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A Staff Development Program for Paraprofessionals

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Staff Development Program

for Paraprofessionals

by

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A Staff Development Program for Paraprofessionals

A description of the process of designing a staff development program for
paraprofessionals working with children birth - 3 years of age. The thesis
highlights special issues that infant/toddler programs face. The staff
development process includes an assessment of the caregiver's skills, setting
goals for the improvement of the program, a description of the 2 day training
that was held, and an evaluation of the changes that resulted from the staff
development experience.

The following is a description of a staff development program I developed as the Program Director of a child care center for infants and toddlers.

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I.   INTRODUCTION

A.   Staff Development - An Overview

Staff development, increasing the knowledge and competency of a staff, is an integral part of any quality child care program. Studies have shown that "Staff quality is the single major determinant of child care quality."[1] In addition, "The most important component in determining the quality of the caregiving practices... (is) the competence and motivation of the people who work in the program."[2] Competent caregivers will have interactions with the children which will facilitate growth of all aspects of the child's life. They will create an environment which fosters self-esteem and promotes learning. If the caregivers are motivated they will be able to accomplish these things with enthusiasm and they will become increasingly competent as they learn and grow as professionals.

Competent and knowledgeable staff are a necessity in any program for children. However, "Day care center administrators are faced with a difficult task. They provide an extremely important service which is being used by an increasing number of families, yet they often operate on meager budgets. Financial considerations... make it difficult to hire educationally qualified staff, and limit the ability to provide regular staff development."[3]

Many child care centers do not do any staff development. Directors or owners are often more concerned with having a

staff (in a field with staffing crunch), making sure the children are cared for, and keeping the parents satisfied with the program. Staff development is placed low on the list of priorities. In centers with a wide range of ages often a staff development leader will be someone whose expertise is with one age group - usually preschoolers. The rest of the staff who work with infants, toddlers, or school age children are not helped by the experience. Sometimes directors close down the center for "staff training" but in reality the staff spends its time cleaning the center.

Staff development, when done at all, is usually accomplished through in-service training. Much of this training is done "in-house" due to financial constraints. Within the in-service training a plethora of methods and strategies are used. In an assessment of 14 programs using in-service training Snow found that a variety of techniques were used. Among these techniques were lecture, role play, discussion, simulation games, modeling, demonstration, teach-back, audio-visual presentations, printed materials, and behavioral observations.[4]

Of course the ultimate goal in staff development is to increase the ability of the staff to provide quality care to the families they work with. Quality care for families includes a program which stimulates the children and supports their growth; an environment where children establish trusting, healthy relationships with caregivers; parents are

an active part of the program; staff and parents share information about the child and make decisions together for the care of the child; the child, parent, and staff members treat each other with respect and work as a team; the staff members act as a resource for parents; and the staff members are exposed to opportunities for professional growth.

B.   Special Issues for Infant/Toddler Programs

In designing a staff development program there were many factors to consider. The first factor was the special issues for infant/toddler programs.

> "Developmentally appropriate programs for children from birth to age 3 are distinctly different from all other types of programs - they are not a scaled down version of a good program for preschool children. These program differences are determined by the unique characteristics of and needs of children during the first 3 years:
>
> * changes take place far more rapidly in infancy than during any other period of life
>
> * during infancy, as at every other age, all areas of development - cognitive, social, emotional, and physical - are intertwined
>
> * infants are totally dependent on adults to get their needs

* very young children are especially vulnerable to
adversity because they are less able to cope
actively with discomfort or stress."[5]

It has been recognized that children under 3 have
special needs and that caregivers have to be attuned to these
needs. Caregivers also need to be warm and nurturing. They
need to be flexible and yet consistent. They need to be
patient and have endless amounts of energy. They need to be
able to do 5 things at once. They need to understand
development in order to plan an effective curriculum. They
must be able to communicate effectively with adults - parents
and other staff members.

However, the profile of the typical caregiver often does
not meet these standards. Caregivers are usually women who
have had, or have felt they had, less career choices and
opportunities than men. Many people fall into caregiving
rather than choosing the profession. Other caregivers enjoy
children and can't think of any other career they would
choose. Women are generally thought of as the ones who are
"trained" and expected to take care of children but
unfortunately taking care of children is seen by society as a
worthless task. Their self-esteem is worn away by the
societal notion that the only thing they are "qualified" (by
virtue of having raised their own children) to do isn't worth
doing anyway. The caregivers themselves see the care of
young children as something that does not require any
education or special training. Often they are members of the

community in which the child care center is located. They are usually inexperienced in professional child care settings and lack formal training. They must work to support their families.

Caregivers who do see infant care as a specialized profession and have training or formal education in infant/ toddler development often don't spend more than a few years providing direct care for children. These caregivers move up rapidly - becoming directors or moving on to other positions in the child care field. This may be because of higher salaries or because the field is starved for people with knowledge and experience with this age group. It often is a decision based on "burnout," the exhaustion that comes from working long hours for low pay in a field that demands a lot from you emotionally and yet offers few support systems.

Other factors that contribute to the lack of experienced, trained caregivers are:

1. The scarcity of early childhood programs at the college level that focus on the development of infants and toddlers. Most programs focus on ages 3 and above.

2. The child care field is experiencing an annual turnover rate of 43%. This makes it likely that there will always be a new staff member in need of training.

3. Infant caregivers are often thought of a babysitters. There is a lack of a sense of

professionalism in the field which is, in part, caused by the low salaries that caregivers can expect.

Another issue specific to infant/toddler programs is a misunderstanding of curriculum. This is caused by a lack of knowledge of the development of children under 3 and the use of the preschool model in designing child care programs. For an infant or a toddler the curriculum grows out of the routines of the day and the environment the child is in. The environment encompasses the physical surroundings, the caregivers and their relationship to the child, the other children, the materials available, the parents, and anything else that impacts on the child.

> "The infants 'curriculum' (a term we prefer to avoid) essentially represents the total experience provided by the particular day care or home setting under consideration. Opportunities for developmentally facilitating experiences of many sorts are continuously present in the natural course of events in any ongoing, infant group care program, both in the obligatory care routines as feeding, diapering, and the management of distress or sleeping, as well as in play periods."[6]

Unfortunately, too many programs treat infant and toddler curriculum as a watered-down version of preschool. A significant part of staff development is communicating a developmentally appropriate philosophy to the staff.

Another factor which impacts on staff development in infant/toddler settings is the beliefs of the caregivers. Each caregiver comes to the program with an idea of "what is best for babies." Each caregiver has a set of beliefs of how children should be raised. Often they have raised their own children. A staff development program for these caregivers needs to respect the opinions and cultural experiences of each caregiver. The individual styles of caregivers should also be taken into consideration. Some caregivers are quiet, some are loud and enthusiastic, some are shy with parents, etc. There is no "right way" to be with babies. The children will benefit from a variety of styles and backgrounds of caregivers. In working with caregivers the focus should remain on the care of children in groups and should be backed by research on how infants/toddlers develop.

A caregiver must have an understanding of the development of children under 3 to be able to facilitate the growth of the infants and toddlers they care for. They must be able to communicate this knowledge to parents and peers. They need the sense of professionalism that grows from their knowledge and pushes them to improve the quality of the center.

In a field which is still embroiled in the controversy over whether babies belong in group care; has a few models of quality programs; and has a dearth of research on the care of infants/toddlers in groups, it is difficult for a caregiver to learn and grow and become a professional. There are few

programs where caregivers and their supervisors can visit and see what a quality program looks like. Although recently there has been more research on the care of young children in groups, caregivers are usually the last to know this information. The caregiver would have to seek out professional journals. Few of these journals are written for caregivers - that is on a level they can understand and in a way that has relevance to their daily lives. They have to seek out information and become educated on their own time. The focus of research done with young children is rarely on how to create stimulating environments for young children. Caregivers are often just thrown into a program with no training and do not ever get a chance to learn about the children they work with each day. This makes staff development a crucial part of programs for very young children.

C.   Description of Program and Staff

The child care center is a nonprofit program for the 6 week - 2 years old children of teen parents. The center is a grassroots, community based program. It was formed when a group of concerned community members noticed the alarming number of pregnant teens. The health department had been working with these teens to provide prenatal care and health services for their children. In 1983 the health department staff and an area church group identified the lack of afford-able, quality child care as the reason that many of these

teens dropped out of school and went on welfare. In 1985 the center opened. It is funded by the State, County, and local social organizations. The program offers quality child care which enables the parents to continue their education, become involved in job-training programs, or begin their careers.

The parents pay fees which range from $8.60 per month to $86.00 per month. In return for this low cost child care the parents agree to attend bi-weekly "Life Skills" classes which address a variety of topics including self-esteem, relation-ships, child development, parenting, sexuality, nutrition, child health, careers, and substance abuse.

The program received funding partially as an early intervention program designed to prevent child abuse. The parents agree to spend 6 hours per month in the center where they observe children at various stages of development. The staff model appropriate behavior with young children and help the parents establish realistic expectations for their children.

The center is open from 7:30am to 4:00pm; Monday-Friday. There are 12 children and 12 parents in the program. There are 3 full-time caregivers.

One of the main goals of the program is to provide quality child care to facilitate early school successes in children who are likely to have poor school performances due to their environmental circumstances. It was felt that if these children developed positive feelings about learning and were exposed to a variety of experiences they would have

improved performance in school. This school success might help to interrupt the cycle of the children of teen parents becoming teen parents themselves. The Children's Defense Fund reports that children who do poorly in school are 3 times more likely to become teen parents.

The special nature of the program makes it critical that the caregivers have skills and knowledge in several areas. One of these areas is their work with the parents. The parents need a lot of support. They are often insecure about their parenting skills and are criticized by their own parents and grandparents about the care of their children. Often the teen parents are in a power struggle with their parents over how to raise the child. If parents are helped to feel good about the job they are doing they will become better at it. The staff need to use supportive language and communicate respect for the parents as primary caregivers. This will empower the parent to accept responsibility for their child, often a problem for young parents who live with the extended family. The lack of a sense of responsibility may be a contributing factor to subsequent pregnancies in the teen years.

A successful early intervention program needs caregivers who have a sound knowledge of child development. To develop positive feelings about learning in the children the caregivers would have to offer experiences that the children could succeed at. The caregivers would have to understand what was developmentally appropriate for the child they were

working with. This requires an ability to translate theory
into practice.

A second aspect of intervention is the ability to detect
developmental delays. The children in the program are often
low birthweight or premature. Almost 3/4 of the parents did
not receive prenatal care until the sixth month of their
pregnancies. The children often have respiratory or
digestive problems. Statistically, 80% of children which
undiagnosed medical problems such as hearing, vision, and
dental problems, anemia, and mental health and developmental
conditions, will have poor school performance.[7] It is
essential that the staff have a working knowledge of
development and work with those delays or refer the parents
to another program or service for intervention.

Staff modelling of appropriate adult: child interactions
may be the most important effect that the staff has on
parents. In the center described in this paper, the parents
are required to spend 6 hours per month in the center but
often spend up to 15 hours. It is a setting where the
parents feel comfortable and enjoy spending time with their
children. (This is a goal of the program but it probably had
little to do with the conscious intentions of the caregivers
and more to do with having a network of other teen parents.)
It is critical that the staff model appropriate behavior for
the young parents. One example pointed out exactly how much
the parents had picked up from the staff. A parent brought
her child back to the center after an extended illness, a

double ear and throat infection, during which the baby had cried for 3 days straight. She explained that when she had reached the point when she was ready to hit the baby to "shut him up," she remembered that she had seen one of the caregivers hold a baby, bounce him gently in her arms, and say "kee-ho-che." The parent acted out what she had observed until the baby quieted down. This young mom had not only repeated the behavior she saw modelled, she repeated it word for word. The mother had been given a tool which she could use when she became stressed. She added a positive way of calming her child to her parenting skills.

