DEVELOPMENT OF A PROPOSED TODDLER CAREGIVER
TRAINING PROGRAM FOR SOUTH KOREA
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Based on the survey results of 150 South Korea toddler caregivers about training needs, I developed a relationship-based approach for a toddler caregiver training program. The training program was modified using suggestions provided by 6 South Korean professors, who were asked to review the program.

Survey findings revealed that: (a) All participants (toddler caregivers) perceived that it is necessary for caregivers to attend training. However, most (72.2%) found that it was difficult to attend training programs more than 1 time per year because it was hard to find a substitute teacher (64%). Participants desired to attend training programs on toddler care because of the lack of in-service education (26%), curriculum (24%), and training programs (15.3%); (b) Caregivers who had the third-degree caregiver certification preferred to learn parent education more than child development. However, caregivers who had a higher degree of caregiver certification preferred to learn child development more than parent education; and (c) Caregivers who had more than 5 years of teaching experience preferred to learn about the teacher’s role more than caregivers who had fewer than 4 years of teaching experience.

Future studies need to evaluate the effect of this relationship-based training program for toddler caregivers in relation to improvement in the quality of child care and interaction between caregivers and toddlers. A large-scale study would increase the generalizability of research findings. A larger sample size from different cities in South Korea and random sampling would generate more reliable findings.
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So-Yeon Kim
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I dedicate this dissertation to my mother, Joung Ja cho, who has always been with me from birth to now with love, support, and prayer. You made me and I use what you made for the world.

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CHAPTER 1
INTRODUCTION

Background

One of the most dramatic changes in Korean family life in recent years has been the increased participation of young children in nonparental child care. Since the 1980s, the South Korean economy has expanded. Many women have entered the labor force, so they require day care centers for their young children. In 1991, the South Korean government established the Infant and Child Protection Law, and extended the infant and child protection law from 1995 to 1997 (Korean Childcare Accreditation Council, 2005). After the effort, the South Korean government increased the quantity of day care centers. In 2004, there were 26,903 day care centers in South Korea and 930,252 children who received child care service from caregivers (Korean Childcare Accreditation Council, 2005). The goal of infant and child care in South Korea is the care of young children, the effective support of working parents, and the improvement of family life (Republic of Korea Ministry of Health and Welfare, 2003).

Young children under three years of age are vulnerable and have less ability to cope with stress due to rapidly changing physical, emotional, cognitive, and social development in their lives (Lally, Griffin, Fenichel, Segal, Szanton, & Weissbourd, 2003). Infants and toddlers need to have intimate relationships with caregivers and parents, optimal care, and an educational environment (Choi, 2002). Infant and toddler caregivers must offer different programs of activities for children in their care than they provided for preschoolers and kindergarten programs. The design and implementation of developmentally appropriate curricular programs (DAP) for infants and toddlers should meet their particular needs (Morrison, 2004).
Parents are currently unsatisfied with the services the day care centers provided, the times available, quality of day care centers, and cost. There are many reasons why the quality of day care in South Korea is low:

(1) In 2006, 86.1% of day care centers in South Korea were private day care centers, and the government could not enforce the quality of care in nongovernment centers. Since 2005, the Department of Child and Woman Welfare (DCWW) has been buying six private day care centers to transform into public child care centers (You, 2006).

(2) Until 2005, the directors who built day care centers registered their day care centers with the Department of Education, so directors of day care centers reported the qualifications of the accommodations and teachers to the government. After 2005, when building day care centers, the directors have been required to receive approval from the Department of Education in South Korea.

(3) An enforcement ordinance for the infant and child protection law did not enumerate the standards for the environment and the quality of day care.

(4) The South Korean government still employs unqualified caregivers. One of the most important factors in quality of day care is qualified caregivers. However, in-service training for toddler caregivers lacked enough information to improve the quality of day care for infants and toddlers because the majority of in-service training sessions focused on preschool and kindergarten teachers (Choi, 2002; Korean Childcare Accreditation Council, 2005; You & Lee, 2004)

The South Korean government focuses on improving the quality of day care, supervising day care centers, and providing day care centers for infants and toddlers while increasing the number of day care centers. In 2001, there were 95 infant day care centers in South Korea, and in
2002, there were 150 infant day care centers (Choi, 2002). The South Korean health and welfare department announced an increase of 1,000 day care centers for infants and toddlers only by 2010. An evaluation and certification system that can evaluate the programs in comprehensive ways was adopted in 2005 (Republic of Korea Ministry of Health and Welfare, 2001).

Toddler caregivers are the center of the child’s life and experiences in the day care center. Toddler caregivers are responsible for offering intellectual stimulation, support for children’s social skills, and encouraging children’s emotional development (Epstein, 1993). Choi (2002) reported that a factor that hinders the quality of infant and toddler care centers is the lack of professional knowledge and teaching strategies on the part of the caregivers. The study showed that caregivers of infants and toddlers used developmentally inappropriate activities and exhibited negative interaction with infants and toddlers. In South Korea 16.6% of all caregivers had bachelor’s degrees in early childhood education, 59.2% of caregivers graduated from a two-year college in early childhood education, and 24.2% of caregivers had high school diplomas. Moreover, 57.6% of caregivers majored in early childhood education while 12.2% of caregivers majored in young child care and education (You & Lee, 2004). In 2006, 76 new day care and development institutes in South Korea certified 13,597 women as toddler caregivers (Na, 2006). The young child care and development institutes require students to take only 12 classes, 35 credits, which is the minimal training needed to be a qualified caregiver (Republic of Korea Ministry of Gender Equality and Family, Office for Childcare Teachers Certification Management, 2007).

In the United States, approximately 60% of 13 child care sites in northern Florida met the basic needs of children, but lacked the necessary components for optimal development. Only 9% of infant/toddler centers provided good quality and 23% of day care centers impacted the child
negatively. Centers with higher environmental quality ratings had lower adult-child ratios and
group sizes, were more likely to have caregivers that planned activities, and caregivers received
higher salaries (Chazvini & Mullis, 2002).

Approximately 3,000 infants and toddlers from 17 different sites participated in an Early
Head Start (EHS) research and evaluation project in 1996-2007 in the United States
(Administration for Child & Family, 2007) to demonstrate the effectiveness of the EHS program
and to help young children and their families. These researchers studied two groups: one
consisted of EHS children enrolled in the program while the other group was a control group of
children who were not enrolled in EHS. The young children cared for in the EHS program scored
higher than the control group in the areas of language, cognitive, and social-emotional
development.

When infants were cared for by caregivers who were not parents, the infants exhibited
disobedience, a higher level of aggressive behaviors, and insecure attachment because of low
quality child care (McGurk, Caplan, Hennessy, & Moss, 1993). Two-year-olds in day care
exhibited more behavior problems, but by the time children reached age 3, the amount of time
spent in nonmaternal child care did not affect development (NICHD, 1998). Furthermore,
providers of child care should consider not only the effect of quantity of care, but also quality of
care. NICHD (1997) reported that when infants were cared for in low-quality day care centers,
young children were more likely to detach from their mothers. According to the NICHD Study of
Early Child Care (2005), higher quality child care was associated with increased cognitive and
linguistic abilities of the young child who spent a majority of time in high-quality child day care
centers during their first two years. However, their antisocial behaviors were predictable (Belsky,
2006).
Higher quality child care is related to significantly better language and cognitive development during the first three years of life (Burchinal, Roberts, Riggins, Zeisel, Neebe, & Bryant, 2000). Children in higher quality classrooms have secure attachments with their caregiver and are more socially oriented than children in poorer quality classrooms (Howes, Phillips, & Whitebook, 1992). As a further benefit, high-quality child care centers may attract more highly trained child care providers (Whitebrook, Howes, & Philips, 1998). Rice (2003) found that the caregiver plays a significant role in enhancing the quality of child care and in improving child outcomes, so the caregivers should receive training to ensure that they are able to provide high-quality child day care. NICHD (1999) reported that 24-month-old children in classes with low child-staff ratios related highly to the measure of positive social behavior and mental development. Furthermore, when 36-month-old children were cared for by toddler caregivers who had the recommended levels of education and training, the children exhibited better school readiness and higher language skills.

Caregiver characteristics such as training and education were better predictors of the quality of child home care than child-adult ratios or group size. Caregiver level of training was associated with higher quality practices in child care homes (Burchinal, Howes, & Kontos, 2002). Also, studies reported that caregivers who had more formal education were linked with better quality classrooms (Howes, 1997; NICHD, 1996; Philipsen, Burchinal, Howes, & Cryer, 1997). Several studies have demonstrated that caregivers with higher formal education continue to participate in other in-service training, such as workshops (Burchinal, Cryer, Clifford, & Howes, 2002). Caregivers with more training and professional development related to early childhood curricula or practices interacted more sensitively with young children in child care homes (Clarke-Stewart, Vandell, Burchinal, O’Brien, & McCartney, 2002) and child care centers.
(Burchinal, Cryer et al., 2002; NICHD, 1999), which resulted in higher language, cognitive, and social skills of the children (National Research Council and Institute of Medicine, 2003). An increase in DAP beliefs (Cassidy, Buell, Pugh-Hoese, & Russell, 1995; Haupt, Larsen, Robinson, & Hart, 1995; Kang, 2000) enhanced the attachment security of children (Howes, Galinsky, & Kontos, 1998), led to significantly higher levels of complex social and cognitive play (Kontos, Hsu, & Dunn, 1994; Rhodes & Hennessy, 2001) and provided higher quality classrooms (Burchinal, Cryer, et al., 2002; Burchinal, Roberts, Nabors, & Bryant, 1996; Campbell & Milbourne, 2005; Fiene, 2002). Even caregivers who took short training programs showed improvement. For example, Oetting, Prutt, and Roy (2006) offered four weeks of training, and these workshops resulted in positive changes in the caregivers’ self-perceptions of knowledge and skills. Horn-Wingerd, Caruso, Comes-Atwood, and Golas (1997) also provided training for Head Start caregivers to improve knowledge and skills in a three- to five-day in-service training program.

Rationale of the Study

Lally (2003) stated there are three recommendations for improving infant-toddler care. First, build the profession. The child care profession should be more than a support to the family while a parent is working. Certified professionals facilitate social, emotional, and intellectual learning as well as enrich the child’s experiences. Second, develop a responsive approach for infant caregivers. The best programs train teachers to observe each child in action without being intrusive. The responsive professional carries out sophisticated interactions with children by using clear components, sets up environmental conditions that help focus observations, and introduces materials and experiences that are based on child observation that challenge and expand their initial understanding of the child. Third, provide training and contemplative time.
Professional growth is essential for teachers to reach a point of competence to meet the changing needs of children in their care and partner with families from varying cultures and conditions.

The concept of infant mental health is a reminder that babies are inherently social beings whose development and sense of one’s self are largely determined by the quality of their primary relationship (Kadija & Charles, 2005). The primary purpose of child care is to provide relationships that instill a positive sense of self in the world. One meaning of the term infant mental health is a young child’s state of well-being: the developing capacity to experience the full range of emotions and to regulate interaction, attention and internal states in the formation of a primarily positive view of self and others (Zero to Three Infant Mental Health Task Force, 2002).

Teachers find the major differences between an infant/toddler curriculum and preschool curriculum to be fewer planned and structured activities and more flexibility, thereby allowing children to help set their own agenda. Teachers observe and take cues from toddlers to discover activities that are developmentally appropriate. Teachers are calmer, more nurturing, more intuitive, and less directive with infants and young toddlers than with preschoolers. Teachers who work with infants and toddlers focus more on observation and appropriate response than on directing and facilitating activities (Keenan, 1998). Caregivers who expressed less strict and authoritarian beliefs were observed to provide more positive care giving (Bethesda, 2000).

Toddler caregiver characteristics described above led to the choice of a relationship-based approach to develop a toddler caregiver training program. In 2004, the Department of the Woman and Welfare formed the Korean Childcare Accreditation Council to evaluate the quality of day care centers in the South Korea. In 2005, 1,000 day care centers were inspected and 627 day care centers received a Korean day care accreditation certificate (Oh, 2007). The directors of day care
centers reported that interaction with children and environment in six education areas were harder to gain high scores than other areas (Oh, 2007). A third of about 10,000 caregivers who completed 37 hours of classes related to early childhood education in institutions in-service training sessions received their certification to qualify to work in day care centers (Lee, 2006). However, 37 hours of early childhood education studies was not enough to teach toddler caregivers, even though the hours were not limited to infant and toddlers. Only one caregiver out of five caregivers received caregiver training (Lee, 2006).

A relationship-based approach to teaching begins with the understanding that relationships are central to development, and the way that a child is best understood (Center for Early Education and Development, 2007). Relationship is not a general word used to describe a moment of interaction. Relationships can be different depending on dimensions such as content of the interactions, diversity of the interactions, quality of the interactions, intimacy, interpersonal perception, and commitment (Wittmer & Petersen, 2006). Content of interactions may include established routine, play, affection, discipline, and sharing interesting experiences. With very young children, especially, consistent routines make them feel safe and secure. Such routines as feeding, diapering, and napping provide an excellent opportunity for one-to-one bonding between child and caregiver. (Soltero, 2004; Wittmer & Petersen, 2006).

In toddler-caregiver relationships, the quality depends in large part on the sensitivity of the adult to the child’s cues. Sensitivity includes perceiving the signal, correctly interpreting it, selecting an appropriate response, and delivering the response in a timely manner (Wittmer & Petersen, 2006). Behaviors are meaningful in a relationship not because they occur a certain number of times, but because the pattern of frequency of touching, smiling, and nuzzling amidst the more neutral behaviors comes to have meaning. Moreover, relationships are characterized by
how each person feels the relationship affects himself or herself (Wittmer & Petersen, 2006).

Complementary interactions are a negotiation of different behaviors in the two partners. Reciprocal interactions are characterized by both partners using similar behaviors. Partners have willingness to build a good relationship that endures over time. It is this aspect of endurance allowing for memory of past experiences and expectations of future experiences that make relationships so powerful. Teachers should not assume that friends do not matter to infants and toddlers. Very young children’s established relationships must be considered when planning group changes (Hagens, 1997). When very young children are in large groups, they tend to focus on toys instead of each other. There are likely to be more bumps and pushes in a group of toddlers who are each focused on their own activities than in a pair that is paying attention to one another (Hagens, 1997).

A child’s relationship with the teacher as well as the parent is a powerful predictor of the child’s later social development (Howes & Hamilton, 1992). Most toddlers are strong on will and weak on skills. Try to stay positive when children seem to defy suggestions and rules. Encourage toddlers to cooperate (Honig, 2001). The association between teacher dependence and 2-year-old and 4-year-old hostile aggression is particularly interesting. Two-year-old peer groups are well known for toy struggles and other conflicts. Children who are dependent on the teacher not only withdraw from this activity but also rely on the teacher to solve problems with peers (Howes, Hamilton, & Matheson, 1994).

There are ways to support and strengthen child-parent, child-teacher, parent-teacher, child-child, and teacher-teacher relationships. “Through repeated experience in these day-to-day interactions with sensitive caregivers, the child begins to learn important lessons about the world and how interaction works” (Emde, Korfmacher, & Kubicep, 2004, p. 11). Sensitive caregivers
appreciate individual development in the contexts of culture, family and child expectations, use
good nonverbal communication, recognize interests and strengths, and exhibit emotional
responsiveness in forming strong relationships between children and caregiver, as well as
between their parents and caregivers.

Continuity of care should be promoted if possible, so that the children remain with the
caregiver until 4 years of age, and caregiver turnover should be reduced by offering good wages
and benefits to encourage sensitive caregivers. Other ways to increase caregiver sensitivity is to
assign each child a primary teacher-caregiver, to provide children with a small group throughout
the program day, and to apply methods of observation and make plans to stimulate interactions
based on each child’s unique needs. Sensitive caregivers encourage communication between
parents and caregivers in various ways, such as conferences, information exchanges, and visits,
and request support for the promotion of professional development of caregivers to increase self-
confidence as teachers and as a reminder of the importance of relationships of the people around
children (Edwards & Raikes, 2002). High-quality in-service training is essential for enhancing
staff competence and service delivery (Horn, Caruso, & Golas, 2003).

Using the relationship-based theory described above, the researcher designed the toddler
caregiver training program to include six modules: environment and health, routines and
continuity of care, curriculum, teachers’ roles, brain development, and parents and families.
Other studies reported that pre-education, particularly for toddler caregivers, was not provided by
South Korean universities, and the teaching of caregivers was not divided into younger children
(infants and toddlers) and preschoolers, so there was a lack of curriculum about child care for
infants and toddlers in South Korea (Kim, 2006; Lee, 1999a; Lee, 2006; Oh, 2007; Shin, 1995).
The majority of caregivers in these studies (Kim, 2006; Lee, 1999b, 1998; Shin, 1995) desired to
participate in caregiver training program, but the caregivers had the problem of finding a substitute teacher while they attended the training. The caregiver was not required to attend specific training courses for professional development (Kim, 2006).

Lee (1999a) reported that 60 caregivers considered taking the training course to promote the quality of teaching and to learn new knowledge and current trends. Also, the caregivers preferred to learn practical knowledge that could be used immediately in day care centers. The preferred methods of training were workshops and small discussion groups based on caregivers’ needs. Furthermore, the caregivers desired more individualized curriculum for infants and toddlers than curriculum for preschoolers. Toddler in-service trainings consisted of various themes in small groups for the caregiver to choose from for training (Lee, 1999b; Lee, 2006; Park, 2005).

Kim (2006) investigated the difference of the needs for educational training between caregivers who scored higher in professional knowledge and caregivers who scored lower in professional knowledge. There was not a statistically significant difference. However, the results showed that the areas of less knowledge were: (1) seminars of child care, (2) collaborating community, and (3) management of child care center, in that order. The preferred concepts caregivers wanted to learn in training were: (1) cooperation and conference with parents, (2) observation and assessment of toddlers, and (3) activities for social and emotional development.

Statement of the Problem

In-service trainings for caregivers are not enough to improve the quality of day care in South Korea and the South Korean government does not have enough qualified caregivers (Choi, 2002; Korean Childcare Accreditation Council, 2005; You & Lee, 2004). Caregivers did not have
the information about trainings and did not have substitute teachers to allow the toddler caregivers to return for advanced education (Lee, 1999b).

In 2004 there were 26,903 day care centers in South Korea, serving 930,252 children, who needed to improve the quality of child care (Korean Childcare Accreditation Council, 2005). Also, parents needed high-quality child care because the first three years of childhood is a crucial time for development (Buell, Hallam, & Beck, 2001; Raikes & Love, 2002). The government of South Korea does not supervise all day care centers because 86% of day care centers are private. Choi (2002) reported that the factor that hinders the quality of infant and toddler care center is caregiver lack of knowledge and teaching strategies. Caregivers of infants and toddlers used developmentally inappropriate activities and exhibited negative interactions with infants and toddlers.

One of the most important qualities of day care is the qualified caregivers. There are several ways to receive preschool education training in South Korea. A few universities decided to offer only one kind of teacher certification, while other universities offer classes for both preschool teacher certification and infant/toddler caregiver certification. The preschool teacher certification and infant/toddler caregiver certification do not require different courses, but offer courses related only to early childhood education. The universities provide early childhood education, which focuses on how to teach preschoolers rather than infants and toddlers. Moreover, every year 10,000 third-degree level caregivers receive the certification to teach toddlers. Toddler caregivers need to receive support in their professional jobs. Only one caregiver out of five caregivers rated had received some training (Lee, 2006).

Therefore, a toddler caregiver training program is critical to educate unqualified caregivers in South Korea. Such a program would also provide for high-quality care for toddlers.
in day care centers and would help caregivers remember the principles of toddler caregiving that
are based on toddler characteristics (Choi, 2002; Korean Childcare Accreditation Council, 2005;

Purpose of the Study

The purpose of this study was to develop a toddler caregiver training program based on a
relationship-based approach in order to improve the quality of toddler care in South Korea. This
study is important because it has the potential to educate day care directors and offers precise
characteristics needed for potential toddler caregivers. Additionally, this information may
enlighten child care policy makers with quality child care information that would help to develop
minimum standards for licensing.

Definition of Terms

Day care center: A place for young children under 5 years old. Usually they may stay
from 7:30 a.m. to 7:30 p.m. (Day Care Center Council, 2007).

Infant day care center: A place for young children under 3 years old. Usually they may
stay from 7:30 a.m. to 7:30 p.m. (Day Care Center Council, 2007a).

In-service training: Training while caregivers are working in day care centers. In-service
training may be provided through (a) staff meeting, (b) workshops and conferences, or (c) field-
based consultation (Lee, 1999a).

Third degree of caregiver certification: Caregivers have more than a high school diploma
and take some classes (76 credits) related to young child care in the institute accredited by the
Ministry of Gender Equality and Family (Republic of Korea Ministry of Gender Equality and
Family, Office for Childcare Teachers Certification Management, 2007).
Second degree of caregiver certification: (1) Caregivers take some classes (140 credits) related to young child care and development in the university or college. (2) After taking the third degree of caregiver certification, caregivers work in day care centers for one year with training to continue their education (Republic of Korea Ministry of Gender Equality and Family, Office for Childcare Teachers Certification Management, 2007).

First degree of caregiver certification: (1) After taking the second degree of caregiver certification, caregivers work in day care centers for three years and continue their education, or (2) After taking the second degree of caregiver certification, caregivers who have a master’s degree in early childhood education or child development work in day care centers for one year and continue their education (Republic of Korea Ministry of Gender Equality and Family, Office for Childcare Teachers Certification Management, 2007)
CHAPTER 2

REVIEW OF LITERATURE

The review of literature is divided into three sections. Section 1 discusses toddler development and the elements of the quality of day care. Section 2 addresses the importance and roles of toddler caregivers for improving the quality of child care. Finally, Section 3 addresses the training for caregivers.

Toddler Development

The biggest change in South Korean family life has been the increased numbers of young children under 5 years old in nonparental child care. However, mothers with young children reported that having to rear their children is an obstacle to continuing to work. The Korean government should share the responsibility of child care with the parents because the first 5 years of life are the most critical period with respect to the rate of development (Na, Seo, Lee, & Kim, 2006).

A good example in the Early Head Start (EHS) program has supported not only children but also their families. Researchers observed that EHS families have more supportive attitudes toward their children’s learning than did families who did not enroll in EHS. Also, the parents read books to their children more frequently, supported their children emotionally, had knowledge of infant-toddler development, and were associated with higher quality parenting behavior and home environment than families who did not enroll in EHS. Parents who enrolled their children in EHS mentioned that when they solved problems, they used explanation, distraction, or mild responses. They were less likely to use physical punishment with their children. Researchers described lower levels of parenting stress in EHS families and parents
were more likely to participate in school activities, like a job training program (John, Brooks-Gunn, & Paulsell, 2002).

There are various ways to define ages of stages within the rapid course of development. This study described the toddler period as encompassing 18 months to 36 months. Chronological age alone is not an indicator of child development, and competent caregivers will need to offer different environments, experiences, and interactions for young children as they grow (Lally, 2003, p. 8):

Infants and toddlers learn through their own experience, trial and error, repetition, imitation, and identification. Adults guide and encourage this learning by ensuring that the environment is safe and emotionally supportive. An appropriate program for children younger than three invites play, active exploration, and movement. It provides a broad array of stimulating experiences within a reliable framework or routines and protection from excessive stress. Relationships with people are emphasized as an essential contribution to the quality of children's experiences (Morrison, 2004, p. 258).

According to Caring for Infants and Toddlers in Groups (Lally, 2003), infants and toddlers develop when they explore objects that are interesting and when they are encouraged in this behavior they enjoy the activity. This emphasizes the important point that it is necessary for caregivers to provide an appropriate environment for toddlers. To develop a high-quality child care center, it is essential to comprehend that the quality of the curriculum and increased knowledge is needed to offer good care for children in nonparental centers (Lee, 1999). Researchers have been exploring the components that impact on child development, such as environments, interactions with peers, and the education level of caregivers. The components of the quality of child care were reciprocal affect for child development.

The amount of time children spend in child care centers impacts on their cognitive and social development of children. The National Institute of Child Health and Development (NICHD) Early Child Care Research Network (ECCRN) (2004) reported a positive relationship
between the amount of time spent in day care centers and children’s development. A total of 1,287 families from a wide range of socioeconomic and sociocultural backgrounds were recruited to investigate the difference in the outcomes in both cognitive and social domains of children from birth to 54 months enrolled in three types of child care centers.

The NICHD Early Child Care Research Network described the amount of time children spent in center care, the child care homes, and the relative care across the entire early childhood period. The three developmental periods used in analyses were 0-17, 18-35, and 36-54 months. Spending hours in child care was connected to cognitive outcomes of children in very complex ways. More center care in infancy was related to lower preacademic skill at 54 months. However, more center care in the toddler period was related to better language skills at 54 months. Also, more frequent enrollment in nonmaternal care was associated with higher measures of language and memory at 54 months.

It is also important to confirm the quality of child care centers when looking at how many young children spend time in child care centers. The majority of infant and toddler classrooms in the study of Marshall, Creps, Burstein, Roberts, Glantz, and Robeson (2004) did not meet standards for good early care and education practices in many areas. While children generally had more positive interactions with each other and the caregivers often worked together, the caregivers did not provide the informal talk and exposure to books that are the early building blocks for children’s language and literacy skills or the variety of activities and materials that promote children’s optimum development. At the same time, while center policies and practices supported parental involvement, centers often did not provide adequate opportunities for professional development for these same caregivers. Infant caregivers were weaker than toddler caregivers on listening and talking, while toddler caregivers were weaker than infant caregivers.
on caregiver-child interaction and discipline and were less likely to have received professional development training (Marshall et al., 2004).

The quality of the child’s environment in child care centers contributed to cognitive and language development during the first 3 years of life (Burchinal, Roberts, Riggins, Zeisel, Neebe, & Bryant, 2000). The main aspects of child care quality can be categorized as either structural or process characteristics. Structural indicators such as group size, the number of children in the setting, staff-child ratios, and the education and specialized training of providers, caregiver, or director have been related to children’s development, the final characteristics of quality of child care. Processing quality is likely to include the nature of the care and what actually happens in child care centers: children’s experiences, caregiver’s interaction with children, appropriateness of materials, responsiveness of the caregivers, the emotional tone of the setting, activities available to children, developmental appropriateness of activities, and the learning opportunities available to children. Evaluating both structural and process indicators describe more totally the child care experience. Higher process quality is associated with greater cognitive and language development, more social skills, and fewer behavior problems (Marshall et al., 2004).

There is a growing emphasis among child care center researchers that child care quality is correlated with child outcomes and varies if the environments do or do not meet professional recommendations designed to promote child care quality (Howes, 1997; Howes, Phillips, & White, 1992; NICHD Early Child Care Research Networks, 1999).

Do children perform better in terms of cognition, language, and social competence when they receive child care that meets professional standards for quality? Although all 50 states regulate child care centers, there is considerable variability in the stringency of regulated standards. For examples, mandated child-staff rations range from 3:1 to 12:1 for infants and from
7:1 to 17:1 for 3-year-olds. In those states that regulate group size, standards for infants permit from 6 to 20 infants in a group. Standards for caregiver training range from having no formal training to holding a college degree (NICHD ECCRN, 1999, p, 1072).

The National Association for the Education of Young Children (NAEYC) provides six criteria for the quality of child care: staff-child ratios, group size, caregiver qualifications, caregiver stability and continuity, structure and content of daily activities, and space and facilities. Staff-child ratios vary by the age of the children from no more than 1:4 for toddlers and 1:3 for infants by NAEYC (NAEYC, 1997). However, in South Korea, caregiver-child ratio is 1:3 for children younger than 1 year, 1:5 for 1-year-olds, and 1:7 for toddlers by the infant and child protection law (Korean Childcare Accreditation Council, 2005). Maximum group sizes in centers range from six to eight for infants and from six to 12 for toddlers. Small groups allow children to have intimacy and safety, so directors of child care centers should consider not only child-caregiver ration but also group size for interaction between caregivers and children and between children and peers (Lally, 2003).

However, accreditation certification in South Korea does not mention group size for infant day care. NAEYC caregiver education includes training in child development. The South Korean accreditation system for infant day care mentions caregiver stability. If directors of the day care centers hire caregivers who work for more than 3 years with young children, they have higher accreditation scores than those working in infant day care centers. Stability and continuity in the relationship between caregiver and young child where there are multiple caregivers is emphasized by NAEYC. Activities in day cares provide not only structures, but also flexibility so that young children can have more choice. Organized, orderly spaces are needed with well-
differentiated areas for different activities and age groups of children to provide a NAEYC-approved day care center.

Burchinal et al. (2000) described that higher quality child care was associated with significantly better language and cognitive development during the first 3 years of life in 89 African American children. If a child younger than 3 years old were enrolled, the classroom followed the guidelines concerning child-caregiver ratio, which resulted in higher language skills, higher communication skills, and higher cognitive development. This study also indicated that if caregivers met recommendations for educational training to teach young children, girls had higher cognitive outcomes than boys in the same classes (Burchinal et al., 2000)

One important measure of quality, known as process quality, focuses on observed social and instructional interactions. Emphasis on the quality of the interactions among teachers, children, and materials reflects the widely accepted view that the effects of early education settings derive from these exchanges (Howes & Ritchie, 2002; Pianta, 1999). Some research suggests that teacher wages may be among the strongest correlates of classroom quality (Howes et al., 1992; Phillips, Mekos, McCartney, Abbott-Shin, 2000; Phillipsen, Burchinal, Howes, & Cryer, 1997). More qualified teachers may be drawn to centers that pay higher wages and are involved in providing children with high-quality care.

Caregiver

The toddler caregiver is the very center of the child’s learning and child’s experience in nonmaternal centers during the hours of alternative care. The toddler caregiver has a responsibility to follow the routines of the day care center. Regardless of the arrangement and size of the day care center, the role of the caregiver does not change: she/he is there to provide
intellectual stimulation, encourage the children’s social skills, and promote emotional
development (Epstein, 1993).

In addition, caregivers support infant perception of self-esteem when they show delight
and respect in their personal interactions for the baby (Honing, 1996). An aspect of care-giving
quality, sensitive caregivers offer contingent, consistent, and appropriate responses to what a
child emotionally and physically wants and requires (Easterbrooks & Biringen, 2005). Therefore,
caregiver sensitivity has been associated with positive development that contributes to the quality
of early educational experiences and has been related to positive development outcomes (NICHD
ECCRN, 2005).

Rice (2003) indicated that teacher characteristics are a significant factor in improving the
quality of child care and to contribute to increased child outcomes. The stability and quality of
children’s relationships with their caregivers significantly affects children’s social and emotional

Kendrick (1994) stated that caregivers were positively linked with a child of higher self-
esteeem when the child felt special and unique, the foundation of social and emotional health.
Certain characteristics of caregiver behavior enhance the child’s perception of his or her self-
esteeem and emotional health. Among positive caregiver behaviors are the following: (1)
providing tender physical contact to a child; (2) offering activity to the child; (3) giving verbal
feedback to a child’s speech; (4) stimulating development of a child’s gross motor skills; and (5)
praising and encouraging a child’s attempts to learn. Teachers who work with infants and
toddlers consider more the precise ways to reach educational goals than teachers who work at
preschools and kindergartens, after using nonverbal communication with young children,
communicating with parents, and considering more the importance of the individual child than focusing on the curriculum for the class (Keenan, 1998).

Zanolli, Saudargas, and Twardosz (1997) declared that caregiver smiling was a significant factor in the development of a reciprocal caregiver-child relationship. First, caregiver smiling brought a friendly reaction from toddlers earlier in the caregiver-child relationship than any other tender behavior. Second, toddlers reacted affectionately to smiling and smiling with contact more than to any other type of teacher affection. Third, toddlers were more likely to reciprocate the active affectionate contact of teachers who also smiled frequently.

Howes and Shivers (2006) reported that toddlers and preschoolers in a day care center were more likely to establish a secure caregiver-child relationship with caregivers with the same ethnic/racial heritage as the child. Children who were not cared for by a caregiver who had the same ethnic/racial heritage as the child were less likely to develop a strong caregiver-child relationship. The patterns of results suggest that if the children share a common cultural community with their caregiver, they have a positive relationship with a caregiver in the home, in the day care center, and less conflict with the caregiver. Therefore, if caregivers lack knowledge of the common cultural community around the children, it may be more difficult for caregivers to have positive relationships.

The caregivers provided more attentive, responsive, and stimulating care to their children, and the children were positively associated with higher measure of cognitive and linguistic development at 15, 24, 36, and 54 months of age in the NICHD Early Child Care Research Network studies (2000, 2002, 2003). Children in day care centers spend their day with a variety of caregivers. The likelihood of securely attaching with a child increased when the caregivers provided consistently positive, sensitive, and affective responses to their children (Ritchie, 1995).
Infants who spent more time with the same caregiver were rated, by the caregiver, as having a more secure attachment relationship with their caregiver (Raikes, 1993).

The National Child Care Staffing Study found that a higher quality of caregiver tended to be more socially oriented to infants and toddlers than children in poor or minimally adequate care facilities (Howes, Philips, & White, 1992). Current studies of child-caregiver attachment found that caregivers who were rated as more sensitive and observed to have more positive interactions with children were associated with children with greater attachment security (Howes, 1999; Howes & Hamilton, 1992; Howes & Smith, 1995, 1995a; Konton, Howes, & Galinsky, 1998; Ritchie & Howes, 2003). Children who have caregivers who offer individualized guidance in social interactions and who provide a warm, sensitive, and responsive model of interaction were more likely to build a strong foundation of social competence (Katz & McClellan, 1997).

Burchinal, Cryer, Clifford, and Howes (2002) proposed that a primary means of increasing the quality of child care centers is to implement more training for child care providers. These authors studied 553 child care classrooms, measuring the providers’ levels of education, including workshops and classes attended outside of a formal training program. The Caregiver Interaction Scale was used to measure provider sensitivity to children and for providing higher quality of care. Moreover, formal training for child care providers has been found to increase caregivers’ communication skills and involvement with children (Kaplan & Conn, 1984) while decreasing the use of authoritarian methods to control children (Arnett, 1989). As a further benefit, high-quality child care centers may attract more highly trained child care providers, with less turnover as a result (Whitebrook, Howes, & Philips, 1993).

The stability of a day care center’s staff is conducive to good quality care. Stability of care has been associated with positive longer-term development and better school adjustment in
the first grade (Arnett, 1989). Lee (1999b) noted that the relationship between staff turnover and the quality of child care was negatively correlated. Staff changes are difficult for the program and the children because young children have to adapt to a new caregiver, and a new caregiver has to learn the program requirements in the day care center. Lack of benefits, the absence of a clear career path, and low salaries were often leading indicators in the high turnover. If directors of day care centers develop strategies to improve the compensation and provide training to child caregivers, they can reduce the high turnover rate for caregivers.

Burchinal et al. (2002) indicated that licensed caregivers provide higher quality of care and more sensitive responses to their young children in their care center. They suggested that the following five items should be kept in the center of public attention to develop a sound social policy for quality child care:

- Improve financial subsidies for young children who live in low-income families who need child care coverage;
- Develop the minimum standards for caregivers, providers, and directors that can be monitored and regulated;
- Support parental information services about quality child care through expansion of the mission of resource and referral networks;
- Offer funds to train caregivers and developing strategies to improve working conditions and salaries for the lowest-paid caregivers and staffs;
- Research demonstrations and innovation to increase methods in the quality of child care.

In summation, improving the quality of toddler caregivers is one of the most important factors of the quality of child care. Researchers reported that training related to development and
child care improves the likelihood that caregivers effectively promote the full and healthy development of young children (Howes, 1997).

Training for Toddler Caregiver

Preparation Education

Child care providers with at least a bachelor’s degree in early childhood education or child development provide children with more developmentally appropriate activities and tend to be more sensitive to the needs of children compared to teachers with little or no training in the field (Buell, Pfister, Gamel-McCormick, 2002). Howes (1997) divided 1,065 center-based classrooms into five categories of integrated specialized training and formal education: (1) high school education and no specialized training; (2) “ECE units,” some specialized training in post-secondary institutions; (3) an associate of arts degree in child development or a related field; (4) a child development associates (CDA) credential; and (5) a bachelor of arts (BA) or higher degree in child development or a related field. There were too few providers with a BA degree in a related field and providers with no specialized training to use in the analysis. Classroom observations of effective teaching were used to compare these groups of providers. Providers with BA degrees were the only providers linked to good quality classrooms. Teachers with associate of arts degrees and CDA certificates were more effective than teachers with some specialized training in postsecondary institutions or just high school-plus-workshops category, but they did not provide the same excellent level of care as did the BA providers.

Burchinal, Cryer, et al. (2002) stated that the baccalaureate degree was the best predicting factor of a higher quality of caregiver skills among the various measures of training, such as in-service workshops, formal training, workshops, workshops in community, and professional
meetings, but that training workshops also related to higher quality of skills regardless of the caregivers’ educational backgrounds.

Caregivers rated higher scores on the CC-HOME when caregivers were more educated, had received child-related training, and had higher levels of specialized training during the previous year. Caregivers offered more positive caring when they had higher levels of specialized training. The findings suggest that if caregivers participated in training related to child development, caregivers provided care that enhanced the quality of child care to young children. Moreover, it is necessary for child care policy makers who create the regulations for caregiver education for a higher quality of child care to insist that caregivers have at least a high school diploma (Clarke-Stewart, Vandell, Burchinal, O’Brien, & McCartney, 2002).

*Kinds of Training*

Professional development with training experiences not directly related to college credit has been suggested as one approach for increasing the quality of child care. Researchers have reported positive correlation between current caregiver quality and past training experience (Fiene, 2002). One way to upgrade the quality of child care is to improve caregiver qualifications through in-service education. It is necessary that any training aimed at enhancing quality in day care needs to build on caregivers’ best instincts, their own values, and their sense of what is right for young children and for themselves as adults with children (Howes & Smith, 1995). To achieve quality in caregiving an adult has to feel both important and competent. Feelings of importance result from feeling affection for and receiving affection from the children in one’s care and from the belief in the significance of one’s work (Whitebook et al., 1993). Feelings of competence come from frequent successes in one’s work and from skills developed through experience and training (Whitebook et al., 1993).
In-service training may be required by an employer, by licensing standards, or it may be voluntary. Employers may choose not to support voluntary opportunities such as conferences, workshops, and classes through increases in salary or status. In-service training may be offered through: (a) caregiver meetings, (b) field-based consultation, and (c) workshops and conferences. First, good training must be available to fit the caregiver’s needs. An in-service caregiver meeting may be useful if it offers opportunities to interact with peer caregivers and exchange information such as teaching materials, knowledge in child development, and referral sources of further workshops and organizations in day care (Lee, 1999b).

Second, conferences for caregivers were defined as open classrooms for young children. Those who hold conferences provide several choices for caregivers or directors of day care centers to decide which sessions will satisfy individual needs. This allows teachers to take responsibility for their own learning, as well as have the chance to meet new people in early child education or day care (Harris, 1989). Directors of day care centers may subsidize staff members’ participation in workshops and conferences to increase attendance. Finally, consultants of field-based consultation and training must skillfully observe caregivers in the day care centers to analyze and advise caregivers about on the job effects and caregiver’s practices (Howes & Smith, 1995). Sometimes college instructors or professors, particularly in community college, provide credits for work experience. More often, it is available through provider field-based consultation through the Child Development Associate program (Olmsted & Weikart, 1989).

Results of Training

Professional development and special training in early childhood curricula or practices was associated with more sensitive caregivers and stimulating language interactions with young children in child care homes (Clarke-Stewart et al., 2002) and child day care centers (Burchinal,
Cryer, et al., 2002; NICHD ECCRN, 1999). Also, when caregivers received more training and more education, the classrooms were of a higher quality, and caregivers showed more sensitivity to the children in the child care center (Burchinal, Cryer, et al., 2002; Howes, 1997; National Research Council and Institute of Medicine, 2003; NICHD ECCRN, 1996; Phillips et al., 2001).

The NICHD Early Child Care Research Network (2002) reported the relationship between caregiver training and child-caregiver ratio and children’s cognitive and social competence. When caregivers have more training with lower ranked children, caregivers in child care settings were related with higher levels of process quality that young children more develop cognitive and social skills.

