



Government of Newfoundland and Labrador
Department of Health and Community Services

CENTRE-BASED INFANT CARE
GUIDE TO PROGRAM STANDARDS

FOREWORD

This document comprises the provincial policies on programming for infants (children under two years). All programs must be approved and the programs for infant rooms will be assessed for approval using the information provided in this document. The guide provides direction in the preparation and development of programming for infants in licensed child care centres. The contents of the guide reflect current knowledge of child development for infants (children age 0-24 months of age) and ways in which that development can be fostered in child care centres. The intention is for each operator to use the information to build (and to continue to develop) a program based on the principles of good early childhood education that is appropriate for the infants, their families and their communities.

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INTRODUCTION

This document provides program standards and guidelines for the development of programs for infants (children 0-24 months of age). It is intended for the use of Early Childhood Educators (ECEs) who are establishing new infant rooms in centres or are involved in the on-going work of program development for infants. The Child Care Services Act, Regulations and related policies provide information on the legislated requirements for the care of infants. Therefore all those involved in planning for this age group need to understand and be very familiar with the contents of all these documents and understand the contents. Advice is available from the regional Child Care Services staff. It is strongly recommended that a copy of each document be in the infant room and immediately available to staff.

The basic documents are:

- Child Care Services Act
- Child Care Services Regulations
- Group Child Care Policy Document
- Group Child Care: Guide to Licence Application Process and Standards
- Health in Child Care Settings: Guidelines for Child Care Providers and Early Childhood Educators

They are available from the Child Care Services staff in your region.

The importance of the experiences which young children are exposed to and the enormous impact on their future development is well recognized. The first three years are the most important in a person's development and the effect of experiences the child has in their earliest years is life-long. Those who care for infants must have a thorough understanding of the developmental stages of that age group (and beyond) in order to provide an environment that allows infants to thrive and grow in the way that is best suited to each individual. It is well documented that good quality child care enhances children's development.

Children under two years are the most vulnerable and are the least able to verbalize their needs so sharing of information between parents and centre staff is critical. Strong positive relationships between ECEs and families in order to facilitate the sharing of information is important for all children, but particularly so for those under two years of age. Staff of centres must make parents of infants not only feel welcome but also feel 'at home' in the infant room. This is true for all families, and especially critical where a mother is breastfeeding. Mothers who are breastfeeding their infants must be accommodated for the sake of both the mother and the child.

The elements of a good quality child care setting are well documented in early childhood literature. The main ones related to centre-based child care are listed below.

- The staff are trained in early childhood education, including the ages of children for whom they provide care.
- The program is child-centred and is based on sound child development theories and current

research.

- The group size is small and the adult-child ratio is low.
- Good relationships with the children's families are developed and maintained.
- Health, safety and nutrition practices are in place and appropriate for the ages of children.
- The centre has good connections with other trained ECEs, professional organizations, training institutions, and all levels of government.

All of these elements must be in place from the outset and are in a continual state of development and refinement. For example:

- professional training is on-going by staff attendance at conferences, workshops, in-service training and so on
- the program is constantly being refined and altered to meet the current needs of the children
- relationships with parents are maintained once they have been established.

Program development is a continuous process. As the infants and their families grow and change, the program grows and changes to accommodate them.

It is critical that the infant care setting in a child care centre reflects these elements. This program guide will outline the application of the principles and responsibilities as they relate to children 0-24 months of age. Infants are our most vulnerable charges. We must strive to provide an environment that is safe, nurturing and responsive to their developmental needs as well as their physical care needs. To achieve this, communication between parents and ECEs is essential.

As this is a program guide, little will be said about the health, safety and nutrition of the infant in a child care setting. This in no way minimizes the importance and necessity of providing a clean, safe, caring environment for children of this age group. In fact it is absolutely essential that the health and safety of infants is protected. They are more vulnerable than older children to the effects of poor hygiene practices and the outcomes tend to be more severe for the infant. The importance of frequent and proper hand washing, sanitation of surfaces used in diaper changing, cleanliness in food preparation, and disinfecting of toys used in the program cannot be overstated.

Please note: *Health in Child Care Settings: Guidelines for Child Care Providers and Early Childhood Educators* contains the provincial policies regarding health safety and nutrition for infants in child care settings. Direction provided in the manual must be followed at all times.

PROGRAM PHILOSOPHY

The philosophy of any early childhood program is the set of principles that provide the framework for the program. In infant programs, the principles provide guidance on decisions that are made concerning individual infants, the infants as a group, parental involvement and the program. It emerges from current knowledge of infant development and how this development can be fostered effectively in a group setting. It is important that child care centres licensed to care for children under two years of age look at the principles upon which their centre operates and ensure that they support quality care for infants and their families. Each principle should be reviewed individually by the operator of the centre in consultation with the infant room staff to ensure it is reflected in the program as it is delivered.

An appropriate philosophy includes elements such as:

- The infant is part of a family unit. Therefore all forms of family must be respected.
- The program fosters all aspects of the infant's development
- Feeling secure is a basic need of infants. The program accommodates this need.
- Consistency in the caregiver, consistency in the way(s) in which care is provided and consistency in the environment are critical to the infant's feelings of security.
- Each infant is an individual with individual strengths and rates of development
- The program recognizes the developmental level of infants, the developmental sequence and the ways in which infants learn.
- The infant's development of self-esteem and self-concept is supported.
- The infant's need to explore and discover safely is respected and encouraged.
- Creative thought and problem solving is supported.
- The infant is actively involved in the learning process.
- The infant's indication that s/he is alert and responsive to stimulation or requires a less stimulating environment is respected.

These principles become the foundation of the program. Any and all changes proposed to the program are measured against these principles to ensure that the new direction the program may be taking conforms to them. The philosophy of the program is reflected in program elements such as the way the room is set-up, the materials that are supplied and the ways in which the staff relate to the infants and their families. For example, if you know that treating an infant with respect as an individual is essential to providing quality care for infants, then speaking in a gentle tone and

respecting when an infant no longer wishes to be involved in an activity follow naturally.

PARENTS AND FAMILIES

Parents are the infants' first 'teachers' and are the most knowledgeable about their infants. Early Childhood Educators (ECEs), through education and experience, have a wide general knowledge of infants and their developmental stages. With both these sources of information working together the infant, the family and the ECE all benefit.

The importance of the partnership between parents of children and ECEs in a centre is never greater than when it is applied to infants. Good, honest communication is a necessity when the infant is of an age where they are unable to verbalize their needs. Learning to distinguish between the 'hungry' cry, the 'tired' cry and the 'frightened' cry is easiest when the parent is involved and consulted during the initial days of child care. Parents and ECEs need to develop a mutual respect for each other and understand the importance of the partnership on which they are about to embark. Developing a partnership with the parents of infants is one of the most important jobs that the staff of an infant room in a child care centre will have.

Home Visits

Home visits are recommended when infants are being enrolled in a centre. It may be an initial visit prior to the infant attending the centre or it may occur annually. It is an extremely important element in the development of a positive relationship among families, infants and the ECE who will be providing that infant with care for the majority of time in the centre. There are many benefits to the home visit:

- The infant is able to meet the ECE in a place where the infant feels safe, thus providing a concrete link between home and the centre. The infant does not have to deal with a new care provider and a new environment at the same time. The infant can concentrate on beginning to trust the ECE, which tends to promote a smooth transition to centre-based care for the infant.
- Families begin to be assured that the ECE has a sincere interest in them and their infant. This builds confidence in the parent that the ECE will have a positive relationship with their infant. It is an excellent foundation for the development of an effective partnership with the parents of the infant.
- The ECE gains information on the child's background, what is familiar to the infant and the ways in which the infant is used to relating to his or her parents. This all leads to a deeper understanding of the child and makes the orientation of the infant to the centre simpler for all concerned.

Orientation For Parents and Children

The orientation visits to a child care centre allow ECEs, parents and infants to begin to develop positive relationships. The first practical contact ensures that the fees, hours of operation and philosophy of the centre meet the family's needs. Other contacts are designed to build a positive relationship among ECE, parent and infant.

Parents need:

- to become familiar with the ECEs (especially the ECE assigned to care for the infant) and feel confident that the infant will be receiving good care
- to be comfortable with the physical setting for their infant
- to understand the program and how the needs of their infant will be met
- to meet some of the other parents and view how the infants already enrolled are cared for
- to understand the policies that the operator of the centre has in place and how they will affect their family

Infants need time and support to make the transition to the new situation. They need time to:

- develop trust in their primary caregiver. For information on the concept of primary caregiver see page 30.
- to become familiar with the flow of the day and the week at the centre
- to become familiar with the other infants and ECEs at the centre

It is absolutely critical that the infant be provided with ample time to develop a trusting relationship with one consistent ECE at the centre before the parent leaves the infant for any length of time at the centre. The infant may be experiencing stranger anxiety (fear of new people, places and objects) or separation anxiety (fear of the parent's departure). They need ample time to adjust to this new situation. A gradual introduction to the infant room is required in order that s/he has the opportunity to develop trust in the new situation and to begin to develop a bond with their primary caregiver.

The length of the orientation for the infant to the infant room will vary greatly from individual to individual. It will depend on the developmental stage of the infant and his/her readiness to stay in the infant room without his/her parent. Trying to rush the process and make the infant remain without his/her parent before the infant is ready will make the process for all concerned lengthier and more difficult.

For the first few days the infant visits for only a short time and with his/her parent. The primary caregiver uses these visits to begin to develop a relationship with the infant. Only when it appears that the infant has begun to trust his/her primary caregiver should the parent leave the room and only for a very short time to begin with. At this time the parent should remain on-site and be available to return should the infant show signs of distress that the primary caregiver is not able to allay relatively easily. This process continues with the parent leaving for longer and longer periods until the infant is comfortable being left. When the infant is given the opportunity to trust the new situation through a gradual transition to a full day, the benefits are far-reaching. If s/he is not given the opportunity to form an attachment successfully with their primary caregiver in the centre, the

negative effect on the infant's development can also be far reaching.

Parents may fear that this attachment to the primary caregiver at the centre will somehow lessen the infant's attachment to them as the parent. Parents may need to be reassured that attachment to the primary caregiver will not affect the infant's attachment to the parent. Infants have a seemingly infinite capacity to develop attachments with the significant adults in their lives. There is no stronger bond than that between parent and child. It cannot be threatened by secondary attachments to other caregivers in the child's life. However, parents also need to understand that attachment to a primary caregiver must be encouraged as it is essential for the infant's development of self-esteem and trust. Without the development of trust the child's overall development will be hindered. Infants need this attachment in order to thrive.

Ongoing Communication With Parents

Open communication between the infant's primary caregiver and the parents is essential. This can only be achieved when there is trust between the two parties. Having the required information in order that the needs of the infant are met depends on sharing information on a daily basis. The parent needs to know:

- when the infant slept during the day and for how long
- what the infant ate/drank during the day
- when and how often the infant urinated and had a bowel movement during the day.

