- initiating playful experiences, such as songs or fingerplay, games like peek-a-boo, picture books, or indoor and outdoor physical play.

As part of caring, respectful relationships, care educators strive to be responsive to what children communicate about their experiences, interests, ideas, wants, or needs. Care educators who are intentional about planning and engaging in responsive interactions with infants and toddlers support young children’s understanding of self and their relationship with the people and things in their **environment** (National Association for the Education of Young Children [NAEYC], 2020).



Key Considerations for Interactions to Support Learning and Development

Caring, consistent, and responsive interactions support children’s learning and development in the domains of Social and Emotional Development, Approaches to Learning, Language Development, Cognitive Development, and **Perceptual** and **Motor Development**. Care educators support learning and development through interactions:

- **Interacting with children in ways consistent with family preferences and priorities.** Interactions vary from family to family and from **culture** to culture (e.g., Jukes et al., 2024; Paradise & Rogoff, 2009). Conversations between care educators and families about preferences, expectations, and priorities around child care practices and culture support a shared understanding. Through conversations and observation, care educators learn how families interact with their children and work to provide responsive interactions that are consistent with families’ preferences and goals.

For example, 6-month-old Etta’s family has communicated that when they arrive in the morning, they would like the care educator to hold Etta or greet her with a hug. In contrast, a care educator might observe that the family of 9-month-old Soleil stands back with Soleil to wave hello in the morning, then puts her down and waits for her to approach her care educator. Adopting family practices, when possible, provides respectful and familiar experiences for children in the early learning and care setting.

- **Individualizing interactions for each child.** Personalizing interactions is necessary because each child has different strengths, needs, interests, and lived experiences. Children also may be experiencing another language for the first time when they enter a care setting, which can influence the ways they interact with others. Rather than automatically responding to the same cue or communication from different children in the same way, care educators individualize interactions based on what they have observed and know about the child.

Children’s engagement in interactions also differs based on their **temperament tendencies**: the ways in which infants and young children relate to people, things, and situations. Temperament tendencies include how active children often are, how reactive they are to unexpected situations, and how attentive they are when there are distractions. For example, a care educator might observe that a 34-month-old child is very joyful and exuberant in their reactions to exciting experiences. In response, the care educator can establish a calm tone and introduce potentially exciting learning opportunities in a low-key manner that allows the child to regulate their response to the situation (Virmani et al., 2023).

Another factor that influences how children engage in interactions is whether the child has experienced **trauma**.



Research to Practice

Approaching Interactions With Trauma-Informed Practice

In the context of interactions with care educators and peers, children who have experienced trauma—such as abuse, neglect, or loss of a family member—may exhibit behaviors activated by trauma experiences in play or other interactions. Children who have experienced trauma may indicate a heightened stress response to specific events, changes, or transitions during the day. For example, a child who has experienced trauma may withdraw from care educators and peers, have intense emotional reactions, or show sudden increased clinginess. Care educators can learn about children’s behavior as well as the circumstances and experiences of the child to understand why they are indicating possible signs of traumatic stress. Care educators may find that a child acts out emotional experiences or traumatic events during play to cope with their feelings (Kurtz, 2023; Nicholson, Kurtz, et al., 2023).

Infant mental health resources can help care educators learn how to individualize interactions to support children in regulating their behaviors and reactions to stress. Care educators can seek out infant mental health resources, as needed, to recognize children’s differences, appreciate their assets, and understand the factors that may activate a traumatic stress response in individual children (Bartlett, 2021; Martin et al., 2021). Care educators can take a trauma-informed approach to interactions with infants and toddlers by listening, observing children’s behavior, developing and maintaining safe and secure emotional connections with children, and engaging in **coregulation** to manage children’s intense emotions and behaviors (Kurtz, 2023; Nicholson, Perez, et al., 2023).¹ These strategies also support children’s social and emotional development.

¹ For additional resources and practices for trauma- and healing-informed care, care educators can refer to Head Start’s resources on implementing trauma-informed practices, the *Safe Spaces: Foundation for Trauma-Informed Practice for Educational Care Settings* training, available from the Office of the California Surgeon General, and materials available online from the Positive and Adverse Childhood Experiences (PACES) Connection Resource Center.

- **Supporting full participation through inclusive interactions.**

Universal Design for Learning (UDL) is a framework that care educators use to support every child’s full participation in interactions. UDL invites care educators to provide multiple ways for children to engage in interactions and support children’s communication and expression. Some children may require additional supports or adjustments—such as accommodations, adaptations, and modifications—to ensure their full participation in learning opportunities (CAST, 2024).

- **Engaging in sensitive and responsive interactions.** Infants and toddlers communicate using facial expressions, gaze, gestures, vocalizations, and words. Observing, responding to, and building on these cues allows care educators to provide children with warm, respectful, and responsive interactions. Responsive interactions can mean taking action (such as noticing a 6-month-old’s interest in an object and moving the object to a place where the

child can grasp it), communicating about the child’s needs (such as acknowledging that a toddler is hungry and noting that snack time will be soon), or simply observing and being available to the child to provide a sense of security. These interactions support infants’ and toddlers’ growth across all domains of learning and development (Wittmer & Honig, 2020).

- **Centering playful and joyful interactions.**

Joyful, playful interactions with care educators and peers promote infant–toddler development across all domains. When a care educator playfully interacts with a 4-month-old infant—for example, repeating their coos and mimicking their facial expressions—the care educator builds and strengthens the relationship and contributes to the child’s earliest sense of self and belonging. Similarly, young children’s interactions with other infants and toddlers foster early relationships, which build children’s connections with the community, social understanding, and **empathy** (NAEYC, 2020).

Planning Interactions

The planning cycle of observing and documenting, studying and interpreting, and developing and implementing plans allows care educators to continually adapt and engage in responsive interactions that support children’s learning and development. Observing means being present and attentive while children interact with care educators, family members, other children, **materials**, and their environment. The primary objective of observation is to better understand children’s interests, ideas, strengths, and needs; the focus of their explorations; and the skills they are learning. Observation may be focused on an individual child or on the interests and interactions of a small group of children. Care educators document their observations in various ways, including taking notes, making video and audio recordings, taking photos, and saving samples of the creative items children produce. Documentation allows care educators to reflect on their observations at a later time.

As care educators study their observations and share them with colleagues and children’s families, they develop ideas for future interactions that will expand children’s exploration, learning, and development. Care educators then plan learning experiences that extend or add complexity to a child’s or a small group of children’s interests. They work to understand how a child demonstrates interest; explores their world; and communicates their thoughts, wants, and needs. Care educators also study and reflect on their own feelings and behaviors as a way to develop empathy and understanding. They use all this information to support and respond to the child in ways that foster engagement and learning during future interactions.

Interactions may be planned in advance or may occur in the moment. Even in-the-moment interactions are informed by previous observation, documentation, and reflection. All interactions, planned or spontaneous, are most effective when they are responsive to the child during back-and-forth communication.

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Care educators plan for varied learning opportunities and interactions throughout the day. These include opportunities for children to engage in interactions with peers, playful and open-ended exploration, **literacy** experiences, and physical activity. Incorporating connections to children’s cultural and linguistic backgrounds through books, games, and traditions is an important part of planning interactions. Examples of planned interactions include inviting a child to read a book together, offering a child interesting materials to extend exploration of an idea alone or with others, or playing a game together.

Observing, reflecting, modifying, and adapting are key to planning interactions that connect with each child. For example, a care educator

caring for a 3-month-old might become familiar with behaviors that indicate the child is tired and ready to transition to a nap. A care educator of a 24-month-old might learn the child’s favorite song and plan to incorporate that song as part of interactions in daily routines. Another care educator might observe a 32-month-old’s interest in construction vehicles and invite the child later in the day to explore related picture books together. For a child who has just learned to throw, a care educator might invite the child to toss a soft object back and forth while they communicate about the shape and trajectory of the object and the child’s movements.

When offering planned interactions, care educators observe how children engage in the learning experience and respond accordingly. For example, a care educator might plan to introduce a new story or song with the use of props or might prepare materials with a general idea of how children might engage with the materials. Children may not respond with interest, or they may take the learning experience in a different direction. These situations can be an opportunity for care educators to understand what idea or hypothesis the child would like to pursue in the moment and to pivot to the child’s interest. These collaborative moments of exploration can be delightful for both children and care educators.



Areas of Practice

Information on supporting relationships and interactions is organized into six areas of practice. Each area of practice is further organized into specific practices, with accompanying explanations and examples. Table 1 provides an overview of practices that are addressed in this chapter.

Table 1. Areas of Practice for Relationships and Interactions

Areas of Practice	Practices
<p>Partnering With Families to Support Interactions</p>	<ul style="list-style-type: none"> Observing how families interact with their children and communicating shared understandings Collaborating with families to plan ways to support learning and development Working with families to support children’s development in their home languages Collaborating with families to engage in culturally responsive and affirming interactions with children
<p>Individualizing Interactions to Meet Each Child’s Needs</p>	<ul style="list-style-type: none"> Providing a variety of choices for interactions Providing additional supports or adjustments for children with disabilities
<p>Being Sensitive and Responsive to Children’s Cues and Communication</p>	<ul style="list-style-type: none"> Responding to children’s verbal and nonverbal communication Acknowledging children’s emotions Providing encouragement

Communicating During Interactions to Prompt Thinking and New Learning

Connecting language to people, things, and actions in the child’s environment

Prompting children’s thinking and expanding on ideas

Engaging in back-and-forth interactions

Communicating about expectations and transitions

Centering Play and Social Interactions

Engaging in joyful, playful interactions with children

Creating opportunities for peer interactions

Scaffolding and Modeling New Skills and Behaviors

Embracing children’s tendencies to imitate

Learning through interacting with others

Scaffolding children’s acquisition of new skills

Many of the practices are accompanied by short examples. In addition, In-Practice Examples throughout the chapter illustrate how care educators support infant and toddler development through relationships and interactions. Although most of the speech of the children and adults is represented in English in the examples, the communication during actual interactions in an early learning and care setting may occur in any language. Care educators who share the child’s home language support the child’s language development and strengthen the child’s connections to their family and community when they communicate with the child using the home language.

Area of Practice

Partnering With Families to Support Interactions

Families provide children’s most significant relationships, and families are most knowledgeable about their children. Building and sustaining warm, positive, and respectful relationships with families is an essential part of supporting children’s learning, development, and trust. Care educators use what they learn from families to plan, initiate, and engage in interactions with children. Enriching relationships with children and families support children’s learning and development in all areas (Mason et al., 2025; Murphy et al., 2021).

Practice

Observing how families interact with their children and communicating shared understandings

Because each relationship is unique, there will be differences between the interactions in a **child’s home** and the interactions in the early learning and care setting, especially in the ways young children and adults interact with each other. Care educators can attend to the ways families interact with their children to learn valuable information about cultural and linguistic experiences and practices in the child’s life. When noticing family interactions, care educators learn how family members interact with their child and learn about their preferred care behaviors. Much can be learned through observation even when the care educator does not share the language spoken by the family.

When care educators develop a relationship with each family, the care educator and family members work together to arrive at a shared understanding of the child’s experiences in the home and in the early learning and care setting. Part of developing this relationship entails care educators reflecting on their own **biases** and perspectives. Doing so helps care educators understand each family’s perspective, develop empathy for families, and connect with each family. Below are some ways care educators interact with families to come to shared understandings with them:

- letting families know that they look forward to collaborating with them in the care and education of their child. This includes inviting family members to share information about their child and about their family, culture, and language. This information will help the care educator get to know the family and provide high-quality care for their child. Care educators also communicate that they look forward to an ongoing dialogue with the family about the child’s experiences, learning, and growth, both when the child is with the family and in the early learning and care setting. It is important for care educators to share with families the various ways they might communicate (such as through text, in-person conversations, email, or phone calls) and learn each family’s preferences.
- sharing information about what their child experiences in the care setting. Care educators can describe how they interact with the children in their care. For example, a care educator might explain how they respond to a child who is crying or the ways they observe and communicate with children who are engaged in exploration and play. It is equally necessary for care educators to share with families the reasons *why* care is provided the way that it is. During this conversation, it is also important for the care educator to invite questions and to be sensitive to areas where there might be different perspectives to discuss.
- working together to identify and minimize adjustments children make between home and the early learning and care setting. When possible, care educators make adjustments to provide care that is more consistent with the family’s care. When the care is different between settings, care educators work to provide continuity across settings for the child and acknowledge any differences to the child in a way that shows respect for both the family and the early learning and care setting. For example, a care educator might say, “I know at home your papa rocks you, holds you close, and sings to you until you fall asleep. Here we put you in your cozy bed and sing a song to you while you fall asleep.”
- working toward shared understandings around behavior and expectations around self-regulation, limits or boundaries on children’s behavior, and the ways in which children are supported in their behavior. These agreements and understandings may minimize adaptations children are making between settings and may increase children’s sense of security and predictability. For example, the family and care educator of a 28-month-old can discuss how they typically respond when the child is experiencing strong emotions. These conversations provide an opportunity for care educators to examine their practices, remain open-minded while sharing their perspective with families, and work to understand families’ perspectives.

Practice

Collaborating with families to plan ways to support learning and development

Families and care educators can work together to plan learning experiences for children and strengthen the partnership between the family and care educator. Engaging in regular conversations with family members allows the care educator to learn about everyday experiences in the child’s life that can enrich the interactions between the care educator and child. Some ideas for collaborating with families include:

- sharing information with each other about how the child communicates, such as whether the child primarily communicates nonverbally or also uses words (whether spoken, signed, or expressed through **augmentative and alternative communication [AAC] devices**). Care educators can also learn from families if the child has their own ways of expressing certain concepts. For example, a 16-month-old might ask for yogurt, their favorite snack, by saying “dogo.”
- communicating with families about how the child experiences and expresses their feelings, including the typical duration and intensity of emotions, and the level of stimulation at which different emotions are activated. For example, one child may become easily upset and quickly return to feeling calm while another child remains relatively calm through minor irritations or frustration.
- sharing back and forth what the family and care educator have noticed about the child’s interests and explorations to help plan learning experiences with the family and in the early learning and care setting. Care educators can learn about activities the family enjoys together, experiences the child has with the family, and the child’s visits with relatives. In turn, care educators can share what they notice about the child while the child is in their care. Care educators can also learn about families’ cultural heritages and plan interactions with children that reflect their families’ cultural practices and activities.
- sharing picture books from the early learning and care setting with families. Family members can use the language with which they feel most comfortable to read the books or describe the pictures. Care educators and families can also work together to create simple, sturdy books containing photos of family members for children.

Practice

Working with families to support children’s development in their home languages

The languages infants and toddlers learn with their families shape their development long before they say their first words. When the language used in the early learning and care setting is different from the language the child uses at home, care educators learn about the languages children experience at home by partnering with families and reaching out to other community members if needed. By working together, care educators and families can support children to develop their home languages and the languages used in the care setting, whether those languages are the same or different. Some ways care educators work together with families to support children’s home language development include:

- providing books and other written materials in children’s home languages in the early learning and care setting. If the care educator does not share the child’s language, they might communicate with the child’s family to find recordings of songs, rhymes, or audiobooks for the child to experience. Care educators can observe and document the child’s interest in particular songs, rhymes, or audiobooks and learn from families about their child’s particular interests in order to find similar items to build on those interests.
- encouraging and supporting the family in using their home language with their child both at home and in the early learning and care setting. When possible, family members or other community members who speak children’s home languages can be invited to the early learning and care setting to sing songs, read books, or share stories with the children.
- learning and using a few key words around caregiving practices, like words for *bottle* and *diaper*, or familiar lullabies. Learning key words makes connections to the child’s home language and can help the child transition from home to the early learning and care setting. Demonstrating respect for, honoring, and showing interest in families’ languages communicates to the children and families that they and their languages are important and valued.

Practice

Collaborating with families to engage in culturally responsive and affirming interactions with children

Care educators have a profound influence on infants' and toddlers' emerging racial-ethnic identities. It is important for care educators to be intentional about listening to and observing families and learning ways to engage in identity-affirming interactions that are consistent with each family's practices. Care educators also work to understand and honor individual families' cultural practices. Ideas for supporting children's racial-ethnic identities and cultural practices include:

- learning how to correctly pronounce each child's name and the names of all the family members who will interact with the care educators. It is also helpful for care educators to learn the names children use for their family members, such as *mama*, *baba*, *tía*, and so on.
 - planning learning opportunities that invite children to learn about and express their racial-ethnic identities and cultural practices. This can include sharing books that reflect the diversity of children and their families or inviting children to express themselves through art or movement. Care educators also learn and use each family's preferred racial and ethnic labels.
 - inviting families to share materials, songs, or stories that reflect the family's culture and incorporating the materials, songs, and stories into daily interactions with children.
- Families can also be invited to review materials, songs, and stories that are being used in the early learning and care setting. However, care educators need to respect families' decisions not to share or review materials if they choose not to.
- observing and documenting how children respond to care educators' efforts to support their developing identity. When reflecting on observation and documentation of how children express their racial-ethnic identity and cultural practices, care educators may reach out to families with questions or for ideas about how to support the child's identity. It is also important for care educators to keep in mind that each family will have their own preferences and practices, regardless of their cultural, racial, or ethnic background.

In-Practice Example

Chloe’s Sleep Time Book

Miss Veronica, an infant care educator who operates a family child care home, observes that 15-month-old Chloe is having a difficult time settling down for her nap. Chloe has recently joined Miss Veronica’s family child care home. Chloe’s family members speak both English and Mandarin but use only Mandarin when interacting with Chloe. She is adjusting to the new environment and routines, and she is experiencing English for the first time in her new early learning and care setting. During an interaction at nap time, Miss Veronica observes Chloe crying and repeatedly saying a word that sounds like “jia-shoo” while gesturing with her arms, but Miss Veronica is unable to understand what Chloe is communicating. She speaks to Chloe in a quiet, calm voice as she reassures her, “We’ll ask *Bàba* [what Chloe calls her Daddy] when he comes today. *Bàba* can help us. We will solve it together,” while holding Chloe and patting her back to help her fall asleep.

That afternoon, when Chloe’s father arrives to pick her up, Miss Veronica informs him, “At nap time, Chloe was saying something that sounded like ‘jia-shoo.’ I wasn’t sure what she was telling me. Do you know what it might have been?” Chloe’s father tells Miss Veronica that the family has an item they call “睡觉觉书” (sleep time book), which they often call *jiào jiào shū* during their nighttime routine with Chloe. The 睡觉觉书 is a small felt photo album with pictures of family members who live far away. Before Chloe goes to sleep each day, she and her father look through the photo album and name the family members together. Miss Veronica invites Chloe’s father to bring in the 睡觉觉书 to ease Chloe’s transition to napping in the early learning and care setting. Miss Veronica also practices pronouncing “*jiào jiào shū*” with Chloe’s father. She asks if he can tape notes of family members’ names, along with their pronunciation, next to the pictures in the album so Miss Veronica can talk to Chloe about the family members Chloe sees in the album.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What did you find meaningful about Miss Veronica’s communication with Chloe’s family and the actions she takes after that communication?
2. What are your thoughts about the ways Miss Veronica supports Chloe in regulating her emotions and developing relationships with other people?
3. If you were caring for Chloe, what else would you do over the next weeks or months during interactions with Chloe to support her abilities to express herself and regulate her emotions?

Area of Practice

Individualizing Interactions to Meet Each Child’s Needs

Every infant and toddler is an individual who is constantly learning and developing a wide variety of skills. Care educators individualize interactions by building relationships with children; carefully considering each child’s perspectives, preferences, strengths, and needs; and tailoring their interactions based on those considerations. For example, a care educator might adjust the complexity of the language they use, their physical proximity to a child, their eye contact, the pace of the interaction, or the types of games they play with a child. Observing a child’s responses to these interactions gives care educators information about how to further individualize interactions and strengthen their relationship with the child. Individualizing interactions requires ongoing observation and documentation of each child’s development as well as ongoing communication with that child’s family (California Department of Social Services & WestEd, 2024; NAEYC, 2020; National Scientific Council on the Developing Child, 2004).



Connections With Social and Emotional Development

- Interactions are at the heart of infants’ and toddlers’ close relationships with their **caregivers** and peers. Sensitive, responsive interactions support the development of secure **attachment relationships** with caregivers, both those who primarily care for the infant or toddler in the family and those who primarily care for the infant or toddler in the early learning and care setting. A warm, caring emotional climate supports early friendships with peers.
- Engaging interactions that are responsive to children’s cultural and linguistic backgrounds promote a **sense of belonging**, which contributes to a child’s identity development. These interactions can include using familiar songs, communicating about books and other visual materials that reflect children’s families and communities, and providing opportunities for children to interact in their home languages.
- From the first moments of life, interacting with caregivers, other adults, and peers is essential to children’s development of emotion awareness and **emotion regulation** skills. Social understanding skills, including empathy and caring, are also developed through interactions with others.
- Through back-and-forth interactions, caregivers support children’s developing **sense of identity** and **agency** to make things happen and the emerging recognition of their abilities.

Practice

Providing a variety of choices for interactions

Children take part in interactions based on their preferences, developmental levels, moods, and temperament tendencies as well as many other factors. Temperament tendencies include a child’s activity level, response to the unexpected, attention and regulation, and emotional tendencies—including anger, irritability, frustration, exuberance, enthusiasm, and cheerfulness. Ideas about engaging in interactions that reflect thoughtful consideration of each child include:

- providing multiple ways for children to participate in interactions and learning experiences. For example, when singing a song together, a care educator might provide different ways for children to participate by suggesting the children sing the words, shake a noisemaker like a maraca, or stomp during parts of the song. It is also important for care educators to encourage and plan for children to interact using all of the languages they are developing.
- focusing on each child’s strengths, interests, and areas of growth without comparing their development to the development of other children. For example, if a child has recently learned to drink from a cup, a care educator might celebrate the child’s perseverance by saying, “You worked really hard on learning how to drink from your cup! That is a big job that took lots of practice!”
- considering the range of ages and developmental levels of children in a group and ensuring that individuals or smaller groups can participate at their ability and skill level. For example, if a mixed-age group of children is exploring putting balls on ramps, a care educator might model how to place the balls for a 10-month-old who is unfamiliar with the materials or who is still developing the necessary motor skills. For a 28-month-old in the group, the educator might support the child’s understanding of **cause and effect**, understanding of space, problem-solving skills, and curiosity by asking questions about new steps, such as “What do you think will happen if you tilt the ramp like this?” or “What might happen if you use this small ball instead of the big one?”
- using past observations of children’s temperament tendencies to plan future interactions. Some children, for example, may have high activity levels and prefer interactions during outdoor play rather than when engaging with books or stories. However, modifying a plan might be necessary, for at any given moment an infant or toddler may engage in an interaction or learning experience in a new and surprising way.



Key Consideration Multilingual Children’s Use of Language

Children express themselves in the language they use with their family, the language they use in their care setting, or a mix of languages. **Multilingual children** draw on all the languages they are developing to communicate (Espinosa, 2015; García, 2011). When a care educator shares the child’s home language, using that language in the early learning and care setting helps the child develop important foundations of language, promotes a sense of belonging, and connects the child to their family and community. When a care educator does not share the child’s home language, it is especially important to communicate with families or community members to learn key words around caregiving practices.

Many infants and toddlers experience another language for the first time when they enter an early learning and care setting. From a young age, children are able to distinguish between the languages they experience (Byers-Heinlein et al., 2010). In some cases, when a care educator speaks to an infant or toddler in a different language from the child’s home language, the child may respond in their home language or through nonverbal communication (Byers-Heinlein & Lew-Williams, 2013). Acknowledging and responding to a child’s communication, even if the care educator does not share the language, contributes to a sensitive and respectful relationship and shows the child they are a valued participant in the interaction.



Practice

Providing additional supports or adjustments for children with disabilities

Like all children, infants and toddlers with disabilities or developmental delays participate in interactions based on their temperament tendencies, preferences, strengths, and needs. Care educators need to ensure that every child is supported in participating in daily interactions or learning experiences, including interactions with peers (Phillips et al., 2022). For example, a care educator might interact with a 2-year-old who is especially talkative and another who does not yet speak. Both children need to be supported to engage in back-and-forth interactions; answer questions; and communicate their interests, wants, and needs, whether they use words, other vocalizations, gestures, gaze, or AAC devices. Examples of inclusive practices that help all children engage fully in interactions include:

- adapting interactions and learning experiences based on children’s strengths and additional support needs. For example, some children may take longer to sit without support and may need extra support to stay upright. When providing extra support, a care educator can arrange the situation so a child can see the care educator’s face while they are talking or singing to the child. The care educator can also ensure that they provide the child with opportunities to explore objects by holding, viewing, and **mouth**ing them when appropriate.
- ensuring all children are effectively supported to engage in interactions with peers and care educators. Because children with disabilities or developmental delays can be at risk of being excluded from interactions, intentional action on the part of care educators is necessary to reduce this risk. For example, when caring for a 30-month-old who is not yet using words to communicate, a care educator might provide materials such as blocks, which children can engage with together, so that the child is included in play with others while experiencing the language the other children are using. The care educator can support the child in using gestures or AAC devices. For example, the care educator might encourage the child to choose a picture of a simple block structure they want to build, which can support an interaction with another child. The care educator encourages back-and-forth interactions such as “Jaime is showing you the bridge picture. Do you want to build a bridge with Jaime? What blocks do we need?”
- working closely with the family and early intervention specialists who are providing services through the Individualized Family Service Plan (IFSP) to incorporate supports and adjustments they are using into the early learning and care setting.