The impact that the staff has on the parents necessitates that the caregivers remain calm and in control at the center. They must be able to redirect toddlers, comfort babies and communicate developmental issues to the parents.

These are high expectations to have of caregivers who have received little or no training in child development. The caregivers come from the community and have children of their own. The Board of Trustees who supervise the center are also community members and come from a variety of disciplines. Only 2 have any child development background. I approached the Board because I felt that the staff was not doing an adequate job and I was concerned about their treatment of the children. (This will be discussed more fully in the next section.) The Board was concerned that changes in the staff would cause a negative reaction in the

community. They issued a directive that I was to train the staff and if there was not measurable improvement I would be allowed to fire them.

The staff consisted of 4 caregivers. One caregiver was the group teacher and was responsible for supervising the rest of the classroom staff. Two of the teachers were part-time and two full-time. One caregiver was from India, one from Central America, and 2 were from Black American background. Three of the staff members had been with the center since its inception.

One of the part-time caregivers is the mother of 3 school age children, a high school graduate, with no early childhood training. She had attended a few workshops during the 3 years she had worked at the center but was very resistant to the idea of training.

The other part-time caregiver is an early childhood education student at a local community college. At the time of the training she had only been at the center for 2 weeks. She demonstrated an understanding of development but had no practical experience in the day-to-day workings of an infant/ toddler center.

One of the full-time caregivers is the mother of one school age child. She had worked in a horrible child care program before coming to this program 3 years ago. She had taken early childhood courses at the community college but she had no training in curriculum. She had been the group teacher for 18 months.

The second full-time caregiver has 2 children - one in high school and one in her 20's. She was a high school graduate and had also attended some workshops during the 3 years she had been with the center. She was able to articulate the goals of the center but seemed unable to translate the goals into the daily experience of being a caregiver.

D.   Documentation of the Need for Staff Development

The deficiencies in the program, that I have observed, were widely varied ranging from the language the caregivers used with the children to the routine of the day. I conducted a series of observations which focused on individual caregivers, the experiences of individual children, the staff as a team, an overview of the day, and interactions with the parents. My observations led me to the following conclusions:

1.   There seemed to be a lack of empathy on the part of some of the caregivers. They seemed to be detached from the experiences of the children. Children were allowed to remain in distress for long periods of time while the caregivers attended to the upkeep of the classroom. Any of my attempts to connect the caregivers to the emotional experience of the child was met with a blank stare, or the caregivers became very defensive about their caregiving skills. They seemed to feel that it was their fault the child was

crying. Example: On entering the classroom I saw a toddler crying. I questioned the caregiver about what she thought he needed. She replied that he was "fed, changed, and had a nap so she didn't know what his problem was." Further questioning failed to elicit any recognition of the child as a human being with emotional needs. There had been no discussion between the caregivers of how to console this child.

2. More importance was placed on the physical environment than on the children by 2 of the caregivers. Babies would be allowed to cry while a caregiver mopped the floor or cleaned the bathroom.

3. When the children were involved in one-to-one interactions with the caregivers such as feeding or changing, there often was no language or response to the children's babbling by the caregivers. I did observe that older children would get a response to their questions.

4. Children were told to shut-up or were spoken to in loud, threatening tones when they were crying or behaving in ways that the caregivers were unhappy with. (This was observed in 2 caregivers).

5. Parents were often teased about their instructions for the care of their children. Example: A parent's request for hourly diaper changes for a child with a rash were met with a condescending comment or look.

6. Caregivers had obvious favorites among the children and parents. These children received better care and more attention.

7. Safety issues were often ignored. A door leading out to the fire escape was often left open.

8. The caregivers would tell the children they were "bad," "nasty," or "miserable" on a regular basis. This was often done in front of the parents. This was in direct conflict with the program's goal of early success and increased self-esteem.

9. There was no sense of a team in the classroom. Two caregivers were responsible for 90% of the curriculum and stimulating activities with the children. If one caregiver was doing an activity with the children there was no support from other staff members.

10. There seemed to be no established routine in the classroom. The toddlers spent a lot of time waiting for something to happen. They would stand around, waiting for direction, while they were told to "go play."

11. The children were never taken outside. This seemed to be a direct effect of the lack of routine and organization. There was also a lack of awareness of the importance of outdoor play. Some of the caregivers felt that if the babies went out they would get sick.

12. Lack of curriculum. The caregivers who had been
trained in early childhood education and in infant/
toddler development seemed to understand what
sensorimotor play was but were not able to design
activities which fostered exploration and discovery.
They did not seem to take advantage of happenings in
the children's daily lives which could be expanded
into meaningful learning experiences.

During the period I was developing the staff training I
had been meeting with the parents for our twice-monthly Life
Skills meetings. At one meeting the parents asked if we
could discuss the classroom. There were 8 parents in
attendance. They seemed to feel like they could talk to me
because they had observed the quality of the interactions I
had with the children. They had also noticed that there was
a significant difference in the behavior of the caregivers
when I was in the classroom.

Their major concerns were about the language the
caregivers used with the children. They were upset by the
harsh language they heard used with their children. They
also felt that the caregivers discussed the children in front
of other parents. They had observed that there were
favorites among the children and felt that any complaints
they made regarding the treatment of their children would
result in the child being treated badly. The parents noticed
that the children were allowed to cry when they were hungry.
They resented that their instructions were not carried out or

were belittled in front of other parents. They also had observed rough physical treatment of their children by one caregiver. Their criticisms seemed to focus on 2 of the caregivers, although the group teacher had been ineffective in stopping these behaviors.

The concerns of the parents and my observations of the program became the basis for the goals I set for the staff training. Some of the issues, such as rough handling and safety concerns, were dealt with by immediate directives to all staff members. But I felt that most of the other stemmed from a few main areas which were seriously lacking. These areas will be described in the next section.

E. Goals of the Staff Development

1. Establish a sense of empathy in the caregivers. Caregivers would be able to identify with the experience of the child. This would be accomplished by focusing on the child in observations, videotaped examples of children at play, and discussions of what babies need. I thought that if the caregivers could relate to the emotional issues of children in group care they would be less likely to allow children to remain in distress, exclude children who weren't favorites, and use inappropriate language.

2. Teach the caregivers how to observe young children. One of the keys to the training was having the caregivers experience life in the center from a

child's point of view. By observing an individual child at different times during the day they would be able to step back and see the _child_ rather than seeing the child as something to be acted upon. Observation was also necessary to communicate how much the caregivers knew about development by virtue of their experience with young children. To help facilitate an understanding of child development we would use our observations to create a developmental chart.

3. Understand the development of infants and toddlers and translate that knowledge into curriculum. Using observations and the caregivers' practical experience with children we would create an overview of the development of children under 3. I felt that the caregivers had untapped knowledge about development - if only because they had spent 3 years with the children. There were 2 caregivers who seemed to be able to relate to the babies. I felt that they had a lot of knowledge about development but needed to articulate it in order to understand it. The relationship between specific milestones in development and how the caregivers could help the child reach that milestone would be established. I also felt that the caregivers, once they had shown their expertise about development, would begin to feel a sense of professionalism about their jobs. I

wanted them to see "playing with children" as an important and worthwhile task.

4. Evaluate the environment. This was the point where the caregivers would use an objective tool to evaluate the center. This would enable them to prioritize the needs of the program for future workshops and training. It would also help them see an environment as much more than a physical space.

5. Realizing the importance of caregivers. I wanted the caregivers to believe that the most important part of any environment is the caregiver. The caregivers would see the connection between development and the caregiver, the environment and the caregiver, and how the caregiver could negatively impact on the child and the environment.

All of these goals would easily lend themselves to a year-long course. It was not my intention to do an in-depth study of development, environment, etc. The focus of the training would be establishing a foundation of understanding from which we would build. In order for the program to be a quality environment for infants and toddlers we needed to approach it from the same point of view. It was my belief that we could not discuss any of these issues without addressing our own beliefs about what babies need and how they should be treated. This would undoubtedly bring up strong feelings in the caregivers about their own experiences as parents and as children being parented. Those beliefs and

feelings would become a part of every discussion, each component, every minute of the training.   It was important for the caregivers to understand that we were addressing the care of children under 2 in groups and what was best for them.

II. RESOURCES MOST VALUABLE TO ME IN PLANNING MY STAFF
DEVELOPMENT PROGRAM

In researching the staff development program I was
looking for materials that focused on infants and toddlers, a
developmentally appropriate curriculum, and the training of
paraprofessionals in child care settings. It was important
that the resources share my philosophy of child care --
focusing on the child as a member of the family and thereby
placing importance on parent-staff relationships. I wanted
resources that thought of the child as a "whole" and
understood how the environment impacts on the child. I was
looking for materials that took into consideration the
special issues for infants and toddlers and
paraprofessionals.

I had a difficult time finding these resources at the
library. However, the Bank St. philosophy that professionals
should engage in dialogue with each other and share
information and resources, combined with my Bank St. public
policy training, had taught me how to network with other
professionals. I turned to my own resources and the network
I created as a professional.

I was familiar with Alice Honig's work, having heard her
speak at a conference about the importance of training and
having read many of her articles. Her work was the first
place I turned. I used the book she had coauthored with
Ronald Lally, Infant Caregiving - A Design for Training.

Next I consulted with Nancy Balaban and she referred me to Anne Willis and Henry Ricciuti's work, <u>A Good Beginning for Babies - Guidelines for Group Care</u>. I now had 2 books that shared my philosophy and provided me with the information I was seeking.

The National Association for the Education of Young Children's conference in Chicago (1987) provided me with additional resources. I attended a workshop given by the staff of the Greater Minneapolis Day Care Association Quality Infant/Toddler Project. I contacted them and they were very helpful. They sent me materials they had used in their Project and provided me with an outline of their training.

The NAEYC conference also gave me the opportunity to meet with a child care director from Maryland who had attended public policy courses with me in Washington, DC, through Bank St.'s Supervision and Administration program. Through her I met her supervisor who runs the Training Institute for the Montgomery Child Day Care Association (MD). She provided me with additional resources that I used for my staff development program.

The networking I had done gave me 5 main sources of written information. They were the materials provided by the Montgomery Child Day Care Association's Training Institute's program for infant/toddler educators; <u>Infant Caregiving - A Design for Training</u> by Alice Honig and Ronald Lally; <u>A Good Beginning for Babies - Guidelines for Group Care</u> by Anne Willis and Henry Ricciuti; the chapter on observing infants

and toddlers in <u>Observing and Recording the Behavior of Young</u> <u>Children</u> by Dorothy Cohen and Virginia Stern with Nancy Balaban; and materials provided by the Greater Minneapolis Day Care Association's Quality Infant/Toddler Project.

The Montgomery Child Day Care Association, established in 1968, is a private nonprofit organization serving over 900 children in 14 programs throughout Montgomery County, Maryland. The children range in age from 3 months - 12 years old. The Training Institute was established in 1985 and is committed to improving the quality of child care and other educational services through training. Regularly scheduled workshops, preservice and inservice courses (64 hour course - the requirement for certification as a head teacher in a preschool setting, and a 32 hour course - for people who work with school age children), on-site training and consultation, workshops designed for the specific needs of centers, workshops on beginning centers, or consultations with individual directors about specific program issues are offered. The fees vary with each service and the services are available to the day care community in the Montgomery County area and beyond.