In turn, the ECE needs to have information on the infant's sleep, eating and elimination patterns prior to coming to the centre. If this information is not shared the infant's health can be affected. For example, a young infant can become dehydrated very quickly. This is due to inadequate intake of liquids, one of the symptoms being dry diapers. Unless the ECE and the parent have information on the amount the infant was fed and the times of urination in the preceding 24 hour period, neither may realize the infant is dehydrated and no action may be taken, resulting in risk to the infant. Information is also available to both the ECE and the parent about when the infant is likely to be hungry or need to sleep, allowing the needs of the infant to be more easily met. If an older infant has not napped well at the centre, s/he may need an earlier bedtime than usual that evening.

The Child Care Services legislation requires centres to provide information to parents on the infant's sleeping, feeding and elimination patterns each day. A simple way to provide and obtain the required information is the use of a daily chart (for an example see the appendix). It requires little time to

fill in this type of chart but it provides a concise and complete summary of the essential information. The chart can also include information of a more general nature, for example the child's mood or medical information, thus making it easier to care for an infant appropriately.

It is very useful to have a chart that is divided into two sections. The first half is completed by the parent at drop-off time and the second part is completed by the primary caregiver throughout the day to provide daily information to the parent. If the parent does not drop off or pick up the infant the chart can be sent home in the diaper bag to the parent. The parent completes their part of the chart and sends it in with the infant's belongings the next day.

Communication with parents on more general matters is also important in developing and maintaining positive relationships with parents. These include:

- talking with parents at drop off/pick up times
- providing the parents with a parent handbook which provides written information on the policies and procedures of the centre. It may be necessary to have a separate handbook or a separate section in the handbook for issues related to the infant care component of the centre. The information may include issues such as providing diapers, introducing new foods and outdoor play. This helps to avoid misunderstandings. However, be aware that not all parents are literate and be prepared to give the information verbally as well.
- regular telephone calls or letters which keep a parent connected, particularly if it is not the parent who regularly picks up or drops off the infant
- newsletters with general information for all families
- parent bulletin board with information such as the current Child Care Services licence, a copy of the Child Care Services Act Regulations and related policies, menus, any up-coming events, information sheets that may be relevant to parents and so on
- social events for families, children and staff; for example a summer picnic or a Christmas lunch. These events provide an opportunity for parents to get to know the staff and the other families in the centre
- regular individual meetings with parents of each infant to share information and discuss the infant's development
- parent/staff education evenings, where topics of current concern are addressed. For example: toy safety or nutrition.

Parental Involvement

Parents of infants are the ones most likely to want to be involved in the centre. However, they are also the parents who find it most difficult to attend. They generally lead extremely busy lives and some have more time and energy than others to become involved in the activities that the centre provides. The operator has a responsibility to provide a variety of options for parental involvement and make it as easy as possible for parents to become involved. However, ultimately it is the parent's choice and if they decide not to become deeply involved, this decision must be respected.

Parental involvement is a major factor in the provision of quality child care to families. It leads to greater trust between the parent and the ECE, which in turn leads to more information sharing and a better understanding of the infant. Parents should be made to feel welcome at the centre at any time. This is of particular importance where infants are concerned. Infants and parents need as much contact with each other as possible.

For breastfeeding mothers it is essential that they be made to feel welcome in the centre at any time. A comfortable place which respects the mother's desire for privacy must be provided for mothers who choose to continue breastfeeding when their infant enters a child care centre. Infant room schedules must incorporate the mother's breastfeeding schedule. This schedule should be discussed with the parent, along with a backup plan/agreement should the mother be delayed.

CHILD DEVELOPMENT

Infants change dramatically between the ages of birth and two years. It is the time of life when development takes place most rapidly. The needs and abilities of the newborn are vastly different from that of a two year old. The developmental level of each infant must be recognized and understood. This means that the program will need to be adapted on an on-going basis to meet the changing needs of every infant in the room. The fact that there will be a maximum of six infants in an infant room, a minimum of one trained ECE for every three infants and that each infant will have one primary caregiver who knows the infant very well allows for the needs of all the children in the infant room to be met.

Age may provide a very rough guide but it is essential to recognize that each infant is a unique individual with particular strengths, needs and interests. The pattern of growth for each infant is unique. All children pass through the same stages in the same order but at different rates and at different ages. Development is not a steady progression. At times there will be rapid development in one area and very slow development in another. For example, an infant at one particular time may be advanced in language and less advanced in motor skills. Then language development slows and motor development is more rapid. Infants who were born prematurely often reach developmental milestones after their peers. This is due to their early arrival in the world. They were not as developed as their peers at birth and more development has to take place outside the womb than infants who were full term.

As infants grow and develop, the program and activities must change and develop also. One of the major responsibilities of ECEs working with infants to be knowledgeable about their development. These ECEs must recognize the stage each infant has reached in each of the areas of development and understand what the next stage will be. In this way the program can be structured to provide the support that each infant requires.

The following chart gives the most common ages for the developmental stages. However, it must never be forgotten that each infant is unique in the pattern of his/her development and so programs must be consistent enough to cater to these common elements and flexible enough within that framework to allow for each infant's unique pattern of growth.

How programs can be developed to meet the variety of developmental stages that will be encountered in the 0-24 month age group is discussed beginning on page 33.

CHARACTERISTICS OF INFANTS 0-3 MONTHS OF AGE

PHYSICAL DEVELOPMENT (0 - 3 MONTHS)

Characteristics of Infants 0-3 Months	Implications for Program Planning	Adult Role
<p>Head control is just developing: can lift head briefly and can turn head</p> <p>Arm and leg movements are mostly involuntary</p> <p>Cannot control hands. The hands clench involuntary around anything that is put there.</p> <p>Will stare at objects. Faces are particularly interesting at this age.</p> <p>Coordination of eye movements is beginning.</p>	<p>In a safe space provide a mat or blanket with enough room for the infant to move.</p> <p>Place infants safely and securely: for example during floor play ensure that older, mobile infants cannot “run over” those who are not yet mobile.</p> <p>Faces and bright colours are interesting</p> <p>Avoid placing rattles or other objects in hands. They are unable to let go.</p> <p>Provide sufficient room for free movement of limbs</p>	<p>Use sensitive observation to determine infant’s needs.</p> <p>Balance experience of wide-open space (for example on a blanket on the floor) with need for security (in a small enclosed space, for example crib).</p> <p>Provide minimal external stimulation at this age. The adults and other infants in the room are generally enough.</p> <p>Place infants in a safe spot where they can be part of the room but not overstimulated</p>

SOCIAL-EMOTIONAL DEVELOPMENT (0 - 3 MONTHS)

Characteristics of Infants 0-3 Months	Implications for Program Planning	Adult Role
<p>Are not aware they are separate from their surroundings.</p> <p>May smile and make eye contact.</p> <p>Are soothed by faces.</p> <p>Respond to being held.</p>	<p>Use the infant’s name when responding to his or her needs.</p> <p>Hold the infant during feeding.</p> <p>Few toys are needed at this stage. The infant finds enough stimulation in the environment</p>	<p>Speak to the infant often using the infant’s name.</p> <p>Respond immediately to the infant’s messages and crying. Determine what need the infant is communicating.</p> <p>Meet the infant’s need for attachment by having a primary caregiver system in place.</p>

INTELLECTUAL DEVELOPMENT (0 - 3 MONTHS)

Characteristics of Infants 0-3 Months	Implications for Program Planning	Adult Role
<p>Beginning to follow faces and objects as they move.</p> <p>Respond to faces and objects that they see</p> <p>Suck and gum objects that come near the mouth.</p> <p>Display reflexes that are the beginnings of sensory skills</p>	<p>Provide an environment that is both safe and interesting for infants.</p> <p>Provide soft colourful toys for the infant to look at or mouth. Note: Be aware of any small parts that may be a choking hazard.</p> <p>During their waking hours change the position of the infant in the room so they have a variety of views of the space. Avoid propping in infant seats or other restrictive devices: for example an infant swing.</p>	<p>Provide faces to look at (especially the primary caregiver).</p> <p>Provide opportunities to see, touch and gum objects.</p> <p>Offer objects to the infant and allow the infant to decide if he or she would like to have them.</p> <p>Encourage sensory development by placing infants on their backs. This allows the infant a clearer view of the room, allows him or her to hear with both ears and allows him or her to use both hands</p>

LANGUAGE DEVELOPMENT (0 -3 MONTHS)

Characteristics of Infants 0-3 Months	Implications for Program Planning	Adult Role
<p>Is able to listen.</p> <p>Will cry if s/he has a need.</p> <p>Responds to voices.</p>	<p>Responsive adults are the most important element in the infant's environment.</p> <p>The infants needs must be met immediately. There should be little or no waiting period.</p>	<p>Listen and talk to infants.</p> <p>Learn how to interpret the cries of each infant. Recognize their different cries, for example the "I'm awake" cry; the "I'm wet" cry, the "I'm tired" cry, the "I want to be held" cry. Respond promptly.</p> <p>Use routine times to talk to the infant about what is happening and what will happen next.</p>

CHARACTERISTICS OF INFANTS 3 - 6 MONTHS OF AGE

PHYSICAL DEVELOPMENT (3 - 6 MONTHS)

Characteristics of Infants 3-6 Months	Implications for Program Planning	Adult Role
<p>Reflexive movements are disappearing and control of arms and legs is beginning</p> <p>Can lift head and control it better when in an upright position.</p> <p>The grasp reflex is disappearing.</p> <p>Reaches with both arms with fist hands.</p>	<p>Provide a variety of safe, washable objects within reach to for the infant to look at and to stretch for</p> <p>Provide a washable mat for the infant to lie on</p> <p>Do not use restrictive devices such as swings or exersaucers.</p>	<p>Sit with infants and observe them.</p> <p>Respond to the infant as the infant indicates a need for response to what they are doing and seeing</p> <p>Avoid unnecessary noise or talk. The infant does not need distraction or entertainment.</p> <p>Allow infants freedom to explore through looking, sucking, stretching and reaching in a safe environment.</p>

SOCIAL-EMOTIONAL DEVELOPMENT (3 - 6 MONTHS)

Characteristics of Infants 3-6 Months	Implications for Program Planning	Adult Role
<p>Expresses a wider variety of feelings and uses his or her voice to express them in sounds.</p> <p>Begins to recognize his or her primary caregiver. He or she responds differently to different people.</p> <p>Begins to realize his or her hands and feet belong to them and begins to explore them and other body parts using hands.</p>	<p>Be with the infant when s/he is awake. This is more important to the infant's development at this age than toys. People are more important than objects.</p> <p>Provide time and peaceful surroundings for the beginnings of explorations to take place.</p>	<p>Support the infant's need for attachment with the primary care giver.</p> <p>Recognize and respect infants feelings. Talk with the infant about what s/he seem to be expressing, especially during routine care giving times.</p>