Positive effects were observed with caregivers who received intensive, short training. Horn-Wingerd, Caruso, Comes-Atwood, and Golas (1997) conducted three- to five-day residential in-service training programs at a Head Start teaching center to improve participants’ skills, knowledge, and expertise. Improvements were noted at 1 and 6 months after training and were absent for a comparison group of Head Start staff who attended a stress reduction workshop. Oetting, Prutt, and Roy (2006) conducted four weeks of training with four group-based workshops, each an hour long, to teach taking striates to toddlers. After caregivers received four weeks of training, they had positive self-perceptions of their knowledge and skills. Howes, Galinsky, and Knotos (1998) found that if childcare providers were trained, it increased the attachment security of children. The New England Head Start Teaching Center was designed to provide intensive training during a three- or five-day period of residency at the teaching center was compared to similar programs who reported significant gains in trainee’s knowledge, skills, and experience after participating in the training (Horn-Wingerd et al., 1997).
In addition, training for caregivers helped caregivers have not only knowledge of child care but also belief about development appropriate practices (DAP). Kang (2000) showed a significant increase in the DAP beliefs of Korean kindergarten teachers after a series of in-service training workshops. Therefore, it is important for teachers to have opportunities to engage in appropriate professional activities. Haupt, Larsen, Robinson, and Hart (1995) mentioned that caregivers who participated in in-service training seminars, significantly changed their beliefs related to early child education and appropriate practice. Cassidy, Buell, Pugh-Hoese and Russell (1995) conducted pre- and posttraining evaluation of the first year of participation in an associate degree program with 12 to 20 credits. After training, caregivers had significantly more developmentally appropriate beliefs and practices than a comparison group of untrained caregivers. Howes et al. (1998) conducted in-service training that included an on-site meeting (a total of 20 hours) and classroom visits. After taking the training, caregivers improved the security attachment with children in child care centers.

Kontos, Hsu, and Dunn (1994) reported the correlation between specialized training that caregivers received and the increased complex social play of young children in day care centers. Rhodes and Hennessy (2001) found that when caregivers participated in a 120-hour training program, children they studied were provided to higher levels of complex social and cognitive play, and caregivers practiced higher levels of sensitivity to children during the six-month study period.

Burchinal, Roberts, and Bryant (1996) reported that classrooms taught by caregivers with a higher level of training were associated with higher scores on the Infant and Toddler Environment Rate Scale (ITERS). In a later study, Burchinal, Cryer, et al. (2002) attempted to clarify the effects of early childhood training versus formal education. The study looked at
community college courses and in-service training, such as caregiver meetings in a day care center and a professional meeting. The in-service training was associated with higher quality of child care. The results indicated that when caregivers received the highest level of training and attended workshops, the class environment of the caregivers was related to higher child care quality. This study also proved that workshops may be an effective indicator to improve quality of child care.

Fiene (2002) examined 52 infant-caregivers from 27 children center-based programs who participated in the mentoring program for only 4 months, which enhanced the overall quality of classroom environment. Another study examined the child care quality of providers who worked in infant-toddler and preschool child care settings and who had completed a training course with an in-class component and follow-up onsite consultation visits. The researchers found significant differences in child quality as measured by Infant and Toddler Environment Rating Scale (ITERS) and Early Childhood Environment Rating Scale (ECERS) scores obtained before and after training (Campbell & Milbourne, 2005).

Although professional development activities are frequently suggested as a significant method to improve the quality of child care, few studies have examined the differential outcomes of particular professional development activities. Some professional development hours, like one-shot group training workshops, are not detailed enough to improve the quality of child care centers. More intensive strategies that include mentoring and consultation, but not a didactic training program, have been associated with higher measure of ITERS (Campbell & Milbourne, 2005).

Smith (1999) examined a positive relationship between the number of joint attention occurrences and the quality of child care centers. Joint attention is defined as a three-way
exchange in which a caregiver, an infant, and an object joined in interaction. Infants comprehended that other human beings were intentional agents and developed fundamental social cognitive skill. Smith addressed a positive correlation between the joint attention bouts in childcare centers and group size, as well as if the caregiver has a higher level of training, and infants experienced more occurrences of joint attention.

There was no statistical difference between the trained and untrained teachers regarding the use of questions with children, but the questions asked by trained teachers were generally more supportive of joint attention engagement. The trained teachers used more Focus-Follow-Talk™ procedure (which is a not yet a proprietary invention, but marked with a trademark symbol to discourage the procedure’s use without permission of author David W. Cain, Seymour, WI, at this time). Statements and joint-attention support statements did not have the same success with untrained teachers. Untrained teachers were more likely to use teacher-directed statements than the trained teachers (Cain, Rudd, & Saxon, 2007).

*Regulation of Training*

Some researchers have suggested that caregiver wages may be one of the strongest correlates of classroom quality (Phillips et al., 1992; Phillipsen et al., 1997; Scarr, Eisenberg, & Deater-Deckard, 1994). The *National Child Care Staffing Study* (Whitebook et al., 1993) mentioned that poor quality of care was associated with the inadequate compensation available to providers of child care. Unless efforts are made to increase the compensation of caregivers in day care centers, young children will continue to experience low-quality and highly unstable child care. Therefore, it is important to encourage recommendations that salaries of providers in child care centers be raised.
Clearly, highly qualified caregivers lead better programs and have a higher impact on young children’s short and long term development (Meadows, 1991). Norris (2001) studied the quality of child care provided by licensed caregivers without further training or with continuing professional development requirements. Norris found that ongoing participation in professional development activities, such as workshops and training, positively influenced the quality of the child care and the providers’ interactions with the children. Participants who continually participated in training were associated with higher measures of learning activities and basic care (Norris, 2001). Outcomes were better when child-staff ratios were smaller for children aged 24 months, and when the recommended levels of caregiver training and education was met at 36 months. Furthermore, the more standards that were met, the better the outcomes in terms of school readiness, language comprehension, and behavior problems at 36 months (NICHD Early Child Care Research Network, 1999).

According to Bredekamp and Copple (1997), developmentally appropriate guidelines supported a caring community, taught enhanced development and learning, constructed an appropriate curriculum, assessed children’s learning and development, and established reciprocal relationships with families. Along the same lines the directors of child care centers provided at least 20% of the center’s weekly operating hours and 8 hours of continuing staff development each year. All caregivers in the child day care centers completed professional development each year in all three of the core areas of child growth and development, positive guidance and discipline, and health and safety procedures.

Child growth and development included understanding the stages of child development, planning for and providing age appropriate activities, creating a classroom environment, and including children with special needs in the center’s program. Positive guidance and discipline
expected caregivers to use positive methods of guidance and discipline, promote positive
staff/child interactions, recognize, report, and prevent child abuse and neglect. Health and safety
procedures necessitate understanding child care center licensing regulations, understanding the
nutritional needs of children, implementing infection control techniques, recognizing and
responding to symptoms of illness and disease, preventing shaken-baby syndrome, placing
infants in the appropriate highly unstable sleep position, and administering medication and health
care procedures. These guidelines must be followed in centers, with training often found in
manuals, on videotapes, and short meetings or workshops to explain various topics and handouts
given to reinforce material.

Several studies have been conducted to better understand providers’ perspectives on
education and training. Results indicated that the beliefs and perceptions operated at different
levels. For instance, individual beliefs about the role of education for quality child care can
influence one’s motivation for pursuing additional training and professional development (Gable
& Hansen, 2001). The level of formal education predicted effective teaching in Head Start as
well as in child care in general (Abbott-Shim, Lambert, & McCarty, 2000). The research linking
teachers’ levels of education to classroom quality is not entirely consistent. For example,
Phillipsen et al. (1997) found that the association between teachers’ education and global
classroom quality disappeared when other structural features of the setting, e.g., adult:child ratio
and teacher wages, were added to the model. Hamre and Bridges (2004) pointed out that such
findings may indicate selection effects; teachers with more education were associated with
higher girls’ academic skills, but not boys’ academic skills.

Researchers suggested that more creative approaches are needed to make training and
educational programs more effective for infants and toddlers. Among the strategies that have
been suggested are role-play and simulation as well as demonstration and practice. In-service training may be made more effective if follow-up support and assistance is available (Buell, Hallam, Adams, & Willson, 2000).

Focused training and professional development related to early childhood curricula or practices was related to teachers’ more sensitive and stimulating language interactions with young children in child care homes (Clarke-Stewart et al., 2002) and child centers (Burchinal, Cryer, et al., 2002; NICHD ECCRN, 1999). Clarke-Stewart (1991) found that caregivers with more training were “less directive and authoritarian, more likely to help, to explain, to make tasks into games, and to respond to children’s initiation of play” (p.113).

Well-known barriers to implementing systematic and coordinated training efforts included high cost of classes, providers’ lack of time as caregivers juggle long working hours, family obligations, and sometimes second jobs necessary for financial survival. Other barriers included lack of access to affordable training, inconvenient training locations, and scheduling during evenings or weekends. Finally, there were few career development opportunities because of lack of credits for training. (Kendrick, 1994, p. 1108). Child outcomes were higher when teachers met recommendations regarding education. (Burchinal, Roberts, Riggins, Zeisel, Neebe, & Bryant, 2000).

In conclusion, training for caregivers was the critical factor in improving the quality of child care, so caregivers should receive training in various ways for short or long terms to increase their knowledge about child care, increase DAP belief scores, set appropriate environments, and continue to participate in training. Governments should issue regulations setting the number training hours to encourage caregivers to keep increasing their education about child care.
CHAPTER 3

METHODOLOGY

Research Design

The purpose of this study was to develop a relationship-based training program for South Korea toddler caregivers to improve the quality of child care and to support toddler caregivers to become effective as professional caregivers. The research also surveyed the toddler caregivers’ needs about training of toddler child care.

First, through searching theoretical background and the South Korean education system, the researcher developed the relationship-based approach toddler caregiver training program. Second, 6 Korean professors reviewed the relationship-based approach toddler caregiver training program. Third, through the data analysis, survey findings and recommendations of the 6 Korean professors were identified and classified to use in modifying the relationship-based training program for South Korea toddler caregivers. Fourth, the researcher modified the initial toddler caregiver training program, using recommendations from the 6 Korean professors in South Korea. The content in this chapter is organized under the following headings: (a) participants, (b) research questions, (c) instrumentation, (d) data collection, and (e) data analysis.

Participants

The participants in this study were 150 toddler caregivers serving children ages 16 to 36 months in the Seoul and Kyonnggi areas of South Korea. The researcher traveled to South Korea for the purposes of data collection. Initially, the researcher called the directors of child care centers from lists of licensed child care centers on the Seoul Child Care Information Center Website managed by the City of Seoul, which included information such as child care center addresses, phone numbers, handbooks, and pictures. Each director was asked if he/she wanted to
participant in this survey by explaining the purpose of this study. When the directors of child care
centers agreed to participate in this survey, the researcher asked how many caregivers were
employed in his/her child care center. The selection of candidate participants continued until 38
directors had agreed to participate. From 38 child care centers the researcher expected 300
toddler-caregivers to participate in this survey.

The researcher provided permission letters and return envelopes in Korean and English
versions to 38 directors of child care centers. Twenty directors returned the permission letters.
After approval from the University of North Texas Institutional Review Board, 20 child care
centers were sent consent forms (see Appendix D). The researcher sent the questionnaires with a
return envelope to the 165 toddler caregivers from 20 child care centers (see Appendix A).

The researcher reviewed South Korean university Web sites to determine if any of the
universities offered an early childhood education (ECE) preparation program. Professors from
ECE programs were selected who met the following criteria: (1) they had worked in a university
in Seoul or in Kyonnggi, (2) they had doctoral degrees in early childhood education, and (3) they
had published books or articles related to infants and toddler care. The researcher contacted 10
professors by e-mail in order to find 6 reviewers for this study. The study and the reviewer role
were explained. Three professors agreed to participate in this study. After securing 3 professors
as reviewers, the researcher called 3 professors by phone to ask them to participate in this study.
These professors agreed to participate in this study, so the 6 South Korean professors were
decided. There were two interview methods: (1) The relationship-based training program for
South Korean toddler caregivers researcher was sent to 3 professors before their meeting to allow
time for them to read it. After 2 weeks, the researcher sent the relationship-based training
program for South Korean toddler caregivers. The researchers reviewed each program
individually for 2 hours in their offices. (2) Three professors met with the researcher for one short meeting. The other 3 professors reviewed the relationship-based training program for South Korea toddler caregivers, then the researcher interviewed them individually for 3 hours in their offices. The researcher transcribed the notes after each interview.

Research Questions

Research questions were as follows:

1. What are South Korean caregivers’ needs for toddler training programs?
2. Did the South Korean toddler caregivers’ needs for trainings differ depending on their years of teaching experience?
3. To what extent, if any, does a relationship-based training program for South Korean toddler caregivers fit the South Korean education system and culture?
4. To what extent, if any, does relationship-based on training program for South Korean toddler caregivers include enough content related to toddler care?

Instrumentation

The survey questions used in this research were developed through a comprehensive review of the research literature, including prior surveys and questionnaires. The survey was first developed in English and then translated into Korean. Two Korean professors of early childhood education validated the Korean translation. After the survey was approved by the dissertation chairperson, the survey was field-tested in a pilot survey. The 10 pilot study participants met after the close of work on one day and completed the pilot survey (De Vaus, 1993; Gall, Gall, & Borg, 2003).

After the pilot study was completed, questionable items were deleted and a final form of the survey was completed and approved by the chair of my dissertation committee. The toddler
caregivers’ perceived needs for in-service training questionnaire included demographic categories, caregiver interest in the job, caregiver perception of the training, caregiver requirements regarding the training, and expectation of contents for training program. First, the toddler caregivers were asked the following demographic categories: (a) age, (b) employment history, (c) membership in a professional association, (d) level of education, (e) years of experience, and (f) specialized training.

Second, this questionnaire combined the two questionnaires of Kim (2006) and Shin (1994) by including 6 items to obtain caregiver interest in the job, caregiver perceived need for training, caregiver requirements for training, and expectation of contents. Questions 8, 12, 13, 14, 16, 17, 19, and 20 were extracted from the questionnaire by Kim (2006). Questions 10, 11, 15, and 18 were extracted from the questionnaire by Shin (1994). Question 9, 21, 22, and 23 came from the standard Korean accreditation certification (see Appendix A).

Furthermore, 5 of 16 items measured caregiver job satisfaction, caregiver perceived training needs, caregiver reason for attending training, caregiver preferred method of training, and caregiver preferred content area of training. A 4-point Likert scale was used for some of the responses (1 = most, 4 = least) while a 6-point Likert point measured other responses (1 = the most like to learn, 6 = the least like to learn). The rest of the 16 items measured caregiver enrollment in associations, reasons not to participate in training, caregiver preferred format of training, and caregiver expectation of contents for training program with multiple choices.
Relationship-based Training Program for South Korea Toddler Caregivers

To develop the toddler caregiver training program, the researcher reviewed the literature on child development. Caregivers who received the most training and education related to care of higher quality and caregivers showed more sensitivity to children in the child care center (Burchinal, Howes, & Cryer, 1997; Howes, 1997; National Institute of Child Health and Development [NICHD] Early Child Care Research Network [ECCRN], 1996; National Research Council and Institute of Medicine, 2003; Phillips, Mekos, Scarr, McCartney, & Abbott-Shin, 2000). Child care’s primary purpose is to build relationships that instill a positive sense of self in the world (Zero to Three Infant Mental Health Task Force, 2002). The concept of toddler mental health reminds that children are inherently social humans whose development and sense of self are largely determined by the quality their primary relationship (Kadija & Charles, 2005). Teachers need to be calmer, more nurturing, more intuitive, and less directive with toddlers than with preschoolers (Keenan, 1998).

Therefore, the researcher chose a relationship-based approach to develop a toddler caregiver training program. A relationship-based approach to teaching begins with the understanding that relationships are central to development (Center for Early Education and Development, 2007; Soltero, 2004; Wittmer & Petersen, 2006). Bredekamp and Copple (1997) suggested developmentally appropriate guidelines for toddler caregivers such as (1) producing a warm community, (2) enhancing learning and development, (3) creating appropriate curriculum, (4) assessing children’s development and learning, and (5) making reciprocal relationships with families.

The researcher made the format of initial toddler training program using concepts from the Zero to Three training programs (Leinfeder, & Segal, 2005; California Department
of Education 1993a, 1993b, 1993c, 1995) and toddler activities referred to in toddler education books (Charner, Murphy, & Clark 2006; Lally, Griffin, Fenichel, Segal, Szanton, & Weissbourd, 2003; Miler & Albrecht, 2001) (see Appendix D).

Data Collection

The researcher designed the interview questions with the major professor. The interview questions called for open-ended responses regarding contents, activities, and new information appropriate to Korean culture and Korean system of the toddler caregiver training program (see Appendix B). Information from professors was essential to ascertain whether this new program, from another country, would be accepted.

A translator must understand and explore the socio-cultural, religious, scientific and political importance in the context. The translator also should read attentively, reflect, imagine, compare, make global or local assessments beyond the immediate unit, and seek out the clues in an overall attempt to get the feel of the source text (Chalatip, 2001, p. 45).

Replication is the adaptation of a successful model program or practice to new locations or to new populations. Ongoing training is key. The lead agency must train and retrain people at the site when the model changes or staffs turn over (Krieg & Lewis, 2005).

Israsena (2007) described the implementation of Success for Life in Thailand. The program was an early childhood program of high quality that (1) was based on research, best practices, and theories, (2) met the Ministry of Education’s standards for a program, (3) did not require special materials, and (4) supported Thai culture, customs, and beliefs about children. Therefore, an interview question was included in each section about the contents, activities, and fitness of South Korean culture and education system. In addition, interviews were constructed with open-ended questions in order to allow interviewees to express their opinions.
Data Analysis

The data were analyzed using the SPSS® statistical and data management package (SPSS Inc., Chicago, IL, www.spss.com) Version 14. The researcher used descriptive statistics to measure toddler caregiver needs, perceptions, and training challenges as well as to examine the characteristics of the study variables (Gall, Gall, & Borg, 2003). To test research question 1, descriptive statistics were used to identify characteristics of participants, the level of caregiver job satisfaction, caregiver perception of the training, caregiver needs for the training, the expectation of contents for the training program, and the topics caregivers desired to learn during training. Research question 1 was explored through descriptive statistics. Chi-square was conducted to test whether toddler caregiver needs, perceptions, and challenges of training differed depending on their total teaching experiences, teaching experiences with infants and toddlers, the way to receive the caregiver certification, and type of caregiver certification \( p > .05 \) (Gall et al., 2003).

Data Screening

The questionnaires were distributed 300 participants and returned from 165 caregivers (return rate 53.2%) from 20 child care centers in South Korea. Of the returned questionnaires, 165 caregivers worked with children ages 16 to 36 months in child care centers in Seoul and Kyonggi and had caregiver certification; these caregivers participated in this study. Fifteen surveys had many missing answers, so they were not used and were withdrawn, leaving a total of 150 subjects for data analysis.

Interviews

Each interview transcript was read repeatedly in an effort to identify important points each professor desired to modify in toddler caregiver training programs. The researcher
identified the themes of each professor and distinguished these themes into each interview question and other categories.

Limitations of the Study

First, this study was a sample of convenience. The researcher selected only subjects \( N = 150 \) who agreed to participate in this study, so results could not be generalized because a random sample was not done. Second, the participants were from only 2 regions in South Korea, so they might not be representative of all caregivers in child care centers in South Korea. The last limitation was that only 6 professors from 2 regions in South Korea were interviewed to review the relationship based on toddler caregiver training program, and they might not necessarily be representative of all professors and early childhood educators in universities and colleges in the country.
CHAPTER 4
RESULTS

The purpose of this study was to develop a relationship-based toddler training program modified by findings from the survey of the caregivers and findings from interviewing six professors to improve quality of toddler care in South Korea. The questionnaires, toddler caregiver needs and perception of in-service training involved demographic information, caregivers’ interest in their jobs, caregiver perception of the necessary training, and the expectation of components of the training program.

The results of the present study include the first section that describes the demographic characteristics of the sample of toddler caregivers who participated in this study. The second section answers Research Question 1 by describing caregiver needs and suggestions for the training program in South Korea. The third section explores the differences of toddler caregiver training needs and the way to obtain caregiver certification, total teaching experience, and teaching experience with infants and toddlers. The fourth section provides qualitative data from 6 professors’ recommendations reflected in the initial relationship-based approach toddler training program.

Demographic Profile of the Participants

The participants in this descriptive study included 150 toddler caregivers within the Seoul and Kyonggi areas in the South Korea. Table 1 shows categorical demographic characteristics of the caregivers. The toddler caregivers in South Korea ranged in age from 25 to 30 years (61.4%), and 78% of participants graduated from 2-year colleges and/or 4-year universities. The majority (98%) of the participants had second- and first-degree caregiver certification; 66.6% of
participants had more than three years total experience in teaching. However, 56.7% of participants had fewer than 2 years of teaching experience with infants and toddlers.

Table 1

*Demographics of Participants (N = 150)*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 25</td>
<td>31</td>
<td>20.7</td>
</tr>
<tr>
<td>25-30</td>
<td>61</td>
<td>40.7</td>
</tr>
<tr>
<td>31-35</td>
<td>22</td>
<td>14.7</td>
</tr>
<tr>
<td>35-40</td>
<td>20</td>
<td>13.3</td>
</tr>
<tr>
<td>Over 40</td>
<td>16</td>
<td>10.7</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school</td>
<td>30</td>
<td>20.0</td>
</tr>
<tr>
<td>College</td>
<td>77</td>
<td>51.3</td>
</tr>
<tr>
<td>University</td>
<td>40</td>
<td>26.7</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Type of certification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The first degree of caregiver certification</td>
<td>132</td>
<td>88.0</td>
</tr>
<tr>
<td>The second degree of caregiver certification</td>
<td>15</td>
<td>10.0</td>
</tr>
<tr>
<td>The third degree of caregiver certification</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>How to receive certification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduated in early child education field</td>
<td>101</td>
<td>68.4</td>
</tr>
<tr>
<td>Took some classes in institute</td>
<td>49</td>
<td>31.6</td>
</tr>
<tr>
<td><strong>Teaching experience with under 5-year-olds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 1 year</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>1-2 years</td>
<td>41</td>
<td>27.3</td>
</tr>
<tr>
<td>3-4 years</td>
<td>38</td>
<td>25.3</td>
</tr>
<tr>
<td>over 5</td>
<td>62</td>
<td>41.3</td>
</tr>
<tr>
<td><strong>Teaching experience with infants and toddlers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 1 year</td>
<td>25</td>
<td>16.7</td>
</tr>
<tr>
<td>1-2 years</td>
<td>69</td>
<td>46.0</td>
</tr>
<tr>
<td>3-4 years</td>
<td>36</td>
<td>24.0</td>
</tr>
<tr>
<td>over 5</td>
<td>20</td>
<td>13.3</td>
</tr>
</tbody>
</table>

Table 2 shows 76.7% of participants were satisfied with their job. The majority (92.7%) of participants were not members of any association related to toddler care.
Table 2

*Job Satisfaction (N = 150)*

<table>
<thead>
<tr>
<th>Job satisfaction</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>Satisfied</td>
<td>105</td>
<td>70.0</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>32</td>
<td>21.3</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>3</td>
<td>2.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Associations</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 5</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>3-4</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>1-2</td>
<td>26</td>
<td>17.3</td>
</tr>
<tr>
<td>None</td>
<td>113</td>
<td>75.3</td>
</tr>
</tbody>
</table>

This part explores the South Korean toddler caregivers’ needs for training as the 1st research question. Table 3 displays all participants (100%) perceived that receiving the training programs in toddler care was very necessary.

Table 3

*Perceived Need for Training (N = 150)*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very necessary</td>
<td>100</td>
<td>66.7</td>
</tr>
<tr>
<td>Necessary</td>
<td>50</td>
<td>33.3</td>
</tr>
<tr>
<td>A little necessary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not necessary</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
As shown in Table 4, 50% of participants desired to attend training program on toddler care because they lacked previous education, curriculum, and training programs related to toddler care. A total of 72.1% of participants attended no more than 2 training programs per year. With only 64% of the participants responding, it was difficult to confirm that the obstacle of finding a substitute teacher was a reason for the caregiver not attending the training programs.

Table 4

*Reason Participating Training (N = 150)*

<table>
<thead>
<tr>
<th>Reason for attending training</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing participation child in child care centers</td>
<td>52</td>
<td>34.7</td>
</tr>
<tr>
<td>Lack pre-service training program</td>
<td>23</td>
<td>15.3</td>
</tr>
<tr>
<td>Related to toddler care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of curriculum for toddler care</td>
<td>36</td>
<td>24.0</td>
</tr>
<tr>
<td>Lack training program for toddler care</td>
<td>39</td>
<td>26.0</td>
</tr>
<tr>
<td>Attending time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or more per year</td>
<td>15</td>
<td>10.0</td>
</tr>
<tr>
<td>2 per year</td>
<td>27</td>
<td>18.0</td>
</tr>
<tr>
<td>1 per year</td>
<td>56</td>
<td>37.3</td>
</tr>
<tr>
<td>None</td>
<td>52</td>
<td>34.7</td>
</tr>
<tr>
<td>Obstacle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substitute teacher</td>
<td>96</td>
<td>64.0</td>
</tr>
<tr>
<td>Caregiver’ fear</td>
<td>25</td>
<td>16.7</td>
</tr>
<tr>
<td>Lack information</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>Director</td>
<td>5</td>
<td>3.3</td>
</tr>
<tr>
<td>Parent’s fear</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Private reason</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>11.3</td>
</tr>
</tbody>
</table>
Table 5 displays that most participants preferred to attend workshops (74%) and prefer to visit an exemplary day care center (61%) as the desirable training type. A total of 21.8% of participants chose lectures, so lecture was the least desirable training type to attend.

Table 5

*Ranking of Participant’s Desired Training Type (N = 150)*

<table>
<thead>
<tr>
<th>Training type</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Visiting of exemplary day care centers</td>
<td>40</td>
</tr>
<tr>
<td>Workshops</td>
<td>34</td>
</tr>
<tr>
<td>Group discussions</td>
<td>17</td>
</tr>
<tr>
<td>Lectures</td>
<td>10</td>
</tr>
</tbody>
</table>

*Note:* 1 = Most desired, 4 = Least desired

Table 6 describes that the majority (84%) of participants preferred to have professors and school inspectors as speakers for a training program.

Table 6

*Participants’ Desired Speakers for Training Program (N = 150)*

<table>
<thead>
<tr>
<th>Speaker</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professors</td>
<td>75</td>
<td>50.0</td>
</tr>
<tr>
<td>School inspectors</td>
<td>51</td>
<td>34.0</td>
</tr>
<tr>
<td>Directions or caregivers</td>
<td>20</td>
<td>13.3</td>
</tr>
<tr>
<td>Teachers for music and art</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Child welfare specialist</td>
<td>1</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Table 7 shows that 60% of participants preferred to attend a day class and Internet class for training. However, participants had a variety of preferences of the month to attend training.
Table 7

*Desired Class Time for Training (N = 150)*

<table>
<thead>
<tr>
<th>When</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day class</td>
<td>52</td>
<td>34.7</td>
</tr>
<tr>
<td>Night class</td>
<td>23</td>
<td>15.3</td>
</tr>
<tr>
<td>Saturday</td>
<td>36</td>
<td>24.0</td>
</tr>
<tr>
<td>Internet class</td>
<td>39</td>
<td>26.0</td>
</tr>
<tr>
<td><strong>Month</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>18</td>
<td>12.0</td>
</tr>
<tr>
<td>February</td>
<td>20</td>
<td>13.3</td>
</tr>
<tr>
<td>March</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>April</td>
<td>12</td>
<td>8.7</td>
</tr>
<tr>
<td>May</td>
<td>15</td>
<td>10.0</td>
</tr>
<tr>
<td>Jun</td>
<td>12</td>
<td>8.0</td>
</tr>
<tr>
<td>July</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>August</td>
<td>11</td>
<td>7.3</td>
</tr>
<tr>
<td>September</td>
<td>18</td>
<td>12.0</td>
</tr>
<tr>
<td>October</td>
<td>14</td>
<td>9.3</td>
</tr>
<tr>
<td>November</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>December</td>
<td>4</td>
<td>2.7</td>
</tr>
</tbody>
</table>

As shown in Table 8, participants answered each item of concepts for training with either yes or no, so the maximum score of each concept was 100%. The concept most frequently taught in caregiver trainings during past year was the concept of toddler development (51.3%). Participants received various activities in cognitive development (42%), physical development (40%), language development (39.3%), and social and emotional development (36.7%) in trainings during the past year. However, the least covered concepts in caregiver training were collaborating with the community (17.3%) and recording of toddlers (20%).
Table 8

*Concepts Caregivers Received in Trainings During the Past Year (N = 150)*

<table>
<thead>
<tr>
<th>Concepts</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristic of toddler development</td>
<td>77</td>
<td>51.3</td>
</tr>
<tr>
<td>Prevention of accident</td>
<td>74</td>
<td>49.3</td>
</tr>
<tr>
<td>Classroom Environment</td>
<td>68</td>
<td>45.3</td>
</tr>
<tr>
<td>First aid</td>
<td>67</td>
<td>44.7</td>
</tr>
<tr>
<td>Prevention of diseases</td>
<td>66</td>
<td>44.7</td>
</tr>
<tr>
<td>Sanitation</td>
<td>65</td>
<td>43.3</td>
</tr>
<tr>
<td>Interaction</td>
<td>65</td>
<td>43.3</td>
</tr>
<tr>
<td>Activities for cognitive development</td>
<td>63</td>
<td>42.0</td>
</tr>
<tr>
<td>Daily schedule</td>
<td>62</td>
<td>41.3</td>
</tr>
<tr>
<td>Activities for physical development</td>
<td>60</td>
<td>40.0</td>
</tr>
<tr>
<td>Guide routines</td>
<td>59</td>
<td>39.3</td>
</tr>
<tr>
<td>Activities for language development</td>
<td>59</td>
<td>39.3</td>
</tr>
<tr>
<td>Observation and assessment for toddler</td>
<td>58</td>
<td>38.7</td>
</tr>
<tr>
<td>Activities for social and emotional</td>
<td>55</td>
<td>36.7</td>
</tr>
<tr>
<td>Parent education</td>
<td>53</td>
<td>35.3</td>
</tr>
<tr>
<td>Activities for art</td>
<td>49</td>
<td>32.7</td>
</tr>
<tr>
<td>Toy</td>
<td>47</td>
<td>31.3</td>
</tr>
<tr>
<td>Toddler’ temperament</td>
<td>45</td>
<td>30.0</td>
</tr>
<tr>
<td>Toddler problems</td>
<td>44</td>
<td>29.3</td>
</tr>
<tr>
<td>Appropriate books</td>
<td>42</td>
<td>28.0</td>
</tr>
<tr>
<td>Help parents who devoice and abuse</td>
<td>36</td>
<td>24.0</td>
</tr>
<tr>
<td>Recording for toddler</td>
<td>30</td>
<td>20.0</td>
</tr>
<tr>
<td>Collaboration with the community</td>
<td>26</td>
<td>17.3</td>
</tr>
</tbody>
</table>

Table 9 shows most participants desired to learn developmental theory (62.6%) and the teacher’s role (76%). However, participants least desired to learn parent and community skills (66.6%) and curriculum ideas (45.6%).
Table 9

*Ranking of Desired Topics for Toddler Caregiver Training (n = 150)*

<table>
<thead>
<tr>
<th>Education area</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Development theory</td>
<td>37.3 17.3 18.0 7.3 10.0 10.0</td>
</tr>
<tr>
<td>Environment</td>
<td>7.3 25.3 18.7 24.0 14.0 10.7</td>
</tr>
<tr>
<td>Routine</td>
<td>11.3 14.7 22.0 20.0 20.0 11.3</td>
</tr>
<tr>
<td>Curriculum</td>
<td>4.7 13.3 10.0 26.7 24.7 20.6</td>
</tr>
<tr>
<td>Teacher’s role</td>
<td>31.3 24.7 20.7 11.3 9.3 2.7</td>
</tr>
<tr>
<td>Parent and community</td>
<td>8.0 5.3 10.0 10.0 21.3 45.3</td>
</tr>
</tbody>
</table>

*Note: 1 = Most desired, 6 = Least desired*

Table 10 shows that, if they participated in toddler training program, most participants (76.7%) desired to learn characteristics of toddler development and the temperament of toddlers among the theory.

Table 10

*Theory (N = 150)*

<table>
<thead>
<tr>
<th>Theory</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The brain development</td>
<td>6</td>
<td>4.0</td>
</tr>
<tr>
<td>The characteristics of toddler development</td>
<td>79</td>
<td>52.7</td>
</tr>
<tr>
<td>The temperament of toddlers</td>
<td>36</td>
<td>24.0</td>
</tr>
<tr>
<td>The attachment</td>
<td>29</td>
<td>19.3</td>
</tr>
</tbody>
</table>

Table 11 shows 30.7% of participants desired to learn the concept of setting up the classroom and the environment and health. The next concepts participants desired to learn were first aid (23.4%) and the prevention of accidents (20.7%).
Table 11

*Environment and Health (N = 150)*

<table>
<thead>
<tr>
<th>Environment and health</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting class room</td>
<td>46</td>
<td>30.7</td>
</tr>
<tr>
<td>Sanitation in the day care centers</td>
<td>19</td>
<td>12.7</td>
</tr>
<tr>
<td>The prevention of diseases</td>
<td>19</td>
<td>12.7</td>
</tr>
<tr>
<td>The prevention of accidents</td>
<td>31</td>
<td>20.7</td>
</tr>
<tr>
<td>First aid</td>
<td>35</td>
<td>23.4</td>
</tr>
</tbody>
</table>

Table 12 shows that most of the participants (50.0%) desired to learn observation and assessment, followed next by lessons on class schedules (33.3%).

Table 12

*Routine and Recording (N = 150)*

<table>
<thead>
<tr>
<th>Routine</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Schedule</td>
<td>50</td>
<td>33.3</td>
</tr>
<tr>
<td>Observation and assessment</td>
<td>75</td>
<td>50.0</td>
</tr>
<tr>
<td>Recoding (portfolio)</td>
<td>12</td>
<td>8.0</td>
</tr>
<tr>
<td>Appropriate toy</td>
<td>13</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Table 13 describes that most participants (88.0%) desired to learn activities for cognitive development and appropriate books and activities related to language in curriculum.
Table 13

*Learned Activities for Toddler Care (N = 150)*

<table>
<thead>
<tr>
<th>Curriculum</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities for cognitive development</td>
<td>111</td>
<td>74.0</td>
</tr>
<tr>
<td>Appropriate books</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>Activities language development</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>Activities for Social and emotional development</td>
<td>8</td>
<td>5.3</td>
</tr>
<tr>
<td>Activities for art</td>
<td>8</td>
<td>5.3</td>
</tr>
<tr>
<td>Activities for physical development</td>
<td>5</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Table 14 shows most participants desired to learn how to work with parents (88.6%). However, a few (11.3%) participants want to learn how to collaborate their community.

Table 14

*Parents and Community (N = 150)*

<table>
<thead>
<tr>
<th>Parents and community</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting education</td>
<td>68</td>
<td>45.3</td>
</tr>
<tr>
<td>Information to help parents who are divorced and abused</td>
<td>65</td>
<td>43.3</td>
</tr>
<tr>
<td>How to collaborate the community</td>
<td>17</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Chi-square

This part explores the 2nd research question, the differences of toddler caregivers’ needs for a training program to receive the caregiver certification, teaching experience with children under 5 years old, and teaching experience with infants and toddlers as the 2nd research question.
Independent variables were toddler caregivers’ needs for training program in preparation to complete the caregiver certification, total teaching experience, and teaching experience with infants and toddlers. Dependent variables were 16 items of the questionnaire. However, most results of chi-square for this study did not have statistically significant differences, so the results of chi-square for this study are statistically significant different $p > .05$.

Table 15 shows there is a statistically significant difference: $x^2(15) = 31.490, p > .05$.

Table 16 displays preferred speakers by participants were experienced caregivers or directors in day care centers as speakers in the training program. However, caregivers who have taught for more than 5 years preferred to hear a child welfare specialist as the second choice of training program speaker. Participants with fewer than 4 years of teaching preferred professors who teach early childhood education.

Table 15

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Df</th>
<th>Value</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>31.490</td>
<td>.008*</td>
</tr>
</tbody>
</table>

*p > .05

Chi-square Result of Preferred Speaker (N = 150)
Table 16

*Preferred Speaker Regarding Teaching Years (N = 150)*

<table>
<thead>
<tr>
<th>School inspector</th>
<th>Professor</th>
<th>Experienced caregivers or directors (day care centers)</th>
<th>Child welfare specialist</th>
<th>Teachers for music and art</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching years with children under 5 years of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 1 year</td>
<td>2</td>
<td>6</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>1-2 years</td>
<td>0</td>
<td>16</td>
<td>45</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3-4 years</td>
<td>0</td>
<td>13</td>
<td>19</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>More than 5 years</td>
<td>1</td>
<td>0</td>
<td>14</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>35</td>
<td>88</td>
<td>11</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 17 shows only 1 of 6 indicators under education areas has a statistically significant difference: \( \chi^2(15) = 25.526, p > .05 \). Also, Table 18 describes only 1 of 6 indicators under the education area, teacher’s role has a statistically significant different. Most caregivers who had total teaching experience less than 1 year and more than 5 years chose the teacher’s role as third or fourth important item among education areas. However, the rest of caregivers chose the first item as teacher’s role.

Table 17

*Chi-square Result of Teacher’s Role Depending on Total Teaching Years*

<table>
<thead>
<tr>
<th>Df</th>
<th>Value</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher’s role</td>
<td>15</td>
<td>25.526</td>
</tr>
</tbody>
</table>

* \( p > .05 \)
Table 18

*Ranking of Teacher’s Role by Total Teaching Years (N = 150)*

<table>
<thead>
<tr>
<th>Total teaching years</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>1-2 years</td>
<td>16</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>41</td>
</tr>
<tr>
<td>3-4 years</td>
<td>13</td>
<td>4</td>
<td>14</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>38</td>
</tr>
<tr>
<td>More than 5 years</td>
<td>18</td>
<td>21</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>1</td>
<td>62</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>37</td>
<td>31</td>
<td>17</td>
<td>14</td>
<td>4</td>
<td>150</td>
</tr>
</tbody>
</table>

Table 19 shows there is a statistically significant difference: $x^2(10) = 21.364, p > .05$.

Table 20 shows that most caregivers who had the first degree of caregiver certification and the second degree of caregiver certification chose development as the first item to learn in the education areas of developmental theory, environment and health, routine, curriculum, teacher’s role, and parents and community. However, a majority of caregivers who had the third degree of caregiver certification chose development as the fourth item to learn in the education areas.

Table 19

*Chi-square Result of Degree of Caregiver Certification*

<table>
<thead>
<tr>
<th></th>
<th>Df</th>
<th>Value</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>10</td>
<td>21.364</td>
<td>.019*</td>
</tr>
<tr>
<td>Parents</td>
<td>10</td>
<td>18.436</td>
<td>.048*</td>
</tr>
</tbody>
</table>

* $p > .05$
Table 20

*Ranking Development by the Degree of Caregiver Certification (N = 150)*

<table>
<thead>
<tr>
<th>Qualification Degree</th>
<th>Ranking of development</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The first degree of caregiver certification</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>The second degree of caregiver certification</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>The third degree of caregiver certification</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>26</td>
</tr>
</tbody>
</table>

Table 21 shows there is a statistically significant difference: $\chi^2(10) = 18.436, \ p > .05$

Table 22 describes most caregivers who had the first degree of caregiver certification and the second degree of caregiver certification chose parents as the last item to learn about education.