The materials I obtained from the Training Institute contained information on staff relations which were helpful in designing the staff development program. One of the materials was a list, "Objectives to Consider the Building Strong, Cooperative Working Relations Within Your Center," complied by Dr. George Eley and Dr. Frank Lyman at the

University of Maryland. The list included the phrase "To develop a sense of the teacher as problem solver and inventor, as decision maker and advancer of the state of the art." This helped me to crystallize my thinking towards aiding the staff in beginning to think of themselves as problem solvers. Empowering the staff to solve their own problems would lead to a more permanent change. Just as you would not tell children how to solve a problem or work it out for them, I wanted the staff to be able to work out problems in the center in a way that they could apply that skill to other situations. I also thought it would be helpful to model that process for the staff. I decided that it was critical to paraprofessionals that they feel they are contributing to the learning experience in the workshop as well as in the classroom.

Other items on the list were "To develop skill in understanding theory and implementing it in practice as well as using observation to reflect on theory" and "To expand the repertoire of teaching/management techniques and strategies." These 2 items helped me to solidify my belief that the key to curriculum and understanding development was the ability to observe and apply those observations. It is the ability to observe and notice the nuances of development that provides the opportunity to grow toward understanding the way children learn and develop. This understanding would enable the caregivers to focus on individual children. I felt that this new level of understanding would be demonstrated in the

ability to use new strategies and management techniques and
to plan curriculum more effectively.

Infant Caregiving is a guide for training caregivers.
The book discusses techniques for training and gives
resources to use when working with infant caregivers. It
describes the important areas in which caregivers need to be
knowledgeable such as setting up an environment, nutrition,
motor development, sensory experiences, language development,
an awareness of individual differences, and applying
Piagetian theory to classroom activities.

One of the most influential parts of the book was the
section titled "Twenty Tips for Trainers of Infant
Caregivers." All of the "tips" became a part of my training
and gave me insights into understanding adults. The tips
that related to establishing an atmosphere of support and
openness with the staff led me to think of ways that I could
design the initial portion of the staff development program
so there would be no "wrong" answers. Each contribution by a
staff member would be discussed as a valid point of view and
explored in a serious manner. I felt that it was important
to establish a nonjudgemental atmosphere from the beginning
so the staff would feel good about sharing their ideas and
exploring their feelings and beliefs. I hoped that modelling
nonjudgemental behavior would have a rollover effect and
impact on the parents and children

There were also other techniques discussed in the book
that allowed for trainee involvement - question and answer,

discussion, and actual experience. While I knew that I couldn't have babies present during the staff development (actual experience) I began to think of alternatives that could serve a similar function. I decided to plan the staff development for a Monday and Friday of the same week which would allow the caregivers time to apply the information we had discussed and would provide an opportunity for observation.

I also decided to use videotapes of infant/toddler environments to highlight discussions of caregivers, observation techniques, how babies learn, and separations. I filmed some of these videotapes in my own center. I made another videotape in a local day care center with similar age children. I thought that seeing children and caregivers my staff were not familiar with would help them focus on the children rather than themselves on videotape. I decided to use the videotapes to help the caregivers observe behavior in a detached and relaxed manner. In a classroom setting it is often difficult to observe with children pulling on the caregiver's legs and demanding attention. While filming I tried to find examples of the way babies and toddlers learn, effective behavior management techniques, and examples of children saying goodbye to their parents. The videotaped segments were 2 - 5 minutes long. The videotapes would be the substitute for hands-on interactions with babies, and I thought they would be even better in some respects.

Infant Caregiving also provided me with a checklist of Piagetian skills to help the caregivers understand developmental sequence. Some examples from the book are:

> "E. CAUSUALITY
>
>   1. Bring unseen objects into sight
>
>   2. Ring bell to make sound
>
>   3. Wobble duck toy
>
>   4. Turn key to work toy
>
>   5. 'zoom' car to make it go
>
>   6. Work 'Jack-in-the-box'..."

Additionally, I hoped it would put some of the things they did naturally into the persepective of an important developmental exercise.

The ABC checklists - "Assessing the Behaviors of Caregivers with Young/Older Infants" were incorporated into the training as an objective tool for recognizing the behaviors that quality caregivers exhibit. These behaviors address the quality of the interactions with the children, the amount of language used, and other skills I was hoping to develop or enhance in the caregivers. I felt that this list would help the caregivers understand what I looked for in a caregiver and would bring us closer to a similar philosophy of quality care.

A Good Beginning for Babies - Guidelines for Group Care by Anne Willis and Henry Riccuiti offers information on quality care and ways to provide that care. Among other

things it stresses the need for attention to separations and suggests that the environment should be family centered and home-like.

This book provided me with guidelines and ideas for the role of caregivers. Some of these guidelines were that caregivers should "individualize care," "be warm and affectionate," "provide a balance between consistency and variety," "protect children from over stimulation and disorder," "protect children from severe or prolonged distress," "make learning pleasurable," and "enjoy their role."

Willis and Riccuiti also addressed the need for consistency between home and center care and the need for respect of the parent as the primary person for the child. The concept of the parent as the primary caregiver and the respect that that involved was one that I incorporated throughout the staff development program.

The book also influenced the design of the workshop regarding the importance of separations. Separations became a topic we would discuss - regardless of whether or not it came up during the 2 one day workshops.

Observing and Recording the Behavior of Young Children written by Dorothy Cohen and Virginia Stern with Nancy Balaban, is a book that discusses the need for observation, the importance of observing children, and offers suggestions on how to observe children. Concrete examples of anecdotal observations are provided.

I incorporated the general information on observing and recording behavior along with the information on observing infants and toddlers, and developed a list of guidelines for the staff to help them observe the children in our program.

We used the following guidelines which are based on the work of Dorothy Cohen, Virginia Stern, and Nancy Balaban:

* observations are a key to developmental characteristics

* observations would be 3 - 5 minutes in length

* everything observed during that period would be written down

* the observation period would be used as a time for the caregiver to focus on one child

* the observations would be shared with the group

* observations would be taken during 1. "arrival and departure," 2. "caregiving routines (diapering, eating, napping, or outings)", 3. "playing and exploring," 4. "interactions with adults and children," and 5. "language"

I used the examples of questions to ask yourself during an observation, from the chapter on infants and toddlers, to elicit additional information from the caregivers when they reported their observations. We also used those questions when we were using the videotapes I had made to teach the staff how to record observations - what was important, what to look for, and how to record it as a running record (the action is described completely and with no omissions).

The Greater Minneapolis Day Care Association was established in 1986 and acts as a child care information and resource center. It provides training services for day care workers at centers and in family day care homes and is a vendor for sliding fee funds to parents who need child care. The Association serves as a lobbyist and works at organizing the child care community. In addition it has a toy lending library and maintains data on the child care needs in the Minneapolis area.

The Quality Infant/Toddler Project was a two year training project of the association and was funded by the Bush Foundation to offer a variety of high quality training opportunities for providers of care to infants and toddlers. The Project offered on-site consultation, conferences and workshops. The Project worked with directors, lead teachers, and caregivers in target centers or family day care homes. Target centers and homes represented a wide range of quality when they were chosen. The Project chose child care environments where there was a willingness to improve the quality of care. A number of staff from each center or home would attend workshops and receive on-site consultation. However, the workshops were open to all providers in the area and the Project also sponsored a statewide conference.

The Quality Infant/Toddler Project staff sent me handouts which I used to supplement the information discussed during the staff development workshop. The handout on "Schedules of Children under the Age of Two" emphasized the

need for a schedule due to the hectic schedules of caregivers. The use of a schedule establishes a predictable structure. Ideally later the caregivers can adhere less strictly to schedules, but instead depend upon the rhythms of the individual child. It identified with the caregivers about how difficult a job they were doing.

Jim Greenman, director of the Project wrote "Guilding Infant Behavior" and "Expectations for Infant/Toddlers" and the Project used Janet Gonzalez Mena's "Toddlers: What to Expect" originally published in Young Children in November 1986. I used these articles to reinforce developmental characteristics of young children. The list of "Some Activities for Infant Stimulation" and "Possible Interest Areas for Toddlers" (authors unknown) were also sent by the Project and I incorporated them into the section of the workshop which dealt with developing a curriculum.

The article by Marcy Whitebook, Gerri Ginsburg, and Derk Richardson on the "Special Stresses of Infant Caregiving," originally published in Day Care and Early Education (Spring 1985), was another handout sent by the Project. I used the article as a way for the caregivers to become familiar with the issues that effect the field of infant/toddler care and how to deal with those issues in your center.

The most influential resource, however, has been my educational experiences at Bank Street. I developed a comprehensive philosophy of how people learn, children and adults alike, in my experiences in coursework and conference

group. The Bank Street philosophy, that children are unique and complex human beings, that they learn best when they are involved in the process of learning, that environments need to be designed for each age and state of development to facilitate learning, and that the social and emotional life of a child is inseparable from their learning, interests and motivation[8]; was the basis of the staff development program.

The Infant/Parent Development Program at Bank St. served as an example of how people learn - whether they are infants in the stage where they are exploring their environment, or parents learning to bond with a newborn, or adult students discovering that a truly meaningful curriculum grows from the child.

There were a number of different experiences that combined to make the Bank St. philosophy alive in my classroom and later the center I currently direct. The most important were my interactions with the children on a daily basis, as a teacher and then a director, and the coursework in curriculum, development, parenting, observation, and assessment. I was able to see the children learn through the experiences I facilitated. The discussions with my colleagues and the Bank St. faculty taught me a philosophy which respects each child as an individual and serves as a model of respect, problem solving, and discussion. I saw that the imposition of activities on children in a teacher-directed environment led to power struggles, not learning.

The observation and recording course, taught by Dr. Jean Mandelbaum, had a profound influence on the staff development program I designed. It was through this course that I saw what the life of a child in day care was like. I developed a renewed sense of empathy through my observations. For example, when I observed the separation experience of an 18 month old I saw the way in which he resolved his ambivalence about being separated from this parents. My observations allowed me to take a look at the complex routine he had established when he entered and left he classroom. When I had completed the course I felt that the key to understanding development and enriching a sense of empathy centered around a teacher's ability to observe children. Observation became a focal point of the training.

The advisory experience in the conference group led to my understanding of how adults learn. Through my discussions with my peers which were facilitated by Dr. Nancy Balaban it became clear to me that the most meaningful insights of an individual were the ones that resulted from the group experience. Together we explored the issues involved in working with families and came to see working with families from the perspective of a caregiver, a child, and a parent. The conference group at Bank St. pulled together all of the theory and the experiences I had had with families. There was no lecturing on the part of the facilitator and yet it was one of the most powerful learning experiences in my life. As with children, the learning was meaningful because

it grew out of the concerns and desires of the individuals participating in the learning. This was the model I used to conduct my staff development program. Together we would explore what they knew, felt, and believed about the care of young children in groups. As the leader of the training I would use my knowledge of development, research, and the resources I had collected to communicate a philosophy of how children learn, how caregivers create the optimal environment for children, and how parents can be included and respected in the process.

III. DESCRIPTION AND DISCUSSION OF THE STAFF DEVELOPMENT

EXPERIENCE

The 2 day staff development workshop was held on a Monday and a Friday of the same week. On the first day some time was set aside so that the caregivers could organize the classroom (they had requested this) and then we would begin our workshops. Although all the caregivers had expressed interest in the workshops, they arrived late to work and it was difficult to bring them upstairs to the conference room where the workshop was held. It might have been the fact that they rarely had a day where they weren't pressured by the presence of children and had to be on time. It also may have been a "fear of the unknown" or fear of an academic experience. Resistance to me as an authority figure was another possibility.

I had planned the first day to be one in which we addressed caregiver beliefs and values while defining the term "quality environment." The goals of establishing empathy, developing observation skills, evaluating the environment, and realizing the importance of caregivers were all incorporated into the first day.

The first exercise we did was creating a daily timeline of the expectation we have of babies and toddlers from arrival to departure. I was hoping to develop an understanding of how busy the children's days are. I expected the staff to grasp the meaning of group care for young children and the difference between group care and the care they would receive at home.

As it turned out we only completed up to 12:00 pm on the timeline and everyone understood what I was getting at. We expected infants and toddlers in group care to wait for care, to deal with other children, to go through a number of transitions, to allow people other than parents to take care of them, and to structure their own play for long periods of time.

The timeline we created was:

THE DAY OF A...

BABY	TODDLER
7:30-arrival: undressed/ exchange of information/ transition from home to center, parent to caregiver	arrival: exchange of information/right into activities/ transition from home to center, parent to caregiver
8:30-breakfast: waiting/ sharing attention	breakfast: self-feeding/ expected to eat only their food
9:30-diaper change: transition from play to changing/ allow another person to touch/trust	diaper change: transition from play to changing/expect them to allow you to help
9:30-activity: smile/babble/ reach/move bodies/ listen and pay attention/uses senses	activity: (ex. finger-painting) exploring/use senses/have a new experience/ not put in mouth/listen/ talking
10:00-napping: quiet/relax/ adjust to noise level/ sleeping an unfamiliar place	free play: transition to outside or choose their own activity/share/consideration of others/sense of discipline/appropriate group behavior
12:00-play: be on the floor/ being stepped on/ interacting with other children/wait for cuddling/accept cuddling from caregiver	napping: put themselves to sleep or do a quiet activity

The most difficult part of the exercise was getting the staff to put themselves in the place of the child. They had an extremely hard time seeing the day from the child's point of view. When I would ask them "What kinds of things do we expect a baby to do during breakfast?" they would respond with what they did to the baby at breakfast time. Ex. "We feed them and they try to knock the food on the floor." instead of "We expect them to sit and wait for us to feed them." Since I had felt, initially, that the lack of empathy was a problem for the staff I stuck with it. I explained and re-explained what I was asking. However, it wasn't until the next to last time period that they modified their responses to reflect the child's point of view. They all demonstrated that they understood how much we ask of children in group care through statements like "I'm exhausted just discussing what they have to do.", "When you look at it like this it seems so much to ask of tiny babies.", and "I thought we had the hard jobs." At that point I gave them a copy of "Schedules for Children Under the Age of 2." This provided a caregiver's perspective on just how hard a job they do have in helping the babies through the day. We discussed the need for structure and predictability in the lives of children and how that can relieve some of the child's stress of being away from her/his parents for such a long period of time.

We moved on to a film, "View from a Crib," which showed life from a child's view and talked about ways to improve that view and create a stimulating environment for that

child. While the staff felt that the language used in the film was simplistic and directed more toward parents, it seemed to reinforce a newly developed sense of empathy. When I questioned them as to what they did get from the film that could be applied to our environment, one staff member replied "We have babies and this is about what it's like to be a baby in a boring place," and "I guess we could do things - like talk to them or put new things in their cribs - in our center."

The next exercise we did was to make a list of what infants/toddlers need to develop. The staff was asked to name specific experiences that would enhance the development of children under 3. I wanted the caregivers to begin to think of the term "environment" as a way to describe everything that touched the child. After they listed all the things they felt a child needed I would apply the title "environment" to that list. I also wanted them to think about the components of a quality environment for the care of young children. I was hoping to stimulate a discussion of children's needs and use research to substantiate their instincts, or correct their misconceptions, about what infants/toddlers need to develop.

The staff came up with the following:

WHAT YOUNG CHILDREN NEED TO DEVELOP:

1. trusting relationships

2. physical needs taken care of:

    good food

    kept clean

    sleep

3. special relationship with an adult

4. safety

5. socialization with other children

6. play

7. stimulating activities

8. language

9. variety of materials

10. exploration

11. outdoor experiences

12. choices

13. discipline/limits

14. love

15. self-esteem

I then applied the "title" environment and talked about how everything that affected children combined to make up their environment.

During the making of the list one of the staff members asked me if I thought the babies knew whether they were being treated right or not, and another asked how much I thought babies knew. I was hoping for this reaction and began talking about research which documented all the abilities

that babies have at birth - the ability to recognize a face and the ability to distinguish the scent of their mothers from other mothers. This led to a discussion about the children we work with and how they recognized special people and picked up on your feelings if you were tense. Two of the caregivers felt that the babies were more attuned to emotions than adults - that it was a skill we lost as we grew older. This responded to the question of whether babies knew how they were being treated. By the end of the discussion everyone was in agreement that babies are pretty amazing.

Another topic - how we were raised and how some of the caregivers had raised their own children - also came up. We discussed the differences and similarities in our upbringings. I tried to focus on how different aspects of our childhoods made us feel - as children at the time and as parents or caregivers later on. To end the discussion I brought them back to the task at hand by pointing out how working with young children was such an emotional experience and really made us think about our childhoods and our parenting experiences.

We moved on to devising a list of things that could hinder development. I wanted them to reverse the list they had just designed about enhancing development in order to point out that some of the things they had been doing were not helpful to development. Since they were designing the list themselves it wouldn't be a lecture from me on "What not to do." It would come from them and hopefully they would

begin to see that they needed to make changes in their own environment and behavior. Each item was discussed in the context of the consequences it could have on development.

THINGS THAT CAN HINDER DEVELOPMENT

1. negative adults

2. rough handling/physical abuse

3. harsh talking

4. criticism

5. ignoring

6. unhealthy food

7. loud noises

8. yelling

9. lack of toys

10. dangerous environment

11. not having a stimulating environment

12. dirty environment

13. no socializing

14. isolation

The only lengthy discussion, about whether or not we should wash our hands before diapering a child, seemed to indicate to me that we were on uncomfortable ground. There seemed to be a little fingerpointing going on. One caregiver would give an example that I had observed to be another caregiver's weakness and the other caregiver would respond by pointing out the caregiver's weakness, without naming names. We did not stay on this list too long as I decided that I didn't want to have a discussion we seemed to be heading towards - who did what wrong.

We moved on to the creation of a list of the qualities of a stimulating physical environment. Using what we had discussed as the developmental needs of young children I wanted to outline the essential elements of a quality physical environment. I particularly wanted to expand upon the need for quiet places, new and different materials placed in the environment, and places for small group interactions with other children.

The staff went one step further than I had anticipated by initiating a discussion of what kinds of toys - toys that could be explored and responded to cause and effect - they thought the children needed. They quickly, having had practice with other lists, came up with the following:

STIMULATING PHYSICAL ENVIRONMENT

secure/safe

toys - sensory (ex. soft, musical instruments, pictures)
> exploring
>
> cause/effect

individual spaces

quiet spaces

caring adults

organized environment

choices/accessible materials

change of environment

gross motor play

materials for muscle development

The staff included caring adults in the physical environment which provided me with an easy segue into the importance of caregivers. I talked about all the research that had proven that the quality of the caregiver had a direct bearing on, and often was the main indicator, of, a quality environment for children.

The caregivers composed a list of some possible reasons for that: the caregivers design the environments, babies are so dependent on caregivers, the caregivers determine how loving the environment is, the caregivers' motivation and energy level effect the way children are treated, and how important the interactions between caregivers and children are. I showed the staff the videotape of the children in another center and how the caregivers supported and redirected the play of toddlers - avoiding disasters, keeping the children safe, and turning situations which could have resulted in power struggles into learning experiences.

Our final list of the day was of the characteristics of a caregiver. I had intended to point out how the lists of what children need to develop, the qualities of a stimulating physical environment, and the characteristics of a caregiver were all similar and the content overlapped. However, the staff came to this conclusion on their own and used the other lists to compile this final list:

<u>QUALITIES OF A CAREGIVER:</u>

loving

respect individual children

<u>QUALITIES OF A CAREGIVER</u>: (continued)

patience

understanding

energy

good mental outlook

enjoy children

flexible

work well with parents

consistent

organized

professional

knowledge of development

take care of physical needs

uses language

communicates

quick-thinking

leadership abilities

be able to do 8 things at once

I gave them each a copy of "Assessing the Behavior of Caregivers with Young/Older Infants" and we discussed the fact that a lot of the behaviors included on our list. They seemed to feel very good about drawing the same conclusion as an expert had.

The next portion of the workshop was devoted to the Infant/Toddler Environment Rating Scale (ITERS) designed by Thelma Harms, Debby Cryer and Richard M. Clifford at the Frank Porter Graham Child Development Center, University of

North Carolina at Chapel Hill. Although ITERS had not yet been published Thelma Harms had sent me a copy and given me permission to use it for my staff development program.

ITERS provided us with an objective tool to rate our environment. It also reinforced the concept of an environment as more than a physical space. I felt that one of the most beneficial uses of ITERS would be our attempt to come to a consensus on our environment and the need for improvements.

The staff was more critical of themselves than I had been during my observations and in previewing ITERS. They gave the environment lower scores than I would have given them, although we had not discussed my observations and I did not attempt to influence their ratings. Occasionally they would ask me to "break a tie" and I would offer my opinion.

The last part of the day was spent practicing observations. Using the videotapes I had made of infants and toddlers we practiced recording observations. I wanted to be sure the staff understood how to record an anecdotal observation and what we were looking for. After some practice everyone agreed that toddlers move so quickly from activity to activity it was difficult to record their actions. The staff eventually became adequately equipped to observe on their own.

Each caregiver was assigned 2 children, one under 12 months and one over 12 months of age. The children were to

be observed in the following areas: arrival and departure, routine, playing and exploring, interactions with other children or adults, and language. The staff used the guidelines outlined in the previous section.

I felt the day as a whole went well. There was one caregiver who did not respond to the workshops and clearly communicated that she did not want to be there. When the workshop was over I talked to her about her attitude and asked that she did not come on Friday for the second part of the training. I made this decision because I knew that we were going to phase out her position within a month and because I wanted to have a positive and supportive atmosphere for the workshops.

The rest of the caregivers seemed to enjoy the workshop. One of them told me that she had thought that they were going to have to sit and listen to me lecture for 2 days. She said she was surprised that they did most of the talking and that she felt like it gave her a chance to show how much she knew. The other 2 caregivers thanked me for the workshop, told me that it must have been a lot of work to plan it, and said they were looking forward to Friday.

Day 2 began with a report on the observations. The staff hadn't been able to do all the observations but had done an average of 4 each. Each caregiver read her observations and we discussed the behaviors they had seen.

They observed the following behaviors in children under 6 months:

     short attention span

     mouthing

     tracking with eyes

     exploration

     language - babbling

     practicing skills

In children 6 - 9 months they observed:

     exploring materials

     still mouthing

     banging

     rather be with adults

     rolls over

     no interest in other children

     responsive to adults

     watches mother

     whines to signal wants

     relates to mother

     babbling/raspberries

     ignores other when mother present

     self-comforting

     climbing/exploring

     interest in sound production

     engages adults

     two-syllable babbling, repetition

     more interested in social behavior

(6 - 9 months continued)

  crawling

  sitting

  short attention span

In 9 - 12 months old they observed:

  difficulty with transitions

  play with other children

  enjoy waking up sleeping children

  look for small spaces

  friendly

  stranger anxiety

  staking out territory

  establish routines

  plays along mostly

There were no 12 - 24 month olds observed because both of the children in that age group were out sick during the observation week.