For children who may benefit from early identification and intervention services, care educators often play an important role in the referral process. If a care educator becomes concerned about a child's development, connecting with the child's family and collaborating in making a referral for a comprehensive developmental assessment is the recommended approach. An important benefit of building a trusting relationship with the family is that it will lead to better understanding of the child's individual development and ways to support the child. If the child is found eligible and an IFSP is developed, care educators communicate with the family about what actions the care educators can take to ensure that they provide the additional supports and adjustments needed for the child to participate fully in interactions. The family may be able to share the IFSP or other information from the specialists with the care educator. It is also appropriate to ask the family if the early intervention specialists can visit the early learning and care setting to provide additional guidance.

In-Practice Example **Flora and Julian's Musical Adventure**

Mr. Ray snaps a photo of 7-month-old Julian sitting in his aunt's lap and wobbling his head and shoulders while listening to music. Later in the week, Ms. Juana records a video of 28-month-old Flora twirling and stomping as a peer plays notes on a xylophone. During their planning time, Mr. Ray and Ms. Juana explore ways to plan interactions around music and movement for their mixed-age group. They decide to set aside times when they include both recorded music and developmentally appropriate musical instruments for the children. After sharing with the families their observations of children's movements with music and their plans to extend this learning experience, they ask the families for suggestions for a playlist that reflects the children's or families' favorite songs.

For their first musical learning experience, the care educators spread musical instruments around the play area and play a song they've selected from the playlist, loud enough so the four children can hear but not loud enough to be overwhelming.

Ms. Juana makes a note that Julian responds to the music by moving his body and smiling broadly when he catches the rhythm. She smiles back, moves a maraca to within his reach, says "Maraca," and shakes a similar object herself. Flora picks up a tambourine, taps it against a table, and then shakes it vigorously while she dances. Mr. Ray documents Flora's movements with a video recording and makes a note that she holds the tambourine for several minutes. He then joins the children and sings along with some of the repeated lyrics. Ms. Juana encourages the children as they make music and move their bodies, commenting on their creativity and enthusiasm. When the song ends, some of the children continue exploring the instruments while others transition to other interests.

In a conversation that afternoon, the care educators reflect on and discuss the ways Flora and Julian engaged with the learning experience. Ms. Juana notes that both children practiced their

gross motor skills during the learning experience and agree that adding scarves for Julian and the other nonmobile children to wave and a big bouncy ball for Flora and the other mobile infants to pat or push could invite the children to engage in additional whole-body movements. The care educators plan to continue including music throughout their week and choose a new song for tomorrow. They plan to observe how the children respond to the new music and use the things they've added to the learning experience.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What stood out to you about the way the care educators engaged in the cycle of observing and documenting, studying and interpreting documentation, and planning and implementing?
2. What are your thoughts about the way the care educators worked together to plan new learning experiences?
3. What are some additional ways the care educators could have built on their observations about the children's interest in music and movement?
4. Thinking about your own practice, how would you continue engaging Julian, Flora, and the other children in music and movement?

Area of Practice

Being Sensitive and Responsive to Children’s Cues and Communication

High-quality interactions and strong, caring relationships with infants and toddlers start from a place of sensitivity and responsiveness. This means paying attention to what the child communicates through their expressions, gestures, words, and actions and providing a response that connects with the child’s cues (Bornstein, 2012; Masek et al., 2021).

At times, responding means taking action, such as talking to the child or providing something the child needs. For example, if a care educator notices a child becoming frustrated while trying to put their sock on, the care educator might communicate to the child, “It looks like you’re feeling frustrated with that sock. Can I help hold it while you slip your foot in?”

At other times, being responsive means communicating that the care educator is aware of the child’s interest, want, or need and asking the child to wait until the care educator is available. For example, if a child tugs on a care educator’s arm and babbles while holding up their sock, the care educator might respond, “I see you want me to help you with your sock. I’m changing Benjamin’s diaper right now. I will help you when I’m finished.” These kinds of interactions validate the child’s agency and support their social and emotional development, language development, and ability to manage their impulses and behaviors (**inhibitory control**; Dombro et al., 2020).

Finally, responding sometimes means simply continuing to observe. For example, a care

educator might notice a child trying different ways to put on their sock. If the child appears to be engaged in the action, the care educator might choose to allow the child to persist on their own, staying nearby in case the child eventually communicates that they want help. Documenting the child’s effort may help the care educator understand more about the child’s **persistence**, response to frustration, motor skills, perceptual skills, **cognitive flexibility** (which direction do I hold the sock so it will go on my foot?), and communication skills, among others. Engaging in an ongoing process of observation and documentation, followed by study and interpretation, allows a care educator to understand the child’s temperament tendencies and level of development, which can help the care educator respond in a way that works for the child in the moment.

When an infant or toddler is beginning to use words, the care educator may have difficulty understanding the child. In this case, it is still important for care educators to let the child know they are interested in what the child is saying and that they do not understand the child yet. Care educators can also communicate that they will keep paying attention to see if they can figure it out. If the child is mobile or can point, care educators can ask the child to show them what the child is talking about. Care educators can also share what the child said with the family to ask if the family knows what the new word is. Careful attention and interest demonstrate to the child that the child’s ideas are important.



Connections With Approaches to Learning

- Responding to children’s verbal and nonverbal communication reassures them about when and how their interests, wants, and needs will receive a response. By providing this assurance, care educators support children’s developing abilities to adapt to changes and manage their behaviors and impulses (inhibitory control).
- Acknowledging children’s emotions and scaffolding them as they acquire new skills support children to persist through challenges.
- Engaging infants and toddlers in back-and-forth interactions about their environment helps care educators to understand and support children’s curiosity about the world around them and to offer children new ideas related to their interests.
- When leading infants and toddlers in interactions such as songs with simple hand movements, care educators support children’s **working memory**. Children remember the sequence of the song and often are excited to participate in the hand movements.

Practice

Responding to children’s verbal and nonverbal communication

While many toddlers use words, young children of any age often communicate nonverbally through vocalizations, gestures, gaze, and facial expressions. Acknowledging and responding to children’s communication recognizes and validates their participation in interactions. For example, a 15-month-old might move toward a cabinet and look back toward an adult after the adult has said that it is time for a snack. A reply to the child such as “Yes, that’s where we keep the cereal!” acknowledges the child’s understanding that snack time comes next and that the child remembers where the snack food is stored. Responding to children’s verbal and nonverbal communicative efforts strengthens their growing conversational, cognitive, and relationship skills and their sense of agency. Some aspects to consider when responding to children’s communication include:

- paying attention to a child’s curiosity and **initiative** with a particular person, object, or action. For example, a 6-month-old might explore a pillow by patting it and attempting to mouth the fabric. Noticing this while observing the child allows a care educator to follow the child’s lead by touching the fabric and commenting, “You’ve found such a nice big pillow. That part is very soft and smooth, isn’t it? How does it feel when you touch it?” In this in-the-moment interaction, the care educator has responded to the child’s curiosity and initiative, invited the child’s reflection, and provided new vocabulary by labeling the object and describing its size and texture.
- responding to a child’s communication. For example, if a care educator observes that a 3-month-old turns their gaze away after the two have been interacting face-to-face for several minutes, the care educator might recognize that the infant is communicating that they need to take a break from the stimulation. At a later age, a child might stretch their hands out toward a banana while making sounds to indicate they would like a banana. Acknowledging and responding to the child’s request—even if the response is that right now is not time to eat a banana—supports the child’s engagement and social understanding skills. For example, a care educator might respond, “I know you love bananas. I’m putting some in a bowl now, so you can eat them soon.”
- using observations to inform whether an active response is needed or whether being emotionally and physically available is enough in the situation. In some situations, allowing a child to engage with a task on their own or with other children supports the child’s perseverance and problem-solving skills. Even when a child is frustrated with a task, they may not seek or want help. Staying close and calmly acknowledging the child’s feeling and their effort communicates that frustration and struggle can be important parts of learning something new. A care educator might say, “You have tried so many ways to fit that baby doll in the basket, and he keeps falling out. Trying to solve a problem like that can be frustrating.”
- recognizing that children’s behavior, even behavior that a care educator considers challenging, is a child’s way of communicating. The child may be

communicating an idea, a feeling, a need, or a request. Working to understand what the child is expressing can help the care educator acknowledge the child’s idea and find the reason. In this way, the care educator is responding to the child and helping to solve the problem rather than just trying to stop the behavior. When a care educator recognizes and responds sensitively to a child’s behavior in the same way that they would respond to another way of communicating, the care educator contributes to the child’s early social interaction and relationship skills.

For example, a care educator can recognize that an 8-month-old is crying more often and wanting to be held because they feel distressed by multiple unfamiliar people coming into the early learning and care setting. The child is conveying their new ability to distinguish between familiar and unfamiliar people and is expressing the need for consistency and safety. In response to the child’s behavior, the care educator can reduce the child’s exposure to unfamiliar people and offer reassurance and comfort if the child becomes upset.



Key Consideration **How Infants and Toddlers Communicate**

Infants and toddlers communicate verbally and nonverbally in varied ways. For example, they communicate through spoken language, sign language, AAC devices, vocalizations (such as coos, babbles, or whimpers), gestures, gaze, and facial expressions. AAC devices can encompass many different objects or devices, including picture card communication systems, visual choice boards, or tablet-based communication systems.

When care educators acknowledge and respond to a child’s communication cues, they let the child know that the child is a valued participant in the interaction. They also strengthen the child’s conversation skills, cognitive development, and relationships with others.

Learning Story: “Let’s Be Friends!”

A Learning Story is one way that care educators might observe, document, and then share their reflections with a child and their family. A Learning Story includes documentation of an observation, often including photos of what a care educator or family member has seen a child or children doing in an early learning and care setting or at home. In a Learning Story, the adult adds their interpretation of the child’s competencies and dispositions toward learning, such as the child’s peer interactions, relationships, and communication cues. The following Learning Story illustrates how one care educator, Janelle, observes and documents 12-month-old Jerrick’s learning and development.

Dear Jerrick,

This morning you were sitting outside on a mat with some balls, scarves, leaves, and bowls. You were carefully putting the leaves inside a bowl and then gleefully dumping them out, making a “yeee” sound as they came cascading out of the bowl. After you repeated this a few times, Shawntika, who was lying on her back close to you, repeated a similar sound. You looked over and laughed and made your “yeee” sound again. Shawntika responded with her sound again. You then reached for one of the scarves and draped it over your head. Shawntika watched as you pulled the scarf off and said, “Ah-boo!” Shawntika kicked her legs, smiled, and responded with her own “ooh” sound. Smiling, you repeated covering and uncovering your head with the scarf as Shawntika watched and responded with her own excitement.

Jerrick, over the past months as I have been getting to know you, I have seen your interest in the people around you. Sometimes you quietly observe. When there is a group of people together, I notice that you look carefully at each child and adult in the group. I sometimes call this “taking roll.” It is as if you are observing and learning about the people around you. You also invite people to engage with you through your expressions and your vocalizations. You began smiling at me soon after I met you, and when I smiled back, your whole face would light up. When a new person comes into the room, you are the first to notice, looking in their direction and watching with curiosity. When I shared this observation with your *meme* (grandmother), she laughed and said she has observed that when someone comes into the room and doesn’t greet you, you will vocalize in their direction, as if to say, “Hey, I’m here!” Today I observed you in “conversation” with Shawntika. I saw that when you noticed that she was responding to your sounds, you invented a game and invited her to play, and she responded. You used your memory of a fun game of peek-a-boo that I’ve seen you play with your auntie. You invited Shawntika to play and improvised with the scarf nearby. I watched as you formed a prediction that Shawntika would respond if you disappeared under the scarf and reappeared again. I saw your delight when your prediction came true!

Jerrick, I look forward to watching you continue to develop your own ways of engaging in communication, relationships, playful interactions, and learning about the people around you. I'm also curious to see how you will continue to use observation and make and test your predictions to learn all about your world.

Your care educator,
Janelle



Practice

Acknowledging children's emotions

Communicating to children that all emotions, including anger and frustration, are important and valid supports children's emerging emotional understanding and self-regulation. Through sensitive, affirming interactions, children learn that all emotions are a healthy part of life and can be expressed in safe and satisfying ways.

Through coregulation—the process by which care educators provide calm, caring, and supportive interactions that help children regulate their emotions and behaviors—children learn strategies for self-soothing and emotional regulation. Care educators support children's emotional regulation by remaining calm and empathetic, providing comfort, and offering simple words for the child's emotions. This coregulation with the care educator helps young children begin to understand, manage, and express their emotions and seek comfort when needed. Through these interactions, children gradually learn ways to regulate their emotions and behaviors with less support (King & La Paro, 2018; Schoppmann et al. 2022).

Some general guidelines for acknowledging and attending to children's emotions include:

- providing **wait time** and following the child's lead. Each child will experience emotions in their own way and at their own pace. When a care educator aligns their response to the child's behavior, it provides the child with reassurance that the care educator is there to help the child manage any emotions that might feel overwhelming. Waiting and following the child's lead also helps build the child's ability to manage their behaviors and impulses (inhibitory control).
- acknowledging all emotions as part of caring and responsive interactions. Respectfully describing children's behavior and suggesting a likely emotion without directly labeling their feelings helps children begin to identify their emotions. For example, a care educator might say, "I see you are crying and hugging your stuffed animal. It looks like you're feeling sad," instead of saying, "You're sad."
- validating all emotions and providing reminders of acceptable behavior when needed (keeping in mind the child's age and development). Validating their emotions and guiding their behaviors may help children learn ways to regulate their emotions and contribute to their understanding of emotions. For example, if a 15-month-old child expresses anger while transitioning from outdoor play, a care educator might respond, "It looks like you're upset that we're going inside. I know it's hard to leave the sandbox. Would you like a hug to help you feel calmer?" If a care educator observes a 35-month-old throwing markers on the floor, the care educator might say, "I see you throwing markers on the floor. It looks like you're upset. When you're upset you can scream into a pillow." It can be helpful to follow up with the child, once they are

feeling calmer, to try to understand the cause of the frustration.

- modeling and engaging in developmentally appropriate ways for children over age 2 to regulate their emotions and behaviors, such as slow breathing, redirection, or snuggling. Between about 24 and 36 months, when children are often learning how to regulate their emotions and behaviors with less help, care educators demonstrate and support children in learning strategies to manage their emotions.
- communicating about emotions and supporting children’s emotion regulation as part of spontaneous interactions throughout the day as children are playing, exploring, and testing new things. In addition to these spontaneous opportunities to support emotional regulation, communicating about emotions, reading books about emotions, engaging in role-playing, using puppets, and practicing emotion regulation strategies can be helpful.

Observing and documenting when children are experiencing strong emotions helps care educators understand children’s emotions and behaviors. When observations include information about the situation, time of day, people involved, responses the child is receiving, and what type of guidance effectively supports them, care educators can better understand the child and the child’s emotions and behavior. Reflecting on the documentation can help care educators in planning how to support children’s emotional regulation.



Research to Practice Child-Directed Speech

Sensitive, responsive interactions often include a type of language known as **child-directed speech**, which supports early language learning. The term *child-directed speech* applies to both spoken and sign languages. Care educators using child-directed speech will speak or sign at a slower pace than when communicating with an adult, with very expressive intonation, simpler vocabulary, and exaggerated facial expressions. Child-directed speech also contains shorter sentences that are usually repeated several times (Schick et al., 2022; Singh et al., 2009; Song et al., 2010).

In nearly every culture around the world, caregivers naturally use child-directed speech when communicating with infants and toddlers (Hilton et al., 2022). When care educators pay attention to the child’s cues—how the child is engaging and responding during the interaction—they will shift to using child-directed speech, which helps the child attend to and understand language and supports the child’s participation in the interaction.

Practice

Providing encouragement

Positive and encouraging interactions assure children that they are safe and secure as they test new skills and explore their world. Feeling safe to explore helps children to test new motor skills; supports their cognitive development; and encourages them to develop curiosity and initiative, persistence, and problem-solving abilities. Care educators provide encouragement during interactions when they:

- respond positively through words, touch, or behaviors when children demonstrate new skills. For example, a care educator might clap when a 5-month-old successfully finds their own foot, or they might smile and communicate encouragement while an older child carefully practices climbing stairs. When a care educator responds to a child’s accomplishments, they communicate that the child is seen and can offer language about the child’s accomplishment. For example, a care educator might say, “You’re holding your foot! You’ve been watching and reaching for it and now you have it!”
- follow children’s leads in responding to their accomplishments. The timing of the care educator’s responses is important. Waiting several moments allows a child who has just accomplished something to enjoy and reflect on their achievement. Waiting and watching for the child to invite a response by looking or vocalizing to the care educator ensures that the child is ready for interaction.
- use in-the-moment observations supported by reflections on past observations and documentation to gauge how much support is needed. Providing just the right amount of support—not too much, and not too little—promotes perseverance and is a balance that depends on the child and their development. By offering new opportunities for children to challenge themselves while providing appropriate support, care educators allow infants and toddlers to explore freely and enthusiastically to develop new skills. Care educators can stay close enough to offer acknowledgment and encouragement of children’s efforts and feelings to let children trust their abilities and interest in self-initiated challenges.

Area of Practice

Communicating During Interactions to Prompt Thinking and New Learning

Using language, gestures, and facial expressions to narrate, describe, and provide prompts supports children’s development in all domains of learning and helps them make sense of their world (Daneri et al., 2019; Deák et al., 2018; Shablack & Lindquist, 2019; Vouloumanos & Waxman, 2014). Care educators and children engage in language-rich interactions throughout the day. These types of interactions can include having a conversation, making observations about something in the environment, or providing comfort. Through relationships based on language-rich interactions, children learn about themselves, about others, and about the world around them. In an early learning and care setting, rich interactions may take place in a child’s home language when the care educator and child share the language, or they may take place in a language the child is developing in the context of the early learning and care setting. Regardless of the language of the interaction, infants and toddlers need wait time to process the language they experience and to come up with a response.

Care educators draw on past observations of a child’s developmental level, interests, and **attention cues** when interacting with the child in the moment. For example, a care educator who has observed and documented a child’s attention cues may notice when the child is demonstrating that they are attending to an object in their environment and talk with the child about that object. Conversely, they may notice when the child has lost interest in an object and adjust their conversation and actions to respond to the child’s cues.

**Connections With Language Development**

- Back-and-forth interactions support children’s developing conversation skills with others. Even infants who do not use words yet learn to take turns communicating back and forth with another person through vocalizations, facial expressions, or gestures. Care educators can use vocalizations, facial expressions, and gestures in addition to spoken or signed language.
- Clear, developmentally appropriate language when interacting with infants and toddlers supports their ability to understand an increasing number of words and sentences.
- Responsiveness to children’s communication—whether their communication is verbal or nonverbal—supports their developing abilities to express themselves and communicate with others.



Practice

Connecting language to people, things, and actions in the child's environment

Describing the people, animals, events, and objects in the environment introduces children to new vocabulary and helps them understand the meaning of new words. For example, care educators connect language to specific aspects of the child's environment when they:

- describe what children are experiencing or exploring in simple terms. For example, a care educator might communicate to a child, "I'm going to put away the plates with flowers," holding up the plates and then putting them in a cupboard. The care educator can also describe the child's actions, such as "You are picking up the leaves! I see you have a red one, a brown one, and a yellow one."
- use nonverbal and verbal communication together. While dressing a 6-month-old, a care educator can hold up a shirt while saying, "Now let's put on your *shirt*." A care educator interacting with 2-year-olds might ask, "Where is the bucket?" while holding their arms out in a questioning gesture and looking around to help children understand that they are being asked to find something.
- point out the size, number, location, or other qualities of objects that infants or toddlers are exploring or manipulating and introduce related vocabulary. For example, a care educator might say, "You are holding a *big* teddy bear and putting it *under* the blanket."

Practice

Prompting children’s thinking and expanding on ideas

Care educators can initiate interactions with infants and toddlers that prompt children to explore and observe. By communicating with children about their environment, care educators spur curiosity and encourage children to notice aspects of the world around them, such as space, color, size, or cause-and-effect relationships. These interactions also provide natural opportunities to expand children’s back-and-forth conversation skills as well as their understanding and use of new vocabulary and sentences. Observing and documenting what about the environment particularly interests children can lead to reflective planning of interactions that build on their interests. Some suggestions for prompting children’s thinking and expanding on ideas include:

- asking children simple questions. For example, as a 10-month-old watches a cat walking behind the couch, the care educator might ask, “Where did the cat go?” As a 26-month-old is building with blocks, the care educator might ask, “What do you think will happen if you add another block?” to expand their curiosity and support their ability to think flexibly. To encourage children to notice properties of objects or engage in mathematical thinking, a care educator might comment, “You’ve collected so many big pinecones! I wonder if they will all fit in that basket you’re filling?”
- asking children questions about what peers or other people are doing and what they might be feeling—such as “Karlynn is scooting toward the lunch table. What do you think she’s so excited about?”—to encourage social relationships and knowledge about emotions.
- repeating and expanding on what children communicate. For example, if a 20-month-old holds up several dandelions and communicates, “Wawa” (an approximation of “flower”), a care educator can respond, “You have three flowers! One, two, three!”



Research to Practice

Technology's Impact on Interactions With Infants and Toddlers

Infants' and toddlers' learning and development is optimally supported by responsive, caring, individualized interactions. Electronic media, toys, and apps are common in daily life. When considering options of screens and technology, it is important to consider what the technology is replacing—for example, whether it is replacing time that would otherwise be spent interacting with peers or care educators. Because infants' and toddlers' brains are still developing, they do not learn from media in the same way that they learn from interactions with other people, and they are not fully able to apply what they experience from media to their own lives (Kirkorian et al., 2025; Strouse & Samson, 2021). Care educators are encouraged to provide children with opportunities for supportive interactions that center around relationships, respond to children's emotions, include varied language and communication, and encourage children to explore the physical world around them.

In some situations, technology is an essential tool. Children with disabilities, for example, may use tablet-based programs to communicate. However, whether or not a child communicates through the use of technology, their development is best supported when the communication takes place in the context of an interaction with a responsive care educator.

The American Academy of Pediatrics (2002) has provided guidelines, based on recent research, regarding screen time for infants and toddlers. The chapter on Environments and Materials in this resource provides an overview of these guidelines.

Practice

Engaging in back-and-forth interactions

Even before infants are able to communicate using words, they can participate in “conversations” when they coo, giggle, or babble back and forth with a care educator (Bornstein et al., 2015). Learning how to converse back and forth with another person provides the foundation for children’s developing abilities to interact with adults and other children. The developing infant eventually shares interests, emotions, and desires, which helps them to connect with others.

Consistent, predictable interactions with care educators provide comfort and contribute to the development of secure relationships. They also help infants develop the ability to participate in back-and-forth communication. Through sensitive, responsive interactions, infants learn to trust the relationship. For example, when an infant crawls away from a care educator to explore, it is important for the infant to know that when they look back, the care educator will be present and will respond in a familiar way such as making eye contact or smiling. Some considerations when engaging in back-and-forth interactions include:

- acknowledging and responding to children’s communication during conversations, even before the child uses words. When an 8-month-old pats the page of a book and babbles, “A-ga,” a care educator might respond, “I see, there is a polar bear in this book!” The pair can continue this conversation, with the infant babbling and the care educator waiting for their turn to respond.
- encouraging children to engage in back-and-forth interactions using their home language, even if the care educator does not share the child’s language. For example, when a care educator suggests in English, “Let’s go outside,” a child might reply in Spanish, “Pa” (an approximation of *pájaro*, meaning bird) while pointing out the window. Even if the care educator does not share the child’s language, they might respond in English with, “I can see you’re excited about something outside. Why don’t you show me?”
- providing wait time. Young children process information at a slower rate than adults. When communicating with an infant or toddler, it is important for a care educator to give the child time to process what the care educator has said and additional time to process what they will communicate in response.

Consistent, predictable interactions with care educators provide comfort and contribute to the development of secure relationships.

In-Practice Example

An Everyday Moment With Darius

Imara, who cares for her 5-month-old great-nephew Darius during the day, cradles Darius after a nap. Because Imara has previously observed that Darius is calm and attentive after nap time, she uses these moments to engage in a back-and-forth interaction with Darius. Imara sits on the couch with her legs propped up, placing Darius on her legs so the two are facing each other. Darius reaches for Imara’s hand, and Imara holds it out to him. “These are my fingers,” she tells Darius, wiggling her fingers as she speaks. She allows Darius to pull on her fingers and bring them up to his mouth. After a moment, Darius looks back at Imara’s face, and Imara gently wiggles Darius’s hand. “Let’s see your fingers,” she says. “Oh! I found them! Look at these very small fingers!” She holds Darius’s hand up in front of Darius’s gaze, and Darius smiles. She comments, “You can wiggle your fingers,” as Darius excitedly waves his hands. Imara gives Darius time to look back and forth between his hand and hers. “Would you like me to count how many fingers you have?” She waits a moment, and Darius bobs his head and babbles, “Ga.” “You’d like to count them?” Imara asks, and Darius replies, “A-ga.” “Okay, let’s see. I see one little finger ... two little fingers ...” Imara counts Darius’s fingers slowly, touching each one as she does.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What did you find meaningful about Imara’s back-and-forth interaction with Darius?
2. What interested you about Darius’s developing attention and sense of curiosity?
3. What parts of this example might be useful to you in your own interactions with infants and toddlers?