However, majority of caregivers who had the third degree of caregiver certification chose parents as the first item needed to learn in the education areas.
Table 21

**Ranking Parents Depending on the Degree of Caregiver Certification**

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Degree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first degree of caregiver certification</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The second degree of caregiver certification</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The third degree of caregiver certification</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 22

**Ranking Development by the Degree of Caregiver Certification (N=150)**

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Degree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first degree of caregiver certification</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The second degree of caregiver certification</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The third degree of caregiver certification</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 23 shows that only parents of 6 indicators among education area has statistically significant difference: \( x^2(5) = 12.294, p > .05 \). Table 24 describes that the majority of caregivers, who received caregiver certification from institutes, chose parents as the third, second, and fourth items needed to learn, in this order. However, most of the caregivers, who received caregiver certification from college, chose parents as the second, fourth, and fifth items they needed to learn, in this order.
Table 23

Chi-square for Ranking of Parents by Studying Hours

<table>
<thead>
<tr>
<th>Df</th>
<th>Value</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents’</td>
<td>5</td>
<td>12.294</td>
</tr>
</tbody>
</table>

*p > .05

Table 24

Ranking of Parents Depending on School

<table>
<thead>
<tr>
<th>Studying hours</th>
<th>Ranking of parent education</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received caregiver certification from colleges</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Received caregiver certification from institutes</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>38</td>
</tr>
</tbody>
</table>

Qualitative Research

The last 2 research questions used qualitative method to describe 6 South Korean professors’ detail opinions. This qualitative section explains how the researcher reflected on 6 professors’ recommendations on the initial relationship-based toddler training program to the final relationship-based toddler training program for South Korean toddler caregivers. The researcher intended to investigate whether this training program would be appropriate to South Korea culture and education system through professor interviews. The researcher developed interview questions focusing on South Korean culture and education system, so the interview questions consisted of the same questions in each section. When the researcher interviewed the professors, they pointed out other parts such as writing processing, background theory, and purpose of this training program.
The 3rd research question asked: to what extent, if any, is relationship-based training program for South Korean toddler caregiver that fits the South Korean educational system and culture? All professors suggested this toddler training program should be based on the Korean child development standard. One professor mentioned, “I like the handout (p. 162, Examples of Children’s Early Language). However, Korean children have different grammar mistakes from American children. So you may find Korean research of that kind and use it or remove it.” The examples of children’s early language were removed because of the difference between English grammar and Korean grammar. The researcher did not find the same kind of research in South Korea.

Another professor said, “You should put the Korean characters of pictures in the training program. South Korean infants and toddlers have different developmental stages in language, in physical, and math development, with special counting ability our toddlers are faster than toddlers in America.” All pictures were changed to the Asian characters of pictures. Also, the videos the trainer showed during training were translated to Korean. So when caregivers were watching the video, the trainer explained the situation and communication. In addition, after watching the videos the caregivers would receive a transcript of the video written in Korean.

Another professor said, “There are some concepts in this training program which are not fit for Korean systems. For example, group size, adult and children ratio. Consider the South Korean situation. This training program should be based on day care accreditation standards.” The researcher added adult and children ratio of Korean day care accreditation standard because adult and children ratio of Korean day care accreditation was higher than the ratio used in the initial training program by Zero to Three (California Department of Education, 2005). Korean day care accreditation did not mention group size of children with caregivers, so the researcher
showed that the adult-to-child ratio suggested by Zero to Three did not fit the Korean situation right now because that was one of the desirable guides.

The researcher also modified the contents of training program to follow the standards of the Korean day care accreditation certification system. Four of 6 Korean professors said, “Korean government started to use day care accreditation certification system in 2005, so the researcher should design a training program based on standards of accreditation certification system.” The standard of Korean day care accreditation certification was consistent in 7 sections (care environment, administration, curriculum, interaction, health and nutrition, safety, family and corporation with community).

Some part of the 7 sections did not need to be covered by caregivers, so the researcher adjusted from 6 sections to 6 modules (see Table 25, adjusting sections of training program). The terminology of this training program was revised so that a *section* collects activities related to one theme. A *module* is connected to all lessons in each section If the participants complete 1 module, they may receive the 1 handout for the main topic of each module.

Three professors suggested the format of the toddler caregiver training program. “You may make a consistent format for all sections. For example, first explain each section; second, show the video related to each; third, provide activities; fourth, discuss what they learned (reflecting thinking) and their challenges.” Another professor said, “You may put the last chapter explaining your reason why you create this training program.” The researcher added the evaluation form and homework for each module. The order of activities was reorganized according to the process of the whole relationship-based training program for South Korean toddler caregivers.
Table 25

*Adjusting Sections of Training Program*

<table>
<thead>
<tr>
<th>Section Module</th>
<th>The initial training program</th>
<th>The relationship-based approach of toddler caregiver training program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Lesson</td>
<td>Section 1: The environment&lt;br&gt;Activity (1) space to grow&lt;br&gt;(2) toddler care setting&lt;br&gt;(3) appropriate environment&lt;br&gt;(4) health and safety</td>
<td>Module 1: Development&lt;br&gt;Lessons (1) social-emotional development (added)&lt;br&gt;(2) temperament (added)&lt;br&gt;(3) language development</td>
</tr>
<tr>
<td></td>
<td>Section 2: Routines and continuity of care&lt;br&gt;Activity (1) diapering&lt;br&gt;(2) greetings and departures&lt;br&gt;(3) record keeping&lt;br&gt;(4) personal reflection about a nurturing relationship (primary care)</td>
<td>Module 2: The environment&lt;br&gt;Lessons (1) space to grow&lt;br&gt;(2) toddler care setting&lt;br&gt;(3) appropriate environment&lt;br&gt;(4) play materials</td>
</tr>
<tr>
<td></td>
<td>Section 3: Curriculum&lt;br&gt;Activity (1) discovery&lt;br&gt;(2) the ages of toddler (play materials)&lt;br&gt;(3) language development of toddler&lt;br&gt;(4) good books for toddlers (take off)&lt;br&gt;(5) possibilities plan (Example activity)</td>
<td>Module 3: Curriculum&lt;br&gt;Lessons (1) discovery&lt;br&gt;(2) making plan (modified)&lt;br&gt;(3) supporting exploration</td>
</tr>
<tr>
<td></td>
<td>Section 4: Teachers’ role&lt;br&gt;Activity (1) supporting exploration&lt;br&gt;(2) caregiver responsiveness&lt;br&gt;(3) together in care: Small groups</td>
<td>Module 4: Interaction&lt;br&gt;Lessons (1) primary care&lt;br&gt;(2) small groups&lt;br&gt;(3) continuity of care (added)&lt;br&gt;(4) together in care&lt;br&gt;(5) caregiver responsiveness</td>
</tr>
<tr>
<td></td>
<td>Section 5: Brain development&lt;br&gt;Activity (1) understand brain development (take off)</td>
<td>Module 5: Health and safety&lt;br&gt;Lessons (1) health and safety&lt;br&gt;(2) diapering&lt;br&gt;(3) first aid (added)</td>
</tr>
<tr>
<td></td>
<td>Section 6: Parent and families&lt;br&gt;Activity (1) partnership with parents&lt;br&gt;(2) dealing with separation (first day)&lt;br&gt;(3) special issues (child abuse)</td>
<td>Module 6: Parents and Family&lt;br&gt;Lessons (1) partnership with parents&lt;br&gt;(2) first day&lt;br&gt;(3) greetings and departures&lt;br&gt;(4) record keeping&lt;br&gt;(5) child abuse</td>
</tr>
</tbody>
</table>

* ( ) only titles were changed at the final training program*
The last research question is whether this training program included enough content related to toddler care. All professors mentioned similar answers. “Now we have many training programs for toddlers. You may create your own training program based on the theory you choose. We need more training programs.” Or, “It depends on the level of each participant, and if you want to know whether the new caregivers gain knowledge from this training program, make a self-check or quiz. Choose main points and then ask them about the main points after taking the training program.”

The researcher did not focus on the individual outcomes of the training program for this study, so the self-check or quiz usually used by trainees was not included in this training program for South Korean toddler caregivers. However, the researcher added the evaluation of each module for this training program. The 6 professors freely suggested the training program from the interview question, so the researcher accepted the recommendations for this study.

The professors differed about how much content was included in this toddler training program. One of professors suggested that “Toddler caregivers know the duties in day care center, but they did not do their responsibility such as washing hands during changing. You should put important knowledge in training program even though caregiver knew the knowledge in the training program because they need to be reminded how important it is to keep the same rules, attitudes, and concepts of child care.”

Another professor mentioned, “Some important points should be put in this training program in all sections. For example, when toddler caregivers are changing a diaper, do not leave a child alone.” This professor asked to put more information about discipline in this training program. Also, one professor said, “It is difficult for many caregivers to evaluate and report about children in day care centers. If you provide various ways to evaluate and report about the
children in day care centers that is helpful. Give the caregivers chances to practice for evaluations and reporting of children during training.” Another professor insisted, “On the routines section, the researcher included diapering, greetings and departures, recording keeping, and personal reflection about a nurturing relationship. You missed the nutritious food for the day care center, the method of disciplining for eating, putting clothes, washing hands, toilet training, and taking a nap.”

In addition, the professors requested that the researcher put more examples for evaluation of toddlers and positive communication with a contrary toddler. One professor mentioned, “You can decide how much content to put in the training program according to your background theory. The contents need to fit your theory for the training program. Yes, it is ok. You may check it by yourself.”

The researcher insisted that the interaction with caregivers be the core of child development, especially for toddlers, in this relationship-based approach training program. Also, the training program is not the normal book, but it is the essential handbook, so readers can understand what the students would learn during training. The topics audiences bring would vary and the answers would be diverse depending on the actual condition. Therefore, the researcher included the contents of the Korean day care accreditation standard related to relationship-based on approach. The caregivers apply the basic rules to other items if they understand the basic rule to deal with it. In initial training, the gathering of information for the assessment and observations were just provided on initial training program. The researcher might practice the information of the assessment and observations through activities with participants during training. In Module 3, participants might work together to make the curriculum for their class based on the information from assessments and observations.
Some professors noted, “I like this type of training program, such as small group discussion, watching videos, writing journals, and especially handouts. Those are very organized and essential. But the length of development was too long (p. 126). Social emotional development, young infants is from one to 9 months, mobile infants from 9 months, and toddler from 18 months to 36 months (pp. 125-130). The period of toddler is too long, isn’t it? However, the length of observation was appropriate (p. 208). Observation/assessment instruments 18-24 months, 24-30 months, and 30-36 months.” The content of this training program should be based on South Korean research.

Record-keeping forms used to assess toddlers or record observations about the children were included in the training materials, so the handouts merely listed the suggested contents for portfolios for caregivers with toddlers and for caregivers with children of mixed ages. Caregivers actually used the observation/assessment forms for recording assessments or observations in the children’s portfolios, so the toddler period was divided into 3 substages. This training program focused on toddlers, so observation and assessment forms for infants were not included.

Another professor declared, “I expected some activities for continuity of care in Section 2 (Routines and continuity of care). You did not put any activity for continuity of care. Also, you mentioned temperament on key points, but the researcher cannot see any activity for temperament. Temperament is important for toddlers.”

Temperament was added to Module 1, Development. In addition, teacher’s role was changed to interaction, so the trainer would be able to discuss the topic the continuity of care. It is hard to execute the continuity of care in the child care centers because of the teachers’ leaving and class situations. Some professors noted, “I like this type of training program, such as small group discussion, watching videos, writing journals, and especially handouts. Those are very
organized and essential. But the length of development was too long (p. 126). Social emotional
development, young infants is from one to 9 months, mobile infants from 9 months, and toddler
from 18 months to 36 months (pp. 125-130). The period of toddler is too long, isn’t it? However,
the length of observation was appropriate (p. 208). Observation/assessment instruments 18-24
months, 24-30 months, and 30-36 months.”

All professors wondered why the section of brain development was included in only one
activity. One professor said, “Why did you put only one activity on brain development? You may
reorganize the brain development into another section. Why do you only put language
development in this training program, what else? Physical development, social development . . .
why not? You may create one section for development and reorganize the sections.” The
development section was added to this training program because of this recommendation. Also,
temperament and language development were included in the development section of the training
program as well as making plans and the first aid section were added to lessons of this training
program.
CHAPTER 5
DISCUSSION

Summary and Discussion

The purpose of the present study was to create the relationship-based training program for South Korean toddler caregivers in order to enhance the quality of child care in South Korea. The researcher conducted the survey to describe needs of toddler caregivers for trainings and the qualitative research to professorially review this training program that was modified by the Korean culture and education system.

Within the first section of this chapter is a description of the findings of the study and of investigation. The second section mentions implications of suggestions to provide reeducation for toddler caregivers and directors of child care centers, as well as early childhood educators for better understanding of actual circumstance of child care and its implication on teaching and learning.

Findings

Characteristics of the Participants

This study focused on toddler caregivers working in child care centers in Seoul and Kyonggi. Characteristics of participants for the study were considered to identify background information. In terms of education level, this study shows that the majority (78.0%) had a college graduation level of education or above and most caregivers (98.0%) had second degree of caregiver certification. However, many (31.6%) completed pre-education for child care from institute during the first year (see Table 1). In addition, 33.3% of toddler caregivers had fewer than three years of teaching experience with children preschoolers; on the other hand, 62.7% of toddler caregivers had fewer than three years teaching experience with infants and toddler. Most
toddler caregivers had a few experiences working with infants and toddlers, even though they had educational background, second degree of caregiver certification, and more teaching experience with preschoolers. Toddler caregivers should provide different curriculum and activities for infants and toddlers from preschoolers and kindergartens. It is necessary to design the curriculum for toddler care and pre-education to make caregivers in South Korean universities (Morrison, 2004).

Needs of Toddler Caregivers for Training

All participants (100%) in this study perceived that it is necessary for caregivers to attend training. However, most participants (72.2%) found that it was difficult to attend training programs more than one time per year because it was hard to find a substitute teacher (64%). Participants desired to attend training programs on toddler care because of the lack of preserves education (26%), curriculum (24%), and training program (15.3%) related to toddler care. These findings were consistent with findings from earlier researches (Kim, 2007; Shin, 1995; Park, 2005; Lee, M. 1999).

The type of training participants desired was visiting exemplary day care centers and workshops, the time preferred for the training varied, and the preferred speaker was a professor. Kim (2007) reported caregivers preferred to take the class during the week and as an Internet class. The rate of attendance of toddler caregiver in-service training by toddler caregivers was lower than preschooler teacher in-service training attendance because the length of the work day for toddler caregivers was longer than that of preschooler teachers (Park, 2005). According to these studies (Kim, 2007; Park, 2005), the type of training needed to be provided in a variety of ways based on caregivers’ circumstances.
Concepts were compared between the most learned concepts in training during the past year and the most desired concepts to learn in toddler caregiver training. The most commonly learned concept in training during the last year was the characteristics of toddler development (51.3%), daily schedule (41.3%), observation and assessment (38.7%), and recording (20.0%). Ranking of desired concepts for toddler caregiver training was teacher’s role (76%), development theory (62.6%), environment (32.6%), routine (28%), curriculum (18%) and parents and community (13.3%). Participants wanted to take observation and assessment (50.0%), class schedule (33.3%), and recording (8.8%).

In addition, the order of concepts participants already had learned and the priority order they desired to learn in training was consistent in toddler development, observation and assessment, and activities for cognitive development. However, collaborating with the community was the least desired and learned concepts.

The Differences of Toddler Caregivers’ Needs

The majority of caregivers who have taught fewer than 3 years wanted to listen to experienced caregivers or directors of day care centers as speakers, as well as professors. However, no caregiver who taught for more than 5 years desired to have a professor as a speaker for training. In addition, caregivers who had third degree of caregiver certification preferred to learn parent education more than development. However, caregivers who had a higher degree of caregiver certification preferred to learn children development more than parent education. Caregivers who had more than 5 years of teaching experience preferred to learn about the teacher’s role more than caregivers who had fewer than 4 years of teaching experience.

Shin (1995) mentioned toddler caregivers who had third degree of caregiver certification preferred to learn how to choose, make, perform, and evaluate curriculum of toddler care and
toddler development. But, toddler caregivers who had higher second degree colleges preferred to learn the observation skills of toddlers (Shin, 1995). The toddler caregivers’ needs for training program depends on their own level of education, their teaching experience, their position in a child care center, the type of caregiver certification, the department of education, the associations in early childhood education, and in child care and professional development themes (Na, 2007; Shin, 2004; Kim, 2007).

**Qualitative Research**

Qualitative research totally consisted of Korean culture and education system and contents. Two parts explored the initial toddler training program and showed the process of modifying it by 6 South Korean professors’ recommendations. First, all professors insisted the toddler training program should be constructed using Korean children development standards. All characters of pictures in the training program should be Korean. However, the videos used in this training were made in English. The researcher translated the videos into magazines in a Korean version because watching videos was modeling, visiting exemplary good day care centers, and learning communications and environments. In addition, this training program presented both the adult and child ratios encouraged by the Korean accreditation certification standard and by Zero to Three because the ratio presented by Zero to Three was of high quality and included group ratios which were references for caregivers and directors of day care centers.

Furthermore, the 6 South Korean professors insisted that the range of contents of training program would be decided by the researcher’s background theory. In addition, they mentioned that the contents would be involved with important points, teacher’s duties, and opportunities to practice the assessments of toddler. The researcher added some lessons covering (1) social-emotional development, (2) temperament, (3) continuity of care, (4) first aid, and (5) making
plans. According to the findings of this survey, developmental theory (54.6%) and first aid (23.1%) were the desired concepts to learn in training. The activity of brain development was removed. The theory of this training program was relationship based approach toddler training program. All contents were enhanced by relating them to relationship-based approach. Also, Kim (2007) explained caregivers want to take the information and knowledge learned and apply them immediately to their own class and job. Therefore, the research reflected activities to practice, discuss, and to find ways to improve child care during training.

Finally, some professors suggested creating the format of toddler caregivers training program and to detail the explanation of the process of developing this training program. The researcher rewrote not only the training program, but also the introduction. The final relationship-based approach toddler caregiver training program was more organized, essential, and consistent by adding two purposes of building positive relationships and understanding standards of Korean accreditation certification. Module was similar to the unit. When one module was finished, the trainer would offer homework, and the next time when the participants discussed the homework, they would receive feedback, and asked more questions. One module would be completed every 6 weeks in 3 hours. However, in case participants found that to be impossible the program is flexible. The researcher preferred to have 1 week to practice and apply what the participants learned in one module and then discuss and apply the new methods and information for 10 or 20 minutes.

This study contributes to the field with a practical program to strengthen the effectiveness of toddler caregivers, to help to prepare for the accreditation certification of child care center, and to develop the training program represented at a convenient time, with the preferred type of speakers, time periods, and contents of toddler caregiver training. In addition, this study shows
that toddler caregivers need to be supported in various ways to improve their quality of teaching because toddler caregivers do not have a lot of experience with care of toddlers and they need to receive training. However, the obstacles of a lack of substitute teachers, limited free time, and curriculum for toddlers, and curriculum for toddler caregiver in South Korea still exists. This toddler caregiver program could serve as training materials that reflected the toddler caregiver’s needs.

Recommendations for Future Research

There are several recommendations for future research based on this study. The recommendations included the following: First, future studies may need to evaluate the effect of this relationship-based approach toddler training program for the toddler caregivers in a class to prepare the accreditation certification of child care centers and to improve interaction with toddlers. Second, a large-scale study would be ideal to increase the generalizability of research findings. A larger sample size from different cities in South Korea and random sampling will generate more reliable findings. Other areas to consider are when toddler caregivers are recruited to divide them into different degrees of caregiver certification, have different lengths of teaching experience, have different length of teaching toddler experience, have different final education levels, have different problems in the centers, and different contents of toddler caregiver’s needs for training in each group. Therefore, the toddler caregivers would receive progressive stages of training based on their level and needs. Also, various methods of training might include mentoring or directing training in the day center by their requirements. Caregivers in child care centers desired to receive not only training, but also support (Farber, 1993).
APPENDIX A

TODDLER CAREGIVERS’ NEEDS AND PERCEPTIONS FOR
IN-SERVICE TRAINING QUESTIONNAIRE
Toddler caregiver’s needs and perception for in-service training Questionnaire

The interviewer wants to hear your opinions about in service training. Please read carefully each question and then write down your opinions or check V.

Demographic information.

Please check (V) in NUMBER WHICH APPLIES TO YOU IN THE LINE BESIDE THE QUESTION or write down the answer.

1. Age ______________

2. Level of education  _____1) high school _____2) College _____3) University _____4) Master degree _____5) Doctoral Degree

3. Type of certification
   _____1) the first degree of caregiver certification
   _____2) the second degree of caregiver certification
   _____3) the third degree of caregiver certification

4. How did you receive your certification?
   _____1) graduated in early childhood education field
   _____2) took some classes in institute

5. Years of total teaching experiences ______________________

6. Years of teaching experience with infants and toddlers ______________________

7. Please check which group do you currently work with age group of
   _____1) 0-12 months _____2) 12-24 months
   _____3) 24-36 months _____4) mixed age ( )

Caregiver’s interest on their job

8. How satisfied are you with your job as toddler caregiver?
1) very satisfied
2) satisfied
3) dissatisfied
4) very dissatisfied

9. How many toddler-related associations or organizations in which you are a member?
1) over 5 associations
2) 3-4 associations
3) 1-2 associations
4) none

Caregiver’s perceive on the training

10. Do you think you need to have trainings on toddler caregiving?
1) very necessary
2) necessary
3) a little bit necessary
4) not necessary

11. Why does the toddler’s caregiver need to take toddler caregiver trainings? (Rank four items by amount influence of reason with example number 1=most, 4=least)

Because of increasing participation of the young children in nonparental child care
Because there’s not enough classes related to infant and toddler offered at the universities or colleges.
Because of lack of the curriculum and books for infants and toddlers education
Because there are not much available training program for toddler teachers
Others (write your opinion ____________________________)

12. What are the reason it is hard for caregivers to take the training?
1) There is no available substitute teacher
2) The director of care center does not want caregivers go the training
3) The parent does not want caregivers to go to the training
4) Private reason
5) Caregivers do not know the information about the training
Caregivers concern about children if stranger is taking care of children

Others

Caregiver’s requirement on the training

13. How many times do you attend association meetings, seminars, or training related to your job as a toddler caregivers for the past 12 months?

1) 3 or more    2) 2    3) 1    4) none

14. When is the most convenient time for you to attend training?

1) January    2) February    3) March    4) April

5) May    6) June    7) July    8) August

9) September    10) October    11) November    12) December

15. Have you taken Toddler caregiver training?

1) No

2) Yes, How many? _________

16. If yes, Which organization offered the training you took? If no, skip question 17.

① The Department of Education

② The Department of Health and Welfare

③ National Early Childhood Education Association

④ University

⑤ Others ( _________________________________)

17. What kind of caregivers training do you expect in the order of preference?

(1= mostly desired, 5= least desired)
Lecture based on the development theory
Small discussion group
Work shop
Visiting to a good care center
Others (Writing your opinion: ____________________________)

18. How many times did you want to take the caregiver training?

① Every vacations for each year
② Once a year
③ Every two or three years
④ Every four or five years
⑤ Others (Write your opinion: ____________________________)

19. What kind of speaker do you think would be best to present the caregiver training?

① A school inspector
② Professors
③ Experienced caregivers or directors of care centers
④ Child welfare specialist
⑤ Teachers for music and art
⑥ Others (write your opinion: ____________________________)

76
20. When do you want to take the class?
___1) day class in week
___2) night class in week
___3) the class in Saturday
___4) internet class

* The expectation of contents for training program

21) What education areas do toddlers’ caregivers need to learn in training in the order of priority like the example below?

<table>
<thead>
<tr>
<th>Education areas</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop Theory</td>
<td></td>
</tr>
<tr>
<td>Environment and health</td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td>Curriculum</td>
<td></td>
</tr>
<tr>
<td>Teacher’s role</td>
<td></td>
</tr>
<tr>
<td>Parent and community</td>
<td></td>
</tr>
</tbody>
</table>

(1= the most like to learn    6=the less like to learn)

22. Check V below the topics you learned in the previous training (check all apply)

<table>
<thead>
<tr>
<th>Topic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How to set environment of the class</td>
<td></td>
</tr>
<tr>
<td>Cleanness and sanitation in the day-care center</td>
<td></td>
</tr>
<tr>
<td>The prevention of diseases for toddlers</td>
<td></td>
</tr>
<tr>
<td>The prevention of accidents</td>
<td></td>
</tr>
<tr>
<td>First aid</td>
<td></td>
</tr>
<tr>
<td>Character of toddler development</td>
<td></td>
</tr>
<tr>
<td>How to guide routines</td>
<td></td>
</tr>
<tr>
<td>Observation and assessment for toddlers</td>
<td></td>
</tr>
<tr>
<td>Recording(portfolio) for toddlers</td>
<td></td>
</tr>
<tr>
<td>Appropriate toys for toddlers</td>
<td></td>
</tr>
<tr>
<td>How to plan the daily schedule</td>
<td></td>
</tr>
<tr>
<td>Appropriate books</td>
<td></td>
</tr>
<tr>
<td>Activities for cognitive development</td>
<td></td>
</tr>
</tbody>
</table>
### Activities for social and emotional development

### Activities for language development

### Activities for physical development

### Activities for art

### How to interact with toddlers

### How to deal with toddler’s problem

### Toddler’s temperament

### Parent education

### How to help the parents who are devoiced and

### How to help the parents who abuse the children.

### How to collaborate with the community

23. Check V below each education area one topic you most desire learn to if you participate toddler training program.

<table>
<thead>
<tr>
<th>Education area</th>
<th>Theory</th>
<th>Environment and health</th>
<th>Routine and recording</th>
<th>Activities</th>
<th>Caregiver’s role</th>
<th>Parents and community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( ) The characteristics of toddler development</td>
<td>( ) setting environment of the class</td>
<td>( ) Routine for toddlers</td>
<td>( ) appropriate books for toddlers</td>
<td>( ) how to interact with toddlers</td>
<td>( ) parent education</td>
</tr>
<tr>
<td></td>
<td>( ) the temperament of toddlers</td>
<td>( ) cleanliness and sanitation in the day-care center</td>
<td>( ) observation and assessment for toddlers</td>
<td>( ) activities for social and emotional development</td>
<td>( ) how to deal with toddler’s problem</td>
<td>( ) the information about professors to help the parents who devoice and abuse.</td>
</tr>
<tr>
<td></td>
<td>( ) the attachment</td>
<td>( ) the prevention of diseases for toddlers</td>
<td>( ) recording (portfolio)</td>
<td>( ) activities for cognitive development</td>
<td>( ) guide the good habit</td>
<td>( ) how to collaborate our community</td>
</tr>
<tr>
<td></td>
<td>( ) the brain development</td>
<td>( ) the prevention of accidents in the day-care center</td>
<td>( ) appropriate toys for toddlers</td>
<td>( ) activities for language development</td>
<td>( ) activities for physical development</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>( ) first aid</td>
<td></td>
<td>( ) activities for art</td>
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</tbody>
</table>
APPENDIX B

INTERVIEW QUESTION SCRIPT
Interview questions

Date __________________  Name _______________________

Section 1
1. Did the section, include enough content to cover adequately all environment and health points?
2. Were the activities appropriate for toddler teachers to gain knowledge about the environment and health?
3. Did the section 1, give toddler teachers information and ideas that are new for them?
4. What do you think about be added to an approach to toddler education curriculum for the section?
5. Is an approach to toddler education fit to South Korean education system and culture?

Section 2
6. Did the section 2, the schedule & continuity of care allow enough contents to cover all the major points adequately?
7. Were the activities appropriate to know the knowledge about schedule & continuity of care?
8. Did the section 2, give caregivers information/ideas that are new for them?
9. What do you think about be added to an approach to toddler education curriculum for the section?
10. Is an approach to toddler education fit to South Korean education system and culture?

Section 3
11. Did the section 3, curriculum allow enough contents to cover all the major points adequately?
12. Were the activities appropriate to know the knowledge about curriculum?
13. Did the section 3, give caregivers information/ideas that are new for them?
14. What do you think about be added to an approach to toddler education curriculum for the section?
15. Is an approach to toddler education fit to South Korean education system and culture?

Section 4
16. Did the section 4, teacher’s role allow enough contents to cover all the major points adequately?
17. Were the activities appropriate to know the knowledge about teacher’s role?
18. Did the section 4, give caregivers information/ideas that are new for them?
19. What do you think about be added to an approach to toddler education curriculum for the section?
20. Is an approach to toddler education fit to South Korean education system and culture?

Section 5
21. Did the section 5, brain development allow enough contents to cover all the major points adequately?
22. Is an approach to toddler education fit to South Korean education system and culture?
Section 6
26. Did the section 6, parent & family allow enough contents to cover all the major points adequately?
27. Were the activities appropriate to gain the knowledge about parent & family?
28. Did the section 6, give caregivers information/ideas that are new for them?
29. What do you think about being added to an approach to toddler education curriculum for the section?
30. Is an approach to toddler education fit to South Korean education system and culture?
APPENDIX C

THE INITIAL TODDLER TRAINING PROGRAM
The initial toddler training program

Content

Introduction
The goal of toddler caregiver training program
The audience for toddler caregiver training program

Section 1: The environment and health
1) Space to grow
   Handout
   Reading
2) Toddler care setting
   Handout
   Reading
3) Appropriate environment
   Handout
   Reading
4) Health and safety
   Handout
   Reading

Section 2: Routines and continuity of care
1) Diapering
   Handout
   Reading
2) Greetings and departures
   Handout
3) Record keeping
   Handout
   Reading
4) Personal reflection about a nurturing relationship

Section 3: Curriculum
1) Discovery
2) The ages of toddler
   Handout
3) Language development in toddler
   Handout
   Reading
4) Good books for toddlers
5) Possibilities plan

Section 4: Teachers’ roles
1) Supporting exploration
   Handout
2) Caregiver responsiveness
   Handout
3) Together in care: Small groups
   Handout

Section 5: Brain development
1) Understanding Brain Development
   Handout
Section 6: Parent and families
   1) Partnership with parents
      Handout
   2) Dealing with separation
   3) Special issues (abuse)
      Handout
Reference
Toddler Education Approach

A. Introduction

Toddlers are between 18 months old and 36 months old. Toddlers are vulnerable: they have not developed the capacity to cope actively with internal or external stress and discomfort. In the summer of 2000, I went to a foster house for young children and played with some toddlers. The toddlers did not have the chance to play with art materials or have someone read books to them, as most children do at home. Toddlers have different characteristics of development from preschoolers, and they need to be played with by caregivers who understand their development. Although I am in Early Childhood Education doctoral program at University of North Texas, and have worked as a kindergarten teacher for 5 years, I did not fully understand the needs for the toddler program.

Toddler caregivers in Korean child care centers have a similar problem and I am concerned about how to help them. The approach to improve toddler education is to strengthen the role of the caregiver with toddlers and to teach caregivers to use positive methods in communicating and playing with the children. All teachers need initial, as well as on-going training, no matter what their level of formal education.

Physical, social, emotional, and cognitive development is more intertwined in toddlers than later in life. Also, the caregiver should understand a toddler’s development as individuals because chronological age alone is not a good indicator of stage of child development.
APPENDIX D

CONSENT FORM
University of North Texas Institutional Review Board

Informed Consent Form

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose and benefits of the study and how it will be conducted.

Title of Study: Toddler Education for South Korea

Principal Investigator: So-Yeon Kim, a graduate student in the University of North Texas (UNT) Department of ____________________________.

Purpose of the Study: You are being asked to participate in a research study which involves (describe the project in language the subject can easily understand).

Study Procedures: You will be asked to (explain specifically what the subjects will be asked to do) that will take about (specify the total time commitment) of your time.

Foreseeable Risks: The potential risks involved in this study are (include any foreseeable risks or discomforts which the subject may experience or state that “No foreseeable risks are involved in this study.”).

Benefits to the Subjects or Others: We expect the project to benefit you by (include any foreseeable benefits to the subjects or state that “This study is not expected to be of any direct benefit to you” and explain how the study will benefit others or contribute to your field of study.).

Compensation for Participants: You will receive (describe any payment or other compensation) as compensation for your participation (describe any conditions associated with compensation, i.e., is payment conditioned upon on completing all tasks requested or is there partial payment for completing some of the tasks, etc.; delete paragraph if not applicable).

Procedures for Maintaining Confidentiality of Research Records: (Describe the methods you will take to protect your subjects’ confidentiality/anonymity, such as maintaining signed consent forms and coded survey results in separate locations. If you are conducting a study where the subjects will be audio- and/or video-recorded, explain where and how long such recordings will be maintained, identify all audiences who will see/hear such recordings, and specify the method of disposition of the recordings at the conclusion of the study.) The confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

Questions about the Study: If you have any questions about the study, you may contact So-Yeon Kim at telephone number 940-231-7052 or the faculty advisor, Dr. Morrison, UNT Department of__________________, at telephone number ____________________.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any
questions regarding the rights of research subjects.

**Research Participants’ Rights:** Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- *(Insert name of Principal Investigator)* has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.

__________________________                                      Printed Name of
Participant

__________________________                                      __________
Signature of Participant                                      Date

**For the Principal Investigator or Designee:** I certify that I have reviewed the contents of this form with the participant signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

__________________________                                      __________
Signature of Principal Investigator or Designee                  Data
APPENDIX E

RELATIONSHIP-BASED TRAINING PROGRAM FOR

SOUTH KOREAN TODDLER CAREGIVERS
Contents

Introduction
The goal of the toddler caregiver training program
The audience for toddler caregiver training program
Broad outline of the toddler caregiver training program

Module 1. Development
  1. Social-emotional development
  2. Temperament
  3. Language development

Module 2. The environment
  1. Space to grow
  2. Toddler care setting
  3. Appropriate care environment
  4. The ages of toddler

Module 3. Curriculum
  1. Discovery
  2. Making plan
  3. Supporting exploration

Module 4. Interaction
  1. Primary care
  2. Small groups
  3. Continuity of care
  4. Getting in Tune
  5. Caregiver responsiveness

Module 5. Family and community
  1. Partnership with parents
  2. First day
  3. Greetings and departures
  4. Recording keeping
5. Child abuse

Module 6. Health and safety

1. Health and safety
2. Diapering
3. First aid
Preface

The researcher made the format of the toddler training program using concepts from the Zero to Three training programs (WestEd, 1997; WestEd, 2004a; WestEd, 2004b; WestEd, 2005; Leinfeder, & Segal, 2005) and activities of toddlers reflected in toddler activity books (Charner, Murpy, & Charlie 2006; Lally, et al., 2003; Miler, & Albercht, 2001).

This toddler training program is for research purpose only and is not intended for commercial use, publication, or teacher training. The researcher is in the process of securing permission from the above sources as a necessary requirement for the ongoing development and use of this proposed curriculum.
Relationship-based Toddler Caregiver Training Program

A. Introduction

While developing this training program, the researcher realized that caregivers in child care centers needed not only training, but also support based on the working circumstances in South Korea. Toddler care history is shorter than preschool education. So, pre-education and curriculum lack information about toddler care and caregivers who do not have teaching experience with infants and toddlers, as much as with preschoolers. Caregivers provide different programs and activities for toddlers than for preschoolers and kindergartens. Young children under three years are developing physically, emotionally, cognitively, and socially and have less ability to cope with stress in their life.

87.6% of caregivers in South Korea work in private child care centers, so it is difficult for the government to supervise all child care centers. In 2001, there were 95 infants and toddler child care centers in South Korea. The South Korea Health and Welfare Department announced an increased of 1000 child care centers for only infants and toddlers by 2010.

Therefore, the researcher developed the relationship-based approach toddler caregiver training program which is the first program to provide caregivers’ the understanding of individual toddler development, interesting, family, experience, and the feeling of the moment. The researcher wishes to visit child care centers to offer training if directors allow it. The caregivers in one or two child care centers who show concern to improve the quality of child care and the researcher will apply the relationship-based approach program. If many caregivers in several child care centers participate in this training, the training will be provided, the job of applying the training will fall on the caregiver.
B. The goal of the toddler caregiver training program

The purpose of the toddler caregiver training program is to enhance the quality of toddler care by presenting and modeling an effective toddler care program that builds positive relationship between:

- Caregivers and a good relationship with toddlers and member of their family.
- Caregivers and toddlers to provide appropriate environment.
- Caregivers and toddlers to provide a variety of techniques to increase discussion and practice.
- Caregivers and the use of flexibility of their own individuality and strengths.
- Caregivers and the developmental knowledge about toddlers.
- Caregivers and parents and provide information that parents need with empathy.
C. The audience for toddler caregiver training modular

All caregivers who work with children from 16 months to 36 months need initial, as well as on-going training, no matter their level of formal education.

D. Broad outline of the toddler caregiver training program

Modular 1: Development

This modular describes the social emotional development of toddlers. Participants identify their temperaments and their children’s temperaments to aid understanding and helps caregivers know what to expect and how to react with their toddlers. Participants learn various communication methods with toddlers through vocalization, through facial expressions, through gestures and body movements, and through conversation.

Modular 2: The environment

This modular introduces participants to the impact of the environment on toddlers and presents eight concepts related to the environment that protect the child while also supporting and enriching her/his growth. The participants may learn about appropriate environments for toddlers, including room arrangements and appropriate materials, which may lead to the reorganization of their own classroom.

Modular 3: Curriculum

This modular provides the big picture of curriculum possibilities that might emerge for toddler classes. Curriculum is designed to be a living document including individual development, interest, and life experiences. Caregivers may make additions, changes, or corrections to reflect children’s experiences, reactions, preferences, emergent ideas, and their
changing development. Participants practice to make curriculum for toddlers in the training modular 3.

**Modular 4: Interaction**

This modular seeks to ensure that toddlers become healthy, emotionally secure individuals, it is critical to establish intimate relationships between toddlers and significant others in their lives. This lesson focuses on providing continuity of care in toddler programs. Participants concentrate on the way to keep the same caregivers with each child while young children are growing.

**Modular 5: Health and safety**

This modular introduces basic health and safety issues to participants, primarily through a discussion program, which should include defined, written health and safety policies and guidelines. Participants learn first aid and the importance of using a car seat. There is concern of the appropriate way to use a school bus for toddlers.

**Modular 6: Parent & families**

This modular challenges participants to articulate their philosophies of toddler care and the caregiver-parent partnership so that they can communicate the philosophy to parents. Participants are asked to draft written materials for parents explaining their programs. The quality of care for toddlers in group settings is greatly influenced by the degree to which parents and caregivers see themselves as partners in the care and nurturing of the child. They share with each other the special knowledge of the child in order to expand personal understanding of the child and to find ways to meet the child’s needs.

**E. System of the Toddler Education approach**

1. Information
● Presentation of specific content:
● Awareness of developmental needs
● Identification of individual goals
● Use of visual aids

2. Skill development
● Keep records
● Communication with coworkers and parents
● Observation of children’s Development and interesting

3. Application
● Homework: Homework can help participants practice their new skills and ability.
● Skill practice
● Feedback

4. Resource
Icebreaker:
Longest to shortest

As participants arrives, give each person a handout with the following question:

1. How many years have you taught young children?
2. How many countries have you traveled to?
3. How many years have you been driving?
4. How many day care centers have you worked at?
5. How many students do you have in your class?
Why toddler caregiver?

Use the space below to explain why you want to be a toddler caregiver.

What are your beliefs about how you should educate very young children?
1-1. Issues in Development

- Recent view of child development is the importance of toddlers to have the freedom to make learning choices and to explore the world around them rather than the importance of a toddler to be stimulated to foster their development and growth.
- The brain is especially active during the ages of birth to three.

1-2. The keys to improve the quality of child care

- Caregivers can best support this process of learning by providing a safe, peaceful, and emotionally responsive setting for the toddler’s explorations and discovery.
- Understanding the toddler’s temperament and caregiver’s temperament allows caregivers important insights into the child.
  - A flexible child is generally open to new people and experiences, is not alarmed by sudden occurrences, and adapts quickly to what is going on.
  - A feisty child is energetic, active, and can appear more demanding.
  - A fearful child may appear shy and easily alarmed.
1. Social-emotional development

**Materials:** Chalkboard/chalk or easel paper/pens
   - Overhead projector

**Procedure:**

Begin by asking participants, what are the elements that you think of when you hear their responses on the board or easel paper under the heading Quality Infant/toddler care. If the following dimensions of quality are not mentioned, ask participants to identify characteristics of quality related to each:

- Program philosophy and practices (e.g., putting the needs of toddlers first)
- Physical environment
- Types of materials available
- Style of caregiving
- Assignment of children to caregivers

We are going to talk about the elements of quality of child care.