  In 2 year olds they observed:

  independence

  competence at physical tasks

  language - one word sentences

  gestures to make wants known

  receptive language advanced

  still short attention span

  run from thing to thing

  dramatic play seen

  can play structured games

(2 year olds continued)

makes generalizations

needs autonomy

telegraphic sentences

One of the caregivers suggested that the mouthing we observed in infants was probably the reason that as adults we "knew" what things like metal, sand, and other objects not usually eaten taste like. We discussed the idea that our early experiences had a lasting impression on us and why that made our job so important.

We then made a list of the children in our program and broke them into age spans of 0-3 months, 3-6 months, 6-9 months, 9-12 months, 12-18 months, 18-24 months. Using their observations and familiarity with individual children we created a developmental chart of ages and behaviors. I would ask for an example in areas such as language, motor, etc. if I felt that an area was being neglected in a particular age span. I didn't want to break apart behavior into subcategories like physical, social, emotional, and cognitive because I felt that one of the positive aspects of working with paraprofessionals was their ability to view the child as a whole and not feel the need to isolate one aspect of development. We ended up including those categories without thinking of development in pieces.

Our developmental chart included the following:

0-3 months	3-6 months
making sounds	babbling
gurgling	social smile
crying	differentiate mother
observing	rollover
turns to sound	arm extension
watches faces	starting to creep
responds to language	mouthing
responsive to adults	interactions with adults
smiles	following with eyes
moves head from side to side	crying
rocking relaxes	exploring toys
picks head up	eats cereal
awake more and more	

6-9 months	9-12 months
mouthing	mouthing less often
stranger anxiety	cause/effect games
new situations uncomfortable	banging
pulling up	interest in sound production
crawling	engage adults
throw toys	respond to mother
sitting	play along for short periods
walk with support	attention span short - but
discriminate task	long for some things
	imitate sounds
	standing

12-18 months	18-24 months
constructive play	talking
repetition	independent
walking	dramatic play
proud of accomplishments	social
plays alone	interested in other children
pincer grasp develops	can play structured games
inflection	receptive vocabulary large
string of sounds	running
understand language, words,	fine motor skills increasing
and routines	self-feeding
enjoys activities	want to do everything
more attentive	curious

This list gave us the opportunity to discuss language development. The staff wondered whether children would be confused by the variety of languages they heard in the center. The staff also had questions about developmental sequence, the importance of crawling, why repetition is important, and whether independence was an important skill to develop. We spent some time discussing these questions. I distributed Jim Greenman's "Expectations for Infants" and "Expectations for Toddlers," and Janet Gonzalez-Mena's "Toddlers: What to Expect."

I then showed one of my videos of a child sitting in a swing and another child who was playing on the floor near the swing. The swinging child looked dazed - eyes not focused, a bored expression on his face. The other child was

exploring a toy and trying to figure out how he could get the long strap into his mouth. Through trial and error he eventually masters the task and then repeats it. I used this as an example of how children learn and the importance of a child being able to interact with the environment. The swinging child was not exploring, not using his senses, and not learning. The child who was provided with the materials for a learning experience was exploring, developing muscle control, and problem solving. The contrast led to a discussion of how children learn. We discussed sensory stimulation - how each sense could be stimulated by aspects of the environment and what materials we could provide.

This led to a discussion of curriculum. Using our observations and what we knew about how babies learn, we talked about how we could develop a curriculum. Using the developmental chart, I would give an example; 0-3 months-lifts head up, 3-6 months-arm extension; and they would list activities that would stimulate the development of the next skill in the sequence. Example - place baby on stomach and shake a rattle in front of the baby and then above the baby's head. Sound and movement will encourage the baby to exercise the muscles necessary for arm extension. After a number of these examples we discussed some anecdotal examples of how children structured their own learning experiences. They would give an example and I would connect it to development. One example was of a toddler who was developing her pincer grasp, a sense of routines, and a

lengthened attention span, but still enjoyed banging. She would invariably go to the cabinet where the plastic cups and bowls are stored as soon as her mother left. There she would practice her muscle control and work out her need for banging as the first activity of the day. She probably also released some of the tension she felt at the separation. This led to a discussion of how to establish a balance between spontaneity and planning activities. I talked about the need to have a repertoire of activities that could be drawn from when a child showed an interest in a specific area. Example - a child is sitting on the floor trying to fit one toy into another, the toy does not fit and the child is getting frustrated. The caregiver could find a container for the child to fill with some smaller toys and probably to dump. I also talked about the need to plan for a time when toddlers could play without interruptions from crawling infants, and a time when infants didn't have to fear being stepped on by older children while exploring their environment. One staff member asked if I could find lists of activities that they could do with infants in case she couldn't think of any reaching activities, for example. I distributed 2 lists - "Possible Interest Areas for Toddlers" by Nancy Sherer and "Some Activities for Infant Stimulation." I also gave the staff a "Piaget Task Checklist" from Infant Caregiving and "Guiding Infant Behavior" by Jim Greenman.

The next part of the workshop was my video of separation at different ages. We discussed the way separations make

people feel and how hard it is for a parent to "hand over" their child. I told the staff that I felt, whenever possible, a child should be handed directly from the parent to the caregiver. I told them I thought this would send a better message about the care their child received during the day than the parent leaving the child in a walker or an infant seat. The parent would get a sense that the child was being cared for when she was not there.

We discussed the complaints the parents often have when they come to pick up their children - missing bottles, wet bibs. I asked the staff if they could think of any reasons that the parents might feel the need to complain. They said they thought the parents were taking their bad days out on them. I talked about how hard it is to leave your baby all day and not know what has happened to the baby during that time. I asked the staff if they thought that might have something to do with the complaints but the staff didn't think so. I talked about the need for control and the guilt that some parents feel about leaving their child in child care. I told the staff that I felt that the complaints were a way of expressing the lack of control the parents have when their children are away from them all day. I also felt that by complaining some of their guilt about leaving the child would be alleviated. If the parents were complaining they were making sure their child was well cared for while they were gone. Perhaps the parents were wondering how we could keep track of babies if we couldn't keep track of bottle

tops. They may feel uncomfortable and worry that their child is unsafe. I told the staff not to take it personally and that it was something that happened in child care programs everywhere. The staff gave me the impression that they weren't sure they agreed with what I was saying, but since I felt so strongly they weren't going to argue.

I told the staff that I felt the parents needed to say good-bye to their children and not sneak out in the morning. The staff felt that the sneaking out technique was easier. I asked them how they would feel if they were working and one of the other caregivers consistently left the room without telling them. We discussed how disconcerting that would be and how one staff member would end up not trusting the other staff member. I acknowledged that it was difficult to have a child scream when the parent left the room, but it was important for the child to learn to trust the parent and the caregiver and not feel like every time she/he didn't have a hold on the parent the parent might leave. I told them that I thought it would be easier in the long run if the child was warned that the parent was leaving. Children need to learn that parents do what they say. If a parent doesn't say good-bye the child may not trust the parent will return. Sneaking out is depriving the child of the opportunity to work through the separation process and grow.

We then discussed topics they wanted to have at future staff development programs. They decided they would like to discuss separation issues, have workshops on working with

parents, staff communication, and activities for curriculum planning. I distributed the article on "Special Stresses of Infant Caregiving" by Ginsburg, Richardson, and Whitebook.

My perception was that both days went well. The staff demonstrated more knowledge of development than I expected but unfortunately very little empathy for the parents. It seemed to me that I communicated some of the basic philosophy that I had hoped to get across. I had laid the groundwork for future staff development and I also had the opportunity to assess the needs of the staff. My sense was that we all left the 2 day workshop feeling more together as a staff and with renewed enthusiasm.

The staff ended the 2 day staff development program by going out to observe other centers. They were to use the criteria we had used to define a quality environment. I was confident that they now had the skills to be effective observers and a solid base of what to look for in another program. I also felt that the visits would give them a chance to talk to other caregivers and see how other caregivers run their classrooms. They reported on the visits at the next staff meeting. Most of their observations centered on the quality of individual caregivers or equipment they had seen that they wanted for our center.

IV.   SUMMARY AND CONCLUSIONS

I think that the actual staff development program - the workshops themselves - went well. By using a variety of techniques, I allowed for the learning styles of all the caregivers. The format of conducting the workshops on a Monday and Friday provided to be successful for the staff. The days in-between allowed them to have time to absorb the information and apply it to their work. The staff stated that they found this very helpful.

The amount of staff input (having the caregivers articulate and discuss their knowledge of development, the timelines and lists we created together) appeared to increase their sense of professionalism. They seem to be more willing to seek out their own resources and consider themselves problem solvers, both as individuals and as a team. They utilized the professional journals that the center has. The caregivers also initiated discussions at staff meetings about specific problems they are having with a child or an area of the room. They then brainstorm solutions together.

The videotapes were even more successful than I had imagined. They were the perfect forum for discussion. We could view an interaction between a child or a caregiver or view a specific behavior of a child and then stop the videotape to discuss what we had seen. In addition, because the caregivers and children pictured were from other centers the staff felt comfortable discussing the child care critically and in depth. The videotapes also allowed for

staff to practice their observations, which was absolutely necessary given the time constraints of the staff development program.

Our discussions of the children seemed to increase the amount of empathy the staff felt for the children and to generate a feeling of warmth for the children. When we would discuss a particular child and bring in all the factors in the child's life the staff would begin to see, from the child's perspective, how difficult group life can be. We would talk about the stresses in the child's life and how that could have an impact on the child's behavior in the classroom. This seemed to help the staff to think about the whole child in context rather than simply the behavior in isolation. I felt the staff viewed them with new eyes and approached them from a more affectionate perspective than before.

Using the Infant Toddler Environment Rating Scale as an evaluation tool also was a positive influence. We will be able to refer to it and use it again at other times to gauge the improvement we have made in our environment. The fact that it is an objective tool is one of its greatest strengths. ITERS sets a standard and gives you a criteria to use in evaluating a program. It is not the "boss" telling the staff what is "good" or "bad" for children. It is an objective way to look at an environment and the components that make a quality environment. It also provides an opportunity for discussion about the environment which is

invaluable in a staff development program. The staff had a chance to experience differences of opinion and come to a consensus which has been helpful to them in working together as a team.

One of the things I felt didn't work was the amount of time and the amount of information. I think that next time I would either allow more time or, if that was not possible, decrease the amount of information I presented. I would concentrate on fewer things for longer periods of time. I would have highlighted development, observation, and environment and saved curriculum for another time. I found that I had to cut some discussions short due to time constraints. In designing the staff development program it was difficult to estimate how much time each component would take. It was impossible to gauge which topics would inspire long discussions and which components would take a lot of elaboration before they were fully understood. For example, I did not expect the timeline to be a difficult concept to grasp and require a great deal of explanation. I also didn't realize that the lists of characteristics of a quality caregiver and things that hinder development would be completed so quickly.

I also wonder if a change of scenery would have been good. I could have held the workshops off-site. It would not have been as convenient, but I think it is as good for the staff to have a variety of settings as it is for children. New surroundings can be uplifting. Ideally, I would have preferred an environment that was business-like.