Practice

Communicating about expectations and transitions

Communicating about expectations and transitions as part of interacting with children provides them with a sense of predictability and stability. This sense of security in turn creates an environment where children feel safe in exploring, learning, and trying new things with their minds and bodies. Knowing what happens next also helps children manage their behaviors and impulses and shift their focus between learning experiences. Examples of how care educators communicate about expectations and transitions include:

- communicating with children about what is about to happen to show respect and allow them to prepare for interactions and transitions. A care educator who observes that a child needs a new diaper might kneel down, ensure they are in the child’s view, and communicate, “It’s almost time for a diaper change. After you put that next block on your tower, I’ll pick you up,” while holding out their arms to help communicate the message. Some children with processing differences may use tactile communication cues. A care educator might softly brush a child’s hand before guiding them to a picture on a communication board, helping the child transition into the interaction.
- planning learning experiences that provide children with information on social and behavioral expectations. For example, a care educator who observes a 30-month-old attempting to pull a peer’s hair out of a feeling of frustration may invite the children to explore ways to say “stop” without hurting others. It is also very powerful to acknowledge appropriate behavior when it is demonstrated. For example, a care educator might communicate, “You used such gentle touches when playing with Nathan.”

Each child will respond to expectations and transitions in their own way. Observation and documentation of individual children’s behavior during transitions will help with individualizing the support each child needs.

Area of Practice

Centering Play and Social Interactions

Outside of daily routines, young children’s interactions revolve primarily around play. Infants and toddlers are strongly inclined to learn and develop through play (Shin, 2024). Growing out of relationships and social interactions with others, young children’s play is also influenced by their families and cultures (Hännikäinen & Munter, 2018).

Children enjoy opportunities to interact one-on-one with a care educator or peer, in small groups with a care educator and other children, and in small groups with other children. Each type of interaction offers infants and toddlers different ways to learn about themselves and others and ways to collaborate and problem-solve. Infants and toddlers benefit from opportunities to play in indoor and outdoor settings and take part in learning experiences, including gross motor play, **fine motor** play, **sensory play**, **dramatic play**, and

social play. These experiences give infants and toddlers a chance to practice and develop a wide range of skills and support all aspects of children’s development (NAEYC, 2020).

Young children are motivated to learn through curiosity and novel interactions and experiences. They also find safety and comfort in familiar interactions and experiences. Studying and interpreting past observations of children’s interests in different types of interactions and building on their curiosity when planning and implementing future interactions are key to offering engaging learning experiences. When offering a planned learning opportunity to children, it is important to remain flexible and respond to their cues. Children may take the interaction in a surprising direction that is more interesting to them and rich in learning.



Connections With Cognitive Development

- Through consistent, ongoing interactions that include rich language input, care educators support children in noticing aspects of their environment, such as **spatial properties**, color, size, or quantity. As care educators observe, they notice what each child is exploring and can offer each child appropriate descriptive vocabulary, such as numbers, size words (e.g., *big* or *small*), or words to describe spatial positions (e.g., *in* or *under*). Descriptive vocabulary about objects' color, texture, or shape can also support children's developing abilities to notice similarities and differences and **classify** objects into groups.
- By asking children questions, care educators prompt children's thinking and exploration, even if they do not expect the child to answer. For example, a care educator might prompt children to think about cause and effect by asking, "What do you think will happen if we tap this drum very lightly?"
- Providing encouragement and engaging in joyful, playful interactions allow children to feel secure in testing and exploring their environment.



Practice

Engaging in joyful, playful interactions with children

Infants and toddlers learn primarily through exploration and play. Through joyful, playful interactions, young children engage their curiosity, solve problems, think flexibly, collaborate and interact with others, and explore their environment, among many other skills. Infants and toddlers often take delight in singing or hearing a song many times in a row or playing the same game multiple times. Below are some considerations when engaging in joyful, playful interactions:

- playing games such as peek-a-boo or hiding games (such as hiding a toy under a sheet or cup) as a way to engage children in using their developing memory, understanding of patterns, and their ability to sustain attention. For example, when playing a hiding game, an infant learns to understand a sequence of steps in the game and practices using their working memory as they remember where an object is hidden.
- including singing, storytelling, and reciting rhymes to engage children with language and literacy in one-on-one situations or as part of a small group of children. Children learn about words and sounds and use their working memory and attention skills to anticipate parts of songs or movements associated with sounds. Children also have opportunities to engage in playful physical activity by singing or chanting with finger play, dancing, or moving along to rhymes. Care educators also make up songs or rhymes as they narrate children’s experiences or play. For example, a care educator who is holding an infant while searching for the child’s stuffed toy might sing, “Bear is hiding, where’s she hiding? Is she under the pillow? Is she on the chair? Is she over there? Bear is hiding, where’s she hiding?” while moving to the rhythm of the made-up song.
- offering children a manageable selection of developmentally appropriate choices to support children’s initiative, self-directed learning, and decision-making skills. For example, a care educator might offer a child the opportunity to choose between two or three toys or objects.

By studying and interpreting observations of children’s choices during interactions, care educators can learn about children’s interests and plan future interactions around those interests. For example, if a child frequently requests a particular song, the care educator can plan to incorporate that song in the child’s play or daily routines.

Practice

Creating opportunities for peer interactions

Young children are often drawn to other children and may smile or initiate interactions with them. Care educators build on this natural interest by providing opportunities for children to enjoy playing with each other and as a way for children to interact with and understand their world. When infants and toddlers interact with each other, they have opportunities to develop language, collaborate, solve problems, and build social understanding and relationships with peers. Over time, they develop abilities such as initiating an interaction, taking turns, helping, negotiating, and collaborating (Hay et al., 2019; Williams et al., 2010). Some ideas for creating opportunities for peer interactions include:

- placing nonmobile infants near one another so they can see and hear each other. From the first weeks of life, infants show interest in their peers. As infants grow, they notice and respond to the emotions and behaviors of other children, which is foundational for developing empathy. They are also learning about social interactions and developing peer relationships.
- offering materials and environments where infants and toddlers can explore their interest in peers and start engaging in meaningful social interactions with one another. Infants and toddlers may engage in **parallel play**, where they are doing the same thing but not directly interacting with each other. They may observe, follow, or **imitate** another child.
- offering more organized learning opportunities to children beginning at around age 2, including learning opportunities that require taking turns. Small groups of three or four 2-year-olds can work cooperatively in dramatic play, building, or art. By the age of 2, children are often capable of simple collaborative efforts—engaging in shared actions to reach a common goal. For example, they may all work together to fill a cart with sand or pretend to feed a baby doll with flower petals.
- supporting early social understanding and relationship skills by allowing two children to safely interact and negotiate—verbally or nonverbally—with one object. Young children who are seeking to engage with a peer around an object have the most success when they offer an object to the peer, use positive communication with the peer, or gently touch an object the peer is playing with that they are interested in.
- observing whether children can solve social conflicts before introducing ideas to help the children with problem-solving. Offering children the opportunity to resolve conflicts on their own supports their social, peer relationship, and problem-solving skills.

In-Practice Example

Jun and Lucas Paint Together

Ms. Helene has been observing and taking notes on the social interactions taking place among the children in her care. She has observed 32-month-old Jun approach other children engaged in play and grab materials or interrupt their pretend play. As she reflects on her notes, Ms. Helene wonders if Jun might benefit from more opportunities to enter into one-on-one play with the other children. Ms. Helene then plans to create and introduce on Monday morning a painting center with an easel and roll of paper, multiple paint brushes of various sizes, and small cups of paint. Like the other parts of the environment, she will post a visual guide suggesting that the space is limited to two children at a time.

On Tuesday afternoon during free play, Ms. Helene observes Jun near the easel where Lucas, another child of the same age, is busy painting. Ms. Helene knows that Jun and Lucas share a home language of Cantonese, and she recognizes that this is an opportunity for the two to interact in their home language. She remarks, “Jun, I see Lucas is painting. Would you like to join him?” She moves closer in case her help is needed but reminds herself that Lucas and Jun seem to get along well and that Jun sometimes mimics Lucas’s words and behaviors.

Lucas notices Jun and asks in Cantonese, “畫畫? 一齊畫?” (Paint? Wanna paint?). When Jun grabs a paintbrush and reaches for Lucas’s cup of paint, Lucas reminds him to put on a smock and helps him pull it over his head.

Ms. Helene jots down a note that Jun has accepted Lucas’s help and continues to observe the interaction. Lucas picks up the cup of red paint and a thin brush and returns to painting. Jun says, “要畫畫” (Wanna paint).

“Okay. 邊個?” (Okay. Which one?) Lucas replies in Cantonese and English, gesturing at the cups of paint. “呢個 red” (This one red), he comments, gesturing to the red paint. After Jun chooses the cup of blue paint, Lucas says, “And a brush,” holding up his own brush as a way of communicating that Jun should choose a brush too.

As Jun and Lucas navigate painting together at the easel, Ms. Helene reflects on what other opportunities she can create for the children to support each other in trying new experiences and learning new ways of relating to one another. She wonders if pairing children up for small tasks would work or if it would just cause more tension.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What did you find inspiring in Ms. Helene’s approach to supporting Jun’s social and emotional development?
2. What stood out to you about Jun and Lucas’s peer interactions when they were supported by Ms. Helene?
3. Thinking about your practice, what actions might you take to support children’s social–emotional and peer interaction skills?

Area of Practice**Scaffolding and Modeling New Skills and Behaviors**

Through interactions, care educators often engage in scaffolding—intentional support that guides children’s learning and development to the next step. The purpose of this kind of support is to allow the child to do as much of the task as possible themselves. This gives them the opportunity to experience their own sense of accomplishment.

Scaffolding includes understanding what new skill a child is trying to learn and creating a context that allows them to accomplish or try to accomplish it on their own. Scaffolding can take many forms, including prompting children with **open-ended questions**, inviting children to play with materials, and modeling. Examples include reminding a child of each step of a handwashing process, showing a child where the neck hole in their shirt is when they are trying to put it on themselves, or gently tapping a child’s leg when asking them to lift their legs on the diapering table.

Modeling is an important part of scaffolding because young children observe, study, and imitate others as they learn and implement the social norms of the world around them (Hardecker & Tomasello, 2017; Over & Carpenter, 2013). Modeling can offer a child an idea or a way of doing something, but without the expectation that the child imitates exactly what the adult models.

Care educators need to be aware of their words and actions and be intentional about what children are learning from them. For example, when a 2-year-old has spilled water on the floor, a care educator can identify the problem (“Oops! There’s water on the floor”) and their concern (“I don’t want anyone to slip on the wet floor”). After giving the child time to process the information, the care educator could suggest, “I’m going to get some towels to clean it up. Would you like to help?” and hold out their hand to invite the child to follow. By interacting calmly

and respectfully, the care educator models for the child how to manage their emotions and solve problems.

Ongoing, careful study and interpretation of observations and documentation allows care educators to identify areas of learning and development that are almost within a child’s grasp and plan appropriate interactions to scaffold the child’s development. For example,

a care educator who observes that a child has been showing interest in categories can model and narrate sorting as they put away bibs and washcloths: “This is a bib. I’m going to put it with the other bibs. This one is a washcloth. Where shall we put the washcloth?” The child may attend to the language the care educator is using or the actions they are performing or attempt to imitate the care educator’s actions on their own.



Connections With Perceptual and Motor Development

- Scaffolding and modeling different motor skills during everyday interactions allows children to observe and practice fine motor and gross motor skills, such as using utensils, turning on a faucet, or putting on a hat before going outside.
- Using language with children as they move their bodies such as “Oh, look at how you stacked that!” communicates interest in the child’s actions and prompts them to continue to explore.
- Infants’ and toddlers’ bodies are rapidly changing and growing. Being mindful of what infants can actually perceive—such as making sure they are able to see the face of someone talking to them or making sure an object is within their reach—supports their perceptual and motor development.

Practice

Embracing children’s tendencies to imitate

From their first days and weeks of life, infants observe and imitate others. **Imitation** supports infants’ and toddlers’ development of the foundations of **symbolic thinking**, memory and recognition, communication, social understanding, and empathy. Below are some ideas on how to support children’s development:

- understanding children’s tendencies to imitate others. Infants younger than 6 months may imitate care educators’ facial expressions and make cooing sounds in response to others’ vocalizations. Engaging infants younger than about 6 months in face-to-face interactions gives them opportunities to imitate others and supports their ability to recognize familiar people.
- observing and documenting children’s interests revealed through their imitations. Infants and toddlers delight in imitating gestures, words, and facial expressions they have experienced in interactions with care educators and peers. For example, a child may “read” a book by babbling while flipping through the pages or wipe a table with a nearby scrap of fabric after observing a care educator clean the table with a sponge. Reflecting on this observation and documentation allows care educators to plan novel experiences that support further creativity and exploration.
- recognizing a child’s increasing participation in interactions over time. Children use the information they have learned in prior interactions when they interact with care educators and peers. A care educator who recognizes a child’s increasing interest in interactions can document and study this progression, plan and implement increasingly complex interactions, and then reflect on how the child responds.



Practice

Learning through interacting with others

Interactions with people around them can support infants and toddlers as they learn and develop language and social behaviors, including how to initiate interactions, work cooperatively, and negotiate conflicts (Phillips et al., 2022). Young children learn about kindness and empathy from being treated kindly and respectfully in interactions with others. Infants and toddlers also learn language by experiencing language from the individuals in their homes and communities. The following are ways that care educators intentionally interact with infants and toddlers to promote learning and development:

- assisting children with entering into play with peers by suggesting appropriate words and actions. For example, if a 16-month-old is approaching a peer who is playing with puzzle pieces, a care educator might sit next to the children, pick up a puzzle and start playing with it. The care educator can then offer a puzzle piece to the 16-month-old and say, “We’re both playing with puzzles.” This type of interaction provides children with a model and guidance on how to join in play or ask someone to join them.
- describing their emotions and thoughts while engaging in warm, caring interactions. This approach to interacting can help children connect with their care educators and learn social and emotional skills and vocabulary.

For example, a care educator might touch an infant softly on the hand while rocking them to sleep and say, “You look like you are falling asleep. Seeing you so relaxed and peaceful makes me feel happy.”

- modeling language without correcting the child. As toddlers learn to combine words into sentences, they may say things such as “Him falled-ed down.” Without commenting on the child’s language, a care educator can simply model by responding, “He fell down? Does he need help?” Responding in this way provides children with language input that supports their language development while allowing them to remain a valued conversational partner in the interaction.

Practice

Scaffolding children’s acquisition of new skills

Children learn new ways to experience and manipulate objects and materials, such as using a spoon, closing doors, putting on a shirt, or opening lids, through their own exploration and through interactions with adults. One way care educators can support children’s learning during interactions is through scaffolding. Care educators who scaffold children’s developing skills provide just enough support in the beginning for a child to acquire a new skill and ample opportunities for the child to practice and master the skill. Below are suggestions for providing scaffolding for children as they acquire new skills during interactions:

- describing ways to divide an action into smaller parts or asking questions to prompt the child’s thinking, such as saying, “It can be tricky to get these stickers off the sheet. What do you think will happen if you try grabbing a little corner of the sticker?” Children also need many opportunities to practice new skills over and over.
- narrating a child’s actions in order to scaffold the child’s thought processes and perseverance. For example, a child might try to fit an object inside a container that is too small, then pause and try again. If, after a moment of observation, the care educator senses that the child is not sure what to do next, the care educator might scaffold the child by narrating, “It looks like the shovel doesn’t fit in the bucket.” The care educator can then pause to allow the child to consider the spatial properties of the objects and consider a solution.
- supporting children’s development by providing the next step toward skills a child is working to master. Care educators can anticipate and identify these next steps by studying and interpreting their previous observations and documentation of a child’s development. For example, a care educator might observe that a child is interested in learning to use a pitcher at snack time. The care educator can scaffold the child’s learning by holding the cup while the child is pouring from the pitcher. This allows the child to focus on holding the pitcher and pouring without having to worry about the cup moving.

In-Practice Example

Gwen’s Experimentation With Size and Shape

Adrian cares for their 22-month-old neighbor, Gwen, in Adrian’s home several days a week. Gwen, who is not yet speaking, communicates with Adrian mainly using gestures, gaze, and facial expressions. After lunch, Adrian asks Gwen to help them put away some of the leftover food. Adrian reaches into a low cabinet and takes out two small storage containers, placing them on the table. Adrian and Gwen put leftover vegetables into one container. While Adrian scoops leftover rice into the other container, they observe Gwen pulling lids of various shapes and sizes out of the cabinet. Adrian and Gwen carry a few lids to the table, and Adrian lifts Gwen into a chair so she can reach the containers. They allow Gwen to examine several lids, placing them over the tops of the containers as she has observed Adrian do many times.

Gwen pushes down on one lid repeatedly, then puts it down on the table, frowning. “Hmm,” Adrian says, picking up the lid and holding it in front of them. “This one is a very big lid, isn’t it? What if we try to find a small one?” Adrian observes that Gwen is uncertain about what to do, so Adrian selects two lids from the pile to simplify the task. “Here is a big lid, and here is a small lid,” Adrian says, pointing to each one. Adrian emphasizes the words *big* and *small* to support Gwen’s developing ability to use words. “Which one might be good to try?” Adrian asks. Gwen picks up a lid and places it on top of the container. Seeing that the size is a good fit, she smiles at Adrian and gestures to the container. “It fits!” Adrian replies. Gwen gestures to Adrian’s hand. “Would you like me to help you push it?” Adrian asks. Gwen nods, and the two push the lid together.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What are your thoughts about the way Adrian used everyday objects and actions to support Gwen’s understanding of size and shape?
2. What everyday objects and actions might you use to support children’s understanding of size and shape?
3. When you think about children you care for, how might you use ideas from this example to scaffold their learning as they work on solving problems?

Closing

Consistent and responsive interactions within caring relationships support infants' and toddlers' learning and development in all domains. These supportive interactions strengthen secure and meaningful relationships with children. Interactions are informed by conversations with families as well as careful observation, documentation, and planning. The practices presented in this chapter highlight the importance of the planning cycle. They provide guidance for interacting in ways that are consistent with family preferences and priorities and individualizing interactions to support children's full participation based on their abilities, needs, and interests. In addition, the practices encourage all care educators to engage in sensitive, playful, and joyful interactions. Care educators support the learning and development of infants and toddlers through their interactions: They encourage children to explore the world around them, notice new aspects of their environment, and share information with others. Interactions also support children's developing relationships with adults and peers and affirm that the child is an important member in those relationships. It is critically important that interactions with children are responsive to the child's communication, interests, strengths, and needs.

Reflection Questions

Here are some questions to help you as a care educator reflect on your interactions with infants and toddlers:

- When you think about the practices presented in this chapter, what is similar to how you interact with infants and toddlers, and what is different?
- What did you find inspiring about the descriptions of interacting with children and collaborating with families?
- How might you incorporate practices new to you into your reflective planning to support children's learning?



Chapter 4: Routines

Opening

Infants and toddlers learn and develop across many contexts. This chapter discusses key considerations and practices to support learning and development in the context of **routines** in **early learning and care settings**.

Routines as a Context for Learning and Development

Routines provide an important foundation for infants and toddlers to grow and learn. Routines refer to a predictable sequence of events that occur at predictable times in the day (Gillespie & Petersen, 2012). Routines include care routines that meet children’s basic needs like diapering, sleeping, and feeding. Routines also include important transitions like greetings, departures as **caregivers** change during the day, and transitions into and out of care routines. Routines offer moments for predictable connections that support relationship security. Routines can seem like tasks needed to get through the day. However, routines provide unique opportunities for infants and toddlers to learn and develop, including building relationships, communication skills, body awareness, physical skills, and health and safety concepts. Routines offer valuable moments that can have a meaningful impact on every part of a child’s development and learning. Predictable and consistent daily moments provide infants and toddlers with safety and comfort (La Paro & Gloeckler, 2016; Laurin et al., 2021). Routines meet the basic care needs of children and can help them build healthy habits. They also help infants and toddlers anticipate the structure of their days, such as arrivals, drop-offs, and transitions between activities. When infants and toddlers know what to expect in their day, they can focus on learning, and transitions go more smoothly. When **infant–toddler care educators** (care educators) plan routines that are well-planned and purposeful, they can be **responsive** to the interests, strengths, and needs of individual infants and toddlers to create rich learning experiences.

Routines offer valuable moments that can have a meaningful impact on every part of a child’s development and learning.

Care educators have an important role in providing predictable, consistent, and responsive daily routines that provide infants and toddlers with a sense of safety and comfort (La Paro & Gloeckler, 2016; Laurin et al., 2021). When children have **primary care educators** who consistently respond to their cues in an attentive way, children develop secure **attachment relationships** with their care educators. It is highly beneficial when the infant’s or

toddler’s primary care educator does most of the care routines with the child, like diapering, feeding, and napping. In early learning and care settings, having a primary care educator do most of the care routines helps establish a trusting relationship between the child and the care educator. When children establish a secure attachment with a care educator, it provides a secure base for play, exploration, and learning.

Key Considerations for Routines to Support Learning and Development

Routines provide care educators with opportunities to support early development and children’s learning across domains (Degotardi et al., 2016; Konishi et al., 2018, Palmér et al., 2016). Through repeated one-on-one interactions during routines, a care educator learns a lot about a child, such as how they are feeling; what their strengths, interests, wants, and needs are; and how they typically respond to certain situations. Care educators then adapt the interactions based on how infants and toddlers are feeling and responding. They may also begin to include the child in preparing for routines and invite them to help. When the child is included in preparing for routines, the child may more eagerly participate. To support learning and development during routines, care educators consider the following:

- **Aligning routines with family preferences and values.** Collaborating with families supports care educators to establish familiar routines and build connections between the family’s approach to routines and the early learning and care setting’s approach (Lang et al., 2016). Routines should be built in partnership with families to reflect families’ cultural practices and preferences and the individual needs of the children. When routines are familiar, children can develop a secure sense of self and belonging and develop meaningful relationships with care educators.
- **Individualizing routines.** Individualizing routines is key in supporting infants’ and toddlers’ individual strengths and needs and families’ preferences and values (Gillespie & Petersen, 2012). Routines are moments for undivided attention to understand and value each child’s uniqueness. Infants and toddlers have their own rhythms for eating, diapering or toileting, and sleeping that need to be met on an individualized schedule. Understanding how these routines happen in families is essential for providing individualized care in the early learning and care setting. For example, care educators might learn the words or phrases families use at home during care routines to signal routines to children in a familiar way.
- **Creating inclusive routines.** Adapting **Universal Design for Learning (UDL)** to routines can make routines more inclusive, accessible, and rich in learning for each child. Care educators use the UDL framework to support every child’s full participation in interactions. A way to apply UDL within routines is to keep them predictable and consistent because predictable and consistent routines support all infants and toddlers in learning about their bodies and the care their bodies need. Learning to anticipate that their needs for care will be met provides children with a sense of security. By planning for the needs of individual children and the group, care educators can establish predictable and consistent routines for all children. It is also important to create flexible routines that

offer children clearly defined choices and multiple means of expression to support them in engaging in routines in a way that works best for them (CAST, 2024).

- **Being responsive during routines.** Routines often vary from day to day and over time as infants' and toddlers' needs change as they develop and grow. Changes in routines can sometimes be challenging for children. Being responsive during routines and especially during times of change can help make transitions smooth (Selman & Dilworth-Bart, 2024). Being responsive in the moment involves following an infant's or toddler's cues and tailoring interactions to fit their needs and preferences. Responsiveness in routines also creates opportunities to build communication both to support infants' or

toddlers' understanding of their daily lives and to build their capacity to communicate about their own experiences.

- **Making joy and play a priority during routines.** Play supports learning and development (Pellegrini et al., 2007). Routines can be fun moments in the day for infants and toddlers, for instance, playing a game of peek-a-boo to start a diaper change or singing to prepare for a transition outdoors. Routines offer daily opportunities to support infants and toddlers in developing a range of skills in joyful and playful ways. When care educators enthusiastically support children in doing parts of routines themselves, they help children build their self-confidence, have fun, and feel capable of handling challenges.



Planning for Routines

Using the reflective planning cycle (observing and documenting, studying and interpreting, and developing and implementing plans) to structure routines supports care educators to tailor routines to the developing strengths and changing needs of children. The planning cycle allows care educators to modify routines as needed and look for ways to improve routines and tailor them to individual children’s development, strengths, and needs. Care educators adjust routines to be responsive to individual children by observing how individual children and the group engage in routines, documenting their observations, and reflecting on their practice. For example, a care educator might observe nap time over a week, documenting the arrangement of cots and when children fall asleep. Through reflecting on the documentation, the care educator might decide to rearrange the cots to separate the light sleepers from the more vocal children during nap time. This change would address the needs of both the light sleepers and the more vocal children. By reflecting on observations and documentation, care educators identify opportunities to sustain, extend, and support each child’s experience within routines.

The acts of observing and reflecting help care educators plan routines that work best for individual children and for the whole group. Observations and documentation can also be used to share and reflect with families to support family engagement. A care educator may discuss their observations of a child and ask what a family has observed. For example, a care educator might share with a family that a 20-month-old does not use very many words in the early learning and

care setting. Then they might invite the family to share what they have noticed in their interactions with the child. A family member may share that the child mostly talks during one-on-one routines with family members. Reflecting on the family’s experience, the care educator might focus on moments for one-on-one interactions during the day, such as during diaper changes or before nap time, to engage the child in conversation.

