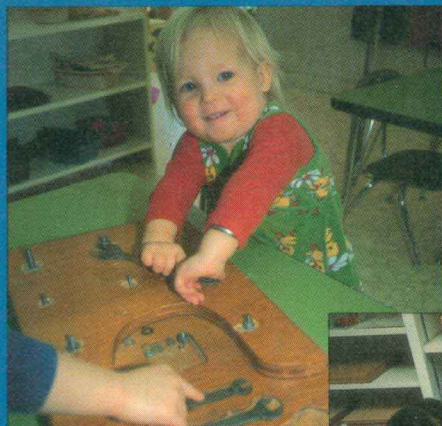


# *Infants & Toddlers*

CURRICULUM AND TEACHING

LaVisa Cam Wilson

Second  
Edition



Based on the  
CDA  
Competency  
Standards





# *Infants & Toddlers*

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**Second Edition**

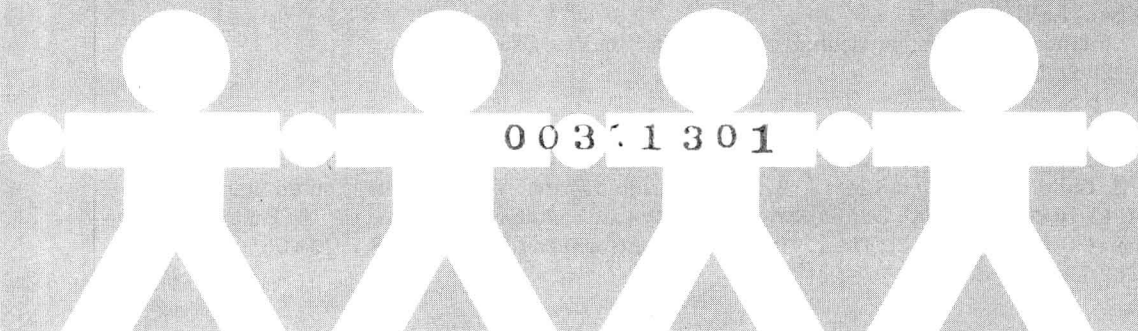
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Printed in the United States of America

Published simultaneously in Canada

by Nelson Canada,

a Division of the Thomson Corporation

10 9 8 7 6 5 4 3 2 1

### Library of Congress Cataloging-in-Publication Data

Wilson, LaVisa Cam.

Infants & toddlers: curriculum and teaching / LaVisa Cam Wilson.

— 2nd ed.

p. cm.

Includes bibliographies and index.

ISBN 0-8273-3967-4 (pbk.). — ISBN 0-8273-3968-2 (instructors guide)

1. Child care—United States. 2. Infants—United States. 3. Toddlers—United States.

4. Child development—United States. 5. Day care centers—United States. 6. Family day care—United States. I. Title. II. Title: Infants and toddlers. HQ778.7.U6W55 1990

362.7'1'071—dc20

89-11804

CIP

# ***Infants & Toddlers***

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CURRICULUM AND TEACHING

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Early Childhood Educators—Select from these other 1990 Delmar publications for the most current coverage of issues:

*The World of Child Development: Conception to Adolescence*, by George S. Morrison

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*Developing and Administering a Child Care Center*, 2nd Edition, by Dorothy June Sciarra and Anne G. Dorsey

*Developmental Evaluations of Software for Preschool Children*, by Susan W. Haugland and Daniel D. Shade.

# PREFACE

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This book is intended for people who provide care for infants and toddlers. It includes information to help caregivers select and use curriculum appropriately individualized for each child in their care.

Students in child care training programs will find the book filled with examples of children and caregivers to introduce and reinforce concepts. In addition, activities are provided to help students develop caregiving knowledge and skills.

Family day care providers and day care center caregivers and administrators will find the book packed with information which can be put to immediate use in their program. Parents will also be interested in the information on child development and in the materials and activities suggested for use with infants and toddlers.

Children, parents, and caregivers are viewed developmentally, a view that provides the basis for selecting and implementing curriculum. Special attention is given to the sequence of development in children while recognizing differences in their rates of development. A holistic emphasis focuses on curriculum which provides for the physical, emotional, social, and cognitive development of the child. Language development is also an important part of the development of the infant and toddler.

Special features of the book are

1. a curriculum development cycle.
2. caregiver roles for working with infants and toddlers.
3. information for designing an environment for infants and toddlers.
4. seven chapters in Part III which relate to specific age levels by
  - a. identifying materials appropriate for each developmental level.
  - b. providing directions to make over sixty homemade materials appropriate for infants and toddlers.
  - c. including sections of a Developmental Profile for infants and toddlers which can be used for curriculum planning and for sharing with parents. The complete Developmental Profile is included in Appendix A.
  - d. identifying specific caregiver strategies to match the child's developmental needs.