INTELLECTUAL DEVELOPMENT (3 - 6 MONTHS)

Characteristics of Infants 3-6 Months	Implications for Program Planning	Adult Role
<p>Infants respond to what they see and begin to attend to them for long periods.</p> <p>Can hold an object and manipulate it to a certain extent</p> <p>Shows signs that s/he can remember.</p> <p>Will look for the source of a noise.</p>	<p>Provide interesting play materials for the infant to feel and manipulate such as bright scarves, soft balls, squeeze toys, plastic keys and large plastic beads</p>	<p>Encourage curiosity by offering objects of varying of shapes, textures and sizes of objects to explore</p> <p>Provide for interaction with other infants.</p> <p>Talk and gesture about where sound is coming from.</p>

LANGUAGE DEVELOPMENT (3 - 6 MONTHS)

Characteristics of Infants 3-6 Months	Implications for Program Planning	Adult Role
<p>Can listen attentively.</p> <p>Will coo, whimper, gurgle and make a variety of other sounds on purpose.</p> <p>Will cry less often.</p> <p>“Talk” to themselves and others</p>	<p>People are still more important than objects to the infant’s development at this age.</p> <p>Provide play materials that make noise when manipulated such as bells, rattles and squeaky toys.</p>	<p>Talk to infants, especially during routine care giving times.</p> <p>Tell infants what is going to happen to them: for example I’m going to pick you up now.</p> <p>Respond to cooing and gurgling by play sound games.</p>

CHARACTERISTICS OF INFANTS 6-9 MONTHS OF AGE

PHYSICAL DEVELOPMENT (6 - 9 MONTHS)

Characteristics of Infants 6 - 9 Months	Implications for Program Planning	Adult Role
<p>Can control his or her head</p> <p>Can roll over and may move from place to place by rolling.</p> <p>May creep forwards or backwards.</p> <p>May be able to sit when propped.</p> <p>Can reach with one arm/grasps at will.</p> <p>Can hold and manipulate objects</p> <p>Is beginning to develop pincer grasp (using thumb and forefinger).</p> <p>Can move objects from one hand to the other.</p>	<p>The infant needs more open space than before.</p> <p>Vary the texture of the surface the infant is lying on so the infant experiences a variety of types of surface under his or her body. Use a hard floor, gym mats, grass, and so on.</p> <p>Provide a variety of interesting objects for the infant to move and reach for.</p> <p>Provide safe small objects for practising pincer grasp (for example, Cheerios).</p>	<p>Occasionally place objects just out of reach so infants have to “work” to reach them.</p> <p>Keep infants in positions they can get into and out of by themselves.</p> <p>Be available to the infant and show appreciation of what they are able to do.</p>

SOCIAL - EMOTIONAL DEVELOPMENT (6 - 9 MONTHS)

Characteristics of Infants 6 - 9 Months	Implications for Program Planning	Adult Role
<p>Has a still wider variety of feelings.</p> <p>Understands s/he is separate from his or her surroundings.</p> <p>Will respond to his or her name.</p> <p>May want to start self-feeding.</p> <p>May show stranger anxiety.</p> <p>Enjoys games with people.</p>	<p>Provide a space large enough for exploration and social interactions to promote relationships.</p>	<p>Talk to the infant. Name the infant’s body parts. Use the infant’s name frequently.</p> <p>Encourage self-help as far as the infant is able.</p> <p>Respect an infant’s fear as real. Let the infant use the primary caregiver for security.</p> <p>Play one-on-one games with the infant.</p>

INTELLECTUAL DEVELOPMENT (6 - 9 MONTHS)

Characteristics of Infants 6 - 9 Months	Implications for Program Planning	Adult Role
<p>Visually alert when awake</p> <p>Can recognize familiar objects.</p> <p>Can see, pick up and manipulate objects.</p> <p>Looks for dropped objects.</p> <p>Memory continues to develop.</p>	<p>Continue to provide the variety of types of toy listed for 3 - 6 month olds.</p> <p>Provide a wider variety of these toys to the infant at one time.</p> <p>Place objects around a safe area so infants are encouraged to move and explore.</p>	<p>Play games like peek-a-boo</p> <p>Allow freedom for the infant to explore his or her environment safely.</p> <p>Provide interest in the environment by changing/rearranging objects periodically.</p> <p>Provide for interaction with other infants.</p>

LANGUAGE DEVELOPMENT (6 - 9 MONTHS)

Characteristics of Infants 6 - 9 Months	Implications for Program Planning	Adult Role
<p>Responds to different voice tones and inflections.</p> <p>Has more control over produced sounds and has a variety of sounds to express his or her feelings.</p> <p>Imitates tones and inflections.</p>	<p>Include cloth or cardboard books for the infant to explore.</p>	<p>Respond to infant's attempts to communicate.</p> <p>Comment on what infants are doing while being careful not to interrupt the infant's focus with unnecessary talking.</p>

CHARACTERISTICS OF INFANTS 9 - 12 MONTHS OF AGE

PHYSICAL DEVELOPMENT (9 -12 MONTHS)

Characteristics of Infants 9 - 12 Months	Implications for Program Planning	Adult Role
<p>Crawls, sometimes stiff-legged and sometimes with an object in hand</p> <p>Can pull to a stand.</p> <p>May stand alone.</p> <p>Can get into a sitting position.</p> <p>Cruises using furniture.</p> <p>Has developed a pincer grasp.</p> <p>eye-hand coordination is developing.</p>	<p>Add plastic or wooden cars and trucks; play or real telephones; blocks; dolls; balls of different sizes; nesting toys.</p> <p>Provide pillows and low platforms provide different levels for exploration.</p> <p>Provide the rails and/or low steady furniture needed for cruising/standing.</p>	<p>Watch for infants who can pull to stand but can't sit back down. They will need help when stuck but promote the infant's problem-solving skills rather than rescue him or her from the situation.</p> <p>Provide open spaces for movement and safe climbing opportunities</p> <p>Encourage independent exploration of space and materials.</p> <p>Encourage manipulative skills.</p>

SOCIAL - EMOTIONAL DEVELOPMENT (9 - 12 MONTHS)

Characteristics of Infants 9 - 12 Months	Implications for Program Planning	Adult Role
<p>Has a good, obvious attachment to his or her primary caregiver.</p> <p>Rejects things he or she does not want.</p> <p>Can self-feed finger foods such as biscuits or cereal such as Cheerios.</p> <p>Can drink from a sipper cup holding the handle.</p> <p>Begins to anticipate events.</p>	<p>Provide a loose schedule so the infant can predict the sequence of events in the day.</p> <p>Provide tools that promote self-help such as a cup with handles and a spoon for self feeding.</p>	<p>Encourage problem-solving.</p> <p>Provide enough help to avoid excessive frustration while allowing the infant opportunities to problem solve.</p> <p>Allow logical consequences of behaviour to occur when safe to do so: for example turning over sipper cup means wet clothes and nothing left to drink.</p>

INTELLECTUAL DEVELOPMENT (9 - 12 MONTHS)

Characteristics of Infants 9 - 12 Months	Implications for Program Planning	Adult Role
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<p>Remembers games and toys.</p> <p>Will anticipate people's return.</p> <p>Pulls cover off a toy that they have seen hidden (object permanence).</p> <p>Enjoys filling and dumping activities.</p> <p>Solves simple manipulative problems.</p>	<p>Continue to provide the toys listed above and include safe objects from the adult world: for example pots and pans, wooden spoons, empty boxes.</p> <p>Play one-on-one games re. object permanence (for example, cover a toy they have seen and make a game of finding it).</p> <p>Provide simple shape sorting activities.</p>	<p>Help infants interpret the effects of their actions on others.</p> <p>Provide plenty of opportunities for self-help skills to develop.</p> <p>Be a good role model for the infant.</p>
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LANGUAGE DEVELOPMENT (9 - 12 MONTHS)

Characteristics of Infants 9 - 12 Months	Implications for Program Planning	Adult Role
<p>Pays attention to conversations.</p> <p>May carry out simple commands.</p> <p>Uses words like "mama" and "dada".</p> <p>May repeat a sequence of sounds.</p> <p>Yells</p>	<p>Provide a wide variety and number of picture books.</p>	<p>Include infants in conversations.</p> <p>Respond to the infant's sounds.</p> <p>Talk <i>with</i>, not about, an infant when present, that is, include them in the conversation!</p> <p>Encourage infants to use words.</p> <p>Share songs and rhymes. infant.</p> <p>Ask questions infants can respond to.</p>

CHARACTERISTICS OF INFANTS 12-18 MONTHS OF AGE

PHYSICAL DEVELOPMENT (12 - 18 MONTHS)

Characteristics of Infants 12 - 18 Months	Implications for Program Planning	Adult Role
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<p>Can stand without holding on.</p> <p>May walk but may prefer to crawl.</p> <p>Climbs. Note: Consider if the crib is still a safe place for this infant.</p> <p>Can use thumb well.</p> <p>Starts to show preference of using left/right hand.</p> <p>Likes undressing and untying.</p>	<p>Provide lots of space for crawling/walking and sturdy furniture for “cruising”.</p> <p>Provide lots of objects to manipulate and carry around.</p> <p>Provide low, sturdy objects for beginning climbers.</p>	<p>Ensure the safety of mobile infants.</p> <p>Let each infant develop mobility at his or her own rate. Do not over-encourage walking or any other physical behaviour.</p> <p>Encourage the infant to help with undressing and untying shoes.</p>
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SOCIAL - EMOTIONAL DEVELOPMENT (12 - 18 MONTHS)

Characteristics of Infants 12 - 18 Months	Implications for Program Planning	Adult Role
<p>Shows emotions and responds to these emotions in others.</p> <p>May exhibit stranger anxiety and anxiety about new places.</p> <p>Shows affection.</p> <p>Is beginning to understand the concepts of “mine”and “yours”.</p> <p>Desire for independence in routines such as eating and dressing is developing.</p>	<p>Provide environment and appropriate tools to encourage “self-help” skills.</p>	<p>Encourage independence</p> <p>Acknowledge the possessions of the infant and help protect them.</p> <p>Respect ownership of objects.</p> <p>Give choices. Set reasonable limits.</p> <p>Accept fears and help infants deal with them.</p> <p>Show own emotions honestly and accept the infant’s emotions.</p>

INTELLECTUAL DEVELOPMENT (12 - 18 MONTHS)

Characteristics of Infants 12 - 18 Months	Implications for Program Planning	Adult Role
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<p>Can find hidden objects.</p> <p>Uses trial and error to solve problems.</p> <p>Memory is increasing.</p>	<p>Add to toys already in place, large beads to string, large lego style blocks, stacking/nesting toys</p>	<p>Promote problem solving.</p> <p>Provide for interaction with other infants.</p> <p>Play hide and seek games with objects.</p> <p>Talk about yesterday/today.</p>
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LANGUAGE DEVELOPMENT (12 - 18 MONTHS)

Characteristics of Infants 12 - 18 Months	Implications for Program Planning	Adult Role
<p>Understand that words can stand for objects.</p> <p>Uses gestures for self-expression.</p> <p>Uses single words meaningfully.</p>	<p>Add toy telephones, dolls and books to the materials in the room to promote language development.</p> <p>Provide music.</p>	<p>Encourage interaction with other infants.</p> <p>Give simple directions.</p> <p>Use songs, rhymes and finger plays.</p> <p>Expand on the infant's utterances when answering them.</p>

CHARACTERISTICS OF INFANTS 18-24 MONTHS OF AGE**PHYSICAL DEVELOPMENT (18 - 24 MONTHS)**

Characteristics of Infants 18 - 24 Months	Implications for Program Planning	Adult Role
Can walk fast and well. Falls are rare.	Can walk fast and well. Falls are rare.	Keep the environment interesting by varying the play materials and their place in the room periodically.
Running is present but awkward.	Running is present but awkward.	Provide space and play equipment for lots of physical exercise both inside and outside..
Can use stairs upright when holding an adult's hand.	Can use stairs upright when holding an adult's hand.	Encourage creativity
Enjoys scribbling.	Enjoys scribbling.	
Self-feeding is more controlled.	Self-feeding is more controlled.	