Reflections may also happen in the moment, as care educators observe children’s behaviors. For example, a care educator might observe that children are very eager to engage in active play during the transition to outdoor play. Being responsive in the moment, the care educator decides to have a dance party with the children as they all wait by the door to go outside. Observing how children interact during routines can also inform the care educator about ways to make the routine more responsive. For example, a care educator observes that a 28-month-old child does not want to disengage from play when their family comes for pickup and, to offer more time for transition, responds by telling the child when they see the car park outside the window.

In a group care setting, care educators balance the needs of individual infants and toddlers within the group. Care educators draw on observation, documentation, and reflection to plan routines that are responsive to the individual strengths and needs of each child in the group. Planning routines that meet individual needs can provide the consistency and predictability that will enable children to participate in routines and engage in rich learning experiences.

Areas of Practice

Information on supporting routines is organized into six areas of practice. Each area of practice is further organized into specific practices, with accompanying explanations and examples. Table 2 provides an overview of practices that are addressed in this chapter.

Table 2. Areas of Practice for Routines

Areas of Practice	Practices
<p>Partnering With Families</p>	<p>Promoting partnerships with families</p> <p>Embedding children’s culture and language used at home into routines</p>
<p>Establishing Predictable and Consistent Routines</p>	<p>Establishing and following a simple sequence of events</p>
<p>Being Responsive and Modifying Routines Based on Observations and Children’s Shifting Needs</p>	<p>Responsive moments during routines</p> <p>Shifting routines slowly to support children’s learning</p>
<p>Individualizing Routines to Meet Each Child’s Needs</p>	<p>Responding to children’s developing abilities and shifting interests and needs</p> <p>Supporting children with disabilities or developmental delays through routines</p>
<p>Encouraging Infants and Toddlers to Play an Active Role in Routines</p>	<p>Providing opportunities for children to participate and engage in routines</p> <p>Noticing when children may be ready to practice a new skill and when they may need some more time before trying a new skill</p>

Communicating With Infants and Toddlers During Routines

Describing what you are doing and what the child is experiencing

Extending children’s thinking and communication during routines

Encouraging back-and-forth conversations during routines

Area of Practice

Partnering With Families

Families are essential partners in supporting children’s routines because they are experts on their child and know them best. Learning about a child from their family can help care educators make informed decisions about routines. The ways the family engages in routines offer children predictability that in turn supports their development (Spagnola & Fiese, 2007). Thus, it is important to have continuity between the early learning and care setting routines and the family routines. Routines also provide an opportunity to incorporate a family’s languages, practices, and preferences into the child’s everyday experiences.

Incorporating families’ home languages and practices into routines supports infants’ and toddlers’ **sense of identity**, acceptance, and belonging. A care educator might ask the family to help them learn songs or key words or phrases the family uses in their home to help the child feel more connected to their family while adjusting to the new setting. For example, a family might share that their child asks for a “nana” to request a banana. This is especially important for a child whose home language is not the language of the early learning and care setting so care educators can understand children’s early speech.

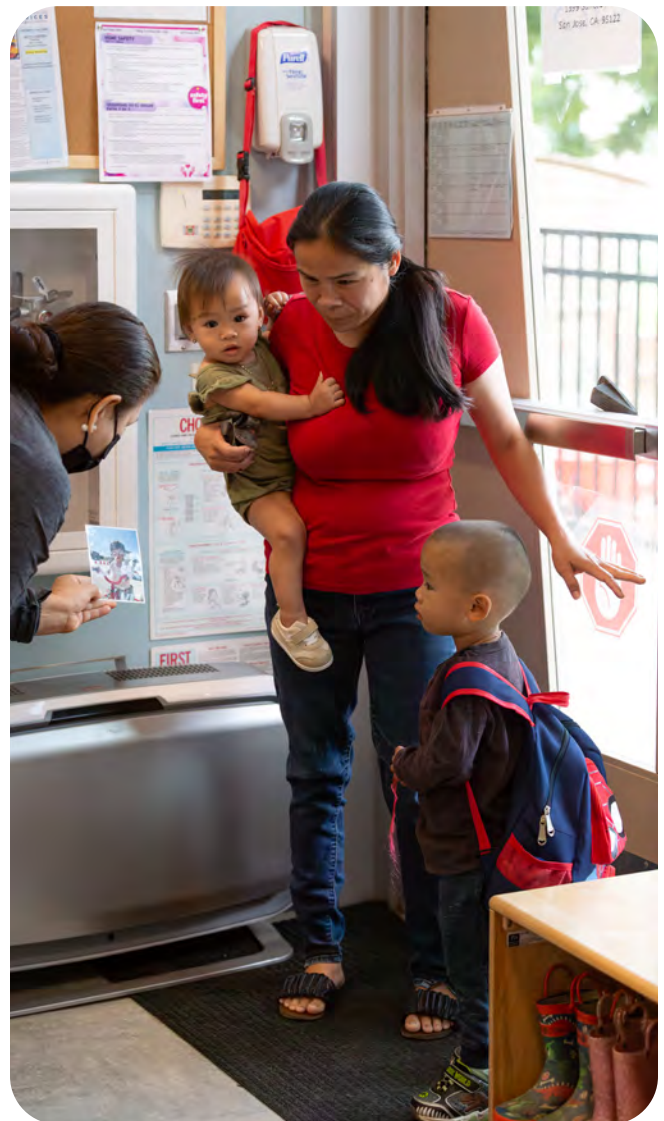
Families are essential partners in supporting children’s routines because they are experts on their child and know them best.

Practice

Promoting partnerships with families

The positive relationship that families and care educators develop with each other supports the development and learning of infants and toddlers (Lang et al., 2016). Establishing and maintaining two-way communication supports care educators and families to discuss changes in routines both in the family setting and in the early learning and care setting. For instance, it is important for care educators to know about events outside of the early learning and care setting, including major life changes or changes in home routines, that might influence a child’s behavior. For example, a family might share when a parent loses a job or when a child transitions out of sleeping in a crib. Families should also be encouraged to share their preferences around routines and practices they engage in with their child. Care educators work with families to adjust routines in a way that is responsive to each family. For example, care educators cocreate routines with families by:

- documenting and sharing observations with families when planning changes in routines or schedules based on children’s emerging developmental skills and interests. Care educators reflect with families on how children are adjusting to a change and continue to make plans together. For example, a care educator shares their observations with a family of a child’s first nap in the early learning and care setting and discusses ways to support continuity between naps at home and in the early learning and care setting.
- working with families to find ways to comfort infants and toddlers as they adjust to a nap routine. For example, in one early learning and care setting, a photo of a family member holding their child is posted above each child’s sleep area. In another, a care educator has a recording of the child’s grandmother singing the child’s favorite lullaby that can be played while the child is settling into sleep.
- having conversations about the child’s habits with the family, such as their sleep cues, how they fall asleep, where they sleep, and their natural sleep cycles (e.g., when



they typically are more active or calm and ready for sleep). Understanding a child's **natural sleep and wake cycle** can help a care educator plan and individualize nap time and other activities.

- inviting families to provide care in the early learning and care setting. Observing interactions and nuances of a family member providing care for their child can inform both how the care educator offers care to the child and how to communicate with the child about ways the family provides care. For example, after watching how a grandfather interacts with a child during a diaper change pickup routine, the care educator might interact with the child in a similar way and say, “When your grandpa changes your diaper, he sings that little song about the ducks and walks his fingers up your tummy like this.”
- sharing important updates about a child's experiences with the family and the early learning and care setting to support a continued partnership between families and care educators. If a family is thinking about helping their child transition to using the toilet, discussing ways to support this in the early learning and care setting and at home can support consistency for the child in both settings.
- communicating with families about what sort of developmental updates they want from

the early learning and care setting to support families to make decisions around whether or not to hear about milestones that happen in the early learning and care setting for the first time. For example, a family may share they do not want to hear about major milestones like first steps or words that happen in the early learning and care setting but want updates on additional words their child learns.

- sharing a child's accomplishments with the family and in the early learning and care setting to increase collaboration between families and educators. A family might share that their child is starting to hold their own spoon, or a care educator might share that a child has taken the **initiative** to bring all the chairs to the table when it is snack time. This communication about children's developing skills can inform families and care educators about how they can both support children's learning and development.
- using a communication system with families. Also important for collaboration between families and educators for providing individualized care is a communication system that works for everyone. For example, something like a Care Chart where both families and educators record the last time a child has slept, been diapered, had a bottle or eaten keeps everyone informed about when the child will need care next.

In-Practice Example

Amara Has a Hard Time Saying Bye to Auntie

Mr. Antwon takes time daily to document his observations of each child and meets weekly with a colleague, Ms. Cynthia, to discuss their observations and plan for the coming week. Mr. Antwon has noticed that one of his newer children, 2-year-old Amara, cries at drop-off with her auntie but not with her dad. Ms. Cynthia asks about Amara’s dad’s and auntie’s drop-off routines.

Mr. Antwon looks at his notes and reflects on how Amara’s dad always plays with Amara in the block corner for several minutes before giving her a hug and telling her that he will be back to pick her up after nap time. Amara’s auntie is usually in a hurry and drops Amara off without playing.

Ms. Cynthia suggests talking to Amara’s auntie about a routine they could have together for drop-off that could be quick but consistent. Mr. Antwon makes a plan to talk to Amara’s auntie when she picks Amara up on Tuesdays, since she is not as rushed at pickup on that day of the week.

During their conversation, Amara’s auntie confirms that most days she drops Amara off on her way to work and does not have time to play for 5 or 10 minutes like her brother does. Mr. Antwon suggests Amara’s auntie borrow the book *Bye-Bye Time* to read to Amara at home. Mr. Antwon tells Amara’s auntie that it might help Amara to know what to expect and engage in a good-bye ritual with her.

At the next drop-off, Amara’s auntie tells Amara, “Remember the hugs and waving in *Bye-Bye Time*? Let’s try to say goodbye just like the little girl in the story.” Amara cries and asks for “one more?” Auntie says, “It seems like you’re sad. It’s hard to say good-bye. A hug and a kiss and then we will wave good-bye.”

After a week of their new drop-off routine, Amara runs to get *Bye-Bye Time* as she comes in the door. When her auntie leaves, Amara watches the door and then goes to paint with a peer.

Mr. Antwon wants to acknowledge the family’s partnership and Amara’s learning through this experience. He sends an email to Amara’s dad and auntie at the end of the week:

“Hi, Chris and Adele,

I want to thank you for your partnership in helping Amara with her good-byes. I appreciate the time that you, Dad, spend with Amara at drop-off. I also want to thank you, Auntie, for sharing the *Bye-Bye Time* book with her and acknowledging her feelings when it was time to say good-bye. I observed so many skills that Amara is developing as part of the drop-off transition. She was showing us her social and emotional skills through the trust she has with her dad and Auntie and the trust she is building with her care educator. She is engaging in preliteracy skills through reading and remembering the book and the ideas in it. She is exercising her thinking and memory skills as she learns a new way to

say good-bye, and she is showing her developing self-regulation as she initiates joining activities in the early learning and care setting. Thanks again for your partnership with us in helping Amara with this new skill. We look forward to seeing her continued learning and discovery.”

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What are your thoughts about the ways Mr. Antwon and Amara’s auntie supported Amara in regulating her emotions during drop-off?
2. Based on your experience, what other ways might Mr. Antwon’s actions support Amara’s ability to feel secure and manage her emotions during the drop-off routine?
3. Thinking about your own practice, what questions might you ask a family member when planning a drop-off routine?

Practice

Embedding children’s culture and language used at home into routines

Care educators can have ongoing discussions with families to find ways to include children’s culture, like their family practices and home languages, into routines. Maintaining cultural and linguistic consistency between family and early learning and care settings is especially important in the early years of development as children are forming their sense of self and belonging. Routines provide daily opportunities for intentional connections to a family’s cultural practices, such as values, beliefs, and home language. Some ideas for connecting children’s culture and language used with their families into routines include:

- communicating with families to put together a list of words and short phrases in the child’s home language to use during routines. Using a few key words in the child’s home language can help children recognize new vocabulary in the language used in the care setting. For example, a care educator might use the Spanish word for diaper, *pañal*, during a diaper change with a 14-month-old: “Julian, time to change your diaper, your *pañal*.” By using a word from his home language, Julian understands what routine is coming and is supported to recognize the word *diaper* in English.
- having conversations with the child’s family about practices they do with their child. Getting to know the child’s family practices and values builds connections between family and the early learning and care setting. These conversations help identify what is most important to the family. Some families may have strongly held beliefs or practices that they want incorporated into their children’s daily routines. For instance,

some families may value a care educator feeding a child to build **interdependence**. Other families may value a care educator supporting a child to feed themselves as early as possible. Families may also hold beliefs around what foods they eat. Understanding the family’s values around care practices is important for developing a feeding plan for their child that is aligned with the family’s practices.

- offering a visit to families and children in the family’s own setting.¹ Care educator visits to families in their setting provide families with the option of a more comfortable **environment** for conversation with the educator. Families might share things that are important to them, and care educators are able to observe family interactions

and the spaces where the child spends time. For the child, this can be a significant event, seeing their care educator and family together in the family environment. The care educator might ask for permission to take some photos to share with the child in the early learning and care setting.

- drawing on knowledge of the child’s family from conversations or home visits to support connections with family and the care setting. For example, a care educator might ask a 34-month-old, “Did you take your puppy, Enzo, out for his walk this morning?” or “We are having sweet potatoes for breakfast this morning. Your g’mama makes you her special pumpkin mash with pumpkins from her garden.”

¹ In some settings, like Head Start programs, home visits are required. For other settings, like family, friend, and neighbor care, care already occurs in the home environment. Where home visits are not already part of the setting norms, care educators can work with families, and their program if applicable, to make plans for home visits.

In-Practice Example

Pickup Time for Camila and Mateo

Camila, a 10-week-old, and Mateo, a 22-month-old, are siblings at Ms. Elsa’s small family child care home. Their family shared with Ms. Elsa that they chose her to care for their children because she speaks Spanish with the children, like they do at home. Mateo has been cared for by Ms. Elsa since he was 8 months old, but Camila has only been in care for a few weeks. Ms. Elsa has observed that since his sister started care, Mateo has shown distress at pickup, crying and sometimes throwing toys.

Ms. Elsa knows that at pickup Carla, Camila and Mateo’s mother, is in a hurry to get home to start dinner, so Ms. Elsa asks if there is a good time for them to talk about supporting Mateo during pickup routines. During their phone call later that week, Ms. Elsa shares some observations of the children and the skills they are developing. She shares how Mateo loves to push trucks in the yard during outdoor play and how Camila watches the older children while they play. She asks Carla what she has observed at home about the children and how they interact. Carla shares that at home, Mateo loves to help take care of his baby sister Camila, or “Mimi” as he calls her. He helps get her clothes from the laundry basket when Carla is doing laundry. When his sister cries, Mateo says, “*Mamá, Mimi leche*” (Mom, Mimi milk). Carla also observes that Mateo started crying when an older cousin visited recently and wanted to play with the baby and not with him. Carla and Ms. Elsa decide to try a new approach, where Carla will greet Mateo as soon as she arrives at pickup, and she and Ms. Elsa will involve him in the pickup routine so he gets to help.

During the next pickup, Carla first greets Mateo, leaning down to his level saying, “*Mijo, ¿cómo te fue hoy?*” (Darling, how was your day?). After Carla hugs Mateo, Ms. Elsa passes Camila to her. Carla continues talking with Mateo and asks, “*¿Me puedes ayudar con tus cosas?*” (Will you help me with your things?). He nods and responds, “*Mateo ayuda*” (Mateo help). Mateo clings to his mother’s leg while gathering their belongings but seems less distressed than recent pickups. Ms. Elsa and Carla decide to have a follow-up call after a few weeks to discuss whether this routine is still working and what further adjustments they might consider.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What are your thoughts about how Ms. Elsa used observations to inform her conversation with Camila and Mateo’s mother?
2. In this example, both the family and care educator speak Spanish. How might a care educator involve families in planning if they do not share a language?
3. Thinking about your own practice, what other questions might you ask the family about their routines at home to support Mateo and Camila in the early learning and care setting?

Area of Practice

Establishing Predictable and Consistent Routines

Well-planned routines provide predictability and consistency in the daily experiences of infants and toddlers. Children can anticipate predictable and consistent routines, which allows them to learn about the structure of their day (Selman & Dilworth-Bart, 2024). Having the same responsive primary care educator who usually does the care routines with the child supports the development of a secure attachment with their care educator. A secure predictable attachment provides a safe base to learn and explore.



Connections With Social and Emotional Development

- Routines provide a sense of security that supports infants’ and toddlers’ social and emotional development. Children are able to manage their emotions and expectations more easily when they can anticipate predictable events in their day, such as that their care educator always sits in the same comfy chair while giving them their bottle or that they hear the same song at the beginning of nap time every day.
- Routines support children’s developing sense of **agency** as they learn about how to care for themselves. As they grow and develop, children may try holding their own bottle or bringing their own bowl and cup to the table at mealtime.
- Incorporating family practices into routines supports relationships and a **sense of self** by fostering consistency between the family and the early learning and care setting. For example, in an early learning and care setting where English is primarily spoken, to support a family who speaks a home language other than English, the care educator could share words they know in a child’s home language or could ask the family to share a few common food words in their home language when talking about foods the child also eats at home.
- Routines provide consistent opportunities for children to engage in social interactions with their peers and care educators. For example, when passing out the cups at snack time, the care educator gives a child two cups and asks them to pass one to their neighbor. As they go around the table, each child has the opportunity to either hand a cup to or receive a cup from a friend.

Practice

Establishing and following a simple sequence of events

Breaking down routines for infants and toddlers into simple steps can help children learn to predict routines and understand steps in routines. Below are some specific examples and considerations for establishing predictable and consistent routines:

- observing whether there are specific routines that are more challenging or aspects of routines in which some children may need additional support. For example, if a 26-month-old typically seems frustrated during transitions, validating their feelings and using visual aids to show what activity is happening next might help children more easily manage the transition.
- establishing consistent cues for children. Care educators might play soft music or dim the lights at the start of a sleep or nap routine. Care educators might sing a song or chant a rhyme when it is time to wash hands in preparation for mealtime. Care educators reflect on what cues work best for the children in their care and communicate with families about cues that work both at home and in the early learning and care setting. These cues help children know what is coming next. It is helpful to observe how different children respond to the cues. Reflecting on these observations can inform care educators how to help different children adapt to cues and to what will happen next. Some may respond to visual cues while others respond to verbal reminders.
- using visual cues for the sequence of the day or for specific routines to support children’s understanding. For example, a care educator working with a group of 18- to 36-month-olds might make a visual schedule that shows key routines that take place, such as drop-off and pickup, meals, handwashing, naps, and play. Using visual cues can help children track what is going to happen next or give cues about variations in routines, like a sign to remind children on days when rain boots are needed for outdoor play. A care educator working with a 6-month-old infant might show the child objects that cue routines, like their bottle to cue feeding or their sleep sack to cue a nap.
- using “First ... then ...” concepts to describe transitions or steps in a routine supports children to predict routines. For example, a care educator says to a 21-month-old, “First we wash our hands, then we eat a snack.”
- cueing parts of a routine with words in a child’s home language to support understanding. This is especially important if a child transitions to a new learning and care environment where routines and the language may be unfamiliar.
- using reflective planning to decide when to add complexity to a routine for an individual child or small group of children. A child may learn it is time to sleep when the care educator dims the lights. Knowing what the cue means, the 2- and 3-year-olds get their sleeping mats or cots. Finally, the care educator turns on soft music or white noise, a cue to the children that they can relax and go to sleep.



Connections With Cognitive Development

- Predictability and repetition in routines, such as always going outside after snack time, helps children make sense of their world and notice sequences.
- A care educator’s use of mathematical language during routines supports children’s understanding of concepts like number, size, and location. For example, during a mealtime, a 30-month-old might be asked how many pieces of chicken they want, or a 4-month-old might be asked if they want more milk. Questions such as these support children’s developing **number sense**, even when the children do not yet have the language to respond.
- The opportunity to learn and recall steps of a routine supports children’s memory development, such as recalling that their jacket is in their cubby when getting ready to play outside.
- Care educators may set up mealtimes to provide 2- and 3-year-olds with the opportunity to build concepts of causality and **spatial thinking**. For instance, during family-style meals, care educators may invite children to pour their own beverages or to categorize different types of utensils, such as “serving spoons” and “eating spoons.” With children who still drink from a bottle, a care educator might use words like *full* or *empty* and give the children opportunities to learn to hold their own bottle.



Area of Practice

Being Responsive and Modifying Routines Based on Observations and Children’s Shifting Needs

Routines provide structure to the day for both children and the care educator. Having predictable routines and a predictable schedule helps children to make sense of their world and navigate challenges, but educators also adapt and change routines based on children’s shifting needs, in-the-moment reactions, or changes in circumstances (Costa et al., 2023). Predictable routines and schedules look different depending on the age of the child and the setting. For example, a 3-month-old’s schedule could include diaper changes after each nap or holding off on a feeding if family pickup is within the next half hour, while a care educator of a group of 24- to 36-month-olds may have major routines like snacks, meals, naps, and transitions planned

in the same order each day. Adapting routines may mean a routine happens at a different time than usual, new **materials** or activities are introduced, or even lasting changes are made to a routine. By introducing variability within established routines, children have the security of familiarity as they learn and explore something new to them. Giving children information about the change ahead of the routine will help them anticipate and prepare themselves for the change. By observing children’s understanding of daily routines and documenting how changes in routines happen, care educators plan for shifts in routines while keeping in mind the individual needs of the children.



Connections With Approaches to Learning

- Routines provide a stable structure for learning across developmental domains. When children begin to participate in routines, they encounter opportunities to persist through challenges, for example, through repeatedly trying to use tongs to serve themselves during mealtime or trying to pull up their own pants while learning to use the toilet.
- By breaking routines down into steps, especially when the steps are reviewed through visual cues or repeated language, children learn to hold information in their **working memory**, for instance, **modeling** how to sort their dishes into tubs after eating or to put on their shoes.
- Routines are filled with moments for children to practice waiting. It is important to support the child’s awareness of waiting by acknowledging the child’s wants and needs. For example, a care educator might tell a child that they will be waiting for a few seconds as the care educator grabs a wipe during a diaper change or waiting for food to be passed their way during a family-style meal. With support from care educators, infants and toddlers learn to manage their behaviors and impulses as they become aware that their needs and wants will be met as soon as the care educator is able to.

Practice

Responsive moments during routines

Routines should also allow for responsiveness to children’s needs in the moment as care educators observe shifts in children’s behaviors and emotions. Routines offer the opportunity for one-on-one responsive interactions, which support a sense of security, for instance, being attentive to a child’s movements and vocalizations and responding to the child in ways that create synchrony between the child and the care educator. Below are some specific examples and considerations for balancing consistency and responsiveness:

- being attuned to infants’ and toddlers’ body language, expressions, and vocalizations in the moment during routines to connect and build a relationship. For example, one 14-month-old might show distress at drop-off by crying and then be comforted by a hug or sitting on an educator’s lap. Another child might be quiet and still while they are distressed and be comforted by an educator sitting nearby and looking at their family photo book with the care educator. By recognizing and responding to children’s needs in the moment, care educators provide the support each child needs to engage in routines.
- communicating with children to assure them the care educator recognizes their interests, strengths, and needs. There are times when a child may have a need that cannot be immediately met, or a child might ask for something that the care educator cannot provide. When the care educator communicates verbally and nonverbally that they recognize what the child wants, the child feels validated in the moment, even when the care educator is not able to help them right away. For example, a 35-month-old might ask to go outside just as lunch is being served. A response to the child might be, “I know you would like to go outside now. We are going to stay inside now and have our lunch, but we can go outside after lunch for a little while before nap time. What do you want to do when you go outside?” As children learn that the care educator is paying attention to their needs, even if they must wait a little bit, they have an opportunity to build their skills to manage their behaviors and impulses (also referred to as **inhibitory control** foundation).



Research to Practice

How Does Play Fit Into Routines?

Infants' and toddlers' play offers rich opportunities for supporting their learning and development (Zosh et al., 2017). Playful moments occur during routines, like a game of peek-a-boo before or after a diaper change or singing when washing hands. However, it is important for care educators to provide blocks of time for children to engage in a variety of self-initiated and self-directed play between routines. Infants and toddlers thrive when provided ample time to play with a variety of materials and across different settings, such as indoors and outdoors. More information about how play supports infants' and toddlers' learning and development can be found in other chapters of this resource.