① Explain to participants that the current training topic is social-emotional growth and socialization. In this training lesson, they will have the opportunity to deepen their understanding of how children grow emotionally and what caregivers can do to foster that growth.

② Tell participants that you’d like to share with them the vision of social and emotional development that guides content of the module. Put Transparency #1, A Vision for Social and emotional Development, on the overhead projector, or pass out copies of Handout #1.
Review the three parts of the vision with the participants. After doing so, ask them to suggest questions they may have about how to achieve the vision in child care. Write these questions on the transparency, if possible, under the appropriate vision statement. If participants are reluctant to raise questions, suggest some yourself to get the ball rolling. Questions might include the following:

- How do you support a toddler's developing sense of self?
- How do you promote the development of social skills in the toddler who hangs back and doesn't play with other children?
- What kind of guidance techniques do you use with a toddler who pulls hair?

③ Pass out a copy of Handout # 2, Caregiver Practices that support the development of self, to each participant. Ask participants to read the vision and practices that apply to all toddlers on the first page of the handout. As they read the list of practices, they should put a check by those they are less familiar with or have questions or doubts about. Allow five minutes for this activity.

④ When they have finished reading and checking off the points, ask participants which points they put question marks by and lead a discussion with questions such as:

- Do you agree or disagree with this practice? Why?
- Is it difficult to do?
- What might make it easier for caregivers to implement with practice
The Self: The caregiver provides physical and emotional security for each child and helps each child to know, accept, and take pride in herself or himself and to develop a sense of independence.

Social Skills: The caregiver helps each child feel accepted in the group, assists children in learning to communicate and get along with others, and encourages feelings of empathy and mutual respect among children and adults.

Guidance: The caregiver provides a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals and as a group.
Handout #2

Caregiver Practices That Support the Development of Self

Vision: All children need a physically and emotionally secure environment that supports their developing self-knowledge, self-control, and self-esteem and at the same time encourages respect for the feelings and rights of others. Flexibility, responsiveness, and emphasis on individualized care for each infant and toddler are especially important in providing this security. Knowing oneself includes knowing about one’s body, feelings, and abilities. It also means identifying oneself as a girl or boy and a member of a family and a larger cultural community. Accepting and taking pride in oneself comes from experiencing success and being accepted by others as unique. Self-esteem develops as children master new abilities, experience success as well as failure, and realizes their effectiveness in handling increasingly challenging demands in their own ways in an atmosphere of loving attention.

Practices: The toddler caregiver working in a center or family child care home:

- Treats each child as an individual with her or his own strengths and needs and unique characteristics
- Recognizes that the caregiver's mood and facial expressions will be seen and felt by the child and will affect the child's experiences and development
- Helps children who are learning two languages to feel good about themselves as speakers of each language
- Is sensitive to differing cultural values and expectations concerning independence and expression of feelings
- Addresses each child by name, talks with each child every day, and encourages each child to call other children and adults by name
- Has affectionate and appropriate physical contact with each child daily in ways that convey love, affection, and security
- Helps children through periods of stress, separation, transition, and other crises
- Gives one-to-one attention to each child
- Enjoys children and directly expresses the enjoyment to them
- Delights in each child's success, expresses kindness and support when a child is having trouble, and helps her or him to learn from mistakes
- Allows each child to comfort herself or himself
Handout 2 (cont'd.)

- Provides many opportunities for all children, including children with handicapping conditions, to feel effective, experience success, and gain the positive recognition of others
- Helps children recognize and accept their feeling — such as joy, affection, anger, jealousy, sadness, fear — and express their feelings in appropriate ways
- Models the recognition and expression of feelings by naming her or his own feeling while she or he is experiencing those feelings
- When possible, offers children choices in activities, materials, and foods and respects their choices
- Encourages and helps children practice skills when eating, getting dressed, using toys and equipment, cleaning up, and helping others
- Understands the effect of abuse and neglect on children's self-concept and works sensitively with such children

Vision:  
Toddlers (16 to 36 months) become aware of many things about themselves including their separateness from others. A sense of self and growing feelings of independence develop at the same time that toddlers realize the importance of parents and other caregivers. The healthy toddler's inner world is filled with conflicting feelings and ideas: independence and dependence, confidence and doubt fear and power, hostility and love, anger and tenderness, aggression and passivity. The wide range of toddlers' feelings and actions challenges the resourcefulness and knowledge of the adults who provide emotional security.

Practices:  
The caregiver working with toddlers:

- Supports the child's developing awareness of herself or himself as a member of a family and of an ethnic or social group by talking about families, using photographs, mirrors, or other appropriate objects, and by celebrating cultural events with children
- Uses books, pictures, stories, and discussion to help children identify positively with the events and experiences of their lives, such as divorce, moving, single-parent families, extended families, or birth of siblings
- Provides opportunities for toddlers to learn to help themselves, such as taking off jackets or pouring juice, and shares children's pleasure in new skills
• Responds with sympathetic attention to the toddler's intense feelings of love, joy, loneliness, anger, and disappointment
• Helps the toddler to understand her or his own feelings and to express feelings in acceptable ways
• Understands and supports the toddler's need to assert her or his autonomy when, for example, the toddler may say "no" or "me do it" to the caregiver
• Understands that toddlers will alternate between needing to assert a desire for independence one minute and needing to be dependent on the caregiver (whining, climbing on lap, bringing toys to show, needing assistance) the next minute
2. Temperament

Materials: Chalkboard/chalk or easel paper/pens
       Overhead projector
       Flexible, fearful or feisty: the Different temperaments of infants and toddler
       Videocassette recorder and monitor

Procedure:
① Explain to participants that today we are going to talk about temperament. Ask participants to
think about two toddlers they have known, one who was a special “challenge” and one who was
easy to care for. Ask them to write on a piece of paper at least three characteristics that
immediately come to mind for each of these toddler. Give the participants about two to three
minutes to do this exercise.

② List on easel paper or chalkboard the characteristic for the toddlers the participants found
challenging and those they found “easy”. Point out the differences in traits and characteristics
found challenging. Note that participant’s reactions to different children very greatly.

③ Explain to participants that today’s video is going to help them understand and deal
more effectively with the children in their care by exploring the issue of children’s
different temperaments. There are nine temperament traits and three temperament
types that represent common collection of traits.

④ Show the first segment of the video through the review of the nine temperament traits
Project transparency #3 and/or pass out Handout #3. Ask the group questions such as the following:

- Did you recognize some of the traits you identified for your challenging toddler? What are they?
- Did any of the traits seem to apply to your own personal style?

⑤ Show the next segment introducing the three temperament types. Stop the video at the end of this section (about 8:38 minutes into the video). Review that three temperament types, explaining that the video will describe each type in detail. Caution participants not to use these categories to “stereotype” or “label” children.

Emphasize to the group that, although temperamental tendencies have been shown to be quite consistent over time, they can become much less pronounced. For instance, when treated respectfully and sensitively, a “cautious” child who is extremely shy upon entering child care may grow up to be an adult who is able to adapt well to new situations. One way of thinking about it is to say that the boundaries of temperament are flexible. When their temperaments are accepted and their needs met, children of any temperament can be gently guided toward a wider range of responses.

⑥ Show the segment of the video on the flexible temperament type (to about 12:08 minutes into the video). Stimulate discussion with questions such as the following:
Think about the toddlers you identified in the earlier exercise as “easy to care for” and “challenging.” Did either fit the category of the flexible or easy temperament?

Can you recognize the flexible or easy temperament among the children you are caring for now?

Do you think such children’s needs tend to be overlooked in the child care setting? How can you manage to attend to flexible children while helping others?

Pass out the handout #4-1

Continue to show the video stopping for discussion after the section on the fearful temperament type (about 16:10 minutes into the video). Ask questions such as:

- Do you recognize this temperament? Was your challenging toddler similar to this type?
- How do you personally interact with a fearful child?
- What techniques for working with a fearful child were demonstrated in the video?
- How helpful do you think these techniques might be?
- Pass out the handout #4-2

Continue to show the video stopping for discussion after the section on the feisty temperament type (about 20:30 minutes into the video). Begin discussion with questions such as:

- Do you recognize this temperament? Was your challenging toddler similar to this type?
How do you personally interact with a fearful child?

What techniques for working with a fearful child were demonstrated in the video?

How helpful do you think these techniques might be?

Pass out the hand our #4-3

Pass out Handout #5 the temperament Assessment Scale for Children. (If possible, assign participants to observe the children in their respective groups in order to identify their temperament types. Ask participants also to pay attention to how they interact differently with children of different temperaments.)

Ask participants to choose two toddlers in their classes in order to identify their temperament types. Give 5 minutes to do it.

Begin with discussion of what participants learned from observing temperament in the children they work with and paying attention to their own interactions with different children. Ask questions such as

- Were you able to figure out the temperament type of each child in your care? What made this easy? What made this difficult?
- Did you find that children of some temperaments were easier for you to deal with than those of other temperaments?
- How did you relate to children of different temperaments? Were you satisfied with your interactions? Did you feel they could be improved?

Continue to use Handout #5 Your Temperament Assessment Scale.
Explain the use of the scale. Ask participants to rate themselves for each temperament trait.

When they have completed the scale, ask participants to identify their temperament type based on their nine traits.

Next, using Handout #6, Chart of Temperament Traits, have participants plot their temperament assessment ratings. With a different color ink, have them plot their assessment of the temperament of someone close to them with whom they sometimes have trouble getting along.

Using the transparency of Handout #6, recreate a chart volunteered by a participant. Project and analyze the differences or similarities that may cause difficulties in the relationship.

Point out that temperament is one of many factors that influence both a child's behavior and one's reactions to that behavior. Emphasize that "goodness of fit" does not mean that the temperaments of the caregiver and child are similar or different. Rather, it refers to how well the caregiver can adapt her or his expectations and behavior to the child's temperament, abilities, and other characteristics.

① Two caregivers with the same temperament may respond differently to a particular child. For example, a low-active caregiver may feel exhausted when caring for a high-active child, while another low-active caregiver may be energized by the vitality of that same high-active child.

② Divide the group into small groups of three or four people based on their "type": flexible, fearful, or feisty. Pass out Handout #7, Improving the "Goodness of Fit", to each participant to
refer to during the small group activity.

**KEEP GROUPS SMALL,** explaining that individual needs will not be met if the group is too large.

Some participants may feel that they do not belong in any of the three temperament type groups because they have a different pattern of traits. For these people, form groups of "other". Each group should pick a recorder who will report back to the large group. Explain that the reports are to be brief, 3-5 minutes maximum. Allow 15-20 minutes for the exercise.

In each group, participants should first take turns describing their challenging child to the others in the group.

- Can they identify their child as flexible, fearful, or feisty? What challenges are they experiencing with the child?
- Based on what they learned in the video, how might they approach the child differently?
- Think about how their attitude and expectations fit with the temperaments of the challenging infant. How good is the fit between the caregiver and this child? How can she or he improve the "goodness of fit"?

After describing each child, the group should pick one child as a focus for the group. Once the child is selected, the participants should "problem solve" how to support this particular child in the caregiving setting. Have participants refer to what they saw in the video, what is summarized on Handout #4-1, 4-2, 4-3, and their own experience.
Allow 3-5 minutes for each group to report (i.e., for 15 people in the group, there will 4-5 groups, so that would take about 20 minutes).

Describe the focus child, identifying temperament type, and suggestions for caring for the child in a more effective and supportive way.

Pass out Handout#8 and summarize the lessons on toddler temperament by telling the group that a better understanding of our own temperaments and how they interact with those of the children in our care can build greater self-awareness and more rewarding relationships. Especially when a toddler's behavior is difficult to deal with, knowing about different temperaments can help caregivers maintain patience and a positive attitude.

Ask participants to think about and note three ways they can use the information they learned about temperaments in their own caregiving setting.
Handout #3
Temperaments of toddlers

Temperament includes the following nine traits:

1. Activity level. Children differ in how active they tend to be. Some are often highly active and seem as if they have boundless energy. Others often display a low activity level.

2. Biological Rhythms. The times at which a child eats, sleeps, or toilets may tend to be regular or irregular.

3. Approach/Withdrawal. Some children tend to withdraw from people and things; others approach.

4. Mood. Children vary in how often they display negative or positive moods. Some have moods that shift frequently. Some usually display a negative disposition: others, a positive one.

5. Intensity of reaction. Some children tend to express both discomfort and pleasure in a low-key way; others often express their feelings with great intensity.
6. Sensitivity. Children differ from each other in how sensitive they usually are to such stimuli as bright lights, loud noise, touch, and internal discomfort.

7. Adaptability. Some children usually adapt quickly to a new routine or situation: others tend to adapt more slowly.

8. Distractibility. Children also differ in how easily they tend to be distracted from activities.

9. Persistence. Some children often give up on perfecting a task or activity as soon as they encounter an obstacle; others tend to keep on trying, even when faced with difficulty.

★ When you notice a temperamental tendency, do not assume that the child will be that way every moment of the day or that the child will never change.
The easy or Flexible child:
about 40% of most groups of children

- Regular Rhythms
- Positive Mood
- Adaptability
- Low Intensity
- Low Sensitivity

Caregiver techniques

- Check in regularly
- Set aside special time
The Slow-to-up-warm-up or Fearful child: about 15% of children

- Adapt slowly
- Withdraw

Caregiver techniques

- Draw the child in slowly
- Allow independence to unfold
- Prime caregiver

Assigning one principal caregiver is important for all children and has an added benefit for cautious children. If anyone's being special, they may withdraw even more than usual. Moreover, as the principal caregiver gets to know the child, he or she will become increasingly sensitive to the individual needs and temperamental tendencies of that child.
Handout #4-3
Three Temperament Types

The Difficult or Feisty child:
about 15% of children

- Active
- Intense
- Distractible
- Sensitive
- Irregular
- Moody

Caregiver techniques

- Use redirection
- Be flexible
- Prepare the child for change
- Make the most of quiet moment
- Provide for vigorous play
Handout #5
Your Temperament Assessment Scale

By answering the following questions for yourself, you can increase your understanding of your own temperament.

1. **Activity Level.** How much do you need to move around during the workday? Can you sit through a long meeting without wiggling?
   
   High Activity 1 3 5 Low Activity

2. **Regularity.** How regular are you in your eating, sleeping and elimination habits?
   
   Regular 1 3 5 Irregular

3. **Adaptability.** How quickly do you adapt to a change in schedule or routine, a new place or foods?
   
   Adapt quickly 1 3 5 Slow to adapt

4. **Approach/Withdrawal** How do you react the first time to new people, new places, new activities or new tools?
   
   Initial approach 1 3 5 Initial withdrawal

5. **Physical Sensitivity.** How aware are you of slight differences in noise level, temperature, or touch?
   
   Not sensitive 1 3 5 Very sensitive

6. **Intensity of Reaction.** How strong are your reactions?
   
   High intensity 1 3 5 Mild reaction

7. **Distractibility.** Are you easily distracted?
   
   Very distractible 1 3 5 Not distractible

8. **Positive or Negative Mood** How much of the time do you show pleasant, joyful behavior compared with unpleasant or grouchy moods?
   
   Positive mood 1 3 5 Negative mood

9. **Persistence.** How long will you continue with a difficult task?
   
   Long attention span 1 3 5 Short attention span
Transparency /handout # 6
Chart of Temperament traits

Child’s Name:

♦ Activity Level

High          Low

♦ Biological Rhythms

Regularity        Irregularity

♦ Adaptability

Adapts quickly           Slow to adapt

♦ Approach /withdraw

Approach         Withdraw

♦ Sensitivity

Low Sensitivity                    High

121
♦ Intensity of Reaction

High Intensity

Mind Reaction

♦ Distractibility

High Distractibility

Low

♦ Quality Mood

Positive Mood

Negative

♦ Persistence

High Persistence

Low
Transparency/Handout #7
Improving the "Goodness of Fit"

Identify your "challenging child" as flexible, fearful, feisty, or a mixture of these temperament types.

What kinds of situations are particularly challenging for you with this child?

Based on what you learned in the video, how might you approach the child differently?

Compare your own temperament with that of the challenging infant. Ask yourself:

Is there something in the child's behavior that I'm not used to or not comfortable with?

How well do you adapt your expectations and behavior to fit with this child's temperament?

How can you improve the "goodness of fit"?
Important Points to Remember About Temperaments

1. **Differences in temperament, even at the extremes, are differences in the normal range of behavior.** The key is to understand how a particular trait influences the child's behavior and to find the best way of handling it.

2. **A feisty or fearful child can be helped to learn to handle potentially distressing situations gradually,** by a supportive caregiver who understands and accepts the child's temperament issues. Protecting children from these difficult situations denies them valuable opportunities to master social expectations and develop confidence and self-worth.

3. **Do not blame the child or the parents** for a child's troublesome temperament trait. The child is not being deliberately troublesome, nor does the child have that temperament trait because of anything the parents have done. However, the parents may not understand their child's temperament and may be applying child-rearing practices that do not fit the child's temperament needs.

4. **The caregiver's way of relating to the child's temperament can play a big role in the child's emotional development.** The response the child gets from adults contributes to the self-image she or he develops.

5. **Any temperament trait can be an asset or a liability** to a child's development, depending on whether the caregivers recognize what type of approach is best suited to that child.

Flexible, fearful or feisty: the different temperament of infants and toddlers
<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:06</td>
<td>Opening statement by caregiver regarding improved relationship with a</td>
</tr>
<tr>
<td></td>
<td>child once temperament is understood</td>
</tr>
<tr>
<td>0:49</td>
<td>All children display temperament</td>
</tr>
<tr>
<td>2:08</td>
<td>Children behave differently from birth</td>
</tr>
<tr>
<td>2:26</td>
<td>Statement by Alicia Lieberman introducing impact of temperament on group</td>
</tr>
<tr>
<td></td>
<td>care</td>
</tr>
<tr>
<td>3:15</td>
<td>How to look for temperament in groups</td>
</tr>
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<td>3:31</td>
<td>Learn different temperament traits</td>
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<tr>
<td>3:40</td>
<td>Nine traits</td>
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<tr>
<td>3:45</td>
<td>Activity level</td>
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<td>4:00</td>
<td>Biological rhythms</td>
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<td>4:19</td>
<td>Approach/withdrawal</td>
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<tr>
<td>4:39</td>
<td>Adaptability</td>
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<td>4:55</td>
<td>Mood</td>
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<tr>
<td>5:14</td>
<td>Intensity of reaction</td>
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<td>5:32</td>
<td>Sensitivity</td>
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<td>5:48</td>
<td>Distractibility</td>
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<td>6:35</td>
<td>Persistence</td>
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<tr>
<td>7:07</td>
<td>Review of nine traits</td>
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<tr>
<td>7:45</td>
<td>Lieberman: Introduction to three temperament types</td>
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<tr>
<td>8:43</td>
<td>Easy/flexible temperament type</td>
</tr>
<tr>
<td>9:45</td>
<td>Child of easy temperament needs attention</td>
</tr>
<tr>
<td>9:51</td>
<td>Portrait of James, easy temperament type</td>
</tr>
<tr>
<td>Time</td>
<td>Content</td>
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<tr>
<td>10:29</td>
<td>How caregiver can respond to a child with flexible temperament</td>
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<td>11:35</td>
<td>Lieberman: Introduction to child with fearful, cautious temperament</td>
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<tr>
<td>12:36</td>
<td>The fearful temperament type</td>
</tr>
<tr>
<td>12:53</td>
<td>Traits of fearful temperament</td>
</tr>
<tr>
<td>13:06</td>
<td>Portrait of Carla who is cautious</td>
</tr>
<tr>
<td>14:13</td>
<td>How caregiver can respond to child with fearful temperament</td>
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<tr>
<td>14:56</td>
<td>Lieberman: comments on cautious child/caregiver/group relationship</td>
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<tr>
<td>16:10</td>
<td>Lieberman: Introduction to child of feisty temperament</td>
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<tr>
<td>17:16</td>
<td>Traits of feistiness</td>
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<td>17:51</td>
<td>How caregivers can respond to a child with a feisty temperament</td>
</tr>
<tr>
<td>18:03</td>
<td>Redirection of attention</td>
</tr>
<tr>
<td>18:57</td>
<td>Regularity of habits</td>
</tr>
<tr>
<td>19:25</td>
<td>Be flexible</td>
</tr>
<tr>
<td>19:32</td>
<td>Lieberman: the child with feisty tendencies in group care</td>
</tr>
<tr>
<td>20:47</td>
<td>Importance of transitions: Lydia</td>
</tr>
<tr>
<td>22:00</td>
<td>Forcefulness of child</td>
</tr>
<tr>
<td>22:54</td>
<td>Make the most of quiet moments</td>
</tr>
<tr>
<td>23:15</td>
<td>Provide opportunities for activity and vigorous play</td>
</tr>
<tr>
<td>23:54</td>
<td>Lieberman: Impact of temperamental differences on group care. Understanding temperaments helps caregiver understand each child’s unique characteristics</td>
</tr>
<tr>
<td>24:40</td>
<td>Review</td>
</tr>
</tbody>
</table>
3. Language development

**Materials:** Videotape (the age of infancy)
- Videocassette recorder and monitor
- Chalkboard/chalk or easel paper/pens
- Overhead projector

**Procedure:**

① Point out to participants that, at around 16 months, most children speak only one word at a time, although they may understand longer utterances addressed to them. By 36 months, they can usually speak in complex sentences. Remind participants that ages given are rough estimates. The timetable for normal language development varies greatly from child to child.

② Pass out Handout #9, Developmental Milestones, and review it with participants. Suggest that they keep a copy of this chart handy for a reference as they observe language development in the children they care for.

③ Put Transparency #10, Things to Watch For With Older Infants, on the overhead projector, or pass out Handout #8, and review it with participants.

④ Explain to participants that they can support children's language development by adapting their own language so it is easier for children to understand. Most people do this naturally. It is often called "baby talk" or "mother." Child development experts call it "child-directed speech." Put Transparency #11, Child-Directed Speech, on the overhead projector, or pass out Handout #9, and review it with the group. **Point out that these are suggestions and should be used in ways that**
feel natural and comfortable to caregivers.

⑤ Divide participants into four small groups. Give each group a copy of Handout #12, Ways to Encourage Language. Assign each group one of the four ways to encourage language explained in Handout #10. Ask each group to discuss the way it is applied in their program. Then, each group should select a way to present this information to the rest of the group (e.g., by role play or example).

Allow 20 minutes for this activity.

⑥ Pass out Handout #13, Test Your Language Promotion Skills. Ask each participant to work individually to complete this handout. Then, put Transparency #14, Language Promotion, on the overhead projector, or pass out Handout #14, and review it with participants.

⑦ Finally, remind participants that caregivers have an important role to play in helping children develop strong language skills. They can do this through enjoyable and respectful communication exchanges and rich language experiences.

⑧ Ask participants to use information from this discussion to write a "signpost" for parents, substitutes, and volunteers to read to help them identify the language learning experiences taking place in the toddler room.
Handout # 9  
Developmental Milestones

The following developmental milestones are approximations at best. It is important to remember that there are great individual differences among children and that early language mastery is not necessarily associated with later language mastery. These milestones come from several sources (Bzoch and League 1970; Hetherington and Parke 1979; Maxim 1980; and White 1987).

<table>
<thead>
<tr>
<th>AGE</th>
<th>RECEPTIVE SKILLS</th>
<th>EXPRESSIVE SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 - 16 Months</td>
<td>Can respond to a verbal request to get or do something</td>
<td>Can speak 7 to 15 words</td>
</tr>
<tr>
<td></td>
<td>Recognizes named objects</td>
<td>Speaks by using words and Gestures</td>
</tr>
<tr>
<td></td>
<td>Recognizes named body Parts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understands approximately 50 words</td>
<td></td>
</tr>
<tr>
<td>16 - 17 Months</td>
<td>Understands straightforward questions</td>
<td>Begins to use more words than gestures when Speaking</td>
</tr>
<tr>
<td></td>
<td>Can group words into Categories</td>
<td>Begins to repeat overheard Words</td>
</tr>
<tr>
<td></td>
<td>Understands approximately 100 words</td>
<td>Speaks between 20 and 25 Words</td>
</tr>
<tr>
<td>18 - 20 Months</td>
<td>Can point to body parts when asked</td>
<td>Speaks at least 25 words</td>
</tr>
<tr>
<td></td>
<td>Can respond to commands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can respond to personal pronouns (me, her, him)</td>
<td></td>
</tr>
<tr>
<td>21 - 22 Months</td>
<td>Can follow two or three commands in a row</td>
<td>Begins speaking in two-word utterances</td>
</tr>
<tr>
<td></td>
<td>Recognizes many named Objects</td>
<td>Speaks many new words</td>
</tr>
<tr>
<td>23 - 24 Months</td>
<td>Listens for the meaning of what is heard</td>
<td>Seems to create her or his own phrases</td>
</tr>
<tr>
<td></td>
<td>Can understand (compound) Sentences</td>
<td>Begins speaking in three-word utterances</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Begins using pronouns</td>
</tr>
</tbody>
</table>
# Handout # 9 - 1
Developmental Milestones

<table>
<thead>
<tr>
<th>AGE</th>
<th>RECEPTIVE SKILLS</th>
<th>EXPRESSIVE SKILLS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 - 27</td>
<td>Recognizes less familiar body parts</td>
<td>Speaks in two- or three-word utterances</td>
</tr>
<tr>
<td>Months</td>
<td>Recognizes family member category names (father, mother, grandfather)</td>
<td>Understands size</td>
</tr>
<tr>
<td></td>
<td>Understands more than 300 words, although still has problems with articulation</td>
<td>Speaks between 200 and 275 words</td>
</tr>
<tr>
<td>28 - 30</td>
<td>Understands relationships between objects and their Functions</td>
<td>Can name at least one color</td>
</tr>
<tr>
<td>Months</td>
<td>Understands size</td>
<td>Uses pronoun when refers To self</td>
</tr>
<tr>
<td></td>
<td>May understand up to 750 Words</td>
<td>Speaks in three- to five-word sentences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has mastered the vowel sounds and many of the consonant sounds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May speak between 400 and 450 words</td>
</tr>
<tr>
<td>31 - 33</td>
<td>Understands common verbs</td>
<td>Names own gender</td>
</tr>
<tr>
<td>Months</td>
<td>Understands common Adjectives</td>
<td>Can say own first and last Names</td>
</tr>
<tr>
<td></td>
<td>Understands complex Sentences</td>
<td>Can talk about own Drawings</td>
</tr>
<tr>
<td>34 - 36</td>
<td>Demonstrates understanding of &quot;how&quot; and &quot;why&quot; questions</td>
<td>Can talk of the past</td>
</tr>
<tr>
<td>Months</td>
<td>Understands prepositions (in, out)</td>
<td>Uses some plurals of nouns</td>
</tr>
<tr>
<td></td>
<td>Can follow three commands given at once</td>
<td>Uses utterances of somewhat similar grammatical complexity to those of an adult</td>
</tr>
<tr>
<td></td>
<td>Understands more than 1,000 words</td>
<td>May speak between 800 and 900 words</td>
</tr>
</tbody>
</table>
Pay attention if a child (by 3 years old):

★ has a limited vocabulary and less variation in sentence structure than other children of the same age.

★ makes more grammatical errors and has difficulty combining different kinds of information in single sentences.

★ has problems talking about the future.

★ often misunderstands questions; is often misunderstood by others.

★ shows fewer social forms of play.

★ uses only short, simple sentences; has difficulty carrying on a conversation.

If you notice any of these things, advise the child's parent to consult with a pediatrician.
The adult using child-directed speech:

- speaks with clear pronunciation.
- speaks at a slower rate.
- speaks in shorter sentences.
- repeats the same utterance, when necessary.
- speaks in a higher than normal pitch.
- uses simple words.
- speaks with exaggerated intonation so that the speech has a singsong quality.
- speaks in grammatically simple sentences.
Handout #12
Ways to Encourage Language

Story Time

Toddlers enjoy stories, either told or read aloud. At first, it is important that the stories are about things with which the children are familiar. Short books with simple concepts and clear pictures are best at this stage. As children develop, they will also enjoy stories about make-believe, humor, new places, and exotic animals. Stories are valuable because they (1) expose children to rich and varied language; (2) help children discover new words, meanings, and understandings; and (3) promote imaginative thought.

Picture Discussions

A picture file consists of large, colorful, uncomplicated pictures that stimulate verbal exchanges. The pictures can come from magazines, old calendars, advertisements, and discarded books and should be clear and free of confusing details. The pictures should be attached to construction paper or tagboard. An especially good way to protect pictures is to laminate them or cover them with clear, adhesive plastic. These pictures can be posted in the room at the child's eye level, used to make a picture book, or used as an "activity" by older infants to talk about what they see and what they think about the picture.

Picture discussions are valuable because they (1) motivate children to discuss what they see and (2) inspire children to make up stories. Caregivers must form their questions in a way that moves children from stating what they see to discussing the picture at higher levels of interpretation. Older children can also make up stories from a series of pictures.

Make-believe and Fantasy Play

Toddlers love make-believe and fantasy. An activity area that includes a variety of simple dress-up materials and other thematic props (e.g., a toy camera or cooking utensils) sets the stage for children's fantasy play. Having puppets available encourages children to use language through pretend play. Puppets can also be used in caregiver-initiated activities in one-to-one or small group situations.

Informal Conversations

Children should be encouraged to speak freely both to the caregiver and to other children. The caregiver provides verbal stimulation to help children associate language with their experiences. These conversations might occur during mealtimes, in the dramatic play area, or outside.
Handout #13
Test Your Language Promotion Skills

Thinking about your communication with the older infants in your care, circle the answers that apply.

1. Am I involved in a back-and-forth interaction?
   Never   Rarely   Occasionally   Usually   Always

2. Am I really listening to what the child is saying?
   Never   Rarely   Occasionally   Usually   Always

3. Do I finish my sentences and thereby my thoughts?
   Never   Rarely   Occasionally   Usually   Always

4. Do I avoid repeating the same phrase in my interactions with the child, such as 'That's nice'?
   Never   Rarely   Occasionally   Usually   Always

5. Do I provide activities that encourage verbal interactions?
   Never   Rarely   Occasionally   Usually   Always

6. Do I initiate one-to-one conversations with individual children concerning everyday events?
   Never   Rarely   Occasionally   Usually   Always

7. Do I make an extra effort to understand what a child is trying to say?
   Never   Rarely   Occasionally   Usually   Always

8. Do I allow a child to finish a sentence?
   Never   Rarely   Occasionally   Usually   Always

9. Do I promote self-confidence in the child as a communicator?
   Never   Rarely   Occasionally   Usually   Always

10. Do I usually model grammatically correct language?
    Never   Rarely   Occasionally   Usually   Always

11. Do I expand and extend the child's language?
    Never   Rarely   Occasionally   Usually   Always
Transparency/Handout #14
Language Promotion

1. Am I involved in a back-and-forth interaction?
   • Don’t give a monologue; engage in conversation.

2. Am I really listening to what the child is saying?
   • Don’t interrupt the child; listen, then ask for details and give alternatives.

3. Do I finish my sentences and thereby my thoughts?
   • Don’t leave the child hanging in conversations.

4. Do I avoid repeating the same phrase in my interactions with the child, such as "That's nice"?
   • Use a variety of expressions.

5. Do I provide activities that encourage verbal interactions?
   • Activities like reading stories and looking at pictures naturally lead to verbal interaction.

6. Do I initiate one-to-one conversations with individual children concerning everyday events?
   • Such conversations tell children you think they are worth listening to; they also give the shy child a chance to talk.

7. Do I make an effort to understand what a child is trying to say?
   • Really listen to understand what a child is saying.

8. Do I allow a child to finish a sentence?
   • Children need time to figure out for themselves how to communicate their messages.

9. Do I promote self-confidence in the child as a communicator?
   • Promote self-confidence by actively listening, letting the child finish what is being said, and trying to understand what the child is saying.

10. Do I usually model grammatically correct language?
    • You are a language role model, so trying to use grammatically correct language is important.

11. Do I expand and extend the child’s language?
    • Expand the child’s language by repeating what the child has said but using correct grammar and pronunciation.
    • Extend the child’s language by partially repeating what the child said but also adding more information.
HOME WORK

Ask participants to identify the temperament types of the toddlers in their classes and their own temperament type. Think how caregiver (she/he) deals with the temperament of types.

IF YOU HAVE ANY QUESTION, BRING IT TO THE NEXT MEETING.
MODULA 2. THE ENVIRONMENT

1-1, Issue in the environment

- Child-sized equipment facilitates the development of toddler’s positive sense of self by fostering feeling of comfort, competence, and control over their own experiences and movements.
- Unrestricted movement supports children’s early brain development and provides them with ample opportunities to use their muscles, develop coordination, learn cognitive lessons, solve problems, and negotiate relationships with others.

2-2, The keys to improve the quality of child care

- Environments should ensure safety promote health, provide comfort, and be convenient for both children and caregivers. These qualities are essential to creating an emotional tone that supports nurturing relationships and exploration.
- Choices should include opportunities for rest and protected play. Toddlers can become overwhelmed, over stimulated, fatigued by the experience of being in a group setting for long hours during the child care day.
2-3, Lesson

1. Space to grow

**Materials:** Videocassette Recorder and monitor
   - Space to Grow: creating a child environment for infants and toddler (2nd Edition)
   - Chalkboard/chalk or easel paper/pens
   - Overhead projector

**Procedure:**

① Ask participants to think of a “favorite place,” a place where they feel secure and comfortable.

How does it look, feel, smell, and sound? How do they feel when they are there? Ask them to write down a few words that describe this special place. Next, ask volunteers to share words that describe their favorite places with the group. Record the descriptors on the easel paper or chalkboard and identify common elements. Ask:

- Do any of these words describe the child care programs where you work?
- How many hours a day do caregivers and children spend in the environment?
- How much control do you have over your work environment?
- How much control do the children have?

Summarize the discussion by noting the importance to the adults of how an environment functions and feels. Point out that the environment has even more impact on toddlers, who have little ability to change the environment to make it more pleasant and comfortable for them.

② Explain that you are going to using a video to introduce some of the most important concepts
about toddler care environments. Pass out Handout #1, Key Environmental Concepts, to the participants so that they can make notes relevant to their own child care environments as they learn about each concept.

Turn on the video, and show it nonstop through the discussion of color and noise (about 5:15 minutes into the video). Stop the video and ask:

- Does your child care environment provide an appropriate amount of stimulation?
- If there is too little or too much, what could you do to change it?

③ Continue showing the video through the discussion of flooring (up to about 6:13 minutes into the video). Stop the video and ask:

- What did you think were the most important ideas about flooring that were shown?
- What do you think, if anything, instead of carpet would be appropriate for Korean culture?

④ Continue showing the video through the diapering sequence (about 8:13 minutes into the video). Freeze frame, if possible on the diapering scene.

- Point out to the participants how the towels and other diapering supplies are within reach of the caregiver without leaving the child unattended.

⑤ Continue showing the video through the discussion of interior space considerations (about 9:25 minutes into the video). Stop the video and ask participants to discuss:
How could you adapt some of these ways of organizing space to work in your own setting?

Continue showing the video through the section about outdoor space (up to about 10:45 minutes into the video). Stop the video and ask:

Which ideas about outdoor space shown in the video caught your attention?

Pass out Handout # 2 Low-cost Outdoor Equipment and discuss about low-cost outdoor Equipment. Continue showing the video through the discussion of child-sized equipment (up to about 13:43 minutes into the video). Stop the video and ask:

What do you think are the biggest challenges in trying to make the environment child-sized?

Did you see anything in the video that particularly impressed you or that you'd like to try?

Continue to show the video through the section on flexibility (up to about 15:32 minutes into the video). Stop the video and lead a discussion by asking:

Why is flexibility so important?

How could your child care setting be more flexible?

Talk bout handout #2 (6. Flexibility). Continue showing the video through the movement section (up to about out 17:04 minutes into the video). Stop the video and ask:
How did the child care settings shown in the video encourage climbing and jumping?

How do you feel about the video’s position on walkers and swings? How can a well-planned environment diminish the "need" for these types of equipment?

Continue to show the video, this time focusing on the choice section (up to about 19:20 minutes into the video). Stop the video and ask:

- What are some of the most important areas to have in a child care setting?
- What did the child care settings in the video do to define specific areas?

Continue showing the video through to the end. When it is completed, ask the participants what they liked best about the video and what they would add for an environment for toddlers.

Pass out Handout #5, Can Your Child Care Setting Meet the Environmental Challenge? If you are training participants from the same setting and have the time available, you may wish to ask them to fill it out now. If not, you may assign the participants to rate their setting on their own.

Give the participant Handout #3 safety checklists and Handout #4, checking for health. Ask them to check their child care setting for safety and health for 5 minutes.
The toddler caregiving environment should:

1. Ensure safety
2. Promote health
3. Provide comfort
4. Be convenient
5. Be child-sized
6. Maximize flexibility
7. Encourage movement
8. Allow for choice
Think about ways to use:

- Benches
- Plastic milk crates
- Wide, smoothly sanded boards
- Inner tubes
- Air mattresses
- Balls
- Tires
- Hills
- Swings and hammocks
- Sanded dead trees
- A hose turned on very low
Take a walk around your child care setting to find the answers to these questions. Write a "Y" for yes or an "N" for no next to each item.

1. Are all electrical outlets covered?
2. Are there any easily breakable items within children's reach?
3. Is the carpeting padded to cushion falls?
4. Are materials and furnishings nontoxic?
5. Are walkways clear and unobstructed?
6. Are there gates in front of stairwells?
7. Is the play area fenced?
8. Is there sand or grass under all outdoor climbing equipment?
9. Does all equipment meet consumer safety standards?
10. Are there any poisonous or dangerous plants within children's reach?
11. Are there sharp corners on furnishings or interior structures?

If any of your answers showed something was unsafe, fix it right away!
Take a walk around your child care setting to find the answers to these questions. Write a "Y" for yes or an "N" for no next to each item.

1. ___ Are diapering, food preparation, and feeding areas separate?
2. ___ Do adult sinks in both the changing and feeding areas have both hot and cold water?
3. ___ Are food preparation, feeding, and toileting areas cleaned after each use?
4. ___ Can pillow and cushion covers be washed?
5. ___ Are couches or mattresses easy to clean?
6. ___ Can the sleeping mats be fitted with washable covers?
7. ___ Are there any bare light bulbs that could hurt toddler eyes?
8. ___ Is there a regular schedule for cleaning walls, floors, and rugs?
9. ___ Is there a regular schedule for cleaning bedding?
10. ___ Have the air conditioner filters been replaced this year?
11. ___ Do the children get fresh air every day?
12. ___ Do caregivers provide appropriate temperature for toddlers every day?
13. ___ Do staffs regularly disinfect day care center?
14. ___ Do caregivers provide clear water and cups?
15. ___ Do staffs regularly wash toys?

Handout #5
Can Your Child Care Setting Meet the Environmental Challenge?

How well does your child care setting meet the environmental needs of infants and toddlers? Rate each of the following environmental factors:

<table>
<thead>
<tr>
<th></th>
<th>Not</th>
<th>Very Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses soft, neutral colors</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>2. Has a mixture of natural and</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>3. Has plenty of fresh air</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>4. Has reduced noise through</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>5. Provides contact with nature</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>6. Contains multilevel surfaces</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>7. Provides convenient, accessible</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>8. Is organized around an open</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>9. Has separate activity areas</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>1. Contains child-sized</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>1. Provides &quot;alone&quot; space for</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>1. Displays a changing array of a</td>
<td>1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

How did your setting do?
36-48: You've got the environment well organized. Keep up the good work!

24-35: You've made a start, but there's room for improvement. Pick one or two elements where you've given yourself a low score, and concentrate on doing those well.