SOCIAL - EMOTIONAL DEVELOPMENT (18 - 24 MONTHS)

Characteristics of Infants 18 - 24 Months	Implications for Program Planning	Adult Role
Likes to take adult roles in dramatic play	Provide dress-up clothes and housekeeping equipment in the dramatic play area.	Allow infants to help with chores when possible.
Likes to help sweep, mop and wash dishes.	Provide child-sized broom/mop to help with clean up	Set appropriate limits.
		Talk infants through aggressive situations.

INTELLECTUAL DEVELOPMENT (18 - 24 MONTHS)

Characteristics of Infants 18 - 24 Months	Implications for Program Planning	Adult Role
Are beginning to solve problems abstractly (in their heads).	Provide a variety of toys on low shelves for infants to choose independently.	Provide choices of activity and materials.
Language abilities are developing rapidly.	Provide dramatic play props.	Encourage the infant to use language.
Is beginning to fantasize and role play.		Encourage role playing.

LANGUAGE DEVELOPMENT (18 - 24 MONTHS)

Characteristics of Infants 18 - 24 Months	Implications for Program Planning	Adult Role
<p>Begins to use words to gain attention.</p> <p>Uses strings of 2 - 3 words meaningfully.</p>	<p>Provide books with clear, colourful pictures.</p>	<p>Respond to the infant's verbal requests.</p> <p>Ask and answer open-ended questions.</p> <p>Read aloud to the infants.</p> <p>Use songs and rhymes daily.</p>

TOILET LEARNING

This is an area for which very few children under the age of 24 months of age are ready either physically mentally or emotionally. In order to be ready to begin to use the toilet children must be able to:

- communicate the need to use the toilet
- understand what is expected of them when on the toilet
- be willing to use the toilet instead of a diaper
- to have control of their bladder and bowels
- stay dry for longer periods
- show they know when the diaper is wet or soiled
- to pull down pants relatively easily

These are not within the abilities of the vast majority of children under 24 months of age. In addition other factors must be taken into consideration when determining if this is a good time to begin the process. For example it would not be a good time to begin if the infant is going through a stressful time such as the arrival of a new baby or if a crisis is happening in the family. This is clearly a lot to ask of a young child.

If an occasional infant does show all these signs of readiness and the parent is willing to have the child learn to use the toilet, it must be done at the infant's pace. The process must not be rushed or allowed to turn into a power struggle. For more information on how to approach toilet learning see *Health in Child Care Settings: Guidelines for Care Providers and Early Childhood Educators*.

INFANTS WITH SPECIAL NEEDS

In quality early childhood settings the needs, strengths and interests of all children are constantly evaluated by staff. This information allows staff to provide the support and encouragement each child needs to grow and develop at the pace that is right for him or her. This is true of all children regardless of their age, individual strengths, and needs. Some children have much greater needs in one or more areas than other children. This is true of children under two years also.

Some children have needs that require very specific attention. Such an infant may have an Individual Support Services Plan (ISSP) in place. The ISSP is a plan that has been developed and put in place by those who are providing ongoing supports and services for that infant. The plan is developed by a team of people who are most familiar with the infant's strengths and needs. It will include the infant's parents and may also include medical personnel, the Public Health/Community Health nurse, a social worker and/or anyone else who is actively working with the infant. Where an infant is in a child care centre, it is important that the primary caregiver be a member of that team also. The primary caregiver is with the infant much of the day and is in a position to provide information on the infant's strengths and needs and to gain information on strategies that will support the infant's development. For more information on ISSPs contact the Child Care Services staff in your region who will be able to identify the person in your region who can supply the information you need.

In an infant home room, any special need an infant may have may not have been identified yet. It may be the primary caregiver who, because of her/his experience with infants feels there is an issue that needs to be addressed. While this may be a starting place, intuition is not sufficient. Infants, particularly the youngest, develop at a tremendous rate but this rate is not a steady progression. At the beginning of a new stage, development may be very rapid before slowing down and even pausing before another stage begins. In addition the development across all the developmental areas may be very uneven. The infant may be at differing stages in each developmental area. Before addressing it as a potential developmental concern with the parents the ECE must have made regular observations and have concrete examples to support his/her opinion that investigation by other professionals is warranted.

Parents are very sensitive about issues concerning their children. The ECE must understand that parents may not be ready to believe that there is an issue with their infant that will need to be pursued. It is a very difficult thing for parents of infants to hear and to assimilate. More than one meeting may be needed before the parents are ready to believe there is an issue and to take action. The ECE's attitude should be patient, understanding and supportive. If a parent is unwilling to pursue the matter at that time no further action, such as consulting with a community resource on the child's behalf, may be pursued. Further assessment can only be initiated by the parents. The information shared between parent and ECE is of course confidential. The matter is not discussed in the hearing of anyone (including children) who does not need to have this information and the written records are kept in a secure cabinet.

OBSERVING INFANTS' DEVELOPMENT

Children are constantly growing and developing. Their abilities and skills increase daily. This is particularly true of infants. The pace of development in infancy is more rapid than at any other time in the life span. While it is important to observe and record the development of any child in child care, it is especially important for the 0 -24 month age group.

Observations must be documented and kept updated on a regular basis. The observations serve a variety of functions.

- Observations are the tool used for the evaluation of each infant's development in all developmental areas.

Observations allow the strengths and needs of each child to be systematically evaluated. They may indicate an area of development that is not progressing at the usual rate and indicate a need to meet with parents to discuss this concern. It must always be remembered however, that the infant's development does not proceed at a steady pace. Rates of development vary between infants, and for an individual infant at different points in time. Any perceived 'lag' may be made up very quickly. Developmental milestone charts, outlining when infants accomplish various aspects of development, are averages, and should provide ranges of time for the milestones to be reached.

The ECE needs to have a thorough knowledge of infant development to know when there may be cause for concern. An infant who is not saying words such as "mama" at twelve months of age is not a cause for concern but if the infant is still not using these types of words at eighteen months of age, there *may* be an issue, such as hearing loss, that needs to be checked out by a physician. This is the parents' responsibility. The role of the ECE is to raise the issue with the parent, provide resources if the parent wants them, and support the parents in their decision (see page 23).

- Observations allow the ECE to provide parents with accurate, supportable information on their infant.

Parents of infants are generally very interested in their infants' development and need to be kept apprised of the abilities of their child. They also need to be assured that the ECE understands the developmental level of their infant and how the ECE is providing an environment that supports that development. When conducting parent interviews, the observations that have been made of the infant provides both information to the parents and also demonstrate to parents that the ECE is interested in the infant and knows that infant well.

- Observations provide the information that is essential in determining the type of activities that the infant needs and helps ensure that those activities are developmentally appropriate.
- Observations identify the interests of each infant.

Program development is based on these two points. Activities, play materials and the general environment should be interesting to the infant, reflect abilities the infant has mastered, include those that are challenging to the infant, and cover all the developmental areas.

- Observations provide information on the type of emotional support the infant needs. These

needs vary over time and in different situations.

For example, a young infant may become very distressed if picked up by a stranger. This has implications for situations where there is to be a change of staff in the infant room. The same infant at twenty months may be very social.

- They allow for an environment to be established that is safe for that infant at that particular developmental stage.

Once a young infant is able to roll over, the size of the floor mat or blanket needs to be extended. When an older infant begins to be mobile, the area available to that infant also needs to be extended to allow her/him to practise whatever type of mobility s/he uses. Newly mobile infants use a variety of ways to get around, such as crawling or scooting in a sitting position.

Observing

The range of abilities between 0 and 24 months of age is very wide and the growth and development of each infant is very rapid. It is therefore critical that observation of each infant is systematic in order to provide a program that is safe and challenging while not overwhelming for the individual infant or the infants as a group.

To ensure that all areas of development are observed, that each infant is observed regularly, and that observations are accurate, the ECE must have a system in place to record the development of each infant. Infants are to be observed daily during normal routines and while at play. This may take the form of jot notes done in the room or a short checklist with space for comments. Depending on how the recording is done, a fair copy may need to be done at a later date. The observations are then evaluated as described below.

Note: These recordings are confidential and are required to be kept in a secure cabinet.

Recording and Evaluating

There are two elements to observing children's behaviour: recording the behaviour, and evaluating that information. The ECE has to be absolutely clear about the difference between the two. When recording no opinion is expressed. Only the actual observable behaviour is written down. There is no speculation yet about why a behaviour may be taking place or what the child may be feeling. No conclusions are drawn at this time.

For example: "Jane put her hands in the strained carrots when I was feeding her and smeared them on her mouth and cheeks." This is a description of the behaviour that the ECE actually saw. It is good information but limited until the next step in the observation is completed, which is to interpret the observed behaviour. In the above example the ECE may feel certain that Jane was trying to feed herself. However, this is the opinion of the ECE and not a fact. While the ECE may very well be correct it is also possible that Jane wanted to see what the food felt like on her hands and face. It may have been a sensory experience for Jane rather than self help.

Recording the Information

There are many methods of recording observations - one or more may be used, depending on the information you are seeking. The following descriptions are brief. There are many books available that will provide more detailed information on observing in child care settings.

- Anecdotal Records

Anecdotal records are brief descriptions of an event or an infant's behaviour recorded after it has occurred. These need to be accurate and recorded promptly while the event is fresh in the ECE's mind. They provide detailed descriptions or examples of the infant's behaviour.

For example, the infant's reaction to the parent's departure may be recorded to provide information on the infant's degree of separation anxiety.

- Running Records

Running records provide a sequence of descriptions of behaviours. The observations may be repeated several times throughout one day or on successive days. Everything that happens in a specific period of time is recorded as it occurs.