Practice

Shifting routines slowly to support children’s learning

There are times when established routines must be adjusted or changed. Routines shift for many reasons. A child’s feeding routine might shift when solid foods are being introduced, or a 2-year-old might transition from diapers to learning how to use the toilet. In center-based care settings, children may have new routines when moving to an older age group. No matter what sort of transition a child is experiencing, slowly introducing variations to the established routines supports an easier transition. With care educator support, children develop greater flexibility in adjusting to changes in familiar patterns. Below are some strategies to consider when shifting routines:

- Recognizing developmental changes across domains informs shifts in routines and development. For example, to transition from diapers to using the toilet, a care educator might support a child to learn about causality as they use their motor skills to pull their clothes down and up before introducing using the toilet. Collaborating with families about how they are helping their child learn about using the toilet at home may suggest ways to make the experience more consistent for the child in the early learning and care setting. For instance, the family of a 30-month-old may set aside times in the day to use the toilet. Likewise, at the learning and care setting, the care educator might also consistently offer opportunities to use the toilet.
- Observing and reflecting on the current routine supports care educators to decide when to shift routines and determine whether there are any skills in the new routine that can be introduced before a transition. For example, a care educator in center-based care might practice handwashing in a group setting with a 23-month-old child who is going to transition to a room where children typically wash their hands on their own. In addition, visiting the new room with their care educator can help them try out the new materials and environment with the comfort of their familiar care educator.
- Maintaining as much predictability as possible when a routine must shift more suddenly supports children to feel safe and secure. For example, if children cannot go outside for a few days because of weather, keeping as many elements of the regular schedule as possible helps children feel safe and maintain predictability.
- Communicating with families about shifts in routines and aligning transitions when possible. It is also important to consider changes in the family environment when supporting children in shifting routines. For example, it may be helpful to delay a transition for a child who has a new sibling in their family or has recently moved to a new home.

Learning Story: “Ashan From His Family Child Care Provider”

A Learning Story is one way that care educators might observe, document, and then share their reflections with a child and their family. A Learning Story includes documentation of an observation, often including photos of what a care educator or family member has seen a child or children doing in an early learning and care setting or at home. In a Learning Story, the adult adds their interpretation of the child’s competencies and dispositions toward learning, such as how a child adjusts to a shift in routines. The following Learning Story illustrates how 6-month-old Ashan’s care educator supports his transition to eating solid food.

Dear Ashan,

Today we began exploring solid food together for the first time. I have been watching you participate more and more with your bottle, reaching for it, holding it, and handing it to me when you are finished. I’ve been talking with your mama about when you will be ready to start eating solid foods. She says that you have been intently watching everyone in the family when they are eating and that she has started giving you small bites of soft potatoes and cooked lentils. We decided that those would be good foods for you to start eating here as well, so your mama brought some for you to try here with me. We decided to offer them to you after nap time, when the older kids got back from school, as they were excited to see how you would respond to your first food.

Amani, who likes to help you with your bottle, asked if he could help with your food too. Since we have observed you picking up many things and putting them in your mouth, we decided to put a few small pieces of soft potato on your tray so you could pick them up yourself. We also put a few soft lentils in a small bowl and got two spoons so that you could hold one yourself. After Amani washed his hands, we washed your hands and helped you into your little chair at the table. Amani helped you with your bib and told you that your mama had made some potatoes and lentils for you to eat at Erma’s house. As soon as you were sitting, you started reaching out for the potato pieces. You touched them with one finger and then grasped a piece with your whole fist and brought it to your mouth. When you got some in your mouth, you made a little “hmm” sound, smiled, and patted the table. You brought another piece to your mouth and dropped it. You tried again, and more went into your mouth. Amani was eager to feed you your lentils, and so he offered you the little spoon with lentils on it. You were excited and patted the spoon with your hand. The lentils spilled, and Amani laughed and offered you another bite. He showed you the spoon with the lentils on it, and then you opened your mouth, and you ate them! Soon, you started to reach for the spoon Amani was feeding you with, and I offered you a spoon of your own to hold. You dipped it into the lentils and brought it to your mouth between bites from Amani.

All your friends were so excited for you, and Jalliyah ran to get the camera so she could take some photos to show your family.

Ashan, you approached your first time eating at my house just like you engage in most new activities. You are curious, interested, and eager to do things for yourself. Just like you started to hold your own bottle when you were a few months old, you reached for your own spoon right away. Your curiosity to explore the world and to persist even when things are hard to do allows you to develop so many skills, like holding a spoon and your bottle, picking up things to put in your mouth, and communicating your delight with your smiles and your sounds. You are so interested in and engaged with the people around you that you have developed a special relationship with each of the children in our group, and they are all excited about each of your new developments.

We are so glad you are with us,

Your care educator,
Erma

Area of Practice

Individualizing Routines to Meet Each Child's Needs

Individualizing routines in group care for infants and toddlers helps in meeting individual and group preferences, strengths, and needs. Individualizing routines supports infants' and toddlers' learning and development. The goal of individualization is to be responsive to the interests, strengths, and needs of each child while establishing a predictable and consistent routine (Gillespie & Petersen, 2012). Individualization is an ongoing process that depends on care educators' observations of children, communication with families, and understanding of child development.

Individualizing routines in group care for infants and toddlers helps in meeting individual and group preferences, strengths, and needs.

Practice

Responding to children’s developing abilities and shifting interests and needs

During the first 3 years, children’s needs and abilities change rapidly, and as their needs and abilities change, so do routines to care for them. For example, children may show signs that they are ready to do some routines on their own that they had previously needed help with. Planning an adjustment in a routine might include allowing more time for children to learn steps of a routine. Planning an adjustment may also involve communicating with families about how to change aspects of routines so children are practicing doing more on their own, if that is a shared goal the family has. Below are some considerations for supporting children’s developing abilities and shifting interests and needs:

- observing and documenting children’s skill development and planning changes that help them build on their skills. For example, a child may show signs they are ready to begin to do some handwashing steps on their own as they demonstrate initiative by approaching a sink when they hear “it’s time to wash your hands,” or they may reach for soap on their own as they practice motor skills while using a step stool.
- putting supplies safely within reach and helping a child learn to use new tools to support children’s initiative. Care educators observe and document what the child can already do and reflect and plan how to help them. When individualizing the routine, a care educator might observe that one child may need more physical support, or another may need some visual cues.
- coordinating with families when a child may be ready for more **autonomy** during routines. For example, a care educator may explore with families what kinds of clothing might make it easier for the child to pull down on their own when they are learning to use the toilet or what kind of foods to offer a child who is moving away from a liquid diet to more solids.
- including movement as part of transitions between routines for children who may benefit from active movements. For instance, some 2- and 3-year-olds may find it useful to dance and get their energy out before going inside or settling down for nap time. A 4-month-old may need extra cuddles as they wind down for a nap. Children can learn to regulate their emotions and behaviors when they are supported in being aware of their feelings and given opportunities to express those feelings.
- adjusting routines based on children’s shifting sleep habits. As children transition from more than one nap to only one nap, it is important to observe how they manage during the day. Some children may still need quiet time to relax during the time they previously napped; for example, an 18-month-old may be engaging in a quiet

activity, like listening to an adult read a story, and a 6-month-old may want to be rocked and sung to.

- observing how children are learning new skills. Allowing children to try new skills fosters their engagement and perseverance with a routine. Care educators reflect on observation and documentation to identify the kinds of support different children may

need to learn a new skill. For example, when a 36-month-old is learning to get their jacket on before going outdoors, they might continue trying with encouragement. It is important to plan for enough time for each transition when children are learning to dress themselves so they have plenty of time for several tries.



Research to Practice Routines and Children Who Have Experienced Trauma

Routines can be challenging for children who have experienced **trauma**. Establishing and supporting children using routines can help to build a sense of predictability and security. Traumatic events for infants and toddlers might include abuse and neglect, domestic violence, or separation from a parent (Bartlett & Smith, 2019; Fraser et al., 2019). A trauma-informed perspective in the early learning and care setting can help buffer some of the effects of early trauma (Bartlett & Smith, 2019). Trauma-informed care includes strategies to support the child, the family, and the care educators to build strong, positive, and responsive relationships and a sense of security (Infant Early Childhood Mental Health Consultation Network, 2025; Nicholson et al., 2023). For instance, some strategies include recognizing trauma and responding by adjusting the child’s environment and how a care educator interacts with the child to support the child’s recovery to trauma.

See the “Planning to Support Infant–Toddler Learning and Development” chapter and “Relationships and Interactions” chapter in this resource for more discussion on trauma-informed practices.

Practice

Supporting children with disabilities or developmental delays through routines

It's important to support engagement and participation in routines with all children. Additional supports may help children with a disability, a developmental delay, or other individualized needs so that they can fully participate and engage in the routines in their own way. Below are some considerations for supporting children of all abilities through routines:

- sharing progress toward goals with families and working in collaboration for their input about strategies that can support children's full participation and engagement in routines. Routines offer many opportunities to set and work on goals in collaboration with families. For example, care educators and families can both follow a similar strategy to support a child in learning to put on their own jacket.
- planning time to meet with families for discussions about developmental concerns or major incidents when needed to avoid hurried conversations that interfere with the arrival or departure routines. Families may also be more comfortable having these conversations in a private setting. It may also be helpful to consult with resources and early intervention specialists and share information with families to find ways to support children through routines. (For more information, see *Inclusion Works!*, 2025.)
- using additional supports or adjustments to support children's full participation and engagement in routines. Adjustments to routines are made to ensure a child's participation and engagement in routines. Additional supports or adjustments might also be aligned to an individualized Family Service Plan if a family has one. A child with a fine motor disability might use adaptive grips for utensils to engage in mealtimes. It is important to encourage the child's **persistence** and initiative in using these tools to engage in routines the child enjoys.

In-Practice Example

Nolan Persists Through Mealtime

Ms. Ana is a care educator in a toddler room in center-based care. She has observed Nolan, a 22-month-old who has a motor disability, as he begins to use his adaptive utensils—utensils with holder straps—to eat during mealtime. The adaptive utensils Nolan uses have thick, looped handles that allow him to grip the utensils more easily to scoop and bring food to his mouth. Ms. Ana, Nolan’s family, and Nolan’s occupational therapist closely work together as they introduce new adaptive equipment to Nolan.

Ms. Ana noticed that, like other children, Nolan has trouble scooping slippery foods with his adaptive spoon. During a family-style mealtime, Nolan tries and tries to get peaches with his adaptive utensils. He expresses frustration when the plate with his peaches falls to the ground. Ms. Ana talks to her cocare educator about how they can help Nolan cope with his frustrations at mealtime. They talk about ways to acknowledge his feelings in the moment. They come up with a plan to validate his feelings by identifying his frustration and what he is frustrated about before offering him help or choices, for instance, giving him an option of easier foods to pick up.

Ms. Ana also asks Nolan’s family whether she can contact his occupational therapist to discuss how they can facilitate mealtimes so that Nolan can continue to practice using his adaptive utensil. The occupational therapist suggests that they consider the texture of the foods offered to Nolan and that they use bowls for certain foods and plates for others.

For the next mealtime of the day, Ms. Ana swaps out a plate for a bowl. Ms. Ana observes as Nolan maneuvers the bowl and, after some attempts, is able to scoop the food with his adaptive spoon. They acknowledged Nolan’s accomplishment: “Wow, Nolan! You did it!” Nolan looks up at them, smiles, and says, “Yummy!”

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What stood out to you about Nolan’s continued efforts to learn to use his adaptive utensil?
2. What are other ways Ms. Ana might support Nolan’s ability to cope with his frustrations?
3. Thinking about your own practice, when a child has a disability, how do you connect with the family to learn more about how to support their child?

Area of Practice

Encouraging Infants and Toddlers to Play an Active Role in Routines

Children love to be included! Instead of thinking about routines as something that happens to children, consider how routines can be activities that are done *with* children. Encouraging children to actively participate in routines provides them a sense of confidence in their developing abilities and accomplishments (Laurin et al., 2021). By observing and reflecting on children’s skills and interests, care educators plan opportunities for children to participate in routines that are meaningful and at an appropriate developmental level. As children grow in their skills, abilities, and knowledge, care educators plan new ways to continue supporting children’s growth.



Practice

Providing opportunities for children to participate and engage in routines

There are many ways infants and toddlers participate and engage in routines and develop a sense of agency. When infants and toddlers have opportunities to actively participate and engage in routines, they develop various skills. For instance, they build fine and **gross motor skills**, learn to take initiative, experience **cause and effect**, learn through **imitation**, and cooperate more easily. Here are some tips to encourage children to participate and engage in routines:

- observing children’s curiosity and interest during routines and reflecting by asking yourself, “How can I engage the child based on what they’re interested in and able to do?” You may notice a 5-month-old is trying to swat at their feet during a diaper change and try to engage them by saying out loud, “You are grabbing your feet! Let’s try to get them through the diaper” as you guide their legs through the diaper.
- providing **scaffolding** so a child can perform parts of routines on their own. This may look like modeling or showing how a part of a routine is done to encourage children to imitate those actions. A child may imitate a care educator by trying to use a utensil in the same way to eat during mealtime. The child may also grab a toy broom to help sweep after mealtime, since they have observed their care educator sweep food off the floor after mealtimes. An environment where things are easily accessible to children will encourage children to take the initiative in using them when they are ready.
- giving the child opportunities to participate by asking them questions, for instance, asking them if they want their bottle or to put on sunscreen first or asking if they would like to help wash the tables for lunch or serve their own food. When asked what comes next in a diaper change, a 12-month-old may respond by pointing to wipes during a diaper changing routine.
- making simple requests helps children participate. For instance, “Time for sunscreen. Can I see your left arm? This is your left arm! Extend it out, like this,” or “Daddy brought more diapers today. Can you put them in the basket that is behind you?” Using spatial language to help children participate in routines supports their understanding about how their bodies move and how things fit in space.



Connections With Perceptual and Motor Development

- Routines offer opportunities for children to explore different textures, sounds, and sights, like feeling soap and water during handwashing or trying different foods during meals.
- Many routines support learning various motor skills, like holding a bottle and taking off and putting on clothes. Care educators may plan to support children’s practice of their fine and gross motor skills by scheduling extra time when the children are first learning a skill and waiting to offer help until a child asks or shows signs they are done trying. For instance, a 6-month-old may try to grab their own bottle to drink from it.
- Routines provide children with consistent and safe moments to practice new perceptual and motor skills. For example, having a consistent time for outside play between routines serves as a time when an 8-month-old might explore different textures like grass and listen to sounds like birds chirping or a bouncing ball. Playing outside also may encourage a 2-year-old to practice new motor skills like moving from one location to another, climbing, jumping, or sliding.



Practice

Noticing when children may be ready to practice a new skill and when they may need some more time before trying a new skill

Children develop at their own pace, so practicing new skills in routines on their own timeline is important. Below are some tips for identifying when a child may be ready for a new skill or when they may need more time before trying a new skill:

- documenting children’s progress toward new skills and reflecting on ways to extend their skills to help identifying children’s readiness. For instance, it takes a lot of coordination for children to lather their hands together under running water. A child may need help doing this until they can do it on their own. Care educators may encourage children to do other parts of the routine they are capable of, like grabbing a paper towel or turning the water off. By documenting and reflecting on children’s progress, care educators can think of ways to help children build on their skills. Care educators might also determine how much help a child may need.
- noting and adapting to **individual differences**. A child who is ready for a new skill may assert themselves and take initiative by reaching for something or being adamant and persistent about trying something on their own. In contrast, if they need more time, they might express distress during a routine. By observing a child’s level of initiative or distress, care educators identify additional steps in the routine to help a child reach their goals.
- encouraging children to work toward new skills. For example, a care educator might invite a 28-month-old to help pass out napkins to each of their friends during a family-style meal and might invite a 1-year-old to hold their own spoon or cup during mealtime.
- having patience, as infants and toddlers need time to practice new skills. Practicing new skills is an opportunity for infants and toddlers to persist through challenges and learn to manage their behaviors and impulses so they can collaborate with others during activities.

In-Practice Example

Jacob Is Ready for the Toilet

Mrs. Hadid is getting children ready for nap time in her family child care home. Before nap time, some children use the toilet, and some children get a diaper change. Mrs. Hadid has observed that Jacob, who is 28 months old, has been interested in the toilet, as he pays attention to what the older children do. He also has started telling her when his diaper is soiled. Mrs. Hadid mentions these new behaviors to Jacob’s family and asks if he’s also been telling his family when he’s ready for a clean diaper. Jacob’s family confirms that he also has been doing this at home. Mrs. Hadid also shares with them that Jacob may be ready to start trying to learn to use a toilet. Jacob’s family is on board with the idea of offering opportunities for Jacob to learn this new skill. Mrs. Hadid and Jacob’s family discuss ways to encourage Jacob’s new curiosity about toilets, and they make plans together to continue to encourage Jacob’s curiosity by beginning to introduce peeing in the toilet.

The next day, Mrs. Hadid asks Jacob, “Do you want to try sitting on the toilet today?”

Jacob runs over to the toilet. Mrs. Hadid says, “First you need to pull your pants down.” Jacob pulls his pants all the way down.

She says, “Now I will take off your diaper.” Then she helps him to sit on the toilet. She reminds him, “Make sure your pee is going down inside the toilet.”

When Jacob pees, Mrs. Hadid says, “Do you hear that sound? You peed in the toilet!”

“Wow!” Jacob replies. “I did it!”

Mrs. Hadid puts a clean diaper on Jacob. She then asks, “Would you like to pull up your own pants?” Jacob pulls them part way up and then says, “Help.” Mrs. Hadid helps Jacob to pull his pants all the way up, and they go to wash their hands together.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. Thinking about your own practice, what signs might you look for that a child is ready to use the toilet?
2. How might you start a conversation with a family about their child learning to use the toilet before communicating with the child about the child’s interest in the toilet?
3. What stood out to you about how Mrs. Hadid used toileting as a time for Jacob to practice motor skills?

Area of Practice

Communicating With Infants and Toddlers During Routines

Routines offer everyday opportunities to communicate with children and support their language learning (Tamis-LeMonda & Masek, 2023). Communicating with infants and toddlers during routine care also helps them engage in the routines. Pointing out key things in routines also supports infants' and toddlers' ability to notice consistent actions and pair them with words. Care educators observe and reflect on their language and tone when interacting with children during routines and how children respond to the language and tone being used. A care educator may ask themselves, "Is the child calm and attentive as I am speaking to them?" or "Is the child looking at me and trying to babble back to me in response?" This information is helpful in adjusting how a care educator interacts with a child to promote the child's engagement in the routine.



Connections With Language Development

- Using consistent language to name things around you during routines and talking about your actions during routines supports vocabulary development.
- For children whose home language is different from the language used in the early learning and care setting, care educators may learn some words in the children's home languages to support children to understand routines as they learn a new language.
- Incorporating finger plays, songs, and rhymes into routines supports early **literacy** development. Stories, songs, and rhymes are also an opportunity to bring children's home language into the care setting.
- Care routines, like bottle feeding, mealtimes, diapering, and handwashing, can be used as opportunities for one-on-one back-and-forth conversations. To encourage back-and-forth conversations, respond to children's sounds, words, and gestures.
- Engaging in back-and-forth communication during care routines helps children practice taking turns while using their emerging communication skills. For instance, as a care educator is preparing a bottle for a 7-month-old, they may say, "I have your milk!" as they hold the bottle of milk in front of the infant. The infant babbles, "Babababa," and the educator says, "Yes, I have your ba ba ba bottle. Are you ready for some milk?" The infant babbles back. The care educator subsequently responds, "You are ready! Okay! Here you go."

Practice

Describing what you are doing and what the child is experiencing

Talking about concrete things and experiences that are happening in the moment supports language learning and engagement. Talking during a care routine might sound a bit like a play-by-play announcer during an athletic event, as the care educator explains step-by-step what is happening. It is important to give steps one at a time, as too much information at once can be overwhelming and difficult to follow. For example, when a care educator describes putting on sunscreen before heading outdoors step-by-step, a child has the opportunity to learn complex language, like “Now I am going to put sunscreen on your arm.” Once the sunscreen is on the child’s arm, the care educator may begin to describe the next step. Below are some ideas for language to use when describing events in routines:

- explaining what is about to happen or is happening rather than what just happened. This allows children to learn to predict events and increasingly anticipate what will occur. Using predictable language can also support understanding of transitions and provide emotional security during more challenging routines, like nap time.
- using a few key words in a child’s home language, if the child’s home language is different from the language used in the care setting, while describing an experience in the care educator’s language to support understanding and learning. For example, a care educator might say to a 6-month-old, “You seem like you want more milk, *leche* (milk)?” Then the care educator holds up the bottle to show it is empty before saying, “No more milk, no more *leche*. I have to go get more.” Integrating children’s home language into care routines supports a child’s identity development and sense of confidence.
- signaling transitions with songs or describing the activity children are engaged in. Children may engage in the melody even before learning the words. Or they may sing out a key word at the right moment or repeat a phrase in a song. For example, a care educator might sing a handwashing song to help children know how long to wash their hands or a clean-up song when the whole group is cleaning up. As children learn melodies, they are engaging their working memory. Similarly, rhymes help children learn about the ways words are made up of separate sounds.
- using descriptive language in the moment and repeating words often to support vocabulary development. For example, during a meal say, “Do you want your blue cup? Here’s your cup. See, your cup is the blue one,” or “That is my big fork. You have your little fork.”
- sharing in infants’ and toddlers’ accomplishments as a way to be responsive during routines. A 32-month-old may have pulled their own clothes down before a diaper change, or a 5-month-old may have held up their own bottle for the first time. As the care educator cheers the child on (“You are holding up your bottle!”), the child may feel joy and pride in their accomplishment. In acknowledging and celebrating a new skill, it is important to use descriptive language versus praise. This allows the child to feel seen. For example, say, “I noticed you got

your own clothes out today!” rather than “Good job!”

- providing clear and simple statements to support children as they get ready during a transition. For example, when a child is transitioning from play to a diaper change, and the child does not have a choice, a care

educator might use a statement like “It is time to change your diaper.” If a choice is needed, a care educator might ask, for example, “Would you like to walk to the bathroom, or would you like me to carry you?” or “Do you want to get your own diaper from the cubby, or shall I?”



In-Practice Example

Zuri’s Diaper Change

Ms. Luisa, a care educator in an infant room at a child care center, has observed that 10-month-old Zuri is very attentive during diaper changes. Ms. Luisa uses this routine, which they engage in several times daily, as an opportunity for a meaningful interaction. After placing Zuri on the changing table, Ms. Luisa holds out the dry diaper, asking, “Can you hold the dry diaper for me?” Zuri grabs the diaper and babbles in response. Ms. Luisa tells her, “Thank you. I am going to take off your leggings now, and then I can take off that wet diaper. Will you help me?” Zuri lifts her legs for Ms. Luisa. “Up, up, up!” says Ms. Luisa as she lifts up Zuri’s legs to slide out the wet diaper, and Zuri repeats, “uh uh.” Ms. Luisa asks, “Do you remember what comes next?” Ms. Luisa pauses and then says, “Dry diaper time!” Zuri looks at the diaper she is holding and then to Ms. Luisa. Ms. Luisa gently takes the diaper and then fastens it on Zuri. “Okay, Zuri, pants on, and then you are all done!” Ms. Luisa pulls Zuri’s pants up and then repeats, “All done!” She looks at Zuri, waiting for her response, and Zuri smiles and babbles.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What stood out to you about the conversation between Ms. Luisa and Zuri?
2. When you think about how Ms. Luisa started the conversation with Zuri, how might you start similar conversations with children you care for?
3. Thinking about your own practice, how else might you use diaper changes as an opportunity to support Zuri’s development?

Practice

Extending children’s thinking and communication during routines

Routines make up a lot of the day and are therefore packed with opportunities for rich interactions. Notice what parts of a routine children are interested in and respond by talking about the things the children are drawn to. Below are examples of ways to elaborate on children’s interests and extend children’s thinking:

- observing what children pay attention to during routines and extending their learning by giving them opportunities to build on their skills and interests. For instance, a 36-month-old may show interest in using a small pitcher to pour themselves water. A care educator might give the child opportunities to build this skill during play, for example, by placing small pitchers at a water table. A care educator may also offer a pitcher at snack time with a small amount of water at first and offer small cloths so that the child can wipe up their own spills. With developmentally appropriate support, the child will learn to use a pitcher.
- engaging in warm reciprocal interactions and talking about what you are doing to support the development of infants’ and toddlers’ language learning. For example, children may learn about words like *more*, *empty*, *soft*, *fast*, *slow*, or *sweet* during a mealtime routine. Using these and other similar words within ongoing conversations with children is effective—for example, “Would you like more?” or “All gone. Your cup is empty.”
- modeling and guiding children through routines to support their developing fine and gross motor skills. Children practice **fine motor skills** as they learn to lather and rinse their hands, practice holding a spoon, or drink from a cup.
- learning concepts like *on* and *off* or *hot* and *cold* during handwashing routines to support understanding of cause and effect. For example, care educators might observe what an 18-month-old understands and support their learning by either extending the conversation with questions like “Can you think of anything else that is cold?” or reinforcing learning by asking, “Do you feel how cold the water is? When I turn this knob, it will get warmer.”
- considering how to introduce mathematical concepts into daily routines. During a diaper change, a care educator might model counting (“You have two feet. Let’s count them: One, two!”) or talk about weight (“That was a heavy diaper.”). During preparation for mealtime, a care educator says to a 2-year-old, “We will have four children at our table today. Can you help me bring in the chairs? We can count them together,” or “You are first to wash your hands!” Get to know individual children’s interests and connect with those interests to introduce mathematical concepts during routines.