12-23: Your environment needs help! Imagine being an infant or toddler spending the day there. Start with an easy goal, like displaying only a few toys at a time or going for a daily walk. Move on gradually to more costly or demanding elements.
<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:00</td>
<td>Introductory scenes: Caregiving routines are the heart of toddler care and a major part of the curriculum, offering one-to-one contact, attention to individual needs, and the deepening of the relationship between caregiver and child.</td>
</tr>
<tr>
<td>0:12</td>
<td>Opening Titles.</td>
</tr>
<tr>
<td>2:04</td>
<td>Feeding: Introduction. Feeding is a complex routine, involving health, safety, nutrition, and the part that is more than just routine.</td>
</tr>
<tr>
<td>2:15</td>
<td>Hand washing: Proper hand washing for both adults and children is the single most important thing to prevent the spread of illness in child.</td>
</tr>
<tr>
<td>3:09</td>
<td>The setting: Young infants need a peaceful place to be fed. Hold them until they can sit up well on their own. When they are ready, provide tables and chairs that fit the child.</td>
</tr>
<tr>
<td>3:49</td>
<td>What to feed toddlers as they grow: Mother’s milk is the perfect baby food, providing bonding, nutrition, and immunities for infants.</td>
</tr>
<tr>
<td>4:41</td>
<td>Bottles: Elevate the infant's heads when she or he drinks. Prevent baby bottles of milk or juice in the mouth for long periods of time.</td>
</tr>
<tr>
<td>5:45</td>
<td>The diapering and food preparation areas need to be separate, each with its own source of hot water.</td>
</tr>
<tr>
<td>6:06</td>
<td>Ensuring that the environment is safe and health doesn’t mean that it can’t also be interesting.</td>
</tr>
<tr>
<td>7:26</td>
<td>Make certain that outdoor equipment and materials that could be hazardous are stored safely and out of reach of the children.</td>
</tr>
<tr>
<td>7:58</td>
<td>Research Shows that caregivers in family child care smile more when the environment has been made safe for children to explore.</td>
</tr>
<tr>
<td>9:09</td>
<td>Comfort</td>
</tr>
<tr>
<td>9:29</td>
<td>Comfortable environments help children feel as if they are at home and secure enough to explore and learn.</td>
</tr>
<tr>
<td>10:11</td>
<td>One way to help toddler feel comfortable and able to engage in exploration and interactions to avoid having things in the environment that are over stimulating.</td>
</tr>
<tr>
<td>11:17</td>
<td>Good lighting and ventilation help children and caregivers to feel more energetic and relaxed</td>
</tr>
<tr>
<td>Time</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12:10</td>
<td>Outdoor time and plenty of fresh air contribute to comfort and energetic level too.</td>
</tr>
<tr>
<td>12:35</td>
<td>Bare light bulbs in the environment can have a negative impact, especially on babies, who spend so much time looking up as overhead lights.</td>
</tr>
<tr>
<td>13:04</td>
<td>Convenience</td>
</tr>
<tr>
<td>13:05</td>
<td>Being by organizing the equipment around the periphery of the environment.</td>
</tr>
<tr>
<td>14:44</td>
<td>The space can be divided into mini-environments with rises, furniture, or low partitions.</td>
</tr>
<tr>
<td>15:31</td>
<td>Well-planned storage space is essential to convenience.</td>
</tr>
<tr>
<td>16:52</td>
<td>Plumbing is important and can be added, if needed.</td>
</tr>
<tr>
<td>17:46</td>
<td>Child size.</td>
</tr>
<tr>
<td>18:15</td>
<td>Child-sized equipment supports children’s feeling of having some control over the environment.</td>
</tr>
<tr>
<td>19:44</td>
<td>Flexibility</td>
</tr>
<tr>
<td>19:46</td>
<td>As children grow and change, environments need to change along with them.</td>
</tr>
<tr>
<td>20:29</td>
<td>Activity and routine areas should remain pretty much the same all during the year.</td>
</tr>
<tr>
<td>20:49</td>
<td>Rearrange materials and equipment, based on what you’ve seen the child engaged in and interested in.</td>
</tr>
<tr>
<td>21:27</td>
<td>Flexibility is important for serving children with special needs because they vary widely in their developmental abilities.</td>
</tr>
<tr>
<td>22:17</td>
<td>One of the best types of flexible equipment in the environment is portable risers.</td>
</tr>
<tr>
<td>23:09</td>
<td>Movement</td>
</tr>
<tr>
<td>23:10</td>
<td>All children need to be able to move around freely and safely.</td>
</tr>
<tr>
<td>23:55</td>
<td>Rather than restrict movement, the environment should encourage it. Even toddlers need changes early cognitive development.</td>
</tr>
<tr>
<td>27:00</td>
<td>Choice</td>
</tr>
<tr>
<td>27:08</td>
<td>Environments that offer a variety of choices in different areas of the room allow children to follow their own schedule and preferences.</td>
</tr>
</tbody>
</table>
A caregiver can do a lot with the environment to be encouraging peer play possible.

(The narration of this video is translated from English to Korean.)
2. Toddler Care setting

**Materials:** Chalkboard/easel paper.
   Overhead Projector

**Procedure:**

① Ask the group to suggest some important considerations for planning space with toddler.
   Write their suggestion on the chalkboard/easel paper. Project Handout #6 Environmental needs to toddler.

② Read through each item pass out the transparency/handout #6. Compare your list to that generated in the discussion. Was there anything on the “expert” list that surprised the group?
   If you did not previously pass out the handout, do so now so that participants may have their own copy for future reference.

③ Tell participants that now you are going to talk about some of the ways how caregivers divide space in a child care setting so that it can be used effectively. Pass out Handout #7 Division and Definition of Space. Review each of the five topics with the group. Use transparency/Handout #8, toddler room, to help illustrate your discussion of activity areas.
   Allow time for questions or comments about each topic before moving on the one. At the end of the dissuasion, pass out Handout#8

④ Ask participants what they have learned so far that was new or that presented an unexpected idea about environment of their child setting. If the group is small enough, go
around the room, and ask each person to state one thing she or he would like to change about her or his own care setting.

5 Finally, provide participants the opportunity to integrate what they have been learning. Tell them that now they will have the chance to redesign their own environment or create from the beginning an "ideal" toddler environment. Each participant should decide how many children of what ages the setting should serve. Then, using the graph paper and cutouts trying to stay as much to scale as possible.

6 Upon completion of their environments, each participant should show the others the design, explaining how many children of what ages are being served and why the space is designed in this way.
Transparency/Handout #6
Environmental Needs of toddler

• The children love dress-up and fantasy play. A special area and equipment for this type of activity are important.

• Choices among activities are essential for the toddlers

• Peer play happens more and more often and needs to be provided for in the setting.

• The children like their products displayed, so allow wall space on their level for this purpose.

• Older infants need room for large-muscle activities, available to them throughout the day.

• The children sometimes do not consider the needs or safety of younger infants in rough-and-tumble play, so use developmental barriers to protect younger infants in mixed age groups.

• Toddlers are ready to begin learning rules for caring for the environment and the equipment in it. Along with autonomy, they need gentle guidance.

• The children need learning centers offering a variety of small-muscle and sensory perception activities.
Consider the following strategies when you define and divide your space:

**Define activity areas.**
- A separate physical location for different types of activities
- Boundaries that separate it from other areas
- Mood, feeling, or personality (colors, furnishings)

**Create boundaries and corrals.**
- Developmental barriers, such as pillows, boxes, or blocks
- Room dividers, such as furniture, shelving, and risers
- Area markers, such as mattresses or different flooring

**Provide clear, visible order.**
- Group similar materials together.
- Display materials so they can be seen.
- Organize small toys in boxes, baskets, and bins.

**Keep the center of the room open.**
- Create regular activity areas around the sides of the room.
- Use the center for special activities.

**Use many levels.**
- Create multilevel environments with risers, steps, platforms, and lofts.
- Improvise multiple levels with mattresses, boxes, couches, stuffed chairs, piles of pillows, covered tires, and so forth.
Transparency/Handout #8
Toddler Room
Rearrange your class on the Grid.

Homework: Finish this lesson and apply it to your class
3. Appropriate care environment

Materials: Space to Grow on choice
Together in care
Chalkboard/chalk or easel paper/pens
Overhead projector

Procedure:

① Explain to participants that today you are going to be learning the impact of the physical environment on toddler learning. Show the segments without sound from Space to Grow on Choice (between 17:05 and 19:22 in the video) and Together in Care, on small groups (between 8:44 and 12:11 in the video). Ask participants to comment on how the environments shown enhanced toddler learning or hindered it. Write responses on the chalkboard or easel paper under the appropriate column headings, “Promotes Learning” or “Hinders Learning.” Allow 15 minutes for this activity.

② Put transparency #10, Environmental features to Avoid, on the overhead projector, or pass out handout #10 to every participant. With a sheet of paper, cover all but the heading for item #10, “Physical Restriction of Exploration.” Ask the group to describe what might be considered physically restrictive in a play space. Then move on to other items, using just the heading to spur brainstorming from participants. Allow 10-15 minutes for this activity.

③ Put transparency #11, Guide to Toys and materials for the play Environment, on the overhead projector, or pass out Handout #11 to every participant. Review each of the points. For #11, show examples of toys that provide variety (e.g., motor/small motor). For #12, bring
toys appropriate to different levels of development (e.g., toddler: puzzle, shape sorter).

④ Expand on the information in Transparency/Handout # 11 by making the following points:

• Create play spaces or mini-environment where one child or a small group can play out of the flow of traffic and other distractions. By the placement of equipment and room dividers, encourage the use of certain spaces for certain activities.

• Have a variety of toys that can be rotated from time to time to keep the environment fresh and interesting to toddler.

• Children grow quickly and groups change, so have a good supply of toys with multiple uses. For example, toddlers can carry plastic buckets, basins, and bowls around water play, and fantasy play.

• Simple objects, many of which are sold for household use, can be the best toys for children. Avoid expensive, elaborately decorated toys that “do everything” for children. Children enjoy most what they can act upon and what will change functions as quickly as they can think of new ones.

⑤ Project transparency #13, Safety Reminders, on the overhead project, or pass out Handout #13 to each participant.

⑥ Point out to participants that one of the key elements in the physical environment is the variety of age-appropriate, responsive objects. Ask participants to examine the toys if and how these toys could be considered responsive objects and for what ages of children they are
appropriate.

⑦ Show the video clip from *Space to Grow* again with sound. You may choose to show the entire video at least once a year to help re-evaluate the environment.
Handout #10
Environmental Features to Avoid

1. Physical Restriction of Exploration

• Playpens
• Swings
• Walkers
• Toddler seats

2. Noise, Visual Clutter

• TV, radio, background music
• Pictures on every inch of wall space
• Mazes of mobiles dangling from the ceiling

3. Crowding

• Too few activity areas available for the number of children
• A lack of “defensible space” where children can play alone or observe activities before joining in
• Pathways going through play spaces

Note: studies have found that in environments with background noise, visual clutter, and crowding, caregivers tend to be less involved with children and talk less with them
1. Availability of objects
A good selection of toys and play objects promotes early intellectual competence.

2. Variety of toys or objects
Learning is enhanced by a caregiver who adds to and changes the type of toys available over time.

3. Challenging toys matched to a child’s level of development
Toys or play materials that pose new problems but are sufficiently familiar to the child work best.

4. Toys whose play value endures throughout childhood
Open-ended toys encourage use in an endless variety of ways as the child grows.

5. Responsive toys
Toys that change how they look or sound when a child does something to them promote the discovery process.
Handout # 12
Educational value Questionnaire ideas

1. Will the toy allow for the children to begin color recognition?
2. Does the toy facilitate language development by allowing the child to talk or name items?
3. Does the toy allow the child to develop concentration on a specific task?
4. Does the toy allow for increasing levels of complexity in order to challenge the child appropriately?
5. Does the toy allow the child to develop language competence in a social setting for instance, as in a board game?
6. Does the toy facilitate sharing and taking turns?
7. Does the toy faster creativity ad curiosity?
8. Does the toy facilitate positive self-awareness, allowing the child to have feelings of success?
9. Does the toy allow for the development of social skills, allowing the child to understand winning, losing and basic concepts of competition as appropriate for his/her development?
10. Does the toy allow the child to learn basic mathematical concepts such as classification, sequencing and recognizing and creating patterns?
11. Does the toy allow the child to use his/her imaginations?
12. Does the toy allow the child to develop eye-hand coordination?
13. Does the toy allow the child to begin understanding concepts of part and whole, as in puzzles?
<table>
<thead>
<tr>
<th>Do:</th>
<th>Don’t use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Keep heavier toys on lower shelves</td>
<td>• Newsprint or bleach bottles for play</td>
</tr>
<tr>
<td>• Use only non-toxic, non-leaden, and non-inflammable toys</td>
<td>• Objects children can put in their mouths and swallow</td>
</tr>
<tr>
<td>• Inspect toys regularly for cracks, breakage, or small loose parts</td>
<td>• Toys with small holes to trap little fingers</td>
</tr>
<tr>
<td></td>
<td>• Equipment with sharp or splintery edges or corners</td>
</tr>
<tr>
<td></td>
<td>• Fragile plastics or other materials that can break and leave sharp edges</td>
</tr>
<tr>
<td></td>
<td>• Anything hard or heavy enough to hurt if dropped</td>
</tr>
<tr>
<td></td>
<td>• Equipment with long, narrow parts that can reach back in a baby’s mouth</td>
</tr>
<tr>
<td></td>
<td>• Stringed toys toddlers can swallow or wrap around the neck</td>
</tr>
</tbody>
</table>
4. Play materials

**Materials:** Videotape (the age of infancy)
                 Videocassette recorder and monitor

**Procedure:**

① Pass out Handout #14 Play Materials for toddler, and Handout #15. Allow about 5 minutes
for then to read through the list of toys and equipment, and ask the following:

▪ How are these play materials different from those recommended for toddlers?

▪ Are some of these materials also appropriate for toddlers?

▪ What is the most unique thing about the activities of toddlers as they become older?

② Show the segment of the ages of infancy on toddler (about 13:13 into the video). After the
video segment, project transparency #16 to each participant, and review the recommendations
for caring for children of this age. Ask participants to identify what they consider to be the most
important types of things toddler are learning about. List these on the chalkboard or easel paper.

③ Divide the participants into small groups. Allow groups 2 minutes to review the list of types of
learning and choose one or more to discuss. Be sure that every item on the list is selected by at
least one group.

Ask each group to talk about what they’ve learned from the video and their own experiences
about facilitating the type of learning that group has selected. Remind them to use everything
they know about meeting the needs of toddlers, including staffing needs, style of interaction,
setting up the environment, providing toys, caregiving routines, scheduling, etc., to come up with
strategies for promoting learning. Have each group select a person to record points made in the small group discussion.

Allow 10 minutes

④ Ask participants to return to the large group, and have the first group’s recorder report back on the group’s discussion. If another group has addressed the same issue, have that group report back next, adding to the first group’s responses. Create a chart on the chalkboard or easel paper under the headings “Type of Learning” and “Ways of Facilitating.”

Allow 10-15 minutes for reporting back.

⑤ In a central location, put out an array of infant and toddler toys. If no real toys are available, pass out copy of Handout #17 to every participant. Ask participants to choose one or more toys form the assortment of real toys or pictures of toys. Ask volunteers to share with the rest of the group their observations and thoughts about the toys they have chose. Write these on the chalkboard or easel paper.

⑥ Ask the caregivers to identify one toy or material that fits into each of the 12 tasks in Handout #18 and discuss any tasks that were missing and see if the group can identify an appropriate toy or activity.

⑦ Show the video from the short segment on mixed-age care (about 22:02 minutes into the video) through the end. Ask participants how many of them care for children in mixed-age settings. Note that most infant groups are “mixed-age”, unless they are grouped in very close
age ranges, such as three months or less. Ask participants:

- How can you meet the challenge of adapting your care to different aged infants in one group?
- What are some of the advantages of working with mixed-age groups?

Write their responses on the chalkboard or easel paper.

⑥ Ask participants to reflect on their infant/toddler settings and write down:

- One new thing (a toy, material, or activity) they can introduce into their program
- One new way to observe or to facilitate infant learning they will try out in the next week

⑦ Ask participants to take 5 minutes a day to make notes in their journals about the experiences they have using the new ideas they have been writing about.
**Handout #14**  
**Play Materials for toddlers**

<table>
<thead>
<tr>
<th>Type of Toy</th>
<th>What the child Learns</th>
<th>How to provide</th>
</tr>
</thead>
</table>
| **Objects that expand dramatic play**, such as telephones, dishes, dolls, shopping carts, dress-up clothes, blankets, doll cribs, furniture, puppets, animal and people figures, magnetic and flannel board shapes, family and community play sets, hats, funnels, pitchers, watering cans, pictures files. | - Dramatic play provides rich opportunities will imitate each other and use imitation to practice adult roles, expand concepts space and matter, use tools, develop language skills, and, in general, refine their idea of how things function and are best used. | - A cozy dress-up or housekeeping corner should be created and stocked with real or play household items and dress-up clothes.  
- Each item should have an appropriate storage space (e.g., clothes on hooks, dishes in a small cupboard).  
- Animals and people figures, puppets, and miniature worlds can be kept in bins accessible to children but out of the flow of traffic.  
- Some activities such as water, sand, and flannel board play can be set up at specific times during the day, as they require close adult supervision. |
| **Objects that encourage large movement and physical play**, such as empty cartons, bean bags, wheel toys, slides and steps, rocking toys, climbing structures, mate, balls, balance beams, push and pull toys. | - From large muscle activity, children learn about space, balance, and leverage.  
- They learn to gauge distance and to use complex schemes. | - Play with wheel toys and balls requires plenty of space and is best outdoors or in large open indoor areas.  
- For vigorous play indoors, balance beams, rocking toys, slides, and steps work well.  
- Slides and climbing structures where children are more than 18 inches (45.72 cm) off the ground should be closely supervised. |
<table>
<thead>
<tr>
<th>Type of Toy</th>
<th>What The Child Learns</th>
<th>How To Provide</th>
</tr>
</thead>
</table>
| **Objects for sorting and building, putting together, and taking apart, such as puzzles, large and small blocks, hook-together trains, threading toys, fitting toys, sorting cards, pegs and pegboards, beads** | • This type of play helps children classify, order, identify function, and explore with gravity, space, shape, size, and color.                                                                                                                                                                                                                                                                                                                                                   | • Store pieces that go together in bins on shelves children can reach  
• More challenging equipment (e.g., more difficult puzzles) can be brought out when an adult can give guidance and support.  
• Help children bring construction items out of the flow of traffic and apart from each other so their creations won’t be accidentally knocked over.  
If a child is deeply involved in an activity or hasn’t completed it, save it for later, if possible.  
• Puzzles with missing pieces are frustrating to children and should not be used. Look for missing pieces at the end of each day.                                                                                                                                                                                                                     |
| **Objects that can be used in art, such as water colors, food coloring, construction paper, tissue paper, play dough, crayons, non-toxic marking pens, paste, easels, paper, and paint** | • Experiences with creative expression are essential to the child’s cognitive growth. These activities promote an understanding of how materials function, the development of language, and an awareness of spatial relationships.                                                                                                                                                                                                                       | • Messy art activities work best with close supervision, small groups of three of four at a time, and clear limits.  
• Let children make choices such as how to put paint on paper or what colors of paint or paper to use.                                                                                                                                                                                                                                                              |
| **Musical instruments, such as drums, xylophones, tambourines, harmonicas** | • Experiences with music fosters aural discrimination, language, and motor skills.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Most musical instruments require close supervision. Encourage older infants to use them for making sounds, rather than other types of play.                                                                                                                                                                                                                             |
| **Story activities, such as story books, magazines, felt boards, puppets.** | • These activities promote the development of language skills and creativity. When used in groups they support social development and help children identify an deal with their feelings.                                                                                                                                                                                                                                                                                                                                 | Picture books should be available on a bookshelf for children to look at on their own. Adults can read books and talk about them with small groups of children.  
• Stories may also be made up by adults and children using puppets, or photographs.                                                                                                                                                                                                                                                                                                                                 |
Handout #15
The activities of toddler

• Around age 2 children use their growing competence and independence to engage in more elaborate activities. They imitate sequences of socially appropriate behaviors, inventing and imagining ways of acting to serve their purposes.

• They learn to use things in the ways that work best (e.g., tape, not aluminum foil, for sticking things).

• They combine objects appropriately (e.g., using a spoon to dig in the sand).

• Waiting and sharing are still new to them. Provide more than one of the most popular toys and several of basic equipment such as wheel toys and dolls.

• Toddlers tend to cluster together, so encourage them to choose different activities, rather than all trying to do the same thing at the same time.

• If several interesting choices are offered, along with caregivers available for help and interaction, children will distribute themselves around a setting in small groups.
Meeting the Needs of toddlers

• Respect self-assertion and be patient when children say no.

• Provide social guidelines.

• Offer plenty of choices.

• Support fantasy and creative expression.

• Allow for both independent and social experiences.

• Assist children in their play.

• Initiate new and exciting activities.

• Provide surfaces and stairs for climbing, jumping, balancing, and running.

• Provide responsive toys that do something when a toddler acts on them.

• Have plenty of books with familiar pictures, rhythm, rhyme, and repetition.
Handout #17
A selection of Toys
12 learning tasks

1. Learning to make groups
2. Learning to separate parts from the big group
3. Learning to line up objects in a logical order
4. Learning time relationships
5. Learning about places and how space is organized
6. Learning what numbers mean
7. Learning to recognize change
8. Learning to use body parts together
9. Learning to reason
10. Learning to use imagination
11. Learning language and using books
12. Learning social skills

Understanding these learning tasks of the first three years allows teachers to capitalize on emerging skills by developing appropriate curriculum plans. Each of these tasks offers numerous opportunities to enhance the intellectual development of very young children.
### The age of infancy

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:13</td>
<td>Older infants (16 to 36 months) are more independent.</td>
</tr>
<tr>
<td>13:50</td>
<td>Older infants have a heightened sense of their own abilities and independence. They like group play, are more willing to be distant from caregiver, and are consumed with self-assertion</td>
</tr>
<tr>
<td>14:23</td>
<td>Marcue’s caregiver supports his self-assertion while simultaneously teaching social skills.</td>
</tr>
<tr>
<td>15:02</td>
<td>Caregivers will hear a lot of no from older infants as they seek to assert control.</td>
</tr>
<tr>
<td>15:55</td>
<td>A playful response to a no works well.</td>
</tr>
<tr>
<td>16:32</td>
<td>Set up an environment that allows the older infant to have choices.</td>
</tr>
<tr>
<td>16:58</td>
<td>Create activities that are attractive to children. Eva leads a book reading activity and responds to the children.</td>
</tr>
<tr>
<td>18:01</td>
<td>Older infants enjoy fantasy and dress-up play.</td>
</tr>
<tr>
<td>18:41</td>
<td>Caregivers provide a special gift by becoming part of a child’s sense of make-believe.</td>
</tr>
<tr>
<td>19:07</td>
<td>Exploration outdoors develops child’s confidence, competence, and sense of self.</td>
</tr>
<tr>
<td>19:32</td>
<td>Older infants love group play; group identity becomes part of individual identity.</td>
</tr>
<tr>
<td>20:34</td>
<td>Caregivers and introduce older infants to the world through activities they initiate.</td>
</tr>
<tr>
<td>20:57</td>
<td>Older infants are different: more socially competence and intellectually abstract.</td>
</tr>
<tr>
<td>21:14</td>
<td>Review of how caregivers can meet needs of older infants.</td>
</tr>
<tr>
<td>22:02</td>
<td>How to meet the differing needs of young infants, mobile infants, and older infants in a mixed age group setting.</td>
</tr>
<tr>
<td>23:38</td>
<td>Credits roll.</td>
</tr>
<tr>
<td>25:01</td>
<td>Overview of the program for infant/toddler caregivers.</td>
</tr>
</tbody>
</table>
3-1. Issues in Curriculum

➢ This interaction with people and things forms the core of curriculum for very young children. They learn by interacting with and acting on their environment—touching, tasting, smelling, feeling, manipulating, and seeing the world around them.

3-2. The keys to improve the quality of child care

➢ Observation and assessment come first, so nothing happens to the child before the teacher learns though observing where the child is developmentally.

➢ One is by the use of curriculum brainstorm related to possibilities plan, once again that caregivers cannot predict where a child’s interest might take us. Thus, caregivers need to be prepared to consider alternatives.
1. Discovery

Materials: Chalkboard/chalk or easel paper/pens
Overhead projector

Procedure:
① Introduce the lesson by considering the question of what and how toddlers learn. Ask participants to picture the following you are a caregiver in day care center. A parent of one of your toddlers asks you. “I see my child spending lots of time playing in your care. What care are you doing to make sure he’s learning as well as playing?” How do you respond?
   ■ How many of you found this question hard to answer?
   ■ How many found yourselves unclear as to your role in “teaching” the infant?

Form into small groups and have participants share responses will each other. Allow 5-10 minutes. Bring them back to the large group and ask:

② Participants explore through a picture and then through the actual object.

Break into groups of three. Tell the participants that you will be giving them pictures of a food item. Pass out one picture to each group. Allow 2-3 minutes for participants to jot down everything they learn from the picture of the food. Then distribute the real food to each group, along with paper towels and a knife, if needed. Ask that they spend time exploring this food item as a group work. Bring participants back to the large group and ask:

■ How did your group members learn about this unfamiliar food? From the pictures? What did you do to explore it? What did you learn about it?
As participants to respond, list on the chalkboard, or easel paper the “operations” performed
to learn about this food (e.g., looking at shape, color, etc.; imagining; thinking of similarities to
foods they know; then smelling, cutting open, peeling, tasting).

• Now, think about how a toddler learns (Bring out a cause-and-effect toy for demonstration.)
How would an 18 month-old approach this toy? List on the chalkboard or easel paper the
operation that the group comes up with. Allow 10 minutes for large group discussion.

③ Explain the Piaget and Erikson Development stage from 18 months to 3 years old. Overhead
project transparency development stage #1.

⑤ Write two things you learn in the lesson
Transparency #1: Development stage

Erikson

<table>
<thead>
<tr>
<th>Stage</th>
<th>Basic Conflict</th>
<th>Important Events</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td>Trust vs. Mistrust</td>
<td>Feeding</td>
<td>Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust.</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>Autonomy vs. Shame and Doubt</td>
<td>Toilet Training</td>
<td>Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.</td>
</tr>
</tbody>
</table>

Piaget: Sensorimotor Stage of Cognitive Development

- **Reflexes (0-1 month)**
- **Primary Circular Reactions (1-4 months)**
- **Secondary Circular Reactions (4-8 months)**
- **Coordination of Reactions (8-12 months)**
- **Tertiary Circular Reactions (12-18 months)**: Children begin a period of trial-and-error experimentation during the fifth substage. For example, a child may try out different sounds or actions as a way of getting attention from a caregiver.
- **Early Representational Thought (18-24 months)**: Children begin to develop symbols to represent events or objects in the world in the final sensorimotor substage. During this time, children begin to move towards understanding the world through mental operations rather than purely through actions.
- **Pre-operational (2-7 years)**
2. Making plan

**Materials:** Videocassette Recorder and monitor
- Video: Discoveries of infancy
- Chalkboard/chalk or easel paper/pens
- Overhead projector

**Procedure:**

① At the first training day, we talked about several areas of child development and before the class, Piaget’s developmental stage and Erikson’s developmental theory for the toddler period.

We are going to discuss a possibilities plan.

- What do caregivers consider when caregivers make a curriculum for toddlers?

Show transparency #1 and check what the caregivers answer with the elements of the Curriculum on the board.

② First, we have to know about toddlers through observations and assessments. Divide to group into small groups to discuss observations and assessments instruments. Allow 5 minutes for group discussion and report participant’s responses to the group.

- Are these easy to check the level of children if no, Why?

③ We are going to make the possible plan together today. There are several curriculums for toddlers. Divide the group into small group to discuss about the difference of curriculums.
What are differences between preschool curriculum and toddler curriculum?

Allow 3 minutes for each group to report and project the transparency #2.

④ Describe the possible plan. When activities or experiences are presented to very young children, we never know what they are going to do with the experiences! One way is to use a curriculum that is brainstormed to relate to the possibilities plan, once again that teachers cannot predict where a child’s interest might take us. Thus, we need to be prepared to consider alternatives so that teachers can recognize them. The other is to focus on the child’s response as a cue to what to do next or where to go next. We are going to make a possible plan on “Me and my body”.

⑤ Keep the groups to do brainstorm Which is the first step to make possible plan. Allow 5 minutes to do it and give hand out #4. Project transparency #5 Example plan and record participants’ responses on the transparency #5, if participants have new concepts. Give the handout concepts of themes for a possible plan.

⑥ Keep the small group to make the rest of possible plan. Allow 5 minutes to complete possible
plan. Project Transparency # 4-1 and add what participants make.
Transparency #1
Elements of curriculum

Developmental tasks
Observations and Assessment
Child Development
Interactive Experiences
Teaching
Parent Participation and Involvement
Environment
Activities and Experience
## Hand out #2: Observation/Assessment Instruments
### Transitioning to school

<table>
<thead>
<tr>
<th>18-24 months</th>
<th>24-30 months</th>
<th>30-36 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Experienced in separating from Mom and Dad; resists initial separation in new or unusual settings, but adjusts after a few moments.</td>
<td>b. Experienced with separating.</td>
<td>c. May get into difficulty seeking and exploring interesting stimuli.</td>
</tr>
<tr>
<td><strong>S2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Actively seeks new and interesting stimuli; interested in everything in the environment.</td>
<td>b. May get into difficulty exploring interesting stimuli. Interesting</td>
<td>c. Seeks novel and interesting stimuli; when presented with familiar and novel stimuli, prefers novel ones.</td>
</tr>
<tr>
<td><strong>S3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Resists transitions to unfamiliar or new settings or to settings that are not familiar and preferred.</td>
<td>b. Transitions to familiar people in familiar settings easily.</td>
<td>c. Transitions to most settings without distress; when distress occurs, can be comforted or distracted.</td>
</tr>
<tr>
<td><strong>S4</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>S5</strong></td>
<td></td>
<td></td>
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<tr>
<td>a. Prefers predictable routines schedule; manages changes in schedule fairly well at the time may experience problems later</td>
<td>b. Ritualistic about routines and Schedule—likes to do the same thing in the same way every exhibits ritualistic behavior around routines; likes routines the same way every time; needs warnings of anticipated transitions and still may resist them; melts down or tantrums when schedule is changed without reminders and preparation.</td>
<td>c. Adapts to changes in when prepared in advance; or unplanned schedule changes present problems; adapts more readily in familiar settings except when tired, hungry, or ill,</td>
</tr>
</tbody>
</table>
| S6   | b. Resists new foods on some days and not on others; reduces intake; may become picky eater or refuse to try new foods when offered.  
     | c. Has small selection of food preferences; still resists new food when presented; eats well on some days and not on others.  
     | d. Food intake and preferences even out; will try new food after many presentations; needs encouragement to try new foods. |
|-----|-------------------------------------------------|----------------------------------------------------------------------------------|
| a. Tries new food when presented; has strong food preferences. |                                                                              |

| S7   | b. Considers objects being played with as personal property.  
     | c. Recognizes mine and not mine. |
|-----|-------------------------------------------------|----------------------------------------------------------------------------------|
| a. Develops a sense of property rights; hoards toys and favorite objects. |                                                                              |
### Making friends

<table>
<thead>
<tr>
<th>Age</th>
<th>18-24 months</th>
<th>24-30 months</th>
<th>30-36 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R1</strong></td>
<td>a. Calms self with verbal support from adults and transitional objects.</td>
<td>b. Calms self with verbal support from adults; may look for transitional objects to help with the calm-down process after verbal support is provided. Frequency of emotional outburst begins to diminish.</td>
<td>c. Calms self with only verbal support. Use of transitional objects begins to decline except at bedtime and when recovering from intense emotional outbursts.</td>
</tr>
<tr>
<td><strong>R2</strong></td>
<td>a. Goes to mirror to look at self; makes faces, and shows emotions like laughing, crying, and so on.</td>
<td>b. Calls own name when looking at photographs or in the mirror.</td>
<td>c. Calls names of friends in photographs.</td>
</tr>
<tr>
<td><strong>R3</strong></td>
<td>a. Develops preferences for types of play and types of toys.</td>
<td>b. Develops play themes that are repeated again and again (such as mommy or firefighter).</td>
<td>c. Begins exploration of a wider range of play themes. Themes often come from new experiences.</td>
</tr>
<tr>
<td><strong>R4</strong></td>
<td>a. Perfects gross motor skills such as running, climbing, and riding push toys. Fine motor skills with manipulatives (simple puzzles, Duplos, and so on) are merging.</td>
<td>b. Likes physical challenges such as running fast, jumping high, and going up and down stairs. Plays with preferred manipulative for increasing periods of time.</td>
<td>c. Competently exhibits a wide range of physical skills. Begins to be interested in practicing skills such as throwing a ball, riding a tricycle, or completing a puzzle.</td>
</tr>
<tr>
<td><strong>R5</strong></td>
<td>a. Play may be onlooker, solitary, or parallel in nature.</td>
<td>b. Play is predominantly parallel in nature.</td>
<td>c. Exhibits associative play with familiar play partners.</td>
</tr>
<tr>
<td><strong>R7</strong></td>
<td>a. Objects to strangers presence; clings, cries, and seeks support when strangers are around.</td>
<td>b. Objection to strangers begins to diminish; may still be wary of strangers or new situations.</td>
<td>c. Is able to venture into strange or new situations if prepared in advance by adults.</td>
</tr>
<tr>
<td><strong>R8</strong></td>
<td>a. Uses single words to indicate needs and wants such as &quot;mule&quot; for &quot;I want milk,&quot; or &quot;bye bye&quot; for &quot;Let's go bye bye.&quot;</td>
<td>b. Uses phrases and 2- to 3-word sentences to indicate needs and wants.</td>
<td>c. Uses 4- to 6-word sentences to indicate needs and wants.</td>
</tr>
</tbody>
</table>
| R9      | a. Connects emotions with behaviors; uses language to express these connections. | b. Uses emotional ideas in play.  
c. Elaborates on emotional ideas and understanding to play with objects. | d. Begins emotional thinking; begins to understand emotional cause-and-effect relationships. |
|---------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| R10     | a. Takes turns with toys and materials with adult support and facilitation.  
b. Takes turns with toys and materials with friend, sometimes without adult support. |                                                                                   |
| R11     | a. Experiments with behavior that accomplishes a goal; may bite, pinch, poke, scratch, push, and so on while trying to make things happen.  
b. Begins to anticipate what might happen when actions are taken; chooses to make things happen if outcomes are desirable (for example, trade toys with a friend who will stay and play), and resists taking action if outcomes are undesirable (for example, teacher will put markers away if child chews on the tips). |                                                                                   |
## Exploring Roles

<table>
<thead>
<tr>
<th>18-24 months</th>
<th>24-3C months</th>
<th>30-36 months</th>
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</thead>
<tbody>
<tr>
<td><strong>ER.1</strong></td>
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<tr>
<td><strong>ER.2</strong></td>
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<tr>
<td>a. Is unable to choose or modify behavior in response to physical or social cues of situations; persists in behavior that doesn't work in situations.</td>
<td>b. Begins to choose or modify behavior in response to physical and social cues of situations; when one behavior isn't working, may stop and try something else.</td>
<td>c. Chooses and modifies behavior in response to the physical and social cues of a situation; tries to choose the behaviors that will get what he or she wants; can change behaviors if they are not working.</td>
</tr>
<tr>
<td><strong>ER.3</strong></td>
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<tr>
<td>a. Does not understand the impact of own behavior on others.</td>
<td>b. Begins to understand the impact of own behavior on others; shows interest and awareness of the emotional behaviors of friends and others.</td>
<td>c. Understands the impact of own behavior on others; anticipates how friends or others will read.</td>
</tr>
<tr>
<td><strong>ER.4</strong></td>
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</tr>
<tr>
<td>a. Uses props to play roles; becomes the occupant of the role (is superman when wearing a cape or mommy when holding a baby). Prefers familiar roles.</td>
<td>b. Uses props to adopt roles; abandons roles when the props are removed; changes between familiar and favorite roles in dramatic play.</td>
<td>c. Can play roles with or without props. Transitions between roles frequently and easily (for example, can be the mommy, then the daddy, then the monster during same play period).</td>
</tr>
</tbody>
</table>
Communicating with parents, teachers, and friends

<table>
<thead>
<tr>
<th>18-24 months</th>
<th>24-30 months</th>
<th>30-36 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CM.1</strong></td>
<td>b. Vocabulary size begins to grow rapidly; sentence length begins to increase with 3 or 4 words in some sentences. c. Sentence length continues to grow. Four- to six-word sentences predominate expressive language. Vocabulary continues to expand; expressive vocabulary is adequate to make most needs and wants understood by others.</td>
<td></td>
</tr>
<tr>
<td>a. Expressive vocabulary increases; uses about 200 words on a regular basis. Expressive language continues to be telegraphic, where single words may carry expanded meaning that is only understood by familiar caregivers.</td>
<td></td>
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</tr>
<tr>
<td><strong>CM.2</strong></td>
<td>b. Rapid development of new sound combinations and new words that are understandable to adults. Begins to use language functionally—to ask for things and get needs met. c. Is able to use language to get most needs and wants met by familiar caregivers.</td>
<td></td>
</tr>
<tr>
<td>a. Uses a greater variety of sounds and sound combinations, simplifying the word if it is too complex (such as pane for plane, telephone for telephone); enjoys experimenting with inflection that sounds like adult speech although it is not yet understandable.</td>
<td></td>
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<tr>
<td><strong>CM.3</strong></td>
<td>b. Resists interactions with strangers; hides, withdraws, or objects to encouragement to talk to strangers.</td>
<td></td>
</tr>
<tr>
<td>a. Seeks vocal interactions with familiar people; can communicate needs and wants to familiar caregivers; begins to be wary</td>
<td></td>
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<tr>
<td><strong>CM.4</strong></td>
<td>b. 60-65% of language is intelligible to strangers. Parents and caregivers understand most of the child's expressive language.</td>
<td></td>
</tr>
<tr>
<td>a. 20-25% of language is intelligible to strangers. Parents and caregivers can understand more.</td>
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<tr>
<td><strong>CM.5</strong></td>
<td>c. Listens to a complete story from beginning to end; asks to read familiar books over and over again. d. Likes to look at books independently; &quot;reads&quot; books to self.</td>
<td></td>
</tr>
<tr>
<td>a. &quot;Reads&quot; book from front to back; turns books right side up to look at them. b. Makes sounds that connect to pictures in books.</td>
<td></td>
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</tr>
<tr>
<td><strong>CM.6</strong></td>
<td>b. Begins transition to symbolic thought. Uses formed mental images to solve problems. Thought processes relate to concrete experiences and objects. c. Begins transition to pre-operational stage characterized by the beginning of symbolic thought and the use of mental images and words.</td>
<td></td>
</tr>
<tr>
<td>a. Actively experiments with the environment; follows visual displacement of objects.</td>
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</tbody>
</table>
## Problem Solving Assessment