For example, the infant's activity while on the floor playing may be recorded. The observation will include interactions with other infants, what the infant is doing physically, the infant's reaction to challenges and all other happenings during the observation.

- Time Sampling

In this method of evaluation, the number of times a behaviour occurs in a specific time frame is recorded.

For example, the number of times a child uses pincer-grasp or palmar grasp during 5 minute intervals is recorded to observe the growing ability of an aspect of the infant's fine motor development.

- Event Sampling

In this method, the happenings before and after a behaviour are recorded, in addition to the behaviour itself.

For example, an 18 month old infant has been biting. Event sampling records the situation leading to the incident of biting (perhaps another infant had a toy that this infant wanted). Behaviour after the incident is also recorded.

- Samples of the Child's Work

Older infants may be involved in creative activities such as finger painting or scribbling with crayons. Samples of these efforts may be kept over time to record the infant's development of these skills. Younger infants may be photographed or videotaped (with parental permission) while using a variety of emerging skills, for example, sitting up, pointing, using pincer grasp and more. Any

concrete record of an infant's development can be kept as an observation record.

- Checklists

When the behaviours are easily identified, checklists are a useful tool to gather information. A checklist contains a list of behaviours. As each behaviour is observed a check is placed next to it to record that it has occurred. Some checklists contain lists of developmental milestones with space to record the date that the milestone was observed.

For example, a checklist may list observable milestones in the development of walking, such as: rolls over, sits up, creeps, crawls, pulls to stand, cruises, takes a step and so on.

Evaluating

Simply collecting and recording information is not sufficient. The information needs to be evaluated and interpreted by the person who completed the observation. The possible meaning and reasons for the observed behaviours need to be identified. These interpretations can be difficult and are open to the opinion of the interpreter. Therefore it must always be borne in mind that when conclusions are drawn from observations they are not facts, and they should not be represented as such. To assist in this, the observation (or description) and the interpretation should be physically separate on the report. A line may be drawn down the middle of the page with "Description" as a heading on one side and "Interpretation" on the other

For example:

An infant has been observed for two days to determine his ability to roll over. The ECE may record as follows:

Description: *David was not observed to roll over.*

That is a fact. No one saw the infant do so. Please note that the description does not say that the infant did not roll over. This cannot be confirmed unless the infant was observed at all times during the 48 hours.

Interpretation: *It appears that David is not yet able to roll over.*

The observer/interpreter records her opinion that this means the infant is unable to roll over. She leaves the door open for other possible interpretations, such as the infant has done it but not been observed, the infant is not interested in rolling over although physically capable of doing so. In other words, not observing a particular behaviour does not necessarily mean that the infant is not capable of that behaviour.

Personal opinion can be minimized when observing infants (and older children) by:

- being aware of what is descriptive and what you are interpreting from this information. Keep the two separate both on paper and in your mind.
- always supporting conclusions with concrete examples
- trying to find other sources of support for the conclusions you draw, such as observations by others, theories, or comparison to a norm.

- avoiding assumptions, for example, when the parent leaves the child never cries, *therefore there is no separation anxiety (assumption)* - some children withdraw rather than display anxious behaviours.
- when writing the interpretation, do not state them as facts. Use language such as “It appears ...” or “In my opinion ...”

Once the information is collected and assessed it can be used to support infant’s development, to communicate with parents, and to plan developmentally appropriate programs for individual infants and groups.

GROUPING and HOME ROOMS

Group size refers to the number of children provided with care in each defined, fully-equipped home room in a child care centre. Infants are cared for in an infant home room with an attached sleep room. In this province the maximum number of infants who may be provided with care in one home room is six, with a ratio of 1 ECE for each three infants. The group of infants may have a narrow age range, such as 18-24 months of age, or it may have a larger age range, such as newborn to 24 months of age. The licensed age range of the centre will determine the age of the youngest infant (see the Child Care Services Regulations for more detailed information).

Research has shown that group size is an important indicator of quality care for children. In general, the younger the child, the smaller the group size in order to provide optimal child care. Infants, therefore, have the smallest group size and have the fewest number of children per ECE. Small group size has been found to:

- promote the quality of interactions between and among adults and children
For infants this is particularly important as infants require a great deal of one-on-one attention in order to have their physical and emotional needs met. For the youngest infants, much of the ECE-infant interaction takes place during times when the infant is being provided with physical care. As the infant is being fed, changed or put in a crib to sleep, the ECE provides focussed attention to that infant. If the ECE has too many infants to care for this is very difficult, if not impossible, to achieve.
- promote the frequency of interactions between and among adults and children
Infants are not able to be as independent of adults as are older children, and require more of the ECE's time in order that their needs can be fully met.
- allow children more freedom within the program
Infants must be able to be provided with care and play as they need it. The infants need to be fed, changed and to sleep according to their needs. With a low ratio of children to ECEs and a small group size, this can be done relatively easily. The older infants who are awake most of the day require to be involved in the type of play that meets their needs. They are not yet able to have some of their social needs met by other infants. They need the time and attention of the ECE.
- provide a suitable level of stimulation for children
Infants need to have an appropriate level of stimulation. If the room is too busy, infants can become upset and find it difficult to settle. If there is insufficient stimulation, the infant becomes bored and does not thrive. A balance is required. This is most easily done where the group size is small.
- promote positive emotional, social and intellectual development in the children
Needs vary from infant to infant and from day to day. All children need to have their needs met. However for the 0-24 month age group, it is essential that their needs are met in a timely manner in order that they develop trust in others and self confidence in themselves. Again, a small group size is required to achieve this for the youngest children.

PRIMARY CAREGIVER SYSTEM

Infants who have a consistent caregiver, who are attached to their caregiver and who feel secure, respected and loved develop trust and self-esteem. This in turn, leads to long-term positive effects on the child's development. Care must be taken to insure that infants are cared for by a consistent ECE who is responsive to their needs.

Attachment is the key component of a good daily program for infants. Attachment is the bond of trust and caring that develops between an infant and the parent or caregiver. Infants generally exhibit certain behaviours around adults, such as making eye contact, scanning the adult's face, smiling or crying. These elicit caring responses in the adults around them. Attachment with the parent (and the caregiver) is necessary to build trust and to ensure that the child feels safe in the big world around them.. Optimal child care practice for infants cannot happen without attachment. While the parent will always be the person to whom the infant has his/her primary attachment, infants have the ability to form a similar bond with a variety of adults without affecting the parent-child bond. The ECE will never take the place of the parent and should not attempt to do so. The ECE has the responsibility of establishing a bond that is secondary to that of the parent.

Infants have a great need for consistency. This is how they feel safe and learn to trust the world around them. Inconsistency in the person providing the care from day to day is very disruptive for the infant who is trying to attach to the care giver. The infant needs to be able to recognize the sight, sound, smell and feel of the person providing the care before the infant can trust that person. Trust is essential for the emotional, social and intellectual development of infant.

In order to help the infant form attachment to an ECE, a primary caregiver system should be used. In a primary caregiver system an ECE is responsible for the same infant(s) every day. Care giving is primary in two senses.

1. The ECE has primary responsibility for an infant.

The infant has one ECE who:

- holds, feeds and changes the infant and makes every effort to get to know the infant and let the infant get to know them.
- provides the majority of the care
- records and interprets observations on that infant
- records the daily summaries of the infant's feeding, sleeping and elimination patterns
- communicates with that infant's parents when the content is of a serious and/or confidential nature

2. The ECE provides care at prime times

The care is primary in the sense that prime times are the responsibility of the primary caregiver. Prime times include:

- the personal care of the infant
- going to sleep and waking up
- communication with the parents/guardians of the infant

"Primary" does not mean exclusive. The ECE and infant are not an isolated unit in the infant room.. They are part of a social group. Other ECEs will interact and provide care for the infant on occasion

and should feel free to communicate with all parents who have infants in the room. However, every infant will have an ECE in the room who has the primary responsibility for his/her care.

It is the primary caregiver's job to empower parents and infants by translating their individual concerns and needs into action. This includes setting up an age appropriate learning environment and providing appropriate levels of stimulation for each infant.

Parents may sometimes worry that if their infant becomes attached to an ECE that it will somehow weaken the attachment that they have as a parent with the infant. Nothing could be further from the truth. A responsive ECE will reassure the parent that the parent-child attachment is the strongest attachment, that without that parent-child attachment the child would find it difficult, if not impossible, to thrive in a child care environment. The ECE-infant attachment is a necessary secondary attachment.

Infants who have consistent care givers, who are attached to their care givers, and who feel secure and respected develop trust and self-esteem, leading to long-term positive outcomes for the infant.

Infants must be provided with care by a consistent person who is responsive to the needs of the infant.

DAILY PROGRAM

Children age 0-24 months of age need to feel secure. They must be able to trust the people who provide care and to trust their surroundings. Consistency is one of the ways in which the infant's trust is established. One of the major factors in developing these feelings of trust is for there to be consistency in their lives. A consistent caregiver (primary caregiver) is the first essential element. However, consistency in the environment and in the routines of the day are also of great importance. The infant's day in child care is organized to meet the needs of the infant and to provide a logical flow in the day. The consistency in program flow, staff, group and home room provides a basic security for the infants while still allowing for flexibility within the day.

An infant program is very different from that of the program for older children; the room looks different and the daily schedule is different. The specific needs of each infant are the major factors in determining both the set up of the space and the schedule for each day. In a room with six children and two ECEs trained in infant care this can be achieved relatively easily. An infant program is assessed by looking at the responsiveness of the ECEs to the needs of each infant in the home room.

In general, an infant program is broken down into two main areas: routine times and play-based experiences.

Routine Times

Much of the "program" for young infants is made up of the care giving routines of the day; feeding, changing and sleeping. The day must be organized so the infants can be tended to according to their individual schedules. For the younger infants especially, the routine times provide the opportunities for the ECE to build the infant's trust in the ECE and for the ECE to provide learning opportunities for the infant. One of the main goals during times when the infant's physical needs are being met is to perform these tasks in ways that promote the infant's development in areas such as language, emotional and social development.

Routine times are opportunities to enhance the infant's development. For example, think about these two scenarios:

Scenario A - The caregiver is sitting by Adam when she smells a bowel movement. She responds by whisking Adam off the carpet with an expression of disgust on her face and saying "Adam is a real stinker!". While she is changing Adam she ignores him and looks over her shoulder constantly to talk to her co-worker about how much she hates changing dirty diapers.

Scenario B - The caregiver is sitting by Adam when she smells a bowel movement. She responds by touching Adam gently and saying to him "Adam, I'm going to pick you up now - we need to change your diaper" She carries him to the change table and while changing him she speaks to him constantly - about the red pants he's wearing, the warm feel of the cloth she uses to wipe him, how good it must feel to be rid of that dirty diaper.