Practice

Encouraging back-and-forth conversations during routines

Children engage in conversations even before they talk, such as by babbling, gesturing, cooing, or smiling in response to a care educator’s words. A conversation with infants and toddlers is a back-and-forth interaction. Care educators promote language, communication, and social engagement by encouraging multiple rounds of conversational turn-taking during routines. This may look like the care educator saying something and waiting for a response, then responding to the child. It could also look like repeating something a child vocalized as you engage in back-and-forth imitation. Language use during care routines supports relationship building. Routine care is a time when a care educator is one-on-one with a child or with a small group of children, which creates an opportunity for conversation. Some examples of conversations during routines include:

- engaging in conversation-like communication with infants. For instance, observing the behavior of a 6-month-old and responding to facial expressions, vocalizations, and gestures or asking children questions about their wants and needs. For instance, a care educator may ask a 4-month-old if they are still hungry after pausing to burp them or ask an 18-month-old if they would like more of their snack or water. Children may use sounds, movements, or gestures to answer your questions. A child may reach for a bottle after burping or a may sign “more” if they have learned that when they sign “more,” they get more snacks.
- using questions when there is a choice for the child to make to support their developing initiative and ability to manage their behaviors and impulses. For example, a 20-month-old might choose whether they want another serving of cheese or whether to play in the sandbox or swing during outside play. Offering choices supports children in expressing their preferences. When children have choices, they are also better able to manage their behaviors and impulses because choices help children feel in control.
- asking children **open-ended questions** during mealtimes. Conversations during mealtimes can be about the meal or about topics of interest for 2-year-olds. For example, a group of older 2-year-olds might discuss their favorite animals over lunch.

Language use during care routines supports relationship building.

Closing

This chapter highlights how routines not only are important in meeting the basic needs of infants and toddlers but also offer care educators consistent opportunities each day to support infants and toddlers to interact, learn, play, and grow. Care routines, like diapering, feeding, and sleeping, provide care educators with daily moments to be fully present in their face-to-face interactions with infants and toddlers. Especially during the earliest months of life, care routines offer moments to establish connections that provide a foundation for a loving relationship between a care educator and an infant. With care educator support, infants and toddlers can learn so much during routines. For instance, infants and toddlers can learn new words and understanding of concepts such as cause-and-effect relationships and quantities, practice their motor skills, learn to regulate their emotions and behaviors, and persist through challenges and setbacks. Throughout this chapter, In-Practice Examples have highlighted what can happen in a typical day with infants and toddlers. These In-Practice Examples spotlight a care educator and a child and illustrate the various learning that happens during routines. Key practices showcase how routines can be fun and engaging while creating important learning opportunities.

Routines that are simple, predictable, and consistent make it easier for infants and toddlers to learn what to expect during routines and throughout the day. Thus, it is crucial to create similarities between the **child's home** routines and routines in the early learning and care setting. Routines offer opportunities for care educators to observe and learn more about the infants and toddlers they care for. The practices presented in this chapter emphasize the importance of the planning cycle, including observation, documentation, reflection, and planning and implementation. When care educators take the time to notice what the child is communicating to them, how they feel, or what new skills the child is developing, care educators can plan meaningful changes in the child's routines or changes in how the care educator is interacting during a particular routine. This chapter also underscores the importance of establishing connections with families and learning from families about their routines at home to help individualize routines for children in the early learning and care setting. In turn, this helps to create continuity between the early learning and care setting and the family environment.

Reflection Questions

Here are some questions to help you as a care educator reflect on your interactions with infants and toddlers:

- How do you connect with families in your early learning and care setting about routines?
- How can you include infants and toddlers as active participants during routines?
- In what ways does making routines joyful and playful support learning and development?



Be sure seat legs are properly installed. Place child in the chair with one leg on each restraint around child's waist and fasten buckle. Pull the end of the strap to adjust for a secure, comfortable fit and to confirm that the tray is securely installed.

chair back and the tray to be sure the tray is installed securely.

To Remove the Tray:
The release mechanism is designed for single-handed use. To remove the tray, push the release button down and pull the tray as described.

Chapter 5: Environment and Materials

Opening

Infants and toddlers learn and develop across many contexts. This chapter discusses key considerations and practices to support learning and development in the context of **environment** and **materials** in **early learning and care settings**.

Environment and Materials as a Context for Learning and Development

A rich learning and care environment provides the foundation for infants and toddlers to interact with other children and adults, play and explore, engage in learning experiences, and take part in **routines**. Here, the term environment refers to a nurturing and safe space that is intentionally set up by an **infant–toddler care educator** (care educator) to support children’s learning and development. The term materials refers to the objects and equipment in the learning and care environment. Planned learning and care environments include a variety of materials and spaces and are flexible according to the multiple needs of each unique care setting. For example, environments and materials can include an open space with ramps, a cozy area for books and stories, a table with chairs for mealtimes, and nature exploration areas outdoors, among many other everyday spaces and materials.

The learning and care environment provides a safe space in which infants and toddlers play, explore, and develop new skills. Care educators need to consider how to adapt the environment and the materials to keep them interesting, accessible, and developmentally appropriate. Preparing a learning and care environment that meets the strengths and needs of children begins with choosing spaces and materials that are safe for children to explore (Evans, 2006; Ferguson et al., 2013). For both home-based care and center-based care, arranging the environment and materials with safety in mind helps protect infants and toddlers from physical harm and supports their optimal development.¹ For example, providing sturdy furniture (such as a couch or table) can support children who are learning to pull up to stand or to practice **cruising**.

Care educators play an important role in setting up the environment with invitations and opportunities for infants and toddlers to engage in rich interactions with other children and adults. A learning environment that provides children with opportunities to move around, gives access to

¹ For further guidance on planning and creating safe environments, refer to the [California Department of Social Services Resources for Child Care and Development Laws and Regulations](https://www.cdss.ca.gov/inforesources/child-care-and-development/laws-and-regulations) webpage (<https://www.cdss.ca.gov/inforesources/child-care-and-development/laws-and-regulations>).

a variety of materials and areas, and encourages interaction with objects and people supports children’s learning and development (Hoch et al., 2024; Hospodar et al., 2021; Maxwell, 2007). A child’s learning and care environment and materials are like a studio for an artist or a laboratory for a scientist. An effective learning and care environment provides a balance between predictability and novelty. Providing a sense of predictability in how the space is organized allows children to feel safe, comfortable, and confident. Offering new and interesting areas and materials for children to engage with can spark their curiosity and provoke their thinking.

When care educators plan the environment with children’s learning and development in mind, children encounter spaces where they can freely use their growing abilities to move and explore the properties of things and how they work. A well-planned environment can provide infants and toddlers with opportunities and experiences to gain new skills and knowledge. In such an environment, children notice, investigate, experiment, and develop meaningful relationships. Infants and toddlers thrive when they have opportunities to explore and manipulate materials in a variety of ways, combining curiosity with learning.

A child’s learning and care environment and materials are like a studio for an artist or a laboratory for a scientist.



Key Considerations for the Environment and Materials to Support Learning and Development

The learning and care environment and materials are important for children’s learning and development in all domains: Social and Emotional Development, Approaches to Learning, Language Development, Cognitive Development, and **Perceptual** and **Motor Development**. Care educators create a nurturing and supportive learning and care environment by doing the following:

- **Partnering with families.** Care educators collaborate with families to create care environments that reflect infants’ and toddlers’ lived experiences with their families and in the community (Buchanan & Buchanan, 2017; Iruka et al., 2022). Including materials from the child’s family and **culture** supports a **sense of belonging** and promotes positive identity development. An environment and materials that allow children to make connections with their own and others’ lived experiences, families, and cultures lay the foundation for their social and emotional development. Care educators may want to communicate with families about materials that are important to the child or family that the care educator might want to bring into the environment, such as culturally meaningful clothing, items for children to explore, or photos of the family to display at children’s eye level.
- **Centering playful and joyful environments and materials.** Children’s work is play. Play is natural and necessary for children’s learning and development (Pellegrini et al., 2007). Thus, the learning and care environment should invite all children to engage in play with joy. Children develop best when they can follow their curiosity and interests and when they feel in control of how they explore their environment. When the learning and care environment is playful, children are more motivated to discover and explore, they become more focused, and they learn more deeply (Australian Education Research Organisation, 2023; Yogman et al., 2018; Zosh et al., 2017).
- **Being responsive to children’s changing strengths, needs, and interests.** The learning and care environment and materials should be **responsive** to the changing strengths, needs, and interests of infants and toddlers. Children are always learning and developing; their interests change, and so do their needs. When care educators see the learning and care environment as a flexible space that can be adapted to meet children’s changing interests, children remain curious and engaged (Berris & Miller, 2011).
- **Individualizing the environment and materials.** Children have **individual differences** in **temperament tendencies**, abilities, interests, and experiences that can influence the way they interact with their environment. It is important for care educators to individualize the environment and materials to each child based on what they have observed. Given that many early care settings include children of different ages and abilities, care educators often must juggle the task of accounting for each child’s strengths and needs, while ensuring that the care environment is accessible and inviting to all (National Association for the Education of Young Children [NAEYC], 2020).

- **Incorporating inclusive design.** Each child’s capabilities and needs are unique, with some children benefiting from additional supports. **Universal Design for Learning (UDL)** is a framework that care educators use to support every child’s full participation in the learning and care environment (CAST, 2024). A UDL approach can be an important part of ensuring that the environment helps all children thrive. The UDL framework helps

educators create materials and environments that embrace children’s developmental variability and minimize barriers. For example, having spacious and open areas that allow for movement and locomotion benefits infants and toddlers who are learning to move by crawling, walking, or using additional supports like a mobility device or therapeutic walker for a child with a motor disability.

Planning for the Environment and Materials

The reflective planning cycle of observing and documenting, studying and interpreting documentation, and developing and implementing plans allows infant care educators to continually adapt the environment and materials to support children’s learning and development. When care educators engage in observation, they gain an understanding of children’s interests, focus of exploration, strengths, needs, and skills they are actively developing. Documentation allows care educators to record their observations for later studying and planning. At each stage of the cycle, care educators are also reflective. As care educators observe children in their setting, they may notice variability in the ways children are practicing different skills or engaging with materials. For example, a 14-month-old may enjoy pushing the buttons on a musical toy to hear a song play and explore ideas of **cause and effect**, while a 28-month-old may use the same object as part of pretend play. Care educators may also observe the ways children use materials in creative and imaginative ways that adults did not foresee. For example, a child who has started practicing handwashing, under the supervision of a care

educator, may explore cause and effect by turning a faucet on and off repeatedly.

Care educators plan adjustments to the environment and materials as they observe how individual children, as well as groups of children, engage with the spaces and objects available to them. Through studying and interpreting their observations, care educators gain insights into ways of planning changes in the environment or materials that invite infants and toddlers to continue exploring an idea or developing a skill. For example, a care educator might observe that a few infants in their program are showing interest in pulling themselves up to standing and may decide to rearrange the environment so that sturdy furniture like a couch is accessible for children to hold onto.

When studying and interpreting their documentation, care educators might ask, What materials can support children in developing new concepts or skills? When educators then implement their plans and make changes to the learning and care environment, they continue to observe, document, and study while engaging in a continuous planning cycle.

Areas of Practice

Information on supporting setup of the environment and materials is organized into five areas of practice. Each area of practice is further organized into specific practices, with accompanying explanations and examples. Table 3 provides an overview of practices that are addressed in this chapter.



Table 3. Areas of Practice for Environment and Materials

Areas of Practice	Practices
Partnering With Families in Arranging the Environment and Materials	Collaborating with families to promote culturally relevant environment and materials
Arranging the Environment With Predictable Areas	<p>Arranging the environment so children have space for play, exploration, and interactions with others</p> <p>Providing predictable learning experiences and routines that support children’s learning and development across all domains</p>
Individualizing the Environment and Materials to Meet Each Child’s Strengths and Needs	<p>Providing children with appropriate challenges to support their emerging concepts or skills</p> <p>Providing materials and spaces that meet the strengths and needs of children with disabilities or developmental delays</p>
Providing a Variety of Materials That Children Can Explore	<p>Providing materials that encourage exploration, problem-solving, and creativity</p> <p>Providing materials that allow children to use all their senses</p>
Planning and Updating the Environment and Materials Based on Children’s Interests	<p>Planning the daily materials, areas, and learning experiences children have available to explore</p> <p>Introducing familiar materials and new materials together to support a balance between predictability and novelty</p> <p>Providing objects that build on children’s interests</p>

Area of Practice

Partnering With Families in Arranging the Environment and Materials

Each child has their individual identity and life experiences. Care educators arrange the environment to support and make visible children’s varied life experiences in the context of their families, communities, and cultures, which includes language, race, identity, and family structure. Planning and discussing with families how care educators might establish points of connection to family priorities and cultural experiences of the child in the learning and care environment supports a strong partnership with families (Buchanan & Buchanan, 2017; Iruka et al., 2022; Pearson et al., 2019). Incorporating materials in the environment that reflect infants’ and toddlers’ families and communities helps children develop a **sense of identity and belonging**, which supports their social–emotional growth. Setting up the environment and materials in a way that highlights commonalities and connections to the family environment can also support children’s actively developing skills across both the family environment and the learning and care environment. In addition, by inviting families to cocreate children’s environments in the learning and care space, care educators continuously foster a sense of community and belonging among families. When performing observation and documentation to plan the environment and materials, care educators might share documentation with children’s family members and reflect together on documentation to understand how children are learning and developing as they interact with the environment and materials.

**Connections With Social and Emotional Development**

- Displays of photos, books, and other items from children’s families support children’s sense of belonging.
- Pretend play materials that reflect children’s culture and local community can help strengthen children’s connection with their cultural and community identity—for example, collaborating with families to provide recycled, clean, and safe food packaging for items they normally consume at home for care educators to include with other pretend play materials.
- Materials related to understanding and expressing emotions (such as pictures, books, stories, songs, puppets, mirrors) can help children to identify and communicate about their own and other’s emotions.
- Spaces in the environment where children can play and sit quietly or other areas where they can interact with peers and care educators allow children to practice self-regulation, social–emotional skills, and behaviors in a variety of spaces and contexts.

Practice

Collaborating with families to promote culturally relevant environment and materials

Involving families in the early care environment and being inclusive of their various cultural practices and traditions strengthens communication between families and care educators (Iruka et al., 2022). Working as a team with families to provide materials that reflect children’s home languages, cultures, racial-ethnic identities, family structures, and communities creates a welcoming environment for each child and strengthens their sense of belonging. Below are some examples of ways care educators collaborate with families to include diverse materials in the environment:

- planning opportunities for families to discuss culturally meaningful materials that they may want added to the environment. Care educators invite families to share household items and articles of clothing that infants and toddlers can explore and play with.
- touring the environment with families and inviting them to reflect on where they see connections to the languages and cultural practices of their own families and communities. Invite families’ thoughts about how to enhance the representation of family and community languages and cultural practices.
- displaying photos of children and their families low on walls so children can see them to support children’s sense of belonging and connections with their families. This practice helps care educators and peers understand the diverse family experiences children have. For example, the care educator may display a photo of the father’s face near the crib so a 5-month-old can look it at while falling asleep.
- incorporating and using materials such as art, music, and books from diverse authors and artists, with various identities representing those of the children, families, and communities. Incorporating materials created by and representing individuals of diverse backgrounds can contribute to children’s **sense of identity** and offers an opportunity to learn about other communities.
- offering children’s belongings and comfort items in designated areas or during certain parts of the day, for example, during drop-off. Access to these items during specific parts of the day helps keep items safe and creates predictability for children. Communicating with families about those items ensures that families feel included in part of their child’s care, even when they are not in the care environment.

Working as a team with families to provide materials that reflect children’s home languages, cultures, racial-ethnic identities, family structures, and communities creates a welcoming environment for each child and strengthens their sense of belonging.

- incorporating children’s home languages in the care setting. Care educators invite families to share books, oral stories, print materials, songs, and rhymes with children in the early care setting. Families can also share recordings of themselves as an alternative. Care educators incorporate these recordings as part of supervised play experiences, helping further connect children’s families with the early care setting. Providing access to materials and experiences in the child’s home language supports their identity development and language development. This practice also helps children maintain a connection to their culture and community (Castro et al., 2011).
- displaying visual representation of families’ home languages to promote a welcoming environment. Invite families to provide examples of their language in the environment. For example, families could write a greeting in the home language to be displayed near the entryway for the early learning and care setting.



In-Practice Example

Thomas Brings a Toy From Home

Ms. Naiomi has noticed that 20-month-old Thomas has recently been getting upset when he is dropped off by his grandmother. He tends to cling to her and cry and has little interest in transitioning into play or group interactions. Over the past few weeks, Ms. Naiomi has tried a variety of ways to make the transition less upsetting for Thomas, but he still doesn't want his grandmother to leave. As part of an ongoing conversation with Thomas's grandmother, Ms. Naiomi asks if there is an item that Thomas finds comforting that he can bring and keep at the care center.

The next morning, Thomas's grandmother brings his favorite stuffed toy dog from home. During drop-off, Thomas tells Ms. Naiomi, "*¡Mira, Cancan!*" (Look! It's Cancan!) and excitedly shows the dog to Ms. Naiomi. Thomas's grandmother informs her that the stuffed toy dog looks like their pet dog, Canelita (which means "little cinnamon" in English), who Thomas affectionately calls Cancan.

Once Thomas's grandmother says good-bye and leaves, Thomas begins to look visibly upset and hugs his stuffed dog tightly. Ms. Naiomi takes a moment to acknowledge Thomas's emotions, saying, "It looks like you're feeling sad and maybe a little scared. It's okay to be sad when someone leaves. *Abuela* (Grandma) will come back after outside time. Should we go read Cancan a story?" Ms. Naiomi also takes the opportunity to talk to Thomas about how happy he feels when he plays with Canelita and his stuffed toy. She tells Thomas that he can keep his stuffed toy at the care center and that he can decide whether he wants to keep it in his cubby or in the cozy corner. He excitedly places his stuffed toy in the cozy corner and spends some time there by himself before transitioning to being with his peers.

Over the next few days, when Thomas is dropped off at the care center, his grandmother asks him where his stuffed toy is, and he excitedly walks her over to the cozy corner. He shares the stuffed toy with his grandma as she says good-bye. He hugs the stuffed toy tightly when his grandmother leaves but is also excited to show it to Ms. Naiomi and to his peers.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What did you find interesting about the way Ms. Naiomi helped Thomas regulate his emotions during drop-off time?
2. What are ways that you use the environment or materials to support children during drop-off transitions? What else might you do?

Area of Practice

Arranging the Environment With Predictable Areas

The environment has a crucial role in supporting the play and exploration of infants and toddlers. It communicates messages to children about opportunities and expectations. One message the environment can offer children is an invitation to take **initiative** in their own exploration and play. Children’s access to play materials and opportunities for exploration can vary from environment to environment. Setting up environments that facilitate play, exploration, and interactions with others boosts development across all domains (Oakes, 2023). Children also need predictable spaces where routines can occur, such as tables for mealtime or a peaceful space for nap time. Spaces and areas can be fluid and flexible given the physical setup and daily needs of the learning and care environment but should offer some level of consistency. For example, care educators plan a learning and care environment where an outdoor space with a table is used as an area for snack time every day and is also used as part of **sensory play** some days. Care educators observe and document the ways children are using and exploring materials and the environment and the types of play and exploration that are happening in different areas. The observation and documentation help care educators plan for how to make changes in the arrangement of the environment to build on children’s strengths, extend and add complexity to their play and exploration, and best meet their needs. Predictability and consistency play a crucial role in fostering a sense of safety, which is essential for social and emotional development.



Connections With Approaches to Learning

- Children can interact with **open-ended materials**, or materials that do not have a single intended purpose, such as blocks, balls, water, sand, and play dough, in a variety of ways. This allows children to problem-solve, practice **cognitive flexibility**, and gain experience persisting through challenges.
- Introducing new materials, as well as rotating the materials available to children, can increase their curiosity and interest to explore and engage with these materials that support their developing cognition. Before removing materials, make sure that children have had sufficient opportunities to explore them, with adult support as needed. Consider how the new materials might extend children’s play with the more familiar ones. For example, educators might add a variety of baskets and purses that children might use with the scarves, soft balls, dolls, and blocks that the children are familiar with.
- Smaller defined areas provide for exploration of specific materials with minimal distractions. For example, a fine motor play area with materials like blocks, boxes, and sensory items (such as sand) help children stay engaged and maintain attention.



Practice

Arranging the environment so children have space for play, exploration, and interactions with others

A well-planned care environment sets the stage for children’s play and interactions with others. Providing spaces where infants and toddlers can readily interact, communicate, and play with care educators and their peers encourages children’s development across domains (Yogman et al., 2018). Open areas support a variety of physical movements and, as children grow older, can lead to play and participation in small groups with peers. Having spaces where multiple children can interact and communicate with peers and care educators also supports children’s conversational skills and leads to opportunities to practice collaboration and learning from one another. Below are some ideas for creating spaces that support children’s development:

- observing how infants and toddlers use the spaces in their care environment. Note if adjustments to materials or spaces need to be made based on children’s interests, ages and developmental skill levels, temperament tendencies, and individual strengths and needs. In care settings with mixed-age groups, children need opportunities to explore space and materials based on their skill level with appropriate support and supervision.
- planning experiences and materials that can be added to the environment to extend children’s explorations or add complexity to

their play. For example, if a care educator observes that a 26-month-old is interested in filling and emptying containers at the water table, the care educator provides containers of different shapes and sizes and different objects to pour and fill them with water.

- setting up the environment and materials to create situations where infants can observe their older peers to gain additional ideas for how they might interact with materials. For example, at a sensory table with water and ice, a 12-month-old who can pull up to stand can splash the water and also watch a 26-month-old peer shovel the water and ice into a bucket. This might encourage the 12-month-old to reach for the shovel.
- arranging opportunities for play in uncluttered areas. As infants and toddlers play in an area, they will scatter objects, which is developmentally appropriate. An ordered area to begin with helps children focus on different objects for sustained periods of time. Of course, open floor space varies from one care setting to another. Care educators can move furniture and materials to allow a more open floor space for practicing certain skills (such as **gross motor skills**, **spatial thinking**, group play, cooperation, and communication).
- creating play areas, indoors and outdoors, where toddlers can easily interact and communicate face-to-face with each other. Engaging and communicating with others often requires being physically close and having the opportunity to perceive what the other person is doing. Care educators support this type of engagement by setting up couch cushions, play mats, or child-sized chairs at a table so small groups of children can gather. For infants who are not moving to explore the environment yet, care educators can place them close enough that they can see each other and reach for materials that are placed between them. In an area set up to encourage peer interaction, it is important to observe and document how children interact and engage in conversations in the area. Studying the documentation can lead to ideas to enhance opportunities for children’s interactions with each other.
- placing play materials throughout the larger environment to encourage movement across different areas. Varying the location and types of objects for children to play with can encourage more movement and novel exploration, which is important for children’s perceptual and motor development (Hoch et al., 2024). Examples include placing interesting objects on low shelves where children can access them or moving existing objects to new places throughout the environment.
- creating protected play areas for infants who are not moving on their own yet allows for supervised play and exploration with a care educator. This may include placing a blanket on the ground outside or placing furniture in such a way that it creates a more enclosed space. Infants who do not yet move on their own often need more care educator attention and support while exploring and playing to sustain their interactions with materials and the environment and to persist through challenges. Having contained or separate areas where they can safely explore with more supervision and engage in limited interactions with children who have more experience locomoting can help promote their development of **emotion regulation**.

Learning Story: “Me Do It!”

A Learning Story is one way that care educators might observe, document, and then share their reflections with a child and their family. A Learning Story includes documentation of an observation, often including photos of what a care educator or family member has seen a child or children doing in an early learning and care setting or at home. In a Learning Story, the adult adds their interpretation of the child’s competencies and dispositions toward learning, such as how a child demonstrates exploration, **agency**, and collaboration using the materials in their environment. The following Learning Story illustrates how Andeya takes initiative to use **everyday materials** both independently and in collaboration with others in the environment, inspiring the care educator to arrange the environment and materials to be more accessible and to promote additional interactions with others.

Dear Andeya,

As the care educators were getting the tables ready for snack today, using squirt bottles and cloths to wipe them clean, you came running over and announced, “Me do it!” We gave you a squirt bottle with water, and you quickly got to work squirting the tables and chairs and busily wiping them with your cloth. After snack time, when the care educators were using brushes and dustpans to sweep up the floor, you came running over again and reached for a brush and dustpan. Later, when you saw me get out the ukulele to invite our friends for sing-along, you tried and tried to reach the little carpet squares children like to sit on for music. You have been so observant and interested in participating in all of the tasks of the day. When I talked to your Nana at pickup time, she also had stories of how you use the sponge to help her clean the cupboards and like to squirt the windows to wash them.

I notice how observant you are of everything happening around you and how important being a part of the team is to you. It is clear that you love to use the cleaning tools, but you also love to collaborate in the tasks of caring for your environment. You seem to like working together with others. And you are learning the rhythm of the day, which I saw when you knew that the ukulele signaled that we were going to invite children to sing by putting carpets out. You are eager to take the initiative, and other children often join you as you begin a task.

Andeya, you have given me an idea. I'm going to talk to the other care educators about ways we can make tools more accessible for children. We can put squirt bottles and baskets of cloths out for children to use. We can hang small brushes and dustpans where children can get them. We will put the carpet squares on a low shelf so you and your friends can help set them out. As we make these changes, we will continue to watch how you and your friends use the tools to see if we can think of other ways to invite your initiative on our team.