## THE CHILD DEVELOPMENT ASSOCIATE COMPETENCY STANDARDS FOR INFANT/TODDLER CAREGIVERS

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The Competency Standards for infant/toddler caregivers have been developed as a part of the Child Development Associate program focusing on improved caregiver skills. The nationally recognized CDA credential is awarded to caregivers who successfully complete the assessment.

The CDA competencies include the following six goals and thirteen functional areas:

- I. To establish and maintain a safe, healthy learning environment
  1. Safe
  2. Healthy
  3. Learning Environment
- II. To advance physical and intellectual competence
  4. Physical
  5. Cognitive
  6. Communication
  7. Creative
- III. To support social and emotional development and provide positive guidance
  8. Self
  9. Social
  10. Guidance
- IV. To establish positive and productive relationships with parents
  11. Families
- V. To ensure a well-run, purposeful program responsive to participant needs
  12. Program management
- VI. To maintain a commitment to professionalism
  13. Professionalism

Parts I and II of this text provide opportunities for caregivers to increase their knowledge and skills. Symbols are used in the left margins of pages to indicate the relation of specific CDA functional areas to the text. The following outline shows the CDA functional areas addressed in Parts I and II.

### Part I

1. History and Trends
  - 1-9. Curriculum
  11. Families
  13. Professionalism
2. Settings for Child Care
  3. Learning Environment
  12. Program Management
  13. Professionalism

### 3. Communicating with Parents and Staff

- 11. Families
- 12. Program Management
- 13. Professionalism

## Part II

### 4. What is Curriculum?

- 1. Safe
- 2. Healthy
- 3. Learning Environment
- 4. Physical
- 5. Cognitive
- 6. Communication
- 7. Creative
- 8. Self
- 9. Social
- 11. Families
- 12. Program Management
- 13. Professionalism

### 5. What is Caregiving/Teaching?

- 1. Safe
- 2. Healthy
- 3. Learning Environment
- 4. Physical
- 5. Cognitive
- 6. Communication
- 7. Creative
- 8. Self
- 9. Social
- 10. Guidance
- 11. Families
- 12. Program Management
- 13. Professionalism

### 6. What is Development/Learning?

- 1. Safe
- 2. Healthy
- 4. Physical
- 5. Cognitive
- 6. Communication
- 7. Creative
- 8. Self
- 9. Social
- 10. Guidance
- 11. Families
- 12. Program Management
- 13. Professionalism



## 7. The Indoor and Outdoor Environment

1. Safe
2. Healthy
3. Learning Environment
4. Physical
7. Creative
10. Guidance
12. Program Management

The chapters in Part III show the CDA functional areas integrated into the actual caregiver decisions and behaviors with age-specific infants and toddlers.

The Child Development Associate Competency Standards for Infant/Toddler Caregivers are included in Appendix B. These standards and examples of caregiver behavior will be of help to CDA candidates for the Infant/Toddler CDA Credential.

Curriculum development for infants and toddlers is a dynamic, constant, decision-making process. This book provides information and assistance in this very important part of a day care program.

## ACKNOWLEDGMENTS

---

I wish to thank the reviewers of this second edition for their suggestions and recommendations:

Gail Healy  
Consumnes River College  
Placerville, California

Mary Beth Mann  
Southwest Missouri State University  
Springfield, Missouri

Donna Mese  
Cambrian College  
Sudbury, Ontario, Canada

Jan Shera  
Western Oklahoma State College  
Altus, Oklahoma

Special thanks are given to my husband, Russell, and our son Cameron, who provided many kinds of support to this writing project. Thanks also to our son Jeffrey who provided graphics. I thank Cameron's family day care providers, Lynn and Randy Yearwood, who allowed my early childhood

education students and me to observe their family day care home for ethnographic research; this provided additional insights of children and curriculum. The staff, parents, and children at our new center, The Learning Connection, have helped by implementing some of the ideas and materials included in this book. I am especially grateful to the children and staffs of the Auburn Day Care Center and The Learning Connection for allowing me to photograph some of their interactions.

## ABOUT THE AUTHOR

---

LaVisa Cam Wilson has taught children in an infant day care center where she also served as a liaison between the center and family day care homes. She also taught kindergarten and first grade. She has been in teacher education for eighteen years, working with undergraduate and graduate students and with day care, Head Start, preschool, and primary teachers in in-service programs. She is a professor of Early Childhood Education in the Department of Curriculum and Teaching at Auburn University and serves as a Child Development Associate training project director.