A comfortable setting for adults would have made the staff feel like valued professionals and enriched the quality of their thinking.

The initial goals of the staff development program and the observations on which I based these goals gave me an evaluative tool to use after the training. In evaluating the workshops I again conducted observations of the staff. I think that the staff understands the term environment and now takes into consideration more of the things that impact on the children when working with the families in our center. (An example of this is the attention paid to gross motor needs - an original problem I had observed. The staff now recognizes the need for young children to have space to run. When a child becomes restless they will take that child to the gym or for a walk rather than trying to calm the child down.)

It seems to me that the workshops have expanded the staff's repertoire of ways to interact with each other. Skills such as discussing and problem solving are new to some of the staff members. For some of them I was introducing an alternative to the way they had dealt with interpersonal problems in the past.

One of the things most often mentioned in the literature on staff development was an increase in motivation level. It seemed to me that there was an improvement in the motivation level of the staff immediately following the training. The staff now discusses more things among themselves and with me

and these professional discussions provide a continuing source of motivation for the whole staff. For example, there was a problem with children going into the sleeping area poking the babies who were sleeping in their cribs. The staff brainstormed solutions including closing off the sleeping area but decided to get crib bumpers that would prevent little hands from getting inside the cribs. The caregivers felt good about their solution and solved a major problem with a minor purchase. This is a direct effect of the discussions held during the staff training. One might hypothesize that the caregivers were treated like professionals and are now responding as professionals. This would certainly increase the morale and motivation level of people who have chosen a career that is not respected by society.

The staff also has established a routine in the classroom that equally distributes the responsibility for the care of the physical environment among the caregivers. This routine allows for flexibility when children are in need of care. This routine is a sign of an increasing willingness to take a team approach toward the management of the classroom.

As far as the actual care of the children is concerned there has been a definite increase in the amount of empathy the staff feels for the children. This can be measured by a significant decrease in the response time when children are crying. Children who are in distress are immediately attended to when possible.

I have also seen an increase in the amount of language being used with children. Children are spoken to during routines and things are explained to the children -- including the younger babies. For example when a staff member wipes a child's nose it is usually preceded by "I'm going to wipe your nose, I know that you don't like it but it will be over soon."

The children are taken outside on a daily basis for walks or to run around on the grass. During the summer the staff took the babies outside and set up a small pool for them to play in. During inclement weather the children are taken to play in the gym or are allowed to run in the hallways. There seems to be more attention paid to the gross motor needs and the development of the children. In general the staff tunes in to the children and this has made them more aware of the rhythms of the day. They respond to these rhythms by structuring experiences that take into consideration the needs of the children.

Not all of the caregivers responded equally to the training. The part-time position was phased out and we created 3 full-time positions. One of the full-time caregivers was not able to translate what she had learned during the staff development program into practice. I set up a list of goals and timelines for accomplishing those goals with her. Some of the goals were:

1. Using supportive language with parents. Example: when a parent requests hourly diaper changes for her

baby who has a rash say "I'm glad you told me about that, we'll make sure we change him often."

2. handling children in a gentle way and holding them in a way that supports the weight of their bodies

3. no labelling of children as "nasty," "bad", etc.

I worked with the group teacher and the caregiver to guide her behavior and help her accomplish these goals. However, after the allotted 3 weeks had passed there was no improvement or even any understanding of the changes that were needed. This was in spite of daily discussions between the caregiver, the group teacher, and myself. We decided that the best decision would be to fire her.

Another big change was to appoint a new group teacher. I felt that we needed someone who was capable of supervising the staff and being more assertive in difficult situations. I also wanted someone who was more organized and more willing to make changes. Changing group teachers was a rough transition for all of us, as expected. I think that it was a good decision and the program is running more smoothly now because of it. The new group teacher is able to plan and organize effectively and the classroom reflects these abilities.

These 2 changes have combined with the staff development program to increase the quality of the care we offer to the families. There is no more intimidating language, there is no favoritism towards individual children, and the parents are no longer teased about their instructions for the care of their children.

I have also observed an increasing understanding of development. It is my sense that the caregivers' knowledge of how children learn has been brought to a conscious level of thought. There has been an improvement in the area of curriculum - particularly in the case of one caregiver who has been able to view the curriculum as a process and does not feel the need to have a product at the end of an activity. This is a big turnaround for her - in part, I think, due to her ability to observe. She had come from an educational program which stressed lesson plans and teacher-directed activity. Now she is able to observe the children and create child-centered activities. I have heard and taken part in many discussions of a particular behavior and observations by the caregivers as to the cause of this behavior. I attribute these discussions to the ability to focus on an individual child through observation. After the workshops ended we enrolled a new child who was one year old, very aggressive, and hard to handle in a group situation. The caregivers wondered what to do about him. I suggested that they observe him to discover the times of day, types of situations, or particular children that seemed to bring out his aggressive behavior. Their observations led to many discoveries about this child - but more importantly they have worked with him to avoid situations that produce aggression. They seem to genuinely understand this as a developmental stage and how this particular child reacts to stress.

The curriculum overall has improved. It still needs work and the increased repertoire of activities that comes with time and experience in the field. We have begun an individual assessment process. The caregivers list the skills the child has developed over the month. From there they decide what the next developmental stage is and how they will encourage that child to achieve it. This has given them the opportunity to work on their observation skills, and to make sure that each child is worked with continually. This process has also firmed up our primary caregiver system, (each caregiver is responsible for the primary care of 4 children), and made it work more efficiently. I attribute the ability to make these changes and improve our systems to the caregivers' improved understanding of development and their ability to observe which are direct results of the staff development program. It is also a byproduct of being able to work as a team.

We need further work on staff communication. I was happy to see that the staff who had participated in the workshops were able to work with new staff members to help them become part of the team. I think that much improvement is necessary in this area but we have made progress.

Another area that needs work is parent communication. It seems to me that people who choose to work with children are often not as successful at communicating with adults. They may be skilled in their interactions with children, but insecure about their relationships with parents. When one

works with infants and toddlers it is absolutely necessary to be able to communicate with adults. This is an area that we continue to try and improve in our staff.

I would also like to work with the staff on separation issues and curriculum planning. These are 2 areas that I think require more in-depth discussion than we were able to do during the workshops. However, I feel that we laid the groundwork for a continuing improvement in the quality of the program.

I think that staff development is a ongoing opportunity for professional growth. It is not a one-time thing. Since the original training the staff has attended a 4 day Infancy Institute at Bank St. College. We also had the Director of the Montgomery Child Day Care Association's Training Institute present a workshop on communication issues. One staff member attended a workshop on curriculum for infants sponsored by the Coalition for Infant and Toddler Educators, a New Jersey advocacy group. By sending staff to workshops I am communicating to them that they are valued and that staff training is a priority, even though we operate on a tight budget. They also have opportunities to talk to other professionals.

I have created a resource area in my office so the staff has access to articles and professional journals that pertain to their careers and their work with the children. I make sure that there are frequent opportunities for discussion among the staff by holding weekly staff meetings. It is my

commitment to staff development and professional growth that is the key to retaining the core staff of the center and avoiding burnout.

As the director of a program for infants and toddlers I cannot change the lack of qualified staff that is available. However, I can improve the quality of my staff, through the workshops I teach and my exposure to other sources of professional growth. By sustaining an attitude that values children, caregivers, and parents, and exposing people to the importance of dialogue, I made strides toward accomplishing the goals I set forth, but we still have a lot of work to do. And, perhaps the most important thing to come out of the staff development program, I know that the families in our center are benefiting from the improved quality of our program.

FOOTNOTES

[1]"Child Care Instruction in Florida Community Colleges and Area Vocational-Technical Centers: An Opportunity for Leadership", (1986), p. 4.

[2]Darrell Pofahl and Sister Rochelle Potaracke, <u>Young Children</u>, Vol. 38, No. 5, (July 1983), p. 14.

[3]Ibid, p. 14.

[4]Charles Snow, <u>Child Care Quarterly</u>, Vol. 11, No. 2, (1982), p. 116.

[5]Sue Bredekamp, ed., <u>Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8</u>, Washington, D.C., NAEYC, 1987, p. 17.

[6]Darrell Pofahl, pp. 14-20.

[7]Children's Defense Budget - FY 1988, CDF, Washington, D.C.

[8]Joan Cenedella, Bank Street School for Children Brochure.

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Willis, Anne and Henry Ricciuti. A Good Beginning for Babies: Guidelines to Group Care. Washington, D.C.: NAEYC, 1975.

ADDITIONAL RESOURCES

Greater Minneapolis Day Care Association
Lehmann Center
1006 West Lake
Minneapolis, Minnesota
55408

Montgomery Child Day Care Association
720 Farragut Avenue
Kensington, Maryland
20795

SCHEDULES FOR CHILDREN UNDER THE AGE OF TWO

When planning schedules for children under two you must keep in mind that there will be variations. Depending on the ages and setting, a number of different plans will work. In the beginning each infant's schedule will vary. If you provide a reasonable amount of consistency the children will follow the same schedule once they are around 7 or 8 months.

The daily schedule for children age 9 months to 24 months will involve more waking time and opportunities to interact with one another. There will be more time to let children of this age-range explore materials, feed themselves, and take responsibility for self-help skills such as feeding, toileting, and grooming. Prior to 6 months of age many infants are still sleeping a large portion of the day.

It is important to realize that all infants are different. Many children will begin to change their own schedules at 3 months, 6 months, 9 months and at 12 months. If there has been a change at home you will see a change at the center.

The following is a typical schedule for children age 2 to 12 months.

7:30   Children begin to arrive.
        Teachers "gear up" for the day.

8:30   Begin to diaper the children. Some children will need
        to be changed as soon as they arrive, especially those
        who have a long commute or who drink a lot of liquids
        at breakfast.
        Teachers wish they owned stock in Pampers.

9:00   Once all of the babies have been diapered and settled in

1

9:00	you can have a short group time. Yes, it it possible to have a group time with infants. Bring out a large colorful piece of cloth and lay it on the floor. Encourage the children who are mobile to come to the cloth. Very young children should be held in a lap or placed in an infant seat next to an adult. For activities you can sing songs, introduce new toys, or show picture cards of familiar objects. Don't be discouraged if by the middle of the song you are the only one singing and still on the cloth. Many children are more interested in the cloth than the activity.
9:20	After your brief circle time most of your children will be ready for a snack. Before you serve snack have all the food and drinks in individual dishes and cups. Let the children eat together, either in high chairs or if they are able, at a small table. Place enough distance between each child to prevent "food snatching", a favorite pastime for children at this age.
9:45	When the children have been fed and cleaned up, it will be time to check diapers. Always take of the obvious first. (You will be able to tell who they are.) At this time you may have some children who are ready for a morning nap. While these children are sleeping it is a good idea to have the other children do low-keyed activities or go outside.
11:00	It is time to check those diapers again. If you have a lot of preparation for lunch now is the time to get everything ready.
11:30	Lunch time! In order to get every one fed on time you must have everything ready before you serve the food. If you are feeding children who are on table food start them first. Children who are being spoon fed should have been fed earlier or should be able to wait. (You will have to anticipate when the younger babies can be fed in order to keep to their schedule.)
12:30	Prior to putting children down for a nap it is important that you give them a few quiet moments. Read a book together, sit in the rocking chair, or sit by the window and look outside. You may want to play soft music. Some children may want to nap as soon as they finish lunch. In any case you will want to change their diapers just before putting them down for a nap.

2:00   The amount of sleeping each child does will vary. Not all children will sleep at the same time nor will they sleep the same amount of time. Once the child has awaken and you're sure is not going back to sleep, get them up and change their diaper. After this has been done offer them a drink. Once most of the children are up you will want to provide a snack.
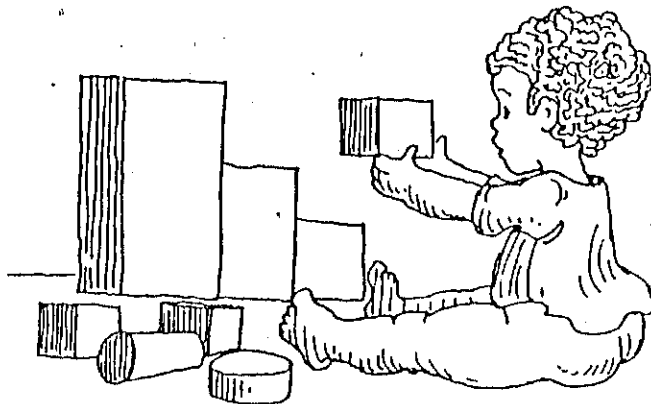
3:00   The afternoon activities can be similiar to the morning. You will want to have something planned and provide time for exploration.

4:00   As children begin to go home gear your activities so they are low-keyed. Have all of the child's belongings together, any paper work completed, and once again check their diaper.

5:00   Teachers begin to collapse.

EXPECTATIONS FOR INFANTS

Expect babies to:

1)   Be different from each other: Each child will be different, in
   interests, in moods, in pace, in how they learn, and the care
   they need.

2)   Cry to communicate. Crying is how a baby lets us know she needs
   our help.

3)   Desparately need us. Being allowed to remain in distress IS NOT
   good for an infant. It works against the feelings of basic trust
   and security that provides the foundation of healthy development.

4)   Explore: A continous curiosity fuels the process of learning
   about the world.

5)   Test all limits: Testing the reactions of people and things to
   their actions is how babies learn the way the world behaves.

6)   Experiment with their bodies: They use their growing physical
   powers to test the properties of people, things and space. They
   NEED to crawl, kick, move things, and drop and throw things if
   they are to learn.

7)   Experiment with their senses: The mouth, eyes, ears, and skin
   are the tools baby's use to learn. They NEED to touch, taste,
   feel, look, and listen to the world. It is the mouth and the
   whole body that are the infant's chief tools. (e.g. sucking on
   everything, testing the feel of baby food on the cheek or
   stomach.

EXPECTATIONS FOR TODDLERS

Expect toddlers to:
) Be different from each other: in interests, in moods, in pace, in now they learn, and the care they need.

2) To explore: A constant curiosity fuels the process of learning about the world.

3) Test all limits: Testing the reactions of people and things to their actions is how toddlers learn the way the world behaves.

4) Experiment with their bodies: They use their growing physical powers to test the properties of people, things and space. They NEED to run, climb, move things, and throw things if they are to learn.

5) Experiment with their senses: The mouth, eyes, ears, and skin are their instruments of learning. They NEED to touch, taste, feel, look, and listen to the world, and it is often the mouth and the whole body that is the toddlers chief tool. (e.g. tasting the paint, and testing the feel of the paint on the cheek or stomach.

6) Explode with energy: Their new competence and curiosity often leads to sheer exhuberance and bursts of energy.

7) Explode with frustration: They can do so much and want so much now, frustration comes easily when they are blocked because internal controls and patience comes slowly.

8) Dawdle: Whether to "smell the roses", examine a curious object never noticed before, stubborness, or a their own concept of time, toddlers often dawdle.

9) Be contrary: "No" is a declaration of independence. Toddlers refuse, defy, and resist because they are learning they can exert some control. It is the first step learning self-control.

10) Change Personalities: So much change is happening for them, inside and out, it is natural for toddlers to swing from being sweet and compliant to little tyrants, from joy to rage, and from needy babies to seemingly mature helpers.

11) Act fearful: As they move into the world, and imagine the world; they discover the world has scary elements.

12) Act powerful. Toddlers begin to understand they can cause things to happen or not happen, do things on their own, create things, go places, get stong positive and negative reactions from people.

13) Experience separation intensely at times. The real pain of separating from parents may always be present. The intensity varies from day to day, and during the day — strongest in the morning, sleep times, and the end of the day.

 4) Need us desperately at times. When the world caves in on a toddler, for whatever reason, they often desparately need reassurance, whether stuck in a tantrum of rage or an inconsolable pit of despair.

By: Nancy Scherer

Possible Interest Areas for Toddlers

1. Art - Chalkboard with large white chalk;
   easel with markers or pencils on string;
   paper to tear;
   taped down Etch-a-sketch;
   Sticky board on wall (use back side of contact paper)

2. Dramatic Play - prop boxes
   hooks
   cubbies   --- containing a different set of props
   cabinets   every week or two

3. Doll Play - crib or cradles, bottles, diapers, blankets or
   pieces of fabric, food containers, potty chairs, high chairs,
   Johnny Jump Up, baby toys, strollers, baby books

4. Trucks, etc - different sets of trucks, cars, planes, boats,
   trains, motorcycles + accessories (like blocks,
   tunnels, ramps, little people, trees, roads, sand,
   flour, boxes, Fisher-Price houses, etc.)

5. Animals - different sets of rubber or wooden animals, animal
   stencil shapes, small (but not choke-size) animals,
   reinforced pictures of animals, animal puppets,
   animal masks or noses, places for animals to live,
   animal pull-toys, animal books, posters

6. Manipulatives Area - unstructured materials, puzzles, drop boxes,
   variety of manipulatives from catalog, beads
   to string

7. Action Center - (things that work)
   - zippers, pulleys, velcro, locks, doors, busy boxes, tubes and
   balls, pounding benches, gear toys, switches

8. Block Area

9. Surprise Area - (different things put there every day)

10. Reading Area - books, pillows, stuffed toys, bean bag chair, couch

11. Music Area - record player, cassette recorder (used with adult help)
    instruments

12. Messy Area - texture table, water table, messy art

Dramatic Play Materials
for Toddlers

Carpenters Aprons - The ones from Knox are cheap and a nice size.

Brushes - all kinds of scrubbing and sweeping brushes can be found
at grocery stores and hardware stores.

Nesting Metal or Plastic Bowls - from garage sales?

Safety goggles or Swimming goggles

Vests, jellies, cowboy boots, clogs, flip-flops, etc. - that are the
right size for older children (rather than
the usual adult-size ones)

Child size shoe boxes - ask at shoe stores

Plastic or rubber tools - it is hard to find good ones.

Fishing tackle boxes, lunch boxes, baskets, etc - at Target or garage sales
(make sure they are safe and that a toddler
could work the latches)

Hats of all kinds

Silky scarves and large handkerchiefs

Pretend groceries and food - Some plastic "food" is nice; also
more unstructured "food" like circles made of wood, plastic,
rubber, or cardboard covered with contact paper (for "cookies",
"hamburgers", plates, "pizzas", etc), plastic "donuts" from a
baby's stacking toy, squares ("toast", "cheese" etc); real
empty boxes of different foods (stuffed with newspaper and
covered with contact paper), plastic bottles (lemon juice,
dish soap, spices, etc), egg cartons, milk cartons; blocks
painted to look like boxes of food; etc, etc, etc,. Also
you can use real potatoes, oranges, grapefruit, onions etc
if you can buy them cheap and throw them out after a few days.

Oven mitts - (all cotton ones)

Animal noses - perhaps with the elastic removed

Tea pots, tea kettles, tea mugs, coffee pots - (plastic or metal,
preferably all small sizes)

Plates, scoops, funnels, wooden paddles, sieves, colanders

Wigs - real ones or made from ballet tights and yarn. Pieces of
fake fur are good, too.

Ace bandages - to make "broken" arms, legs, heads, bellies,
                etc.; also used for belts, reins, trains, wrapping-up
                dolls, wrapping-up toys as "presents", and just unrolling.

Flags - if you can think of a safe way to make the pole part:
        perhaps elastic tubing or cardboard tubes.

Watering cans and flowers - cans are available at Toy Boat or from
                catalogs or you can buy tiny real ones from
                Franks Nursery and Craft stores (and maybe saw
                off some of the nozzle)

Butterfly Nets and Butterflies - small, sturdy fish nets from a pet
                store work well; you could also make them
                from old rackets and net bags

Capes, Ponchoes - velcro fastenings are best

Old Infant or Toddler Car Seats - toddlers use them for
                all sorts of things including going on imaginary trips

A Gas Pump, Mailbox - either make semi-disposable ones from cardboard
                boxes or make permanent ones from wood and
                plexiglass

Large Housepainting Paintbrushes - you may have to saw off a few inches
                of handle, and sand them smooth

Flashlights - at least six

Daily Living Skills or Experiences for Toddlers
in Day Care Centers

1) Wash clothes or blankets

   - in machine or in tubs
   - kids' own clothes or doll clothes
   - using a clothesline and clothespins
   - let them get something dirty and then follow it through the whole
     washing and drying process (e.g. use cloth diapers to wipe off a
     chalkboard or mop up paint spills, then wash in water table,
     then dry on clothesline hung across room)

2) Clean room
   - wash floors
   - wash mirrors
   - wash windows
   - wash tables and chairs
   - wash toys and dolls
   - vacuum carpet (Dustbusters are nice)
   - sweep floor (small brooms)
   - wash chalkboard
   - wash cots

3) Fix things and make things
   - tape ripped books or pictures
   - fix whatever needs fixing in the room
   - bring something in to fix
   - make a bookshelf, stepstool, etc.
   - make playdough, lunch, snack, lemonade, butter, ice cream,
     bread, etc.

4) Wash Cars
   - wash a staff person's or parent's car
   - wash all the riding toys, motor cycles, etc
   - wash toy cars
   - for variety, could use spray bottles, sponges, squeegees,
     paint rollers, soft rags

5) Observe adults and help them
   - wash teacher's hair and dry it
   - wash teacher's hands or face
   - teacher brushes own teeth
   - teacher jumps rope, does exercise routine, runs laps around
     gym, etc.

6) Borrow a baby and take care of him/her
   - feeding
   - diapering
   - playing
   - comforting
   - putting to sleep
   - dressing and undressing
   - follow up with doll play

7) Watch other people work
   - visit kitchen
   - visit office
   - watch repair-people
   - visit fire stations, post-offices, etc
   - invite parents, staff, friends to visit and demonstrate their work

8) Grow plants
   - plant a garden indoors or out
   - herbs, nasturtiums, alfalfa, chires, wheat, etc are edible
   - non-toxic houseplants and trees

9) take care of fish or animals

By: Nancy Scherer

Cardboard Boxes for Toddlers

<u>Very Large Boxes</u> - (e.g. refrigerator or furniture boxes)
- take it outside and let kids paint it, chalk on it, or crayon on it
- make into a puppet theater
- make into a playhouse, boat, rocket, etc.
- cut lots of holes and doors in it
- fill about 1-2 feet deep with crumpled paper balls or with a lot of some small but safe manipulative (e.g. plastic donuts) and let kids jump and "swim" in it.

<u>Large boxes</u> - (e.g. bulk diaper boxes)
- open up the bottoms, tape several boxes together, and wedge against wall or fence to make tunnel
- use with medium and small boxes to build tall towers (kids can bring you boxes but should stand back while you knock the tower over - the activity is still plenty exciting!)
- fill with crumpled balls of newspaper or computer paper, or with lots of tennis balls, and then dump them out. Let kids collect them again, then dump them again.
- tape six boxes together with the open ends up, then cut doors or large holes in some of the inner and outer walls to make a maze

Tape
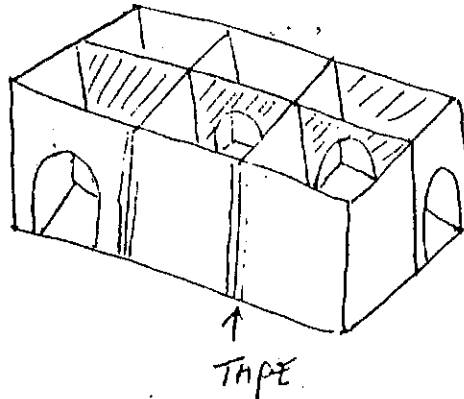
<u>Medium boxes</u> - (beer cases, cardboard orange crates, other boxes from grocery stores)
- tie ropes to several boxes and pull kids around or they can pull dolls or stuffed animals around (indoors or out). Two or three boxes can be tied together to make a train.
- let kids go down a not-too-steep slide in boxes. You may want to cut boxes down to make trays.
- on insides of boxes draw, paint, or paste pictures of trees, mountains, cities, underwater scenes, or whatever, and tape the boxes to a table or shelf. Put in the appropriate toy animals, cars, people, etc. You may have to do this activity more than once or to demonstrate how to play with toys inside the boxes before kids will do it.

- make large drop boxes, shape sorting boxes, mail boxes, "feelie" boxes

- stack and tape several different boxes in a interesting way to make a doll house, parking garage, mountain with caves, skyscraper, etc, and provide kids with appropriate dolls, cars, etc. Be sure to tape the structure to a table or they will just knock it down and jump on it!

Small boxes (shoe boxes, milk cartons, oatmeal boxes)

- collect about a dozen children's shoe boxes and show the kids how to "ice skate" on carpet or linoleum
- wrap up several of the regular toys like presents and let kids find and unwrap them
- tie several boxes together to make a train pull-toy. Make at least 5 of these to avoid arguments and because they will break
- collect as many shoeboxes as you have kids and teachers, then either look at and discuss everybody's shoes or just do the activity without this (and be amazed at how much the kids already know each other's shoes!). Put each person's shoes in a box (maybe put a rubber binder around it), mix them up, and then one by one figure out whose shoes are whose. (Pretend to think some of the kids shoes are yours and try to put them on...)
- cover oatmeal boxes with construction paper and let kids crayon on them. Then use to make drums or giant binoculars or leg bracelets or buckets or big rattles or a snake pull-toy.

By: Nancy Scherer

Built-in Learning Activities for Toddlers

- Can be affixed to 1) walls, 2) benches, 3) tables, 4) boards 5) backs of shelves, 6) doors, 7) loft posts or sides, 8) fences outside, 9) ceiling, 10) inside of cabinents

- either permanently or with tape (duct tape or clear book tape seems to work best but must not be left on too long)

1) baby busy boxes, crib gyms, music boxes

2) baby steering wheels

3) beads-on-wires (homemade or from catalogs)

4) pounding benches and hammers on strings

5) doors with latches, different ways to open

6) long, sturdy cardboard or plastic tube (to look through, drop balls through, talk through, make noises through)

7) fabric panels with zippers, velcro, laces, etc.

8) pockets made from fabric, old jeans, shirts

9) magnet board

10) velcro board

11) scribbling board and pencils or crayons on string

12) real steering wheel

13) lazy susan or old record player

14) rope or fabric strip with sewn-on canning jar rings, orange juice lids, keys, bells, etc

15) real or play telephones (shorten cords)

16) ramps, tunnels, bridges, mountains for cars and animals

17) different sized coffee cans and "drumstick" on string

18) rods or dowels with beads, rings, spools, plastic doughnuts, etc on them

19) plexiglass picture protectors (try cadillec plastics)

20) plexiglass-and-wood mailbox or drop box (fairly large)

21) holes drilled into or straight through a board or wall (to poke fingers and toys through, to look through, etc)

22) hardware store gadgets, kitchen gadgets

23) wheels (e.g. plastic ones from old riding toys)

24) textures (sand paper, velvet, mohair, rope, wood, brushes, etc)

25) jack-in-the-boxes

26) giant lacing board (mountain climbers rope can be bought by the foot and are beautiful

SOME ACTIVITIES FOR INFANT STIMULATION

The most important part of the stimulation of any infant is his <u>interaction</u> with the adults around him, and with other children. There are, however, other aspects of the world with which the child must become familiar. This list of a few selected activities can help the baby in the following ways:

Help the baby develop basic skills:
    a. focussing the eye and tracking a path
    b. co-ordinating eye movements with the hands
    c. distinguishing between similar objects
Help learn some basic facts about himself and the world around him.

Almost any daily activity can provide means of stimulating the baby's development, and the wise adult will incorporate some of these specific activities into other daily routines. Note that the ages given are approximate ages for initiating a given activity.

Birth
1. Hold the child in different positions.
2. Stroke, massage or tickle different parts of the body.
3. Shift him around in his bed so his eyes recieve different light stimuli.
4. Talk to him, sing, say nursury rymes, or play a radio or tape recorder for a <u>short</u> time. Do not leave a radio on all the time-- he will learn to tune it out rather than to listen to it. Avoid sudden loud noises, but provide normal house noises-- do not try to keep the absolutely quiet, or a normal amount of noise will then overstimulate or upset or frighten him.
5. As soon as he is old enough, take him outdoors, to stores, or other varied situations.

About one month
1. Move his arms over his head and back.
2. Bend his knees and straighten them.
3. Push on the bottoms of his feet.
4. Use sometimes plain, sometimes patterned sheets and crib bumpers.
5. Move a toy out of his line of vision and then back again.
6. Put a toy sometimes in one hand, sometimes in the other.
7. Put bells on his shoes (firmly attached!) or tie his shoe to a string which rings a bell.
8. Put him in different parts of the home, not only for different surroundings but to keep him near other family members.

About two or three months
1. Attach a ballon to his hand so that it floats where he can see it. NOTE: be very careful to remove ALL pieces immediately if it should burst.
2. Provide different sounds--ticking clock, crackling paper, wind chimes,
3. A cradle gym or mobile or colored tasseles attached to the crib give baby a chance to observe cause and effect, and to make things happen by kicking or moving the crib. He has some impact on his enviroment.
4. Hold him sometimes in a sitting position. Perspective is different.

The following activities are to be done with a rattle, talking to the child as they are done. Examine all rattle toys for safety, and also all squeeze-squeak toys.

1. Stand out of sight, hold rattle in front of baby, shake it until he looks at it; then move it slowly in a circle so he can follow it with his eyes without moving his head.
2. When he can do this quickly, try reversing the circle slowly and smoothly.
3. Move the rattle slowly in a curve toward the bed or floor so that he has to turn his head. Do this on both sides.
4. Hold the rattle just at the upper range of vision so that he had to tilt his head and look upward.
5. With baby on his stomach, hold rattle in front of him and move it so he has to raise his head and look upward, eventually raising his chest.
6. For eye-hand co-ordination, using rattle or other object, shake it in front of the baby until he sees it, then move it to touch his hands as he moves them. Let him see the object, then grasp it, gradually increasing the distance he has to reach to grab it.

About five or 6 months--the baby who can sit up

1. Using a toy that stretches, pull back when he grasps it, then release the tension and let him have the toy.
2. Provide variety of tactile exercises and experiences, both a manufactured (cloth, spoon, spools) type and natural (leaves wood, rocks, pine cones) objects. Talk to him and describe these objects and how they feel. Name the objects around the child.
3. Use a mirror: "I see a baby here--I see a baby there."
4. Use the rattle to encourage the child to turn the whole trunk.
5. Place toy on blanket; encourage child to pull blanket to get toy.
6. Hide toy under a blanket; let child get it; help at first.
7. Nesting objects, such as measuring cups or hollow blocks or cans, is a good activity to begin now.
8. Use rymes, tapping rhythms, finger plays such as Bye-bye, Peek-a-boo,
9. Use feeding and bath times for new experiences--seeing dishes, spoons, running water, soap bubbles, etc.

Around eight months--the creeper-crawler.

1. Place an object a few feet away; have the baby bring it.
2. Play spill and fill with bottle and non-spring clothespins, other objects, such as pots & pans.
3. Put a toy in a box; let child see you do it, then let him search for it.
4. Blocks are especially good at this time (should be lightweight).
5. The child can "help" in the supermarket: hold box or can of food, name objects pointed out to him.
6. Talk meaningfully to the child. Help him learn the names of people and objects. He will probably say a few (approximats) words. When you understand what he means, always repeat the word correctly, regardless of the imperfections of his pronounciation. He probably thinks he is saying exactly the same thing you are.
7. Let him hear a familiar voice on the phone, and play with a toy phone.
8. This is the time to let him start helping feed himself, first just holding a spoon, then eating dry cereal or finger food, then feeding himself with the spoon.

GUIDING INFANT BEHAVIOR

A child learns by exploring and testing their environment and experiencing the consequences of their behavior. In this way they come to understand how the world works and their own limits.

The program's approach to guidance and discipline is designed to promote a sense of independence, autonomy, and self esteem, while maintaining the control necessary for a safe and non-threatening environment. The basis of this control is a secure, orderly, developmentally appropriate caregiving environment; a positive "yes" environment which allows children to experiment and test their behavior within clearly defined limits.

Guidelines:

A. Discipline is a matter of planning, setting clear limits and expectations, and redirection; NOT PUNISHMENT.

B. Your job is to gently encourage and support self-control, to protect children and to help children learn how to behave reasonably.

C. It is natural for babies to poke, push, slap, even bite each other, especially if there is nothing more interesting to do. It is natural for babies to experiment with food and materials — dropping, tearing apart, smashing.

    1. Keep kids interested and the room arranged to keep kids from bunching up.
    2. Try and deal with incidents calmly and patiently as they happen.

D. It is not appropriate or fair to characterize babies as bad, mean, nasty, or other terms we may apply to adults.

E. When a child is hurting another child or being destructive:

    DO:

    1. Tell the child to stop in a firm but friendly voice — personally, not from across the room if at all possible.
    2. State and model the acceptable behavior — "Be gentle with Juah" (while stroking Juan's arm).
    3. Redirect to a new activity if necessary.
    4. Offer the child reasonable choices.
    5. Always recognize the child's feeling of anger, confusion, or hurt.
    6. Seek help if you are too angry to handle the situation.

    DO NOT:
    1. Shame or humiliate the child.
    2. Shake, jerk, squeeze or physically indicate your disapproval.
    3. Say "bad" girl or boy or otherwise imply that the child is the problem, instead of the behavior.
    4. Moralize or let too much of your anger come through.
    5. Use "no" too often. Use the positive — "hold on to the cup" and other words like "stop" or "please don't" instead of "no".

Logical Consequences:

When a child behaves in an inappropriate manner, the most effective discipline is for the child to experience the specific logical consequences of his or her behavior. For example, if Jose can't play at the water table without splashing other kids, he will be directed to other play. If 14 month old Yolanda can't use the truck without banging Raymond, she can't use trucks and will have to play elsewhere.

This is much more effective than generalized punishment, e.g. sitting in a chair for a period of time. It is of course our job to make sure the expectations placed on the child are appropriate and the context reinforces the desired behavior. We have to help the child meet the behavioral expectations. TIME OUTS ARE NOT APPROPRIATE FOR INFANTS.