Thank you for helping us to make our environment more inclusive for everyone.

Your care educator,
Mateo



Practice

Providing predictable learning experiences and routines that support children’s learning and development across all domains

Organizing the environment for different learning experiences and routines can help set predictable patterns for children (Selman & Dilworth-Bart, 2024). It allows them to learn when and where certain learning experiences and routines happen and when transitions from one experience to another may occur. Below are some ideas for creating an infant–toddler environment that supports different learning experiences and routines:

- setting up areas for daily routines like eating, sleeping, and hygiene. Routines are an important part of children’s development and often occur in specific areas or spaces and, for older children, may occur at specific times. Having designated spaces where infants and toddlers engage in specific routines can help them develop important skills. They can anticipate what happens in different areas and learn to participate in and even initiate the routines that take place in each area. An environment set up with designated spaces for different routines can support children’s healthy habits and can help them anticipate upcoming changes throughout the day.
- allowing safe access to areas (indoors and outdoors) for physical activity and gross motor play. These areas can include a variety of surfaces with different heights and textures (e.g., grass, sidewalks, padded floor mats, steps and stools, soft couches and pillows, sturdy tables to explore under, slides). Providing a variety of opportunities for physical activity can help infants and toddlers safely experiment with movements, practice skills that are challenging to master, and navigate spaces successfully. Movement and physical activity can also help children with self-regulation of emotions.
- creating a quiet space or corner with soothing and comfortable materials such as soft fabrics and padded surfaces. A quiet area is important for **coregulation** between care educators and children when children are distressed or overwhelmed or for children who prefer some space to themselves. A quiet area can also support language development by allowing infants and toddlers to better hear peers and care educators during one-on-one and small group interactions. A quiet area that is organized and free of clutter with comfortable adult-sized seating provides a calm space where family members and care educators can feed, communicate, comfort, coregulate, and interact with children.
- incorporating an area with books and other materials like pictures, music, or puppets that support early language and **literacy** development. For example, for a 9-month-old, this may involve placing a few sturdy books or laminated pictures in a small basket for them to touch and explore on their own or with adult assistance. For an 18-month-old, this may be a low shelf or basket and a comfortable place to sit with a book or other storytelling materials. In addition, it is important to make books available throughout the environment—for example,

books about birds and butterflies by a low window or books about plants by a display of different kinds of leaves that families have brought in to share.

- organizing developmentally appropriate open-ended materials throughout the environment. This can include a space with tables, platforms, or carpet where children can play freely with materials such as blocks, balls, containers, play dough or plasticine, ribbons, scarves, and musical instruments. Providing open-ended materials in different parts of the environment allows children to explore cause and effect, problem-solving, and creativity and to develop mathematical skills, explore relationships, and practice their **fine motor skills**.
- arranging a part of the environment that encourages pretend play, which is important for children’s **symbolic thinking**, emerging conversations skills, and ability to understand and express emotions. Although pretend play can happen anywhere and at any time, providing a space with materials such as dress-up clothes, dolls, animals or people figures, bowls and cooking utensils, and recycled materials (such as boxes and blankets for building pretend structures) supports children’s imaginative play. Including photos of children’s families in this area also supports children’s “family play.” Inviting families to contribute familiar items to this area can help invite all children in and extend their play.



Connections With Language Development

- Materials that incorporate children’s home languages (such as books, other printed media, music, and recordings) encourage children’s connection to their home language and culture. Including materials in the home language also provides a meaningful, contextualized way for care educators to engage with children in their home language.
- Providing children with sturdy books or books made from fabric that they can explore by touching, flipping through the pages, pointing at pictures, or even **mouth**ing helps children develop early literacy skills. Including durable handmade books about children’s families or children’s explorations in the early learning and care setting encourages a child’s reflection and connection to family.
- Offering areas in the environment and materials that are conducive to playing and talking with peers and care educators, such as a seating or rug area, encourages peers and care educators to be together, facing each other. Care educators can offer play materials that a small number of children can play with together.

Area of Practice

Individualizing the Environment and Materials to Meet Each Child’s Strengths and Needs

Each child develops at their own pace and in their own way. Individual differences among children are influenced by both experience and personal traits such as temperament tendencies (NAEYC, 2020). Given differences among children, care educators can use observation and documentation to plan and adapt the environment to support each child’s learning and development. Through thoughtful planning of the environment and materials with the developmental trajectory of the individual child in mind, care educators can increase their responsiveness to each child and make learning experiences more personally meaningful.



Practice

Providing children with appropriate challenges to support their emerging concepts or skills

Infants and toddlers thrive in environments that offer a mix of familiarity, novelty, and developmentally appropriate challenges. By observing children and providing them with challenges that are slightly outside of their current level, children have an opportunity to practice perseverance and problem-solving (Vygotsky, 1980). Appropriately challenging children can support their sense of agency—the ability to make things happen and their recognition of that ability. Engaging children with just enough challenge with some support (or **scaffolding**) allows children to make mistakes as part of developing in a nurturing and safe environment. For example, a 25-month-old who is trying to pour milk into a cup from a small pitcher may spill milk on the table or pour too much in the cup. With encouragement and guidance from a care educator, the child will have the opportunity to learn from their errors (e.g., that it is helpful to hold the pitcher with two hands) while they try and try again. Below are some considerations when selecting materials to support children’s emerging concepts and skills:

- observing what new skills children are close to achieving as they play and engage with materials in their environment. Then, care educators use their observations to support children’s emerging skills as they develop in real time. For example, when a 3-month-old shows their first signs of wanting to reach for and grasp objects, a care educator supports this new skill by placing objects within arm’s reach to allow the child to grasp them. This gives infants experiences in coordinating their eyes, arms, hands, and fingers to interact with objects. Children’s physical efforts in the face of challenge will help them strengthen the muscles they need to master the skill of reaching and grasping. Their efforts help them build a sense that they can take action on their own to make something happen or do something new with their body.
- familiarizing yourself with how children of various ages and developmental levels use the same object in varying ways (Lobo et al., 2014). As children explore and play with objects, care educators observe how children’s exploration and play become more complex as they develop, and care educators provide play materials that support children during each step of development. For example, while a 6-month-old may mouth books, a 22-month-old might flip the pages and talk to themselves, touch and name the pictures, or organize and stack the books.

In-Practice Example

Jayden Learns to Roll Over

Mr. Carlos has observed that 4-month-old Jayden is trying to roll over onto his tummy when he places him on his back on the play mat. Jayden kicks his legs and swings his arms and turns his head to one side. Sometimes, Jayden even manages to rock his body onto his side but doesn't manage to roll over completely. Mr. Carlos reads through his documentation and reflects on how he can continue to challenge and encourage Jayden to roll over. One day, after they play with a stuffed animal that Jayden's mother brought in, Mr. Carlos places it next to Jayden while he is on his back, just out of reach. He watches how Jayden turns his head to the side to look at the stuffed animal and extends his arm to try to reach it but can't. He continues to try, and even rolls onto his side, but doesn't roll over completely. As a result, Jayden cries and kicks his legs in frustration. Responding to Jayden's frustration, Mr. Carlos shakes the stuffed animal and says, "Oh look, you're on your side! You're getting closer to grabbing the bear!" Jayden looks at the bear and smiles as Mr. Carlos brings the bear closer to him. A few days later, Mr. Carlos once again places the stuffed animal near Jayden, who this time manages to roll over completely onto his tummy to touch the bear.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What was meaningful to you about Jayden's learning?
2. What might you use in your own practice?

Practice

Providing materials and spaces that meet the strengths and needs of children with disabilities or developmental delays

Children with disabilities or developmental delays have their own strengths and needs and may have varied developmental trajectories. Additional supports or adjustments, including accommodations, adaptations, or modifications to the environment and materials, can allow a child to use their developmental assets and make the most of the environment’s learning opportunities. Incorporating the principles of UDL provides a good starting point for including children with a range of abilities (CAST, 2024). For an infant or toddler with an identified disability or developmental delay, it is helpful to establish regular communication with the family and specialists who are working with the family to discuss any additional supports or adjustments that can support children’s full participation in the learning and care environment in alignment with their Individualized Family Service Plan (IFSP; Pearson et al., 2019). Relevant specialists who form part of the child educational team (such as with an IFSP) can include early interventionists, speech-language pathologists, and physical and occupational therapists, among others. Specialists will likely suggest cost-effective and developmentally appropriate ways to ensure materials and spaces meet a child’s support

needs so they can participate and engage in interactions, routines, and play and have equitable learning experiences.

In addition, it is important to note that for infants and toddlers with disabilities or developmental delays, some adjustments to materials and the environment might be needed as part of supporting their learning and activities of daily living. These adjustments might include physical guidance or support from care educators, such as supporting toddlers who cannot sit by themselves by allowing them to recline against the care educator or placing them in a supportive seat or against supportive cushions during interactions, play, or routines that involve sitting up.

When needed, as determined in partnership with families and the child’s IFSP team, it is important to support children with disabilities with access to **assistive technology devices** as early as possible² so that they can participate with their peers and have equitable access to the physical and social environment. Below are examples of ways care educators can provide support through the environment and materials:

2 The Assistive Tech Act requires every U.S. state and territory to have an assistive technology center. [Ability Tools](https://www.abilitytools.org/) (<https://www.abilitytools.org/>) is the assistive technology center that serves California and is a useful resource for care educators and families.

- providing physical support in the form of chairs appropriate for infants and toddlers or cushions, or even reclining on a care educator for children whose disabilities require that they have additional assistance sitting independently (Kretch et al., 2023)
- offering materials with interesting textures that children with low vision can explore
- taping craft sticks to the cover and pages of a book or offering books in tablet format to make it easier for a child with fine motor disabilities to explore
- offering books with large print or books with side-by-side print and **braille** for children who are blind or have low vision to explore
- securing art materials like paintbrushes or large crayons directly to a child’s hand if they need additional support with their grip. Care educators can also include art and writing materials with varying grips and implements that adapt to different grips.
- exploring how to adapt the environment to support children with specific sensory needs. For example, adaptations might include noise-canceling headphones to dampen loud noises when necessary, soft stuffed animals to hold, safe toys to chew, reduced-intensity lights in the space, or limiting or avoiding perfumes or other fragrances.

In-Practice Example

Ms. Aalayah Modifies Books for Amir to Explore

Ms. Aalayah, a care educator, introduces learning experiences to the children in her family child care program based on children’s interests. After observing and documenting the children’s interest in the falling leaves on a neighborhood walk and the change in the weather, she added fall-themed books to her reading area. At pickup time on Friday, she asks the families of the children if they have any books about the fall season that they would like her to make available to the children.

The next Tuesday, 34-month-old Amir arrives at drop-off time with his mother who has brought a book to add to the books made available to the children. Ms. Aalayah knows that Amir, who has a motor disability, needs support in turning the pages of a book. She asks Amir’s mother whether she can contact Amir’s occupational therapist so they can brainstorm together how they might support Amir in accessing and exploring books.

During the meeting with the occupational therapist, they discuss several ways to support Amir’s interactions with books, including taping craft sticks to each page to help Amir hold onto the pages of a book and turn them over. Ms. Aalayah thinks this is a great idea and lets Amir’s mother know that she will add craft sticks to books in her learning and care environment as well. Over the next week, Ms. Aalayah adapts the environment and adds craft sticks to each of the books she makes available to the children. She also decides to place the books on a lower shelf so they are easier to reach.

A few days later, Ms. Aalayah observes children in her setting exploring the new books. She notices that Amir, who usually doesn’t show much interest in the books made available to the children, is very excited about the new books. Amir picks up the book his mother brought in and carefully grabs hold of the craft sticks and turns over each page. He points to a picture with lots of pumpkins and says, “More pumpkins.”

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What interested you about how the adaptations to the learning and care environment and materials support Amir’s learning and development?
2. How might ideas in this example be useful in your collaboration with families and specialists when providing additional supports and adjustments to the environment and materials in the care setting?

Area of Practice

Providing a Variety of Materials That Children Can Explore

Thoughtfully selecting play materials is a primary component of setting up the infant and toddler environment. Providing materials that engage all the senses and that can be explored in different ways invites children’s interest and motivation. This may include open-ended materials and everyday materials. Open-ended materials (such as blocks, balls, water, sand, play dough) encourage children to explore freely and do not have a single intended purpose. Everyday materials may include things that are readily found in the family or care setting (eating and cooking utensils, nesting bowls, containers, pots and pans, baskets, pieces of fabric), recycled materials (cardboard boxes, egg cartons, paper towel rolls), or natural materials (pinecones, shells, nontoxic leaves) (Herzberg et al., 2022). Care educators should always be mindful of the safety of materials, make sure they are developmentally appropriate, and supervise children’s play. By observing children’s interests in different materials and reflecting on their developing knowledge and skills as children explore things, care educators plan how they might offer materials that support infants’ and toddlers’ learning and development across domains.



Connections With Cognitive Development

- Open-ended and everyday materials (such as blocks, balls, ribbons, cardboard boxes, egg cartons, paper towel rolls, and measuring cups) invite children to explore, investigate, and learn about the properties of objects.
- Collections of objects that vary in color, size, or shape (such as shape sorters, big blocks, stacking cups, stacking rings, and puzzles) allow children to explore concepts like **number sense**, spatial thinking, and **classification** by counting, sorting, stacking, filling, and emptying.
- Distinct spaces in the environment for different learning experiences and routines (such as a story corner, pretend play area, gross motor play area, and a table for mealtimes) set predictable patterns for children that support their understanding of the sequence of events. These areas also support children in their spatial thinking as they learn to navigate their environment.

Practice

Providing materials that encourage exploration, problem-solving, and creativity

Some of the best and most interesting materials to infants and toddlers are open-ended materials and everyday materials (Swirbul et al., 2022). Open-ended materials invite children to problem-solve and pursue investigations that are of interest to them. Similarly, everyday materials, which can have an obvious intended use in care educators' minds, can also support infants' and toddlers' playful exploration. For example, a 27-month-old might use an empty laundry basket as a race car, a baby doll carrier, a place to throw a ball, or something to drag behind them as they walk around. None of these uses are what most adults would consider the laundry basket's intended use but demonstrate how everyday materials encourage children to be creative and show flexibility in their thinking. This kind of play with open-ended materials also gives the care educator information about what the child is thinking about and what is important to them. Interactions centered around open-ended and everyday materials can also generate conversations with others that support language and social and emotional development (Schatz et al., 2022). Below are some considerations when selecting materials that encourage exploration, problem-solving, and creativity:

- including collections of objects that vary in color, size, texture, or shape that allow children to explore the properties of objects (round, soft, heavy, red, big). As children develop, they may use these materials to explore concepts like number sense, spatial thinking, and classification. For example, during supervised play, children may use hand-sized rocks, wood rounds, counting

bears, shape blocks, large buttons, or socks to count, sort, or stack.

- offering developmentally appropriate materials that have multiple parts and that can be manipulated through a variety of movements. These may include objects with buttons or sliding parts, objects with lids, stacking cups, nesting bowls, different-shaped wood pieces, large wooden beads, puzzles, or shape sorters. These types of materials allow children to practice their fine motor development while problem-solving. For example, when a 21-month-old sorts blocks into a shape sorter, they engage in problem-solving when they try different holes to fit it in and use their fine motor skills when turning the shapes in different orientations.
- setting up areas with pretend play items (such as dolls, people figures, containers of different sizes, dress-up clothes, cloth bags, and various pieces of fabric) or art materials (such as large crayons, thick pencils, fingers paints, and paper). These types of materials are important for fostering children's creativity, symbolic thinking, fine motor development, and developing **sense of self** through artistic expression.

Open-ended materials invite children to problem-solve and pursue investigations that are of interest to them.

- encouraging children to use familiar objects in new ways or in new contexts. For example, during supervised play, a care educator can offer leaves, flowers, stones, and sticks in different areas for a 30-month-old to use in arts and crafts or set out books rather than blocks for an 18-month-old to build with. Play and experimentation with these types of materials allow children to develop cognitive flexibility.
- building on children’s interests in everyday materials to support their language development by engaging in conversations with them about different properties of the objects they are using (“That box you are pushing looks heavy. How will you move it?”) or how they are using them (“You pushed that button on the flashlight! What happened?”). Experiences like these expose young children to new vocabulary, support their curiosity in interacting with objects, and invite them to engage in interactions with care educators.
- documenting how children are using open-ended and everyday materials, what questions they are exploring, and what concepts and skills they are learning and developing. Reflect on ways early care educators might adapt the materials provided to allow children to explore new concepts or skills.



In-Practice Example

Liam and Izumi Explore Cardboard Boxes

Ms. Gabriela, a care educator, has observed that 13-month-old Liam, a child in her family child care program, is very interested in filling and emptying containers and is exploring concepts like cause and effect. Ms. Gabriela decides to leave out a few cardboard boxes along with some balls, bells, and pinecones. Liam crawls over to one of the boxes, picks up a pinecone and drops it inside the box. “You put the pinecone inside the box,” says Ms. Gabriela. Next, Liam picks up a bell and drops it into the box. He laughs when he hears the sound it makes as it hits the bottom. Ms. Gabriela asks, “Did you hear the bell jingle?” Liam babbles in response, and Ms. Gabriela replies, “Yes, the bell made the sound!” Liam picks up another bell, drops it into the box, and laughs again.

A little later, Izumi, a 34-month-old, walks over to one of the bigger cardboard boxes. Izumi steps inside the box, sits down, and says, “Vroom, vroom,” while pretending to drive. “Are you driving a car? Or a bus?” asks Ms. Gabriela. “I drive bus,” replies Izumi. Ms. Gabriela grabs a stuffed dog, walks it toward the bus and asks in a pretend play voice, “Excuse me bus driver, is there space on the bus?” Izumi pretends to open a door, and Ms. Gabriela places the dog in the cardboard box behind Izumi.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What did you find inspiring about the materials that Ms. Gabriela set up for Liam and Izumi?
2. What interested you about the children’s cognitive and language development?
3. What in this example might you use in your own practice?

Practice

Providing materials that allow children to use all their senses

Infants' daily experiences with novel sounds, sights, sensations, smells, and tastes set the foundation for how they come to understand their world and express their curiosity and initiative. When selecting materials for children's play, it is important to consider how these materials engage children's senses (such as sight, hearing, touch, taste, smell, and **proprioception**). Engaging multiple senses while they explore supports children's flexibility in learning (Bahrack & Lickliter, 2003, 2009). To engage children's multiple senses, care educators offer a variety of textures, colors, shapes, sizes, and sounds. Below are some ideas for including materials that invite sensory exploration:

- offering children objects that they can safely explore with their mouth such as textured objects, teething rings, objects with interesting shapes, and soft stuffed animals. One of the primary ways infants in the first years of life explore objects is by using their mouth. Mouthing can also be soothing and help them calm down. Care educators should ensure that the objects children mouth are a safe size and made of nontoxic material. Objects should be sanitized after each child uses them.
- offering objects with contrasting patterns or shapes that infants in the early months can perceive with their developing eyesight. Including items and materials in the environment that are visually stimulating for infants helps support their perceptual development.
- providing objects made of a variety of materials such as wood, cloth, stone, plastic, and metal. This can encourage children's natural exploration of the properties of objects.
- setting up the eating environment for children who can safely enjoy solid food that allows allergy friendly food exploration, encouraging children to explore the taste, smell, and textures of new foods and to use their hands or exercise their beginning skills with utensils. Care educators communicate with the children's families to learn about food preferences and to share when they introduce different foods during a child's early development. Opportunities for food exploration can include introducing food from a variety of cultures, which can provide new sensory stimulation while also representing the diversity of children's families and communities.
- choosing sturdy books with pages that have different textures to feel or other physical characteristics that infants and toddlers can explore using their senses. Early in life, children may choose to explore books by mouthing, touching, or shaking, so care educators provide them with sturdy board books, or books made from fabric that can be dropped and that will not tear. As they grow older, infants and toddlers may turn pages and look at pictures. These types of exploration are important for children's early literacy development. For nonmobile infants, open books can be placed near them where they are lying. Family photos can also be displayed on the back of a shelf or on a cube near the infant.
- offering opportunities for sensory play such

as a water table, sandbox, mud kitchen, clay, or play dough. Children have varying sensory needs and may not enjoy interacting with all sensory materials. Observing each child’s response to these learning experiences is important. Nonmobile infants may enjoy supervised water exploration using a cookie sheet with a small amount of water that is placed within their reach. Sensory play encourages children to explore the characteristics of different materials and to practice fine motor skills. Sensory play can be soothing and calming, helping children to regulate their own emotions.

- observing how children are using their senses to explore the materials and environment around them. Care educators might note which senses children primarily use and which ones they use less frequently. Care educators then plan how they might introduce materials that encourage children to explore with less frequently used senses. For example, on a trip to the nearby nature area, an 18-month-old might pick bunches of different nontoxic flowers to smell and touch.



Connections With Perceptual and Motor Development

- Allowing children to explore everyday materials that vary in textures (soft stuffed animal, stiff cardboard boxes), sizes (small cups, big blocks), weights (empty versus filled water bottles), and shapes (circle, triangle, or square wood or plastic pieces) is important for supporting the development of their perceptual skills.
- Smaller, open-ended, and everyday materials, such as blocks, crayons, cups and eating utensils, or small pieces of food, can help children develop control of the muscles of their hands and fingers to support their fine motor development.
- Access to different surfaces and objects like soft floor mats, carpets, decks, sidewalks, grass, small steps, chairs or couches, and slides allow children to practice different gross motor movements like lying down, rolling over, sitting, crawling, pulling themselves up, walking, climbing, and sliding.

Area of Practice

Planning and Updating the Environment and Materials Based on Children’s Interests

Children’s skills and behaviors keep changing as they develop. The interests of infants and toddlers often shift as they develop new skills. Children need spaces and materials that match their physical growth, emerging skills, and developing identities and interests (NAEYC, 2020). Thus, regularly planning spaces and materials that invite children to engage in increasingly complex play, to take on new challenges, and to practice emerging skills is an ongoing process. Care educators base their planning on ongoing observation and documentation of children’s exploration and play.

Practice

Planning the daily materials, areas, and learning experiences children have available to explore

Observing and documenting children’s behaviors, developing skills, approaches to learning, and changing interests allows care educators to reflect on how the materials and environment are meeting the developing skills, strengths, and needs of children. This allows educators to plan what changes to make to the materials, areas, and learning experiences to support children in taking the next step in learning (Scientific Council on the Developing Child, 2004). Below are some ideas for planning materials and learning experiences that keep children engaged in learning:

- incorporating common events like changes in the weather, expected routines, or new visitors as center points for planning materials and learning experiences. For example, if it is a hot day outside, set up buckets, pans, and small cups with shallow water for splashing and pouring in a shaded outside space. These types of materials offer rich opportunities for supervised sensory play and allow children to investigate the properties of water.
- finding ways to build on infants’ and toddlers’ changing interests when planning materials and learning experiences. For

example, a 22-month-old who sees trucks on their daily walk to the early learning and care setting might communicate interest in them. Reflecting on this child’s interest, a care educator might think about how trucks can be incorporated as part of play and daily routines to encourage the child to further explore their interest (e.g., as toys, in books, during walks outside, as part of pretend play with peers). In addition to adding actual toy trucks to the environment, placing photos of trucks or truck books near building materials can engage children’s creativity and spark pretend play.



Research to Practice

Technology as Part of Environments and Materials

Infants and toddlers learn best when they are actively exploring places and things in the real world. Technology such as smartphones, tablets, and television are a common part of modern life and are frequently part of our everyday environment and materials, interactions, and routines. It is important for **caregivers** to know that, because infants' and toddlers' brains are still developing, they are often not yet able to make sense of what they see on screens (Hill et al., 2016). The American Academy of Pediatrics (2022) guidelines on screen time suggest that media use should be very limited for infants and toddlers. Therefore, care educators should set up the environment in ways that limit exposure to screens for infants and toddlers in their care (Hill et al., 2016).

For families, screen use in the home should be limited to chatting with family on a videocall or briefly watching high-quality programming together and communicating about what is happening on-screen (American Academy of Pediatrics, 2022). It is crucial that a caregiver be present, cowatching and interacting with the child while viewing. Purposeful and shared interactions while using media and screens can help children process what they see.

Practice

Introducing familiar materials and new materials together to support a balance between predictability and novelty

Changing the environments, materials, and learning experiences children engage with offers new **possibilities** for them to explore, while at the same time familiar environments and materials that are predictable help them focus on novelty and continue to learn (La Paro & Gloeckler, 2016). Below are some ideas for introducing new and familiar materials:

- keeping some materials consistent in the environment while changing others. Examples include moving them to different locations; putting them away; or adding new materials to familiar ones, such as adding animals and small pieces of fabric to a collection of familiar blocks. Educators also put out objects that children may not have played with recently and therefore may seem “new” to them once again. By observing children’s interactions with different materials and reflecting on children’s developing knowledge and skills, care educators can plan how they might change the materials in the environment.
- discovering new materials and introducing them into the environment. Novel materials may include everyday items, recycled materials, and natural materials that children have not explored and played with recently. Rotating objects available to children can increase interest and curiosity. Care educators also provide familiar materials in novel areas or situations (e.g., pretend play materials at the sensory

table for an 18-month-old or a branch from a nearby flowering tree [nontoxic] displayed on a small table inside, crayons or pencils in the pretend play area to scribble or draw a grocery list for a 33-month-old, or building materials outside on a blanket for a child who is crawling).