<table>
<thead>
<tr>
<th></th>
<th>18-24 months</th>
<th>24-30 months</th>
<th>30-36 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PS.1</strong></td>
<td>a. Interest in toileting is limited to watching; may show interest in flushing toilet, sitting on the toilet, or washing hands. Interest may wax and wane quickly.</td>
<td>b. Toilet play stage of toileting; interested in playing out toileting activities such as taking off diaper, sitting on the toilet, using toilet paper, flushing the toilet, and washing hands.</td>
<td>c. Toilet practice begins; likes to repeat toileting activities again and again, with or without success.</td>
</tr>
<tr>
<td><strong>PS.2</strong></td>
<td>a. Activity level increases; requests and seeks out motor activities. Does not control activity level without adult support; resists adult support in modulating activity level.</td>
<td>b. Activity level continues to increase; continues to seek out motor activities. Begins to modulate activity levels with verbal and physical adult support.</td>
<td>c. Alternates between high levels of activity and periods of calm, quieter activity. Can modulate activity level with verbal reminders from adults.</td>
</tr>
<tr>
<td><strong>PS.3</strong></td>
<td>a. On-task behavior begins to increase.</td>
<td>b. Able to sustain favorite activities for increasingly longer periods of time; extends on-task play time at favorite activities to 10 minutes. Still loses interest in other activities quickly.</td>
<td>c. Stays on task at favorite manipulative activities for sustained periods of time; extends on-task play time at favorite activities to 20 minutes. Still loses interest in other activities quickly.</td>
</tr>
<tr>
<td><strong>PS.4</strong></td>
<td>a. Carries toys around from place to place. b. Undresses; takes off shoes, socks, and clothes. c. Turns door knob to open</td>
<td>d. Holds cup with one hand to drink. e. Shows preference for one hand.</td>
<td>f. Unzips zipper g. Pulls pants up. h. Zips zipper</td>
</tr>
<tr>
<td><strong>PS.5</strong></td>
<td>a. Propels riding toys with feet. b. Runs; collapses to stop forward movement.</td>
<td>c. Goes up stairs without alternating feet, holding on to handrail. d. Runs; begins to control starting and stopping. e. Balances on one foot.</td>
<td>f. Goes up stairs alternating feet, holding on to handrail. g. Jumps up and down on two feet. h. Pedals tricycle.</td>
</tr>
<tr>
<td></td>
<td>18-24 months</td>
<td>24-30 months</td>
<td>30-36 months</td>
</tr>
<tr>
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<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>E.1</strong></td>
<td>a. Begins to create mental images of emotional behaviors.</td>
<td>c. Distinguishes between emotions and the behaviors that go with that emotion.</td>
<td>d. Understands how one feeling relates to another (i.e., being disappointed about getting a toy and getting angry as a result of the disappointment).</td>
</tr>
<tr>
<td></td>
<td>b. Uses behavior to express emotions (i.e., stomps foot when angry, laughs when happy, etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E.2</strong></td>
<td>a. Emotional intensity is not regulated—minor and major events get similar reactions; falls apart easily.</td>
<td>b. Begins to regulate emotional intensity in some situations; falls apart less frequently.</td>
<td>c. Regulates emotional intensity most of the time; seldom falls apart. d. Figures out how to respond with appropriate emotions to most situations.</td>
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<tr>
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<tr>
<td><strong>E.3</strong></td>
<td>a. Watches and remembers emotional behaviors exhibited by others; uses observations in future interactions.</td>
<td>b. Puts emotional mental images to work in pretend play; can make-believe or pretend to be angry, happy, sad, etc.</td>
<td></td>
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<tr>
<td><strong>E.4</strong></td>
<td>a. Knows rules that have been reinforced consistently but still needs reminders and physical adult support to comply.</td>
<td>b. Follows rules that have been reinforced consistently with verbal reminders and physical adult support.</td>
<td>c. Follows rules that have been reinforced consistently with just verbal reminders.</td>
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<tr>
<td><strong>E.5</strong></td>
<td>a. Unable to label own feelings.</td>
<td>b. Can label some feelings; uses the same feeling to represent many feelings (i.e., mad for angry, frustrated, irritated, unhappy, etc.).</td>
<td>c. Labels most of his or her own feelings; can differentiate between similar emotions and label them appropriately.</td>
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<tr>
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</tr>
<tr>
<td><strong>E.6</strong></td>
<td>a. Unable to understand how others feel.</td>
<td>b. Begins to understand how others feel when observing others but not when he or she is a part of the interaction.</td>
<td>c. Understands how others feel when the behavior exhibited is consistent with the emotion being felt (i.e., angry child is yelling, stomping foot, saying, “No!”).</td>
</tr>
<tr>
<td>E.7</td>
<td>a. Has difficulty delaying gratification.</td>
<td>b. Can delay gratification for a short time when supported by adults.</td>
<td>c. Can delay gratification for a few minutes in most situations.</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>E.8</td>
<td>a. Does not separate fantasy from reality.</td>
<td>b. Can switch from reality to fantasy.</td>
<td>c. Understands &quot;real&quot; and &quot;not real.&quot;</td>
</tr>
<tr>
<td>E.9</td>
<td>a. Ambivalent about being autonomous; wants to sometimes and doesn't want to at other times.</td>
<td>b. Independent behaviors are increasing; dependent behaviors are decreasing.</td>
<td>c. Independent behaviors are usually present.</td>
</tr>
<tr>
<td>E.10</td>
<td>a. Has little control over impulses.</td>
<td>b. Controls impulses in some situations or with support from adults.</td>
<td>c. Most impulses are under control.</td>
</tr>
<tr>
<td>E.11</td>
<td>a. Loses emotional control often and intensely.</td>
<td>b. Loss of emotional control is less frequent, less intense, and less prolonged.</td>
<td>c. Infrequently loses emotional control.</td>
</tr>
</tbody>
</table>
Transparency #2

Characteristics of Toddler Curriculum

Individual plan

Class theme

More Flexible time then preschool

More assigned time for toilet training

All schedules are curriculum
Transparency #3

Sample Daily Schedules for a toddler program

- Arrive (7:30-8:30)
- Choice time
- Choice time
- Group time (today caregivers have planned an experience around exploring rhythm instruments.)
- Outside time
- Lunch (begins at noon)
- Nap
- Group time (caregivers have planned an opportunity for children to explore and play with containers, paintbrushes, stones, and a tub of water.)
- Snack
- Choice time
- Departure (4:00-5:00p.m)

“This interaction with people and things forms the core of curriculum for very young children.”
## Handout # 4 : Possibilities plan

<table>
<thead>
<tr>
<th>Parent Possibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher-Initiated</td>
</tr>
<tr>
<td>Parent Participation</td>
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<table>
<thead>
<tr>
<th>Environment</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Observation/Assessment Possibilities</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interaction Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brainstorm</td>
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<table>
<thead>
<tr>
<th>Dramatic Possibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Possibilities</td>
</tr>
<tr>
<td>Curiosity Possibilities</td>
</tr>
<tr>
<td>Music Possibilities</td>
</tr>
<tr>
<td>Movement Possibilities</td>
</tr>
</tbody>
</table>
### Literacy Possibilities

### Outdoor Possibilities

### Project Possibilities

<table>
<thead>
<tr>
<th>Books</th>
<th>Picture File</th>
<th>Pictures/Vocabulary</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rhymes</th>
<th>Finger plays</th>
<th>Music/Songs</th>
<th>Prop Boxes</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
Brainstorm: Me and my body

Web

Parts

Me and My body

Things I don’t like

Things I like

Preferences

Learning to toilet

Use toilet paper

Sit on toilet

Can do things

Pull up Pasts

Pull up Pasts

Flush

Jump

Climb

Hop

Run

Draw

Sleep in a big bad

Head

Ears

Nose

Tongue

Mouth

Eyes

Legs

Arms

Hands

Fingers

Toes

Feet

Parts
## Parent Possibilities

- Teacher-Initiated Anecdotal note calendar, Video-diary on Helena, Brent
- Parent Participation Muffins for mom May 8

## Environment

- Add Tall unbreakable mirror
- Large piece of paper
- Poster board
- Add shoes
  - Baskets (laundry and woven)
- Add Photos of children

## Observation/Assessment Possibilities

- Abby =
- Kaylee=
- Marco=
- Lee=
- Brent=

## Interaction Experiences

- Pair up Abby and Lee for an activity to encourage cooperation
- Celebrate cultural differences-aske Markco’s mother to read favorite story
- Make a “I did it “ documentation
- Support feeling of belonging and add family photo child’s family photo book
## Brainstorm

<table>
<thead>
<tr>
<th>Dramatic Possibilities</th>
<th>Hidden faces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Possibilities</td>
<td>Bubble wrap mittens</td>
</tr>
<tr>
<td>Curiosity Possibilities</td>
<td>Fingerprints, mirror portraits</td>
</tr>
<tr>
<td>Music Possibilities</td>
<td>Clapping Hands, Shake your shaker</td>
</tr>
<tr>
<td>Movement Possibilities</td>
<td>Silly face fun, Jumping feet</td>
</tr>
<tr>
<td>Literacy Possibilities</td>
<td>Book of many faces</td>
</tr>
<tr>
<td>Outdoor Possibilities</td>
<td>Follow the trail, Tippy toes</td>
</tr>
<tr>
<td>Project Possibilities</td>
<td>Body painting</td>
</tr>
</tbody>
</table>

### Books
- Cat in the Hat
- Dress-up Time
- How do I Feel?

### Picture File
- Face, Jump, Hop
- Shoe, Toes, feet,
- Mirror, clap, Shake

### Rhymes
- Hop a Little
- Silly face
- Jumping feet

### Finger plays
- Clapping hands
- Here they are
- Shake your shaker

### Music/Songs
- Shoe store
- Dress up
HANDOUT # 6 ACTIVITIES FOR TODDLERS

1. Welcome Bulletin Board

Theme: Arrival

Materials: photographs of each child
            colorful paper
            child-safe scissors
            glue
            bulletin board by entrance

What to do 1. Take photographs of each child or ask the parents for one.
            2. Decide on a theme, such as flowers, snowflakes, or leaves.
            3. Make one theme-related shape for each child.
            4. Attach the child's picture to the shape.
            5. Add the photographs to the bulletin board with a catchy title, such as
               "Friendships Are Blooming," "Each Snowflake Is Special," or "Fantastic
               Friendships Are Forming This Fall."

2. The Cleanup Race

Theme: Cleanup

Material: sand times

What to do: 1. Use a sand timer to make cleanup time into a fun race
              2. Tell the children you will turn the sand timer upside down and they are to
                 try to finish cleaning up before the sand runs out. If the sand runs out
                 before children are finished, turn it back over and continues.

3. Putting on a Coat or Jacket

Theme: Departure

Material: children's coats or jackets

What to do: 1. Invite the children to lay their coats or jackets on the floor.
                2. Prop up the armholes of each child's coat.
                3. Each child stands at the top of her coat (near the collar), squats
                   down, and puts her hands and arms into the inside armholes.
                4. She stands up and raises her arms over her head and pushes her
                   arms into the sleeves. The coat will slide right on.
                5. You might want to pair up the children so they can help each other.
4. Take Like Me

**Theme:** Discovery

**Material:** Small drum

**What to do:** 1. Gather a small group of children around you in a circle.
   2. Show them the drum and tap it a few times.
   3. Demonstrate a simple pattern of taps.
   4. Pass the drum around the circle and ask the children to repeat your pattern.
   5. Then ask each child to create his own pattern of taps.
   6. After a child has created a pattern, pass the drum around so the other children can repeat the pattern.
   7. Continue until all the children have been given an opportunity to tap on the drum or the children lose interest.

5. Animal pairs

**Theme:** Discovery

**Material:** magazines featuring animal photographs
   child-safe scissors
   glue sticks
   4”x 6” index cards
   clear laminate or clear adhesive paper

**What to do:** 1. Provide magazines that have photographs of familiar animals. Help the children cut or tear out the animal pictures that interest them. Ask them to find at least two photographs of each animal.
   Note: Help the children collect the pictures, or provide an assortment of photographs of animals.
   2. Help the children find at least three pairs of animals.
3. Help the children use glue sticks to attach each photo to a separate index card.
4. Laminate the cards for durability.
5. To play the game, lay the cards face down in rows on a hard surface. Each player turns over two cards. If the animals match, the child keeps the cards and takes another turn. If the animals are different, the child turns the card face down for the next player.
6. Continue until all cards are matched.
Note: For children who need an additional challenge, add more cards. To simplify the game, hold one card of each animal and give the other cards to the children. Hold up one card and ask the child holding the matching card to show it to you.

6. Move like the Animals

Theme: Discovery

Material: magazines
- markers
- large pieces of construction paper
- glue or glue sticks
- child-safe scissors

What to do: 1. Use markers to label four large sheets of construction paper with these headings: Fly, Swim, Run, Hop, or Walk.
2. Ask the children to look through magazines for pictures of animals. Help the children tear or cut out the pictures.
3. Help the children sort the pictures by how the animals move.
4. Have the children arrange the pictures on each chart and glue them in place using regular glue or a glue stick.
5. Place the posters on the wall where the children can see them easily.
   Encourage the children to talk about the different types of animals on each poster.

7. Spring Flowers

Theme: Discovery

Material: coffee filters (flattened)
- washable markers
- spray bottle
- wood paint stirrers (available at home improvement or paint stores)
- green paint
green construction paper
child-safe scissors
glue

**What to do:**
1. Provide. Give the children flattened coffee filters and invite them to use markers to draw designs or pictures on them.
2. Show them how to use a spray bottle of water to spray their finished coffee filters. The colors will run together.
3. Lay the filters on a flat surface next to a sunny window to dry.
4. Help the children paint wood paint stirrers green (to make "stems"). Allow to dry.
5. Help the children cut leaves from green construction paper.
6. Help the children glue their coffee filter flowers on the stems and add the leaves.

8. Scissors

**Theme:** fine and cross motor

**Material:** child-safe scissors

**What to do:** Invite the children to recite the following rhyme when they are learning to use scissors.

```
This is the way I cut, cut, cut.
I open, shut, open, shut.
Four fingers on the bottom,
A thumb on the top,
Then! open my scissors to cut, cut, cut
```

9. Color Walk

**Theme:** Fine and Gross motor

**Material:** colored masking tape

**What to do:**
1. Select one color of tape and make a line on the floor leading to a learning center or area of the room.
2. Select another color of tape and make dotted lines leading to a different area of the room.
3. Give child directions using the colored lines. For example, “Follow the dotted green line to the door.”
4. Add as many colors as desired.
10. Shucking and Printing Corn

**Theme:** Sensory/ art possibilities

**Material:** corn on the cob
- Paper
- Cardboard box lid
- Paint

**What to do:**
1. Put corn on the cob in the sensory table.
2. Observe to see if the children take the husks off. If not, model how to husk the corn.
3. Allow the corn on the cob to dry and harden.
4. Place paper in the box lid.
5. Drop one or two globs of paint on the paper.
6. Roll the corn from side to side in the box lid making prints with the paint.
7. After the corn prints have dried, add more prints by adding another color of paint and repeating the process.
8. Expand this activity by cleaning the corn on the cob in the water play table to remove the first color of paint and prepare it for another color of paint.

**Teacher talk:** “Jenny is rolling the corn to make corn kernel prints.”

11. Neighborhood vehicles

**Theme:** Fine and Gross motor

**Material:** colored masking tape
- Poster board
- Paint and paintbrushes
- Tape or string

**What to do:**
1. Make signs by painting poster board.
2. Make signs for a mail truck, taxi cab, pizza delivery truck, police car, and fire truck.
3. Attach to the riding toys with tape or string.

**Teacher talk:** Talk with children about how the different vehicles work in the neighborhood. "Madison, you have mail in your mail truck. Where is the mailbox?”
12. Fast food bag books

Theme: language

Material: Bags from a variety of familiar fast food restaurants
          Hole punch
          Glue
          Short lengths of yarn of metal rings

What to do: 1. Collect a variety of fast food bags.
           2. Punch holes in the bags, glue them together front to back, and fasten
              them together with short lengths of yarn.
           3. Read the books with children.
           4. Children will be delighted to realize they can “read” this book on their
              own.

Teacher talk: Talk about the fast food restaurants as part of the neighborhood. “This page says
          McDonald’s. This one says Pizza Delivery”

13. Cereal box Puzzles

Theme: Curiosity

Material: Colorful cereal boxes
          Scissors
          Markers
          Resalable plastic bags

What to do: 1. Cut the front and back panels from large cereal boxes.
           2. Cut the colorful panels into three-, four-, five-piece puzzles, according to
              the ability level of the children.
           3. Use markers to color-code the pieces of each puzzle in case puzzles get
              mixed together. Place each puzzle in a resealable plastic bag.
           4. Help children put the puzzles together. Talk about the colors, shapes,
              words, and familiar characters on the puzzles.

note: Ask parents to bring in empty boxes of children's favorite cereal. Tell them that this is also
a pre-reading activity and that familiar labels are a source of early literacy experiences for
toddlers.
Teacher Talk: "You are putting the puzzle together, Chris."
14. Magnet Bottle

**Theme:** Curiosity

**Material:** Clear plastic bottle with lid  
  Metal objects that attract to a magnet  
  Sand  
  Glue and tape  
  String and big bar magnet

**What to do:** 1. Place metal objects that attract to a magnet inside a clear plastic bottle.  
  2. Fill the bottle with sand, leaving an inch or two of air space.  
  3. Glue and tape.

![Magnet Bottle Diagram]

15. Cozy cave

**Theme:** Dramatic possibility

**Material:** Blanket  
  Pillow  
  Sheet  
  Toy stuffed bears

**What to do:** 1. Spread a blanket on the floor.  
  2. Place pillows on the blanket.  
  3. Drape a sheet over chairs or toy shelves to make a cave.  
  4. Children enjoy crawling into a cozy place to play.  
  5. Place a variety of sizes of toys stuffed bears in the area.

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**Teacher talk:** Interact with children as they play in the bear cave. “We have two children sitting the bear cave. Where do you think bears sleep?”

16. **Crayon trails**

**Theme:** sensory/art possibility

**Material:** Toy cars
  - Crayons
  - Paper
  - Tape

**What to do:**
1. Tape a crayon onto the toy car, allowing the crayon to touch the paper.
2. Put different colored crayons on different cars.
3. Show children how to push the car around the paper, making colored lines as they go.

**Teacher talk:** “When you push the car, it makes lines, Corey”

17. **My friend**

**Theme:** language

**Material:** photos of the children at home and at school
  - posterboard scissors
  - construction paper
  - glue or tape contact paper yarn or book rings
photo album

**What to do:** 1. Take pictures of the children playing in the room and outside. Make sure to have a picture of each child, preferably doing one of their favorite activities.

2. Put the pictures together into a "Class Photo Album." An album from a store can be used, or a book can be made easily with posterboard, contact paper and book rings.

3. Look at the class book often with the toddlers. Talk with them about who is in the picture, what they are doing, etc. Be sure to include a photo from nap time, as it surprises the children to see themselves sleeping on their mats.

4. Use pictures of the children involved in daily activities as "learning center labels" in the room. For example, take a picture of the children washing their hands, looking at books, playing with dolls, painting, putting away their blanket in their cubby, etc. Glue the photo to a piece of construction paper for backing and cover with clear contact paper. Put the picture up in the center or the area of the classroom where that action takes place.

5. Take pictures of the children at special events and playing throughout the year. Put the photos up, at toddler eye level, for the children and parents to enjoy. Add the pictures to the class album when you are finished displaying them.

**Teacher talk:** Who is this? What are they doing? Names of children and family members
picture friends family school home

**Teaching hints:** Parents enjoy seeing pictures of their child just as much as the toddlers do. Allow the children to take turns taking the class photo album home for their families to enjoy. At the end of the year, save the class album for your keep-sake!

18. **Peek-Boo Tubes**

**Theme:** object permanence fine motor

**Material:** contact paper
colored tape
clear film canisters
small clear containers
pompom or other small soft item
hot glue gun

**What to do:** 1. Obtain at least two clear 35-mm film canisters or other small, clear containers such as those from seasonings or plastic boxes. The two plastic containers will need to be exactly the same size.

2. Put a small pompom or other small soft object inside one of the containers.

3. Place the second container or film canister on top with the two open ends forming a seam.

4. Glue the two ends together with a hot glue gun, or use thick colored tape to secure the seam.

5. Completely cover one of the clear containers with contact paper or colored tape. Leave the other half uncovered in order to see the pompom.

6. Allow the toddlers to explore the "peek-a-boo" tubes. Show the younger toddlers how to move the tube back and forth to make the pompom disappear and reappear.
7. Talk with the toddler about the pompom hiding and then coming back into sight. Say "peek-a-boo" when it reappears and "uh-ohh" when it disappears.

**Teacher talk:** “Where is the ball?”

![Image](image.png)

19. **Crayon trails**

**Theme:** sensory/art possibility

**Material:** Toy cars
  - Crayons
  - Paper
  - Tape

**What to do:**
1. Tape a crayon onto the toy car, allowing the crayon to touch the paper.
2. Put different colored crayons on different cars.
3. Show children how to push the car around the paper, making colored lines as they go.

**Teacher talk:** “When you push the car, it makes lines, Corey”

20. **Pinch, Poke, Pull and Press**

**Theme:** Find motor/Sensory exploration

**Material:**
- salt
- flour
- oil
- cream of tartar
- food coloring electric skillet
What to do: 1. Make fresh playdough from the following recipe. A small group of older toddlers can help make the dough if desired, especially with the kneading step.
Homemade playdough recipe:
- 1 cup flour
- 1 tablespoon oil
- 1 cup of water
- 1/2 cup salt
- 2 teaspoons cream of tartar food coloring
Combine all ingredients in a saucepan or electric skillet. Cook over medium heat. Stir continually. Mixture will form a ball. Put oil on hands and knead the dough until smooth. Store in a closed container.
2. Provide playdough as a frequent choice for toddlers. Remind the toddlers that the playdough is not for eating.
3. Encourage them to pinch, poke, pull apart and press down the dough. Chant about what they are doing with the dough. For example:
   - Press, press, press the playdough,
   - Press the playdough flat.
4. Provide plastic knives, cookie cutters, hammers, etc. to use with the playdough. Older toddlers can also use blunt scissors with the dough to practice cutting.
5. Talk with the toddlers about the designs and "pretend objects" (i.e., tacos, cookies, etc.) made with the playdough, the colors and textures of the playdough, what they are doing with their hands, etc.
6. Use the playdough to help toddlers calm down and relax. It is also a peaceful activity for teachers!

Teacher talk: “let’s pinch” “try to tear the playdough”

21. Tip top actions

Theme: sensory. Fine motor

Material: empty containers
- basket

What to do: 1. Collect plastic containers with different types of tops, such as dish washing soap, syrup bottles, condiments, liquid soap, lotion, contact lens solutions, etc. Be sure all removable parts are large enough to pass the choke test.
2. Place the items in a basket. Encourage even the youngest toddlers to
open and close the tops, squeeze the containers to feel the air, pump the spouts, etc. to promote their motor skills.
3. Add the containers to the home living area for the older toddlers to use in their imaginative play.

Teacher talk: “You can pump and squeeze” “can you feel air comes out when you pump?”

22. Bundle up!

Theme: Sensory.

Material: a variety of winter outer-wear
   mirror
   old camera

What to do: 1. Put out a variety of winter hats, scarves, mittens and gloves for the toddlers to try on. Ear muffs and winter boots are also fun for older toddlers.
   2. Encourage the toddlers to look at themselves in the mirror. Pretend to take their picture with an old camera.
   3. Talk with the children about the different articles of winter clothing, noting their colors and textures.
   4. Look at pictures of people dressed up in winter clothing.

Teacher talk: “Have a "Warm Hat Day" and have each child wear a winter hat from home.
23. Twinkly colors

**Theme:** Language/creative movement

**Material:**
- construction paper
- scissors
- clear contact paper

**What to do:**
1. Sing the toddler favorite, "Twinkle, Twinkle Little Star", with the children.
2. Encourage the children to hold their hands above their heads like "stars" in the sky while opening and closing their hands to the rhythm of the song.
3. Cut large star shapes out of construction paper. Laminate or cover with clear contact paper for durability if desired.
4. Give each child a star shape cut out of construction paper. Have them hold their stars up high while singing the song.
5. Use stars of all one color, e.g. blue, and change the words of the song to: Twinkle, twinkle blue stars, How I wonder what you are? Up above the world so high, Lots of blue stars in the sky, etc.
6. With older toddlers, give each child or small groups of children different color stars. Have each child or group stand up with their stars overhead as you sing the verse about their color star.

**Teacher talk:** “What kind of a star do you have?”

24. Toddler slumber party

**Theme:** Social skills

**Material:**
- old slippers T-shirts
- small blankets books
- old clock
- quiet music
- star and moon shapes

**What to do:**
1. Add some of the following to the home living area: slippers (adult size work best as they can easily be slipped over the children's shoes), large children's or small adults' T-shirts for pajamas, small blankets, books about bedtime, an old clock. Nap or exercise mats can be added for a pretend bed if desired.
2. Play quiet music in the background. Hang star and moon shapes from the ceiling or put them on the window.
3. Encourage the children to dress for bed and pretend to sleep. They can also cover each other, the teacher or dolls with the blankets. Emphasize how people keep warm at night with thick pajamas and blankets.
4. Read bedtime stories to the children or sing lullabies to them while they pretend to go to sleep. Be sure to include the all-time favorite, *Goodnight Moon*, by Margaret Wise Brown.
5. Emphasize the importance of rest and a good night's sleep for healthy bodies and growth.

Teacher talk: “When you

25. Who is in the dog house?

Theme: gross motor

Material: large boxes
pictures of dogs

What to do: 1. Show the toddlers different pictures of dogs. Emphasize the different colors and sizes.
2. Encourage the toddlers to pretend to be dogs. Ask them to crawl around the room, wag their tail, bark, stand on their hind legs to beg, chase their tail (crawl in a circle) or curl up to go to sleep.
3. Provide a large box for the toddlers to use as a "dog house."
4. Place stuffed dogs in the block area. Encourage the toddlers to build dog houses and fenced yards for the pets.

Teacher talk: “Who is in the dog house?”

26. Shades of most important marks

Theme: Fine motor

Material: Toy cars
Crayons

What to do: 1. Collect different media of one color, such as blue markers, blue chalk, blue coloring pencils, blue pens and blue crayons. Place the items in a basket for the toddlers to use.
2. Give the toddler a piece of drawing paper and encourage the toddler to draw with the different items.
3. Talk with him about the different drawing implements, the lines, colors and shades on the paper.
4. to do again: Place a large sheet of butcher paper on the wall, floor or on the concrete outside for the toddlers to make a group mural using the different drawing
utensils in the same color.

Teacher talk: “We have the same color”

27. Fly Lila a Butterfly

Theme: Gross motor, creative movement

Material: Crayons pictures of butterflies
scarves
ribbons

What to do: 1. Look at pictures of butterflies. Talk about the different colors in the wings and that butterflies are fragile and quiet. Read The Very Hungry Caterpillar by Eric Carle
2. Chant the following in sing song fashion:

   Butterflies, butterflies fly all around. (put hands together at the thumb, move fingers up and down gently like wings fluttering)
   Their wings move up and their wings move down. (hold hands high, then down to the ground)

3. Repeat the chant as the toddlers show interest.
4. Cut small butterfly shapes out of felt. Give each child a felt butterfly to fly up and down to the rhythm of the verse.
5. With the toddlers sitting, have them extend their arms like butterfly wings. Move up and down to the rhythm of the chant. Leave hands down for the ending.
6. Encourage the toddlers to pretend to be butterflies flying around the room with you. On the down ending to the verse, have the children "land" by squatting to the floor. Remind the toddlers that butterflies are graceful and move quietly.
7. Use scarves or ribbons for butterfly wings with the chant if desired.

Teacher talk: Sing different ways

   Yellow butterfly, yellow butterfly all around, (take the yellow felt butterfly off the flannel board and move it around)
   Your wings move up (hold felt butterfly high)
   Then they go down. ("land" the felt butterfly back on the flannel board)

28. Picnic Picnic

Theme: language
Material: blanket or sheet
    finger foods
    baskets
    picnic plates and cups
    old thermoses lunch boxes
    plastic fruits

What to do: 1. On a nice day, have a picnic of finger foods for snack. Take along a blanket to sit on and eat outdoors on the playground or around the school.
    2. Talk with the toddlers about what they see and hear going on around them outside.
    3. Set up a pretend picnic area in the classroom for older toddlers. Include some of the following: blanket or sheet on the floor, picnic plates and cups, old thermoses and lunch boxes, plastic foods, vegetables and/or fruits, baskets, etc.
    4. Encourage the toddlers to sit on the blanket for a pretend picnic lunch with their friends.
    5. Let the toddlers bring dolls and/or stuffed animals with them to the picnic area.

Teacher talk: “Let’s go picnic” “What do you have”

29. Rollers

Theme: Fine motor

Material: small paint rollers
    newspapers or old sheet
    flat tray
    butcher paper
    paint

What to do: 1. Place a large sheet of butcher paper on the floor or outside on the sidewalk. A very long sheet of paper can be used for a group mural if desired. Place newspapers or an old sheet on the floor next to wall as a "drop cloth."
    2. Pour a small amount of paint in a flat dish or tray.
    3. Have the toddler dip his paint roller in the paint.
    4. Encourage the toddler to roll the paint roller around on the paper by chanting "back and forth" or "up and down" according to his actions.
    5. Talk with the toddler about the lines he makes on the paper and how he is painting just like a house painter.
Teaching hint's: The smaller paint rollers work best with toddlers.
**30. Basket weaving**

**Theme:** Fine motor

**Material:** strawberry baskets  
thick yarn or ribbon  
scissors  
tape

**What to do:** 1. Tie the end of an approximately twelve inch piece of thick yarn or ribbon to the side of a berry basket.  
2. Show the toddlers how to string the yarn or ribbon in and out of the sides of the basket. If needed, wrap tape around the end of the yarn to make a needle-point.  
3. Allow the toddlers to thread the yarn or ribbon around the berry basket in any pattern.

**Teacher talk:** “your roller is rolling”

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**31. Catch of the day**

**Theme:** Language

**Material:** Pictures of fish and sea life  
Felt or construction paper  
Scissors

**What to do:** 1. Show the toddlers pictures of different colors of fish. Talk about the names of the fish, colors, fins, etc.  
2. Chant or say in a singsong fashion:  
   - Ruthie rides in a boat, (cup hands together)  
   - Ruthie goes out to sea. (make wave motions with hands)  
   - Ruthie caught a big fish, (show size with hands)  
   - But she didn't catch me! (point to self)

3. Substitute a child's name and the color, size, or kind of fish they want to catch. With younger toddlers, choose the color of the fish to match the clothing they are wearing.  
4. Cut fish shapes out of different colors of felt or construction paper to use as a visual stimulus with the rhyme.
5. To emphasize sizes, sing the verse slowly for a "huge" fish, in a regular voice for a "medium size" fish, and quickly for a "teeny tiny" fish.
6. With older toddlers, show pictures of other kinds of sea life, such as sharks, sea horses, crabs and turtles they can catch. Use the pictures as a visual stimulus with the rhyme.

**Teacher talk:** “Kim has a yellow fish” “Your fish is swimming”

### 32. Shell Collections

**Theme:** Fine motor

**Material:** shells
- basket or bucket
- small containers with lids
- sand
- dish tub or sensory table

**What to do:**
1. Let the toddlers explore a variety of shells in a bucket. Talk about the rough/smooth texture, the colors, the size, etc. with the children.
2. Leave the shells out in a basket or bucket for the toddlers to explore on their own. Make sure the shells are large enough to pass the choke test.
3. Put out small empty buckets or containers for a "dump and fill" activity with the shells. Or encourage the toddlers to make shakers with the shells and containers with lids.
4. Place sand with a small amount of water in a dish tub or sensory table. Place shells in the wet sand like at the beach.
5. Encourage the toddlers to feel the wet sand, to hide the shells in the sand, to scoop the sand with the shells, etc.
6. Take the wet sand and shells outside.

**Teacher talk:** “Kim how is feeing when you touch a shall?” “Smooth”

### 33. Bubble Mania

**Theme:** sensory.

**Material:** bubbles
- fly swatters with small holes
- flat trays
- glycerine
- dish detergent
What to do: 1. Blow bubbles for the toddlers to chase out on the play yard. Let the toddlers try to blow some with your help if they desire.
2. Mix the following bubble mixture:
   1 cup water
   1 tablespoon glycerine
   2 tablespoons of dish detergent
3. Pour the bubble mixture into a flat tray. Lay fly swatters in the bubble mixture.
4. Encourage the toddlers to make bubbles by waving the fly swatter side to side or shaking it up and down. Small bubbles appear easily, especially if there is a breeze.

Teacher talk: “Wave your stick” “Kim you made a big bubble”

34. Toddler ping-pong

Theme: Fine motor

Material: ping-pong balls
          plastic containers or cups
          egg containers

What to do: 1. Give the toddlers ping-pong balls to explore on their own. Watch what the children do with the balls, especially on a hard surface outside.
2. Provide plastic containers for the children to use with the balls. Put one ball in each container. Encourage the child to drop the ball inside.
3. Cut an egg carton in half. Place six ping-pong balls near the carton. Encourage the toddlers to place the balls in each cup of the carton for a simple one-to-one correspondence activity.

Teacher talk: “Kim you may drop a ball inside container”

35. Color my word

Theme: sensory. Fine motor

Material: construction paper
          bulletin border paper tissue paper
          scarves
          ribbons

What to do: 1. Have a "Color Day" and encourage each child to wear clothing in a particular color. Send a reminder home to the parents the day before. The teachers should wear the color as well!
2. Have on hand scraps of fabric, ribbons and/or scarves in the focus color in case a child forgets to wear the color of the day. Hats work too!

3. As the children arrive and throughout the day, chant:
   Mitchell is wearing yellow today.
   Look at his clothes and you will say,
   Yellow, yellow, yellow.
   Vary the chant for each child's name and article of clothing.

4. Talk with the older toddlers about the light, dark and different shades of the one color seen on all the clothing.

5. Have a colorful snack of juice, fruits, vegetables or other foods in the focus color.

6. Have a color parade with everyone wearing the same color. Wave ribbons and scarves too! Or make crowns to wear in the parade from large sheets of paper or bulletin border in the focus color. Allow the children to take their color crowns home.

7. Fill the day with any of the color activities in this book (look at the end of each seasonal chapter) to help celebrate the color. Use your imagination to come up with more colorful ideas.

Teaching hints: Plan activities around a single color each month, related to the season or holiday. Focusing on colors in isolation helps toddlers learn about specific colors.

**Teacher talk:** “Kim, What color is your pants”
3. Supporting exploration

Materials: Videocassette Recorder and monitor
Video: Discoveries of infancy
Chalkboard/chalk or easel paper/pens
Overhead projector

Procedure:

① On the chalkboard or easel paper, write the heading “Scene 1” and “Scene 2.” Have participants return to the large group. Ask participants:

▪ How are the caregivers in these two scenes facilitating learning?
▪ How are the children’s learning experiences similar? Different?

Recode responses of the groups under the headings.

② Watch video Discoveries of infancy. Ask participants:

▪ Who is directing the children's experiences in the scenes you saw in the video?
▪ How does this compare to Scene 1 on handout #7? Who is directing the children’s experiences in Scene 1?
▪ Which approach do you think fits best with an infants’ style of learning?

③ Ask participants, “What does the idea of caregivers as facilitator of learning mean?” List responses on the chalkboard or easel paper, bring sure to include:

▪ Provide an environment rich but not overcrowded with toys, furnishings, and materials.
▪ Make sure there is plenty of unrestricted, uncluttered space to explore.
• Offer large expanses of time when children choose what they wish to play with. Observe the play, keeping in mind the six discoveries.

• Support problem solving and discover by commenting on the play, when appropriate.

• Use caregiving routines as opportunities to facilitate toddler learning.

④ Distribute Transparency/handout #8, Supporting exploration and discovery to all participants, as a review.
Handout #7
Scenarios: The caregivers’ role.

Compare these two scenes.

• How do the scenes vary?

• What kinds of learning are taking place in each?

Scene 1:
You are observing in a day care center. Four toddlers are gathered around a table. The caregiver is working with them on a project of making handprints. A caregiver has a small tray lined with a paint-saturated towel. One by one, she presses each child’s hand into the paint and then carefully makes a print of painted hand on a sheet of paper. To the side of this group are three high chairs, where three toddlers are playing with pop up busy box toys. A second caregiver keeps an eye on them as she cleans a nearby counter. Once the handprints are done, the two caregivers gather all the children together in a circle on the rug and sing songs and do finger plays. You check the daily lesson plan on the wall and see that these are indeed the scheduled learning events for that morning.

Scene 2:
You are observing a group of mobile infants and toddlers in a large play area, where low dividers create small spaces for children to enter and explore. Your eye catches a mobile infant crawling to a low, wide basket full of small wooden toys. One after the other, she pulls objects from the basket and explores them. She bangs them together, mouths them, shakes them, and occasionally drops one into a tall bucket, making a loud noise. Two mobile infants are pulling up into their feet and cruising up and down slightly about the pictures with two toddlers who animatedly point at the pictures they see. Another toddler is sitting on an overturned cardboard fruit box and is dropping balls one by one through the holes in the bottom.
Transparency /Handout #8
Supporting Exploration and Discovery

★ Provide an uncluttered play environment with a variety of materials to encourage discovery?

★ Allow long periods of uninterrupted time for play

★ Provide ample space for play

★ Be available to observe, and support the play with meaningful comments from time to time

★ When helping, don’t take over

★ Use caregiving routines as opportunities for exploration and developing the caregiver child relationship
MODULE 4. INTERACTION

4-1. Issues in interaction

➢ The security of a child’s attachment to primary caregivers provides a base for the child’s social-emotional development, as well as for all other learning

➢ When possible, a child should remain with the same primary caregiver until three years of age.

4-2. The keys to improve the quality of child care

➢ Primary care encourages the forming of close relationships. It also fosters the development of closeness and trust between caregivers and the child’s family.

➢ Small groups provide a calmer and more relaxed setting for toddler care and make it easier for the children and caregivers to get to know each other well and form emotional bonds.

➢ Caregivers should take a variety of ongoing training opportunities for beginning and experienced caregivers, aimed both at upgrading providers’ skills and keeping them abreast of new knowledge in a rapidly growing field
Tell toddler what you want them to do rather than saying “No!” or “Don’t”

Remember that toddlers are trying to feel competent and independent.

<table>
<thead>
<tr>
<th>Negative statement</th>
<th>Positive statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop running!</td>
<td>Walk! March! Crawl!</td>
</tr>
<tr>
<td>Don’t throw sand!</td>
<td>Leave the sand in the sandbox</td>
</tr>
<tr>
<td>Don’t touch</td>
<td>Put your hands in your pockets</td>
</tr>
<tr>
<td>Don’t whine</td>
<td>Use a regular voice</td>
</tr>
<tr>
<td>Don’t touch the markers</td>
<td>Put that in my hand</td>
</tr>
<tr>
<td>Don’t hit</td>
<td>Gently touch Jack!</td>
</tr>
</tbody>
</table>
1. Primary care

Materials: Video: Together in Care
Videocassette recorder and monitor
Transparency/chalk or easel paper/pens

Procedure:

① Ask participants to relax, close their eyes, and think about a loving, nurturing relationship with someone now or in the past that made them feel good about themselves and the other person. Ask them to reflect for a few moments on this relationship.

- What made it so positive for them? How did it help them?

② Now ask participants to open their eyes and talk about the characteristics of relationships that are loving and nurturing. Write their responses on the board or easel paper. If participants are not willing to share openly, begin by talking about the characteristics of a relationship you identified. The following are some characteristics of loving, nurturing relationships:

- A comfortable familiarity in being together
- Respect for each other's unique personality
- Being there for each other in troubled times
- Attention and concern for each other's feelings
- Being accepted for the person you really are, without pretense

③ Next ask participants to suggest reasons why these types of relationships might be especially important for toddlers. Write these reasons on another sheet of easel paper. If the
following issues are not raised, add them to the list:

Intimate relationships with other people are the foundation of our emotional health and well-being. When a child is exposed to one caregiver after another, the child becomes at risk for social and emotional problems.

- Attachment to caring adults is critical to both the intellectual and the social development of infants. Children who are grieving for a missing caregiver are often too fearful to explore their world.
- Children who repeatedly lose trusted caregivers may become reluctant to establish new bonds.

① Explain that because toddlers in child care spend so much time in groups, it is important for these groups be organized in ways that promote the development of intimate relationships. The video Together in Care presents some significant ideas about how to achieve this, which will be discussed in greater depth in future lessons. This viewing is an introduction to the concepts, some of which may be familiar to the viewers and some of which may be new.

It is important to point out to participants that many programs will not be able to comply immediately with the recommendations given in the video. These are goals we all need to work toward.

⑥ Show the video from the beginning to the end of the section on primary care (about 8:33 minutes into the video).
⑥ Ask how many of the participant's work in programs that assign a caregiver to each child.

Of those who do not have primary care, what really stood out for them?

What do those who work in a primary care system think about this type of care?

Write these comments on chalkboard or easel paper. On the left side, leaving space to write several comments put "Primary Care," "Small Groups," and "Continuity." Across the top, write "Advantages" and "Challenges."

⑦ Now tell participants that the group is going to tackle some of the challenges of putting primary care into practice. Ask them to form small groups and choose one unresolved "challenge" from the chart to discuss. Assign one person from each group as the representative to report back to the whole group. Make sure all "challenges" are discussed by at least one group. If some participants already work in primary care systems, they should go into with participants to whom this concept is new. Additional topics for discussion may include:

- How to set up a primary care system where one does not exist
- What happens when the primary caregiver is not present
- How to deal with a caregiver's feelings of possessiveness toward a child
- What to do when a caregiver ignores a child's distress because she or he is not "her" child

⑧ Bring the group back together for sharing of reports. As each group representative speaks, write the "challenge" and the group's suggestions. Thank participants for their work in trying to resolve there
difficult issues. Remind them that any system involving people is difficult to change. The important thing is to keep working toward solutions together.

⑨ Pass out handout #1 before the next session, ask participants to use it to describe how primary care works or could work in their programs. If they don’t have primary care, list the children in their care.
Handout #1
Making Primary care work

Use this form to think and write about some of the most important aspects of primary caregiving and how you can make it work in your program. If your program does not have primary care at this time, relate to the questions as if you were a primary caregiver of a small group of children.

1. List three to four children (depending on their age) who comprise (or could comprise) a primary care group in your care. Include their ages and one or two special things you know about each child.

2. How do (or could) you deal with feeding, napping, and diapering/toileting so that each child’s individual needs are met?

3. How do (or might) you go about establishing special relationships with these children’s families?

4. What are the things you like (or think you might like) about primary caregiving?

5. Is there anything that makes (or might make) you uncomfortable about it?

Modular 4: homework apply this mission (primary care for at least one week)

We are going to discuss the problem and benefit of primary care during modular 5.

Together in care
<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:00</td>
<td>Birth scene-attachments to a few special people provide the foundation for healthy growth and learning as the infant moves out into the world.</td>
</tr>
<tr>
<td>1:41</td>
<td>Infants and toddlers in child care need a continuing relationship with a few people in an intimate environment that can be achieved with three policies: primary care, small groups, and continuity of care.</td>
</tr>
<tr>
<td>2:14</td>
<td>Primary care: the relationship between caregiver and child is the cornerstone of good care.</td>
</tr>
<tr>
<td>3:00</td>
<td>The primary caregiver is one person assigned to a child’s care who provides stability and familiarity.</td>
</tr>
<tr>
<td>3:14</td>
<td>Magda Garber comments on the infant’s need for stability.</td>
</tr>
<tr>
<td>3:49</td>
<td>Erica and Maggie, Erica’s primary caregiver, and Erica’s mom share information directly.</td>
</tr>
<tr>
<td>4:55</td>
<td>Yolanda Torres explains that the child needs person who loves her or him: the caregiver and child are a team.</td>
</tr>
<tr>
<td>5:30</td>
<td>Erica can accept Maggie’s care for others because she is secure in the relationship.</td>
</tr>
<tr>
<td>6:15</td>
<td>Jeree Pawl explains that primary does not mean exclusive.</td>
</tr>
<tr>
<td>6:58</td>
<td>How caregivers share responsibilities in a primary care setting is shown.</td>
</tr>
<tr>
<td>7:29</td>
<td>Erica and Maggie both benefit from their relationship.</td>
</tr>
<tr>
<td>7:47</td>
<td>If the infant’s day is longer than the caregiver’s second primary caregiver is assigned. Caregivers share information as shifts change.</td>
</tr>
<tr>
<td>8:06</td>
<td>Program with primary care benefit both child and caregiver.</td>
</tr>
</tbody>
</table>
2. Small groups

**Materials:** Videocassette Recorder and monitor  
Group Size Guidelines for Same Age Children  
Space to Grow: creating a child environment for infants and toddler  
Chalkboard/chalk or easel paper/pens  
Overhead projector

**Procedure:**

① Explain that you are going to show the section of Together in Care that deals with the topic of small groups so that you can explore this concept together. Show the small groups section of the video, stopping at the chart, "Group Size Guidelines for Same Age Children" (about 8:33 minutes into the video).

② Pass out Handout #2, Group Size Guidelines, or show the transparency on the overhead. Lead a group discussion by asking questions such as:

- Do you work (or have you worked) in groups of this size?
- If not, have you noticed changes in group or individual behavior on days when enrollment was low because of illness or holidays?

③ Now play the video to the section that shows the chart, "Group Size Guidelines for Mixed Age Children," and stop (about 15:24 minutes into the video). Ask the group if they see a guiding principle (the younger the child, the smaller the group). Then ask, "Why is this principle important?" Using the chalkboard or easel paper, list participants' responses.

④ Show the rest of the video segment on small groups (to about 16:28 minutes into the video).
⑤ Pass out Handout #3, Ideas for Dividing Up Large Groups, or show the transparency on the overhead. Explain that even if programs cannot provide separate rooms for small groups of children immediately because of logistics or state regulations, they can divide large groups up as much as possible, as a first step. Ask participants to look at the list and think of ways they might apply the suggestions to their programs.

⑥ Ask participants to consider working in a group of two or three primary caregivers, each with three to four children, depending on the age, in one room. What would the relationships be like? Ask participants to write down their thoughts. Allow five minutes for this exercise. Invite those who wish to share one or more idea from this writing.
Guidelines for Same Age Groups

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Ration</th>
<th>Total size</th>
<th>Minimum Square feet PER Group*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8</td>
<td>1:3</td>
<td>6</td>
<td>350</td>
</tr>
<tr>
<td>8-18</td>
<td>1:3</td>
<td>9</td>
<td>500</td>
</tr>
<tr>
<td>18-36</td>
<td>1:4</td>
<td>12</td>
<td>600</td>
</tr>
</tbody>
</table>

Family Care
Guidelines for Mixed Age Groups

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Ration</th>
<th>Group size</th>
<th>Minimum Square Feet Per Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-36</td>
<td>1:4**</td>
<td>8</td>
<td>600</td>
</tr>
</tbody>
</table>

* Based on minimum standards of adequate square footage per child; does not include entrance, hallways, cubbies, diapering, or napping areas.

** Only two infants under 24 months per caregiver.
## Transparency/Handout #2-1

**Group Size Guidelines for Korean standard**

### Guidelines for Same Age Groups

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Ration</th>
<th>Total size</th>
<th>Minimum Square feet PER Group*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8</td>
<td>1:3</td>
<td>?</td>
<td>350</td>
</tr>
<tr>
<td>8-18</td>
<td>1:3</td>
<td>?</td>
<td>500</td>
</tr>
<tr>
<td>18-36</td>
<td>1:4</td>
<td>?</td>
<td>600</td>
</tr>
</tbody>
</table>

### Family Care

**Guidelines for Mixed Age Groups**

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Ration</th>
<th>Group size</th>
<th>Minimum Square Feet Per Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-36</td>
<td>1:4**</td>
<td>8</td>
<td>600</td>
</tr>
</tbody>
</table>
Transparency/Handout #3
Ideas for Dividing Up Large Groups

Divide a large room by building walls or half-walls so groups of 6 to 8 children can each have their own area.

If this is not immediately possible, try:
• **Using** room dividers or furniture, such as a couch or toy shelves, to separate groups of children
• **Rotating** the use of space options inside and outside so that all children are not in the room at the same time

Make mealtimes a small group experience by:
• Using small tables with three to four children and one caregiver at each table
  Rotating feeding times so not all the children in the group are fed at once

Divide up yard space with developmental barriers by:
• Using an empty wading pool for young infants' play
• Lining up old tires to create a protected play space for a few children
• Creating areas in the yard with grass, hills, outdoor carpeting,
• Limit the number of children in an area or at an activity at one time

During group play:
**Together in care**

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:33</td>
<td>Transition to small groups begins.</td>
</tr>
<tr>
<td>8:44</td>
<td>Titles: Small groups promote personal relationships, quiet exploration, and one-on-one interactions.</td>
</tr>
<tr>
<td>9:38</td>
<td>Shirley Adams explains how small groups reduce discipline problems.</td>
</tr>
<tr>
<td>10:06</td>
<td>Small groups reduce noise and stimulation.</td>
</tr>
<tr>
<td>10:17</td>
<td>Magda Gerber says that infants learn from each other.</td>
</tr>
<tr>
<td>10:34</td>
<td>A setting with 18 people in the room lacks intimacy: children are aimless.</td>
</tr>
<tr>
<td>11:15</td>
<td>Small groups provide fewer distractions: activities are more focused; it’s easier to be herd and understood. Small groups build stronger relationships between child and caregiver.</td>
</tr>
<tr>
<td>12:11</td>
<td>Every study shows that small group size is a key factor in quality of care.</td>
</tr>
<tr>
<td>12:30</td>
<td>Young infants should have only a few people to relate to.</td>
</tr>
<tr>
<td>12:52</td>
<td>Jeree Pawl: Small groups are especially important for young infants.</td>
</tr>
<tr>
<td>13:17</td>
<td>Intimate settings help new or cautious children because the caregiver can pay attention to each child. A new child care be more easily integrated into the group.</td>
</tr>
<tr>
<td>14:02</td>
<td>Small groups offer benefits to everyone.</td>
</tr>
<tr>
<td>14:24</td>
<td>Group size recommendations are given by age group.</td>
</tr>
<tr>
<td>15:59</td>
<td>Child: Caregiver rations are not enough: total group size is important.</td>
</tr>
</tbody>
</table>
3. Continuity of care

Materials: Together in care
            Videocassette recorder and monitor
            Overhead projector

Procedure:

① Ask participants to close their eyes, breathe deeply, and remember an experience of a loss—a friend, parent, classmates after a change of residence, even the loss of a beloved pet. Then ask them to recall a time of feeling a strong sense of belonging during their childhood—in a family, school, or neighborhood group. Have them open their eyes and write words that describe each experience:

- How it felt
- How they reacted
- The impact on their present lives

Allow five minutes, and then invite participants to share their experiences with the group or call out words that describe each experience. List the words on easel paper. If participants are reluctant to talk about a loss, share something from your own experience.

② Suggest to participants that they keep these experiences in mind as they watch the segment of together in care on continuity. Remind them that experiences of loss, especially of a parent or close caregiver, have great impact on the very young.

③ Show the continuity section of together in care (about 16:43 minutes into the video), stopping after the segment that shows children reacting to the loss of a close person (about 18:37
minutes into the video).

Ask participants if any of the children’s reactions reminded them of themselves.

④ Continue showing the continuity section through the segment illustrating three ways of achieving continuity of care (about 25:06 minutes into the video).

Stop the video, and pass out Handout #4: *Three ways to achieve continuity of care*. Discuss each model with participants, asking them which model would be most appropriate to their own program. Ask them to jot down any thoughts they have-questions or issues that need to be addressed-on the handout. Show the rest of the section on continuity through the end of the video.

⑤ Ask participants to identify the type of programs they work in and to break up into small groups based on type of program (e.g. Size of program, type of age grouping, staffing by parents, students or volunteers, etc.) to discuss ways to improve continuity of care in their own program.

Allow 15 minutes for groups to meet, with the trainer circulating between the groups to help focus discussion. Have each group choose one person to record issues and solutions.

⑥ Bring the whole group back together, and ask the recorders to report on what they’ve come up with. Create a list of practical tips under the type of programs addressed on the chalkboard or easel paper.
Handout #4
Three ways to Achieve Continuity of care

Same Age Continuity

Some programs enroll infants close in age and set things up so they stay with the same caregiver. With this strategy, the environment must be modified and made developmentally appropriate as the children grow older, or the whole group moves together to a new space. Children who leave this type of arrangement are usually replaced by newly enrolled of the same age.

Notes:

Mixed Age Continuity

Programs may also create mixed age groups. With this strategy, newly enrolled infants and toddlers of any age can be added to the group. The environment should be interesting and flexible enough to serve children at different developmental levels.

Notes:

Family Care Continuity

In family care, there is often one person caring for a small group. This makes it easy to provide continuity. Whether the group is mixed or same aged, the strategy should keep the children with the same caregiver from infancy to preschool.

Notes:
Together in care

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:28</td>
<td>Continuity of care: Shirley Adams describes what it was like at her center when infants moved up to a new caregiver.</td>
</tr>
<tr>
<td>17:16</td>
<td>A deep connection builds when the relationship between child and caregiver is allowed to grow.</td>
</tr>
<tr>
<td>17:53</td>
<td>Switching caregivers takes its toll; the child has built trust, and now she grieves.</td>
</tr>
<tr>
<td>18:35</td>
<td>Jeree Pawl: children lose their sense of self when they change caregivers.</td>
</tr>
<tr>
<td>18:55</td>
<td>A child becomes reluctant to form new relationships: acting out frustrations can affect the whole group.</td>
</tr>
<tr>
<td>19:21</td>
<td>Jeree Pawl: Changing caregivers narrows the child’s perspective.</td>
</tr>
<tr>
<td>19:33</td>
<td>A child has to learn new ways of being, which is confusing.</td>
</tr>
<tr>
<td>20:36</td>
<td>Jeree Pawl: the better a caregiver knows a child, the more easily she can read subtle cues from the child.</td>
</tr>
<tr>
<td>20:53</td>
<td>Lizzie and her caregiver over a two-year period are discussed.</td>
</tr>
<tr>
<td>22:13</td>
<td>Yolanda Torres: It’s important to show caregivers that each stage of child’s life is important; continuity of care builds a complete relationship.</td>
</tr>
<tr>
<td>23:11</td>
<td>Continuity fosters rich exchanges between children and the beginning of cooperation.</td>
</tr>
<tr>
<td>23:35</td>
<td>Continuity of care doesn’t just happen. It requires policies, such as one of the following.</td>
</tr>
<tr>
<td>23:41</td>
<td>Same age enrollments; the environment needs to change as children grow.</td>
</tr>
<tr>
<td>24:18</td>
<td>Mixed age groups; these require diverse environments.</td>
</tr>
</tbody>
</table>
Getting in Tune

**Materials:** Getting in tune: Creating Nurturing Relationships with infants and toddlers
- Videocassette recorder and monitor
- Overhead projector
- Transparency/chalk or easel paper/pens

**Procedure:**

① Begin by asking participants to think a moment and then talk with the person sitting next to them about what it means to have “a nurturing relationship.” Allow two to three minutes for this activity. Then try as a group to come up with a definition of a nurturing relationship between any two people, two people, not necessarily a caregiver and a child. Elements of the definition should include support of the person's self-esteem, trust, and sense of security. Write the group's definition on the chalkboard or easel paper.

② Explain to participants that you are going to show a video entitled *Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers.* Ask participants why they think the producers of the video selected the term, "getting in tune." What does the title mean to them? Write their responses on the chalkboard/easel paper.

③ Show the video through the scene showing the caregiver and two children with a hat and stop for discussion (about 6:01 minutes into the video). Ask the participants what impressed them about that scene.

- In what ways did the caregiver in the video show respect for the children?
- How is her respectful attitude likely to increase the children's sense of self-worth?
Add the following points if they are not made by the group:

- She let the children set the pace.
- She recognized the children's feelings.
- She received from the child, rather than taking.
- She offered choices, rather than imposing a solution.

④ Continue showing the video, stopping for discussion following the section dealing with self-awareness (about 13:00 minutes into the video). The example in the video focuses on the caregiver's fear.

⑤ Ask participants to write down one other difficult feeling a caregiver might have that could influence how she or he relates to children. Next, have them write down one or more behaviors of children that might trigger this feeling in caregivers or parents.

**Ask the group to share what they have written. Then ask** the group at large the following question:

- How might a caregiver deal with these difficult feelings to avoid their potential negative effect on the children?

Continue showing the video, stopping for discussion following the section dealing with self-awareness (about 13:00 minutes into the video). The example in the video focuses on the caregiver's fear.

Ask participants to write down one other difficult feeling a caregiver might have that could
influence how she or he relates to children. Next, have them write down one or more behaviors of children that might trigger this feeling in caregivers or parents.

Ask the group to share what they have written. Then ask the group at large the following question:

- How might a caregiver deal with these difficult feelings to avoid their potential negative effect on the children?

⑦ Put Transparency #5, The Responsive Process, on the overhead, and/or pass out Handout #11. Review the three steps in the responsive process. Remind participants to be aware of their own emotional states and feelings that may interfere with hearing a child's messages, including current feelings and those from past experiences.

⑧ Conclude this discussion of the responsive process by leading participants in a special dance. Explain that dance is a highly sophisticated form of nonverbal communication using a whole range of behaviors to create and sustain communication. Because it is nonverbal, dance is a wonderful experience in becoming responsive to your partner and aware of yourself at the same time.

First, divide the group into pairs. One person is to lead and the other to follow. Instruct the participants to put their hands together, palm to palm, with fingers outstretched, or they can place palms close to each other without touching, if preferred. Have them decide who will take the role of leader first, and then let the dance begin! Allow the participants to do this for two
to three minutes.

Second, have the pairs reverse the leader and follower roles and repeat the process.

Third, have the pairs "dance" with no leader and no follower.

Stop the process, and have the pairs share their experiences with one another. Now invite participants to share with the large group.

⑨ Suggest to participants that the most rewarding dance of all is the one with no leader and no follower and that this should be used with children whenever possible. It uses one’s intuitive, reflective, and responsive capabilities and integrates the process of caregiving into a loving, nurturing, and creative process.

⑩ Assign participants to consciously practice the responsive process with different children for at least five minutes per day for the coming week. Explain that they may feel self-conscious initially as they do so, but the process will become spontaneous as it becomes more familiar.
Handout #5
The Responsive Process

Step One: Watch

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

Watch for both verbal and nonverbal cues.

Step Two: Ask

Ask yourself: What messages is the child sending? What are the emotional, social, intellectual, and physical parts to the message? Does the child want something from me at this moment?

If so, ask the child: What is it that you want?

Step Three: Adapt

Adapt your actions according to what you believe to be the child's desires.

Watch how the child responds to your actions.

Modify your actions according to the child's response and watch, ask, and adapt again.
## Getting in Tune

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:00</td>
<td>Child and caregiver move as in a dance.</td>
</tr>
<tr>
<td>1:04</td>
<td>As the child leads and caregiver follows child builds confidence and self-esteem.</td>
</tr>
<tr>
<td>2:27</td>
<td>Titles.</td>
</tr>
<tr>
<td>2:45</td>
<td>Dance doesn’t always go smoothly.</td>
</tr>
<tr>
<td>3:41</td>
<td>How can caregiver get in tune with child?</td>
</tr>
<tr>
<td>4:15</td>
<td>Scene demonstrates how caregiver is respectful.</td>
</tr>
<tr>
<td>4:58</td>
<td>A closer look to analyze the previous scene between caregivers, two children with hats.</td>
</tr>
<tr>
<td>6:01</td>
<td>Overview of steps o get in tune: Study child development, know families, develop self-awareness, learn the responsive process.</td>
</tr>
<tr>
<td>6:15</td>
<td>Study child development.</td>
</tr>
<tr>
<td>6:59</td>
<td>Infants from 7 to 12 months (stranger anxiety).</td>
</tr>
<tr>
<td>7:12</td>
<td>Increase in resistance at age two.</td>
</tr>
<tr>
<td>7:47</td>
<td>All children go through these stages: study similarities and differences.</td>
</tr>
<tr>
<td>8:04</td>
<td>How children differ: temperaments.</td>
</tr>
<tr>
<td>8:50</td>
<td>Know families: Ask about culture and childrearing.</td>
</tr>
<tr>
<td>9:25</td>
<td>Get to know children’s communities.</td>
</tr>
<tr>
<td>9:53</td>
<td>Self-awareness-how you respond is influenced by your emotions, like fear.</td>
</tr>
<tr>
<td>10:20</td>
<td>Compares two different responses to fear.</td>
</tr>
<tr>
<td>11:40</td>
<td>Hot spot: active child</td>
</tr>
<tr>
<td>12:00</td>
<td>Take time to step back and examine own feelings.</td>
</tr>
<tr>
<td>Time</td>
<td>Content</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12:24</td>
<td>Get feedback from other caregivers.</td>
</tr>
<tr>
<td>13:17</td>
<td>Responsive process-three steps of watching, asking, adapting.</td>
</tr>
<tr>
<td>13:27</td>
<td>Watch the infant.</td>
</tr>
<tr>
<td>14:20</td>
<td>Give full attention to infant.</td>
</tr>
<tr>
<td>14:53</td>
<td>Ask what do these actions mean.</td>
</tr>
<tr>
<td>15:18</td>
<td>Statement by Magda Gerber.</td>
</tr>
<tr>
<td>16:10</td>
<td>Review of watch and ask.</td>
</tr>
<tr>
<td>17:01</td>
<td>Adapt step is demonstrated by baby Miranda and caregiver Quita.</td>
</tr>
<tr>
<td>21:20</td>
<td>Review of Video’s content.</td>
</tr>
</tbody>
</table>
5. Caregiver responsiveness

**Materials:** Videocassette Recorder and monitor
- Video: Getting in turn
  - flexible, fearful, or feisty

**Procedure:**

① Introduce the concept of responsiveness. Responsiveness is the caregiver’s verbal or non-verbal reaction to a child’s signals. Tell participants that there are three elements to responsiveness: contingency, appropriateness, and promptness. Project transparency # 6.

Elements of responsiveness. On the overhead projector, or pass out Handout #6 to every participant.

③ Discuss the effect of responsiveness on toddler’s feelings about themselves. Ask participants:

- Pretend you are Jan’s baby in Scene 1. How would you feel about yourself?
  - From the responses, focus on the following ideas: Confused, Helpless, Under to influence a response or exert control
  - How would these feelings be different if you were Liz’s baby?

④ Another benefit of responsive is that it helps infants to better develop their cognitive skills.

In recent years, many researchers have examined the impact of caregiver responsiveness on toddler learning. One study found that toddlers whose mothers responded more frequently to their cries tended to learn about something new more quickly than children of less responsive mothers.

Another study looked at the benefits of responsive caregiving over time. Children whose mothers were more efficiently at four years and scored higher on standardized intelligence
tests than their less-responded-to peers.

Why does responsive caregiving have such an effect on learning?

- Children feel a sense of power and control (i.e., competence in affecting their environment).
- Children who experience success in getting their needs met may learn to focus their attention more efficiently.
- Children feel secure in the attention and concern they get from the caregiver and, from this secure base, more readily move out to explore and learn about their world.

⑤ Put transparency #7, Guides to Responsive caregiving, on the overhead projector, or pass out Handout #7 to each participant, as a review of responsive caregiving.

⑥ Show segments without sound from Getting in Tune (about 17:01 minutes into the video) and flexible, fearful, or feisty (such as the scene with Carla, the cautious child, at about 13:06 minutes into the video, or James, the flexible child, about 9:51 into the video) that show responsive caregiving. After each scene, ask participants to comment on how the caregiver in the video demonstrated responsiveness to the child.

⑦ Pass out handout #8, Appropriate and inappropriate practices. Ask participants six small groups, and assign each group one page of the handout. Ask each small group to read through all the practices on their plate and then choose two or three that seem most interesting to them to discuss. In the discussions, they should talk about their reactions to the appropriate and
inappropriate side each practice and try to think about the consequences of each type of
practices. One person in each group should act as group recorder. Allow about 15 minutes for
this activity. If there are too few participants to form six small groups, each participant can read
a page of the handout and discuss its most interesting points with the whole group.

⑤ Bring participants back to the large group, and ask for reports from each group’s recorder.
Note on paper or chalkboard the points each group chose for discussion. Allow particular
interest. Some points may be controversial. If so, create a chart based on the discussion of
“pros” and “cons,” or advantages and disadvantages. If no points of high interest or controversy
to the group are raised, introduce points yourself from the list of appropriate and inappropriate
practices and raise questions such as:

■ Is this a common inappropriate practice?
■ Is this appropriate practice sometimes difficult to do?
■ Do you agree that this appropriate practice is the best way to do things?
■ Do you feel this is good for children of all cultures?

After the discussion, tell participants that you are glad they are thinking about these things and
that it is important to understand the value of “appropriate practices” for them to be effective.
Transparency/Handout #6
Elements of Responsiveness

Contingency: The adult’s action depends on or occurs in reaction to the toddler’s action

Appropriateness: The adult’s action is related to the toddler’s action and tries to fulfill the toddler’s need

Promptness: The adult’s action follows the toddler’s action closely in time so the toddler learns to connect the two
1. Be available and attentive to the toddler’s signals.

2. Gather knowledge (from reading and experience) on what to look and listen for.

3. Interpret what you see and hear. Ask “What does this baby need from me?”

4. Respond contingently, appropriately, and promptly
### Hand out #8

**Appropriate and inappropriate practices for toddlers**

*(From the time children begin walking until about three years of age)*

<table>
<thead>
<tr>
<th>Appropriate practice</th>
<th>Inappropriate practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Adults engage in many one-to-one, face-to-face conversation with toddlers. Adults let toddlers initiate language and wait for a response, even from children whose language is limited. Adults label or name objects, describe events, and reflect feelings to help children learn new words. Adults simplify their language for toddlers who are just beginning to talk. (Instead of “It’s time to wash our hands and have a snack,” the adult says, “Let’s wash hands. Snacktime!”) Then as children acquire their own works, adults expand on the toddlers’ language (e.g., Toddler: “Mary sock,” Adult: “oh, that’s Mary’s missing sock, and you found it.”)</td>
<td>- Adults talk at toddlers and do not wait for a response. Adult voices dominate, or adults do not speak to children because they think they are too young to respond. Adults either talk “baby talk” or use language that is too complex for toddlers to understand. Adults respond quickly to toddlers’ cries or calls for help, recognizing that toddlers have limited language with which to communicate their needs</td>
</tr>
<tr>
<td>- Adults are supportive of toddlers as they acquire skills. Adults watch to see what the child is trying to do and provide the necessary support to help the child to do what they are capable of doing and assisting with tasks that are frustrating.</td>
<td>- Adults are impatient and intrusive. They expect too much or too little of toddlers. Because it is faster, adults do tasks for toddlers that children can do themselves, or adults allow children to become frustrated by tasks they cannot do.</td>
</tr>
<tr>
<td><strong>Appropriate practice</strong></td>
<td><strong>Inappropriate practice</strong></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>• Adults respond quickly to toddlers’ cries or calls for help, recognizing that toddlers have limited language with which to communicate their needs.</td>
<td>• Crying is ignored or responded to irregularly or at the adult’s convenience.</td>
</tr>
<tr>
<td>• Adults respect children’s developing preferences for familiar objects, foods, and people. Adults permit children to keep their own favorite objects and provide limited options from which children may choose what they prefer to eat or wear. Children’s preferences are seen as a healthy indication of a developing self-concept.</td>
<td>• Adults prohibit favored objects like blankets or toys or arbitrarily take them away or expect toddlers to share them with other children. Children are not given choices, and preferences are not encouraged. Children are all expected to do the same thing.</td>
</tr>
<tr>
<td>• Adults respect toddlers’ desires to carry favored objects around with them, to move objects like household items from one place to another, and to roam around or sit and parallel play with toys and objects.</td>
<td>• Adults restrict objects to certain locations and do not tolerate hoarding, collecting, or carrying.</td>
</tr>
<tr>
<td>• Adults patiently redirect toddlers to help guide children toward controlling their own impulses and behavior. When children fight over the same toy, the adult provides another like it or removes the toy. If neither of these strategies is effective, the adult may gently remove the toddler and redirect the child’s attention by initiating play in another area.</td>
<td>• Adults ignore disputes, leading to a chaotic atmosphere; or punish infractions harshly, frightening and humiliating children.</td>
</tr>
<tr>
<td>Appropriate practice</td>
<td>Inappropriate practice</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>● Adults recognize that constantly testing limits and expressing opposition to adults (“No!”) is part of developing a healthy sense of self as a separate, autonomous individual. Adults say “No” only when the prohibition relates to children’s safety. Adults give positively worded direction (“Bang on the floor”), not just restrictions (“Don’t bang on the table”).</td>
<td>● Adults are constantly saying “No!” to toddlers or becoming involved in power struggles over issues that do not relate to the child’s health or well-being. Adults punish children for asserting themselves or saying “No.”</td>
</tr>
<tr>
<td>● Children are praised for their accomplishments and helped to feel increasingly competent and in control of themselves.</td>
<td>● Toddlers are criticized for what they cannot do or for their clumsy struggle to master a skill. Or adults foster dependency; children are overprotected and made to feel inadequate.</td>
</tr>
<tr>
<td>● Children and their parents are greeted warmly and with enthusiasm each morning. The day begins with a great deal of adult-child contact. Adults help toddlers settle into the group by reading books or quietly playing with them.</td>
<td>● Children are received coldly and given no individual attention. Toddlers are expected to begin the day with free play and little adult supervision.</td>
</tr>
<tr>
<td>● Adults model the type of interactions with others that they want children to develop. Adults recognize that most of the time when toddlers are aggressive, hurting or biting other children, it is because they lack skills to cope with frustrating situations such as wanting another child’s toy.</td>
<td>● Adults are aggressive, shout, or exhibit a lack of coping behaviors under stress. Adult attempts to punish or control the aggressive toddler escalate the hostility.</td>
</tr>
<tr>
<td><strong>Appropriate practice</strong></td>
<td><strong>Inappropriate practice</strong></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>● Adults model for toddlers the words to say (“Susan, I want the jack-in-the-box now”) or redirect them to another activity.</td>
<td></td>
</tr>
<tr>
<td>● Caregivers are sensitive to differing cultural expectations concerning a toddler emerging independence and expressions of feelings. Caregivers are supportive of children who are learning who are learning two languages</td>
<td>● All children are punished or shamed for having or expressing “negative feelings” such as anger, fear, or sadness.</td>
</tr>
<tr>
<td>● Caregivers assist toddlers in recognizing and accepting their feelings, such as joy, jealousy, fear, affections, and anger. Children are encouraged to express feelings n appropriate ways.</td>
<td>● Food is used to pacify children and as a substitute for the caregiver’s attention.</td>
</tr>
<tr>
<td>● Caregivers support family relationships by talking about the child’s family members, where they are what they are doing, when they will be back. Caregivers use books stories, and discussions to help children with special life and family experiences such as divorce, moving, or birth of a sibling.</td>
<td>● Caregivers make no attempt to include the child’s family or life situation in the child’s experiences at child care.</td>
</tr>
<tr>
<td>● Caregivers encourage cooperation by being close by as children take turns with a toy, share a snack, or put away toys. Caregivers understand that waiting, taking turns, and sharing are difficult for toddlers; caregivers support all such efforts, however small.</td>
<td>● Caregivers are casual about supervision toddlers engaged in potentially difficult situations; caregivers do not anticipate potential problems and resort to negative methods, such as shouting and spanking or isolating children.</td>
</tr>
</tbody>
</table>
6-1. Issues in Family and community

- An important element of any child care program that meets the individual needs of toddlers is the maintenance of a written record of each child’s growth and development. Keeping these records should not be seen as another burden on the caregiver, but as an opportunity for caregivers to reflect on and express the important knowledge gained from daily contact with the child.

- Arrivals and departures are important times for both parents and children. They set the mood for the whole day. Caregivers can significantly help both parents and children to feel comfortable in the child care setting.

5-2. The keys to improve the quality of child care

- Written records are an essential supplement to the caregiver’s informal, unwritten assessments of each child’s growth and development because they provide a more detailed, methodical accumulation of information.

- Although it may require special planning when caring for several children, the caregiver should give each parent and child personal attention when arriving and departing from child care.
6-3. Lessons

1. Partnership with parents

**Materials:** Overhead projector
  - Chalkboard/ chalk or easel paper/pens
  - Ask participants to gather written materials about their program to bring to the training.

**Procedure:**
① Explain that today you are going to be discussing a topic that is critical to successful caregiving: establishing partnerships with parents.

② Explain to participants that a partnership doesn't just happen. It's up to the caregiver to let parents know about the program's philosophy and how a partnership can develop between them. Parents often feel anxiety and ambivalence about enrolling their infants in child care. It will help them to know what to expect and how important a role they play in making child care a positive experience for their children. In order to assist parents, caregivers need to first think through their own philosophy of care, their goals, and their child care practices and then communicate them clearly.

    Sometimes it's difficult to articulate these ideas, much less communicate them. Even in situations where a program's philosophy, goals, and practices have already been articulated in writing, it's useful to review them periodically and make sure they're still true.

③ Pass out Handout #1, My Child Care Setting, to each participant. Working in small groups,
participants should discuss how they would answer each question, and then write down their responses. If several participants work in the same setting, then their answers should be consistent with one another.

④ Explain that the two most common forms of written communication with parents are brochures and parent handbooks. Brochures are used to briefly tell prospective parents and others about the child care program. A parent handbook is given to each parent when the child enters the program. It provides parents with a permanent record of what they can expect from the program and what is expected of them.

Put Transparency #2, The Parent Handbook, on the overhead projector, or pass out Handout #2 to each participant. Briefly review the categories of information that are included in a parent handbook.

Next, tell participants that they will have an opportunity today to create or revise a parent handbook for their program. If their program has a parent handbook with which they are completely satisfied, they may work instead on creating or revising a brochure for their program.

⑤ Tell participants that they move through a distinct series of steps in establishing caregiver-parent partnerships. Written materials have an important role to play in this sequence, as they’ll see shortly. Put Transparency #3, Establishing Caregiver-Parent Partnerships, on the overhead projector, or pass out Handout #3 to each participant. Give a mini-lecture about each procedure listed on the handout. When you discuss the child’s enrollment in the program, pass out Handout #4, Sample Caregiver-Parent Agreement, to participants for their own records.
⑥ Ask about a successful parent involvement program to participants.

- What has been the biggest benefit of family involvement to your program? To the children? To the families?
- What have been the biggest challenges?

⑦ There is one type of parent involvement, as volunteers. So the caregiver should know about parent’s talents and available time. Distribute copies of Handout #5, Sample Letter to New Parents’ interests. Ask participants:

- Is this an effective way to get information about parents’ interests? Are there other ways you could try?
- What could you do with this information?

Write response on the chalkboard or easel paper.
Handout #1
My Child Care Setting

My philosophy of toddler care (e.g., the importance of routines as learning experiences, discipline, etc.):

My goals for the children and families in my program:

Important practices in my child care program:

Important policies in my child care program:
Transparency/Handout #2
The Parent Handbook

★ Philosophy of care

★ Admission and enrollment procedures

★ Information about staff members

★ Emergency procedures

★ Fee policies

★ Parent involvement

★ Program organization

★ Guidance and socialization policies

★ Nutrition plan

★ Health policies and practices

Homework: Please complete it. Bring it next meeting
Transparency/Handout #3
Establishing Caregiver-Parent Partnerships

THE FIRST CONTACT

★ The initial interview

★ The grand tour

THE ENTRY DECISION

★ Addressing special concerns

★ Business arrangements

★ Fee arrangements

★ Time responsibilities

★ Daily information exchange

★ Health policies and emergency planning
Welcome to our family child care (or child care center).

The purpose of this contract is to define the mutual terms of agreement for child care arrangements. It is your responsibility to let us know of any changes of address or telephone and emergency numbers. Parents are welcome to visit at any time.

Parent's name: ___________________ Child's name: _______________________

Home address: ___________________ Telephone: _______________________

Daytime/work address: ________________ Telephone: ____________

**Hours and Days of Operation**

Child care services will begin on ______________________________ 20 __

The hours for care will begin at ________ and end at _______ on the following days:

____________________________________________________________________________________

If the child is going to be absent or late, please call in advance.

Child care will not be available on the following holidays: ____________________________

(Family Child Care Only)

My vacation period will be _________________________. You will be responsible for making other child care arrangements.

I may find it necessary to use the services of a substitute caregiver on occasion. My substitute is: _______________________________________

**Rates**

$_____ per month for full-time care (7 or more hours).

$______ per month for regular part-time care (less than 4 hours).

$______ for late fee. This fee will be charged for any time after unless special arrangements have been made.

$______ per meal. Parents are required to bring appropriate foods for infants under
Handout #4-2
Sample Caregiver-Parent Agreement

Child care fees are payable in advance and are due no later than ______. An additional fee of $____ will be charged if the payment is late. Fees may be paid:

Monthly _______________

Fees will be (will not be) adjusted when services are not available because of illness or vacation by either party.

Food

Meals will be: ____ prepared by the program _ brought by the parent.

Meals served will be: ___ breakfast ___ lunch ___ snack ___ supper ___ evening snack. Please explain if the child has special dietary needs.

Infants will be fed according to the parent's instructions. Parents must update and notify caregiver of any changes in feeding schedules, formulas, and additional foods. Milk will be furnished for all infants who no longer need a special formula. Breast-fed infants should have an adequate supply of expressed milk in bottles.

Medical Information

Your child is required to have a physical examination:_____ before admission to this program.

______ each year while enrolled.

Please notify the program if your child will be absent because of illness. If your child is home for more than ________ days, you must bring a signed physician's report when returning to the program.

Contagious diseases must be brought to our attention immediately. All families involved will be notified. Medication will be administered only if there is a signed permission form from a licensed physician. If your child becomes ill during care, you will be asked to pick up your child immediately. If you cannot be reached, I (we) will call one of the emergency numbers you have listed. Your child will be readmitted when symptoms have subsided.
Handout #4-3
Sample Caregiver-Parent Agreement

Clothing

Your child’s clothing and other items must be labeled with her or his name and brought in some type of storage bag. Parents will supply at least two complete sets of play clothes, outdoor clothing, and the following:

- _____ disposable diapers
- _____ cloth diapers
- _____ baby wipes
- _____ plastic pants
- _____ bibs

Field Trips

We may sometimes take trips away from the child care program to give the children experiences in the larger community. We will need your permission to allow your child to ride in a car or on public buses. You will be notified in advance when trips are being planned.

NOTICE: A two-week written notice is required for any of the following:

1. Termination of the agreement by either party
2. Increases in child care fees
3. Vacation periods for both parents and caregiver

I fully understand and agree to the terms of this contract. This agreement may be renegotiated at any time.

Signed: ___________________________        Date:  ________________
(Parent)

Signed: ____________________________        Date : _____________
(Caregiver)
Handout #5
Sample Letter to New Parents

Dear __________:;

Welcome to XYZ Child Care! We are so pleased that you have chosen us to care for __________. We look upon each family as a valuable resource for making our program more exciting, enjoyable, and effective. We need you and your special talents. Please take a few moments to answer the following questions, and leave it in my box when you bring __________ tomorrow.

Activities I enjoy most (e.g., walking, cooking, reading, etc.):

__________________________________________________________

Activities I don’t enjoy (e.g., cleaning up, sitting still, etc.):

__________________________________________________________

My skills (e.g., word processing, carpentry, decorating cakes. etc.):

__________________________________________________________

Special skills of others in our household:

__________________________________________________________

My time considerations:

Flexible working hours? Yes or No (circle)
Working hours ________________
Time/day I might sometimes be available to do activities in the child care center

__________________________________________________________

Others in our family who would like to be involved in program activities:

__________________________________________________________

Thanks for completing the form. I will be calling you to discuss how we might include your special interests and skills in our program.

Sincerely,
Program Director or Family Care Provider
2. First day

Materials: Videocassette Recorder and monitor
Videotape: the first moves

Procedure:

① Tell participants that today you are going to be talking about separation issues, from the parent’s point of view. Ask participants to share examples from their own practice of how parents act when they first leave their child in child care.

② Ask participants what they think are the feelings that underlie these behaviors. If any are parents whose children have been in child care, ask if they'd like to share how their feelings affected their actions and how their caregivers helped them and their child. Write their ideas on the chalkboard or easel paper. Underlying feelings might include:

- grief over leaving the child
- guilt for choosing to work
- relief to be away from the child
- concern over the child's reaction anxiety about the caregiver giving preferential care
- fear for the child's health or safety jealousy for the child's affection
- sorrow over missing the child's milestones
- worry over the caregiver's competence

Ask participants:

- What are some of the different ways children react to separation?
- What might be some of the children's feelings?
As you review their comments, point out that each parent and each child is unique; not everyone experiences separation in the same way.

③ Show clip from First Moves of children entering care (about 3:31 minutes into the video) to illustrate this point. Give a mini-lecture on the need for the caregiver to understand the pain of separation. Point out that caregivers play many roles: source of child development knowledge (offering information about stages when a child may experience heightened stranger anxiety), counselor (when parents are torn by conflicting feelings), base of support (for children as they adjust).

Ask participants to pair off and role play parent and caregiver during the initial separation of parent and child. After a few minutes, ask them to switch roles. Ask pairs to discuss their feelings in their two roles.

- What was most difficult about the separation?
- What behaviors or words were reassuring?

Share insights with the larger group.

④ Tell participants that they can help in the separation process by involving parents as much as possible. Put Transparency #5 Easing the Pain of Separation, on the overhead projector, or pass out Handout #5 to each participant. Briefly review the four ways in which caregivers can minimize the stress of separation. Then ask participants to work in small groups with copies of the Guide. Assign each small group one of the four topics on handout #6 Easing the separation process to discuss. Ask each group for other suggestions from their own experiences.
After the first small group reports on assigning a primary caregiver that illustrates the importance of a primary caregiver. Ask participants to discuss the special value of a primary caregiver to a child and parent in easing separations.

After the fourth small group reports on helping the parent and child with the initial separation, show the final section of First Moves (from about 23:14 minutes into the video to the end). Discuss with the group how the caregivers in the video helped ease the pain of separation for both the parent and child.

Ask participants what additional techniques they use to assist children in separating from parents. Write these on the chalkboard or easel paper. Offer the following suggestions, if they are not brought up by the group:

- making a home visit (if parents are comfortable with it)
- attending to the child's unique interests
- remaining available and making verbal contact if the child does not want to be physically comforted
- verbalizing feelings for the child (e.g., "I know you miss your mommy and feel strange here.")
- being patient
- understanding that the adjustment process can take longer for some children than for others
- helping the parent and child develop a routine for saying good-bye
Transparency/Handout #6
Easing the Pain of Separation

- Assign a primary caregiver if more than one caregiver is in the setting.
- Allow the parent(s) time to get acquainted with the caregiver.
- Encourage parent(s) to prepare the child before arrival at the child care setting.
- Allow time for the transition between home and child care at drop-off and pick-up times.
- Use empathy and reflective listening to help the parent and child with the initial separation.
- Allow children to have transitional objects.
- Handle routines in ways that are familiar to the child, if possible.
- Acknowledge the child's feelings of loss of family.
- Keep the family well informed about the child's experiences in care.
Transparency/Handout #7
Easing the Separation Process

1. Assign a Primary caregiver

2. Encourage parents to prepare their child

3. Allow time for the transition between home and the child care program

4. Help the parent and child with the initial separation
### First Moves

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:31 to 6:04</td>
<td>Examples of child-caregiver interactions that illustrate distant and time.</td>
</tr>
<tr>
<td>8:25 to 10:07</td>
<td>Examples of child-caregiver interactions that illustrate direct and indirect contact.</td>
</tr>
<tr>
<td>22:20</td>
<td>Review of useful separation techniques.</td>
</tr>
<tr>
<td>23:15</td>
<td>Parents’ role in separation process; need for reassurance.</td>
</tr>
<tr>
<td>24:35</td>
<td>Importance of caregivers’ understanding the child’s needs at sensitive time.</td>
</tr>
</tbody>
</table>
3. arrivals and departures

Materials: Chalkboard/chalk or easel paper/pens
          Overhead projector

Procedure:

① Tell participants that today you are going to talk about an important part of everyone’s day: arrivals and departures. Ask the group what they have found works best for them in handling arrivals and departures. If the group is small enough, go around the room, and ask each person to describe one technique that works best for her or him.

Now ask the group to tell you what is most difficult for them about arrivals ... then about departures. Write their ideas on the chalkboard/easel paper.

② Explain that arrivals and departures can be difficult times for children and for parents. Caregivers can help ease these transitions by handling them thoughtfully. Pass out Handout #3, Arrivals and Departures. Review the key points under each heading with the group. Encourage participants to share their ideas about each point.

③ Tell participants that they will now have an opportunity to have fun and practice what they have learned. Divide the group into small groups, and assign each group a scenario. If there are more participants than scenarios, give the same scenario to more than one group.

Allow the groups five minutes to discuss the scenario and then another five minutes to decide how they are going to role play it. Depending on the number of "actors" in each scenario, everyone in the group may not have an active role, although additional "actors" may play the
role of other children in the group.

At the end of ten minutes, ask each group to present its role play to the group. Point out that because the scenarios are pre-determined, no one is being judged on her or his caregiving abilities. Also remind participants that this is not the Academy Awards, and no one needs to be nervous about her or his acting ability.

Note: Some participants, for a variety of reasons, may not wish to participate in role playing activities, especially in front of the whole group. If you perceive discomfort with the suggested activity, offer the option of role playing within the small groups. Make it clear, also, that participants may choose to observe rather than participate.
Arrivals set the mood for the day.

**Information Exchange**
Find out how the child ate and slept, her or his mood and health, and any important events that might be influencing the child.
Tell the parents if something special is expected today.

**Parenting Issues**
Assist the parent who is having a problem with the child. Share ideas and resources for handling the problem, if it seems appropriate.
If the child is present, try to give attention to both parent and child.

**Establishing Relationships**
Show confidence that the child will be fine.
Go slowly.
Ask the parent to stay for a few minutes to make the transition more gradual. Understand age differences with respect to separation issues.
Comfort the parent, if necessary.
Help the parent understand the importance of saying good-bye.
Encourage the parent to make a prompt exit after saying good-bye.

Departure behaviors can be unexpected.

**Getting Ready**
Organize the child's belongings in advance.
Let the child know she or he will be going home soon.

**Not Wanting to Leave**
Reassure the parent that it's not personal
Help the child find a conclusion to her or his activity.

**Feeling Deserted**
Reassure the child when mom or dad is late.
Use the time to share a special book or special toy.

**Exchange Information**
Tell the parent what happened to the child today. Add a word or two to the child about tomorrow.
Handout #3-2
Arrivals and Departures

Scenario 1

Characters: Justin, a feisty, active 24-month-old

        Joe, Justin's dad

        Toby, Justin's caregiver

Situation: Today is Justin's first day at Toby's family care home. Justin has been to the

        program before to visit, and Joe has previously filled out all the paperwork. Joe greets

        Toby and prepares to leave. Suddenly, Justin flings himself onto Joe's legs and refuses

        to let go.

Scenario 2

Characters: Chris, an 18-month-old Teresa,

        Chris's mom Pat,

        Chris's caregiver

Situation: Teresa has come to pick up Chris at the end of the day. Chris, however, is

        simply not interested. Chris is playing with building blocks and ignores

        Teresa's overtures. Chris does not want to go home.
4. Record keeping

Procedure:

① Begin by saying that participants may feel they are too busy with the "real work" of routines and activities with children to maintain written records of children's growth and development. Such time, however, should be thought of as an important part of the work of caring for children and, furthermore, as a break for the caregiver from the whirlwind of the day's activities. Once basic forms are completed, keeping them up-to-date should take only a few minutes a day. Time for this activity should be built into the caregiver's schedule.

② Ask participants how many now keep current records on each child under their care. Encourage individual participants to explain the kinds of records they maintain, why they do it, and how much time it takes them. Ask those participants who are particularly careful about record keeping what benefits they find to this activity.

Explain to participants that written records are important. No one has a perfect memory. Having written histories on each child can allow you to see if that child's growth and development are typical and help you communicate clearly with parents about the child's progress. Remember that there is a wide range of "typical" behavior. Also remember that each child's record is confidential. Don't leave files lying around where others may read them.

③ Pass the handout #4, portfolio planning form, Put Transparency #5, Record Information, on the overhead projector or pass out a copy of Handout #6 to each participant. Review this
information together. If there are specific forms that each participant in your area must use, provide copies of those forms now. In addition to these records, the child's file should include participants' notes on the child's development.

④ Pass out Handout #7, Profile of Infant Development: Sample Checklist. Review each category on the checklist with the participants.

⑤ Participants now have an opportunity to set up a portable filing system for each child in their care. Use the porta-files, manila folders, and forms you have brought to this meeting. Each participant should have one manila file per child. Label each file with the child's name, and put a copy of each form to be maintained in each child's file. Participants should fill in all identifying information on each form for each child. By the end of the session, participants should have a portable filing system set up into which they put the information they gather. Once initial information is entered, they need only keep it up-to-date. Encourage participants to include anecdotal information by writing (and dating) a paragraph describing each child to put in the file.
Suggestions of items for children’s portfolios:

1. Samples of children’s work (drawings with different media such as crayons, watercolors, markers, brushes, etc., collages, self-portraits, etc.)
2. Photographs
3. Assessment summary
4. Parent conference summary
5. Anecdotal records/observations
6. Audio tapes, videotapes
7. Books read lists
8. Vocabulary lists
9. Concepts learned lists
10. Selected communication sheets (with significant events or important notes from parents to teachers or from teachers to parents)
11. Accident/incident reports
12. Parent visit log
13. Copies of favorite fingerplays and songs
Record Information

The Child's File

1. Social-emotional development
2. Cognitive development
3. Language development
4. Physical development

Types of Information

1. Developmental history of child
2. Health history
3. Nutrition information
4. Child-rearing practices
5. Family background
6. Language spoken at home
7. Special considerations

Sources of Information

1. Interview with family
2. Physician's report - evaluation by the child's doctor
3. Child's pre-admission health history - parent's report
4. Medication release
5. Infant meal plan
Handout #6
Profile of Infant Development: Sample Checklist

Name: ____________________  Birth Date: ____________________

Social-Emotional Development

**Mobile Infant (to about 18 months)**

- Shows discomfort on separation from mother  
  **Date observed**
- Participates in peek-a-boo and patty-cake games  
  **Date observed**
- Offers and gives toy to adult  
  **Date observed**
- Knows difference between own possession and others'  
  **Date observed**
- Initiates social games like ball play  
  **Date observed**
- Other  
  **Date observed**

**Toddler (to about 36 months)**

- Protests when activity is blocked  
  **Date observed**
- Picks up and puts away toys on request  
  **Date observed**
- Shows affection — carries or hugs doll, shows regard for people or possessions  
  **Date observed**
- Occupies self, thinks up own play activities, or acts on simple suggestions  
  **Date observed**
- Explores, investigates surroundings  
  **Date observed**
- Plays alone but alongside or among other children, focuses on own activity but is aware of theirs without disturbing them  
  **Date observed**
- Plays and interacts with other children  
  **Date observed**
- Helps at little tasks  
  **Date observed**
- Other  
  **Date observed**
Handout #6 (cont’d)
Profile of Infant Development: Sample Checklist

Name: ____________________  Birth Day: ____________________

**Cognitive Development**

**Mobile Infant (to about 18 months)**

- Date observed
- Is good at finding hidden objects
- Uses trial-and-error method effectively
- Explores new approaches to problems
- Thinks about actions before doing them
- Imitates people who are not present
- Other

**Toddler (to about 36 months)**

- Date observed
- Fantasizes and role plays
- Memorizes phrases of songs
- Identifies pictures of common objects
- Works simple puzzles
- Counts to two or three
- Knows he is a boy or she is a girl
- Knows most of the body parts
- Compares sizes, shapes, colors
- Names action in pictures
- Uses plurals
- Expresses self using words
- Other
Handout #6 (cont’d)  
Profile of Infant Development: Sample Checklist

Name: ____________________  Birth Day: ____________________

Language Development

**Mobile Infant (to about 18 months)**

- Knows that words stand for objects
- Responds to words
- Carries out simple commands
- Expresses self using gestures and movements
- Uses words such as "mama"
- Has intonation
- Other

**Date observed**

**Toddler (to about 36 months)**

- Shows body parts, clothing items, or toys on request
- Labels objects
- Follows two simple directions
- Uses two-word sentences
- Uses name when referring to self
- Names pictures in a book
- Listens to stories or rhymes
- Uses personal pronouns I, me, you
- Converses in short sentences
- Answers questions
- Uses language to convey ideas
- Has fairly clear pronunciation
- Other

**Date observed**
Handout #6 (cont’d)
Profile of Infant Development: Sample Checklist

Name: ____________________  Birth Day: ____________________

Physical — Small-muscle Development

**Mobile Infant (to about 18 months)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeds self small bits of food using fingers</td>
<td></td>
</tr>
<tr>
<td>Eats cracker</td>
<td></td>
</tr>
<tr>
<td>Eats mashed table foods</td>
<td></td>
</tr>
<tr>
<td>Uses thumb and forefinger to pick up small items</td>
<td></td>
</tr>
<tr>
<td>Turns pages of books</td>
<td></td>
</tr>
<tr>
<td>Scribbles</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Toddler (to about 36 months)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinks from cup unassisted</td>
<td></td>
</tr>
<tr>
<td>Feeds self well using spoon</td>
<td></td>
</tr>
<tr>
<td>Washes and dries hands alone</td>
<td></td>
</tr>
<tr>
<td>Unfastens clothing</td>
<td></td>
</tr>
<tr>
<td>Removes simple garments</td>
<td></td>
</tr>
<tr>
<td>Exercises bladder and bowel control</td>
<td></td>
</tr>
<tr>
<td>Cares for self at toilet</td>
<td></td>
</tr>
<tr>
<td>Puts coat and shoes on Stacks blocks</td>
<td></td>
</tr>
<tr>
<td>Puts pegs in pegboard Takes covers from objects</td>
<td></td>
</tr>
<tr>
<td>Takes things apart</td>
<td></td>
</tr>
<tr>
<td>Puts things together (like simple construction toys)</td>
<td></td>
</tr>
<tr>
<td>Uses paint brush</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Handout #6 (cont'd)
Profile of Infant Development: Sample Checklist

Name: ____________________  Birth Day: ____________________

**Physical – Large-muscle Development**

<table>
<thead>
<tr>
<th><strong>Mobile Infant (to about 18 months)</strong></th>
<th><strong>Date observed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawls</td>
<td>______</td>
</tr>
<tr>
<td>Gets into sitting position</td>
<td>______</td>
</tr>
<tr>
<td>Pulls to stand</td>
<td>______</td>
</tr>
<tr>
<td>Cruises holding onto furniture</td>
<td>______</td>
</tr>
<tr>
<td>Walks independently</td>
<td>______</td>
</tr>
<tr>
<td>Other</td>
<td>______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Toddler (to about 36 months)</strong></th>
<th><strong>Date observed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Walks fast and well</td>
<td>______</td>
</tr>
<tr>
<td>Runs awkwardly</td>
<td>______</td>
</tr>
<tr>
<td>Walks up stairs holding a hand</td>
<td>______</td>
</tr>
<tr>
<td>Walks backward</td>
<td>______</td>
</tr>
<tr>
<td>Climbs Runs well</td>
<td>______</td>
</tr>
<tr>
<td>Throws ball with aim</td>
<td>______</td>
</tr>
<tr>
<td>Walks up stairs without a hand</td>
<td>______</td>
</tr>
<tr>
<td>Jumps</td>
<td>______</td>
</tr>
<tr>
<td>Can stand on one foot briefly</td>
<td>______</td>
</tr>
<tr>
<td>Other</td>
<td>______</td>
</tr>
</tbody>
</table>
5. Child abuse

**Materials:** Chalkboard/chalk or easel paper/pens
Overhead projector

**Procedure:**
① Explain to participants that you are going to be discussing special issues with children and families that affect the caregiver's job. The issues include child abuse, family disability. These issues are difficult to understand and handle in a positive way.

② Almost all parents want to meet their children's needs. Almost no parent wants to hurt her or his children. Yet child abuse and neglect occur much more often than one would expect. Many families with young children are experiencing a tremendous amount of stress. Parents may feel burdened, burned out, and angry. They may have been treated abusively as a child themselves. They may be having difficulties at work or finding work. They may be young and having trouble accepting the joint responsibilities of earning a living and raising a family. They may feel incredible time pressures. They may be drinking too much or using drugs. No matter what the reason is, when they act abusively toward their child who is in child care, the caregiver must take action.

Caregivers have special responsibilities in regard to these "special issue" children and their families. The first responsibility is to understand the basics of child abuse and the impact of substance abuse on children.

③ Pass out Handout #6, Child Abuse and Neglect, to each participant. Review this information
together. Discuss the distinctions between different types of abuse. Encourage participants to share their experiences with children in their care who were abused or whom they suspected were being abused while maintaining confidentiality about the identity of the child and family.

④ Pass out Handout #7, Responding to the Abused Child, to each participant. Review this information together. Again, encourage participants' questions and sharing. If the training is a local one, have available specific information (name of agency, phone number, and address) of the place where information about abuse is to be reported.

⑤ Pass out the paper and pencils/pens you have brought (or ask participants to take out their journals if you have encouraged journal writing). Tell participants that issues of child abuse bring up a lot of feelings in all of us. Ask everyone to spend a few minutes writing down their feelings about this sensitive issue. All writing will be strictly confidential and will not be read or discussed in the group. Allow about five minutes for the writing.

⑥ Explain to participants that there are some children who are especially difficult to care for because they have problems related to inadequate prenatal care or premature birth. In these cases, special handling may be needed. Pass out Handout #8, Caring for the Vulnerable Child. Review the information with the participants, noting the reasons for the different strategies. Point out that the philosophy of care for vulnerable children is the same as for all children. Research has shown that, no matter what happens to a child prenatally, personalized, responsive caregiving in the child's early years can contribute substantially to the child's well-being and
development.
Types of Abuse

Physical abuse: hitting, shaking, burning, other forms of physical
    punishment, includes serious neglect of child's physical needs
Emotional abuse: failing to provide child with adequate nurturing, warmth,
    or appropriate care and supervision
Verbal abuse: excessive yelling, taunting, and teasing
Sexual abuse: adult sexual behavior with the child (e.g., fondling genitals or
    performing sex acts)

Signs and Symptoms of Abuse

★ Recurrent and/or unexplained bruises, burns, or other injuries, often in areas not
    usually bumped or banged (e.g., abdomen, back, or around genitals)
★ Difficulty sitting or walking because of pain, itching, or bruises around rectal or
    genital area
★ Bloody or stained undergarments
★ Regressive soiling or wetting
★ Withdrawal, anxiety, overeagerness to please, or acting out
★ Acting out adult sexual behaviors
Handout #7  
Responding to the Abused Child

I. You must report suspected child abuse to the appropriate agency.

Name of agency: ________________________________

II. You can help children develop trust:

1. Provide a consistent, predictable environment

2. Respond quickly when the child needs something.

3. Provide a single, primary caregiver to whom the child can become attached.

4. Be understanding about difficult behaviors.

5. Support parents rather than blame them.

6. Turn to legal and medical experts for guidance and support.

III. You can help children develop autonomy:

1. Patiently and gently teach self-control. Provide control when necessary.

2. Give special attention to the withdrawn child. Help the child become involved in activities by finding out her or his interests and offering attractive choices.

3. Encourage the child to express her or his feelings.

4. Help parents cope with and control difficult behavior by sharing your knowledge and experience.
Handout #8
Caring for the Vulnerable Child

1. Keep stimulation in the environment down by maintaining small group size, using soft lights and colors, and keeping noise levels low.
2. Foster the development of trust with one special caregiver.
3. Have a consistent and predictable daily routine, responsive to the needs of the individual child.
4. Search for ways to comfort the child. Remember to take your cues from the child’s behavior.

With Infants, Try:
• Swaddling (wrap the baby securely in a blanket, leaving hands free so the infant can use them for self-comforting)
• Massage (gently stroking the infant with long strokes along back, arms, legs, and feet)
• Holding (close to your body, on your shoulder, cradling)
• Placing the infant on a soft surface and stroking
• Singing or talking quietly

With Toddlers, Try:
• Holding the child tightly and firmly to comfort her or him
• Setting limits firmly but lovingly
• Offering choices but not overwhelming the child
• Providing for vigorous activity
• Engaging the child in enticing, quiet activity (such as songs, special toys, etc.)

Note: Too much touch can be uncomfortable for some infants or toddlers. If the child does not respond well to swaddling, stroking, or holding, try making contact with low singing or talking or through your mutual interest in a toy.
Make sure there is a primary caregiver who can give consistent care and build trust with the child and family.

The primary caregiver discusses the child's needs thoroughly with the parents and learns about:

• Any warning signs that may signal problems for the child
  Special medications or treatments that may be required

• Behavioral characteristics related to the condition

• What constitutes an emergency and how to respond to it

This caregiver then educates the entire caregiving staff about the child's needs.

Allow for interaction and exploration within the environment consistent with the child's needs. Do not be overprotective.
6-1. Issues in Health and safety

- Health and safety are serious issues in child care. Every program should have clearly defined, written health and safety policies and guidelines. However, it is important that health and safety issues not overshadow other priorities of quality care.

6-2. The keys to improve the quality of child care

- Sanitation practices are absolutely necessary for keeping children and caregivers healthy. Thorough hand washing and cleaning and disinfecting of equipment, toys, walls and floors, cribs and bedding, and food and toileting areas will help prevent the spread of illness in child care settings.

- Careful monitoring of the environment and consistent safety measures can prevent most injuries. When an injury or accident does occur, it is crucial to have on hand a well-stocked first aid kit to treat it properly.
6-3. Lessons

1. Health and safety

**Materials:** Infant/toddler Caregiving: a Guide to routines
Chalkboard/chalk or easel paper/pens
Overhead projector

**Procedure:**

① Begin the lesson by asking participants what they think are the most common causes of illness in the child care setting. Among their response will most likely be parents bringing sick children who share germs with other children in the program.

Tell the participants that illness in the child care setting can be reduced if sanitation procedures are carefully followed and if recommended guidelines for allowing sick children are followed.

② Pass out Handout # 1, Reducing illness in Child care, to every participant. Carefully review the information on the handout. Encourage participants to ask questions and to share their experiences.

**Important point:** Do not give aspirin to children- it can cause a serious illness called Reye’s syndrome. Use acetaminophen (Tylenol) instead. Do not give any medication to children without the parent’s written permission.

③ Next tell participants that it is important to keep safety precautions in mind at all times to avoid injuries. Pass out Handout # 2, preventing injuries, to participants. Carefully review the information on the handout. Encourage questions and sharing.
④ What do you if an accident occurs? Put transparency #15.responding to injuries, on the
overhead, or pass out Handout #3 to every participant. Review the material on this sheet
together. If feasible, fill in the emergency numbers together, using the telephone directory.

⑤ Research about school bus. Which day care centers use the school bus? If they use school
bus, they should consider the use of a car seat for every child.

Ask participants how to use and keep car seats. After discussion, pass out the handout #4 the
appropriate way to use car seats for toddlers.
Handout #1
Reducing illness in child care

Sanitation is absolutely necessary:

**Wash your hands:**

1. At the start of the day just before working with the children
2. Before and after handling food and feeding children
3. Before and after diapering/toileting a child
4. Before and after your own toileting and personal grooming
5. After having contact with any bodily fluids (mucus, saliva, urine)

**Clean and disinfect daily:**

1. Use a solution of one-quarter cup liquid chlorine bleach to one gallon of water in a plastic spray bottle.
2. Prepare a new batch every day.
3. Use this to clean the food area, diapering/toileting area, and feeding/eating tables after each use.

**Use disposable latex gloves:**

1. When blood is present from a nosebleed or injury
2. During diapering when the caregiver has open cuts, scratches or sores
3. During diapering when there is diarrhea, blood in the stool, or oozing diaper rash

**Decisions** about when a child is too sick to come to child care must be made. Very sick children (oral temperature of 101 or higher; rectal temperature of 102 or higher, armpit temperature of 100 or higher) must not come until their symptoms have disappeared. Mildly sick children may come, depending on the program's policy and whether the caregiver feels able to meet both the child's emotional and physical needs.
Handout #2
Preventing Injuries

★ Never leave a child alone during diapering, bathing or toileting.

★ Check water temperature before washing or bathing a child

★ Use a nonskid mat in the tub to prevent slippage.

★ Post a list of children’s food allergies in the food preparation area.

★ Serve appropriate foods to children. To prevent choking, avoid carrot sticks, apple slices, hot dog rounds, marshmallows, peanut butter, grapes, popcorn, peanuts, and other nuts.

★ Use only plastic for children’s bottles, cups, and dishes. Do not use glass.

★ Do not. Allow the child to sleep with objects on which she or he could choke or that could smother the child.
Handout #3
Responding to injuries

Emergency telephone numbers

Physician: ____________________________________________
Hospital emergency room: __________________________
Paramedics: _______________________________________
Fire department: _________________________________
Police: __________________________________________
Backup caregiver: ________________________________

If an accident happens

1. Post this list next to the telephone in advance.
2. Arrange in advance for someone else who can care for the other children in an emergency.
4. Do not move a child if you suspect broken bones or internal injuries.
5. Act quickly to get help.
6. Notify parents immediately of head injuries and falls where internal injury is possible.

Keep a record of injuries.
Handout #4
The appropriate way to use car seats for toddlers

Use safety devices properly

Most late-model vehicles are equipped with air bags. While air bags have saved more than 900 lives since they were introduced in the late 1980s, children can be seriously injured or killed by an air bag, especially if they are not wearing a seat belt.

The National Highway Traffic Safety Administration (NHTSA) has issued a warning against placing a rear-facing child seat (those used for infants) in the front seat of a car with an air bag. NHTSA also recommends that the safest place for children of any age to ride is the rear seat of a vehicle.

Never hold a baby in your lap when you are riding in an automobile. Infants up to 20 pounds and up to 1 year old should ride in a rear-facing child seat positioned in the back seat, and facing the rear of the car, van, or truck.

Children weighing more than 9 kg and at least one year of age should ride in a car seat that faces the front of the vehicle. Children over 18 kg should ride in a booster seat until the vehicle’s lap and shoulder belts fit properly. Be sure not to place the shoulder belt behind the child’s back or under her arm.

School bus safety

Although most children are out of school for the summer, many continue to travel to camp or other activities by school bus. To make school bus transportation safer, children should be taught the following safety rules:

- When the bus approaches, stand at least three giant steps (6 feet) away from the curb, and line up away from the street
- Wait until the bus stops, the door opens, and the driver says that it’s okay before stepping onto the bus
- Never walk behind the bus
- If you drop something near the bus, tell the bus driver before you pick it up.

Summertime traveling continues to be an enjoyable American pastime. Parents and early childhood professionals can make automobile trips even more fun by using caution and common sense in protecting children from automotive hazards.

2. Diapering

Materials: It is not just routine: feeding, diapering, and napping
Infant/toddler caregiver: A guide to routines, 2nd Edition
Videocassette recorder and monitor
Chalkboard/chalk or easel paper/pens
Overhead projector

Procedure:

① Introduce the topic by asking participants to describe how they feel about the routine of diapering. Are they things about it that they enjoy? Are there things that make them uncomfortable?

Diapering is a special one for deepening the relationship between the child and caregiver because it gives them a personal time to be together. Diapering provides important opportunities for the child to develop feelings of competence and security when it is done by a familiar, responsive caregiver who talks to the child about what is happening and enables the child to participate in the routine. The child style of diapering also facilitates language development as the child begins to connect her or his experiences and feelings with the caregiver’s words.

② Now show the section of the video on diapering from about 08:46 minutes into the video through the discussion of universal precautions (to 13:18).

③ Referring to the chart created in Step #1, point out if the video addressed any of the issues raised. For example, if someone said diapering is unpleasant because of the odor, note that the
video stressed fresh air and ventilation. Someone might have mentioned back strain; the video's recommendations for a comfortable diaper table height, steps up for toddlers, and bending the knees address that issue.

④ Ask participants how many of them use protective gloves in caregiving. If none does, emphasize that gloves should be used whenever there is any kind of contact with blood or an oozing diaper rash and when the caregiver has an open cut on her or his hands. Then ask participants what they learned from the video about the procedure for using gloves.

⑤ Pass out Handout #5, Sanitation Procedures for Diapering: "Clean to Clean, Dirty to Dirty" based on the Guide. Ask if there are any questions.

⑥ Explain that although most experts don't recommend gloves for routine diapering, there are times when gloves are necessary, e.g., if a child has an oozing diaper rash. Ask for a volunteer to demonstrate a diapering, pretending that there is a need for protective gloves. Remind the group that this is not a test of that person's knowledge, but a group activity because the group members will be deciding together which step to take next.

Ask the group to tell the volunteer step by step what to do to change the diaper using the doll. Be sure that the gloves are removed after the dirty diaper, wipes, and any soiled clothing are disposed of.
During this demonstration, remind the group of key points such as organizing the diapering area for ease and convenience, having everything needed at hand before bringing the baby, taking off gloves, if used, at the proper time, and so forth.

If the training setting is not conducive to a diapering demonstration, have participants create a chart that describes the steps of a proper diapering with or without gloves, depending on the practice in their own program.

⑦ Show Transparency/Handout #6, Three Principles for Making Diapering a Social and Learning Activity or distribute the handout. Remind participants that these principles are just as important as the basics and make diapering more pleasant and interesting for themselves, as well.
Handout #5
Sanitation Procedures for Diapering:
"Clean to Clean, Dirty to Dirty"

1. Make sure the diaper area has been sanitized or do it now.

2. Remove the used diaper and dispose of it in a covered container.

3. Wipe the child's bottom, front to back, with a clean cloth or wipe.

4. Remove gloves, if used, with the correct procedure.

5. Dispose of gloves inside out with dirty part inside.

6. Put clean diaper and clothes on the child.

7. Wash the child's hands and return her or him to the play area.

8. Clean and sanitize the diaper area. Wipe with paper towel and air dry.

9. Wash hands for at least ten seconds.

10. Use a paper towel to turn off the faucet.
Three Principles for Making Diapering a Social and Learning Activity

★ FOCUS ATTENTION ON THE CHILD.

★ TREAT THE CHILD WITH RESPECT.

★ TALK WITH THE CHILD.
## It’s not Just Routine

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:46</td>
<td>Diapering: Introduction: Diapering can provide closeness and one-to-one interactions. Think of it as something you do with the child, rather than to the child.</td>
</tr>
<tr>
<td>9:02</td>
<td>The setting: Begin with a pleasant, well-ventilated setting furnished with the right equipment. Supplies should be conveniently located but out of reach of the children.</td>
</tr>
<tr>
<td>9:28</td>
<td>Protect your back during diapering. Use portable steps and a diaper table at a comfortable level. Bend your knees when you pick up an infant.</td>
</tr>
<tr>
<td>9:43</td>
<td>Have everything ready so you can concentrate on the child, and never leave a child unattended.</td>
</tr>
<tr>
<td>9:50</td>
<td>The use of protective Gloves: Protective gloves should be used whenever a child has a bloody nose or injury, an oozing rash or blood in the diaper and when the caregiver has an open cut.</td>
</tr>
<tr>
<td>10:08</td>
<td>Expert Karen Sokal-Gutierrez demonstrates the correct procedure for using gloves. When used incorrectly, there is actually a risk of spreading more germs than if gloves weren’t used at all.</td>
</tr>
<tr>
<td>11:32</td>
<td>If gloves are used during diapering, remove them and dispose of them with the dirty diaper, wipes, soiled disposable sheeting, etc. Then put on the clean diaper and clothes and wash the child’s hands.</td>
</tr>
<tr>
<td>12:14</td>
<td>After returning the child to the play area, disinfect the diaper area and wash your own hands.</td>
</tr>
<tr>
<td>12:37</td>
<td>Consistency with sanitation is important. An expert discusses universal precautions.</td>
</tr>
<tr>
<td>13:18</td>
<td>Beyond the basics: Talking with the child helps connect experience with worlds. Diaper times can provide contact, predictability, and focused attention.</td>
</tr>
</tbody>
</table>
3. First aid

Materials: Color markers, 4 boarders,
            Chalkboard/chalk or easel paper/pens
            Overhead projector

Procedure:
① Now we are going to learn how to treat the emergency. One researcher (Seok, 2006)
reported that a majority of the caregivers took lessons on emergency education while at school
but that less half of them did not get education once a year. So caregivers should learn
emergency treatment. Give short lecture accident and project transparency #1 the emergency.

② Divide the group into 4 small groups and each group chooses one topic to report the
emergency treatment including role play, explaining about the topic. Each team has one topic,
one hand out related to their topic, markers and one border. Allow 10 minutes for this activity.

③ Report each group and pass out hand out #1-#4. Ask recommends and questions to
participants.
Transparency #1: the emergency

Figure 1) Frequency of the emergency in child care centers

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nose bleeding</td>
<td>83</td>
<td>44.1</td>
</tr>
<tr>
<td>Bruise (broken leg, sprain, scratch)</td>
<td>80</td>
<td>42.6</td>
</tr>
<tr>
<td>Convulsion</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Biting by insects</td>
<td>23</td>
<td>12.1</td>
</tr>
</tbody>
</table>


Figure 2) Injuries associated with public playground equipment

<table>
<thead>
<tr>
<th>AGE OF VICTIM (YEARS)</th>
<th>TYPE OF EQUIPMENT</th>
<th>TOTAL</th>
<th>CLIMBERS</th>
<th>SWINGS</th>
<th>SLIDES</th>
<th>SEE-SAWS</th>
<th>MERRY-GO-ROUNDS</th>
<th>OTHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 2</td>
<td></td>
<td>100%</td>
<td>53%</td>
<td>19%</td>
<td>17%</td>
<td>3%</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>2-4</td>
<td></td>
<td>100%</td>
<td>0%</td>
<td>10%</td>
<td>64%</td>
<td>4%</td>
<td>21%</td>
<td>0%</td>
</tr>
</tbody>
</table>

SUCCESS: WATION, L., & SWIM. 2008, INFANTS & TODDLERS CURRICULUM AND TEACHING.
Nosebleeds are a common occurrence in childhood. They may occur from trauma to the nose, dry nasal passages on non-humid days, from inflammation due to allergies, and, of course, from nose picking. They may also occur for no particular reason that can be identified. These episodes of nose bleeding can be quite distressful for parents because just a few drops of blood can have a deceptive appearance of being a large amount, so a nosebleed that lasts for five minutes may appear like the child is hemorrhaging.

The most common reason for a nosebleed to not stop bleeding is improper technique in getting it to stop. When a nose bleed occurs:

1. Tilt the head slightly back and preferably keep the child upright either standing or in a chair. Keeping the head higher than the heart will decrease the amount of blood pooling that can occur in tissues that have a lot of blood vessels in it such as the nose.

2. You want to stop the bleeding by applying pressure to the site of bleeding. Pinch about halfway up the nose where the bone and cartilage meet. If pressure is applied only at the opening of the nose, you catch a lot of blood, but do not apply pressure in the correct spot.

3. Keep pressure on the nose for at least 10 minutes, and NO peeking. This is where most adults fail because 10 minutes can be a long time to hold pressure to the nose. It is difficult to resist the urge to "peek" just to see if the bleeding has stopped. Each time this "peeking" is done, the clot that was forming inside the nose gets ripped away, and bleeding may start all over giving the appearance of abnormal bleeding.
Hand out #2: Cuts and scrapes

Content provided by MayoClinic.com

Minor cuts and scrapes usually don't require a trip to the emergency room. Yet proper care is essential to avoid infection or other complications. These guidelines can help you care for simple wounds:

1. **Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. Hold the pressure continuously for 20 to 30 minutes. Don't keep checking to see if the bleeding has stopped because this may damage or dislodge the fresh clot that's forming and cause bleeding to resume. If the blood spurts or continues to flow after continuous pressure, seek medical assistance.

2. **Clean the wound.** Rinse out the wound with clear water. Soap can irritate the wound, so try to keep it out of the actual wound. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris remains embedded in the wound after cleaning, see your doctor. Thorough wound cleaning reduces the risk of infection and tetanus. To clean the area around the wound, use soap and a washcloth. There's no need to use hydrogen peroxide, iodine or an iodine-containing cleanser.

3. **Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin or Polysporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and allow your body's healing process to close the wound more efficiently. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.

4. **Cover the wound.** Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, exposure to the air will speed wound healing.

5. **Change the dressing.** Change the dressing at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, gauze roll or a loosely applied elastic bandage. These supplies generally are available at pharmacies.

6. **Get stitches for deep wounds.** A wound that is more than 1/4 inch (6 millimeters) deep or is gaping or jagged edged and has fat or muscle protruding usually requires stitches. A strip or two of surgical tape may hold a minor cut together, but if you can't easily close the mouth of the wound, see your doctor as soon as possible. Proper closure within a few hours reduces the risk of infection.

7. **Watch for signs of infection.** See your doctor if the wound isn't healing or you notice any redness, increasing pain, drainage, warmth or swelling.

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Hand out #3: CONVULSIONS
During a convulsion (also known as a seizure), a child becomes unconscious for a brief period of time. The convulsion may be accompanied by falling; drooling or frothing at the mouth; vigorous, involuntary muscle spasms; loss of bladder or bowel control; and a temporary halt in breathing. In some cases, there are no convulsive movements, but the child becomes pale and limp.

Convulsions are associated with many medical conditions. But if your toddler has no previous history of convulsions and suddenly experiences multiple seizures, he may have swallowed poison. Call the Poison Control Center and get immediate emergency medical aid.

While seizures are frightening to parents, they are usually short-lived, generally lasting from 30 to 45 seconds. Once a seizure has begun, there is no way to stop it. The best thing you can do for your child is to get medical help while you take steps to prevent him from hurting himself. Here's what you should do to protect your child during a seizure.

1. Place your child on the ground in a safe area. Clear away any sharp or hard objects.
2. Protect his head by placing cushions around it.
3. Loosen his collar, pants, belt or any other tight clothing.
4. Roll your child onto his left side to keep his airway clear.
5. Do not try to restrain your child during a seizure, and do not try to put anything between his teeth.
6. When your child regains consciousness, he may fall into a deep sleep. This is typical: Do not try to wake him.
7. Do not give him anything to eat or drink until he is fully awake and alert.

Handout # 4: Insect bit
Avoiding Insect Bites

You may not always be able to prevent insect bites, but you can try with these tips:

- Cover as much of your skin as possible with clothing, hats, socks, etc.
- Pay special attention to cuff areas at ankles, wrists and neck.
- Avoid swamps, dense woods, fields, and brush where insects thrive.
- Examine exposed skin and scalp areas for clinging ticks after returning from hikes.
- Use insect repellent.

Itching is the main symptom of insect bites. Pain, swelling / redness, and allergic reactions are other symptoms to look out for with insect bites, but they are extremely rare.

Soothing the Itch

Herbal remedies are especially effective when looking to relieve the itch of insect bites:

- Aloe Gel - Relieves inflammation.
- Calendula Cream - Natural insect repellent which also soothes skin irritation.
- Citronella Oil - Natural repellent that can be put on light bulbs or used in candles to repel bugs.
- Comfrey Cream - Promotes tissue healing.
- Tea Tree Oil - An antiseptic used to prevent infection.

Medicinal Remedies

There are also several medicinal remedies you can use to deal with those pesky irritants:

- Clean the area. Use soap and water to thoroughly cleanse the site of the bite.
- Apply ice to keep any swelling and redness down.
- Apply hydrocortisone cream to relieve redness and pain.
- Take a pain reliever and / or an antihistamine (read instructions on proper dosage and potential interactions).

Module Evaluation of Presentation

★ Please take a moment to answer the following questions. Your comments are an
important contribution as we design learning experiences to meet your professional needs.

1. What will you do differently in your practice/serve setting as a result of this training?

2. What do you feel were the strengths of this presentation?

3. What do you feel were the weaknesses of this presentation?

4. How can we improve this presentation?

5. What additional training development education do you require?
6. Please rate the following statements using a 1 through 5 scale where

1= Disagree Strongly  5=Agree Strongly

_____ The Difficulty level was about right.
_____ I Can apply the information in my practice/Service setting.
_____ The presentation met my professional educational needs.
_____ The trainer actively involved me in learning progress.
_____ As a result of this training, I feel more confident in my capacity to develop training materials.


Norris, D. J. (2001). Quality of care offered by providers with differential patterns of workshop participation, Child & Youth Care Forum, 30(2), 111-121.


Zero to Three Infant Mental Health Task Force. (2002). *What is infant mental health?*
Washington, DC: Zero to Three, National Center for Infants, Toddlers, and Families.