In scenario B the caregiver is taking advantage of the routine diaper change to spend some quality

one-on-one time with Adam. She is developing his feelings of self worth and self esteem by focussing on him, making eye contact and generally showing Adam that she enjoys being with him. She is helping Adam's language development by speaking to him and talking about what she is doing and about the things around him. She is using the one on one time to develop her relationship with Adam and foster his development in many areas. In scenario A the ECE is not only missing the opportunity to help Adam's development, she is giving him negative messages about himself which no child should have to experience. The cornerstone of the daily program for infants is responsiveness. This means that an infant must believe that his or her needs will be met in an appropriate and timely manner.

Young infants must be held while being bottle-fed under no circumstances should a baby bottle be propped no matter how close by the ECE may be. The infant needs to have the security of the human contact and the totally focussed attention that results from feeding an infant "in arms". Older infants may prefer to hold the bottle themselves and should be allowed to do so.

The infant's sleeping and eating patterns must be reflective of the routines at home and of the individual infant's needs. All infants will not be on the same schedule. Infants, in particular, must have their needs met on their own timetable rather than expected to fit into a schedule for the group.

Arrival and Departure

In the infant program, every effort must be made to ensure that the child is met by the primary caregiver (or another caregiver who is familiar with the child). Parents must be encouraged to complete their portion of the daily chart and to chat with the staff about what the infant has experienced since they were last in the centre. At departure time parents must be encouraged to read the daily chart so that they will know about the care provided during the time at the centre. This exchange of information is a necessity for appropriate care to be provided for that infant during the day.

Snack/Meal Times

Children under age 12 months of age must be fed according to their own schedule as determined in consultation with their parent/guardian. As children reach the 1 - 2 year mark and are able to sit unaided, they are likely to be beginning to eat lunch and snacks at routine times of the day that match the routines of other young toddlers. At this time they will greatly benefit from group mealtimes and snack times.

In addition to receiving nutritious foods and learning about hygiene, nutrition and appropriate behaviour at the table, mealtimes and snack times provide more opportunities for ECEs and infants to develop their relationships with each other. All of these are most easily done in an atmosphere that is relaxing and enjoyable.

To enable ECEs to help older infants self-feed and to promote acceptable behaviour at the table, infants should sit in groups of no larger than two to three. Where appropriate, each group will have their own serving dishes to allow the children to serve themselves (for foods such as sandwiches, fruit pieces, muffins) or to be served family style (for foods such as soup, stew). Food should be served in ways that allow children to serve themselves whenever possible. Younger infants may be

fed individually in high chairs and bottle-fed while being held.

Each group must have an ECE to sit and eat a child-size portion with the older infants. The ECE provides a role model for appropriate behaviour such as making conversation at the table and how to use the napkin. S/he also guides behaviour such as, "Take one sandwich for now. If you are still hungry when you are done you can have another." and "Jimmy is asking you to pass him the plate of orange slices.

Nap/Quiet Time

In an infant program a separate sleep room, adjacent to and accessible from the home room is required. Each child in the program must have their own crib or cot (depending on their age and developmental level) and bedding in the sleep room.. This allows for all infants to nap on their own schedule.

Younger infants must nap on a schedule determined by their individual needs and the wishes of their parent/guardian. As children approach 18 months of age it is very common for the infant to be awake most of the day but require a nap in the early afternoon. This will depend on the needs of the infant and the wishes of the parents. If an infant needs to nap later this can easily be accommodated in the sleep room.. The sleep room should be darkened and quiet to allow the infants to fall asleep easily. Some infants like to be spoken to softly, or sung to or to have their backs rubbed gently as they fall asleep.

Children in child care centres must be supervised at all times and this includes infants both awake and asleep. The window between the play room and the sleep room combined with the use of a baby monitor allows infants in the sleep room to be supervised without requiring an ECE to be in the room.. As the infants waken, they have quiet play activities available to them to ease the transition from sleep to play before moving into the next part of the schedule such as snack or outdoor play. Infants must be allowed to wake on their own, when they are ready. Where a parent requests that the infant be wakened, the matter should be discussed and a mutually agreed upon arrangement reached. The best interest of the child should be the deciding factor. When this must occur children should be wakened gently and gradually integrated into the activity in the home room.

Play-Based Experiences

All children learn through play. Young infants explore the world with their hands and their mouths, older infants creep, crawl and toddle to the action. Through this exploration of the world they develop their independence, self esteem, their language, their intellect and their social skills.

When there are infants of different developmental stages share the same play space, flexibility is a necessity. The layout and the program must change and evolve to meet the needs of the particular age range of infants currently being cared for. It is worth noting here that the ECE will spend much of his/her time on the floor with the infants as they play.

Non-Mobile Infants.

A program for non-mobile infants is largely dependant on responsive adults. The ECE must be

familiar with the developmental level and the interests of each infant. The ECE must also judge the amount of stimulation appropriate for that infant at any particular time and be able to recognize the signs that infant gives that s/he is no longer interested in that activity or that the activity is too stimulating or not stimulating enough. Where infants are non-mobile they are unable to go to an activity area and choose the activity for themselves as older children can. Therefore activities must be brought to the infant, or the infant taken to the activity. ECEs must know how to recognize that the infant is in an alert, responsive state and able to deal with this stimulation. The child still has choice and must be allowed the freedom to “initiate” the activity.

Rather than have activity areas arranged in the room for this age group, sets of play materials need to be readily available to the ECE to make available to the infant.. One way to do this is to have a set of labelled boxes in the room (out of reach of the mobile infants) which contains materials for activities. The ECE can then easily access play materials for a non-mobile infant who is awake, alert and wants to play. Please note that several of each piece of play material are needed. Once they have been used with one infant, they need to be sanitized before they can be used by another (see Health in Child Care Settings: Guidelines for Child Care Providers and Early Childhood Educators for more information). The infants may be in an infant seat, lying down or in the ECE’s lap. The role of the ECE is to be with the infant and interact when the infant indicates s/he wants this and to allow the infant to concentrate on the activity if that is what the infant indicates. ECE’s need to be able to read the signals each infant sends regarding their need to have the ECE involved or simply as company.

Interest Areas/Sets of Materials For Non-Mobile Infants

Rattles

Provide an assortment of rattles and squeaky toys which are of different shapes and textures and which make different types of sound. These encourage the infant’s explorations and development of skills in grasping, manipulating and exploring the different shapes, textures and sounds as they mouth, bang, shake and hold the materials.

Reaching

Provide materials for the infant to reach for, grasp, pull, bat at and kick at. Materials such as infant gyms and interesting (and safe) objects suspended just in the infant’s reach so the infant has to reach for the object but is also successful in this. Any objects suspended for this activity must be safe and cords must be short enough so there is no danger of the infant becoming entangled in the cord. Close supervision is essential

Sensory

These materials are collected to provide the infant with a variety of experiences with textures, sizes, sounds, weights and colours. Some suggestions include a sensory blanket made of different types of materials for the infant to lie on and explore, toys of differing weights, toys made of different materials, toys which are grasped in different ways. This is a partial list. Any safe play materials can be used if they contrast with each other in size, shape, texture and so on. The explorations the infant makes with these materials assist in the development of the infant’s perceptual skills.

Manipulatives

Manipulative materials allows the infant to change the material in some way. A kicking mobile allows the infant to create sounds. Toys with dials, and boxes with simple hinged lids allow the infant to manipulate them and see how the toy changes. Commercial “busy boxes” also allow the infant to manipulate materials. Manipulatives help the infant’s developing physical coordination. They also provide immense satisfaction to the infants as they are able to make changes to their environment.

Interactive Games

Peek a boo is a very popular game with infants and can of course be played with any material that allows the ECE to hide his or her face. However, having a specific area or box of materials for this activity promotes it occurring more often. Materials that promote this game include a curtained frame or a peek a boo board. Infants also enjoy very simple finger plays and “find the toy” games played with a cover or blanket to “hide” the toy.

Physical Activity

An area where the non-mobile infant can safely be involved in activities such as stretching, wiggling, turning over and pushing up greatly enhance the infant’s sense of well-being and his or her physical development. Infants need to be active in this way and providing a space in accessible to the mobile infants allows them to indulge in this type of activity. The mat used for this purpose must be easy to keep clean. A washable blanket over a gym mat that can be sanitized is one suggestion. The involvement of the ECE is required to encourage movement and to interact with the child and provide encouragement. Toys such as rattles can be used to encourage the infant’s level of activity. Consider activities for the infant as s/he lies on his or her back, tummy and side.

Provide items for infants to crawl over such as large pillows or wide, shallow steps that are available commercially.

Infants who are beginning to pull themselves to standing require equipment that encourages this activity safely. Infants who are cruising (able to walk while holding to furniture) require equipment that encourages this type of activity.

Water Play

Infants love splashing in water. They enjoy the texture and the effect they are able to have when they use their hands in the water. For young infants a small amount of water in a small water tray is all that is required. No other materials are needed at this stage. Infants must always be very closely supervised at this activity. It takes a very small amount of water for a young child to drown.

Mobility

Infants who are non-mobile need to be taken to different areas of the room to visit other infants and to experience other views of the space. The infant may be carried or equipment such as a small stroller can be used if there is sufficient space in the room. This provides more variety for the infant and assists in the infant’s emotional and social development.

Dolls

These must be safe for the developmental stage of the infant. They should be simple, soft, easy to wash and of a variety of sizes and colours. Include puppets and familiar animals as well as the

straightforward doll. These materials can be used in activities such as “hugging games” and identifying body parts.

Mobile Infants

As infants develop the ability to creep, crawl and walk, the program must change to reflect their new needs. Much of the day is still taken up with routine care giving, however, independence should be encouraged as infants begin to want to self-feed, dress and explore the greater range of experience that mobility brings. Play materials can be made available on low shelving to support the infant’s new ability to explore and choose the play materials. Routine care giving times are still part of the program for the mobile infants.

Infants who are newly mobile require activities at a different level than those who are more skilled at walking. As infants become mobile the layout of the home room must change to meet that need and to meet their growing curiosity about the world around them. Interest areas may begin to be introduced, such as dramatic play props, noisy toys, filling/dumping water play (supervised) and more.

Child-Initiated Play (Free Play)

The term "child-initiated play" is being used by many people to replace "free play". The rationale is that "free play" suggests that there is little or no role for the ECE at these times. In fact the ECE is absolutely essential for infants to be able to use free play to its full advantage.

When all of the children in the home room are younger than about 18 months of age all the activity areas appropriate for older children are not required. Rather, interest areas are introduced gradually. These areas should be designed to address all areas of development and contain age appropriate play materials. For example, the infant has a need to be active so materials such as wide, low steps with mats around them can be made available for crawling and climbing over. Infants are developing their language so a cosy area with age appropriate books is needed so the ECE and one or more infants can snuggle and read together. Art, sensory and other activities can be made available to one or two children at a time who choose to be involved in it.

In the “Child Development” section of this guide, the tables give a sampling of the “implications for programming” and the “role of the adult” in play.