Practice

Providing objects that build on children’s interests

Each child develops unique interests. It is common for their interests to be tied to new challenges and skills they are grappling with. Lived experiences in their families and communities also have an important impact on children’s interests. As part of regularly planning and updating the environment and materials, it is important to communicate with families about children’s experiences and interests, observe the interests of children while in the early learning and care setting, and notice how these interests might change as they learn new skills and behaviors as part of their development. Below are some considerations when selecting materials that interest children:

- considering the ideas or questions children are investigating and offering objects that allow children to explore those ideas and problem-solve. For example, for a 15-month-old interested in dropping objects down inclines to notice what happens, offer objects of different shapes, sizes, and textures that they can drop down a ramp, slide, or hill. Care educators add a variety of ramps for this kind of exploration. This allows children to continue exploring ideas of cause and effect, gravity, friction, and properties of objects such as their size or shape. These kinds of exploratory experiences often involve social, perceptual, motor, language, and creative skill development as well. Children love to collaborate and communicate with each other when trying out new ideas as they test their own physical and creative ways to use materials. For example, a peer might choose to join the 15-month-old in dropping a ball down a ramp and squeal with excitement as the ball is dropped again.
- observing children’s interest in different materials and planning opportunities for learning and development. For example, a 32-month-old who enjoys playing with toy animals and making animal sounds may also be interested in a care educator reading them a book about animals or in play items for pretending to be veterinarians. Providing materials that build on children’s interests also offer opportunities to learn new words through interactions with care educators.
- considering children’s temperament and approaches to learning when providing objects. Children react differently to similar materials and environments: Some may express curiosity right away while others may be slower to warm up and take their time observing before beginning to explore and interact with available materials. Care educators take these differences into account when planning.

In-Practice Example

A Quiet Area for Eliza to Play

Ms. Mira takes time daily to document her observations of each child and meets weekly with Mr. Malik, her colleague/coteacher, to discuss their observations and plan for the coming week. Ms. Mira is documenting her observations of Eliza, a 29-month-old child whose family speaks both English and Vietnamese. Ms. Mira speaks both English and Vietnamese and has noticed that Eliza enjoys building with a variety of materials and perseveres the most when she can build in environments that are not too crowded or noisy. Ms. Mira has also noticed that in play areas where it is noisier or there is frequent movement from other children, Eliza is more likely to become distracted and frustrated with setbacks, such as when her tower falls over.

Ms. Mira discusses how they might support and encourage Eliza’s interest in building with Mr. Malik. They look over Ms. Mira’s notes and recall a situation where Eliza was playing in the sandbox but was distracted when she noticed some peers going down the slide next to her. When Eliza turned to look at the children on the slide, she knocked over her sand tower. Eliza got frustrated and threw a bucket on the ground.

Mr. Malik and Ms. Mira decide to create a quiet space in the care environment with fewer distractions. They set up the quiet area in the corner of the indoor environment, with a cushion and some foam blocks. Understandably, Eliza will likely continue to encounter bustling areas outside of the quiet area. So, Mr. Malik also suggests that Ms. Mira might provide some guidance to Eliza in moments of frustration so she can learn to cope with challenges.

The next day after breakfast, Ms. Mira introduces the new play area to the children in their environment. She lets them know that this area is for quiet time. Eliza goes to the quiet area almost immediately and starts building a tower with the foam blocks, maintaining focus and attention. When her tower falls over, Ms. Mira notices that Eliza calmly picks up the blocks and starts building again. Ms. Mira shares her observation with Eliza. “Looks like you are going to make another building. Will this one be the same or different from your other one?” Eliza smiles and announces in Vietnamese, “*Lần này, lớn hơn!*” (This one will be even bigger!). Ms. Mira smiles back and acknowledges Eliza’s response communicating, “I’m excited to see your next tower!”

For the next week, Ms. Mira sets up different open-ended materials in the quiet area each day that allow Eliza to continue exploring her interest in building. Ms. Mira observes that Eliza plays there almost every day and one day played calmly alongside another child who joined in the building. She has noted in her documentation that Eliza is focused when playing with these open-ended materials, and she spends more time working through challenges.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What about the example was meaningful to you that you noticed?
2. What did you find inspiring about the way Ms. Mira adapted the environment and materials?
3. What ideas from this example might you use in your own practice?



Closing

Creating a safe and nurturing learning and care environment is central to infants' and toddlers' growth and development. A vitally important role of care educators is to set up and plan the environment and materials within the care setting. The overall approach and practices provided in this chapter highlight the importance of the planning cycle of observing and documenting, studying and interpreting, and developing and implementing a plan as part of cultivating inclusive, responsive, and joyful environments and materials for all children.

The practices presented in this chapter emphasize the importance of partnering with families, arranging the environment to offer predictable and accessible choices for play and exploration, individualizing the environment to meet children where they are developmentally, providing a variety of materials to explore, and regularly planning and updating the environment and materials. These areas of practice offer a starting point from which care educators can tailor the learning and care environment to support all children in their care.

Reflection Questions

Here are some questions to help you as a care educator reflect on the learning and care environment and materials:

1. What practice(s) did you learn more about and would like to incorporate as part of your ongoing planning cycle?
 - a. How might you plan to observe and document how children use spaces in your learning and care environment?
 - b. What open-ended materials and everyday materials do you already use as part of the learning and care environment? What else might you use?
2. When organizing the environment to provide access to a variety of materials, what are some ways you can establish predictability and familiarity while also updating the learning and care environment and materials based on children's interests?
3. What strategies might you implement to individualize the learning and care environment and materials to children's developmental needs? What about making the environment and materials more inclusive and culturally relevant?



Appendix

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List of Infant–Toddler Learning and Development Foundations

Domain, Strands, and Foundations



Social and Emotional Development Domain

The social and emotional development domain covers the following three strands and foundations:

Strand 1.0: Self. This strand includes foundations:

- 1.1 Sense of Identity and Belonging.** The developing concept of self as an individual who shares commonalities with others within social relationships.
- 1.2 Recognition of Agency.** The developing understanding that they can take action to influence the environment.
- 1.3 Expression of Emotion.** The developing ability to express a variety of feelings through facial expressions, movements, gestures, sounds, or words.
- 1.4 Regulating Emotions and Behavior.** The developing ability to manage emotional and behavioral responses, communicate feelings, and act according to social expectations, with and without assistance from a caregiver.

Strand 2.0: Social Interactions. This strand includes the following foundations:

- 2.1 Social Understanding.** The developing understanding of the intentions, responses, communication, and actions of other people.
- 2.2 Empathy.** The developing ability to share in the emotional experiences of others.
- 2.3 Interactions With Caregivers and Other People.** The developing ability to respond to and engage with caregivers and other people.
- 2.4 Interactions With Peers.** The developing ability to respond to and engage with other children.

Strand 3.0: Relationships. This strand includes the following foundations:

- 3.1 Relationships With Caregivers.** The development of close relationships with certain caregivers who provide consistent nurturance.
- 3.2 Relationships With Peers.** The development of relationships with certain peers through interactions over time.



Approaches to Learning Domain

The approaches to learning domain covers the following three strands and foundations:

Strand 1.0: Motivation to Learn. This strand includes the following foundations:

- 1.1 Curiosity and Initiative.** The developing ability of exploring the environment to learn about objects, people, and events.
- 1.2 Engagement and Perseverance.** The developing skill of engaging in activities and persisting in actions and behaviors through challenges and setbacks.

Strand 2.0: Executive Functioning. This strand includes the following foundations:

- 2.1 Attention.** The developing skill of engaging and sustaining attention in activities and interactions.
- 2.2 Inhibitory Control.** The developing skill of managing impulses and behaviors.
- 2.3 Working Memory.** The developing ability to hold information in mind (short-term memory) to use it to accomplish goals and plans.
- 2.4 Cognitive Flexibility.** The developing skill of being flexible in attention, thinking, and behavior.

Strand 3.0: Goal-Directed Learning. This strand includes the following foundations:

- 3.1 Problem-Solving.** The developing skill of using different strategies to solve a problem or get needs met.
- 3.2 Collaborative Effort.** The developing skill of working together with others to accomplish goals.



Language Development Domain

The language development domain covers the following three strands and foundations:

Strand 1.0: Attending and Understanding. This strand includes the following foundations:

- 1.1 Being Attentive to Communication.** The developing ability to be attentive to communication cues and learn language through interactions with others. This development occurs in any language, such as the child’s home language or any other language that they are developing.
- 1.2 Understanding Language.** The developing ability to understand a growing number of words (oral, signed, or both) and utterances. This development occurs in any language, such as the child’s home language or any other language that they are developing.

Strand 2.0: Communicating. The strand includes the following foundations:

- 2.1 Communicating and Speaking.** The developing ability to produce sounds, gestures, and words (oral and signed) and combine them. This development occurs in any language, such as the child’s home language or any other language that they are developing.
- 2.2 Emerging Conversation Skills.** The developing ability to engage in back-and-forth communication. This development occurs in any language, such as the child’s home language or any other language that they are developing.

Strand 3.0: Early Literacy. The strand includes the following foundations:

- 3.1 Engagement With Books, Stories, Songs, and Rhymes.** The developing understanding of how to engage with books and literacy activities. This development occurs in any language, such as the child’s home language or any other language that they are developing.
- 3.2 Understanding Meaning From Books and Stories.** The developing ability to understand books and stories. This development occurs in any language, such as the child’s home language or any other language that they are developing.



Cognitive Development Domain

The cognitive development domain covers the following four strands and foundations:

Strand 1.0: Exploration. The strand includes the following foundation:

1.1 Cause and Effect. The developing understanding that one action brings about another.

Strand 2.0: Emergent Mathematical Thinking. This strand includes the following foundations:

2.1 Number Sense. The developing understanding of number and quantity.

2.2 Spatial Thinking. The developing understanding of how things move and fit in space.

2.3 Classification. The developing ability to notice similarities and differences between objects or people, and to classify objects according to their characteristics.

Strand 3.0: Imitation and Symbolic Thinking. This strand includes the following foundations:

3.1 Imitation. The developing ability to imitate the actions, sounds, language, or gestures of others, either immediately or later.

3.2 Symbolic Thinking. The developing ability to use actions, objects, or ideas to represent other actions, objects, or ideas.

Strand 4.0: Memory. This strand includes the following foundation:

4.1 Memory. The developing ability to store and later retrieve information about past experiences.



Perceptual and Motor Development Domain

The perceptual and motor development domain covers the following two strands and foundations:

Strand 1.0: Perceptual Development. This strand includes the following foundation:

- 1.1 Perceptual Development.** The developing ability to use information from the senses to understand and interact with the social and physical environment.

Strand 2.0: Motor Development. This strand includes the following foundations:

- 2.1 Gross Motor Development.** The developing ability to control the large muscles to move and explore.
- 2.2 Fine Motor Development.** The developing ability to use the small muscles of their fingers and hands to explore objects and accomplish tasks.

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List of In-Practice Examples and Learning Stories

Chapter 2: Planning to Support Infant–Toddler Learning and Development

In-Practice Example: Lucila, Aidan, and Qing’s Explorations of Color and Light	45
In-Practice Example: Mealtime With Knut, Bella, Luna, and Grayson	47
In-Practice Example: Junlai and Andrea Crawl and Explore	50
In-Practice Example: Supporting Jacob’s Development Through Uninterrupted Play	52
In-Practice Example: Junior Misses His Papa	55
Learning Story: “Jacob Investigates Movement”	62
In-Practice Example: Observing as Kaysha Explores Cause and Effect	72
In-Practice Example: Reflecting on the Observation of Kaysha’s Exploration	73
In-Practice Example: Planning to Support Li’s Learning and Development	75
Learning Story: “Etta on the Move!”	76
In-Practice Example: Planning to Support Children’s Use of Serving Utensils at Mealtime	79
In-Practice Example: Planning to Support Emma’s Exploration of Objects	80
In-Practice Example: Continued Planning to Support Kaysha’s and Her Peers’ Exploration of Objects	81
In-Practice Example: Reflecting After Implementation With a Small Group of 16-Month-Olds	84

Chapter 3: Relationships and Interactions

In-Practice Example: Chloe’s Sleep Time Book	102
In-Practice Example: Flora and Julian’s Musical Adventure	107
Learning Story: “Let’s Be Friends!”	113
In-Practice Example: An Everyday Moment With Darius	123
In-Practice Example: Jun and Lucas Paint Together	129
In-Practice Example: Gwen’s Experimentation With Size and Shape	135

Chapter 4: Routines

In-Practice Example: Amara Has a Hard Time Saying Bye to Auntie	146
In-Practice Example: Pickup Time for Camila and Mateo	149
Learning Story: “Ashan From His Family Child Care Provider”	157
In-Practice Example: Nolan Persists Through Mealtime	162
In-Practice Example: Jacob Is Ready for the Toilet	167
In-Practice Example: Zuri’s Diaper Change	171

Chapter 5: Environment and Materials

In-Practice Example: Thomas Brings a Toy From Home **185**
Learning Story: “Me Do It!” **189**
In-Practice Example: Jayden Learns to Roll Over **195**
In-Practice Example: Ms. Aalayah Modifies Books for Amir to Explore **198**
In-Practice Example: Liam and Izumi Explore Cardboard Boxes **202**
In-Practice Example: A Quiet Area for Eliza to Play **208**

Glossary

agency: A child’s ability to initiate actions and make things happen.

assistive technology device: A device or tool that helps an individual maintain, gain, or improve daily functioning (for example, wheelchairs, glasses, hearing aids, ramps); devices can range from low-tech options like foam pencil grips to higher tech devices like speech recognition devices.

attachment relationships: The relationships a child forms in infancy and toddlerhood with the individuals who provide their primary care that serve as the model for infants’ and toddlers’ interactions and relationships with others.

attention cues: Signals that infants give that show what they are interested in or focusing on. These can include looking at something, touching or mouthing something, pointing, or making sounds.

augmentative and alternative communication (AAC) device: A tool used by individuals with impairments in speech-language production and/or comprehension to improve functional daily living. AAC uses a variety of techniques and tools, including, but not limited to, picture communication boards and speech-generating devices.

autonomy: An infant’s or toddler’s ability to make choices and act with self-direction, based on their interests and values.

bias: A preference or inclination for or against a person, group, or idea. A bias may be a conscious belief an individual holds or a preference or inclination a person may be unaware of that influences their beliefs or attitudes.

braille: A system for writing that employs raised dots to represent letters used by those who are visually impaired to read through touch. Braille is not a language but a tactile system that represents each letter, number, and punctuation mark used to write in English.

caregiver: The person responsible for the care, well-being, safety, and education of a child. The caregiver might be an infant-toddler care educator providing care in a center or the care educator's home. The caregiver might also be a relative, such as an immediate or extended family member or a person known as a family member who takes care of the child in the child’s home or their own home.

cause and effect: The relationship in which one event (the cause) makes the other event happen (the effect).

child-directed speech: A type of speech people naturally use when communicating with infants and toddlers. Child-directed speech usually involves speaking or signing slowly, exaggerating vowel sounds, and using a singsong tone. Phrases and sentences are usually short, simple, and repetitive.

child's home: The place where a child is living and being cared for by their family.

classification: The process of grouping objects or items based on similarities in qualities or attributes.

code-switching: The use of two or more languages within a single phrase, sentence, or conversation. The skill of code-switching is a form of translanguaging.

cognitive flexibility: The ability to think in new or alternative ways and adjust behavior based on needs and goals.

coregulation: The process of providing children with supportive, calming interactions that help them regulate their emotions and behaviors. Coregulation involves caregivers responding sensitively and appropriately to children's needs, such as providing comfort, soothing, and attention, which helps the child feel secure and supported.

cruise: A gross motor skill where infants and toddlers can stand upright but need to hold on to a stable object (like a table or couch) or a person to take sideways steps.

culture: The customs, values, beliefs, and practices of a group of people. Cultural values and norms inform family roles, rituals, communication styles, emotional expression, social interactions, and learned behavior.

dramatic play: Imaginative or pretend play. This type of play helps children understand the world, build language skills, and develop social abilities like sharing and cooperating with others.

dual language learner: A child from birth to 5 years of age who is acquiring two or more languages at the same time or a child who is learning a second language while continuing to develop their first language.

early learning and care setting: A place in which caregivers provide early learning experiences and nurturance to support young children's development and well-being. Settings may include home-based, center-based, or community-based care environments.

emotion regulation: The ability to manage one's emotions.

empathy: The ability to understand or share the feelings of others.

environment: A space that is intentionally set up by a care educator in a setting where children receive care, learn, and develop.

everyday materials: Things that are readily found in the home or early learning and care setting (such as eating utensils, containers, pots and pans, baskets), recycled materials (such as cardboard boxes, egg cartons, paper towel rolls), or natural materials (such as pinecones, shells).

family partnership: The relationship between the family and the care educator in which each has a role in supporting the child's experience at home and in the early learning and care setting. The care educator is responsible for engaging with the family to develop a relationship and learn from the family about their child and the way in which they care for their child. Based on what the family shares, the care educator works to make the child's experience in the early learning and care setting consistent with the child's experience with the family. In the relationship, the family and care educator share ideas and experiences with each other and learn together to continue to support the child's development.

fine motor skills: A subset of motor skills that use the smaller muscles in the hands and fingers.

gross motor skills: A subset of motor skills that involve the use of large limbs (these include neck, arms, torso, and legs) or the whole body.

holistic: The understanding that all aspects of a person are integrated as a whole, including the social and emotional, approaches to learning, language, cognitive, and perceptual-motor developmental domains and the person's lived experience, family, culture, languages, interests, strengths, and needs.

imitation: The ability to copy the words or behaviors of others.

individual differences: Traits or other characteristics by which individuals may be distinguished from one another.

infants and toddlers: Children who range in age from birth to age 3. Infants are children from birth to around 12 months. Toddlers are children from around 12 months to 36 months.

infant-toddler care educator: A person responsible for the care, well-being, safety, and education of infants and toddlers in an early learning and care setting.

inhibitory control: The ability to manage impulses, reactions, emotions, and attention. Includes the ability to delay gratification and adjust behaviors to meet the expectations of a situation.

initiative: An infant's or toddler's motivation to explore and try things on their own by taking the first steps to play, ask questions, or solve problems.

interdependence: The mutual dependence of two or more people or things on one another.

intergenerational trauma: The emotional and psychological effects spanning generations that result from intensely adverse experiences of a group or community.

language variety: A specific form of a language that may include variations in grammar, pronunciation, and vocabulary. Language varieties occur naturally out of differences in geography, demographics, and context.

literacy: The ability to communicate through reading and writing. Literacy activities for young children include experiencing books, stories, songs, and rhymes with caregivers.

malnutrition: The lack of proper nutrition.

materials: The objects and equipment placed in the learning and care environment for children to explore and interact with.

meaning making: The process by which people make sense of and understand things, actions, and events. Infants and toddlers engage in meaning making by exploring, observing, and interacting with people and things in their environment.

modeling: A type of scaffolding through which a child learns how to do something by observing a caregiver or peer. The person who is the model may intentionally demonstrate the action that the other person learns through observation.

motor development: The changes over time in children’s ability to control and move their body.

mouthing: A form of exploration in which an infant puts an object or a part of their body (like hands or feet) in their mouth to sense the texture, taste, firmness, temperature, and other aspects of the object or body part.

multilingual child: A child who is developing two or more languages in the context of their family, community, or early learning and care setting.

multilingual children: Children who are developing in more than one language with their families, in their communities, or in early learning and care settings.

multilingual learner: A broad term that encompasses multilingualism for children from birth through elementary and secondary education.

natural sleep-wake cycles: Refers to a 24-hour cycle that regulates bodily functions, like sleep and patterns of wakefulness.

nondistress cues: An infant's signals or behaviors that communicate comfort and contentment, rather than upset or need. These signals might include coos, smiles, eye contact, or a relaxed physical state that often indicate an infant's contentment or readiness to engage with their social and physical environment.

number sense: The understanding of quantities and numbers, including concepts such as more or less.

open-ended materials: Materials that allow children to explore freely without a single, narrowly defined intended purpose or use. Examples include blocks, balls, water, sand, and playdough.

open-ended question: A type of question that requires more detailed information, explanation, or elaboration of the respondent rather than a simple "yes" or "no" response.

parallel play: Infant and toddler play that involves children playing next to each other, often doing a similar activity but not directly interacting with each other. During parallel play, each child is engaged in their own activity, but they are side by side.

perceptual development: The continuous process of taking in, organizing, and understanding information through the senses.

persistence: Continuing to try engaging in an action or behavior, even when facing challenges or setbacks.

possibilities: Potential options or outcomes that may happen in a given situation.

primary care educator: A specific care educator who takes responsibility or is assigned to care for specific children in an early learning and care setting, ideally from the time each child enters the setting until three years of age. The primary care educator builds a close, trusting relationship with each child and their family, providing consistent responsive care. Through continuity of care, the care educator learns each child's individual strengths, needs, and interests and personalizes care to support each child's learning and development.

proprioception: A person's sense of balance and movement that makes possible awareness of where the body is in relation to other people and things.

protective factors: Conditions or personal attributes that lower the likelihood of negative outcomes.

provocations: Experiences and materials introduced by care educators to spark children's interest in further meaning making or exploration of an idea, question, or problem revealed in their play. Provocations can include interesting open-ended objects or setups or engaging questions that prompt children to make meaning, investigate, and continue learning through play and exploration.

resilience: The ability to adapt and grow stronger when faced with challenges and stress. As a person grows, they learn to use supports and strategies to maintain their well-being, even in difficult situations.

responsive: When a caregiver interacts with a child by sensitively observing a child's interests and their emotional and behavioral cues and responds promptly and according to the child's needs. If the first response does not connect with the child's message, the caregiver continues to observe and respond to the child's cues until the caregiver's response is in tune with the child's interest or need. Experiencing responsive nurturance in a relationship helps children feel secure, supported, and understood, which promotes their social and emotional development as well as their overall well-being and learning.

routine: Consistent and predictable sequence of events or actions that meet the care and learning needs of individual infants or toddlers. Routines include feeding/mealtimes, diaper changes, nap times, greetings, and departures.

scaffolding: The support that caregivers provide to children to help them learn a new skill, solve a problem, or accomplish a task. Scaffolding may include giving guidance, asking a question, making a suggestion, or demonstrating a step in a way that provides a child just enough support to be able to continue on their own. The support is individually adapted to each child based on an understanding of the child’s learning and development.

sense of belonging: The feeling infants and toddlers have of being accepted, valued, and connected when they enter a new community, particularly early learning and care settings. It is fostered through nurturing relationships, inclusive practices, and environments that reflect and respect their backgrounds and identities.

sense of identity and belonging: The developing concept of self as an individual who shares commonalities with others within social relationships. Closely related terms include sense of self and sense of self and belonging.

sense of self/identity: The developing awareness infants and toddlers have of themselves as individuals who share commonalities with others within social relationships. This includes recognizing their own thoughts, feelings, and abilities and is nurtured through interactions with caregivers and exploration of their environment.

sensory play: Activities that engage children's senses—sight, sound, touch, taste, and smell. Sensory play is a way for young children to explore and learn about the world around them.

social determinants: Social determinants, or social determinants of health, are the conditions in the environment where people are born, grow, live, and age as well as the greater systems shaping those conditions that influence a range of health risks and outcomes. Examples include education, food security, and housing security.

spatial properties: Characteristics of objects, such as shape, size, position, and direction.

spatial thinking: The ability to understand and visualize space, including the ability to reason and communicate about the location, distance, and direction of objects and people in space.

symbolic thinking: The ability to use actions, objects, or ideas to represent other actions, objects, or ideas.

synapse formation: The process by which two neurons become connected, allowing the neurons (cells in the brain or nervous system) to send and receive messages or information. Through these connections, neurons work together to enable a person to sense things, move, feel, think, and talk. As a young child develops and learns, brain cell connections grow in number and complexity.

systemic oppression: The unjust and inequitable treatment of a group or individual by a system based on their social identity. It stems from historical patterns of mistreatment that society continues to foster. Examples of systems of oppression are racism, sexism, ableism, and social classism.

temperament tendencies: The physiological, emotional, and behavioral ways in which infants and young children relate to people, things, and situations. Temperament tendencies include how active children often are, how reactive they are to unexpected situations, and how attentive they are when there are distractions.

traditional language: A language from a family’s culture or country of origin.

translanguaging: A multilingual individual's use and understanding of their full language repertoire—all of their knowledge about language—without separation of the languages. Translanguaging encompasses many skills and behaviors, such as code-switching, which allows a multilingual individual to use language fluidly.

trauma: A harmful, sometimes prolonged psychological and/or physiological stress response caused by an adverse environment or stressful event (including, but not limited to, experiencing emotional or physical neglect, natural disasters, or housing insecurity; growing up with an incarcerated parent; or living in a household where there is substance abuse and/or domestic violence).

Universal Design for Learning: An approach that offers guidelines for supporting the learning of all children through using multiple means for engagement, representation, action, and expression.

wait time: The intentional pause a caregiver gives after communicating a playful message, responding to a child's communication, offering an idea, making a suggestion, asking a question, or giving a prompt. This allows the child time to take in information, think about or process it, and respond.

working memory: The ability to briefly keep in mind and manipulate necessary information for complex cognitive tasks, such as learning, reasoning, and language comprehension.

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