Dr. Wilson served on the Board of the Day Care Council of America for ten years and was editor of its journals for three years. She is serving on the Board of Directors of the National Child Care Association. Dr. Wilson has been elected as Vice President Representing Infancy of the Association for Childhood Education, International, and is the editor of its publication, *Focus on Infancy*. She also served on ACEI's Early Childhood and Publications committees and the Early Childhood and Reading Development Committee of the International Reading Association. Dr. Wilson wrote the text and filmstrip set, *Caregiver Training for Child Care*. She has established a non-profit education and research corporation that operates an exemplary child care program for children from 6 weeks to 14 years of age.

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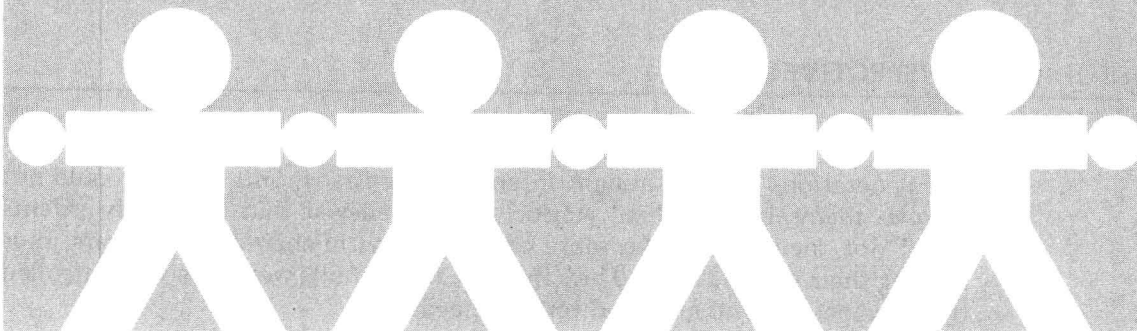
*Part*

# *Infant and Toddler Care*

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Changes in society have greatly increased the number of infants and toddlers being cared for outside their own homes. The many day care homes and day care centers which provide care for infants and toddlers offer unique experiences for the child and unique responsibilities for the caregiver.

Parents and staff both contribute to the quality of a child care program. Effective communication among parents and staff is essential to support the parent and child. Good staff communication and support systems increase the caregiver's competence.



# 1

## *History and Trends in Infant and Toddler Care*

### **OBJECTIVES**

- After completing this chapter, the caregiver shall
- Explain changes in the need for child care.
  - Differentiate among cultural views of child care.
  - Identify the area of infant and toddler curriculum.

### **CHAPTER OUTLINE**

- |  |  |
|--|--|
| I. Historical Perspectives                 | C. Research on care outside the home                             |
| A. View of infancy                         | D. Infant and toddler curriculum                                 |
| B. Cultural needs and expectations         | E. Health and safety issues                                      |
| C. Early research on care outside the home | III. Balancing the Needs of Parents and the<br>Needs of Children |
| II. Current Perspectives                   |  |
| A. Views of infancy                        |  |
| B. Cultural needs and expectations         |  |

### **CHILD DEVELOPMENT ASSOCIATE FUNCTIONAL AREAS**

- I. 1-III. 9 Curriculum
- IV. 11 Families
- VI. 13 Professionalism

## **HISTORICAL PERSPECTIVES**

---

### **View of Infancy**

For generations people thought infants in the first months of life could not involve themselves in their world. They believed that physically infants could not focus and make sense of what came in their eyes and ears, thus making their world a blur. They thought that infants were passive, controlled by those people who attended to their needs.



### Cultural Needs and Expectations

In the early twentieth century, fewer mothers of infants were in the work force than are today. Mothers who worked in situations where they could not take along their babies usually counted on older children, female relatives, or neighbors to care for their infants.

One factor limiting the number of working mothers of infants at that time was the idea that only the mother could provide proper care for the infant. A sibling or another relative might suffice, but an outsider would not be able to meet the infant's needs (see Figure 1-1). The mother-infant attachment was crucial and might be weakened if the infant became involved with someone else. Only the mother knew her infant well enough to meet the infant's emotional needs.

Another factor affecting the number of working mothers was the prevalent cultural view that the woman's place was in the home. The husband was to provide for the family's financial needs; the wife was to provide all domestic responsibilities: cooking, sewing, housework, and child care. Women who,



Figure 1-1 Grandmothers share in caring for the infant.

from either need or desire, went to work outside the home were often considered out of place.

### Early Research on Care Outside the Home

Institutionalized infants provided the most easily accessible group of children outside the home to study. Research focused on the effects of infant care by people other than the mother as it occurred with infants and young children in hospitals and long-term care facilities. The mother-child attachment did seem to be weakened with infants in those situations (Bowlby 1951; Goldfarb 1943; Spitz 1945).

Early observations of child care centers identified several characteristics:

- Care of infants usually took place in unlicensed homes and centers since state regulations often did not permit infants in centers and often did not have the mechanism to regulate day care homes.
- Each caretaker took care of many children.
- Much care was custodial, that is, the caretaker looked after the infant's physical needs but otherwise had little interaction with the infant.

## CURRENT PERSPECTIVES

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### Views of Infancy

Research, observations, and intuitive feelings have helped to change our views of infants and toddlers. These changes have in turn affected the curriculum of child care facilities.

We now know that infants can see and hear acutely from birth. By the eighth month the infant can see at a range similar to adults. Even before birth infants respond to sounds. With age and experience they learn to discriminate sounds and eventually to produce some of them.

Infants participate actively in their world, both initiating engagement with others and responding to their invitations, both controlling others and being controlled by others. Infants and adults establish dynamic relationships, giving and taking, adjusting to how each other behaves. What adults do can modify how infants behave.

### Cultural Needs and Expectations

In 1988 more than 70 percent of women ages 25 to 34 were in the labor force; in 1950, that figure was only 35 percent. By the year 2000, 61.5 percent of women will be at work. Three fifths of the new entrants into the labor force between 1986 and 2000 will be women. In 1950, only 12 percent of women with children under the age of 6 worked; today, that figure is

57 percent. Almost two thirds of all mothers with children younger than 14 are in the work force. Fewer than 10 percent of families have a father at work and a mother at home taking care of the children. This is a sharp change from just ten years ago, when 18 percent of families had that arrangement. (U.S. Department of Labor 1988, 7-8).

The sources of child care are changing. More children are being cared for outside their home by non-relatives than previously (Hofferth 1982). Though family day care homes care for more children than centers (40%-15%), child care center enrollment is increasing faster (Hofferth & Phillips 1987). Greater mobility has often meant that relatives who might have provided child care no longer live nearby, and the cost of in-home care has risen so that many families can no longer afford this form of child care.

Surveys in the past of mothers working full-time have shown their persistent concern about child care arrangements and quality child care. Even with increases in the number of child care facilities and improvements in their accessibility, "problems with making satisfactory child care arrangements still exist" (National Council of Jewish Women 1987).

Where in the past people used to stress the importance of mother-infant interaction, more recent research has included father-infant relationships.

Fathers have been viewed in our culture in economic/provider roles while mothers have been considered to be in caretaking and nurturing roles. Because of changing definitions of fathering and masculinity, changing family life styles and a more egalitarian society, fathers are allowed greater roles in pregnancy, labor, childbirth, and nurturing roles. Evidence reveals that nurturing responsibilities are learned rather than innate and fathers are capable of caretaking responsibilities. The research does not imply that fathers are superior to mothers. Fathers experience the same problems, difficulties, and frustrations as mothers. However, with the acceptance of these problems, fathers are now able to enjoy many satisfying, fulfilling moments that have been previously denied. . . . Society needs to accept fathers as capable of warmth, kindness, compassion, and nurturing responsibilities (Manning and Swick 1982, 37) (see Figure 1-2).

Many professions are involved in child care. Social workers have been concerned with professional child care as it relates to the needs of the children, the parents, and the community. Health specialists look upon professional child care positively, especially because it can ensure that young children have necessary check-ups and immunizations. They also are providing leadership in planning for health practices which maintain health and minimize illness in child care settings. Psychologists, child development specialists, and educators contribute to increased knowledge of development, learning, and teaching.

### Research on Care Outside the Home

The increasing number of mothers in the work force created demands for infant child care. Many parents feared, however, that putting their child in child care centers might hurt the child.



**Figure 1-2** Fathers are participating more and more in caregiving responsibilities.

Research on infants and toddlers in child care settings is just beginning. Researchers indicate that infants in child care show less or more attachment to their mothers, or less or more intelligence, or less or more aggressiveness than those reared at home. Today's research reports have made parents and caregivers anxious by drawing broad conclusions from very limited and sometimes faulty research. Though the findings are contradictory and confusing, continued research is needed to address many questions (Phillips 1987). What is quality infant and toddler child care? What factors contribute to quality? Do several factors interact, or can one factor influence much more powerfully? Is quality replicable throughout the infant and toddler child care community?

### Infant and Toddler Curriculum



We are just beginning to develop adequate curricula for infants and toddlers. Up to now most day care research has focused on child development, or facilities, or administration issues. Most caregivers selected their own curriculum. If they knew a good deal about child development and how caregivers could nurture and stimulate children, then they planned their curriculum and evaluated it. If they had limited knowledge of child develop-