As children in the home room reach 18 months of age or older, some or all of the traditional home room interest areas may be seen on a more regular basis. It is a challenge to set up the home room to meet the needs of non-mobile infants, while at the same time providing the new activity or interest areas for the older infant. Using low shelving to provide a “safe” section for the non-mobile infant allows both age groups to co-exist happily in the same space.

Children under age two often find it very difficult to cope with large groups or long periods of directed activities and they must not be expected to do so.

Outdoor Play and Walks

Outdoor activity is very important to infants for several reasons. Young infants benefit from fresh

air and from the sights and sounds around them. They also enjoy the texture of the grass (be sure the area is safe for them). Older infants need to be physically active. Physical activity is necessary for a person's well-being and habits formed in early childhood carry over to adulthood. Outdoor play is extremely important even for the youngest children as it provides a very good environment for a young child to be active.

Infants need to be in strollers when taken outside for walks. Children who are nearing two years of age benefit from walking alongside the stroller. If a long walk is planned make sure that there is stroller space for tired walkers. Ensure that infants in strollers are appropriately covered if the weather is cool or cold and equally that in hot weather they are protected from the sun (see : *Health in Child Care Settings Care Settings: Guidelines for Child Care Providers and Early Childhood Educators*).

The outdoor space generally has more free space, allows more sound to be created without disrupting others, provides fresh air, and provides a good change of scene for infants (and ECEs) who may be in the centre for nine or more hours per day.

Children under two need close supervision. Play in areas where the infant may have access to swings, teeter totters and climbers intended for older children and older children on pedal toys are a particular concern. Therefore outdoor, gross motor play materials for infants should be grouped in one area and separated from the area for older children. The equipment must be safe. In addition to the condition of the equipment itself, consider the risks of an adventurous, mobile infant falling from equipment (need for appropriate surfacing under equipment), getting his/her head trapped, any potential choking hazards and the safe zone around equipment such as swings or slides.

The same involvement with the infants and their activities on the part of the ECE is required as it is with the play indoors. ECEs need to interact with the children at the level that is required depending on the infant's age, interest and level of involvement with the activity.

Activity Areas

As infants become mobile, activity or interest areas become important. Infants at this stage of development need to be encouraged to use their newfound mobility to explore their environment. Activity or interest areas can be set up to meet the observed needs of the older children in the infant home room.

Each activity area has the potential to promote any or all aspects of the child's development to a greater or lesser degree. The discoveries the children make and the understandings they develop begin at a basic level and become more developed, complex and refined as the child moves through the preschool and school-age years.

Any or all of the traditional activity areas can be modified to meet the developmental needs of older infants. For example, a water play activity will need to happen with a container that is small enough for the children to reach and will need to be closely supervised by an ECE. In general, we must make sure that toys and equipment offered to the children are easily manipulated, large enough not to pose a choking hazard and easily cleaned and disinfected. Just about everything will be mouthed

at some point in time.

Dramatic Play

Young explorers enjoy hats, dishes, play telephones and other familiar objects. It is a wonderful place for beginning language. For the younger infant a tub of hats or a play telephone on the toy shelf is enough. As the children get older, a more traditional dramatic play area may be set up.

Music

A container of shakers and rattles provide the young explorer with a variety of sounds. Infants develop a sense of cause and effect (if I shake this it will make a noise). Background music is useful. Don't limit yourself (or the infants!) to lullabies and children's music, classical music, jazz and other styles of music help to develop listening skills and in the long-term to develop an appreciation for all types of music in the child.

Block Area

Large, light, soft, easily cleanable blocks are very useful in an infant program. Older infants love to carry things around, knock over small towers that you build and more. They begin to explore stacking the blocks and the properties of the blocks (for example, colours and textures). A variety of shapes is not necessary for this age group, simple squares and rectangles are easier to stack and balance.

Water Play

Children love water play. It is a soothing tactile experience. For infants water play needs to be on a small scale such as a dish pan on the floor. Props are not needed but may be added. Consider plastic boats, sponges or containers
Please note : this activity must be constantly supervised.

Sand Play

Sand play is an activity that is brought out and closely supervised by an ECE. Once the activity is over it is put away again so no infant can use it unsupervised. Infants learn a great deal from sand play such as how things pour, how sand feels, how containers can be filled and emptied. The infants increase their vocabulary as the ECE describes what they are doing. However, at this age infants tend to put things in their mouths and are not able to understand the consequences if sand is thrown. Constant supervision is essential.

Book Area

In order to develop their literacy skills in later years children need to be read to from infancy. They also need the experience of handling books. Stiff cardboard books or puffy vinyl ones are good choices for the infant program. Choose books with bright colourful pictures of things that are familiar to the infant. Talk about the pictures with the infant and point to the parts of the picture you are talking about. Allow the children to manipulate the books. In addition, simple, repetitive storybooks should be read to infants one-on-one or in small groups who are interested in hearing them.

Art Area

Older infants are developing the ability to hold chunky crayons and use them to scribble. Try

covering a table or a wall with paper for scribbling. Other art materials and activities may be adapted and supervised appropriately for infants. For example, finger painting can be adapted using edible substitutes; glue can be substituted with flour/water paste. Playdough is a wonderful activity for older infants. Use contact paper with the sticky side out for collage. The possibilities are endless.

Manipulatives

Manipulatives can be part of your toy shelf area. Provide items such as one or two piece chunky puzzles with knobs and uncomplicated shapes; large plastic beads that pop together, stacking and nesting toys. Children need to practice a variety of grasps and ways of moving their bodies to develop such things as pincer grasp and eye-hand coordination.

Physical Activity

Older infants require materials that promote physical activity at their developmental level. Materials such as a low climber, a tunnel, ride and push wheeled toys and a rocking boat may be provided in addition to a mat for rolling and tumbling types of activity. These will not all be out at the same time but will be changed on a regular basis. Their placement must take into account traffic patterns in the room and safety of all infants is an on-going concern.

Please note: When setting up interest areas that for young children that less is more and too many materials in one interest area can be overwhelming. Materials should not all be out at one time but should be rotated on a regular basis.

ROOM ARRANGEMENT

The infant home room is set up to meet the specific needs of the infants. A good room for infants will:

- be spotlessly clean at all times but not necessarily meticulously tidy as the day progresses
- have plenty daylight augmented as needed with artificial light that is not overly bright
- be maintained at a comfortable temperature
- be attractive to infants. The overall colours and decorations will not be so bright that the infants are over-stimulated. However, there will be some bright colours in the room for the infants to look at.
- generally have a peaceful atmosphere

Layout

In an infant home room there is a logical way to layout the room:

Arrival/Departure Area

This area should include or be near the storage area for infants' belongings. Infants tend to have more belongings that need to be brought to the centre than do older children. Their cubbies need to be large enough to store all the items that belong to them.. This area will also contain the parent bulletin board with a copy of the Child Care Services Act, Regulations and Policy document and any other relevant information for parents.

Home Room Area

This will be in a constant state of change as the needs of the infants change. Non-mobile infants require an enclosed space safe from those who are mobile. Infants who are learning to crawl or walk need more open space to practice their new skills.

The home room area should have a variety of floor coverings and surfaces to provide tactile experience for older mobile infants. Floor coverings should provide hard and soft surfaces that are easily disinfected. Any mats or carpeting should be washable. There should be comfortable infant-sized furniture such as high chairs and small tables and chairs. There should be comfortable adult sized furniture for ECEs to use when feeding infants or cuddling with infants. However, much of the ECEs time will be spent with the infants at floor level. Low shelving should be equipped with age appropriate play materials allow mobile infants to self select their play materials. The shelving must be stable as it will be used by infants just learning to toddle. Where there are children eighteen months of age or older, there will be a variety of activity areas as described on page 38 . The older the infants, the more of these areas will be available at any one time.

Food Preparation Area

The room may have an area to allow the ECE to heat bottles or baby food. This must be completely inaccessible by the infants while allowing the ECE to observe the infants in the room. The food preparation area should have a small refrigerator for bottles and baby food and provision for warming them.. It should have a sink and a counter specifically for food preparation and not used for any other purpose. Infants are put at risk if the food preparation area is used for purposes such as diapering or preparation of materials for activity areas.

Eating Area

This area should contain furniture appropriate for infants who do not require bottle feeding. Bottle feeding is to be done “in arms”. It may contain high chairs for the younger infants or low tables and sturdy chairs with sides which can be used for both the younger and older infants in the room..

Sleep Room

This area must be separate from and immediately accessible from the home room. There must be subdued lighting. Each infant in attendance must have a crib or cot (depending on the developmental stage of the infant) and bedding for the each child in the homeroom. (Many children will need to be taken out of cribs before they turn two for safety reasons)

Diaper Changing/Toileting Area

This area must have counters or change tables for changing diapers as well as a child-sized toilet or potty seat for the children who may be showing signs of being ready to begin to learn toileting. Access to a sink is also necessary. This must not be the same sink used for food preparation/clean up.

It is also convenient to have small “cubbies” above or within reach of this change area to hold such things as diaper cream, diapers, daily chart for each child.

Other Issues

When planning your room arrangement thought must be given to scale (using low shelves, mobiles etc to make the room “smaller” for infants; acoustics (use of mats will reduce the noise level of the room); esthetics (the room should be visually appealing).

When planning an infant homeroom space be careful about overstimulation through too much colour or decoration. Infants can be easily overwhelmed by bright primary colours or many pictures on the walls. Choose a soft colour for the walls, draperies and furniture so that what stands out for the infant is the caregiver’s face rather than the riot of colour on the walls. Decorations should be carefully chosen and hung where the children will see them: some down low for lying or crawling infants; some higher for babes in arms. Some carefully chosen contrast items are important as focal points for the very youngest infants.

An infant room should also have comfortable adult sized furniture for adults to use when feeding children. These “adult” spots are also useful for new walkers to “cruise” (walking while holding onto a sturdy object). Adult furniture should be chosen carefully. There should be no potential risks to the infants’ safety such as sharp edges or upholstery buttons that may pull loose causing a choking hazard.

PLANNING

Planning is an essential component of an infant program. Planning for the infant age group is highly dependant on observation of the developmental levels and interests of the children. The infants' interests and developmental levels provide the foundation for the selection of the activities and play materials that will be provided. It is not possible for effective planning to take place without this basic information. Planning involves discussion of "where each child is" and may involve anything from which play materials to offer on the low open shelves, to how the couch might be moved to provide cruising space for new walkers and a hiding place for young toddlers. Because the needs and interests of infants change constantly and rapidly, the planning process is on-going

A team approach is the most effective and efficient method of program planning for child care programs. The team includes all ECEs who work with the infants in that home room and is led by the operator or the lead ECE of the home room. That person has the responsibility of coordinating the activities and ensuring that the activities are age appropriate. Such an approach allows all ECEs to share observations of the children, to share ideas for programming and to take responsibility for the activities offered to the children.

