Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence
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Purpose of the Inventory: *The Inventory of Practices for Promoting Infants' and Toddlers' Social Emotional Competence* is designed as a reflective series of tools for use by individuals and/or teams to recognize effective practices, identify ongoing professional development needs, and plan a course of action to address those needs related to five target areas:

Foundational Assessment: Program Design and Management
The program design and management section may be most helpful as a reflection tool for administrators and supervisors. It is aligned to the *Effective Workforce* portion of the pyramid and can be helpful in reflecting on policies and program design elements that support infants and toddlers social emotional development. This tool describes critical practices and policies that should be in place in a high-quality program that supports infants, toddlers, and their families. Many of these policies and practices pave the way

Tool I: Nurturing and Responsive Relationships
The *Nurturing and Responsive Relationships* section is aligned to the base of the pyramid, which indicates where a program should begin in addressing infants' and toddlers' social and emotional development through the important aspects of building relationships with infants and toddlers and their families.

Tool II: Creating High-Quality Supportive Environments
The *Creating Supportive Environments and Routines* section is also aligned to the base of the pyramid, which indicates where a program would begin addressing infants' and toddlers' social and emotional development through the important aspects of creating environments that support social emotional development.

Tool III: Targeted Social Emotional Supports
The *Targeted Social Emotional* Supports section relates to systematic approaches to promoting, facilitating and teaching social and emotional skills to infants and toddlers. This section is a focus for programs and classrooms that already have the base of the pyramid in place.

Tool IV: Individualized Intensive Interventions
The Intensive Interventions section describes indicators for implementing a program process to effectively implement individualized intensive interventions. This section can be used to stimulate reflection among program administrators, teams, caregivers, and families.

The target areas are aligned with the CSEFEL Pyramid Model. Some of the items, specifically in the sections at the base of the pyramid, address issues that are well-established indicators of high quality programs. Some of these indicators may be addressed in other tools or measures already used within a program (such as the Infant Toddler Environmental Rating Scale). The purpose of this tool is to provide a specific lens to look at social emotional development in infants and toddlers. It can be used strategically in conjunction with other tools within a program. While it is not likely feasible to use the entire set of tools at one time, the set of tools is designed to be used as an ongoing planning and discussion tool by programs. For example, if the program plans to focus on creating supportive environments to support infants' and toddlers' social emotional development, the Creating Supportive Environments section may be used with teachers as a pre and post reflective opportunity to gauge practices and develop plans for key areas for growth. The tools within the inventory encourage individual self-reflection, opportunities for teaming between caregivers, mentor coaches, supervisors, consultants, site directors, and other administrators, and promote effective practices for direct service staff. For each of the tools in the inventory, there is an action plan that can guide reflection, feedback and next steps. While each tool focuses on a different level of the pyramid, it is important to note that some of the ideas and themes are consistent and overlapping throughout several tools.

Use of the Inventory: This tool is best utilized in a manner that encourages reflection and discussion. Each of the five target areas includes *Topics, Practices and Indicators* that promote social emotional competence in infants and toddlers. The Indicators are detailed phrases that enable the user to "dig a little deeper" in identifying practices and observable behaviors that may or may not be present in the caregiving environment. A column entitled *Observations/Evidence* allows the user to write thoughts, suggestions, strengths, and needs concerning the specific *Topics, Practices or Indicators.*

Three following three levels of skill permit users to record their perceived practice level for each Indicator by checking the appropriate box:

Consistently: The program understands this practice and believes they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Program administrator(s) can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The program does not appear to miss important, naturally occurring opportunities to demonstrate the practice.

Occasionally: The program understands this practice and believes they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Program administrator(s) may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The program may miss important, naturally occurring opportunities to demonstrate the practice.

Seldom: The program may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Program administrator(s) may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The program often misses important, naturally occurring opportunities to demonstrate the practice.

Indicators that have an asterisk are those that may best be answered through interview, discussion or document review. When possible, users should plan a time with the caregiver or team to ask questions or look at examples of various tools or policies designed to support infants' and toddlers' social emotional development. Users should meet with caregivers in a quiet area, during a time when the caregiver is not responsible for caring for infants and toddlers. The final column allows the team to decide whether an indicator should be a *Target for Training*. Following each section is a space for writing additional comments. The team or individual may wish to acknowledge particular strengths or delineate specific training requests, professional development opportunities, strengths, or feedback regarding practice in the *Comments* box. A team or individual may choose to assess their perceived skill in one of the five target areas, or select a few indicators within each topic of the five target areas.

Use of the Action Plan: Indicators that have an asterisk are those that may best be answered through interview, discussion or document review. When possible, users should plan a time with the caregiver or team to ask questions or look at examples of various tools or policies designed to support infants' and toddlers' social emotional development. Users should meet with caregivers in a quiet area, during a time when the caregiver is not responsible for caring for infants and toddlers. The final column allows the team to decide whether an indicator should be a *Target for Training.* Following each section is a space for writing additional comments. The team or individual may wish to acknowledge particular strengths or delineate specific training requests, professional development opportunities, strengths, or feedback regarding practice in the *Comments* box. A team or individual may choose to assess their perceived skill in one of the five target areas, or select a few indicators within each topic of the five target areas.

Completion Dates: Users may complete the *Inventory and Action Plan* on an ongoing basis as a way of determining their progress toward addressing specific Practices targeted for training and to track changes over time. Portions of the Inventory may be completed repeatedly, as needed, during a program year, or as time and resources permit.

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5. Develops meaningful relationships
6. Assists infants and toddlers in regulating emotions
7. Applies knowledge of children's individual temperaments to interactions and practice
8. Engages in ongoing observation and reflection about children's social emotional learning
9. Examines personal, family, and cultural values, beliefs, and assumptions

Tool II: Creating Supportive Environments and Routines
10. Designs responsive environments that promote social emotional competence
11. Designs responsive routines and schedules that promote social emotional competence
12. Ensures smooth transitions
13. Individualizes plans and curriculum to promote social emotional competence
14. Uses age appropriate expectations to guide children's behavior
15. Supports families to develop home environments and routines that promote social emotional competence

Tool III: Targeted Social Emotional Supports
16. Uses prompting and reinforcement of positive interactions effectively
17. Provides guidance to aid children in their development of social practices
18. Promotes identification and labeling of emotions in self and others
19. Explores the nature of feelings and the appropriate ways they can be expressed
20. Develops individualized approaches to support children in distress

Tool IV: Individualized Intensive Interventions and Program Design and Management
21. Team uses information and careful observation to determine the meaning of behavior
22. When necessary, uses a program process to develop individualized support plans
23. Uses program process to reflect on children's progress within support plan

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
1. Program Design	3	2	1	YES	NO	
• Program implements a primary caregiving model. Each caregiver has a primary assignment for a small group of children (no more than 3 for infants and 4 for toddlers), and is responsible for the majority of daily routines throughout the day for assigned children*						
• Primary caregivers and families have multiple and ongoing opportunities to discuss the child's development, including home visits and pre-enrollment meetings.*						
• Program implements a continuity of care model. (i.e. same primary caregiver with child for first three years)*						
• Maintains small adult to child ratios (1:4 for infants and toddlers) and group sizes (maximum of 8 children) as recommended by Early Head Start, NAEYC, and PITC.*						
Comments:						
2. Program Management	3	2	1	YES	NO	
• Administration provides and supports ongoing education and professional development for program staff						
• Staff have an opportunity to be reflective about their work and their own values, beliefs and assumptions either with their co-workers or with a supervisor at a designated time when they do not have responsibility for children*						
• Supervisors reflect on their relationships with staff as a model for how staff should to relate to families. (This includes considering how supervisors use a strengths-based approach to relationships with staff, use appropriate and respectful language, reflect on own beliefs, values, and assumptions, use active listening, etc.)*						
• Managers ensure regular breaks for staff and provide support when caregivers feel challenged or overwhelmed						
• Program policies and procedures are written and clearly articulated so staff know what is expected of them, how to receive support if needed, what to do in a crisis/emergency, and how to perform key functions of their job.						
• Program has access to mental health consultation and/or additional supports when staff are concerned about a child and/or need additional guidance.						
• When conflict or disagreement occurs there is encouragement and support to discuss the conflict. Staff are aware of program policies and procedures to share and resolve disagreements and conflicts.						
• Program has processes in place to facilitate trusting and collaborative relationships among staff and between staff and managers/administration.						
Comments:						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
3. Teams with families to develop individualized curriculum plans for all children	3	2	1	YES	NO	
• Works collaboratively with the family to develop an individualized plan*						
• Accommodates family schedule by arranging meetings at times convenient for families*						
• Ensures that the plan addresses family and child care issues*						
• Uses observation, medical information, screening, anecdotal notes, information from families, and other information about child to create a plan that focuses on the individual growth and development of each child*						
• Caregiver or program has partnership/relationship/collaboration with local Part C provider, and provides families with resources for obtaining further assessment/services as needed*						
Comments:						

Action Plan

Priority Skills and Indicators	Strategies I will use to implement new practices or support others in implementing new practices	Supports and resources needed to accomplish these activities