The planning meetings should be held regularly and incorporate planning for the daily, weekly and monthly programs. Primary caregivers are able to share information about "their" infants and provide suggestions for activities and materials to meet the needs of these infants while developing a plan for the environment/room arrangement and the toys/materials/equipment that should be made available to maximize the developmental opportunities for all the infants in that room.

At this time individual ECEs may assume responsibility for specific aspects of the daily, weekly and monthly program. In this way all ECEs are aware of their own program responsibilities and those of the others.

DEVELOPMENT OF SELF-AWARENESS AND SELF-ESTEEM

One of the objectives in providing care for children is to support them as they begin to develop self control, rather than depend on control being imposed from outside. A person who is self controlled is able to react appropriately to a variety of situations that arise in life. A person who merely learns rules of behaviour by rote has no reference point when faced with a situation s/he has not encountered before. The seeds of self control are sown in the first months and years of life as the infant learns that s/he is a valued and valuable person. The infant's self confidence and self esteem therefore must be fostered, as these set the stage for appropriate behaviour later on.

The behaviour of young infants cannot and should not be guided. In fact at this stage of development the opposite is true. The infant will guide the ECE's behaviour. The infant will determine when it is time to eat and sleep, be changed, or if s/he is in need of comfort or social interaction.

Infants have a variety of needs, which may be for being changed, fed or simply to be held and comforted, and these needs must be met promptly. For example, an infant who is crying is expressing a need, whether it is hunger, pain, distress, or being tired. If that need is promptly met, the infant will begin to feel s/he has some control over her/his environment and that is of some importance in the world. Infants who are left to cry because the adult believes that is how to develop independence in the infant, or that picking up a crying infant promptly 'spoils them', the infant will very likely develop a sense of mistrust in their world and the adults upon which s/he depends. Trust is the cornerstone of social-emotional development, and must be developed and supported in infants. Infants need to learn that, although at times the world is a scary place, there are people s/he can trust to protect and comfort him or her, and s/he is important enough to merit having his or her needs met.

As older infants near the age of two, we must consider their developmental stage when determining how to guide behaviour. Older infants may require some guidance in their behaviour, particularly once they are able to understand what is expected of them and those those expectations are developmentally appropriate. It must be remembered that behaviours such as dumping out the contents of containers or putting their hands in their food to see what it feels like are normal for this age group. Where these behaviours are present, it is the responsibility of the ECE to set up the activities and the room so there are opportunities for the infant to pursue these activities in appropriate ways, such as providing containers that can be dumped, providing appropriate sensory activities, and having a high tolerance level for mess during play and eating.

The main goals in guiding children's behaviour are:

1. to strengthen the child's self concept and self esteem
2. to help the child develop self control
3. to help the children develop caring, respectful relationships with others.

With children under two years of age, the concentration of guidance is in the first two rather than the third (which will come with appropriate guidance at later ages).

Punishment is not an effective way of guiding any child's behaviour. In addition to be totally ineffective with children under two years, it can have serious negative effects on the infant. ***In no***

circumstance is it appropriate to use 'time out' or sitting in a corner with an infant.

Specific guiding children techniques may need to be used for mobile infants for the safety of the child or other infants in the program. At all times the effect on the infant's self esteem must be a major consideration. The main goal for ECEs in the infant room is to make the infant feel worthwhile as a person while ensuring the safety of all the infants in the room..

Good guiding techniques focus on building the infant's self esteem and anticipating (and eliminating) factors that may cause infants to behave inappropriately, rather than on waiting until inappropriate behaviour is displayed and then trying to "fix" it. The environment (physical and emotional) has a significant effect on children's behaviour. These should be the first elements the ECE looks at if an infant is behaving in such a way that guiding their behaviour has become an issue.

Principles of Effective Guidance

Before commenting on specific techniques it is important to remember that the child's behaviour has to be seen in the context of the environment. It is the ECE's responsibility to provide an environment (physical and emotional) that meets the needs of the infants in that room. Where the environment is not meeting a child's needs the child may display inappropriate behaviours as s/he tries to cope with the situation or becomes frustrated. In the older infant this may result in behaviours such as losing control or biting. Where these behaviours are occurring, the ECE must first consider the needs of the infant and how the environment is meeting these needs. A change in environment may be all that is required.

Physical Environment: Some factors to consider in the physical environment are the amount of stimulation in the surroundings in terms of the sound level, the 'busy-ness' of the room, the number of play materials available, changes in the surroundings, new infants or adults in the room and the availability of the primary caregiver. An environment that is too stimulating or where there are too many changes in the room at one time are very difficult for most infants to deal with. Any one of these factors may be unavoidable but care should be taken that not too many of these are occurring at the same time. Equally if the room is not sufficiently stimulating the infant can also become frustrated as there is nothing to engage the infant. A balance must be maintained that provides an interesting physical environment while one that does not overwhelm him or her.

Expectations: The ECE will have a thorough knowledge of the infants for whom s/he is the primary caregiver. This is achieved through the ECE's observations of the infant and information shared with the infant's parents. Where the expectations of the infant are beyond his or her abilities the infant will feel frustration and may express that frustration in an inappropriate way. At the other extreme where the infant is not allowed to develop his or her skills and independence, frustration may also result or the infant may become apathetic.

Play Materials: Infants are not developmentally ready to share on a consistent basis and should not be expected to do so. Duplicates of favourite play materials resolve this issue. Another factor that may be that too many materials are available at one time. The infant cannot deal with as many

choices as an older child, particularly if the infant is tired or having an 'off' day. Again, the knowledge the ECE has through observation of the infant allows a suitable variety of materials to be available at one time. Throughout the day, the materials available can be changed to provide the variety of activities needed to support the infant's development.

The complexity of the play materials is one more consideration. There should be a combination of familiar toys and others that are more challenging. This allows the infant to choose a toy that suits his or her need to be challenged or to stay with those that are familiar.

Guiding behaviour generally does not become an issue with infants under about 18 months of age. Prior to that age the infant is expressing needs and it is the responsibility of the ECE to meet these needs. Gradually, as the infant becomes more independent and has more social contact with others, s/he begins to learn that s/he has rights in a social setting and the others in the social setting have rights also. Demands on the older infant's behaviour must be consistent with her/his stage of social development. The observations done by the ECE will provide information on this.

Principles of guidance techniques that may be used with children 18-24 months of age are as follows:

- ECEs are consistent in their expectations of the infants and those expectations are developmentally appropriate. This is necessary if an infant is to begin to understand what is socially acceptable at his/her developmental level.
- Infants' behaviour is guided gently. A positive tone of voice is used and the ECE is patient with the infant who is developing social skills.
- A developmentally appropriate environment is provided. An infant may be finding it hard to cope in the home room because there is too much stimulation in the room. It may be more people, noise or confusion in the room than the infant can cope with at that time.
- ECEs demonstrate appropriate behaviour - ECEs in the room always speak in low voices and show respect to the infants and to other ECEs.
- ECEs accept that young children are egocentric. They understand that children age 0-24 months of age are not able to imagine how others may feel and do not expect them to be able to do so.
- The infants' feelings are respected. ECEs accept that these young children are mostly unable to control expressing their feelings. For many older infants giving vent to their strong feelings is often frightening for them and need to be provided with reassurance and comfort once s/he has calmed down.

Specific Techniques

The following are some specific techniques that may be used to guide the behaviour of older infants.

Redirection

An infant is very easy to distract from an inappropriate activity. They have many things in which they are interested and are easily distracted. If a child is about to become involved in something inappropriate the ECE may say the infant's name to get his/her attention and offer an interesting (and appropriate) substitute.

- **Reinforce Positive Behaviours**

Comment in an approving voice when the infant has done something socially appropriate, such as handed another infant a toy.

- **Remove the Child From the Situation**

An infant may have become overstimulated and need time alone with her/his primary caregiver to settle down. A mobile infant may be approaching a non-mobile infant without noticing her/him and there is a possibility the younger child will be startled or hurt. The ECE gently steers the older child in another direction while calmly explaining that the younger child is using that space. The touch and tone will carry a much greater message than the words.

There are two behaviours that may be expressed by infants as they approach their second birthdays that need particular understanding and guidance. These are temper tantrums and biting. At this stage of their development infants have strong feelings and limited ways to express them. Even the infants who are extremely advanced in their language development will not be able to express what their needs are. Firstly they do not have the vocabulary and secondly, they do not understand what these feelings are. The result may be that the infant loses control or resorts to biting. The first responsibility of the ECE is to prevent situations where the infant becomes so frustrated that all control over his or her feelings is lost or the infant bites another child.

Temper Tantrums: Prevention is the best strategy but despite the best efforts of the ECE there are times when an infant does lose control. Bear in mind when dealing with an infant who has lost control that such strong emotions are generally frightening for him or her. An infant who is in the throes of a tantrum cannot be reasoned with or comforted until s/he begins to calm down. The role of the ECE at this time is to ensure the child does not hurt him/herself or anyone else and give the infant reassurance by simply being present. Once the tantrum begins to abate, the ECE can approach the infant and provide reassurance to the child once the child is ready. ECE also takes notice of what may have caused the tantrum and either adapts the environment so the needs of the infant are better met or provides the child with appropriate strategies to deal with the situation that has precipitated the loss of control.

Biting: This is relatively common in older infants. There are a variety of possible causes and usually it is rooted in the infant's inability to express feelings using language or to understand what these feelings are. Children under two years are egocentric. In general they are unable to see things from the point of view of another. Causing pain to the other child is not the prime reason the behaviour is occurring. Infants are very orally oriented. They are at a stage of their development where they often explore objects using their mouths. Therefore it is not surprising when they use their mouths (bite). The infant may be trying to get the attention of another and does not know how to go about it. The infant may be trying to emulate the play-biting games that adults sometimes use

with infants (ECEs should not indulge in this type of behaviour.) The infant may be biting due to frustration and instead of having a tantrum, the infant lashes out by biting. See above for possible causes and resolutions.

A basic role of the ECE is to determine why the behaviour is occurring. The written observations of the infant will be very useful in determining this. Once this is known strategies on how to prevent the behaviour can be put in place. When does the behaviour tend to occur? What happens before and after the biting incident? Once the cause is established the ECE can help the infant with the need s/he is trying to get met by providing the infant with strategies other than biting.

Summary

None of the ways in which behaviour may need to be guided is negative. The intent is to provide for the safety of all the infants in the room and at the same time fostering their self control and self esteem and, for the older infants, beginning to help them develop their social skills. Please note that this will be at the very initial stages of social development. Expecting too much, too soon from infants is inappropriate and may well cause problems for them at a later date.

Appendix : Sample Daily Chart

SAMPLE DAILY CHART

Name of child: _____

Name of Primary Caregiver: _____ Date: _____

Times of diaper changes - wet or b.m.	Times of feeding - indicate bottle or other.	Times infant slept - from/to

General comments on the infant's day:

To be completed by parent for primary caregiver.

Time of last diaper change - wet or b.m.	Time of last feeding.	Times infant slept last night.

Information the primary caregiver needs to provide care to your infant today:
